



# **BOARD MEETING MINUTES**

**January 22 - 24, 2025**

**3127 Smoketree Court  
Raleigh, North Carolina**

General Session Minutes of the North Carolina Medical Board (NCMB) Meeting held January 22 - 24, 2025.

The January 22-24, 2025, meeting of the North Carolina Medical Board was held virtually. Devdutta G. Sangvai, MD, JD, MBA, President, called the meeting to order. Board members in attendance were Anuradha Rao-Patel, MD, President-Elect; Robert L. Rich, Jr., MD, Secretary/Treasurer; Earic R. Bonner, MD, MBA; Candace A. Bradley, DO, MBA; J. Nelson Dollar, MA; W. Howard Hall, MD; Vickie A. Harry; Sharona Y. Johnson, PhD, FNP-BC; Joshua D. Malcolm, JD; Mark A. Newell, MD, MMM; Miguel A. Pineiro, PA-C. Member absent: Anthony R. Plunkett, MD.

### **PRESIDENTIAL REMARKS**

Dr. Devdutta G. Sangvai reminded the Board members of their duty to avoid conflicts of interest with respect to any matters coming before the Board as required by the State Government Ethics Act. Reported conflicts were included within individual committee reports.

### **ANNOUNCEMENTS and UPDATES**

Dr. Sangvai recognized new staff as they were introduced by their perspective manager. He also recognized staff with milestone anniversaries and staff promotions.

### **PRESENTATION(S)**

Ms. Elizabeth Meredith, Board Attorney, introduced Professor Rebecca Fisher-Gabbard, with the UNC School of Government who gave a presentation on parliamentary procedure.

### **NORTH CAROLINA PHYSICIAN HEALTH PROGRAM REPORTS (NCPHP)**

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

Dr. Joseph Jordan gave the NCPHP Compliance Committee report. The specifics of this report are not included because the information contained in the report is confidential and non-public.

A motion passed to return to open session.

### **NCMB LEGAL DEPARTMENT REPORT**

Mr. Brian Blankenship, Chief Legal Officer, gave the Attorneys' Report on Friday, January 24, 2025.

Open session:

Mr. Blankenship updated the Board on the schedule of the upcoming hearings and hearing assignments.

A motion passed to close the session pursuant to N.C. Gen Stat. §143-318.11(a) to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and/or 90-21.22 of the North Carolina General Statutes and not considered public records within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney/client privilege.

Within the closed session:

Mr. Blankenship provided information within the attorney-client privilege regarding outside litigation matters. Additionally, Mr. Blankenship provided information within the attorney-client privilege regarding work product occurring since the last Attorneys' Report was presented.

A motion was passed to return to open session.

The Attorneys' Report was concluded.

The Board accepted the report as information.

## **NCMB COMMITTEE REPORTS**

### **Executive Committee Report**

Members present were: Devdutta G. Sangvai, MD, JD, MBA, Chair; Sharona Y Johnson, PhD, FNP-BC; Mark A. Newell, MD; MMM; Anu Rao-Patel, MD; and Robert L. Rich, MD

#### Financial Update

a. Year-To-Date Financials

The Committee reviewed the following financial reports through November 30, 2024: Balance Sheet, Profit & Loss versus Budget, and the Profit & Loss Comparison with the Board Controller.

Committee Recommendation: Accept the financial information as reported.

Board Action: Accept the Committee recommendation. Accept the financial information as reported.

b. Investment Account Update

The Committee reviewed the investment statements for November and December 2024 with the Board Controller.

Committee Recommendation: Accept the investment statements as reported.

Board Action: Accept the Committee recommendation. Accept the investment statements as reported.

c. Report on Audit of Financial Statements

Mr. Joshua Anderson, CPA, Dean Dorton Allen Ford, PLLC, met with the Executive Committee to present the Year-End Financial Statement Audit Report for the fiscal year ending October 31, 2024.

