2017
NORTH CAROLINA MEDICAL BOARD
ANNUAL REPORT

NORTH CAROLINA MEDICAL BOARD

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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Letter from the President

Thank you for your interest in the North Carolina Medical Board. I'm pleased to say that 2017 was another productive year.

Addressing inappropriate opioid prescribing remained a primary focus and NCMB continued to set records in outreach, averaging nearly one presentation to licensee or stakeholder groups per week. The Board also expanded its outreach efforts to include community groups, with a goal of raising public awareness of our agency. The year also saw NCMB's staff creating many new resources aimed at helping licensees and the public navigate changes to medical board policy and state law.

When I was appointed to NCMB in 2013, the Board primarily focused on its core responsibilities of licensing and regulation of physicians, physician assistants and a few other licensed medical professionals. NCMB takes this work seriously and always will. Yet I and my colleagues on the Board believed that NCMB is capable of much more.

The achievements outlined above reflect steady progress towards strategic priorities NCMB adopted to guide its work during 2015-2018. I am proud of what we have accomplished and even more proud to serve as NCMB President during the coming year, as we complete the goals we set a few years ago.

Find a more detailed overview of the Board's work on opioids and outreach in the Program Overview section (P. 5). Licensing and regulatory work is covered throughout the report.

Sincerely,

Timothy E. Lietz, MD
Board President

2018 Board Roster

The Board consists of 13 members. 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.

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 online.

2018 Board Members

PRESIDENT

Timothy E. Lietz, MD
Emergency Medicine, Charlotte

PRESIDENT-ELECT

Barbara E. Walker, DO
Family Practice and OMT, Kure Beach

SECRETARY/TREASURER

Bryant A. Murphy, MD, MBA
Anesthesiology, Chapel Hill

PAST PRESIDENT

Eleanor E. Greene, MD, MPH
Obstetrics and Gynecology, High Point

Debra A. Bolick, MD
Psychiatry and Geriatric Psychiatry, Hickory

A. Wayne Holloman
Public Member, Greenville

Venkata R. Jonnalagadda, MD
Psychiatry, Greenville

Michaux R. Kilpatrick, MD, PhD
Neurosurgery, High Point

Varnell D. McDonald-Fletcher, PA-C, Ed.D
Colorectal Surgery, Durham

Shawn P. Parker, JD, MPA
Public Member, Raleigh

Jerri L. Patterson, NP
Pain Management, West Elm

John W. Rusher, MD, JD
Pediatrics, Raleigh

Ralph A. Walker, JD
Public Member, Greensboro

2017 Program Overview

The North Carolina Medical Board is the independent 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 related to 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 52 staff members as of Dec. 31, 2017.

Sustaining the Board's emphasis on responsible opioid prescribing.

The Board continued its multi-pronged approach to encouraging responsible opioid prescribing in 2017, implementing several strategies aimed at improving the quality of care while preventing or stopping inappropriate prescribing. NCMB works towards this through education and policy initiatives as well as through increased oversight of opioid prescribing. Oversight may include remediation, such as requiring prescribers to address specific deficiencies in care or conduct, as well as discipline, such as a reprimand or suspension of authority to prescribe or practice, when care is found to be below standard.

Supporting prescribers with controlled substances CME

NCMB implemented a new continuing medical education (CME) requirement for physicians and PAs, effective July 1, 2017. The requirement obligates all controlled substances prescribers to earn CME covering specific topics related to responsible controlled substances prescribing. NCMB's goal is for prescribers to stay current on best practices for prescribing controlled substances, and reducing the incidence of opioid misuse and diversion.

For more information on the controlled substances CME requirement, visit:
www.ncmedboard.org/prescribingcme

For the first time in its history, NCMB created a CME program on prescribing controlled substances through a partnership with Wake AHEC. The purpose of this program was to develop high quality training at no cost to any NC medical professional, specifically targeting prescribers in rural areas. Using grant funding from NC AHEC, NCMB and Wake AHEC developed a pilot program resulting in a one hour recorded opioid prescribing webinar, released in March 2017, and a series of opioid panel discussions held throughout the greater Triangle region during April and May 2017. Prescribers who viewed the webinar and attended one panel discussion earned a total of three hours of **AMA PRA Category 1 CME credit** – enough to fully satisfy the new CME requirement. Physicians must earn three hours of controlled substances CME during each three-year CME cycle; PAs must earn two hours during each two-year CME cycle.

