

2025 ANNUAL REPORT





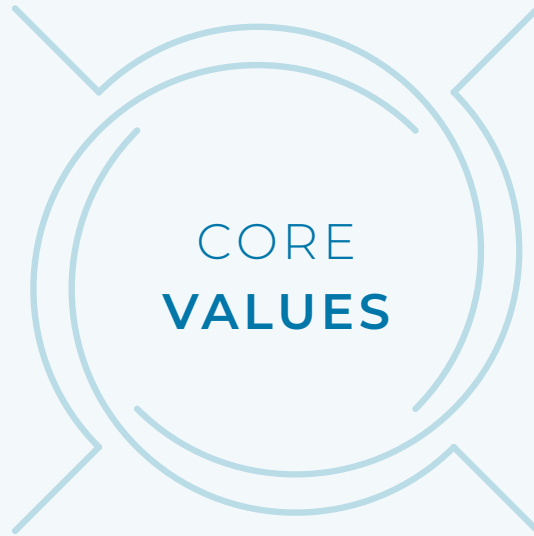
INTEGRITY

We are committed to acting honestly, ethically, and impartially.



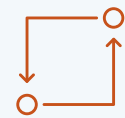
EXCELLENCE

We strive to deliver the highest quality work, and superior service.



PROGRESSIVE

We rise to meet the organization's changing needs with a spirit of creativity, inclusion and innovation.



ACCOUNTABILITY

We accept responsibility for our actions, and disclose results in a transparent manner.



MISSION STATEMENT

The North Carolina Medical Board protects the people of North Carolina, and the integrity of the medical profession, through just and vigilant licensing and regulation.



VISION STATEMENT

NCMB will be a proactive and progressive leader that addresses emerging challenges in medicine.



Dr. Rao-Patel will serve as NCMB President from Nov. 1, 2025–Oct. 31, 2026

NCMB'S MISSION AND MANDATE IS TO PROTECT THE PEOPLE OF NORTH CAROLINA THROUGH JUST AND VIGILANT LICENSING AND REGULATION. THIS REPORT CONTAINS A WEALTH OF INFORMATION ON HOW NCMB GOES ABOUT FULFILLING THOSE RESPONSIBILITIES.

Since 2020, the number of investigations initiated annually has increased by more than 70 percent. Over the same period, the total number of professional licenses issued per year has increased by 44 percent, and NCMB's total licensee population has grown from approximately 51,000 in 2020 to just over 65,000 as of Dec. 31, 2025.

In the face of such strong, sustained growth, NCMB has risen to the challenge of finding ways to work smarter and more efficiently. An important second priority is enhancing NCMB's ability to engage and inform both the public and the medical profession.

Progress on these fronts is captured in short features throughout this report. Some highlights include:

- Achieving meaningful progress towards the goal of streamlining and simplifying the license application process and committing to continue to increase staffing in the Licensing Department to reduce processing times and improve customer service.
- Overhauling the complaint intake process and doubling the number of staff involved to reduce delays, clear a large backlog of pending cases in 2025 and keep pace with record numbers of patient complaints.

- Introducing an improved mobile interface to help individuals who access NCMB's website on a smartphone find and use information more easily.
- Expanding the reach of our outreach program by presenting to public and professional audiences in parts of the state we had not previously visited.

Together with the wealth of data regarding NCMB's licensing and regulatory work, the 2025 Annual Report tells the tale of an organization trying — and succeeding — to meet or exceed its statutory obligations in the wake of unprecedented growth.

I am proud of NCMB's work and hope you will enjoy learning more about how this organization serves and protects the people of North Carolina.

Sincerely,

A handwritten signature in black ink that reads "Anuradha Rao-Patel MD".

Anuradha Rao-Patel, MD,
Board President



WELCOME NEW BOARD MEMBERS!

In 2025, NCMB welcomed two new Board members — an emergency medicine physician and a business litigation attorney.

Dr. Gregory S. McCarty is Chief Medical Officer and Vice President of Medical Affairs for UNC Health Pardee in Hendersonville and is also an attending physician in the Emergency Departments at Margaret R. Pardee Memorial Hospital in Hendersonville and at St. Luke's Hospital in Columbus. Dr. McCarty earned his medical degree from the Brody School of Medicine at East Carolina University. He completed postgraduate training in emergency medicine at Carolina Medical Center in Charlotte. Dr. McCarty is a Fellow of the American College of Emergency Physicians.

