

## **Episode 56: NCMB complaint process explained: From report to resolution**

**Opening Music: 0:00**

**Introduction: 0:10**

If you know anything at all about the North Carolina Medical Board, I'm guessing you know that we are the agency you complain to if you have a problem with your doctor. But how much do people really know about the complaint process? Based on what staff see day in and day out – not a lot. One of the biggest challenges we face is helping North Carolinians understand that the medical board isn't as powerful or as all-knowing as many seem to think it is. The truth is NCMB doesn't have the authority to address many of the issues reported to it. And when that's the case, the person filing the complaint may feel frustrated, confused, even angry. Worse still, they may come away from the complaint process thinking that the medical board simply doesn't care about the issue that was reported. And that is just not true. This is Jean Fisher Brinkley, Communications Director for the North Carolina Medical Board, and this is MedBoard Matters. On today's episode we will be learning all about the medical board complaint process, including what NCMB can and can't address and exactly what determines whether the complaint results in a regulatory action. My guest today is Carren Mackiewicz, who is director of NCMB's administrative investigations department. That's the department that reviews complaints and gets investigations started. Before assuming her current role in 2024, Carren worked in the Board's Legal Department for about 14 years, as a paralegal and in various leadership roles.

**Interview with Carren Mackiewicz: 1:44**

JFB: Carren, thanks so much for being here today. I appreciate your time.

CM: Thanks for having me, Jean.

JFB: So, as you know, we are here to help people get a better understanding of the complaint process. And I wondered if we could walk through the complaint process just from start to finish to give people a good idea of everything that goes into it. Could we start by talking about the reasons that people file complaints with the Board?

CM: Sure. So, the most common allegations that we see are related to issues with care provided to patients, which includes allegations of substandard care, discrimination, prescribing, and then communication issues within the licensee patient relationship is probably the other big one. It includes communication allegations where a patient may have been dismissed or terminated from the practice. So those are some of the most common allegations that we see. And I also think it's important to note that the Board does not intervene in patient care. I've seen an increase in the number of complainants that are contacting the Board, and they're expecting us to intervene in their ongoing care, like, immediately. For example, a patient who is currently in the hospital being treated contacts the Board, requesting that the Board get involved or intervene with their ongoing hospital care that day because they don't believe the care is appropriate. The Board does not do this. We don't intervene in patient care, so a formal complaint would need to be filed and then the investigation process would commence. And you know, that takes some time to complete that investigation.

JFB: Yeah, I've received some of those calls myself. And those are tough because as you said, that is just not what the Board does. So that's what you are seeing day to day, quality of care, communication, some behaviors, misconduct. Can NCMB address every concern that's reported to you through the complaint process?

CM: So, we get our authority from the law. The North Carolina General Assembly and specifically chapter 90, article one of the North Carolina General Statutes, creates the Board, and it gives us our authority. It tells us who we can license, who we can regulate, and who we can discipline, because those three overarching things that the statute allows us to do are license, regulate and discipline. So, we refer to those statutes associated with our regulation as the Medical Practice Act. And although our listeners won't see that term in the statute books, if you hear the Board staff refer to the Medical Practice Act, what we are referring to is the law that creates the Board and then gives us the jurisdiction over our licensees, along with laying out the basis for us to take disciplinary action. So, the Board is bound by those laws that authorize us to investigate potential violations of the Medical Practice Act. And that act lists something like 17 different bases for disciplinary actions and I won't list all of them today. But an investigation is conducted by collecting evidence to determine if a violation of the Medical Practice Act occurred, and the Board must have that evidence in order to prove that a violation occurred. So, the Board also issues what we call position statements, and they provide guidance to both the licensee and the complainants about conduct that might be concerning to the Board. And our listeners can find those position statements on our website, and they are a useful tool regarding some of the most frequent subjects that the Board receives complaints about.

JFB: That's true. They are good resources. I mean, those were developed with our licensees in mind. But I find in communications, I use those with patients quite a bit as well because they are useful, especially as you mentioned patient dismissals. You know, I use the Licensee Patient Relationship one for that one quite a bit. So, you're mentioning a really important point here, which is that the Board has to have evidence of a violation of the Medical Practice Act or it can't do anything. And we just went over what that entails. You also mentioned jurisdiction. Can you talk about the Board's jurisdiction and what that means relative to its authority to investigate a complaint?