Based on the success of the initiative and the Board's interest in investing in licensee education on controlled substances, NCMB and Wake AHEC received additional grant funding from NC AHEC in summer 2017 to support up to 20 additional panel sessions to be delivered across North Carolina. The statewide training program also received support from the Governor's Institute.

OPIOID PRESCRIBING TRAINING

3,600+ webinar views

900+ panel attendees reached

In 2017, NCMB and Wake AHEC presented CME panel sessions in Durham, Henderson, Hickory, New Bern, Roxboro, Sanford, Smithfield and Spindale. A complete schedule of 2017–2018 panel sessions can be viewed at **www.ncmedboard.org/prescribingCME**.

Refinements to NCMB's Safe Opioid Prescribing Initiative

The Board continued to enhance its oversight of opioid prescribing in 2017, adopting revised investigative criteria to improve the quality of information gathered through its Safe Opioid Prescribing Initiative (SOPI). SOPI, established in 2016, screens prescribers using data provided by the NC Controlled Substances Reporting System (NC CSRS) and the NC Office of State Medical Examiner to identify potentially inappropriate opioid prescribing. SOPI currently focuses on identifying prescribers who manage large numbers of patients at high doses of opioids, as well as prescribers who have had two or more patient deaths due to opioid poisoning. NCMB only takes action in cases where there is evidence that the prescriber's care was below accepted standards.

After examining a year of SOPI results, NCMB determined that a high proportion of cases opened based on the "high dose, high volume" criteria found evidence of substandard prescribing. Inversely, the Board found that most cases opened based on the report of multiple patient deaths, there was little relationship between the licensee's prescribing and the circumstances that led to the patient deaths. These findings led the Board to revise criteria accordingly. The revised criteria, adopted July 2, 2017, allow NCMB to investigate more licensees managing large number of patients at high doses of opioids, with the goal of identifying more cases of substandard prescribing. The revised criteria also added filters to the "multiple patient deaths" report to ensure that only licensees who prescribed 30 or more tablets of an opioid within 60 days of the patient death are investigated for possible inappropriate prescribing. This change should improve the accuracy of reports from NC CSRS and focus on cases where there is a credible causal relationship between prescribing and the patient's death.

In 2017 NCMB began developing additional SOPI investigative criteria that would identify licensees whose practices exhibit characteristics frequently observed in inappropriate "pill mills." For example, large numbers of patients who travel more than 100 miles to receive treatment, a high proportion of patients who pay cash and prescribing a set "cocktail" or regimen of medications to patients, regardless of medical history, are all characteristics of potentially inappropriate pain prescribing. The Board is still validating the concept, but could seek approval to use the new criteria to identify additional prescribers for investigation in 2018.

Encouraging physicians and PAs to register for NC CSRS

Despite the lack of an effective date for the "mandatory use" provision of the STOP Act, the Board continued to encourage physicians, PAs and other prescribers to register for NC CSRS. NCMB established a new resource page (**www.ncmedboard.org/NCCSRS**) to provide news and information on updates to NC CSRS as well as access to the streamlined registration process, the link for setting up a delegate account, and a visual guide to help licensees navigate to the registration portal. Additionally, NCMB held 'NC CSRS registration drives' at each opioid prescribing panel session by offering one-on-one assistance with registration to prescribers who had not yet registered for the system. The Board supports licensees' regular use of the system to monitor patients and prescribing and has encouraged physicians and PAs to register and learn the system now, so they will be ready when it becomes mandatory.