According to the Independent Auditor's Report: "In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the financial position of the Board, as of October 31, 2024 and 2023, and the respective changes in financial position and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America."

Closed Session:

d. Report on Audit of Financial Statements

A motion passed to go into restricted closed session pursuant to Section 143-318.11(a)(1) and Section 143-748 of the North Carolina General Statutes to preserve the confidentiality of internal audit work papers.

The Committee and other Board members met privately with the auditors to give the auditors the opportunity to share any concerns regarding the audit report or process.

A motion passed to return to open session.

Committee Recommendation: Accept the Year-End Financial Statement Audit Report as reported.

Board Action: Accept Committee recommendation. Accept the Year-End Financial Statement Audit Report as reported.

Old Business:

a. Retreat dates and goals discussion

Ms. Loney Johnson, Special Projects Manager/Board Liaison, informed the Executive Committee after reaching out to the Board Members, the best date for the retreat is August 8-10 and will be held in the eastern part of the state. The save the date email has already been sent and the exact location is to be determined. Staff, working with the President, will bring back ideas for retreat topics as well as location options to discuss at a future meeting.

Committee Recommendation: Accept the retreat dates discussion as information.

Board Action: Accept Committee recommendation. Accept the retreat dates discussion as information.

New Business:

a. Legislative Update

The Committee reviewed the Legislative update. There were no new bills for discussion.

Committee Recommendation: Accept the legislative update as information.

Board Action: Accept Committee Recommendation. Accept the legislative update as information.

b. 2025 NCMB Review Panel Appointment

The NCMB Review Panel reviews candidates for all non-public member positions on the Board and makes recommendations to the Governor. The Review Panel consists of nine members including a public member of the Medical Board. Mr. Joshua Malcolm has served as the Board's representative for the last two years.

Mr. Mansfield, the Board's CEO, reported that the Board's President, Dr. Sangvai, recently appointed Mr. Nelson Dollar to serve on the Review Panel effective January 2025.

Mr. Dollar provided an update regarding the recent meeting of the Review Panel, including the scheduling of the 2025 meeting of the Review Panel for the purpose of interviewing candidates for recommendation to the Governor to occur on or about August 1-3.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

c. NC PHP Compliance Committee Appointments

The NCPHP Compliance Committee meets every other month to review new evaluations done by NCPHP staff, cases of substantial non-compliance with monitoring contracts, and any other cases as requested by NCPHP staff.

Three Compliance Committee members are former NCMB members. NCMB representatives may serve on the Compliance Committee once they've been off the Board for at least two years. Compliance Committee members are eligible to serve a two-year term, and a subsequent one-year term.

Until recently, Tim Lietz, MD, Eleanor Greene, MD, and Diane Meelheim, NP were the three former NCMB members serving on the Committee. However, Dr. Greene and Ms. Meelheim rotated off the Committee last month. NCMB President, Dr. Sangvai, has appointed former NCMB members Bryant Murphy, MD and Cheryl Walker-McGill, MD, MBA, to take the newly empty seats. They will begin serving immediately.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

a. Update on the North Carolina Clinician and Physician Retention and Wellbeing (NCCPRW) Consortium

Dr. Jan Rhyne presented to the Executive Committee an update on the current work of the North Carolina Clinician and Physician Retention and Wellbeing (NCCPRW) Consortium. In 2024 the NCCPRW Consortium and the Dr. Lorna Breen Heroes' Foundation jointly launched ALL IN: Caring for North Carolina Caregivers. This initiative is dedicated to supporting healthcare organizations across North Carolina in redesigning their workplace environments to better support their staff's wellbeing and mental health.

Phase 1 of the ALL IN: Caring for North Carolina's Caregivers supports hospitals and health systems in participating in the Wellbeing First Champion Challenge for credentialing and ensuring their applications are free from intrusive mental health questions and stigmatizing language. Six organizations were honored at the NCMS LEAD Conference for completing Phase 1. Awardee badges were presented to HCA Healthcare, Novant Health, Sentara Health, UNC Health, WakeMed Health and Hospitals, and NCDHI.