Ms. Shannon R. Joseph is a partner at Morningstar Law Group and is a business litigation attorney, mediator and arbitration lawyer who previously served as a state Superior Court Judge and a North Carolina Administrative Law Judge. She has 20 years of experience in private practice and judicial service, including serving as independent counsel for the Board in the recent past.



New Board Member Shannon Joseph is sworn in as a public member

2025–2026 BOARD MEMBERS

The North Carolina Medical Board is made up of 13 members, including eight physicians, one physician assistant, one nurse practitioner, and three nonclinicians. Board members are appointed to three-year terms and may serve up to two consecutive terms.

View Board member biographies at www.ncmedboard.org/boardmembers.

EXECUTIVE COMMITTEE



PRESIDENT

Anuradha Rao-Patel, MD,
Raleigh, Physical
Medicine &
Rehabilitation



PRESIDENT-ELECT

Robert L. Rich Jr., MD,
Bladenboro,
Family Medicine



SECRETARY/ TREASURER

Mark A. Newell,
MD, MMM,
Greenville, Trauma/
Critical Care Surgery



PAST PRESIDENT

Devdutta G. Sangvai,
MD, JD, MBA,
Durham, Family
Medicine

BOARD MEMBERS



AT-LARGE MEMBER

J. Nelson Dollar, MA,
Cary, Public Member



Earic R. Bonner,
MD, MBA,
Rocky Mount, Internal
Medicine, Hospitalist



Vicki A. Harry,
Willow Spring,
Public Member



Sharona Y. Johnson,
PhD, FNP-BC,
Goldsboro, Family
Nurse Practitioner



Shannon R. Joseph,
Raleigh,
Public Member



Gregory S. McCarty, MD,
Mills River,
Emergency Medicine



Miguel A. Pineiro,
PA-C, MHPE,
Cary, Primary Care



Anthony R. Plunkett, MD,
Pinehurst,
Anesthesiology

BOARD SERVICE AWARENESS INITIATIVE

In 2025, NCMB pledged to cultivate a more robust pipeline of future clinician Board members by creating and sharing content on the value of Board Service on a year-round basis.

The goal is to get more prospective Board members thinking about the possibility of serving earlier, without the pressure to meet a specific application deadline. Staff are creating an online information page with FAQs, video, and other resources to help licensees understand what Board Service entails, as well as service-themed content for its newsletter and other communications channels. Through these efforts, we hope that in the future, when a call for applicants

is announced, there will be more who are ready and willing to serve.

NCMB is not directly involved in the selection of clinician Board members. An independent body established by statute solicits applications, interviews candidates and makes nominations to the Governor, who makes the final decision.

For more information about the Board Member nomination process, visit www.ncmedboardreviewpanel.com.



HEALTHCARE WORKFORCE BILL PAVES NEW PATHWAYS TO LICENSURE

In late June, the state of North Carolina adopted HB67, which includes healthcare workforce innovations that affect medical licensure and practice in North Carolina.

The overall aim of the law is to strengthen and increase the supply of qualified medical professionals in our state, improving patient access to care.

NEW LICENSE TYPE FOR INTERNATIONALLY TRAINED PHYSICIANS

In an effort to attract more physicians to underserved rural NC, HB67 establishes a new type of medical license for physicians who were educated and trained outside of the United States and territories. Applicants must meet specific criteria set by statute to demonstrate their fitness to practice medicine and have an offer of employment to apply.

Find information about the Internationally Trained Physician Employee license at www.ncmedboard.org/ITPE and in the Licensing section of NCMB's website.

JOINING THE INTERSTATE MEDICAL LICENSURE COMPACT

The Interstate Medical Licensure Compact (IMLC) is an agreement among participating US states and territories to collaborate on a streamlined licensing process for physicians who want to practice in multiple states.

Effective Jan. 1, 2026, physicians outside of NC who are licensed in a Compact state have the option to choose a quicker path to licensure in our state. Due to efficiencies in how the applicant's credentials are verified, an IMLC application is expected to take less time to process than a traditional NC medical license application. Additionally, NC physicians who wish to practice in other states will be able to apply for licensure using the IMLC process in other Compact states and territories, of which there are currently about 40.