SAFE OPIOID PRESCRIBING INITIATIVE (SOPI) INVESTIGATIONS IN 2017

50 investigations opened

57 cases closed

11% public action taken

26% private action taken

63% no action taken

40% practice pain management or physical medicine & rehabilitation

For more information about NCMB"s opioids investigation program, including a detailed summary of results since the program's launch in April 2016, visit **www.ncmedboard.org/safeopioids**.

Outreach to professional audiences remains a key priority

The Board continued to present regularly to professional audiences in 2017, including physician and PA meetings, private medical practices, PA and medical schools, residency training programs and hospitals, among others. The most requested topic of the year was opioid prescribing, particularly NCMB's stance on opioids and information on the Board's opioids policies and initiatives. During the last half of the year, NCMB dedicated a significant portion of its opioids presentations to NC's new opioids law, the Strengthen Opioids Misuse Prevention Act (STOP Act) of 2017. The Act, adopted in late June 2017, includes numerous provisions that directly impact the practice of medicine, including the state's first ever limits on opioid prescriptions for acute pain and the requirement that all prescribers check a patient's 12-month prescription history with the NC Controlled Substances Reporting (NC CSRS) system before prescribing a Schedule II or Schedule III opioid or narcotic. The latter provision will not be in effect until NC DHHS completes certain technical upgrades to NC CSRS.

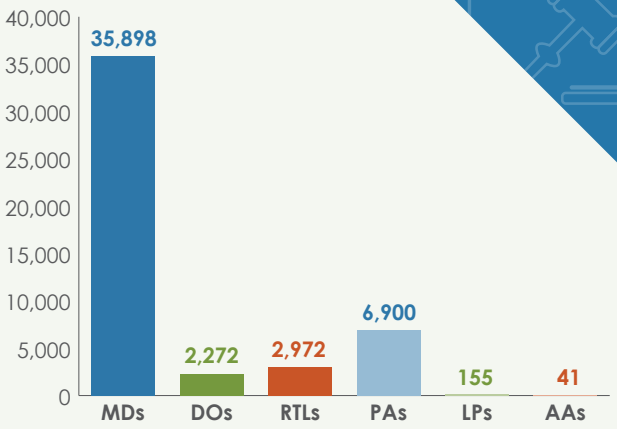
Building a foundation for public outreach

Consistent with strategic goals for the year, NCMB expanded its efforts to reach public audiences in 2017, presenting to many community groups in the greater Triangle area. Goals of this pilot project included determining public interest in NCMB presentations and learning more about topics of interest to the general public. Most talks presented general information about the Board to raise awareness of NCMB, its mission and responsibilities.

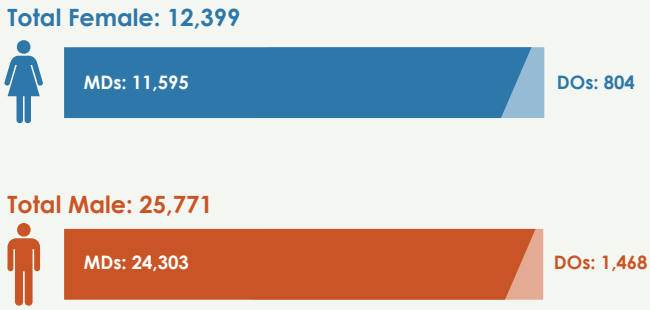
The Board has identified a need for additional public resources on opioid prescribing, in part due to the many calls and inquiries NCMB receives about changing practices in pain management. In 2017, the Board began working on campaigns to help patients learn more about the risks of treatment with opioids and to provide guidance on how to make educated decisions about pain treatments. A guide on safe management and disposal of opioids and other medications is also in the works. Developing resources for the public will remain a priority in 2018.

Examples of resources developed both for medical professionals and the public in 2017 include a written summary of key provisions of the STOP Act, FAQs about the law and a flyer that visually summarizes key provisions. The Board also posted information social media about the prescribing limits imposed by the Act in advance of their January 1, 2018, effective date.