Phase 2 will be introduced on January 28, 2025, at an informational meeting and launched on February 25. Phase 2 provides a digital curriculum to support Professional Wellbeing Teams in hospitals and medical groups to gain the knowledge necessary to be an effective leader in improving professional wellbeing.

Phase 3 supports teams with technical assistance and a peer-to-peer learning community to accelerate a quality improvement project that evaluates improving professional wellbeing alongside improving patient experience, population health, and reducing costs.

The Consortium filed an application in May 2024 to establish a 501(c)3 organization. The application is pending though the Consortium expects to hear back from the IRS later this month. Centene will release \$1.3 million grant funds to the NCCPRW Consortium once there is approval of the 501(c)3 status.

The Old North State Medical Society (ONSMS) has applied for a \$1.7M grant with NC DHHS. The Consortium applied for \$356,000 in funding as a sub-contractor of the grant. The mission of the grant is to positively impact mental health access in Robeson and Scotland counties and to provide behavioral health and wellbeing support to practicing physicians and PAs to combat clinician burnout. The Consortium in partnership with the North Carolina Professionals Health Program will provide suicide prevention training for physicians and their loved ones. The ONSMS is working with NC DHHS on the final steps and should be able to begin in the next few months.

Committee Recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as information.

## **Policy Committee Report**

Members present were: Mark A. Newell, MD, MMM, Chair; J. Nelson Dollar, MA; Sharona Y. Johnson, PhD, FNP-BC; Miguel A. Pineiro, PA-C, MHPE; Anuradha Rao-Patel, MD; and Anthony R. Plunkett, MD

Old Business:

a. 2.2.3: Self-Treatment and Treatment of Family Members

The Committee reviewed the revisions to the position statement favorably. Staff was directed to circulate the revised position statement to the Board's stakeholders and bring back any comments at a later meeting.

Committee recommendation: Staff to circulate the revised position statement to the Board's stakeholders for comment and bring back any comments received at a later meeting, with the anticipated date of March 2025.

**Board Action:** Accept Committee recommendation. Staff to circulate the revised position statement to the Board's stakeholders for comment and bring back any comments received at a later meeting, with the anticipated date of March 2025.

New Business:

a. 2.1.2: Departures from or Closings of Medical Practices (Appendix A)

The Committee reviewed the revisions and comments provided prior to the meeting and requested staff make two additional revisions. After making the additional revisions, staff was directed to publish the revised position statement.

Committee recommendation: Adopt and publish the revised position statement.

**Board Action:** Accept Committee recommendation. Adopt and publish the revised position statement.

b. 2.1.3: The Retired Physician/Licensee (Appendix B)

The Committee reviewed the revisions provided prior to the meeting and requested staff make one additional revision. After making the additional revision, staff was directed to publish the revised position statement.

Committee recommendation: Adopt and publish the revised position statement.

**Board Action:** Accept Committee recommendation. Adopt and publish the revised position statement.

c. 8.1.2: The Medical Supervisor-Trainee Relationship (Appendix C)

The Committee reviewed the revisions provided prior to the meeting. Staff was directed to publish the revised position statement.

Additionally, during the review of this position statement, the Committee discussed the Supervisor-Advanced Practice Provider Relationship and agreed to review position statement 9.1.1: Physician Supervision of Other Licensed Health Care Professionals at a later meeting.

Committee recommendation: Adopt and publish the revised position statement.

**Board Action:** Accept Committee recommendation. Adopt and publish the revised position statement.

- d. 8.2.1: Professional Obligations Pertaining to Incompetence, Impairment, or Unethical Conduct of Licensees

The Committee reviewed the current position statement and after clarification of the last paragraph, the Committee had no recommended changes to the current position statement.