PA TEAM-BASED PRACTICE



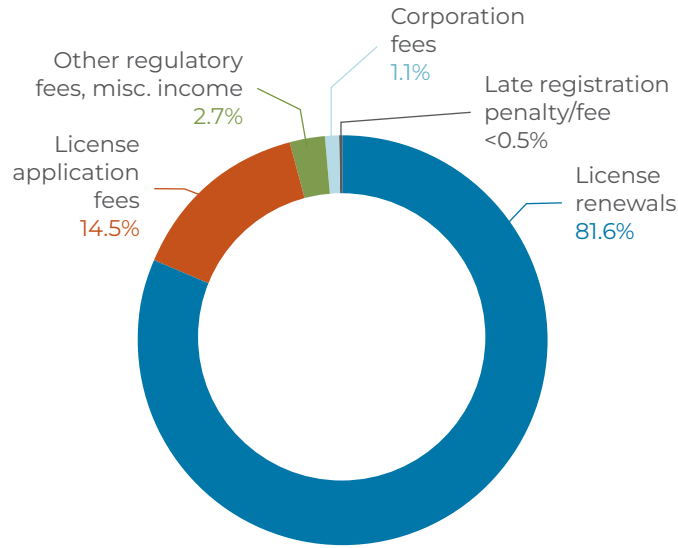
A provision of HB67 authorizes certain experienced PAs in NC to elect to practice in team-based settings, without the need to establish a primary supervising physician. PA team-based practice does not end the requirement for PA supervision in NC. To qualify, a PA must have more than 4,000 hours of clinical practice experience as a PA and more than 1,000 hours of clinical experience within their medical specialty AND practice in a team-based setting. PA team-based practice will not be in effect until NCMB adopts rules or on June 30, 2026, whichever comes first.

For additional information about provisions contained within HB67, visit www.ncmedboard.org/HB67.

FINANCIAL PERFORMANCE

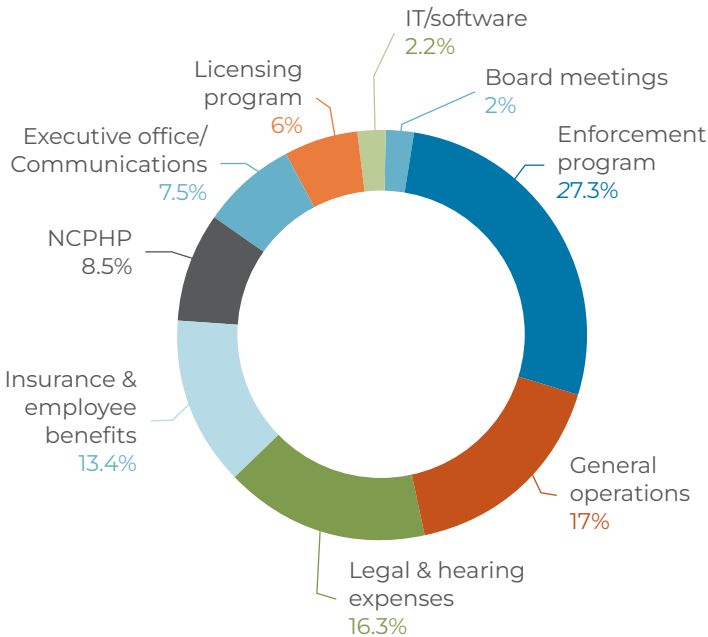
The information reported shows NCMB's revenues and expenses for the budget year beginning Nov. 1, 2024, and ending Oct. 31, 2025.

