

# ANNUAL REPORT 2020





TOP:  
Dr. Jonnalagadda  
and Dr. Bryant Murphy

BOTTOM:  
Dr. Jonnalagadda  
at NCMB's offices at  
3127 Smoketree Court  
in Raleigh

## Thank you so much for your interest in the work of the North Carolina Medical Board.

It is tradition for the current NCMB President to orient readers of the agency annual report by writing a brief letter highlighting some of the most significant events of the previous calendar year. In a way, though, that does not seem right because the Board Member who is President when this report is released takes office in November. That means that most of the work accomplished during the calendar year 2020 happened under the watch of my predecessor, Dr. Bryant Murphy, who served as Board President from Nov. 1, 2019 – Oct. 31, 2020.

As you know, 2020 brought a devastating and unwelcome surprise in the form of the ongoing coronavirus pandemic. NCMB was fortunate to have Dr. Murphy's steady hand at the helm as this agency, like so many other organizations, determined how best to continue its work and be of service amid the unprecedented challenges of the pandemic.

Some key accomplishments related to the pandemic:

- Virtually all NCMB staff shifted to full time telecommuting, with almost no lead time.
- NCMB took numerous actions to ease barriers to licensure and practice for clinicians helping with the state's pandemic response and processed emergency temporary licenses to allow retirees who recently inactivated a North Carolina license to quickly resume practice.
- NCMB converted, for the first time, its bimonthly Board Meetings to a completely virtual format. These fully virtual sessions successfully incorporate all aspects of the Board Meetings including confidential interviews with licensees and applicants.

I am proud to say that due to the diligence and flexibility of both Board Members and staff, NCMB's regulatory work continued uninterrupted in 2020. I hope you will enjoy reviewing all that was accomplished last year!

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Jonnalagadda'.

Venkata R. Jonnalagadda, MD  
Board President

## CAN BOARD MEETINGS AND HEARINGS GO DIGITAL? YES.

Like most organizations and individuals, NCMB had to be both resilient and creative to continue working and serving the public and the profession when the coronavirus pandemic hit.

In mid-March, NCMB closed its Raleigh offices to visitors and most staff transitioned to full-time work-from-home. But perhaps the biggest challenge (among all the challenges COVID-19 brought) was figuring out how to continue with NCMB's bi-monthly Board Meetings and periodic Hearings amid tight restrictions on public gatherings.

In May 2020, NCMB converted to a virtual meeting format for the first time in its history. NCMB has continued to present meetings virtually since then, scheduling a full slate of interviews and all standing committees of the Board, as well as presentations from outside groups. Hearings have adopted many virtual components as well, such as allowing witnesses to testify remotely.

Although NCMB looks forward to a time when we can safely come together in person, virtual meetings have validated that many aspects of a Board Meeting or Hearing can be conducted as well online as they are in person. For example, virtual licensing and investigative interviews and remote witness participation has gone so smoothly and offer such convenience to participants NCMB is considering whether they should remain in the mix post-pandemic.



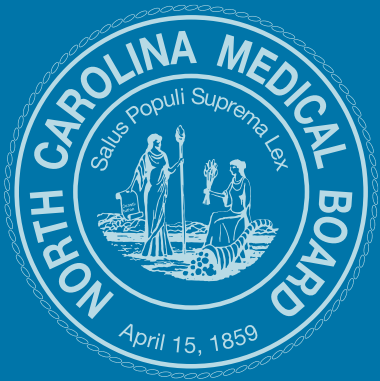
## 2020-2021 Board Members

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

Board Members serve three-year terms and may serve up to two consecutive terms. Board Member biographies may be viewed at [www.ncmedboard.org/boardmembers](http://www.ncmedboard.org/boardmembers).

### NEW MOTTO GETS CLOSER TO NCMB'S MISSION

In 2020, Board Members voted to update the motto on the official seal of the North Carolina Medical Board. The language changed from 'Primum Non Nocere' or "Do no harm" to 'Salus Populi Suprema Lex', which translates to "The safety of the people is the highest law." NCMB feels the change more closely describes the work of the agency and is also more aligned with NCMB's mission and patient protection mandate. A new seal with the updated motto hangs in the Board Room at NCMB's new headquarters at 3127 Smoketree Court in Raleigh.



