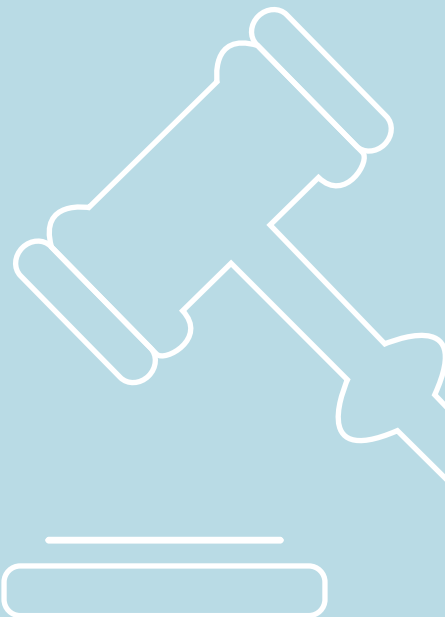


# 2022

## ANNUAL REPORT





## FAREWELL TO NCMB'S LONGTIME LEADER



*Above photo: Mr. Henderson addresses attendees at NCMB's 150th Anniversary celebration in 2009.*

*Left photo: Mr. Henderson*

In September 2022, North Carolina Medical Board CEO R. David Henderson, JD, announced his retirement after 26 years of service with the organization.

During his tenure, Mr. Henderson consistently positioned NCMB as a national leader in medical regulation and as a standard-bearer for transparency. Mr. Henderson will remain in his current role as Chief Executive Officer until a new CEO is named sometime in 2023.

Mr. Henderson joined the medical board's staff as a prosecuting attorney in 1996, following five years of service holding lawyers accountable for their actions as an attorney with the North Carolina State Bar. In 2003 he was selected as the Board's executive director and in 2015 the Board named Mr. Henderson CEO as part of their vision to create an executive team that could execute on a growing list of leadership needs and initiatives.

Mr. Henderson has led the organization through many changes and has been engaged with many different aspects of medical licensure and regulation.

Over his tenure, Mr. Henderson has built strong relationships with many of the stakeholders engaged in medicine. Today, NCMB is one of the most highly regarded medical regulatory boards in the country and is regularly sought for best practices on many of the challenging topics in medical regulation.

Mr. Henderson was an early proponent of transparency in medical regulatory work, spurring NCMB to become one of the first state medical boards to post licensee information and disciplinary histories online. He has set the expectation that NCMB embrace digital work in all of its forms. The latter ensured that, when the pandemic prompted staff to work remotely nearly overnight, NCMB was ready and made the shift with no discernable loss of productivity. Most recently, Mr. Henderson led NCMB to explore data-driven regulation tactics and was instrumental in supporting the development of a data strategy to improve the agency's capacity to identify trends.

We gratefully recognize Mr. Henderson for his dedication to NCMB's mission and mandate and his service to the people of North Carolina and the medical profession.



Board President Michaux R. Kilpatrick, MD, Ph.D., takes a quiet moment between meetings.

## EVERY YEAR, THE NORTH CAROLINA MEDICAL BOARD

reports out to its licensees, the public, and all stakeholders on its work licensing and regulating the practice of medicine for the benefit and protection of the people of our state. We use metrics to drive many of the stories in this annual report, which capture how the staff and Board members spent their time over the past twelve months.

This year, the overriding theme is growth. After two disruptive pandemic years, 2022 saw a return to more normalized growth in licenses issued. For the second year in a row, the Board experienced record growth in complaints received and cases resolved — 2022 marks the highest volume of cases opened and processed — ever — including a 38 percent increase in cases closed. In the Board's efforts to provide greater transparency, you'll also find improvements in data reporting specifically related to the nature of the cases reviewed.

There were many things to celebrate, too. The Board returned to holding meetings in-person, and opened its new office to the public for the first time. We ended the limited emergency license offered during the state of emergency,

marking the end of the crisis phase of the pandemic. We said farewell and thank you to retiring Board members, and welcomed a new member to our group. We also made great progress on reaching all medical schools and PA programs through our innovative mock disciplinary committee program — the Regulatory Immersion Series.

Over the past five years that I have served on the Board, we have had a strategic focus on several issues that have had a crippling impact on some of our licensees — burnout, substance use, and diversity, equity, and inclusion. We don't have a silver bullet solution on any of these issues, but we have spent years listening, learning, and engaging. This year will be no different.