CM: Sure. So, I think it's important to know we don't have jurisdiction over a number of health care professionals because, this is a frequent reason why we have to inform complainants that we can't process a complaint that they filed. If the individual is not a licensee of the Board, then that means we also cannot regulate that individual, and in turn, we can't discipline them. Those, those the three things go hand in hand. So for example, nurses, dentists, optometrists, psychologists, podiatrists, just to name a few of the common ones that we see that we don't license. And there's other occupational licensing Boards that license and regulate those professions. So the Board does not have jurisdiction over health care facilities such as nursing homes and hospitals. While we might regulate the health care professionals that work within those places, we don't have authority over the facilities themselves. So, the law that creates us gives us our authority, and it also outlines the limitations that we operate under. Very frequently. When we receive a complaint, it's either against an entity like a hospital that we don't regulate, or it involves a licensee or an individual that we also don't regulate, such as a dentist.

JFB: Right.

CM: So, this is the main reason why we prefer that individuals wishing to file a complaint utilize our online complaint portal through our website. That portal is linked to the Board's repository of our licensees. That way, if someone is attempting to file a complaint online and they try to enter the name of an individual that won't populate from the Board's repository list, then chances are that means that we don't license that individual.

JFB: Right, right. So, it's not a matter of, you know, we don't want to help you, we can't. We have to license that person so we have authority over them, and then it also has to be within jurisdiction. It has to be a licensee. It can't be an organization like a hospital. Great. So who can file a complaint? Does it have to be somebody who is directly involved in the case?

CM: So first, I want to take a second to emphasize that complaints from patients and other members of the public are critically important to the Board's work. They assist the Board in protecting the people of North Carolina by alerting the Board to potentially poor care or misconduct. The complaint process is open to any individual or organization interested in filing a complaint against a licensee of the Board. Complaint submissions are accepted from patients, family members, and other members of the public, as well as medical professionals in health care institutions such as hospitals, pharmacies and insurance companies. And in some instance, the law requires reporting to the Board or the filing of a complaint for certain individuals under what's called a duty to report. And this might include health care institutions, insurance carriers, and some instances of misconduct require some of our licensees to file a report on another licensee if they know or believe that misconduct to have occurred.

JFB: Right. So it sounds pretty broad.

CM: Yes.

JFB: Yeah. Okay. So let me ask you this. Can a complaint be filed anonymously? And if so, what would be the pros and cons of doing that.

CM: The short answer is yes. A complaint can be submitted anonymously. The long answer has a little bit more complexity to it, and may not be the best choice for a variety of reasons. You file a complaint to alert the Board to a potentially unsafe or inappropriate situation, so that the Board has the opportunity to prevent similar occurrences in the future and in turn, protect the public. Being able to contact the complainant and having all of the relevant information regarding the patient, if there's a patient at issue, really provides for the most successful investigation to determine if that misconduct occurred. Some reasons why the Board might receive an anonymous complaint would be an employee or a staff member that works at the facility, with the licensee, and they want to provide information to the Board, but they don't want their identity revealed for fear that they may lose their employment. And then some patients may want care or communication issues addressed and investigated, but they fear retaliation or being dismissed from the practice for filing a Board complaint. And those are probably the most frequent scenarios we see of why an anonymous complaint is submitted.

JFB: Sure.

CM: But unfortunately, over 50% of the complaints that the Board receives are incomplete and they're missing-

JFB: 50%. Half.

CM: Yeah. 50. Yes.

JFB: Wow.

CM: Yeah it's a staggering number. And, you know, they're missing relevant information to complete a thorough investigation. And so when a complaint is filed anonymously, Board staff can't contact that complainant to gather that missing information. And that can lead to either an incomplete investigation or the Board just not being able to investigate that complaint at all.

JFB: Yeah.

CM: Especially like if they're complaining about specific patient or patients and there's no patient identifiers, provided like their full name and a date of birth, because that's required for the Board to issue an order, in order to be able to get that patient some records to complete an investigation.