#### EXECUTIVE COMMITTEE



President  
Venkata R.  
Jonnalagadda, MD,  
Psychiatry, Greenville



President-Elect  
John W. Rusher, MD, JD,  
Pediatrics, Raleigh



Secretary/Treasurer  
Michaux R. Kilpatrick,  
MD, Ph.D.,  
Neurological Surgery;  
Stereotactic and  
Functional Neurosurgery,  
High Point



At-large Member  
Varnell McDonald-  
Fletcher, PA-C, Ed.D.,  
Colorectal Surgery,  
Durham



At-large Member  
Shawn P. Parker,  
JD, MPA,  
Public Member,  
Raleigh



#### BOARD MEMBERS



William M. Brawley,  
Public Member,  
Matthews



W. Howard Hall, MD,  
OB/GYN, Morganton



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



Joshua D. Malcolm, JD,  
Public Member,  
Pembroke



Damian F. McHugh, MD,  
Emergency Medicine,  
Raleigh



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



Jerri L. Patterson, NP,  
Pain Management,  
West End



Devdutta G. Sangvai,  
MD, MBA,  
Family Medicine,  
Durham

### WE LAUNCHED A PODCAST!

NCMB took the leap in 2020 and debuted its first-ever podcast. Reaching NCMB's two primary audiences – the public and the medical professionals it licenses – remains the medical board's greatest challenge.

The new podcast, MedBoard Matters, aims to reach both groups with timely, engaging content on important topics in medicine and medical

regulation, presented in an easy-to-digest format. And while NCMB is still relatively new to the podcast game, we have had success at securing nationally recognized guests, along with our in-house experts!

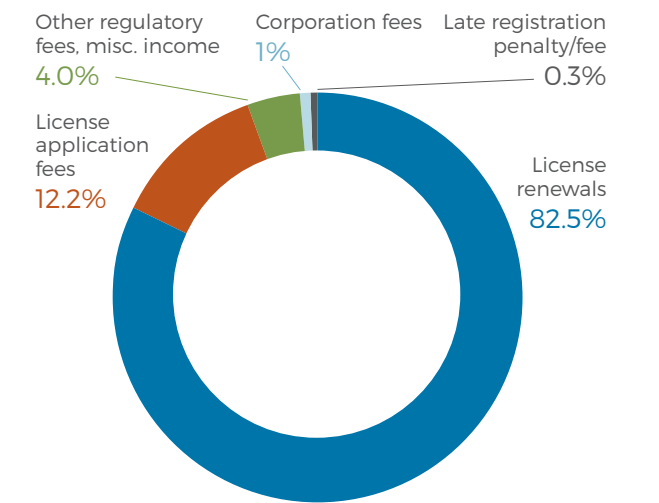
Find MedBoard Matters on your favorite podcast platform or visit [www.ncmedboard.org](http://www.ncmedboard.org) and search 'podcast' to listen to episodes on our website!



Financial Performance

Information reported shows NCMB’s revenues and expenses for the budget beginning Nov. 1, 2019, and ending Oct. 31, 2020.