As we highlight the accomplishments from 2022, I look forward to the year ahead, working alongside dedicated and committed Board members and staff. I hope as you read the features in this report, you enjoy learning more about the work of the North Carolina Medical Board.

Sincerely,

Michaux R. Kilpatrick, MD, PhD  
Board President

## DEATH CERTIFICATES: A BUMPY DIGITAL TRANSITION

Medical professionals who sign death certificates — including licensed physicians and physician assistants — faced a new requirement to convert to an all digital system, effective Jan. 1, 2022.

Despite a yearlong pilot phase in 2021, during which the state department of Health and Human Services tested the NC Database for Vital Events (NC DAVE) and offered training to clinicians statewide, it's been a rough transition for many.

Evidence of this showed up in NCMB's 2022 enforcement data: During the 12 months starting Jan. 1, 2022, NCMB opened 90 disciplinary cases where the primary allegation or complaint was "Death Certificate Issues". That's nearly five times as many as NCMB opened in 2021.

Anecdotal evidence, including licensee phone calls and emails to NCMB, suggests that several physicians and PAs struggled to gain access to NC DAVE or are otherwise having difficulty using the new system. This made completing death certificates in a timely manner — already a recurrent issue — even more challenging.

To help address difficulties reported by licensees, NCMB is in regular communication with NC DHHS regarding NC DAVE. In fall 2022, NC DHHS indicated that it has hired additional staff to provide assistance to physicians, PAs and others who need help with the system.

## 2022–2023 BOARD MEMBERS

The North Carolina Medical Board is made up of 13 members, including eight physicians, one physician assistant, one nurse practitioner and three non-clinicians. 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

Michaux R. Kilpatrick,  
MD, PhD,  
Greensboro,  
Neurological Surgery



#### PRESIDENT-ELECT

Christine M.  
Khandelwal, DO,  
Apex, Hospice and  
Palliative Medicine



#### SECRETARY/ TREASURER

Devdutta ("Dev") G.  
Sangvai, MD, MBA,  
Durham, Family  
Medicine



#### AT-LARGE MEMBER

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



## BOARD MEMBERS



William "Bill" M. Brawley,  
Matthews,  
Public Member



W. Howard Hall, MD,  
Morganton, Obstetrics  
and Gynecology



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



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



Joshua D. Malcolm, JD,  
Pembroke,  
Public Member



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



N. Melinda Hill-Price,  
MD, JD,  
Morganton,  
General Psychiatry



Robert "Chuck"  
Rich, Jr., MD,  
Bladenboro,  
Family Medicine



John W. Rusher, MD, JD  
Raleigh, Pediatrics

*\* Mr. Parker resigned  
his position as a Public  
Member as of Dec. 31, 2022.*

## MORE PROGRESS TOWARDS PAPERLESS

NCMB continued its ongoing effort to go paperless wherever possible in 2022, making further progress to digitize its license application process.

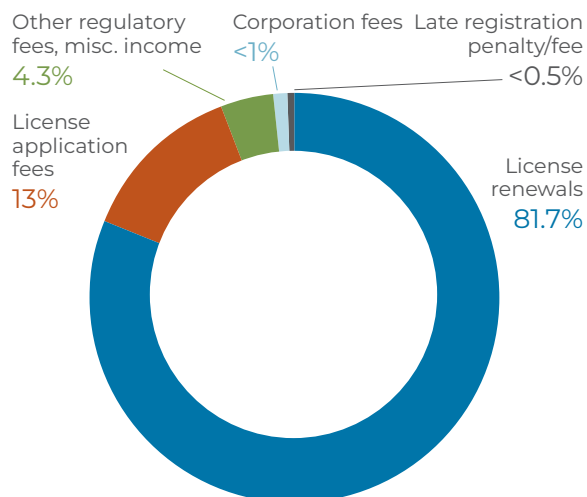
Major areas of focus for the year include digitizing the various materials that must be collected and reviewed by staff and Board Members during the application process. Other improvements in 2022 include converting the license applicant's oath — in which the license applicant attests to the accuracy and completeness of the information contained in the submitted application — to a digital format. Previously, applicants mailed in a paper copy of the oath, which they were required to have notarized before submitting.