JFB: Gotcha.

CM: And then everyone should keep in mind too the Board can't guarantee the anonymity of a complainant, the details and the circumstances that are provided in the narrative, they may lead to the identification of that complainant.

JFB: So, like a licensee who is asked to respond to a complaint, they may recognize the individual involved in whatever situation they're being asked to explain.

CM: Right.

JFB: Okay.

CM: Even if even if the patient didn't identify themselves, the circumstances of the interaction or the care may have just stood out so much that the licensee is going to know who it was, even if they did not provide their information.

JFB: Okay, great.

CM: Yeah. And then lastly, you know, there's no way to update that anonymous complainant regarding our investigative process and most importantly, the outcome of the complaint. You know, you file a complaint. I think wanting to know if the Board was able to take action and what occurred. And without that information, we are not having any correspondence with that anonymous complainant. So, you know, if it's public action, they can continue to check our website and see if the Board issued public action, but if it was not, then they would not, you know, they're not otherwise informed of what the outcome of the complaint was. So I think all those things should be taken into account when someone's deciding whether they want to file a complaint anonymously. The Board has an FAQ regarding filing an anonymous complaint on our website, along with a brochure that outlines the facts regarding filing an anonymous complaint that we just went over. So I welcome our listeners to check out our website for additional information on filing anonymously.

JFB: Yeah, yeah. Well, I think it's probably clear to listeners the many reasons why filing anonymously may not be a great choice. Thanks for going into that detail. So, let's just talk about, you know, when the Board receives a complaint. Let's start at the very beginning. Who sees it first?

CM: Sure. So, complaints are initially reviewed by our intake investigators. And they're trained to perform an initial review of that complaint to ensure it falls within our legislative mandate that we discussed earlier. So, they're looking for three things. They're looking for jurisdiction, and we previously talked about that, that the individual must be licensed by our Board in order for the Board to investigate. And then they're looking for a potential violation of the Medical Practice Act and potential being the keyword here, which we also previously talked about. We have the authority to regulate the licensee, and the Board is limited by statute to what allegations it can investigate. So, our intake staff are looking only for the potential of a violation of the Medical Practice Act. They are not making any determination regarding the validity of the allegations of the complaint, only that the potential may exist.

JFB: Right. That's what the investigation is for.

CM: Exactly.

JFB: To figure that.

CM: Yes.

JF: Yeah. Yep. Okay.

CM: And then the last piece is, you know, what we also alluded to, is that complaint complete? Again, unfortunately over 50% of the complaints that we receive are missing information that's relevant to conducting a complete and thorough investigation. So, our intake investigators perform outreach to the complainants when we can to obtain any additional relevant missing information. Once those three things have been identified, the intake investigators really set the stage for the remainder of the investigation and what we internally call coding, which includes ensuring all of the information needed to be provided to both the complainant and then the licensee is identified by any relevant health care providers that are involved in the care are identified so that the Board can issue orders for patient records and information, and then the case will move on from there once the coding has been completed and all of those things have been confirmed and then identified.

JFB: So what happens to the cases that aren't within the Board's jurisdiction?

CM: So when we determine that the Board doesn't have jurisdiction, we inform the complainant that the Board is not the appropriate agency to investigate their complaint. If we can identify the appropriate agency we'll provide the complainant with that contact information for the appropriate agency so that they can direct their complaint to the appropriate place. And then we also have a standing relationship with the Board of Nursing regarding Nurse Practitioners. And so, Board staff would forward a complaint regarding a Nurse Practitioner to the Board of nursing when it's determined that they are the appropriate Board to handle that complaint and not the Medical Board.

JFB: Okay. Gotcha. So, we talked about investigations or how we really dig into a case and determine if there actually is a violation of the Medical Practice Act. What are some of the common types of evidence that the Board collects?

CM: So first is obviously the complaint itself. And any supporting documents that were attached with the complaint. We ask the licensee to respond to the complaint so that the Board has the benefit of their side of the story. We don't just take the complainant's word for it regarding what may have occurred, and there are laws and rules regarding this process and what's called due process being afforded to the licensee. So, for instance, the licensee must be provided with notice of the complaint if the Board is going to investigate it. And then they're allowed up to 45 days to respond to that complaint by Board rule. So the complainant and the licensee both have the opportunity to provide their narrative about what occurred.