REVENUES*



| | |
|-------------------------------------|---------------------|
| License renewals | \$13,236,300 |
| License application fees | \$2,345,900 |
| Other regulatory fees, misc. income | \$447,300 |
| Corporation fees | \$172,700 |
| Late registration penalties/fees | \$20,200 |
| TOTAL** | \$16,222,400 |

EXPENSES*



| | |
|---------------------------------|---------------------|
| Enforcement program | \$5,114,100 |
| General operations | \$3,122,800 |
| Legal & hearing expenses | \$3,062,900 |
| Insurance & employee benefits | \$2,505,700 |
| NCPHP | \$1,586,100 |
| Executive office/communications | \$1,417,200 |
| Licensing program | \$1,134,700 |
| IT/software | \$407,300 |
| Board meetings | \$384,900 |
| TOTAL** | \$18,735,700 |

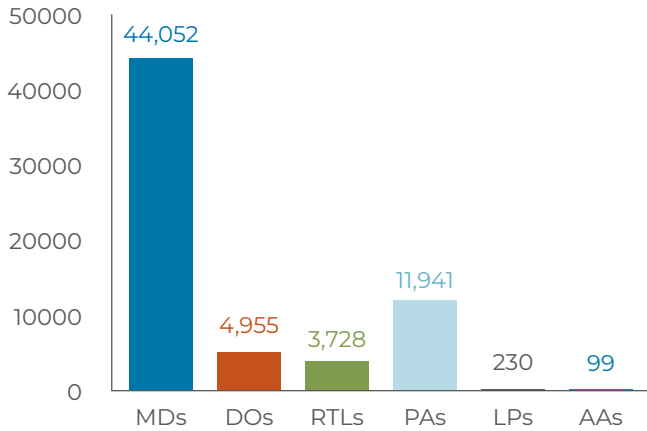
*Totals may not equal 100 percent due to rounding.

**Totals rounded to the nearest hundred.

TOTAL LICENSEE POPULATION

(as of Dec. 31, 2025)

TOTAL LICENSEE POPULATION



Total licensee population = 65,005

PROFESSIONALS LICENSED BY NCMB

MD = Allopathic physician

DO = Osteopathic physician

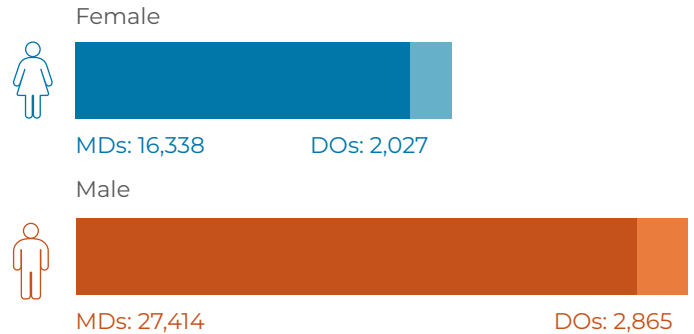
RTL = Resident Training Licensee

PA = Physician Assistant

LP = Licensed Perfusionist

AA = Anesthesiologist Assistant

PHYSICIANS BY GENDER*



*Total does not equal total physician population because some licensees decline to state their gender.

PAs BY GENDER*

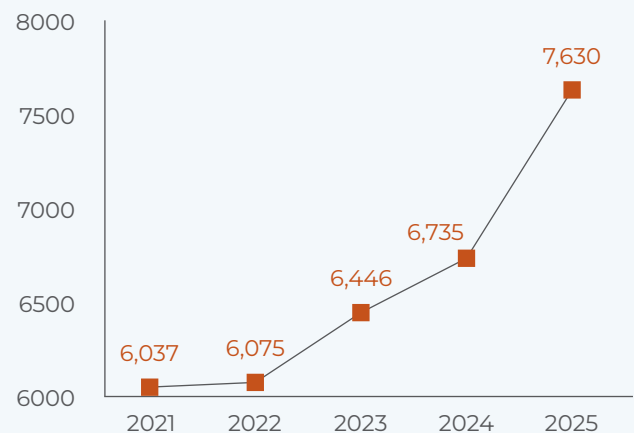


*Total does not equal total PA population because some licensees decline to state their gender.

DATA SPOTLIGHT: LICENSING

In 2025 NCMB shattered another record, issuing more than 7,600 full licenses to physicians, PAs and other licensed medical professionals. This is an all-time high for NCMB, exceeding the previous record set in 2020 when the Board issued 2,000 limited emergency licenses due to the coronavirus pandemic.