NCMB will continue to review its processes for opportunities to streamline and improve.

# FINANCIAL PERFORMANCE

Information reported shows NCMB's revenues and expenses for the budget year beginning Nov. 1, 2021, and ending Oct. 31, 2022.

## REVENUES\*

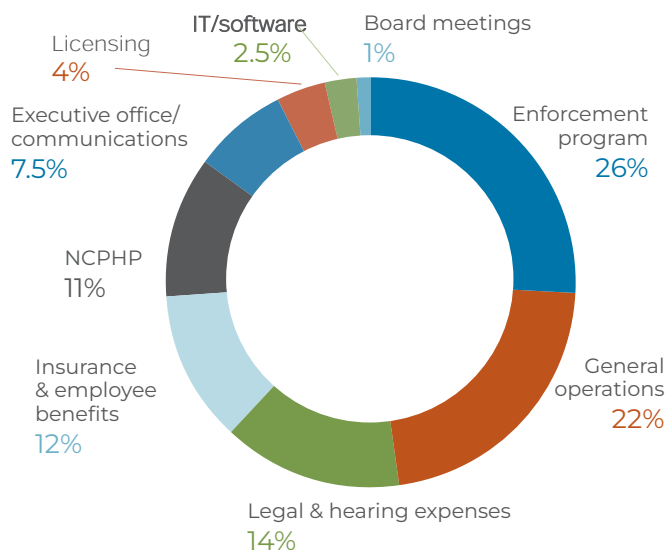


\*Totals may not equal 100 percent due to rounding.

License renewals	\$12,011,500
License application fees	\$1,905,600
Other regulatory fees, misc. income	\$627,100
Corporation fees	\$155,700
Late registration penalty/fee	\$12,200
<b>TOTAL*</b>	<b>\$14,712,100</b>

\* Totals rounded to the nearest hundred

## EXPENSES\*



Enforcement program	\$3,237,200
General operations	\$2,756,300
Legal & hearing expenses	\$1,793,200
Insurance & employee benefits	\$1,485,900
NCPHP	\$1,425,900
Executive office/communications	\$936,100
Licensing program	\$465,800
Board Meetings	\$312,500
IT/software	\$141,400
<b>TOTAL*</b>	<b>\$12,553,300</b>



NCMB collected \$20,500 in administrative fines during 2022. Collected fines are paid to North Carolina schools.



## COLLABORATING TO CREATE CME IN ESSENTIAL TOPICS

NCMB was busy on the education and outreach front in 2022, helping to create hours of continuing medical education (CME) for licensees on the topics of responsible opioid prescribing and addressing opioid use disorder as well as recognizing and responding to different types of abuse and neglect.

The latter project arose from Board Member concerns about an increase of physical violence during the pandemic and a desire to better equip licensees to recognize and respond to cases of maltreatment or neglect of vulnerable patient populations. After consulting with various agencies and experts in the state, NCMB determined that there is need for clinician education.

Beginning in Spring of 2022, NCMB and partner WakeAHEC held a three-part series of live CME webinars featuring UNC Chapel Hill subject matter

experts in intimate partner violence and the NC Coalition Against Domestic Violence, followed by a two-part series of live webinars on identifying elder abuse and neglect, featuring experts from the UNC Beacon Center and NC DHHS Division of Aging and Adult Services. Both series, intended to help clinicians improve their ability to recognize and respond to intimate partner violence and elder abuse and neglect among their patient populations, are now available online as on demand self-guided modules at [www.wakeahec.org](http://www.wakeahec.org) at a cost of \$20 per module.

In Summer 2022, NCMB completed work on a series of three updated CME modules on the topics of responsible opioid prescribing, non-opioid treatments for pain and responding appropriately to opioid use disorder. The webinars, developed in collaboration with WakeAHEC and UNC Chapel Hill's Addiction Medicine Fellowship program, are designed to meet NCMB's CME requirement for controlled substances prescribers. There is a \$20 charge for each module. The new opioid CME is available online at [www.wakeahec.org](http://www.wakeahec.org) or at NCMB's website at [www.ncmedboard.org/prescribingcme](http://www.ncmedboard.org/prescribingcme).