JFB: Yeah, because we are an impartial body. Our mission is to protect the public, but we're impartial. We make decisions based on facts.

CM: Yeah. So, we would issue orders for, again, the patient records or any other information that is within the Board's purview when we're authorized to receive. And then we gather any, you know, any of that information, any other materials that may be relevant. For example, if the allegations involve patient care, the Board obtains the patient's medical records through the Board order. Those records would be reviewed by a health care provider to assist the Board in determining if the violation occurred. And, if the allegations include a licensee being impaired, we may order them for an evaluation with the North Carolina Professional Health Program or another assessment center. And then if the allegations are regarding clinical competency and the ability to practice medicine safely, we may order that licensee for competency evaluation. And then I think, lastly, the other place where cases could go is we may refer them to our field investigations department. And they conduct witness interviews, may collect additional evidence and do things like performing site visits.

JFB: Okay. So lots of different types of evidence go in. And I imagine it depends on the case, circumstances of the case, what kind of evidence you gather.

CM: Right. It depends on the case. The allegations that are in the complaint drive what information the Board may need to obtain.

JFB: Okay. So you were just talking about the types of evidence that's collected. Walk me through what the actual investigation looks like once you're through initial intake and review.

CM: So again the licensee has to be provided due process when investigating any allegations that may result in disciplinary action against their medical license. And certain information must be provided to the licensee prior to the issuing of formal charges. All of this is done to ensure that the process is fair. And also, you know, quite frankly, to discourage the filing of frivolous complaints, because the evidence will be gathered and it will be reviewed in making the final determination, because, again, we don't just take the complaint into word regarding what may have occurred.

JFB: Right.

CM: So the licensee and complainant are both sent notice letters informing them that a formal investigation has commenced, and then we issue any orders for patient records and other investigative materials that were identified. In this stage of the investigation is one of the pieces that really can take some time, because the Board is in its gathering of information stage, and some of that includes entities that are outside of the Board. And so they need to be provided the opportunity to respond. And then the licensee is allowed a minimum of 45 days to respond to the complaint in accordance with Board's rule. So once all of that investigative material has been obtained, we have the licensee response and anything that we ordered, the Board reviews all of that information and sort of weighs the evidence.

JFB: Sure.

CM: So this review is conducted by a multidisciplinary team of staff here at the Board, including our in-house medical providers, our attorneys, and sometimes our investigators. And in some cases, an additional pathway or pathways may be taken in a complaint during the investigation. So, the Board might obtain an independent expert review. They might request that the licensee participate in an investigative interview, or they may order the licensee for an independent evaluation. And while these steps aren't required in every case, when they are utilized, this is another stage of the investigation where the timeline may be extended.

JFB: Sure, because all these different steps take time.

CM: Right. And they're being conducted by, again, outside independent evaluation centers. Or if we have to have them in for an interview, we have to wait for a Board meeting. So some of that time is sort of out of our control. And then once all that information is gathered from any additional pathway that may have been utilized, that information is reviewed again by the Board's in-house medical providers and attorneys. And then that group makes the recommendation to the Disciplinary Committee of the Board, which meets during our regularly scheduled Board meetings. And then ultimately, the Disciplinary Committee will make a final recommendation to the full Board. And then finally, the Board will vote and determine what, if anything, we do regarding that investigation. So it is a process, and I think that our listeners should recognize this is a formal process and it's guided by our laws and rules, and that it does take time to complete.

JFB: Absolutely. That's a really good point. I mean, I know when people identify an issue that they think warrants filing a complaint, they probably feel like it's pretty clear something that happened, something wrong happened. And they don't understand necessarily that it's going to take quite a bit of time. I think you've done a good job of outlining all of the reasons why it does take time. One thing that I didn't hear you mention, though, is whether the Board may interview patients or any witnesses that are involved in the incident.

