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All information and records obtained during the investigation of a case, including medical records, staff reports, and investigative reports, are confidential and are not available to the public unless the matter proceeds to a formal hearing. Cases that are closed without Board action remain nonpublic. The investigations of any complaint may need to be disclosed to other licensing authorities and credentialing bodies.

POSSIBLE OUTCOMES OF INVESTIGATIONS
Cases are resolved in three main ways: The Board may decide to take no formal action (Accept as Information or AAI); the Board may vote to take private action (such as issuing a private letter of concern); or, the Board may vote to take public action to resolve the case. Complainants are notified when a case is closed and are provided with general information about how it was resolved.

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If the Board’s review determines that some type of public action may be warranted, it is possible the outcome of the case will be determined through a public hearing. However, most cases that result in public action are resolved through negotiated settlement agreements known as consent orders.

THANK YOU
The Board understands that being the subject of an investigation is both disconcerting and time-consuming, and we appreciate your cooperation over the course of the investigation. Complaints to the Board are an important avenue for members of the public to air their concerns. In addition, the investigative process can provide a valuable opportunity for licensees to view their practices from a different perspective and, when appropriate, modify and improve certain aspects of conduct or care.

NOTICE TO LICENSEE
(Investigation/complaint)
The North Carolina Medical Board has received a complaint against you, or your self-reported statement. With the primary goal of patient protection, the Board must evaluate the significance and validity of the information presented in the complaint. Your cooperation is essential to ensure a thorough examination of this issue. All investigative matters coming before the Board are judged on their individual merits.

Listed below is information regarding the Board’s process:
• The licensee is required to respond to the Board’s inquiry within the time permitted under 21 NCAC 32N .0107.
• The licensee may retain counsel.
• The Board should be notified in writing as to the name and address of counsel if retained.
• If counsel is retained, the Board will communicate through that counsel, except that certain documents will be sent to both licensee and counsel.
• All information provided to the Board and its staff will be considered in the Board’s review of the matter.
• The Board’s inquiry should be completed within 6 months of initial contact; if not, the licensee will be provided an explanation as to why the inquiry was extended.
• If the Board makes a decision to initiate public action, the licensee may request, in writing, an informal, non-public, pre-charge conference.

Have questions or need more information?
Contact the Board:
3127 Smoketree Court | Raleigh, NC 27604
800.253.9653 (toll free) | (919) 326.1100
www.ncmedboard.org
info@ncmedboard.org
UNDERSTANDING THE BOARD’S INVESTIGATIVE PROCESS

THE BOARD’S PURPOSE
The North Carolina Medical Board was established in 1859 to protect the people of North Carolina. One important way that the Board fulfills its mission is by determining when a licensee’s professional conduct or ability to practice medicine falls below accepted standards and may warrant remedial and/or disciplinary action. The Board is authorized to take remedial and/or disciplinary action by the Medical Practice Act (NCGS 90-14.) This brochure is intended as a guide to help licensees understand the Board’s investigative processes.

INVESTIGATIVE PROCESS
The Board reviews complaints and other information reported to it from a variety of sources, including patients, family members and others advocating on behalf of patients, NCMB licensees, other health care professionals and law enforcement. The Board also receives anonymous complaints and tips, which may be investigated. In addition, the Board investigates reports that are intended as a guide to help licensees understand the Board’s investigative processes.

COMPLAINT REVIEW PROCESS
All investigative matters undergo a rigorous, multistep process of review that determines the ultimate action taken by the Board. The review process may take six months or more to complete.

STEP ONE
When a complaint or other information is received, the licensee is provided with a written notice (back panel) that advises him or her of the existence of information forming the basis for the Board’s investigation. Notices are not provided in those cases where doing so would jeopardize the Board’s investigation.

STEP TWO
The Board contacts the licensee to obtain a response. The licensee may be sent a copy of the complaint or other information received by the Board and asked to respond in writing, or he or she may be interviewed by a Board investigator. The Board expects licensees to provide a complete and accurate account of their involvement in the matter under review within the time permitted under 21 NCAC 32N .0107. In many cases, the written response is the licensee’s primary opportunity to explain his or her perspective and to bring any mitigating factors to the Board’s attention. Most often, a clear and thorough response from the licensee, along with supporting medical records or other documentation, provides the Board with all the information it needs to complete a review.

STEP THREE
Once licensee responses are received, cases are thoroughly evaluated by the Board staff. All matters that involve quality of care are forwarded to the Office of the Medical Director (OMD), which is currently staffed by two physicians and a physician assistant. Cases are assessed by a member of the OMD or, depending on the specialty area of the care involved, may be forwarded to an independent reviewer who is a practitioner in the same area of practice as the licensee. Once care has been assessed, the OMD makes recommendations for Board actions for each case.

STEP FOUR
All matters (including quality of care, boundary violations, substance abuse, misdemeanor or felony arrests or convictions) are reviewed by Board attorneys, who are charged with preparing recommendations for Board action in those cases.

STEP FIVE
For cases where some type of Board action (either public or private) is recommended, the final round of review occurs at the Board level. Each case and all recommendations are sent for review and discussion to the Board’s Disciplinary Committee. Committee members have the opportunity to examine and discuss each assigned case. At the end of its deliberations, the committee makes final recommendations for action for each case. Committee recommendations may or may not differ from the Board staff recommendations.

STEP SIX
The final step is evaluation by the full Board. Sometimes, the Board accepts the committee recommendation and votes to carry out the action. Sometimes the Board may determine that additional information is needed. In these situations, the Board may obtain additional information directly from a licensee by requesting that he or she attend a confidential interview with a panel of Board members. In some cases, the Board may request that a licensee obtain some type of assessment (neurologic, substance abuse, clinical competence, etc.) The Board makes its final determination about a case only when its members are satisfied they have all the information they need to make a reasoned decision.

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THANK YOU

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Public actions include:

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