

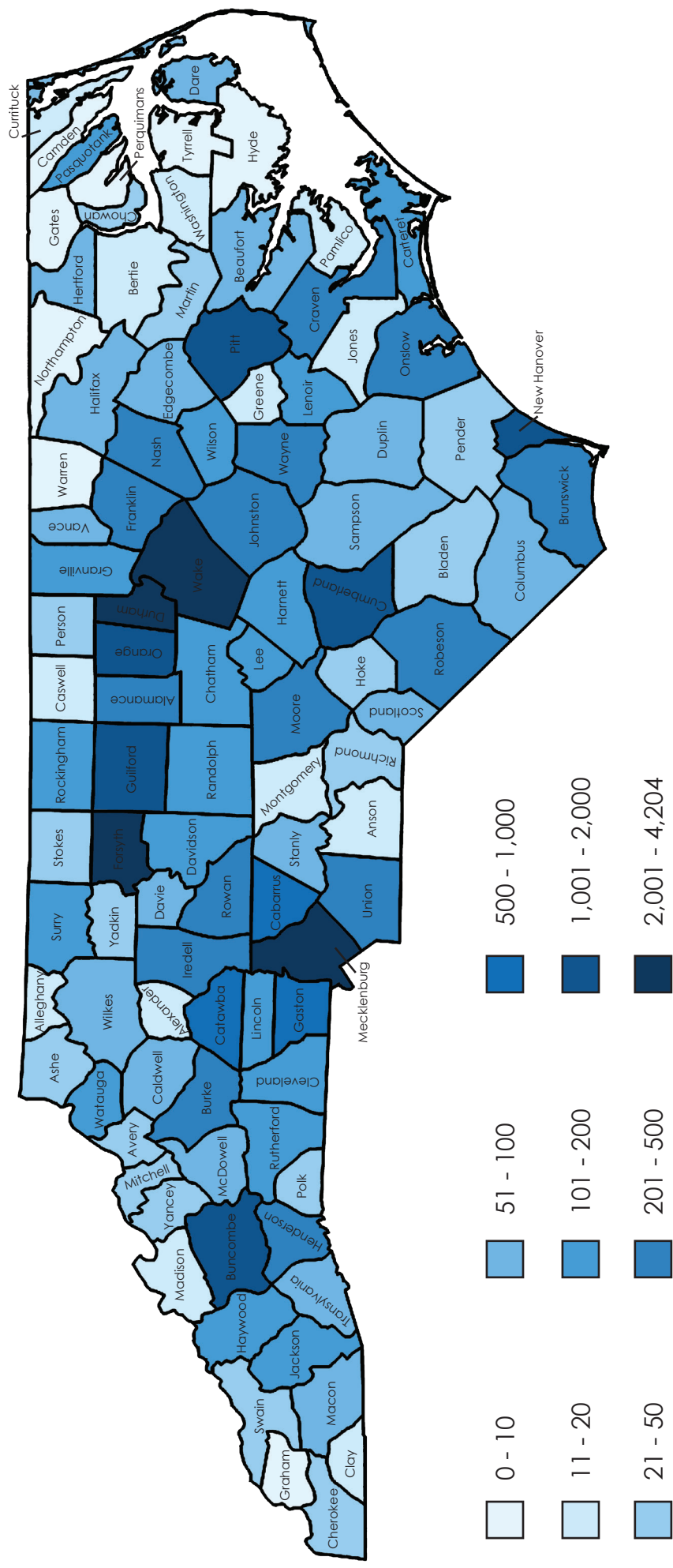


2016
NORTH CAROLINA
MEDICAL BOARD
**ANNUAL
REPORT**

Licensee Population by County

The map below shows the concentration of licensed physicians and physician assistants throughout North Carolina. Not surprisingly, the highest concentrations occur around the state's population centers.

Three counties had no licensed physicians or PAs as of Dec. 31, 2016: Camden, Gates and Tyrrell. For county-by-county numbers of physicians and PAs, see the table on page 11.



Letter from the President

Thank you for your interest the North Carolina Medical Board.

Last year was an exceptionally active year for the Board, which made significant progress towards becoming a more proactive regulator that acts decisively to address challenges that adversely affect patients and the medical profession.

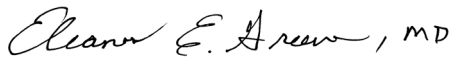
Addressing inappropriate opioid prescribing and the patient harm associated with it remained a top priority for NCMB in 2016. The Board implemented a new investigative program in April that uses data obtained from the NC Controlled Substances Reporting System and the NC Office of Medical Examiner. This first-of-its-kind program gives NCMB the ability to proactively screen its licensee population for potentially unsafe prescribing.

Also in 2016, the Board moved forward with plans to improve physician and physician assistant knowledge of safe opioid prescribing practices by adopting rules that will create a new controlled substances continuing medical education (CME) requirement. The new requirement applies to any physician or PA who prescribes controlled substances and will be in effect as of July 1, 2017.

To assist licensees with complying with the new CME requirement, NCMB partnered with Wake AHEC (Area Health Education Center) to successfully obtain grant funding to support a free webinar and panel discussion series that will cover the required education topics. This project is another first for the Board, which has not previously developed CME.

Find more details about these initiatives, and more about the Board's work in 2016, in the Program Overview (page 6).

