

PROTECTION

specific time period. Details for each field are outlined on the Board's Web site.

REGULATING PRACTICE

The Board devotes significant effort to overseeing the practice of those it licenses or approves. It reviews complaints from the public, malpractice payment data, information about individual performance and behavior from hospitals and other health care institutions, reports from the state's Chief Medical Examiner's Office, information from law enforcement agencies, and reports of actions by other states. It also gathers information from the National Practitioner Data Bank, the news media, and other sources.

Dealing with Problem Practitioners

When review by the Board identifies a possible problem, a practitioner may be invited to a private conference with members of the Board to determine what, if any, action is required. These conferences may reveal no problem exists, serve to correct a minor problem, or lead to formal action.

When formal action is required, the practitioner may be offered the option of signing an agreement (called a "consent order") to address the problem. Consent orders most often require changes in practice or behavior and place conditions or limitations on practice.

When a consent order will not do or cannot be agreed on, the Board will file charges and allegations and hold a hearing. If the Board finds at the hearing that the practitioner has violated the Medical Practice Act (MPA), it may revoke, suspend, or otherwise discipline the practitioner's license or approval. (Due process of law is guaranteed the practitioner.)

If the Board believes a practitioner is an imminent risk to the public, it may take emergency action by ordering a summary suspension prior to public hearing.

Cases are heard by the full Board, a panel of the Board, or an administrative law judge. In the two latter situations, recommendations are made to the full Board for final action.

Hearings are open to the public. Charges, consent orders, and other Board action documents are public and available on the Board's Web site.

Protecting the Public Interest Is the Board's Goal

Disciplinary action by the Board is intended to protect the public, preventing a

QUALITY MEDICAL CARE

practitioner from doing harm or further harm. (The Board does not represent an individual patient or complainant.)

When a practitioner has injured or harmed a patient or committed a criminal act, the patient or the patient's representative may also have recourse to the civil or criminal courts. Complaints to the Board do not preclude other appropriate legal action.

Filing Complaints Against Practitioners

When anyone is concerned that a practitioner regulated by the Board is not performing in a professional or competent manner, that concern should be reported to the Board. A simple Complaint Form can be printed from the Board's Web site or obtained by contacting the Board's Complaint Department. Instructions on e-mailing a complaint are also available on the Web site. The Board acknowledges and acts on complaints in a timely way.

The Board can only act on complaints that involve matters covered in the MPA. The following is a summary list of the principal grounds for action by the Board (the full text appears in the statute: NCGS § 90-14).

- unprofessional, immoral, or dishonorable conduct
- professional incompetence or failure to maintain professional standards
- being unable to practice medicine with skill and safety due to illness, drug or alcohol abuse, or physical or mental abnormality
- conviction of a felony, a crime involving the practice of medicine, or a crime involving moral turpitude
- producing or attempting to produce an abortion contrary to law
- obtaining or attempting to obtain something of value by false representations
- professing to treat a patient under a system or school of treatment or practice other than that for which educated
- promoting the sale of drugs or other items, or attempting to exploit a patient
- making false statements or representations to the Board or failing to respond to the Board
- disciplinary action by another licensing jurisdiction

Unlicensed or Unapproved Practice

The Board cannot act directly against those who practice without a license or approval in one of the fields it regulates. However, it may seek an injunction against such persons and it does report them to the appropriate law enforcement agency or district attorney.

REGULATION

A FINAL WORD

The Board acts on the public's behalf in the health care fields it regulates. From licensure to discipline, all its actions are based on a careful review of the facts. It functions under the laws of North Carolina and the United States, ensuring the rights of those who come before it. With that understanding, it always welcomes comments from the public it serves and the professions it regulates.