TOTAL LICENSES ISSUED FROM 2021-2025



PHYSICIANS AND PAs BY COUNTY

| County | MD/DO | PA | County | MD/DO | PA | County | MD/DO | PA |
|------------|-------|-----|-------------|-------|-------|--------------|---------------|---------------|
| Alamance | 300 | 87 | Gaston | 476 | 120 | Pender | 54 | 38 |
| Alexander | 11 | 9 | Gates | 2 | 1 | Perquimans | 3 | 1 |
| Alleghany | 19 | 0 | Graham | 3 | 2 | Person | 31 | 12 |
| Anson | 8 | 3 | Granville | 139 | 30 | Pitt | 1,084 | 203 |
| Ashe | 43 | 10 | Greene | 6 | 3 | Polk | 38 | 10 |
| Avery | 36 | 2 | Guilford | 1,626 | 513 | Randolph | 124 | 42 |
| Beaufort | 55 | 20 | Halifax | 66 | 18 | Richmond | 24 | 15 |
| Bertie | 8 | 6 | Harnett | 114 | 88 | Robeson | 162 | 65 |
| Bladen | 16 | 12 | Haywood | 122 | 33 | Rockingham | 88 | 26 |
| Brunswick | 220 | 100 | Henderson | 352 | 106 | Rowan | 262 | 105 |
| Buncombe | 1,725 | 425 | Hertford | 43 | 6 | Rutherford | 77 | 36 |
| Burke | 232 | 47 | Hoke | 40 | 30 | Sampson | 61 | 17 |
| Cabarrus | 636 | 184 | Hyde | 1 | 0 | Scotland | 68 | 26 |
| Caldwell | 108 | 24 | Iredell | 392 | 123 | Stanly | 73 | 32 |
| Camden | 6 | 3 | Jackson | 95 | 22 | Stokes | 19 | 11 |
| Carteret | 166 | 77 | Johnston | 187 | 145 | Surry | 114 | 42 |
| Caswell | 8 | 1 | Jones | 10 | 4 | Swain | 28 | 18 |
| Catawba | 437 | 150 | Lee | 91 | 41 | Transylvania | 67 | 13 |
| Chatham | 168 | 43 | Lenoir | 95 | 21 | Tyrrell | 0 | 0 |
| Cherokee | 38 | 12 | Lincoln | 115 | 44 | Union | 359 | 117 |
| Chowan | 29 | 9 | Macon | 58 | 9 | Vance | 61 | 27 |
| Clay | 16 | 4 | Madison | 21 | 7 | Wake | 4,044 | 1,528 |
| Cleveland | 160 | 50 | Martin | 10 | 6 | Warren | 4 | 1 |
| Columbus | 66 | 24 | McDowell | 42 | 23 | Washington | 5 | 1 |
| Craven | 295 | 75 | Mecklenburg | 4,876 | 1,662 | Watauga | 172 | 61 |
| Cumberland | 924 | 396 | Mitchell | 19 | 9 | Wayne | 199 | 55 |
| Currituck | 15 | 6 | Montgomery | 14 | 9 | Wilkes | 74 | 33 |
| Dare | 91 | 31 | Moore | 467 | 224 | Wilson | 119 | 53 |
| Davidson | 143 | 75 | Nash | 184 | 46 | Yadkin | 14 | 5 |
| Davie | 69 | 36 | New Hanover | 1,042 | 408 | Yancey | 18 | 7 |
| Duplin | 36 | 16 | Northampton | 3 | 1 | TOTAL | | |
| Durham | 3,403 | 718 | Onslow | 268 | 119 | In State | 33,041 | 10,245 |
| Edgecombe | 35 | 18 | Orange | 2,390 | 233 | TOTAL | | |
| Forsyth | 2,555 | 822 | Pamlico | 8 | 1 | Out of State | 15,966 | 1,696 |
| Franklin | 16 | 13 | Pasquotank | 125 | 30 | TOTAL | 49,007 | 11,941 |

LICENSING PROGRAM

The North Carolina Medical Board licenses and registers a variety of medical professionals and entities. NCMB has regulatory authority (e.g. the ability to discipline or order remediation) over individuals it licenses. All licensed professionals are listed below. Registered individuals are not subject to discipline.