Sincerely,



Eleanor E. Greene, MD, MPH
Board President





2017 Medical Board

2016 Board roster

The Board consists of 13 members appointed by the Governor. The current Board is made up of eight physicians, one physician assistant, one nurse practitioner and three members of the public with no financial or professional ties to a health service or profession.

Seven of the licensed physicians and the allied health members are nominated by an independent review panel, which by statute must offer the Governor a choice of at least two candidates for each open seat on the Board. The four remaining members of the Board are named at the discretion of the Governor. These positions include the three public members and one position that must go to a licensed physician who is an osteopathic physician,

a member of the Old North State Medical Society or a full-time faculty member of an NC medical school who uses integrative medicine in practice.

All Board members serve three-year terms. State law limits members to serving two full, consecutive terms on the Board. Extended Board member biographies can be viewed online at www.ncmedboard.org

The Board meets or holds disciplinary hearings monthly. Though some Board business, such as meetings to discuss investigative or complaint information, is confidential under law, Board proceedings are otherwise open to the public and media. Meeting schedules, agendas and minutes are available from the Board's office or online.

Board Meeting dates for 2017



Meetings:

May 17 - 19, 2017
 July 19 - 21, 2017
 September 20 - 22, 2017
 November 15 - 17, 2017
 January 17 - 19, 2018

Hearings:

April 27 - 28, 2017
 June 22 - 23, 2017
 August 17 - 18, 2017
 October 19 - 20, 2017
 December 14 - 15, 2017



Eleanor E. Greene, MD - President
 City: High Point, NC
 Term ends: October 2018
 Specialty: Obstetrics and Gynecology
 Certification: American Board of Obstetrics and Gynecology



Bryant A. Murphy, MD, MBA
 City: Chapel Hill, NC
 Term ends: October 2017
 Specialty: Anesthesiology
 Certification: American Board of Anesthesiology



Timothy E. Lietz, MD - President Elect
 City: Charlotte, NC
 Term ends: October 2019
 Specialty: Emergency Medicine
 Certification: American Board of Emergency Medicine



Jerri L. Patterson, NP
 City: West Elm, NC
 Term ends: October 2018
 Specialty: Pain Management



Barbara E. Walker, DO - Secretary/Treasurer
 City: Kure Beach, NC
 Term ends: October 2019
 Specialty: Family Practice and OMT
 Certification: American Osteopathic Board of General Practitioners



Shawn P. Parker, JD, MPA
 City: Raleigh, NC
 Term ends: October 2019
 Professional Background: Mr. Parker practices law with Smith Anderson in Raleigh



Pascal Udekwu, MD
 City: Raleigh, NC
 Term ends: October 2017
 Specialty: General Surgery
 Certification: American Board of Surgery



Ralph A. Walker, LLB, JD
 City: Greensboro, NC
 Term ends: October 2017
 Professional Background: Judge Walker is the former director of the N.C. Administrative Office of the Courts.



Debra A. Bolick, MD
 City: Hickory, NC
 Term ends: October 2019
 Specialty: Psychiatry, Geriatric Psychiatry
 Certification: American Board of Psychiatry and Neurology



Cheryl Walker-McGill, MD
 City: Charlotte, NC
 Term ends: October 2017
 Specialty: Internal Medicine, Allergy and Immunology
 Certification: American Board of Internal Medicine; American Board of Allergy and Immunology



A. Wayne Holloman
 City: Greenville, NC
 Term ends: October 2019
 Professional Background: Mr. Holloman is a retired businessman.



Varnell McDonald-Fletcher, PA-C
 City: Durham, NC
 Term ends: October 2018
 Specialty: Colorectal Surgery



Venkata Jonnalagadda, MD
 City: Greenville, NC
 Term ends: October 2018
 Specialty: Psychiatry
 Certification: American Board of Psychiatry & Neurology

A typical term on the Board is three years. Board Members may serve up to two consecutive terms, if reappointed by the Governor

DID YOU KNOW?

2016 Program overview

The North Carolina Medical Board is the public agency that licenses and regulates physicians (MDs and DOs), physician assistants (PAs) and certain other medical professional for the state of North Carolina. All program activities are supported by fees paid in connection with license applications or annual license renewals. NCMB's fees are set by the NC General Assembly. The Board does not receive any funding through the state budget process.

The Board maintains a full time professional staff in Raleigh to carry out its work. NCMB employed 55 individuals as of Dec. 31, 2016, up one staff person from the previous year.

Opioid prescribing was the most active policy issue of 2016

The Board implemented new initiatives to encourage responsible opioid prescribing in 2016. The Board's overarching goal with respect to opioids is to prevent or stop inappropriate prescribing, while encouraging pain prescribers to provide treatment that is both safe and appropriate.

New CME requirement for controlled substances prescribers

NCMB won approval in March 2016 for rule changes that establish a new continuing medical education (CME)

requirement for controlled substances prescribers. The new requirement will be in effect July 1, 2017, and applies to any physician or PA who prescribes controlled substances. These licensees are required to earn a set amount of CME in controlled substances topics, including prescribing for pain, during each CME cycle. The new CME requirement was adopted in response to a 2015-2016 state budget provision that called on all regulatory boards and state health care agencies that license or credential controlled substances prescribers to develop CME programs designed to improve knowledge of responsible prescribing practices.