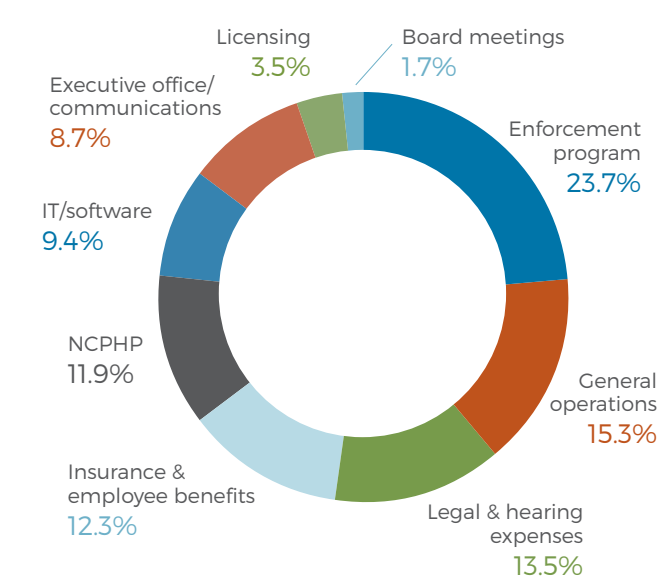
REVENUES



License renewals	\$11,215,500
License application fees	\$1,654,100
Other regulatory fees, misc. income	\$555,700
Corporation fees	\$134,500
Late registration penalty/fee	\$37,800
TOTAL*	\$13,597,600

\* Totals rounded to the nearest hundred

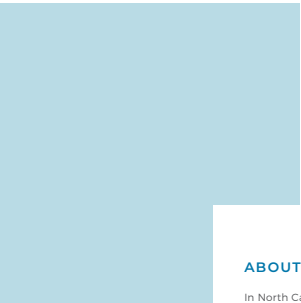
EXPENSES



Enforcement program	\$2,652,500
General operations	\$1,705,900
Legal & hearing expenses	\$1,511,400
Insurance & employee benefits	\$1,374,600
NCPHP	\$1,333,200
IT/software	\$1,046,600
Executive office/communications	\$971,800
Licensing program	\$402,400
Board Meetings	\$184,800
TOTAL	\$11,183,200



NCMB collected \$7,500 in administrative fines during the 2020 budget year, which was distributed to local school systems in the state.



ARMING PATIENTS WITH INFORMATION

NCMB continued its emphasis on protecting patients from sexual misconduct by a medical provider in 2020 by developing new resources to help patients understand what to expect during a physical examination.

The Power of Touch explains the four main hands-on techniques physicians and other medical providers use when conducting physical examinations.

Undergoing a Physical Examination: Your Rights covers what to expect during a physical examination, including the patient’s right to dress and undress privately and to request that a chaperone be present during the exam.

Know the Signs of Sexual Misconduct is intended to help patients recognize behaviors that are inappropriate and unacceptable, or that could signal a provider is “grooming” a patient for possible sexual contact.

Resources are available in both English and Spanish at [www.ncmedboard.org/brochures](http://www.ncmedboard.org/brochures). NCMB has also developed video versions of each brochure. Visit [www.ncmedboard.org/videos](http://www.ncmedboard.org/videos) to access this content.

ABOUT CHAPERONES

In North Carolina, individual medical practices decide on their own whether to use chaperones and, if so, under what circumstances.

Chaperones are typical for certain types of patient encounters, especially intimate examinations.



THE AMERICAN MEDICAL ASSOCIATION CODE OF ETHICS ENCOURAGES PROVIDERS TO:

- Adopt a policy that patients may ask to have a chaperone in the examination room, and make sure this policy is widely communicated to all patients.
- Always provide a chaperone if a patient asks for one.
- Use authorized members of the health care team as chaperones and ensure that standards for privacy and confidentiality are met.
- Ensure that patients are given a chance to discuss concerns or questions with the medical provider in private (without the chaperone in the room) after the examination is over.

ADVOCATING FOR YOURSELF

If at any time you are uncomfortable, afraid or unsure if your provider’s actions are appropriate, speak up immediately.



Say, “Stop” or “I need a break”. Use body language, such as holding up hands to indicate “stop”, to emphasize your words.



If it is not made clear why certain parts of the body are included the examination, ask for an explanation. For example, “Why is it necessary for you to touch my chest?”



If you are too scared or uncomfortable to go on with the exam, say “I can’t continue”. Stand up and prepare to leave the room, if needed.



REPORTING INAPPROPRIATE CONDUCT

If a provider’s demeanor, words or actions seem inappropriate during an examination the only way it can be addressed is if it is reported.

YOU MAY WISH TO EXERCISE SOME OR ALL OF THE FOLLOWING OPTIONS:

- Notify the practice manager or practice administrator of any unusual or inappropriate conduct by the medical provider.
- Report the medical provider to the North Carolina Medical Board (NCMB), or to the appropriate licensing Board.
- If you have been assaulted, report to local law enforcement.