CM: Yeah, this is a frequent source of confusion for our complainants, and the cases that are handled through administrative investigations. Sometimes we'll get complaints, and the narrative will say, I will tell you all about it when you interview me or contact me for further details, or I have more information to provide to you. Most of the time, the written complaint and any of its attachments serves as the final statement from the complainant, and we will not contact the complainant again or interview the complainant unless clarification or additional information is needed. Processing a complaint is

significantly delayed when Board staff have to perform outreach to complainants for additional information.

JFB: Okay.

CM: And then, you know, just this the volume of complaints that we receive a year, the Board simply does not have the resources to interview every complainant. And that's why these administrative complaints are handled through written communications. Those written communications are then shared with the licensee for transparency regarding what's being alleged, and then to allow that licensee the opportunity to respond. So providing all the information at the time of the submission of the complaint will decrease the possibility that a complaint is delayed due to lack of relevant information.

JFB: Right, okay.

CM: And then the Board does not accept complaints via email, and we will not accept email submissions of any, you know, information without a verified complaint having been filed that we can attach that information to. So I think it's important for everyone to know that they really should file their complaint through our online portal, because we need them to walk through our complaint process and provide the information that we need in order to be able to investigate. And then certain allegations, like we talked about before, might be transferred to our field investigations department. Or we may ask for the assistance of our field investigators, because we do identify that it will need interviews of people that were involved in order to be able to gather all of the evidence.

JFB: Right.

CN: So as the name suggests, you know, they sort of go out into the field and they obtain evidence and they conduct interviews rather than just handling the investigation solely through written communications.

JFB: And so, just to clarify the point for listeners, we talked about how it's not routine for people who file a complaint to be interviewed. But as you just said, if the circumstances warrant it, then it would be transferred to field investigation and field investigators would go out and talk to people, gather evidence that way because the circumstances warranted. But, you know, people may not realize this if you're reporting or if you're filing a complaint about the quality of medical care that you received, your medical records are actually one of the more important sources of evidence. So it's less, as you said, what the person who filed the complaint says happened. That's part of the evidence, but it's not the final word on what happened.

CM: Right, it's not all of the evidence.

JFB: Exactly. So I know every case is certainly different, but roughly how long does all of this typically take?

CM: Yeah, we strive to complete our investigations within six months from when we send that notification letter that identifies to both the complainant and the licensee that an investigation has commenced. And, you know, sometimes the six-month mark just isn't possible, especially when we utilize one of the additional investigative pathways that we talked about, such as the independent

expert review or an investigative interview. And, you know, when I'm having conversations with complainants that are upset about the amount of time the investigation is taking, I will usually say to them, we can do it fast or we can do it right. And I'm not being flippant about that. My job is to ensure that a complete and thorough investigation is conducted. And, you know, in the end, the complainant may be disappointed with the outcome. But I want to be able to say that the Board conducted a thorough and fair investigation and that we did not sacrifice the quality of that investigation over time or quantity.

JFB: Right. Do complainants get updates on their case? I imagine people start wondering what's going on if they hadn't heard anything for a while.

CM: So we issue that letter like I talked about when an investigation is commenced. And that letter outlines the stages of the investigative process. And we do this to remind complainants that this is a process that does take time to complete. If an investigation goes beyond that six month mark, both the complainant and the licensee are notified that the investigation is continuing. Right now, that's the only formal status update that's provided during an investigation.

JFB: Okay.

CM: However, both the complainants and licensees are free to contact the Board at any time during their investigation and request a status update. But due to North Carolina law, we're very limited in the information that we can provide during a pending investigation. So the status updates that are provided by myself or my staff, they are going to be more general updates regarding where we are in the process, meaning, you know, we're still gathering evidence the case is under review or simply the case is still pending and we don't provide any specific information regarding the case itself, what's going on with the investigation, when it may go to the Disciplinary Committee, because, you know, first of all, the law won't allow us to tell some of that information. And then, you know, the dates for when something might get on to a Board meeting agenda might change. And I don't want to provide the complainant with an expectation and then have them disappointed, or the licensee for that matter, if we have to move the case from one agenda to another because the evidence is leading us down a longer pathway.