Also in 2016, NCMB partnered with Wake AHEC (Area Health Education Center) to support creation of a webinar and related panel discussion series that will provide CME in the required education topics. The partnership was awarded a grant to develop a webinar and four panel sessions on controlled substances prescribing. The sessions are planned in rural areas of central NC and will be offered at no cost to any licensed medical professional in Spring 2017.

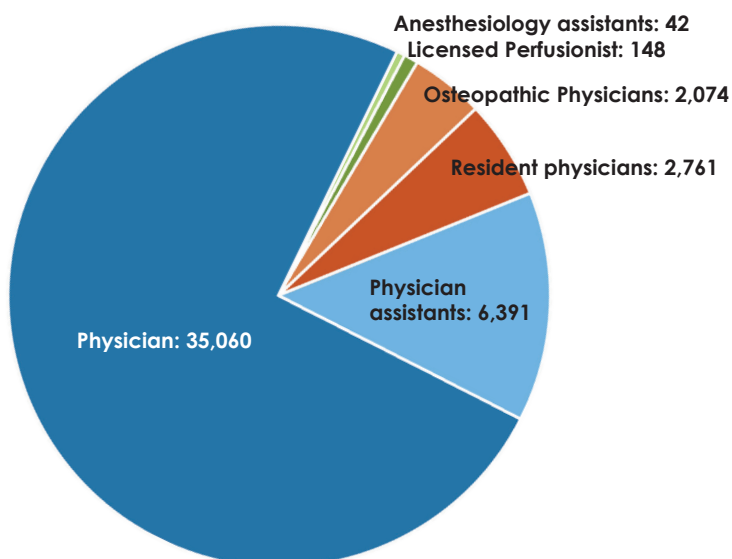
Intervening to stop inappropriate prescribing

NCMB expanded its oversight of opioid prescribers in 2016 with the implementation of a new investigative program in April 2016, the Safe Opioid Prescribing Initiative (SOPI). The goal of the program is to reduce patient harm and deaths related to prescription opioids

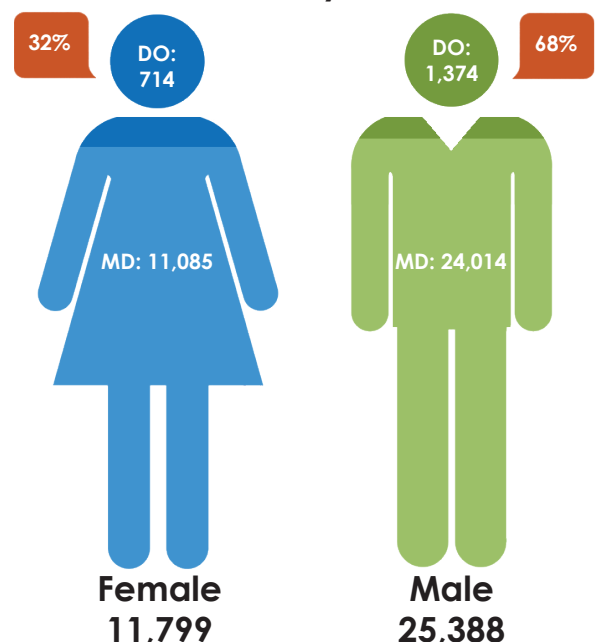
Licensee population in 2016

Total licensee population: 46,476

Data reflect active licensees as of Dec. 31, 2016



Total by sex



Data reflect active licensees as of March 2017.

by proactively identifying and addressing potentially unsafe prescribing. The program screens prescribers using data provided by the NC Controlled Substances Reporting System (CSRS) and the NC Office of State Medical Examiner. The program focuses on identifying prescribers who manage large number of patients at high doses of opioids, as well as prescribers who have had two or more patient deaths due to opioid poisoning.

As of Dec. 31, 2016, the Board investigated 62 licensees through SOPI. More than half (54 percent) of cases resulted in either public action (30 percent) or private action (24 percent) being taken against the licensee. The remaining 46 percent of cases were closed with no formal action against the licensee. More than half of licensees investigated practice pain management or physical medicine and rehabilitation. No prescribers investigated practice hospice medicine or palliative care.

SOPI represents a new direction for NCMB investigations in that it seeks to proactively identify prescribers who may need remediation or discipline, rather than act in response to a complaint from a patient or other source after an incident has occurred. A primary goal of SOPI is to identify prescribers of concern who have not previously come to attention through the complaint process or other established channels.

Board embraces CDC opioid policy

The Board began a review of its position statement on prescribing opioids for chronic pain in May 2016. The review ultimately concluded with a Board recommendation that NCMB replace its opioid position statement with the *CDC Guideline for Prescribing Opioids for Chronic Pain*, which was developed by the U.S. Centers for Disease Control and Prevention and released in March 2016. The Board gathered licensee feedback on this recommendation during fall and winter of 2016 and voted to approve it in January 2017.