### Elder Abuse & Neglect

#### PART 1



#### PART 2



### Intimate Partner Violence

#### SESSION 1



#### SESSION 2



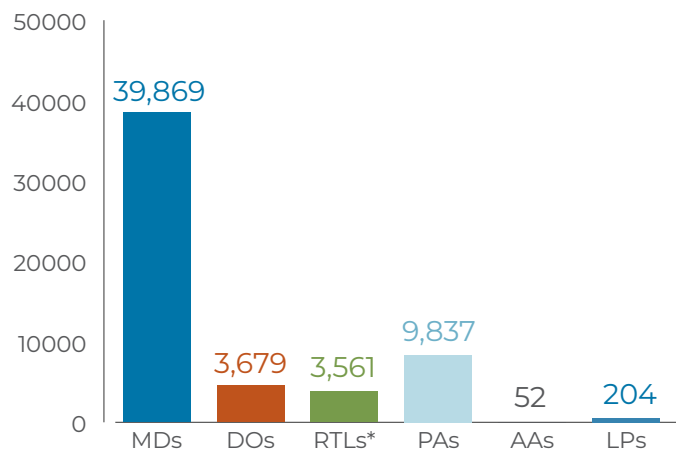
#### SESSION 3



# TOTAL LICENSEE POPULATION

(as of Dec. 31, 2022)

## TOTAL LICENSEE POPULATION



## PROFESSIONALS LICENSED BY NCMB

**MD** = Allopathic physician

**DO** = Osteopathic physician

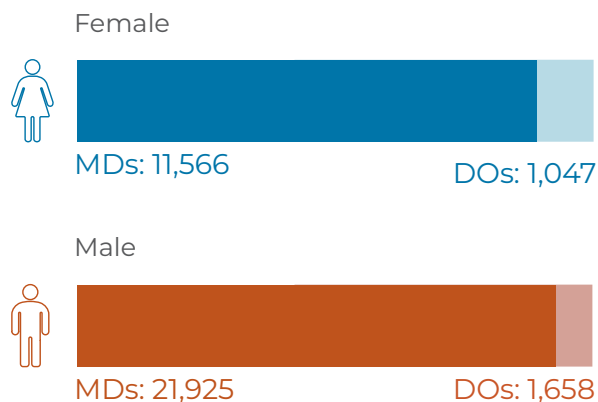
**RTL** = Resident Training Licensee

**PA** = Physician Assistant

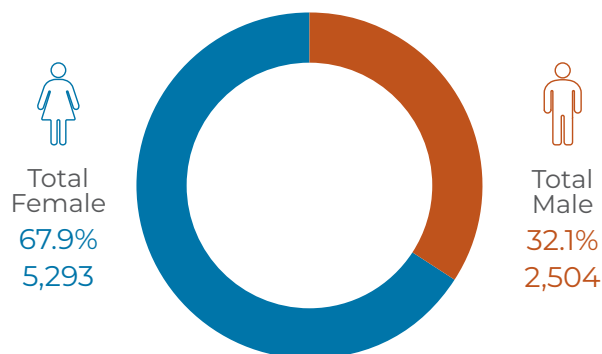
**LP** = Licensed Perfusionist

**AA** = Anesthesiologist Assistant

## PHYSICIANS BY GENDER\*



## PAs BY GENDER\*



\* Totals do not reflect the full physician and PA populations because some licensees decline to state their gender.

## LICENSEE POPULATION COURSE CORRECTION

NCMB's issuance of about 2,300 emergency licenses (LEL) to out-of-state physicians and PAs during the state of emergency due to COVID-19 created a temporary bubble in the overall licensee population. In 2022, it popped.

After determining that the state's need for additional medical professionals to assist with patient care

during the pandemic had largely passed, NCMB decided in March 2022 it would inactivate LELs effective April 2022, allowing a month-long wind down period to help patients transition to alternate care.

Upon dissolving the emergency license type, NCMB's total licensee population dropped very slightly — by just 65 licensees to 57,210 — between Dec. 31, 2021, and Dec. 31, 2022. More typically in recent years, NCMB's total licensee population has increased annually at a rate of about 2 percent.