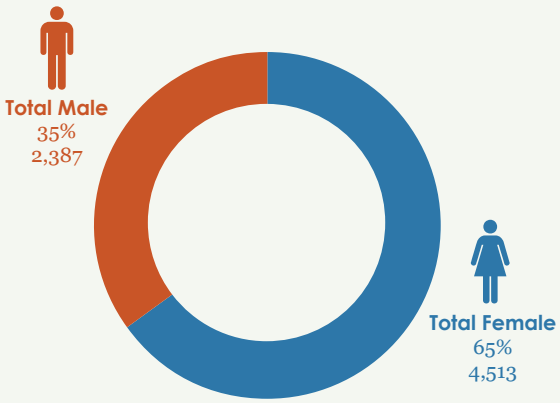
TOTAL LICENSEE POPULATION



PHYSICIANS BY SEX (AS OF DEC. 31)



PAs BY SEX (AS OF DEC. 31)



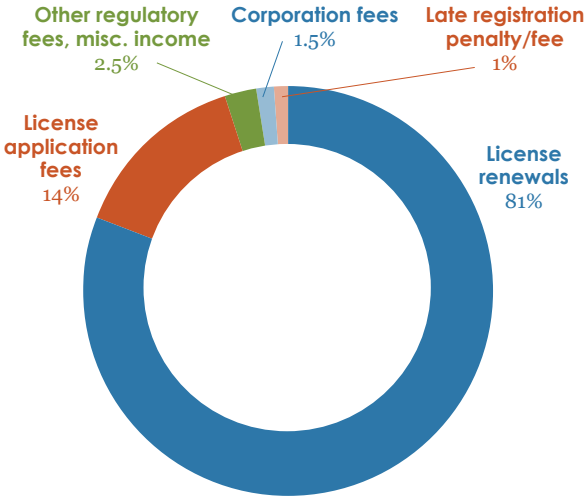
Fee increase and financial performance

2017 was the first full year of operating with increased license application and renewal fees authorized by the NC General Assembly and implemented in October 2016. Fees had not been increased since 2005. NCMB's revenues increased to more than $11 million during the budget year that ran Oct. 1, 2016 to Nov. 30, 2017. Increased financial stability will strengthen the Board's ability to provide outreach, education and training for the public and licensees over the long term. The Board ended the budget year with an operating surplus of more than $1.5 million.

NCMB collected $29,000 in administrative fines during the 2017 budget year, which was distributed to local school systems.

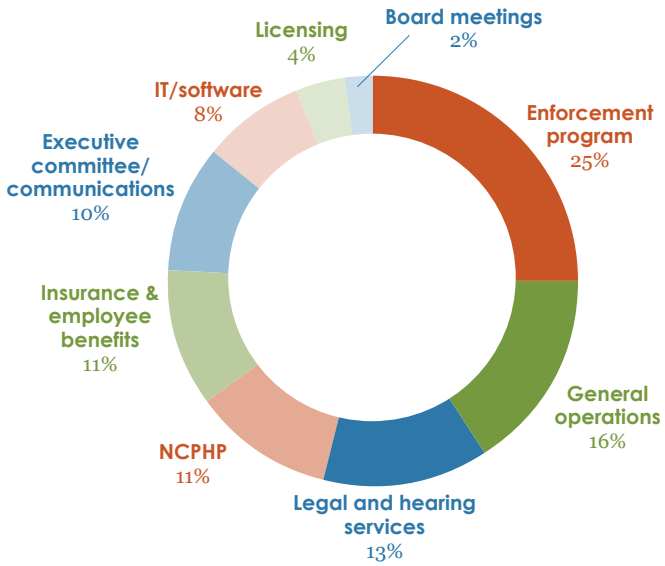
NORTH CAROLINA MEDICAL BOARD 2017 FISCAL YEAR

Revenues



License renewals	$9,180,700
License application fees	$1,358,400
Other regulatory fees, misc. income	$300,600
Corporation fees	$141,600
Late registration penalty/fee	$56,000
TOTAL	**$11,037,300**

