

# 2025 ANNUAL REPORT





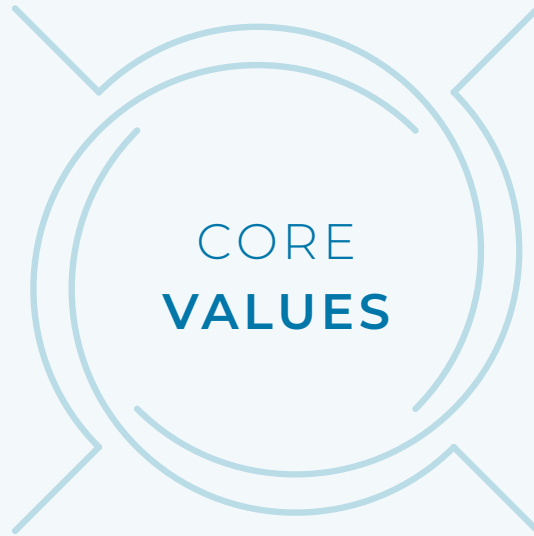
## INTEGRITY

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



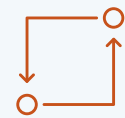
## EXCELLENCE

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,

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](http://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](http://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](http://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



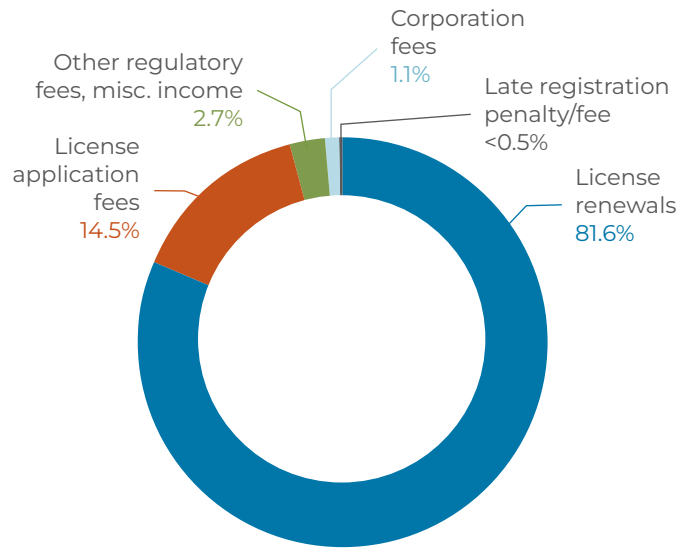
A provision of HB67 authorizes certain experienced PAs in NC to elect to practice in team-based settings, without the need to establish a primary supervising physician. PA team-based practice does not end the requirement for PA supervision in NC. To qualify, a PA must have more than 4,000 hours of clinical 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](http://www.ncmedboard.org/HB67).

# FINANCIAL PERFORMANCE

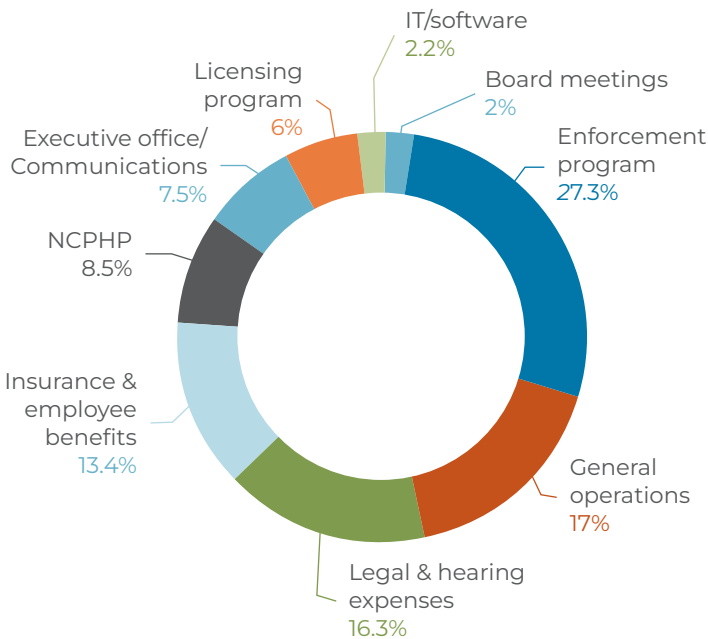
The information reported shows NCMB's revenues and expenses for the budget year beginning Nov. 1, 2024, and ending Oct. 31, 2025.