CONTACTING THE BOARD

Physical Location:

North Carolina Medical Board
1203 Front Street, Raleigh, NC 27609-7533

Mailing Address:

PO Box 20007
Raleigh, NC 27619-0007

Telephone/Fax/Web Site/E-mail

Telephone: (919) 326-1100 Toll Free: (800) 253-9653

Fax: (919) 326-0036

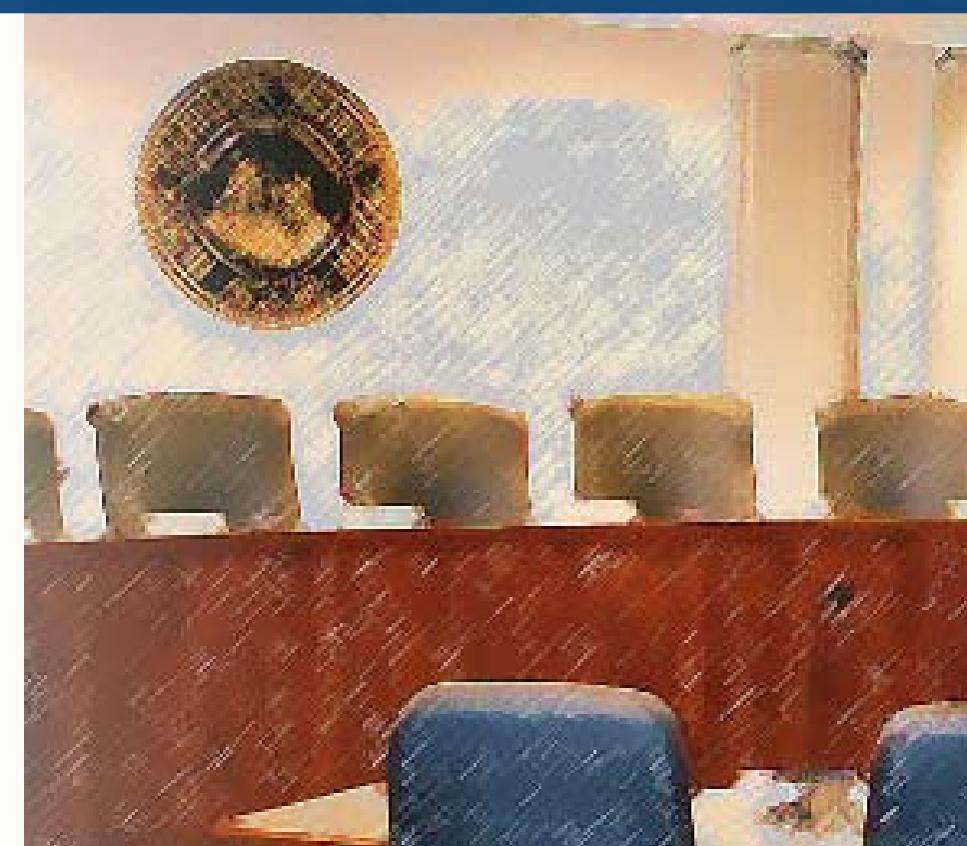
Web Site: www.ncmedboard.org

E-mail: info@ncmedboard.org (please include your telephone number)

NOTICE

This brochure is intended to provide general information about the North Carolina Medical Board. Though every attempt has been made to ensure its accuracy, it does not contain a detailed statement of the requirements for licensure or practice approval and it cannot be used as a legal reference concerning licensure, practice approval, discipline, or any other matter related to the responsibility or authority of the North Carolina Medical Board.

For further information, refer to the North Carolina Medical Practice Act (North Carolina General Statutes, Chapter 90: Medicine and Allied Occupations), the Rules of the North Carolina Medical Board (North Carolina Administrative Code: Title 21, Occupational Licensing Boards, Chapter 32, Board of Medical Examiners), and the Position Statements of the North Carolina Medical Board. All are available on the Board's Web site.



**NORTH CAROLINA
MEDICAL BOARD**
PROTECTING THE PUBLIC

THIS IS YOUR NORTH CAROLINA MEDICAL BOARD

A PUBLIC PURPOSE

In 1859, the North Carolina Medical Board was established 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."

This brochure is designed to show how the Board is structured and how it works to accomplish the goal set for it by the General Assembly all those years ago. We want to encourage the public to use the services and information available from the Board when seeking and using medical care. It is also designed to be a brief but handy reference for the health care practitioners the Board regulates.

IN THE SERVICE OF THE PEOPLE

The practice of medicine is a privilege granted by the state for the benefit of the people. In support of that principle, the Board licenses, monitors, disciplines, and guides the health care practitioners it regulates to assure their fitness and competence.

THE BOARD

The Board consists of 12 members appointed by the Governor. Eight of the 12 are licensed physicians, one is a licensed physician assistant (PA) or approved nurse practitioner (NP), and three are public members with no financial or professional interest in a health service or profession.