LICENSES ISSUED IN 2025

Physician licenses

| | |
|--|--------------|
| Full physician license (MD) | 3,922 |
| Full physician license (DO) | 738 |
| Volunteer license | 189 |
| Limited emergency license | 22 |
| Military relocation license | 19 |
| Special permit/faculty limited license | 18 |
| TOTAL | 4,927 |

Physician assistant licenses

| | |
|-----------------------------|--------------|
| Full PA license | 1,261 |
| Volunteer license | 28 |
| Limited emergency license | 2 |
| Military relocation license | 0 |
| TOTAL | 1,291 |

Resident physician licenses

| | |
|--------------|--------------|
| MDs | 1,085 |
| DOs | 277 |
| TOTAL | 1,362 |

Other license types issued

| | |
|---------------------------|----|
| Licensed perfusionists | 35 |
| Anesthesiology assistants | 15 |

STREAMLINING AND SIMPLIFYING LICENSING

Reducing the time it takes for NCMB to issue a professional license remained a top priority in 2025.

Under new leadership, the Licensing Department implemented multiple time-saving changes, including eliminating all personal and professional reference forms from license applications, reducing the amount of historical information applicants must provide, and combining, updating and clarifying multiple required documents that previously had to be submitted separately.

In 2026, the department will add up to eight additional staff to handle increased volume and new license application types. NCMB is also investing more into its licensing software platform to ensure that reported issues are fixed rapidly and improvements are implemented smoothly.

NCMB IS NOW ON INSTAGRAM!



In January, NCMB expanded its social media presence to include Instagram to increase its efforts to reach a wider (and younger) professional and public audience. You'll find short-format content on a variety of topics.

Find and follow us at @ncmedboard.

PROCESS IMPROVEMENTS IN 2025

2025 was yet another record year for NCMB's enforcement program with new highs in both the number of patient complaints received and in the total number of cases opened.

Early in the year, NCMB added nine additional staff, doubling the size of the department that processes complaints, began tracking various metrics to identify

delays and other issues and implemented new processes to improve performance. These changes helped the department address a significant backlog in cases that existed going into 2025. By reducing preventable delays in the complaint intake process, staff managed to clear the backlog while handling an increased volume of new complaints. Working smarter in the face of sustained growth is a must!

ENFORCEMENT ACTIVITY

NCMB's enforcement program includes opening, investigating, reviewing, evaluating, and prosecuting disciplinary cases. Staff in the Investigations, Legal, and Chief Medical Officer's departments are primarily responsible for enforcement activities.

ENFORCEMENT OVERVIEW



3,938

Cases opened



3,842

Cases closed*



230

Public actions,
adverse



30

Public actions,
non-adverse



1,723

Accepted as
Information



68

Investigative
Interviews



459

Private letters
of concern

**Some portion of cases closed in 2025 were opened in 2024 or earlier.*



2025 set a new all-time high record for NCMB's enforcement program, opening 3,938 new cases. Since 2020, the number of cases opened has surged by 76 percent.

ENFORCEMENT ACTIVITY

CASES OPENED 2025

Cases opened by type/source*

| | |
|---|-------|
| Complaints from patients/public | 2,383 |
| Out of state actions reviewed | 408 |
| Field investigations department | 381 |
| Information reported at renewal | 251 |
| Malpractice cases reviewed | 248 |
| Information identified in license application | 128 |
| Administrative | 81 |
| NC DHHS/Safe Opioid Prescribing Initiative | 46 |

*Sources that resulted in fewer than 10 cases being opened are not shown.

DATA SPOTLIGHT: PATIENT COMPLAINTS

In 2025, NCMB again set a new record number of complaints from patients and the public, logging 2,383. Complaints have doubled since 2020.

NCMB
logged 2,383
complaints
from patients
and the public.



DATA SPOTLIGHT: TOP REASON FOR INVESTIGATION

Cases where the primary concern was substandard care or issues with prescribing made up nearly 60 percent of all cases in 2025.