Budget Distribution



Enforcement program	$2,377,400
General Operations	$1,522,100
Legal and hearing services	$1,253,200
NCPHP	$1,040,100
Insurance and Employee benefits	$1,008,300
Executive office/Communications	$927,600
IT/Software	$737,000
Licensing	$403,800
Board Meetings	$231,100
TOTAL	**$9,500,600**

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, or registered by the Board

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

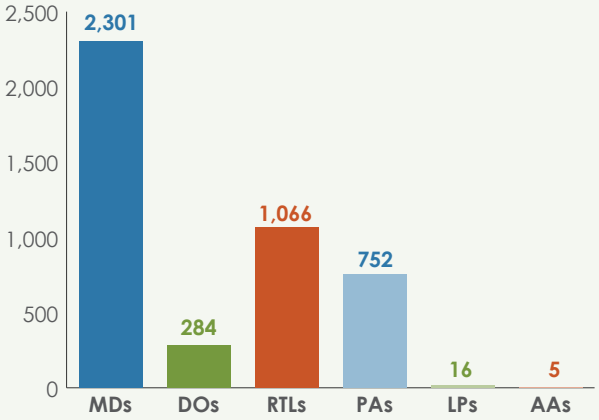
NCMB registers polysomnographic technologists or "sleep techs." Sleep techs are not currently licensed professionals. In 2017, the Board registered **988** sleep techs. Information about these registrants may be accessed via the NCMB's website using the licensee lookup tool. Search for registrants by name or license type (select Sleep Technologist).

Professional corporations and professional limited liability companies

NCMB also certifies and registers medical professional corporations (PC) and professional limited liability companies (PLLC) to licensees who wish to organize their medical practices as one of these two types of medical businesses. NCMB issued new registrations to **383** new PCs and/or PLLCs in 2017. As of Dec. 31, 2017, there were **4,782** registered PCs and PLLCs in North Carolina.

Registered medical businesses are required to renew their registrations annually. In 2017, 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. NCMB received and approved **99** requests for reinstatement in 2017.

TOTAL LICENSES ISSUED IN 2017



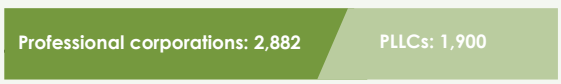
PROFESSIONALS LICENSED BY NCMB

MD = Allopathic physician
DO = Osteopathic physician
RTL = Resident Training Licensee
PA = Physician Assistant
LP = Licensed Perfusionist
AA = Anesthesiologist Assistant