Committee recommendation: Accept as Information.

**Board Action:** Accept Committee recommendation. Accept as Information.

#### Position Statement Review Chart

The Committee reviewed the position statement tracking chart and discussed position statements that should be reviewed at upcoming meetings. In addition to bringing back any comments received regarding the revisions to 2.2.3: Self-Treatment and Treatment of Family Members, the Committee plans to review 6.1.1: Advance Directives and Patient Autonomy, 6.1.2: Palliative Care and End-of-Life Responsibilities, 9.1.1: Physician Supervision of Other Licensed Health Care Professionals, and 10.1.2.: Corporate Practice of Medicine at the next meeting, tentatively scheduled for March 2025.

Committee recommendation: Accept as Information.

**Board Action:** Accept Committee recommendation. Accept as Information.

#### **Licensing Committee Report**

Members present were: Anuradha Rao-Patel, MD, Chair; Candace A. Bradley, DO, MBA; Earic R. Bonner, MD, MBA; Vickie A. Harry, Miguel A. Pineiro, PA-C, MHPE

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.



The License Committee reviewed 5 cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

### **License Interview Report**

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

Nine licensure interviews were conducted virtually. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

### **Disciplinary (Malpractice) Committee Report**

Members present were: Robert L. Rich, MD, Chair; Candace A. Bradley, DO, MBA; J. Nelson Dollar, MA; Sharona Y. Johnson, PhD, FNP-BC; Mark A. Newell, MD, MMM; Anuradha Rao-Patel, MD; and Anthony R. Plunkett, MD.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (Malpractice) Committee reviewed 43 cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

### **Disciplinary (Investigative) Committee Report**

Members present were: Robert L. Rich, MD, Chair; Candace A. Bradley, DO, MBA; J. Nelson Dollar, MA; Sharona Y. Johnson, PhD, FNP-BC; Mark A. Newell, MD, MMM; Anuradha Rao-Patel, MD and Anthony R. Plunkett, MD.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-

16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (Investigative) Committee reviewed 49 investigative cases. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

### **Disciplinary (Complaints) Committee Report**

Members present were: Robert L. Rich, MD, Chair; Candace A. Bradley, DO, MBA; J. Nelson Dollar, MA; Sharona Y. Johnson, PhD, FNP-BC; Mark A. Newell, MD, MMM; Anuradha Rao-Patel, MD; and Anthony R. Plunkett, MD.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (Complaints) Committee reviewed 49 complaint cases. A written report was presented for the Board's review. The Board adopted the Committee's recommendation to approve the written report. The specifics of this report are not included because these actions are not public.

A motion passed to return to open session.

### **Disciplinary (Compliance) Committee Report**

Members present were: Robert L. Rich, MD, Chair; Candace A. Bradley, DO, MBA; J. Nelson Dollar, MA; Sharona Y. Johnson, PhD, FNP-BC; Mark A. Newell, MD, MMM; Anuradha Rao-Patel, MD; and Anthony R. Plunkett, MD.

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

The Disciplinary (Compliance) Committee reviewed two investigative cases. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

### **Investigative Interview Report**

A motion passed to close the session pursuant to Section 143-318.11(a) of the North Carolina General Statutes to prevent the disclosure of information that is confidential pursuant to Sections 90-8, 90-14, 90-16, and 90-21.22 of the North Carolina General Statutes and not considered a public record within the meaning of Chapter 132 of the General Statutes and/or to preserve attorney-client privilege.

Eight investigative interviews were conducted virtually. A written report was presented for the Board's review. The Board adopted the recommendations and approved the written report. The specifics of this report are not included because these actions are not public information.

A motion passed to return to open session.

### **Advanced Practice Providers & Allied Health Committee Report**

Members present were: Howard Hall, MD, Chairperson; Earic R. Bonner, MD, MBA; Vicki A. Harry; Joshua Malcolm, JD; Miguel Pineiro, PA-C, MHPE.