JFB: Okay. So I think an important point, you know, just to emphasize here is that if a complaint is starting to feel a little antsy because it seems to be taking a long time to get a resolution, I think there's a natural tendency to think, well, they're not doing anything. They don't care about my complaint, and nothing really could be further from the truth. You're gathering information and as you've discussed, these things take time. And if it's a complex case, you might need to use some of those additional pathways. And then that extends the investigation. So again, you know you want to do it right. Let's talk about complaint case outcomes. I think a lot of people might be surprised to know that most cases do not result in disciplinary action. I can't speak to complete cases specifically, but for cases from all sources, I know it's about 20% in a given year that results in either public or private regulatory action. Why is that?

CM: So, at the end of the day, it all comes down to evidence. The Board doesn't have the authority to take action if it can't show a violation of the Medical Practice Act occurred. In most cases, after the

investigation is complete, there simply isn't enough evidence for the Board to say yes, you know, definitively there was a violation. And by law, those cases had to be closed without action.

JFB: Right,

CM: With public and private actions, there are a variety of factors, such as the strength of the evidence, any aggravating or mitigating factors, as well as precedent that help decide the final outcome of those types of cases.

JFB: So how are complainants notified of the outcome of their case? And then how is the licensee who's involved in the case told.

CM: So, they're both the complainant and the licensee are emailed a formal closure letter from the Board that outlines the final determination in the case, and if the case results in public action, a copy of that public action document is also included with the letter to the complainant. And then obviously it would also be posted on the Board's website.

JFB: Okay, sure. So how do complainants respond when they learn the outcome of their complaint? As we just discussed, in most cases, the letter that they're going to get is going to tell them no formal action was taken.

CM: And these responses really vary from the complainants. Some never respond, some respond and thank the Board for conducting the investigation. And some respond and express their dissatisfaction with the outcome. And they might want their case reinvestigated or think that it hadn't been thoroughly investigated. And then, as you can imagine, some communications can be disrespectful or threatening. We also receive requests for call back from complainants requesting an explanation of the Board's decision. Those are some of my most difficult conversations because, again, due to North Carolina law, the details regarding the investigation can't be provided. And so I'm very limited on the information that I can disclose to a complainant about the specifics of an investigation.

JFB: Sure, sure. So you can't really provide the specifics because it's confidential. I guess you have to keep circling back to that point of, you know, the bottom line. If no action was taken, you can conclude there either wasn't evidence of a violation or we didn't have sufficient evidence of a violation to proceed.

CM: Right, it all, it all comes down to the evidence.

JFB: Okay. Is there an appeal process? If someone really thinks the Board didn't get it right?

CM: I frequently receive requests to reopen a closed case for an appeal or reconsideration of the Board's decision. These requests vary from the simple disagreement with the Board's decision to the complainant, stating that they have additional information to provide regarding the case. The Board will only reconsider its decision if two requirements are met, which are a complaint provides new or additional information that was not available or reviewed during the initial investigation. And the key words here are new and additional. Frequently, our complainants will point out information contained within the medical record and have to explain that the records were included as a part of the Board's investigation. And so that information is not new or additional. And then that additional information

must be relevant to the original allegations and have the potential to affect the case outcome. Again, frequently, complainants will request an appeal or a reconsideration because they've received additional medical care and they believe it shows their damages or pain and suffering. And it's important to note that the Board does not need proof of patient harm in order to investigate a complaint or, to take disciplinary action. Our mission is to protect the public, and we want to do that before patient harm occurs. So submitting additional medical care after the care provided by the licensee that was the subject of the complaint may not affect the outcome of the case and may not meet the requirements for case reconsideration. But, you know, if there is new and additional information that meets that criteria, then the case will be reopened and that new or additional information will be reviewed. We may ask the licensee to respond to that additional information, if it's deemed that it would change the outcome of the case. However, this reconsideration process is in no way a guarantee that the original decision on the case will be changed.