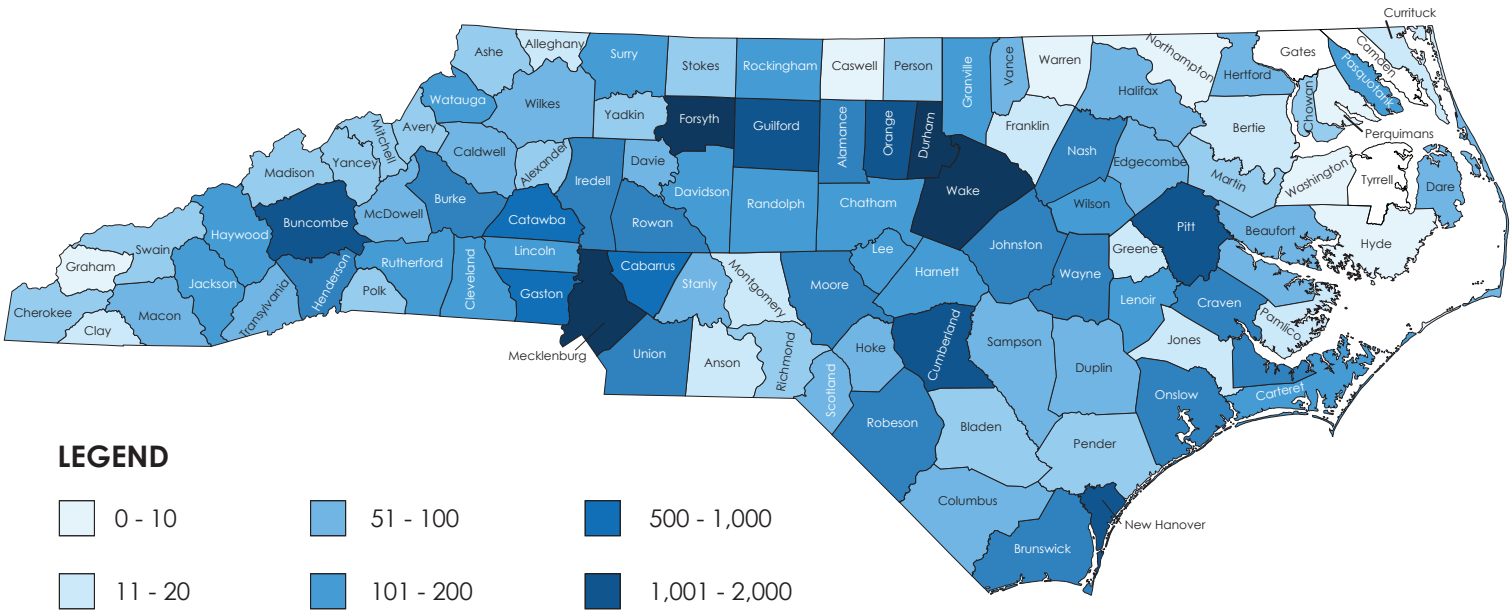
MEDICAL CORPORATIONS IN 2017

New registrants (total): 383

Total registrants (PC/PLLCs): 4,782



Physicians and PAs by County



LEGEND

0 - 10	51 - 100	500 - 1,000
11 - 20	101 - 200	1,001 - 2,000
21 - 50	201 - 500	2,001 - 4,462

Physicians and PAs by County

County	MD/DO	PA
Alamance	304	53
Alexander	16	6
Alleghany	11	3
Anson	13	1
Ashe	31	7
Avery	28	2
Beaufort	51	18
Bertie	9	3
Bladen	24	5
Brunswick	166	52
Buncombe	1321	277
Burke	220	42
Cabarrus	472	81
Caldwell	85	16
Carteret	133	39
Caswell	7	3
Catawba	425	98
Chatham	105	16
Cherokee	28	12
Chowan	28	3
Clay	11	3
Cleveland	171	26
Columbus	78	18
Craven	284	63
Cumberland	837	293
Currituck	10	7
Dare	69	19
Davidson	119	42
Davie	46	20
Duplin	38	16
Durham	2690	505
Edgecombe	46	15
Forsyth	2187	503
Franklin	6	7
Gaston	415	101
Graham	4	1
Granville	131	26
Greene	9	4
Guilford	1388	312
Halifax	70	18
Harnett	95	65
Haywood	113	18
Henderson	287	60
Hertford	48	9
Hoke	26	26
Hyde	1	1
Iredell	349	83
Jackson	99	17
Johnston	147	74
Jones	14	1
Lee	93	33
Lenoir	108	19
Lincoln	83	22
Macon	83	12
Madison	20	4
Martin	24	5
McDowell	41	25
Mecklenburg	3622	850
Mitchell	27	10
Montgomery	10	9
Moore	383	112
Nash	188	49
New Hanover	830	248
Northampton	4	1
Onslow	251	77
Orange	1861	109
Pamlico	9	2
Pasquotank	119	32
Pender	30	12
Perquimans	3	4
Person	33	10
Pitt	929	138
Polk	30	8
Randolph	115	36
Richmond	39	8
Robeson	166	62
Rockingham	99	23
Rowan	289	80
Rutherford	78	27
Sampson	62	13
Scotland	63	20
Stanly	70	13
Stokes	28	8
Surry	125	36
Swain	35	15
Transylvania	65	11
Union	227	65
Vance	72	23
Wake	2846	752
Warren	6	2
Washington	5	1
Watauga	143	31
Wayne	210	57
Wilkes	77	18
Wilson	126	39
Yadkin	19	6
Yancey	17	4

Total In State	**27,028**	**6,231**
Total Out of State	**11,142**	**669**
Total	**38,170**	**6,900**

* Camden, Gates and Tyrell counties are not listed because they currently have no licensed physicians or PAs.