Old Business

Midwifery Joint Subcommittee Governance Update – Marcus Jimison, Deputy General Counsel

Committee Recommendation: Allow Board staff to enter into talks with the MJC and Board of Nursing to have the Medical Board help the MJC maintain a three to six month reserve either through cash subsidization or volunteering Board staff to perform some of the MJC investigative and administrative duties, such as rulemaking.

Board Action: Accepted Committee recommendation. Allow Board staff to enter into talks with the MJC and Board of Nursing to have the Medical Board help the MJC maintain a three to six month reserve either through cash subsidization or volunteering Board staff to perform some of the MJC investigative and administrative duties, such as rulemaking.

### **Outreach Committee Report**

Members present were: Sharona Y. Johnson, PhD, FNP-BC; Chair; Candace A. Bradley, DO, MBA; W. Howard Hall, MD; Robert L. Rich, Jr., MD. Members absent: Joshua D. Malcolm, JD.

Old Business

- a. Update on presentations
  - i. Professional and public presentations
  - ii. Regulatory Immersion Series events
    1. RIMS year in review

The Communications Director gave an overview of professional and public outreach efforts, including the Regulatory Immersion Series mock disciplinary course presented to medical schools and PA programs. NCMB has scheduled talks at multiple professional meetings

through spring and is actively seeking additional opportunities. The Communications Director invited Committee Members to share her contact information or make email introductions to colleagues and contacts who may be interested in hosting a speaker from NCMB. The Communications staff has no public outreach events set in 2025 at this time but is actively seeking opportunities across the state. The Communications Director also provided a “year- in-review” update on the RIMS program, noting that NCMB reached an additional PA program, at South College in Asheville. With the state continuing to welcome accredited PA programs, Communications staff will continue to contact administrators as early as possible to secure a place for RIMS in the curriculum. In 2024, the RIMS program reached more than 1,200 medical and PA students at 15 different colleges and universities in NC.

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as Information.

b. APP Supervisor CME Update

The Communications Director gave an update on NCMB’s efforts to create continuing medical education (CME) for licensees. Last year, the Outreach Committee voted to create CME modules on the topics of NCMB expectations for supervision of APPs and NCMB expectations for pharmacovigilance when prescribing opioids. Communications staff met with Wake Area Health Education Center (Wake AHEC) in late fall to discuss having them assist with creating the supervision module. WakeAHEC advised that it will take up to four months to produce a completed module once it has NCMB’s application and content. Based on this, staff estimate the supervision module will be ready to promote to licensees no later than July. With regard to the pharmacovigilance module, the Communications Director shared that staff identified an opportunity through stakeholder outreach to present a panel on NCMB expectations for pharmacovigilance at a one-day workshop on prescribing for pain scheduled for early March. A co-sponsor of the workshop, Pain Society of the Carolinas, will confer CME credit, video the panel session and edit it into a CME module after the meeting. No specific timeline was discussed for creating the pharmacovigilance module but it seems likely that both modules will be done no later than summer 2025.

Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as Information.

New Business:

a. 2025 Outreach Planning

- I. Geographical presentation of NCMB 2024 Outreach efforts
- II. Update on current Outreach efforts

The Communications Director outlined NCMB’s current efforts to seek outreach opportunities across the state and shared a map that displays counties reached in 2024.

NCMB presented 54 outreach talks, courses or other events in 17 counties last year. The RIMS program accounted for most outreach outside of the greater Triangle area, though NCMB did present both public and professional outreach in Western and Eastern NC in 2024. The Communications Director noted that, as public outreach is presented by staff, factors such as distance from NCMB's offices, audience size, staff workload influence whether NCMB can commit to an outreach event. Committee Members acknowledged the challenges staff face while affirming their desire to expand outreach efforts to parts of the state NCMB has not yet reached. Committee Members suggested that, where possible, staff could reach out to current and former Board Members to invite them to participate.