## 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
<b>TOTAL**</b>	<b>\$16,222,400</b>

## 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
<b>TOTAL**</b>	<b>\$18,735,700</b>

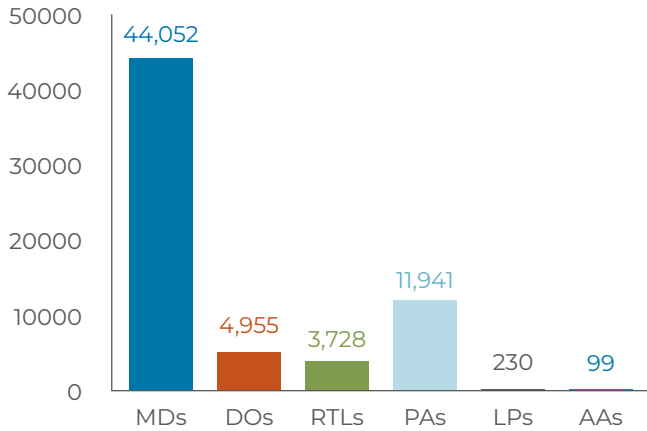
\*Totals may not equal 100 percent due to rounding.

\*\*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

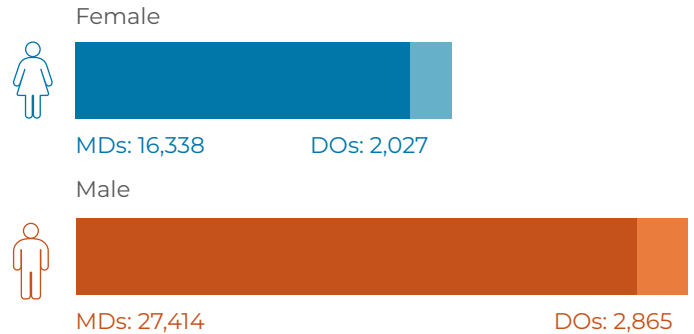
RTL = Resident Training Licensee

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\*

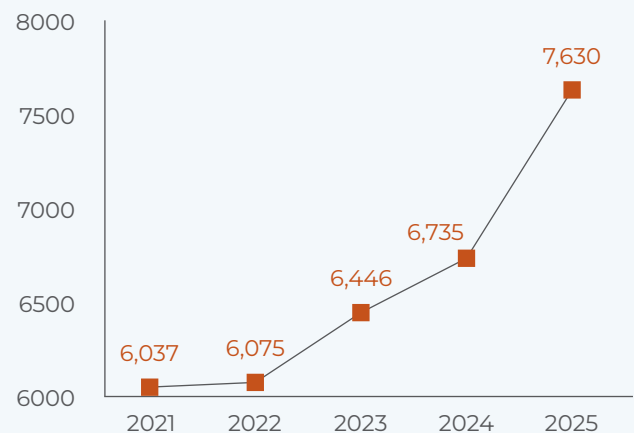


\*Total does not equal total PA population because some licensees decline to state their gender.

## 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	<b>TOTAL</b>		
Durham	3,403	718	Onslow	268	119	In State	<b>33,041</b>	<b>10,245</b>
Edgecombe	35	18	Orange	2,390	233	<b>TOTAL</b>		
Forsyth	2,555	822	Pamlico	8	1	Out of State	<b>15,966</b>	<b>1,696</b>
Franklin	16	13	Pasquotank	125	30	<b>TOTAL</b>	<b>49,007</b>	<b>11,941</b>

# 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
<b>TOTAL</b>	<b>4,927</b>

### Physician assistant licenses

Full PA license	1,261
Volunteer license	28
Limited emergency license	2
Military relocation license	0
<b>TOTAL</b>	<b>1,291</b>

### Resident physician licenses

MDs	1,085
DOs	277
<b>TOTAL</b>	<b>1,362</b>

### 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 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](http://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](mailto: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
<b>TOTAL</b>	<b>230</b>

### 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
<b>TOTAL</b>	<b>30</b>

### 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.

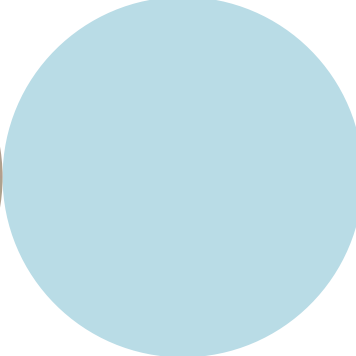
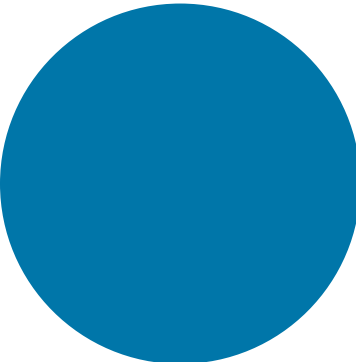
Since its launch in October 2020, MedBoard Matters has built a modest but consistent audience, reaching listeners in 79 countries. As of December 2025, the podcast had published 52 episodes, including eight in 2025, and reached more than 12,149 downloads.

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](http://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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LinkedIn: North Carolina Medical Board  
X: @NCMedBoard