Engaging with stakeholders on key issues in medicine

In 2016, consistent with its strategic goals, the Board continued to develop deeper relationships with stakeholder groups and organizations that share interests in common with NCMB. One example of this



Board members confer during a break between sessions at the 2016 Annual Meeting of the Federation of State Medical Boards.

is NCMB's participation with the NC Consortium for Physician Resilience and Retention. The Coalition, which is committed to identifying opportunities to address mental health, wellness, and burnout among medical professionals in the state, has been instrumental in bringing together stakeholders, including the NC Medical Society, Cone Health, the NC Physicians Health Program, NCMB and other organizations. NCMB revised its approach to monitoring licensee mental and physical health issues in 2016 by working closely with the Consortium to address the issue of requiring licensees to disclose during annual renewal whether they are currently undergoing treatment. Through this collaboration, it became apparent this question may deter medical professionals from getting the help they need. The Board ultimately decided to remove the renewal question and replace it with an acknowledgement that the licensee is expected to pursue appropriate treatment for health issues so they can continue to safely practice medicine.

NCMB also actively engaged in many workgroups focused on improving prescribing practices. In 2016, the Board became actively engaged in the Prescription Drug Abuse Advisory Committee (PDAAC), whose goal is to create and implement a new statewide strategic plan to combat prescription drug abuse. In addition, NCMB serves on the Professional Training and Coordination committee, which focuses on improving the knowledge, skills and proficiency of NC health care professionals in the treatment and reduction of opioid use disorders through safer prescribing and use of CSRS as a clinical tool.

NCMB continued its tradition of serving the medical profession on the national level in 2016, with the successful campaign of Board Member Cheryl Walker-McGill, MD, to the Federation of State Medical Boards (FSMB) Board of Directors. Dr. Walker-McGill, a Charlotte allergy and immunology specialist, was elected to a three year term on the FSMB Board in April 2016.

Focus group discusses issues unique to employed physicians

NCMB convened a focus group in November 2016 to gather perspectives on issues related to the growing trend of physicians working in salaried positions (“employed” physicians). Physicians in employment arrangements are typically subject to employer policies and protocols that may affect the physician’s ability to meet professional obligations to patients, or their ability to make decisions the physician believes are in the best interests of patient and are consistent with current standards of care.

Continued progress in outreach and transparency

As part of its strategic priorities, NCMB continued to increase the number of licensed medical professionals it reaches through presentations and talks in 2016. Engaging with physicians, PAs and other medical professionals face-to-face allows the Board to hear the concerns and suggestions of licensees, while also raising awareness of NCMB’s mission and responsibilities, as well as policies, rules and laws that affect the practice of medicine. The Board gave more than 45 presentations in 2016, reaching more than 1,000 individuals. This



The Board hosted a work group to discuss issues faced by employed physicians.

represents a 64% increase in presentations over 2015. Late in 2016, NCMB staff began working to identify opportunities to present to patient or consumer groups. Several public outreach talks are scheduled for 2017.

NCMB also implemented the first stages of plans to communicate information about new programs and policies to physicians and PAs via email. Its initial efforts focused on the Board’s new opioid investigations program, promoting online resources related to responsible opioid prescribing and clarifying NCMB’s general stance on opioids, which generated many questions and requests for information. The Board expects to email licensees periodically in 2017.

Creating additional resources for both medical professionals and the public will also be a priority in 2017. The Board conducted market research studies in 2016 to gather information from both medical professionals and the public to help focus its efforts to develop appropriate content. Among physicians and PAs, professional burnout remains a top concern. Licensees also indicated that the Board should do more to educate patients about changing standards of care, specifically in the area of pain management. Members of the public expressed interest in resources that help consumers search for and evaluate medical professionals.

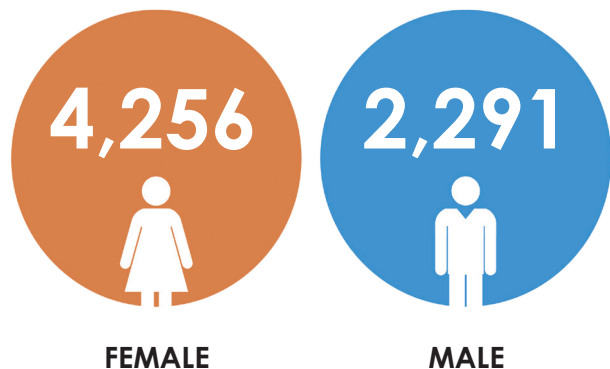
NCMB’s website remains its primary means of reaching licensees and members of the public. The Board was pleased to be recognized in Spring 2016 by *Consumer Reports*, which rated NCMB’s website among the top five medical board websites in the country, both for transparency and ease of use from the consumer

Physician Assistant population

Total Physician Assistant Population: 6,547

Data reflect active licensees as of March 2017.

TOTAL BY SEX



perspective. Consumer Reports also commended NCMB for its active social media presence and urged other medical regulators to use platforms such as Twitter and Facebook to distribute information more broadly.