Committee recommendation: Direct Communications staff to pursue public and professional outreach in parts of the state NCMB has not yet reached, with a goal of presenting in counties North, South, East and West of the Triangle during 2025.

Board Action: Direct Communications staff to pursue public and professional outreach in parts of the state NCMB has not yet reached, with a goal of presenting in counties in North, South, East and West of the Triangle during 2025.

- b. Miscellaneous Communications Updates
  - i. Podcast year in review

The Communications Specialist provided a recap NCMB's podcast statistics as of the end of 2024. MedBoard Matters has a worldwide audience with individuals in 53 countries listening in. In 2024, podcast episodes were downloaded more than 2,300 times. The most downloaded episode of the year was on the topic of violence in healthcare, followed by an episode discussing NCPHP's recent study on physician suicidal ideation.

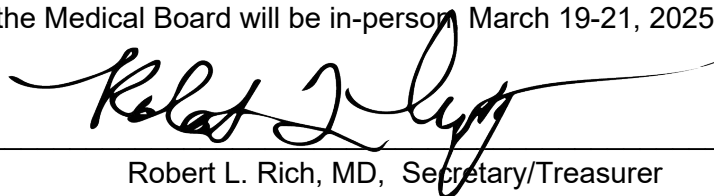
Committee recommendation: Accept as information.

Board Action: Accept Committee recommendation. Accept as Information.

#### ADJOURNMENT

The Medical Board officially adjourned at 11:43 a.m. on Friday, January 24, 2025.

The next meeting of the Medical Board will be in-person, March 19-21, 2025.



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Robert L. Rich, MD, Secretary/Treasurer

### **2.1.2: Departures from or Closings of Medical Practices**

Licensees may have continuing obligations toward patients during and after their departure from or closing of a medical practice. A licensee's specific obligations will vary depending on several factors including employment or practice partnership status, contractual based obligations, practice venue, and other considerations. Nevertheless, the patient's welfare, autonomy, and continuity of care must be the foremost consideration for all parties involved. Patients should therefore be given reasonable advance notice (at least 30 days) to allow other medical care to be secured. Good continuity of care includes preserving and providing appropriate access to medical records and may include making appropriate referrals or providing prescription refills as a bridge until care with a new provider can be established. The licensee and the group or employer should work cooperatively to ensure requirements for continuity of care and patient autonomy are effectively attended to. In particular, both the departing licensees and any relevant practice group or employer have the following obligations.

#### **Permit Patient Choice:**

It is the patient's decision from whom to receive care. Therefore, it is the responsibility of all parties to ensure that:

- Patients are notified in a timely fashion of changes in the practice and given the opportunity to seek other medical care, sufficiently far in advance (at least 30 days), to allow other medical care to be secured. The Board does not have specific rules on which patients should receive this notification or how it should be accomplished, but a reasonable option would be to notify active patients the licensee has seen within the past 1-2 years. Methods of notification which might be considered include, letters to patients, newspaper notices, posting an announcement in public locations in the office, website announcements, social media, text messages, front desk flyers, etc. Each medical practice and patient population is unique and the Board would expect the licensee and the group or employer to utilize the most effective means of patient notification for their particular situation.
- Patients clearly understand they have a choice of health care providers and notice to patients of the departing licensee should include an unambiguous statement that patients may choose from whom to receive medical care. It is unethical to take any actions such as withholding information regarding the new practice location of the licensee when requested by a patient. Both the licensee and any relevant practice group or employer are responsible for notifying patients, and no party should interfere in the discharge of this obligation by withholding essential information.
- Patients are told both how to contact licensee(s) remaining in practice, and when specifically requested, how to contact departing licensees.
- Patients are told how to obtain copies of, or transfer, their medical records.