A complaint may be filed with the NCMB at: [ncmedboard.org/complaints](http://ncmedboard.org/complaints)



THE POWER OF TOUCH

Although laboratory tests and medical imaging are increasingly important diagnostic tools in medicine, physical examinations remain an important part of medical practice.

Medical professionals are trained to use a variety of hands-on techniques during physical examinations. Remember that you have the right to ask about what the provider is doing and why at any time. Common examination techniques include:



**INSPECTION**  
The provider carefully assesses the patient, looking for normal condition and irregularities. The provider may lightly hold, turn or adjust the part of the body he or she is examining. Inspection can help identify swelling, inflammation, muscle tone, bruising, cuts, lumps or other abnormalities.



UNDERGOING A PHYSICAL EXAMINATION: YOUR RIGHTS

NORTH CAROLINA MEDICAL BOARD

SUPPORTING THE STATE’S PANDEMIC RESPONSE

NCMB does not have a direct role in planning or executing North Carolina’s strategy for protecting public health and reducing the spread of COVID-19. But as the agency that licenses and regulates physicians and physician assistants, NCMB has been able to make key policy changes to support the state’s pandemic response.

The agency’s main priorities regarding COVID-19 include:

- 1. Easing barriers to licensure and practice and
- 2. Communicating pandemic-related information to licensed medical professionals.

For the latter, NCMB is committed to ensuring that physicians and PAs have timely, accurate information about COVID-19, as well as guidance on expectations for conduct and quality of care amid the challenges of the pandemic.

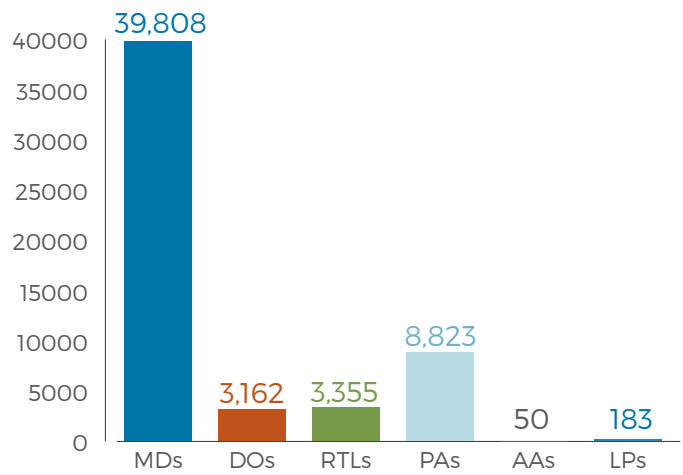
With respect to reducing barriers to licensure and practice, NCMB’s priority has been to ensure that North Carolina has as many qualified clinicians as possible available to assist with COVID-19 and non-COVID-19 related medical needs. Through numerous policy changes, special orders, rule changes and even a new license type, NCMB helped thousands of clinicians get to work in North Carolina in 2020.

NCMB’s total licensee population increased by more than seven percent in 2020. This bumper growth was inflated by the issuance of about 2,000 emergency temporary licenses to clinicians seeking to assist with North Carolina’s pandemic response.

Total Licensee Population

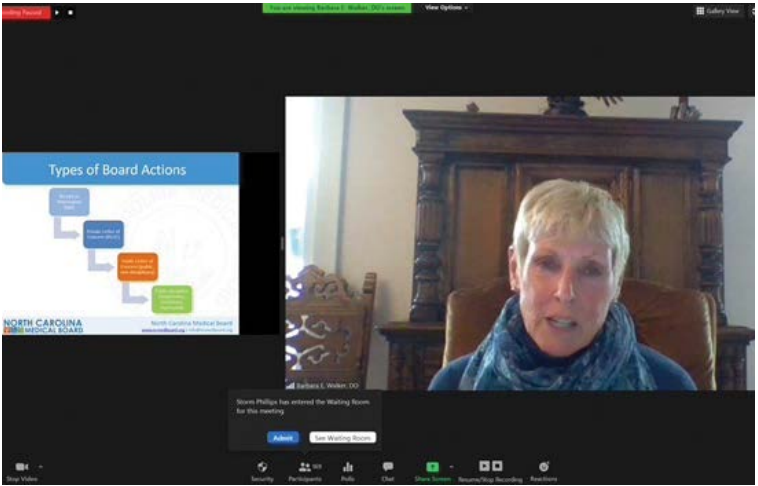
(as of Dec. 31, 2020)

