Your Guide to the NC Medical Board

About the Board
The North Carolina Medical Board is a public agency that licenses and regulates North Carolina physicians, physician assistants and a handful of other medical professionals on behalf of the state. Collectively, these professionals are referred to as “licensees” of the Board. The Board consists of 12 individuals appointed by the Governor—eight physicians, one physician assistant or one nurse practitioner (NP) and three members of the public.

The NCMB receives no taxpayer dollars. Nearly all of its operating budget is generated from fees paid by licensees and license applicants. The mission of the Board is to “regulate the practice of medicine and surgery for the benefit and protection of the people of North Carolina.”

Meetings and Hearings
The Board meets or holds disciplinary hearings monthly. While some matters discussed by the Board are confidential under state law, Board meetings and hearings are otherwise open to the public. Agendas for meetings and hearings are posted on the NCMB’s website, www.ncmedboard.org, about one week in advance of the meeting or hearing.

The Medical Practice Act
The North Carolina Medical Board is governed by Chapter 90 of the NC General Statutes. This law is commonly referred to as the Medical Practice Act. It grants the Board the authority to license and regulate physicians, physician assistants and certain other medical professionals. The MPA clearly outlines the Board’s disciplinary responsibilities and gives specific examples of the types of conduct that may result in discipline. The Board may only take action when conduct is found to violate the MPA.

Sources of Complaints
The Board is a complaint-driven organization that relies on patients, their loved ones and others to report alleged misconduct or substandard care. In a typical year, the NCMB receives about 1,300 complaints from patients and their family members.

In addition to information from patients and other members of the public, the Complaint Department receives many complaints from other health care professionals, pharmacies, hospitals and other health...
care institutions, malpractice insurance companies, law enforcement agencies, other medical boards and even media reports.

**Conduct That May Lead to Discipline**
The Board is authorized to take action against a licensee only when it determines that a violation of the Medical Practice Act (MPA) has taken place. Section 90-14 of the Act lists specific acts and reasons that may result in disciplinary action. They include:

- Immoral or dishonorable conduct
- Failure to maintain acceptable standards of care; lack of professional competence
- Inappropriate prescribing
- Making false statements/representations to the Board
- Being unable to practice medicine with reasonable skill and safety to patients due to alcohol or substance abuse, dependence and/or addiction
- Certain criminal convictions; conviction of a felony
- Falsely advertising or representing professional credentials, training or education
- Promotion or sale of drugs, devices, appliances, goods or services to patients in an inappropriate, exploitive manner

More than half of complaints that result in public action against the licensee are related to: quality of care, inappropriate prescribing, alcohol or substance abuse (by the licensee) and poor communication. Many cases that result in action fall under the broad category of “unprofessional conduct,” which can include matters such as violating patient confidentiality or professional sexual misconduct.

**Conduct That May Not Lead to Discipline**
Rudeness, poor bedside manner or routinely asking patients to endure long wait times before appointments are licensee behaviors that are upsetting to patients and, in the Board’s view, are not conducive to a healthy physician-patient relationship. However, this conduct does not violate the MPA. Failure to authorize prescription refills in less than 24 hours and inability to provide medical appointments on demand also are not violations.

**Types of Discipline**
When the Board determines a violation of the MPA has occurred, it may take public action against the licensee. Public actions include public letters of concern, fines, reprimands, limitations or conditions on practice or, in the most serious cases, suspension or revocation of the license.

The Board cannot become involved in suing a physician or PA for money, settling billing disputes, contesting disability ratings or mediating personality conflicts among patients, practitioners and medical office staff.

**Filing a Complaint**
Patients may submit a complaint online via the Board’s website, or download a complaint form to fill out and return by regular mail. Members of the public may also telephone the Board and request that a complaint form be mailed to them.

The Board has limited ability to assist persons who do not speak English. If English is not your first language, it is recommended that you ask a trusted family member or friend to help you prepare your complaint.