## PHYSICIANS AND PAS BY COUNTY

County	MD/DO	PA	County	MD/DO	PA	County	MD/DO	PA
Alamance	295	85	Gaston	433	111	Pender	37	27
Alexander	11	11	Gates	1	1	Perquimans	3	4
Alleghany	17	3	Graham	2	1	Person	30	15
Anson	14	5	Granville	124	26	Pitt	1,001	175
Ashe	29	6	Greene	8	3	Polk	37	11
Avery	52	3	Guilford	1,567	471	Randolph	99	36
Beaufort	69	19	Halifax	77	21	Richmond	35	13
Bertie	7	5	Harnett	107	87	Robeson	168	57
Bladen	17	9	Haywood	131	27	Rockingham	96	31
Brunswick	184	83	Henderson	342	83	Rowan	277	87
Buncombe	1,504	369	Hertford	49	10	Rutherford	75	31
Burke	208	54	Hoke	33	24	Sampson	61	17
Cabarrus	550	144	Hyde	2	0	Scotland	69	28
Caldwell	97	23	Iredell	395	105	Stanly	71	21
Camden	0	2	Jackson	84	22	Stokes	18	11
Carteret	127	56	Johnston	171	96	Surry	116	45
Caswell	7	0	Jones	11	1	Swain	29	14
Catawba	434	131	Lee	108	45	Transylvania	69	13
Chatham	68	16	Lenoir	101	20	Tyrell	0	0
Cherokee	39	9	Lincoln	90	31	Union	285	92
Chowan	25	9	Macon	68	10	Vance	65	36
Clay	13	4	Madison	22	5	Wake	3,533	1,253
Cleveland	166	37	Martin	18	5	Warren	4	2
Columbus	68	18	McDowell	44	18	Washington	5	1
Craven	300	62	Mecklenburg	4,256	1,281	Watauga	154	49
Cumberland	858	382	Mitchell	21	7	Wayne	198	60
Currituck	10	4	Montgomery	15	11	Wilkes	78	23
Dare	74	28	Moore	435	167	Wilson	115	41
Davidson	142	53	Nash	178	37	Yadkin	12	3
Davie	73	31	New Hanover	937	325	Yancey	24	6
Duplin	38	23	Northampton	3	1	<b>TOTAL In State</b>	<b>30,181</b>	<b>8,550</b>
Durham	3,013	587	Onslow	263	98	<b>TOTAL Out of State</b>	<b>13,272</b>	<b>1,054</b>
Edgecombe	45	13	Orange	2,309	208	<b>TOTAL</b>	<b>43,453</b>	<b>9,604</b>
Forsyth	2,322	665	Pamlico	6	2			
Franklin	18	8	Pasquotank	112	31			

# LICENSING PROGRAM

The total licensee population may have essentially stood still in 2022 but it wasn't due to a lack of new licensees. NCMB issued 6,075 licenses last year — a 14 percent increase from 2019 (the most recent pre-COVID-19 year).

## LICENSES ISSUED IN 2022

### Physician licenses

Full physician license (MD)	2,909
Full physician license (DO)	501
Limited emergency license	47
Volunteer license	211
Special permit/faculty limited license	17

**TOTAL 3,685**

### Physician assistant licenses

Full PA license	1,047
Limited emergency license	14
Volunteer license	38

**TOTAL 1,020**

### Resident licenses

MDs	1,028
DOs	233

**TOTAL 1,261**

### Other license types issued

Anesthesiology assistants	7
Licensed perfusionist	34

Did you know NCMB also registers professional medical corporations (PCs) and limited liability companies (PLLC)?

Find registered medical businesses on NCMB's website by clicking on the Look up a Doctor or PA on the home page of NCMB's website at [www.ncmedboard.org](http://www.ncmedboard.org). View a list of active NC PCs and PLLCS by scrolling to the bottom of the search screen and clicking on NCMB Corporations. Additional information on such businesses is available from the NC Secretary of State.

## MEDICAL CORPORATIONS IN 2022

Professional corporations: 131

Professional limited liability companies: 447

New registrants (total): 578

## MEDICAL CORPORATIONS AND PLLCS IN 2022

Professional corporations: 2,437

PLLCs: 2,845

Total registrants (PC/PLLCs)\*: 5,282

Polysomnographic or "sleep" technicians are required by law to register annual with NCMB. NCMB does not have regulatory oversight of sleep techs.

Total registrants: 586



# 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



3,213

Cases opened



207

Cases determined  
outside NCMB  
jurisdiction



175

Public actions,  
adverse



13

Public actions,  
non-adverse



3,006

Cases determined  
potentially actionable



3,660

Cases closed\*



362

Private letters of concern



Complaints from patients and the public are consistently the leading source of enforcement cases. On average, it took 161 days to close such a case in 2022.