Strategic goals updated

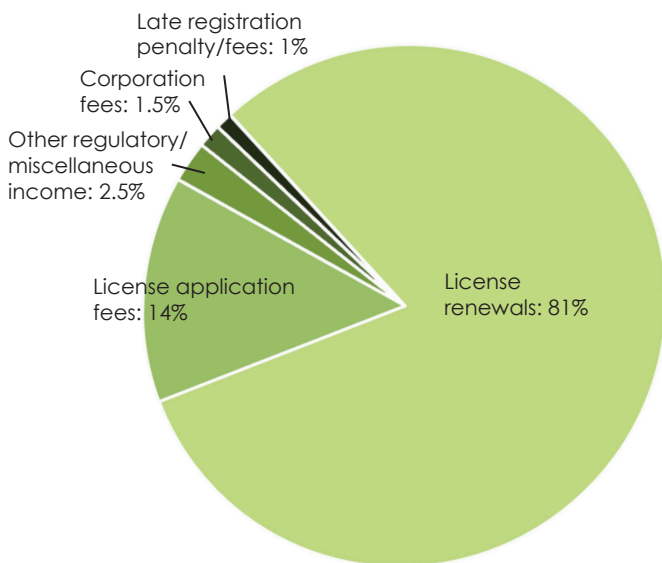
The Board held a retreat in fall 2016 to update its strategic priorities, which outline organizational goals through 2018. NCMB will focus on five priorities during 2017 include developing NCMB’s role as a trusted resource for policymakers, continuing to build relationships with stakeholder groups to gather input that informs the Board’s policies and initiatives, and continuing to enhance NCMB’s oversight of the NC Physicians Health Program (NCPHP).

Fee increase and financial performance

In July 2016, the NC General Assembly approved new physician license application and annual license renewal fees, increasing these fees for the first time since 2005. The Board expects to increase annual operating revenues by about \$3.7 million. These funds will considerably strengthen the Board’s financial position and will enhance its ability to provide outreach, education and training for the public and licensees.

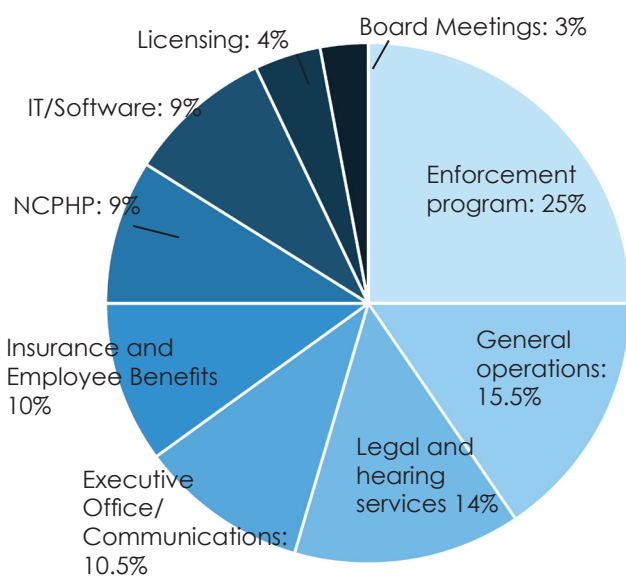
In 2015, the Board ended the budget year with a small deficit and operated at close to “break even” in years immediately prior to that. In 2016, NCMB’s total operating expenses increased by less than one percent, and the Board ended the budget year with a small operating surplus.

North Carolina Medical Board 2016 fiscal year



Revenues

License renewals	7,368,600
License application fees	1,273,600
Other regulatory fees, miscellaneous income	227,500
Corporation fees	436,500
Late registration penalty/fee	90,700
TOTAL	\$ 9,096,900



Budget Distribution

* The sum of the individual budget priorities exceeds the total due to rounding.

Enforcement Program	2,212,500
General Operations	1,371,800
Legal and Hearing Services	1,239,000
Executive Office/Communications	929,300
Insurance and Employee Benefits	885,000
NCPHP	825,900
IT/Software	796,500
Licensing	354,000
Board Meetings	265,500
TOTAL	\$8,850,000

Licensing

The North Carolina Medical Board's Licensing program helps fulfill the Board's mission to protect the public by rigorously screening applicants for licensure to ensure that only those candidates the Board believes can practice safely are issued a license. The Licensing program collects and reviews applicant's medical or other professional education, postgraduate training, license examination scores and certain other information when processing a license application. In addition, each applicant must verify his or her U.S. citizenship or legal authority to work in the U.S. and submit fingerprint cards so that the Board may obtain a criminal background check.

Medical professionals licensed, approved or registered by the Board

The NCMB licenses and regulates physicians (MDs and DOs), as well as resident training licensees or RTLs), physician assistants, licensed perfusionists (LPs) and anesthesiology assistants (AAs). Physicians, including RTLs, PAs and AAs must renew their licenses annually. LPs are required to renew every two years.

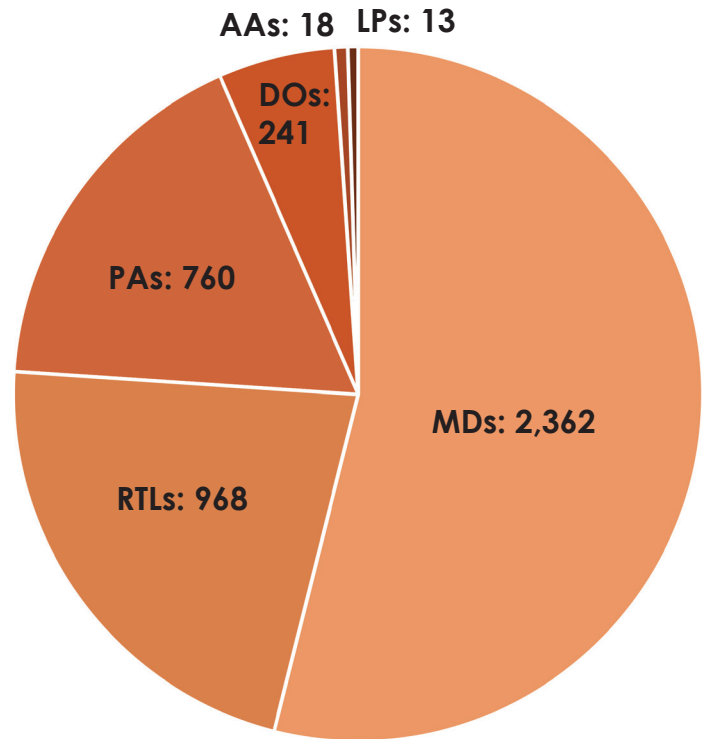
NCMB registers polysomnographic technologists or "sleep techs." Sleep techs are not currently licensed professionals. In 2016, the Board registered 939 sleep techs. Information about these registrants may be accessed via the NCMB's website using the "Look up a Licensee" tool. Search for registrants by name or license type (select Sleep Technologist).