JFB: Right, right. One thing that occurs to me in listening to you talk about this is that I think maybe some complainants may think that the Medical Board complaint process is akin to like a malpractice lawsuit, and they're trying to provide us as much evidence as they can of harm. But that is not true. You know, the Medical Board is looking again at whether there's a violation of the Medical Practice Act. And as you've stated, that may or may not involve harm, you know, like for a quality of care case, the Board is looking to see if at least minimum accepted standards of care were met. That's very different from the standard that you would be looking at or that, you know, the legal system, court system would be looking at in like a malpractice claim.

CM: Yeah, that's true. I mean, with the malpractice claim, the damages and then how you got to those damages, the proximate cause, that's required in order to have a successful civil litigation.

JFB: Right.

CM: But with us, it is not required. We do not have to have patient harm. And in fact, we don't want to have patient harm. We want our complaint is to bring that information to our attention before something occurs, so that we can maybe stop it from happening again in the future.

JFB: Right, I mean, in some ways that may be a positive for our listeners to understand that, that you don't have to have been harmed. So anyhow, thanks for, for taking a little detour with me. I hope one thing that this episode can help listeners to understand is that every complaint that falls within NCMB's jurisdiction is really taken seriously, and it gets a thorough investigation. What would you say to listeners who may be having trouble with the idea that most cases don't result in action?

CM: So in the end, the complainant may be disappointed with the outcome, but again, I hope that this podcast is able to shed some light and provide some insight about the transparency of our investigative process, because so much of the work that we do is confidential, and it can't be disclosed. Every day that an investigation is pending, there is meaningful work going on sort of behind the scenes. And even if we weren't able to take action, that doesn't mean that we didn't look into that complaint, and it doesn't mean we didn't take it seriously. It just means that we did not have the evidence to take action. The Board takes every complaint seriously. The best way that we can demonstrate that is that we investigate, one way or another, every complaint that is filed with the Board, and there has to be

evidence to substantiate that allegation before the Board can take any action. And I understand that that can be very frustrating to the public. I encourage our listeners to visit our website and review the public actions taken by the Board. I think that really is the best way to show that when the Board does have evidence, they take action. You know, my job in overseeing administrative investigation and the job of my dedicated staff is to ensure that a thorough, complete and fair investigation is conducted. In every case, we investigate and that we are able to say we did not sacrifice the speed of that investigation over the quality of evidence that was gathered during the process.

JFB: Yeah. So before we wrap up, I wanted to give you the opportunity to share some advice to anyone out there who may want to file a complaint with the Board. What's the best way to get started?

CM: Our website is really the best place to get started. There, the public will find an entire section of our website that is dedicated to the tools and resources associated with filing a complaint.

JFB: Yeah, so you've mentioned several times that many complaints are not complete. What information should a complainant have at hand before they start the complaint form?

CM: So the Board created a complainant checklist that outlines the information that a complainant should have available prior to filing a complaint to ensure a smooth filing process. This checklist can also be found on the Board's website and it includes information like the licensee's name, their practice location, patient identifiers like full name, date of birth, and then any additional health care providers and details about the incident.

JFB: Okay, and what are some of the biggest mistakes or omissions you see that make it impossible for the Board to begin the review process?

CM: Probably the two biggest mistakes or omissions we see are unclear complaints. And then, again, not providing all of that information, the main one being the subsequent or prior medical providers and facilities. Frequently we receive complaints that don't have enough detail regarding the involvement of the provider that they're filing the complaint about. Recently, we've also seen an increase in the number submitted that have been written with the assistance of an AI tool. And while I understand that AI can be a useful tool, many times these complaints have a summary from the AI tool, the violations that the AI tool believes have occurred. But the complaint narrative doesn't actually provide any details of what occurred, what the complainant is upset about. So, so my advice is to leave the identification of those potential violations to us and just provide a clear, concise narrative that details what occurred and how the licensee that they've identified is involved in what occurred. Many times, the complaint involves care from multiple providers. An example of that is a complainant being referred to the identified licensee by another medical provider and then not identifying the referring provider, which is sometimes like their primary care physician. And then, you know, the complainant underwent an additional surgery by a different provider, and they don't identify who the surgeon was and where that surgery was performed.

JFB: Okay.

CM: That information is critical to the Board for an investigation. And so there is a section of the complaint form that is dedicated to other health care providers that may have been involved in the care,

and complainants should ensure that they provide that information connected to every single medical provider that they referenced in the complaint.