Seven of the licensed physicians and the one PA or NP are nominated to the Governor by a Review Panel, which offers the Governor a choice of at least two candidates for each position. (The Review Panel comprises members of the NC Medical Society, the NC Osteopathic Medical Association, the Old North State Medical Society, the NC Academy of PAs, and the NC Nurses Association Council of NPs, and includes a current public member of the Board.)

The remaining four members of the Board are freely chosen by the Governor and include the three public members and a licensed physician who is a doctor of osteopathy, 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.

The Board members serve three-year terms and may serve a second consecutive term.

Board meetings are scheduled monthly. They last two to three days, include committee meetings, interviews, and hearings, and take various licensing and disciplinary actions. Though some Board business is confidential under law, Board meetings are otherwise open to the public and media. Schedules are available from the Board's office or Web site.

The Board is administered by an executive director and has nine departments: Complaints, Human Resources, Information Technology, Investigative, Legal, Licensing, Operations, Public Affairs, and the Office of the Medical Director (which includes two physicians).

The Board receives no tax dollars. The Board is an independent agency funded by fees charged the practitioners it regulates.

SERVICES

The Board has an information program aimed at both the public and regulated practitioners. It is a multi-faceted effort that includes, among other things, a quarterly periodical, the Forum; development of position statements related to medical practice; news releases, flyers, and brochures on Board services; a system for responding to public and media inquiries; detailed disciplinary reports; and an outstanding Web site. The Web site includes all the Board's publications and current news releases and is a rich source of information about the Board, its work, and its licensees.

On request, Board representatives are pleased to appear before professional and public groups whenever possible.

The background and status of a regulated practitioner may be checked (including location, education, license status, specialty, hospital privileges, disciplinary record, other states where licensed) by using the Look Up

a Licensee system on the Board's Web site or contacting the Board's office. The Board's public files on practitioners against whom the Board has taken action are available in detail on the Board's Web site.

The Board works with and partially funds the North Carolina Physicians Health Program (NCPHP). The NCPHP identifies, assesses, refers for treatment, and monitors the recovery of physicians and PAs who are impaired by alcohol, chemical dependency, and/or psychiatric dysfunction. It is one of the most successful programs of its kind.

The Board acts quickly should any NCPHP participant fail to comply with the program.

LICENSING

Physicians (MDs and DOs) are licensed by the Board in several ways. Physicians who graduate from an accredited U.S. or Canadian medical school and fulfill all other requirements may be licensed if they have

- (1) successfully completed one year of accredited postgraduate training, and
- (2) passed the United States Medical Licensing Examination (USMLE), the Comprehensive Osteopathic Medical Licensing Examination-USA (COMLEX-USA), or an equivalent test.

In addition, applicants who have not completed postgraduate training or a recognized examination in the past 10 years, must pass an examination or present a satisfactory continuing medical education record.

Physicians who have been out of clinical practice for two or more years may be required to develop a "reentry" plan as part of their application.

Physicians who fulfill all other requirements but are graduates of foreign medical schools must meet added requirements and must have successfully completed three years of accredited postgraduate medical training.



The background of all applicants is carefully reviewed to assure their good moral character as required by law.

The medical license grants a physician the privilege of practicing medicine and surgery in all their branches, unless the license is specifically limited by Board order. The license does not designate a specialty (such as obstetrics or family medicine). Most physicians select a specialty during their training, however, and most achieve certification in a specialty following licensure. Certification is granted by private agencies (specialty boards).

Information about specialty certification is available from the American Board of Medical Specialties (866/ASK-ABMS) www.abms.org and the American Osteopathic Association (312/202-8000) www.aoa-net.org.

The Board also licenses PAs, certified clinical perfusionists, and anesthesiologist assistants; it approves NPs and clinical pharmacist practitioners. These health care professionals practice under physician supervision. They must be graduates of approved programs and meet other requirements.

Registration

Each health care practitioner regulated by the Board is required to register with the Board on a regular basis. This can be done on line and involves paying a fee and completing a registration form.

Continuing Medical Education (CME) Required

Each health care practitioner regulated by the Board must meet a CME requirement within a

IN THE SERVICE OF THE PEOPLE

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LICENSES, MONITORS, DISCIPLINES, AND GUIDES THE HEALTH CARE PRACTITIONERS IT

REGULATES TO ASSURE THEIR FITNESS AND COMPETENCE.