Professional corporations and limited liability companies (LLCs)

The NCMB also certifies and registers medical professional corporations (PCs) and professional limited liability companies (PLLCs) to licensees who wish to organize their medical practices as one of these two types of medical businesses. The NCMB issued new registrations to **381** new PCs and/or PLLCs in 2016. As of Dec. 31, 2016, there were **4,651** registered PCs and PLLCS in North Carolina.

Registered medical businesses are required to renew their registrations annually. In 2016, the NCMB issued **124** suspensions for failure to register. PCs and PLLCs that are suspended for failure to timely renew registration may be reinstated after completing the registration and paying the renewal fee, plus a late fee. The Board received and approved **99** requests for reinstatement in 2016.

Total licenses issued in 2016: 4,362



Medical Corporations in 2016

To look up a PC or PLLC, Visit:
www.secretary.state.nc.us/corporations/CSearch.aspx

New Registrants



Total Registrants



DID YOU KNOW?

Physician assistants (PAs) are the fastest growing group of medical professionals licensed by NCMB, aided by an increase in NC-based PA programs in recent years. The Board issued about 150 more PA licenses in 2016 than it did in 2015 – an increase of nearly 25 percent.

Licensed physicians (MD/DO) and physician assistants (PA) by county

Data reflects active physicians as of Dec. 31, 2016

COUNTY	MD/DO	PA	COUNTY	MD/DO	PA	COUNTY	MD/DO	PA	COUNTY	MD/DO	PA
Alamance	298	42	Cumberland	858	274	Johnston	147	70	Randolph	121	39
Alexander	14	6	Currituck	10	6	Jones	16	0	Richmond	42	8
Alleghany	9	3	Dare	62	20	Lee	86	30	Robeson	172	65
Anson	14	2	Davidson	112	34	Lenoir	114	16	Rockingham	103	20
Ashe	29	5	Davie	45	19	Lincoln	86	21	Rowan	296	77
Avery	26	2	Duplin	38	15	Macon	83	6	Rutherford	79	29
Beaufort	54	18	Durham	2,566	457	Madison	16	3	Sampson	59	11
Bertie	9	3	Edgecombe	41	14	Martin	22	5	Scotland	60	21
Bladen	29	3	Forsyth	2,104	470	McDowell	37	23	Stanly	68	12
Brunswick	158	52	Franklin	12	7	Mecklenburg	3,455	749	Stokes	29	8
Buncombe	1,291	259	Gaston	415	102	Mitchell	29	12	Surry	122	36
Burke	210	36	Gates	0	0	Montgomery	10	8	Swain	32	12
Cabarrus	467	82	Graham	4	1	Moore	386	92	Transylvania	65	11
Caldwell	78	15	Granville	139	28	Nash	186	48	Tyrell	0	0
Camden	0	0	Greene	12	2	New Hanover	805	243	Union	219	60
Carteret	135	35	Guilford	1,369	314	Northampton	4	0	Vance	68	22
Caswell	10	3	Halifax	77	16	Onslow	247	74	Wake	2,742	684
Catawba	423	92	Harnett	94	56	Orange	1,795	96	Warren	3	3
Chatham	100	10	Haywood	119	16	Pamlico	9	3	Washington	7	4
Cherokee	30	13	Henderson	282	53	Pasquotank	119	30	Watauga	132	33
Chowan	26	3	Hertford	46	11	Pender	29	9	Wayne	220	53
Clay	11	3	Hoke	16	13	Perquimans	4	4	Wilkes	74	17
Cleveland	162	22	Hyde	1	1	Person	38	8	Wilson	129	39
Columbus	71	20	Iredell	342	86	Pitt	871	132	Yadkin	15	8
Craven	279	55	Jackson	98	21	Polk	31	8	Yancey	18	3
In State										26,295	5,788
Out of State										10,839	603
Total										37,134	6,391

Physician assistants (PAs) are the fastest growing group of medical professionals licensed by NCMB, aided by an increase in NC-based PA programs in recent years. The Board issued about 150 more PA licenses in 2016 than it did in 2015 – an increase of nearly 25 percent.

Enforcement summary

The Board gathers and evaluates information of interest, including complaints from patients and the public. After thoroughly investigating and considering this information, the Board makes decisions, based on criteria established by state law (the Medical Practice Act, or Chapter 90 of the NC General Statutes) about which cases involve violations and may require Board action.