## **Written Policies:**

The Board recommends that licensees and practices prepare written policies regarding the secure maintenance, storage, transfer, data sharing, and retrieval of patient medical records in case of the closure of a practice, recognizing that separate policies may be necessary for the storage of, and access to, paper and electronic medical records. Licensees and practices should notify patients of these policies. At a minimum, the Board recommends that such written policies include:

- A procedure and timeline that describes how the licensee or practice will notify each patient about (1) a pending practice closure or licensee departure, (2) how medical records are to be accessed, and (3) how future notices of the location of the practice's medical records will be provided.
- How long medical records will be retained and the procedure by which the licensee or practice will dispose of unclaimed medical records.
- How the licensee or practice will respond to requests from patients for copies of or access to their medical records.
- In the event of a licensee's death or incapacity, how the deceased licensee's executor, administrator, personal representative, or survivor will notify patients of the location of their medical records, how patients can access those records, and how and when unclaimed medical records will be destroyed after a specified period of time.
- The procedure by which the licensee or practice will maintain medical record confidentiality and data integrity. Practice transitions are also times when there is increased risk of privacy breaches or inappropriate disclosure. HIPAA and other privacy rules require that patients must be promptly informed about any security breach or unauthorized disclosure describing what information was breached, and what steps patients may take to minimize adverse consequences of inappropriate disclosure of their personal health information.

The Board further expects licensees to comply with all applicable state and federal laws and regulations pertaining to a patient's protected healthcare information.

**Additional Resources:** The Board has published "[A Physicians Guide to Closing a Practice](#)" to assist licensees with meeting professional obligations.

(Adopted: January 2000) (Amended: August 2003; July 2009; March 2018; January 2021; January 2025)

### 2.1.3: The Retired Physician/Licensee

The retirement of a licensee is defined by the Board as the total and complete cessation of the practice of medicine and/or surgery by the licensee in any form or setting. According to the Board's definition, the retired licensee is not required to maintain a currently registered license and SHALL NOT:

- Provide patient services;
- Order tests or therapies;
- Prescribe, dispense, or administer drugs;
- Perform any other medical and/or surgical acts; or
- Receive income from the provision of medical and/or surgical services performed following retirement.

The Board is aware that a number of licensees consider themselves "retired," but still hold a currently registered medical license (full, volunteer, or limited) and provide professional medical and/or surgical services to patients on a regular or occasional basis. Such licensees customarily serve the needs of previous patients, nursing home residents, free clinics, emergency rooms, community health programs, etc. These licensees may also be in a supervisory role for physician assistants and nurse practitioners. The Board commends those licensees for their willingness to continue service following "retirement," but it recognizes such service is not the "complete cessation of the practice of medicine" and therefore must be joined with an undiminished awareness of professional responsibility. That responsibility means that such licensees SHOULD:

- Practice within their areas of professional competence;
- Prepare and keep medical records in accord with good professional practice; and
- Meet the Board's continuing medical education requirement.

The Board also reminds "retired" licensees with currently registered licenses that all federal and state laws and rules relating to the practice of medicine and/or surgery apply to them, that the position statements of the Board are as relevant to them as to licensees in full and regular practice, and that they continue to be subject to the risks of liability for any medical and/or surgical acts they perform.

(Adopted: January 1997) (Amended: September 2006; July 2012; January 2025)



**8.1.2: The Medical Supervisor-Trainee Relationship**

It is the position of the Board that the relationship between medical supervisors and their trainees in medical schools and other medical training programs is one of the most valuable aspects of medical education. The Board notes, however, that this relationship involves inherent inequalities in status and power that, if abused, may adversely affect the educational experience and, ultimately, patient care. Abusive behaviors in the medical supervisor-trainee relationship, including, but not limited to, physical or verbal harassment, sexual harassment, or other forms of intimidation, are considered unprofessional conduct and subject to discipline by the Board. However, constructive criticism and/or negative feedback that is offered with the aim of improving the educational experience and patient care should not be construed as abusive behavior.

(Adopted: April 2004) (Amended: July 2021; January 2025)