Cases opened by primary allegation*

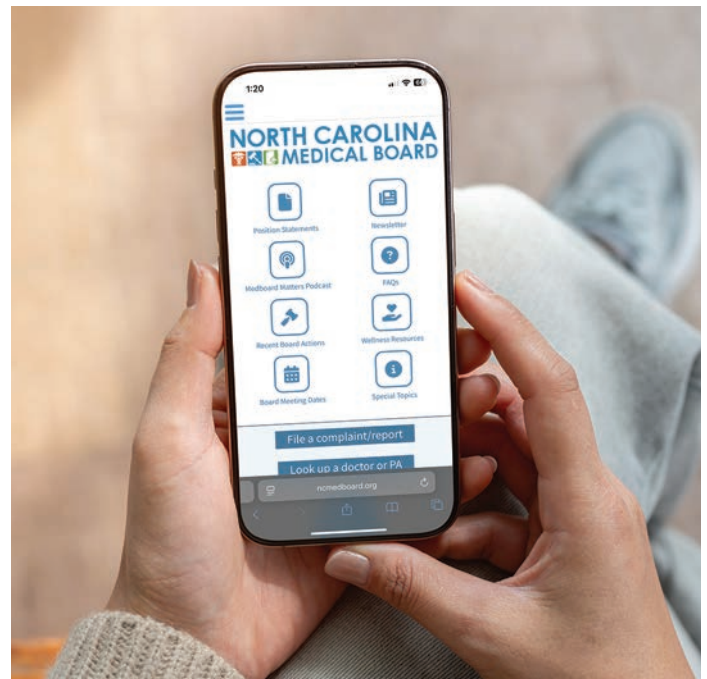
| | |
|---|-------|
| Substandard care – non-prescribing | 1,545 |
| Substandard care – prescribing | 535 |
| Failure to comply with regulation related to the practice of medicine | 317 |
| Issue self – reported by licensee | 257 |
| Patient abandoned, dismissed or refused appointment | 156 |
| Communication issue with licensee | 132 |
| Medical record issue/HIPAA violation | 106 |
| Billing/fee/insurance issue | 89 |
| Criminal arrest, charge or conviction | 88 |
| Issue related to supervision of APP or staff | 72 |
| Licensee DUI/DWI or alcohol/substance use | 69 |
| Aiding unlicensed practice/corporate practice of medicine issue | 64 |
| Sexual impropriety/misconduct | 52 |
| With non-patients | 47 |
| With non-patients | 5 |
| Death certificate issue | 44 |
| Unlicensed practice of medicine | 25 |
| Disruptive conduct – nonsexual | 24 |
| Failure to report information to/respond to NCMB | 12 |
| Mental/physical impairment | 10 |

*Allegations that resulted in fewer than 10 cases are not shown.

BROWSING NCMB'S WEBSITE BY PHONE IS NOW A LITTLE EASIER

In February 2025, NCMB launched a new mobile website interface, designed to improve user experience.

The app-like interface makes it easier for users to access NCMB's web content from their phones, putting resources such as position statements, the *Forum* newsletter, and the MedBoard Matters podcast at their fingertips. Users will also find icons for Recent Board Actions, FAQs, Board Meeting Dates, and Wellness Resources. It is NCMB's hope to direct users to high-value content that they may not currently be aware of.



NCMB staff regularly share information with the public at community health fairs and other events

HEALTHCARE NEWS YOU CAN USE

NCMB's Communications Department introduced new consumer resources in 2025, including a new presentation highlighting practical skills such as health literacy, amending and requesting copies of medical records and patient rights upon dismissal from a medical practice. These and other topics are covered in depth in the Consumer Resources section of NCMB's website, www.ncmedboard.org.

TOUCHING MORE OF NC THROUGH OUTREACH

Expanding both public and professional outreach across North Carolina was a top goal in 2025 — and NCMB made progress on both fronts. NCMB presented to senior centers in three previously-unreached counties and engaged with 11 new professional organizations, nine of which are new county/regional medical societies. These connections have resulted in the creation of new content, features in newsletters, and new presentation opportunities.

Request a talk for your group by sending an email to communications@ncmedboard.org.

CASE RESOLUTIONS AND ACTIONS TAKEN

Enforcement cases are typically resolved in one of three ways: no formal action is taken, private action is taken, or public action is taken.

ABOUT CASE RESOLUTIONS

No action: When NCMB does not find sufficient evidence that a violation of the Medical Practice Act has occurred, it does not have a legal basis for action.

Private action: Cases that result in private action may include possible violations or departures from accepted standards but are resolved confidentially, often due to a lack of sufficient evidence or the presence of mitigating factors.