Cases that may involve violations of the Medical Practice Act are reviewed at both the staff and Board level. The process begins with receipt of the complaint or other information by the Board. A case is opened and an investigation is conducted. For matters related to medical care, the Board obtains patient records, which are reviewed by NCMB's Office of the Chief Medical Officer (staffed by two physicians and a physician assistant). Cases that have the potential to result in a public Board action are typically also reviewed by one or more independent expert reviewers familiar with current standards of care in that area of practice. In some cases, a Board Investigator may interview the licensee, the complainant and others involved in the case. In others, a "paper" investigation that consists of staff, independent medical expert and Board review of patient medical records and other documents is sufficient for NCMB to come to a decision.

Once the investigation is complete, the case file is reviewed by a committee of senior Medical Board staff. This group's members include the Board's Complaint

section director, Chief Investigations Officer and Chief Legal Officer, as well as the Chief Medical Officer. The senior staff reviews and discusses each case and makes a recommendation for action to the Board. Case files and corresponding recommendations are then forwarded to members of the Board's Disciplinary Committee. The Committee may agree with the staff recommendations or make new recommendations, which are forwarded for consideration by the full Board. The full Board then reviews recommendations and votes to determine whether to take Board action, and what type.

Ways the Board gathers information

The Board conducts a number of confidential interviews with licensees each year as part of its investigative work. Interviews are used to gather additional information about a disciplinary case, or to check in with licensees who are being monitored by NCMB. The Board may determine that no further action is required following an interview, or it may vote to take action against the licensee based on the outcome of the interview. Last year, the Board conducted 36 confidential interviews.

In addition, the Board may order licensees who are under investigation to obtain examinations or assessments that help the Board make determinations about that licensee's ability to practice safely. Examples include alcohol or substances abuse assessments, neuropsychiatric examinations, or competency reviews that evaluate clinical knowledge.

Enforcement activity

Cases opened	2,439
Cases closed	2,279
Avg. # of days to close a case	89

Enforcement activities by type

Private actions (interim or private letter of concern)	383
Public actions, adverse	173
Public actions, non-adverse	30

Case opened by type/source

Complaint section	1,329
Review of out of state action	321
Field investigations section	273
Malpractice payment	247
License application	136
Safe Opioid Prescribing Initiative	62
Compliance case	51
Medical Examiner case	16
Other	4

**DID YOU
KNOW?**

NCMB is primarily a complaint-driven organization. That means that the Board acts upon or investigates information received, from patients and the public or other sources. In 2016, NCMB established a new program that proactively screens licensees to identify potentially unsafe opioid prescribing.

Matters reviewed

The Board's enforcement program opens cases based on information received from a variety of sources. Collectively, these cases represent all matters reviewed by the Board in a given year. The main sources of information include:

Information gathered as part of the annual license renewal process

More than 46,000 physicians, physician assistants and resident physicians renew their professional licenses each year. During the renewal process, licensees must complete a detailed questionnaire that is designed to capture information of interest (e.g., an arrest for DUI, a malpractice lawsuit, public or private action by another regulatory Board, etc.) All reports of "red flag" information are reviewed by staff and may lead to a Board investigation.

Information reported by the licensee via NCMB's online Licensee Information portal

Pursuant to North Carolina G.S. 90-5.2-5.3, licensees are required to report certain information (eg, certain convictions, regulatory actions, and malpractice payments) to the Board within 60 days of the event.

Complaints from patients and the public

Complaints are the largest single source of information received by the Board. In 2016, NCMB received 1,329 complaints from patients, family members and loved ones of patients and others, including physicians and other medical professionals such as pharmacists. The Complaint section, which receives and processes all complaints, is part of the Board's Investigations Department.

Malpractice payment reports submitted

Pursuant to North Carolina G.S. 90-14.13 (c) all North Carolina professional liability insurance carriers are required to report malpractice payments made on behalf of licensees to the Board. In addition, licensees are required to self-report all payments made on their behalf. In 2016, NCMB opened **247** cases upon receipt of malpractice payment reports.

Investigations opened by NCMB's Investigations Department

NCMB's own investigations team is the second largest source of information that leads to a case being opened. In 2016 there were **645** cases opened through the Field Investigations section of the department. This



number includes **273** new disciplinary investigations, **321** investigations of actions taken against licensees by other state medical boards or jurisdictions and **51** compliance cases. A compliance case is opened to monitor a licensee who is required by the Board to comply with limitations, restrictions and/or conditions, or other requirements ordered by NCMB. For example, a licensee may be ordered to obtain a neuropsychiatric assessment, or be required to complete continuing medical education.

Cases opened by primary allegation

Quality of care	661
Communication issue	460
Action by out of state agency/regulator	331
Prescribing Issues	181
Policy/procedure within Dept. of Corrections/jail	133
Medical records/HIPAA issue	111
Misinformation/nondisclosure on license application	93
Billing, fee or insurance issue	65
Patient dismissed, abandoned or refused appointment	58
Alcohol or substance abuse	53
Professional sexual misconduct/boundary issue	43
Misdemeanor or felony arrest	41
Unprofessional conduct	36
Inappropriate supervision of PA, NP or other medical staff	15
Ethical issue/ethics violation	10

Note: This table displays the most common allegations associated with Board cases opened during 2016. Allegations that resulted in fewer than 10 cases are not shown.