Enforcement Summary

NCMB gathers and evaluates information of interest, including complaints from patients and the public. After thoroughly investigating and considering this information, NCMB 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 both by staff members and Board Members. The process begins with receipt of a complaint or other information by the Board. A case is opened and an investigation is conducted. For matters related to medical care, staff obtain 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 a "field" investigation. 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 NCMB staff. This group's members include NCMB'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 action, and what type.

Ways NCMB gathers information

Each year, NCMB periodically conducts confidential interviews with licensees 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 **28** 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 IN 2017

2,372
cases opened

2,391
cases closed

95
average # days to close a case

ENFORCEMENT ACTIVITIES BY TYPE

320
private letters (interim letter of concern or private letter of concern)

156
public actions, adverse

25
public actions, non-adverse

CASES OPENED BY TYPE/SOURCE

Complaint section: 1,345

Review of out of state action: 362

Field investigations section: 234

Malpractice payment: 259

License application: 60

Safe Opioid Prescribing Initiative: 50

Compliance case: 35

Medical Examiner case: 11

Administrative: 11

Other: 5

Matters Reviewed

NCMB'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 48,000 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 an 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 2017, NCMB received **1,345** 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. In addition, licensees are required to self-report all payments made on their behalf. In 2017, NCMB opened **259** cases upon receipt of malpractice payment reports.

Cases 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 2017 there were **631** cases opened through the Field Investigations section of the department. This number includes **234** new disciplinary investigations, **362** investigations of actions taken against licensees by other state medical boards or jurisdictions and **35** 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	615
Communication issue	423
Action by out of state agency/regulator	362
Prescribing issues	180
Medical records issue/alleged HIPAA violation	118
Policy/procedure within Dept. of Corrections/jail	98
Patient dismissed, abandoned or refused appointment	79
Alcohol/substance use	52
Misdemeanor or felony arrest/conviction	40
Professional sexual misconduct/ boundary issue	35
Unprofessional conduct	30
Corporate practice of medicine issues	15
Misinformation/nondisclosure on license application/renewal	15

* Table displays the most common allegations associated with Board cases opened during 2017. 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. The three types of case resolutions described below refer to matters in which a formal investigation was opened.

No formal action

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. 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. Last year, **1,099** cases were accepted as information.

Private action

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 specific actions 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 2017, there were **320** private actions executed by the Board.

Public action

ADVERSE ACTIONS

When NCMB 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. Adverse public 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 determined necessary to protect the public. Adverse public actions are posted on the licensee's information page on NCMB's website. In 2017, NCMB took **156** adverse public actions related to **116** individuals.

NON-ADVERSE ACTIONS

NCMB also issues a number of public actions that are not adverse. 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 **25** non-adverse public actions in 2017.

PUBLIC ACTIONS IN 2017

Adverse Actions	
Public letters of concern	47
Conditions on license/practice	26
Suspension	19
Reprimands	14
License surrenders	10
Limitations on license/practice	8
Amended consent order	5
License revocations	5
Non-practice agreement	3
License inactivated in lieu of other action	2
License denials	2
Summary suspensions	1
Annulments	1
TOTAL ADVERSE	143

Non-Adverse Actions	
Consent order lifted	16
Reentry agreement	5
Special purpose license issued	4
TOTAL NON-ADVERSE	25

CAUSES OF ACTION

Quality of care	59
Prescribing issues	39
Alcohol/substance abuse	34
Action by out of state medical authority	25
Prescribing – CS	17
Sexual misconduct/boundary	13
Other unprofessional conduct	12
Modication of consent order	5
Conviction of felony	4
Med/physical condition	2
Medical records issues	2
Failure to cooperate with Board	2
False/deceptive representations	1

NORTH CAROLINA MEDICAL BOARD

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