Public action – adverse: Cases that are closed with adverse public action typically involve one or more serious departures from accepted standards of care and clear evidence of violation(s).

CASE RESOLUTIONS 2025

Adverse actions

| | |
|---------------------------------|------------|
| Public letters of concern | 78 |
| Conditions on license/practice | 46 |
| Reprimand | 36 |
| Limitations on license/practice | 20 |
| License suspensions | 19 |
| License revoked | 10 |
| License surrendered | 7 |
| Fines assessed | 6 |
| License denied | 5 |
| License issued with conditions | 3 |
| TOTAL | 230 |

Non-adverse actions

| | |
|--|-----------|
| Full/partial relief of consent order obligations | 14 |
| Reentry agreements | 11 |
| Temporary/dated license extended | 3 |
| Amended consent | 1 |
| License reinstated without conditions | 1 |
| TOTAL | 30 |

Causes of adverse actions*

| | |
|--|----|
| Quality of care | 99 |
| Prescribing issues | 44 |
| Medical records issue | 36 |
| Action by out-of-state medical board | 32 |
| Other unprofessional | 28 |
| False/deceptive representation | 21 |
| Sexual misconduct | 20 |
| Conviction of a felony | 17 |
| Alcohol/substance use | 16 |
| Failure to cooperate with Board order or request | 6 |
| Mental/physical condition affecting practice | 2 |

In 2025, medical records issues was a top cause of regulatory actions.



In all, 36 cases involved some issue with patient records (insufficient, false or absent), compared to just two cases in 2024.

*A single enforcement case may have multiple causes of action (e.g. quality of care AND medical records issues).

Dr. Christine Khandelwal addresses the 2025 FSMB Annual Meeting attendees



GUIDING THE WAY FOR MEDICAL REGULATION

NCMB continued its tradition of service at the national level, with past Board President Christine M. Khandelwal, DO, winning election to a seat on the Federation of State Medical Boards' Board of Directors. Notably, Dr. Khandelwal secured a first-ballot victory amid a competitive field of candidates. Congratulations to Dr. Khandelwal!

FSMB is a national non-profit organization representing state medical regulatory boards within the United States and its territories. FSMB serves as a resource for state medical boards, supporting them through education, assessment, research and advocacy while offering services and initiatives to promote patient safety, quality healthcare and regulatory best practices.

MEDBOARD MATTERS PODCAST MARKS FIVE YEARS



In 2025, NCMB celebrated the five-year anniversary of its podcast, MedBoard Matters.

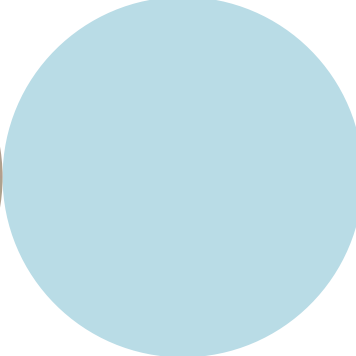
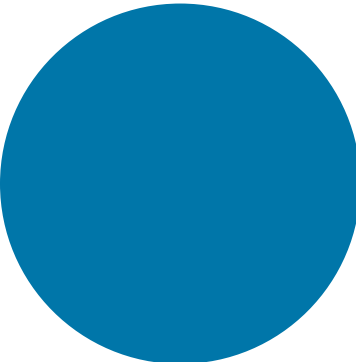
Since its launch in October 2020, MedBoard Matters has built a modest but consistent audience, reaching listeners in 79 countries. As of December 2025, the podcast had published 52 episodes, including eight in 2025, and reached more than 12,149 downloads.

Episodes provide foundational education on NCMB's mission and responsibilities and explore timely topics relevant in medicine and medical regulation. In 2025, MedBoard Matters embraced more storytelling, featuring the tales of licensed medical professionals in western North Carolina impacted by fall of 2024's devastating and historic Hurricane Helene.

Browse past episodes online by visiting www.ncmedboard.org/podcast.

MOST-LISTENED TO EPISODES IN 2025 INCLUDE:

- [The IMLC is coming to North Carolina](#)
- [Resources for new \(and seasoned\) licensees](#)
- [Our four-part Hurricane Helene series](#)
- [Prescription for confusion: The cost of limited health literacy](#)



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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