Case resolutions and actions taken

There are three main ways for NCMB to resolve a case. Please note that the totals below do not equal the total number of cases closed. This is because approximately 25 percent of cases opened by the Board are closed administratively by the staff and do not undergo formal investigation and review by the Board. Examples of cases that are closed administratively include matters that fall outside of the Board’s jurisdiction (e.g. cases that involve medical professionals or other individuals who are not licensed by the Board) and instances where a preliminary staff review determines that there is no legal basis for the Board to act.

No formal action is taken

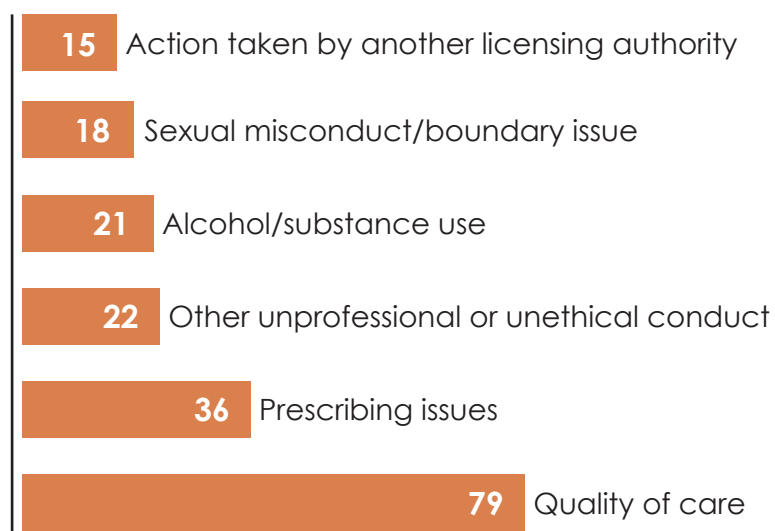
In such instances, the Board considers the case to be “accepted as information” (AAI). Cases that are accepted as information are not disclosed to the public but are held in the licensee’s confidential file with the Medical Board. In 2016, 1,018 cases were accepted as information. The most common reason for a case to be resolved in this way is that there is no apparent violation of the Medical Practice Act.

Private action is taken

In cases that are resolved with a private action, the licensee is sent a confidential letter, either as an interim step (Interim Letter of Concern) or as a final resolution to the case (Private Letter of Concern). Letters generally outline the Board’s concerns regarding licensee conduct or care provided and may recommend specifications that should be taken to address deficiencies. For example, the Board may refer the licensee to a course on physician-patient communication or recommend that the licensee complete continuing medical education in specific subject areas. In 2016, there were **383** private actions executed by the Board.

Public Board Actions

Cause of public adverse actions in 2016



*Causes that resulted in fewer than 10 Board actions are not shown.

Public action is taken

When the Board takes public action against a licensee, there is demonstrable evidence of a violation of the Medical Practice Act. Adverse public actions range from a non-disciplinary Public Letter of Concern (similar to a warning letter) to actions that remove a licensee’s authority to practice, such as a suspension or revocation. Board actions may also include limitations, restrictions and/or conditions on the licensee’s practice, orders to obtain continuing medical education and other measures the Board determines necessary to protect the public. Public actions are posted on the licensee’s information page on NCMB’s website. In 2016, the Board took **173** adverse public actions related to 142 individuals.

Non-adverse actions

The Board also issues a number of public actions that are not adverse each year. These actions include extensions of temporary licenses, dismissals of disciplinary cases, or matters unrelated to discipline such as reentry agreements. Reentry agreements are required of licensees who have been out of active clinical practice for two or more years upon application for a NC license. The Board took **30** non-adverse public actions in 2016.

What is “unprofessional conduct”?

Unprofessional conduct is a general term that describes misconduct that the Board considers serious enough to constitute a violation of the Medical Practice Act. Examples include inappropriate supervision of medical staff, aiding the unlicensed practice of medicine, unethical billing practices, domestic violence, non-payment of taxes, child support or other financial obligation, among other conduct.

Public Board Actions continued

ADVERSE ACTION

Public letters of concern	58
Conditions on license/practice	31
Suspensions	25
Reprimands	24
License surrenders	14
Limitations on license/practice	6
Amended consent order	3
License revocations	3
Non-practice agreement	3
Summary Suspensions	2
Annulments	1
License denials	1
License inactivated in lieu of other action	1
Temporary licenses issued	1
TOTAL ADVERSE	173



NON-ADVERSE ACTION

Consent orders lifted	22
Reentry agreements	6
Dismissal of charges	1
Special purpose license agreement issued	1
TOTAL NON-ADVERSE	30

Accessing information about public actions

NCMB public actions, both adverse and nonadverse, are available on NCMB's website at www.ncmedboard.org, posted to the individual information page of the licensee receiving the action. Actions are uploaded to the website in real time and are posted indefinitely.

To see whether a specific physician, PA or other licensed professional has public actions, visit NCMB's website and click on the licensee search tool from the home page and enter name or other search terms.

To see all public actions, click on 'Access recent board actions' from the home page. Actions are listed in chronological order.

Media contact

NCMB's Communications Department is available to discuss information and data contained in this report. Contact us for assistance with questions, data requests and other needs.

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