\* Some portion of cases closed in 2022 were opened in 2021 or earlier



# ENFORCEMENT ACTIVITY

## CASES OPENED 2022

### Cases opened by type/source\*

Complaints from patients/public	2,017
Field investigations department	249
Out of state actions	358
Malpractice case reviewed	255
Renewal	135
Administrative	97
Licensing	67

\* Sources that resulted in fewer than 5 cases being opened are not shown

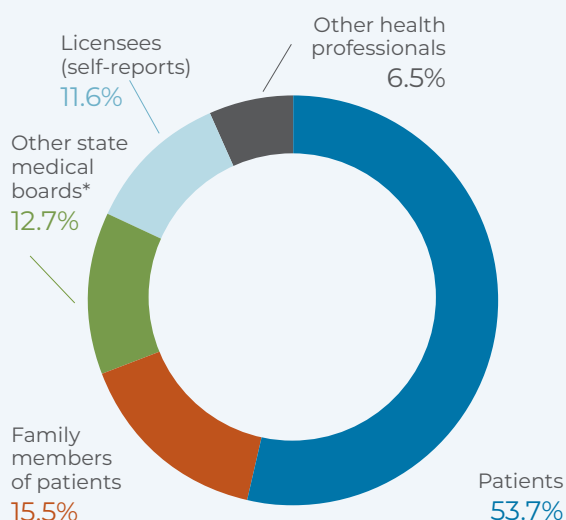
### Cases opened by primary allegation\*

Substandard care — nonprescribing	979
Substandard care — prescribing	295
Communication issue with a licensee	197
Adverse information self-reported by licensee	142
Federal or state felony arrest/charge/conviction	92
Death certificate issue	90
Billing/fee/insurance issue	87
Medical records issue/HIPAA violation	83
Failure to comply with terms of out-of-state/other agency order	77
Patient dismissed, abandoned or refused appointment	47
Sexual violation/impropriety with patients	43
Licensee alcohol/substance use	40
Disruptive behavior — non-sexual	27
COVID-19 related issue	26
DUI/DWI	26
Misdemeanor arrest/charge/conviction	26
Substandard practice of telemedicine	23
Inappropriate prescribing to self/family	15
Impairment due to mental/physical health issue	14
Improper supervision of APP/other medical staff	13

## WHO REPORTS TO NCMB?

NCMB opens investigations based on information received from a variety of sources.

### IN 2022, THE TOP FIVE SOURCES WERE:



\*State medical boards are notified when another state medical board takes action against a shared licensee.

\* Shows top 20 primary allegations for cases opened in 2022



## NCMB'S OUTREACH PROGRAM FEATURED ON NATIONAL STAGE

In April 2022, a delegation of Board Members and staff shared NCMB's bold strategy — to help future medical professionals avoid missteps that can lead to regulatory action — with other state medical boards at the annual meeting of the Federation of State Medical Boards in New Orleans.

NCMB's Regulatory Immersion Series (RIMS) presents a mock disciplinary committee session to medical students and PA students across North Carolina. Established in 2019 and initially presented at a single pilot site — Campbell University's School of Osteopathic Medicine — the program has since been offered to students at most of the state's five medical schools and nearly all of the state's 12 PA programs. NCMB has presented multiple times at many schools and expects to offer it to students at every medical school and every PA program annually going forward.

NCMB shared details of the program with FSMB Annual Meeting attendees to inspire other state medical boards to develop similar outreach programs. Over time NCMB believes the RIMS program has the power to change, through real-world examples, how clinicians think about professional ethics, ideally seeing the regulator as a resource rather than a source of anxiety and fear.

## LESSONS FROM THE NCMB DISCIPLINARY COMMITTEE

In December 2022, NCMB launched a new feature in its *Forum* newsletter that presents fictionalized case studies, with an aim of helping licensees avoid missteps that could result in regulatory action.

The idea is to feature issues that repeatedly come before the medical board, often creating great headaches and hassles for patients, but don't often result in public action.

The initial installment of the recurring feature, Lessons from the Disciplinary Committee, focused on upholding professional obligations to patients when making the difficult decision to dismiss an individual from care. The article emphasized the principles of supporting continuity of care and promoting patient welfare to the greatest extent possible when dismissing patients by ensuring that appropriate refill prescriptions are provided, along with sufficient notice of the dismissal.

