A 10-minute overview of the NC Medical Board

The Board’s mission and mandate

The North Carolina Medical Board was established in 1859 by the General Assembly “in order to properly regulate the practice of medicine and surgery for the benefit and protection of the people of North Carolina.”

Fulfilling the Board’s mission

The Board fulfills its mission in two main ways:

- Licensing (ensuring that only those applicants the Board believes can practice safely are licensed)

- Regulation/Remediation (addressing substandard practice and/or licensee misconduct)
Evaluating applicants and licensees

In all situations, the NCMB considers both the *competence* (medical knowledge and skill) and the *character* (truthfulness, past decisions) of the individual.

**Examples of character issues:** Failure to disclose, DWI, arrest for behavior such as theft, fraud, assault, etc.

**Examples of competence issues:** Inappropriate prescribing of controlled substances, failure to diagnose, substandard performance of a procedure; overall deficit in medical knowledge.

---

**FAIR AND JUST REGULATION**

What if a complaint is made against me?

- Licensee is provided written notice from the Board when a complaint is received.
- Licensee will be asked to respond to the complaint allegations; a copy of the complaint may be provided to the licensee.
- The licensee may be asked to respond in writing or may be interviewed by a Board investigator.
- Process governed by statute and accompanying administrative rules to prevent delays.
Basic case review process

• Complaint/ licensee response reviewed by staff
• Quality of care cases referred to Board’s Office of the Medical Director; medical records reviewed. Was care below standard?
• Senior staff reviews/ makes recommendation
• Recommendation forwarded to Board committee; Committee makes final recommendation for discipline
• Full Board vote

Licensee input

• Multiple opportunities for licensees to tell “their side” before Board Action is taken
  • Complaint response
  • During investigative interview, if one occurs
  • Prior to the issuance of a Notice of Charges & Allegations by the Board
  • During Board Hearing or through negotiation of a settlement (Consent Order)

The scalpel approach

• NCMB seeks to rehabilitate licensees whenever it is possible and appropriate, and would not compromise public protection

• NCMB favors targeted remediation (addressing the area of practice that raises concern) that preserves the licensee’s ability to serve patients
Case study

- MD inappropriately prescribed controlled substances to multiple patients for a variety of reasons, including chronic pain
- In addition, documentation of care was poor

**Board action:** MD reprimanded. License limited and restricted such that MD may not prescribe controlled substances in Schedules II and III. In addition, MD must complete CME in medical record keeping and in controlled substances management and prescribing.

---

Thank you!

Questions?

---

**Where to find us**

- The website: [www.ncmedboard.org](http://www.ncmedboard.org)
- The *Forum:* Published four times a year by the NC Medical Board; Sent to all licensees. It can be received via email or snail mail.
- Follow NCMB on Facebook. Search for North Carolina Medical Board on Facebook and “like” us to receive news and information
- Call the NCMB offices: Toll free at 800-253-9653 or 919-326-1100 Email: [info@ncmedboard.org](mailto:info@ncmedboard.org)
Cheryl Walker-McGill, MD
President-Elect, NCMB

North Carolina Medical Board
1203 Front Street | Raleigh, NC 27609
www.ncmedboard.org | info@ncmedboard.org
800.253.9653

Council on Licensure, Enforcement and Regulation