TOTAL LICENSEE POPULATION



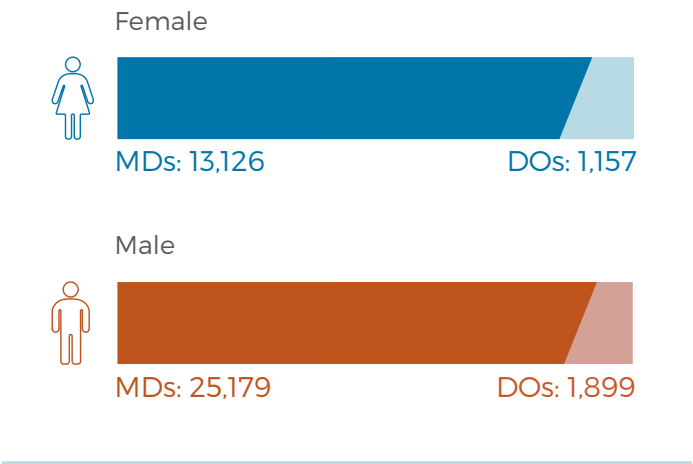
PROFESSIONALS LICENSED BY NCMB

- MD = Allopathic physician
- DO = Osteopathic physician
- RTL = Resident Training Licensee
- PA = Physician Assistant
- LP = Licensed Perfusionist
- AA = Anesthesiologist Assistant

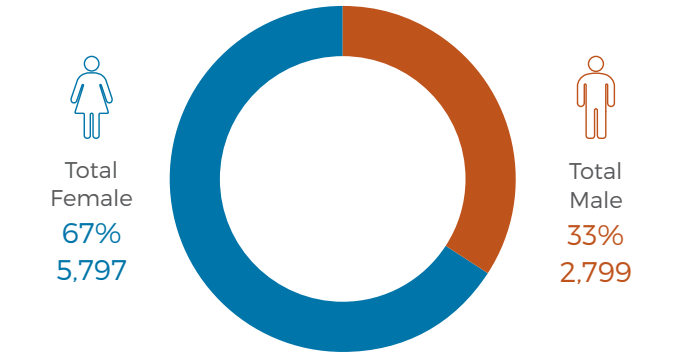


In November 2020, NCMB presented a virtual mock disciplinary committee experience to students at Campbell University’s School of Osteopathic Medicine.

PHYSICIANS BY SEX\*



PAs BY SEX\*



\*Total does not equal total population because a small number of licensees decline to state their sex

OUTREACH GOES VIRTUAL (LIKE EVERYTHING ELSE)

In 2020, NCMB had bold plans to ramp up its efforts to reach members of the public by increasing its presence at community health fairs and other events where people gather to learn about resources and services available to help them live healthy, productive lives.

And then came COVID-19.

The pandemic forced NCMB to recalibrate its goals for the year, as event after event was cancelled. Within weeks, however, organizations started to embrace digital platforms. NCMB participated in multiple virtual health fairs in 2020, reaching hundreds or even thousands of online attendees with information about the medical board’s mission and responsibilities. NCMB also reached numerous medical professional, student, resident and stakeholder audiences through virtual presentations.

As NCMB continues its focus on public and professional outreach, we may one day look on our forced initiation to digital presenting as a boon. With the need to travel out of the way, virtual outreach will make it easier for NCMB to present to audiences of any size, anywhere.

Contact [news@ncmedboard.org](mailto:news@ncmedboard.org) to schedule a presentation tailored to the interests of your organization.