NCMB received an overwhelmingly positive response to the new feature from licensees. We look forward to continuing this new educational outlet and hope it results in better patient care!





# CASE RESOLUTIONS AND ACTIONS TAKEN

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

## ABOUT CASE RESOLUTIONS

**No action:** The most common reason for a case to be closed with no action is that NCMB is unable to determine that a violation of the Medical Practice Act (the law that gives the Board its authority) has occurred. If no violation is present, NCMB does not have a legal basis for action.

**Private action:** A case that is closed with a private action (e.g. a confidential letter) may include possible violations or involve departures from good medical practice but, for a variety of reasons, the Board does not believe a public action is warranted.

**Public action — adverse:** The most serious outcome for an enforcement case. Cases that are closed with adverse public actions typically involve one or more serious departures from accepted standards of care and clear evidence that a violation of the Medical Practice Act has occurred.

## CASE RESOLUTIONS 2022

### Adverse actions

Conditions on license/practice	47
Public letters of concern	43
Limitations on license/practice	24
License suspensions	22
Reprimand	21
License revoked	8
License surrendered	4
License denied	2
Nonpractice agreement	2
Annulments	1
Order denying relief	1
<b>TOTAL</b>	<b>175</b>

### Non-adverse actions

Consent orders lifted	8
Amended consent order	5
<b>TOTAL</b>	<b>13</b>

### Causes of adverse actions\*

Quality of care	47
Prescribing issues	26
Action by out-of-state medical board	26
Other unprofessional conduct	23
Alcohol/substance use	19
Sexual misconduct	18
False or deceptive representation	11
Conviction of felony or law related to the practice of medicine	10
Amendment to Board order	5
Failure to cooperate with Board order or request	4

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

## ENFORCEMENT DATA TELL A WORRYING TALE



A look at the primary allegations in enforcement cases opened in 2022 yielded a worrying indicator about the wellbeing of NCMB's licensees.

Allegations associated with depression, anxiety and professional burnout rose in 2022, continuing the increase NCMB noted in 2021, when such allegations were also up.

For example, last year NCMB received 24 complaints about licensees where the primary allegation was disruptive conduct with staff or harassment of a

non-sexual nature in interactions with staff. Although the total number of cases is relatively small, that's more than 10 times the number of such cases opened in 2019. Cases that involve substance use and licensee mental health issues are also up significantly compared to 2019 (e.g., pre-COVID-19). This increase matches a concerning national trend pointing to a clinical population in need of support.

NCMB recognizes that its informal analysis is not firm proof, but it nonetheless seems prudent to remind licensees that they can seek assistance confidentially for professional burnout, behavioral health matters and substance use. As a reminder, the NC Professionals Health Program (NCPHP) offers free initial consultations to NCMB licensees.

Contact NCPHP 24 hours a day, seven days a week to schedule a confidential meeting with a counselor by calling 919.870.4480.

## BANNER YEAR FOR NCPHP SCHOLARSHIP DONATIONS

In 2022, NCMB made it a little easier for licensees completing annual renewal to make donations to a scholarship fund that helps defray the costs of substance use assessments and treatment for licensees.

NCMB has invited licensees to contribute to the NC Professionals Health Program (NCPHP) scholarship fund for many years. In mid-2022, we revised the prompt on the renewal questionnaire so that it included suggested donation amounts (as opposed to a free text field) and information about how contributions help other licensees.

This relatively small change had a big impact, increasing the average number of donors per month from about 300 licensees to about 400 licensees. As a result, the final tally for NCPHP scholarship donations increased by 15 percent when compared to



*Board Member Anu Rao-Patel, MD, speaks with NCPHP CEO Joe Jordan, PhD.*

total donations in 2021. NCMB licensees generously gave more than \$226,000 in 2022. All of the money collected supports licensees who need assistance paying for alcohol or substance use assessments and/or treatment.

NCMB appreciates the compassion and generosity of the licensees who donated. Donations to NCPHP's treatment scholarship fund may be made directly by visiting [www.ncphp.org/donate](http://www.ncphp.org/donate).



## 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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### Address

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Twitter: @NCMedBoard  
LinkedIn: North Carolina Medical Board