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**The Board does NOT regulate:**
- Chiropractors
- Optometrists
- Dentists
- Pharmacists
- Family counselors
- Physical therapists
- Podiatrists
- Psychologists
- Hospitals
- Clinics
- Laboratories
- Social workers
- Laboratory techs
- Speech pathologists
- Marriage counselors
- Veterinarians
- Nurses
- X-ray techs
- Nursing homes
- Emergency medical techs
- Doctor’s office (clerical) staff
- Medical insurance companies
Receipt and Acknowledgment
The complaint is reviewed by Board staff to determine if a licensee response is required. If a response is required, the Board’s Complaint Department will mail you an acknowledgement letter via USPS within two weeks of their receipt of your complaint. If the complaint does not appear to involve a violation of the Medical Practice Act (on the initial review) a licensee response will not be required. The complaint will be closed and you will be notified of that decision via letter. Additionally, the licensee will be provided a copy of the complaint and notified that the complaint information will be kept on file. You may contact the Complaint Department to determine the status of your case via the instructions in the initial acknowledgement letter. Most complaints are resolved within three to four months, although some very complicated cases take longer.

Review and Investigations
The Board conducts a thorough review of each complaint. As part of this process, the licensee under review will be provided with a copy of the complaint made against them and will be required to provide a written response to the Board’s inquiry. Complaints are confidential under NC law.

All quality of care complaints are reviewed by a physician or physician assistant on the staff of the Board. The Board staff will obtain copies of medical records or other documents associated with the case. An independent expert medical review may also be obtained in some quality of care cases. The written statement submitted with the complaint form serves as your full statement to the Board and you will not be contacted unless the Board needs clarification or further information. If you have additional information you believe will help the Board assess your complaint, please mail or email it to the Complaint Department according to the instructions in your acknowledgment letter.

Senior Staff Review and Action
All complaints and their accompanying recommendations receive additional review by a committee of the Board’s senior staff. This committee is made up of the directors and staff of the Complaint, Investigations, Legal and Medical departments. The Senior Staff Review Committee (SSRC) examines each case and makes a recommendation based on established guidelines from the Board. Cases in which no violation of the MPA occurred are closed by the SSRC. On average, 80 percent of complaints reviewed are closed with no formal action.

Board Review
Board committees review cases in which the SSRC recommended private or public action. Board committees may agree with the SSRC recommendation for action, disagree and make a new recommendation, or seek additional information before deciding how to resolve a case. Committee recommendations are presented to the full Board, which makes the final decision.

Board Action
The Board votes to determine the final resolution. About 20 percent of all cases opened are resolved with a private or public Board action. Private action consists of the licensee receiving a confidential letter stating the Board’s concerns about the licensee’s conduct. Private actions often include specific requirements for remediation, such as education or training to address areas of concern. Private actions are never disclosed publicly and no record of the complaint or investigation appears on the licensee’s public record. Public actions include public letters of concern, reprimands, monetary fines, limitations or conditions on practice, or license suspensions or revocations. Public actions are posted indefinitely on the Board’s website.

Learn More
View a self-guided tutorial about filing a complaint on the Board’s website now!
Closure
The Board staff will notify you when your case has been resolved with a letter that describes the ultimate SSRC or Board action as described in this brochure. As a reminder, all complaints are kept on file and the Board refers to a licensee’s past complaint history when reviewing any complaint.

Contact Information for Other Regulatory Boards/Aencies

North Carolina Board of Pharmacy
www.ncbop.org | 919-246-1050

North Carolina Board of Nursing
www.ncbon.com | 919-782-3211

North Carolina Board of Dental Examiners
www.ncdentalboard.org | 919-678-8223

Complaints regarding hospitals and nursing homes
NC Division of Health Service Regulation
1-800-624-3004 (within N.C.) or 919-855-4500

Health Insurance Portability and Accountability Act (HIPAA) Complaints
U.S. Office of Civil Rights | 800-368-1019

Discrimination Complaints
U.S. Office of Civil Rights | 800-368-1019

Questions? Need more information?

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