JFB: So, people may have some homework before they sit down to, to fill out the form.

CM: Absolutely.

JFB: Yeah. Okay. Where would someone go to learn more about the process? You've mentioned some of the resources that are available. Are there any others that you'd like to mention?

CM: Yeah. So like I said, I really do think our website is the best place to go for resources and information regarding filing a complaint. We have the entire section of our website dedicated to add to that. It has tools, resources, frequently asked questions, and then also like our position statements as we talked about earlier, there is another section of our website and those can aid the complainants in seeing what guidance the Board gives to licensees about certain issues so that they can see if they believe that that guidance may not have been met involving their care.

JFB: Right. Okay. Well, this has been a really illuminating conversation, and I think it really will help listeners better understand the complaint process. Any last words before we wrap up?

CM: Well, we've covered a lot of information. We talked about laws and rules, and the complaint process can seem daunting to someone who doesn't have a legal background. So first, I want to reiterate and emphasize again that complaints from patients and other members of the public are critically important to the Board's work. They assist the Board in protecting the patients and people of North Carolina by alerting the Board to potentially poor care or misconduct. So we encourage you to file a complaint if you want the Board to look at an issue that's concerning to you. And then secondly, the Board will take every one of those complaints seriously. And we show that by investigating, one way or another, every single complaint that we receive. And then our public actions are available on our website. And they show that when we do have the evidence, we will take action. And, you know, last I think speaking of evidence, we need the evidence in order to take action. And I know that this can be really frustrating to patients and their family members and the public, but it doesn't mean that the Board didn't investigate the complaint, and it didn't mean we didn't take it seriously. It just means that we didn't have the evidence necessary to take action and then, you know, lastly, I just I welcome anyone who's interested in filing a complaint or who's interested in the complaint process and wants to learn more information to please visit our website. We do have that entire section dedicated to the complaint process, with our, you know, checklist and those other resources and brochures and tools, things like filing anonymously and frequently asked questions about filing a complaint with the Board.

JFB: Great. Well, Carren, thanks so much for joining me once again. Thank you for your time.

CM: Thanks for having me.

#### **Closing: 44:28**

That brings us to the end of this episode of MedBoard Matters. I know we have covered a lot, so I'm going to recap some important highlights. If you think you may want to file a complaint about a medical professional, please don't rush it. A great first step is to visit the North Carolina Medical Board's website

to use our online decision tool. It takes you through a series of questions designed to identify if NCMB is the right agency to address your concern. Go to [www.ncmedboard.org](http://www.ncmedboard.org) and look for a big button that says File a Complaint/Report about halfway down the page on the left hand side. Once the next page loads, click on the bottom bullet under the section titled “Complaint from patients and the public”. That click will take you to a page with a short video about the complaint process, which I do encourage you to watch. But, if you just want to use the decision tool, find and select the button marked “Click here to start the complaint process” and follow the prompts. If the tool helps determine that the matter you want to report is within NCMB’s jurisdiction, the next step is to get your facts in order. It’s important to have the correct spellings of the clinician’s first and last names, the dates you saw them, and where you saw them. Remember, the Board needs accurate and complete information to investigate, so saying that you went to Dr. Johnson or Dr. Jackson – you don’t remember which – at the hospital isn’t going to cut it. Next, and I can’t emphasize this enough, your complaint statement – the description of what happened that prompted you to complain – needs to be clear and concise. Most important it has to indicate what it is that the person the medical board licenses did that you think was wrong. As Carren said, a surprising number of complaints don’t do this. And when that happens, the Board doesn’t have anything to investigate. Our goal with this episode is to help people better understand how and when to use the medical board’s complaint process, while managing expectations about what the Board can and can’t do. Find information and links to key complaint resources on our show page at [www.ncmedboard.org/podcast](http://www.ncmedboard.org/podcast). If you have a question about the complaint process we didn’t answer, send us an email at [podcast@ncmedboard.org](mailto:podcast@ncmedboard.org) and we’ll try to get you the information you need. Thanks so much for listening. I hope you will join me again.