Physicians and PAs by County

County	MD/DO	PA
Alamance	304	77
Alexander	15	9
Alleghany	16	2
Anson	15	3
Ashe	31	5
Avery	28	2
Beaufort	56	18
Bertie	9	6
Bladen	20	9
Brunswick	172	65
Buncombe	1409	335
Burke	220	48
Cabarrus	541	128
Caldwell	82	19
Camden	2	1
Carteret	130	35
Caswell	6	2
Catawba	435	117
Chatham	53	17
Cherokee	38	7
Chowan	28	6
Clay	11	3
Cleveland	174	33
Columbus	66	20
Craven	287	65
Cumberland	879	333
Currituck	10	7
Dare	70	18
Davidson	130	52
Davie	70	28
Duplin	44	18
Durham	2994	579
Edgecombe	46	16
Forsyth	2298	605
Franklin	15	9

County	MD/DO	PA
Gaston	441	103
Gates	1	1
Graham	6	1
Granville	134	20
Greene	11	3
Guilford	1485	408
Halifax	77	20
Harnett	106	86
Haywood	125	25
Henderson	307	75
Hertford	55	12
Hoke	34	19
Hyde	2	2
Iredell	357	103
Jackson	92	17
Johnston	154	84
Jones	15	1
Lee	107	36
Lenoir	108	21
Lincoln	97	31
Macon	65	9
Madison	15	3
Martin	22	6
McDowell	46	17
Mecklenburg	4036	1083
Mitchell	26	12
Montgomery	11	12
Moore	412	145
Nash	175	46
New Hanover	895	279
Northampton	2	1
Onslow	254	109
Orange	2104	165
Pamlico	9	4
Pasquotank	118	35

County	MD/DO	PA
Pender	26	15
Perquimans	3	3
Person	31	20
Pitt	1014	172
Polk	36	12
Randolph	96	34
Richmond	29	14
Robeson	167	70
Rockingham	87	28
Rowan	284	93
Rutherford	75	30
Sampson	50	13
Scotland	70	23
Stanly	76	15
Stokes	27	10
Surry	126	41
Swain	34	20
Transylvania	59	7
Tyrell	1	0
Union	267	66
Vance	72	29
Wake	3156	1063
Warren	4	3
Washington	3	0
Watauga	147	41
Wayne	224	66
Wilkes	81	27
Wilson	127	49
Yadkin	17	4
Yancey	17	5
TOTAL In State	29,014	7,664
TOTAL Out of State	13,956	1,159
TOTAL	42,970	8,823

Licensing Program

NCMB's licensing program is integral to its public protection mission. Rigorous licensing requirements ensure that only clinicians who meet NCMB's high standards are issued a professional license.

LICENSES ISSUED IN 2020

Physician licenses

Full physician license (MD)	2,394
Full physician license (DO)	394
Limited emergency license	1,737
Volunteer license	180
Special permit/faculty limited license	15
TOTAL	4,720

Physician assistant licenses

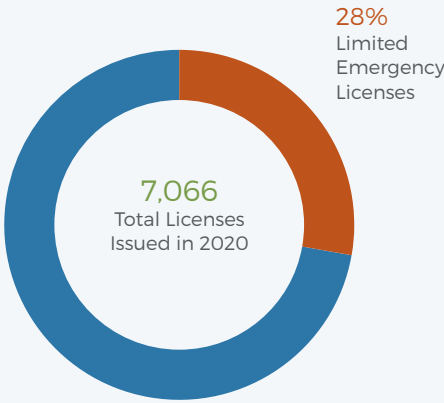
Full PA license	893
Limited emergency license	226
Volunteer license	18
TOTAL	1,137

Resident licenses

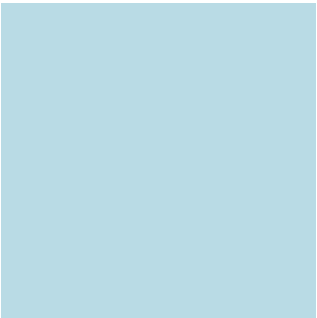
DOs	200
MDs	982
TOTAL	1,182

Other license types issued

Anesthesiology assistants	6
Licensed perfusionist	21



The coronavirus pandemic had a significant impact on NCMB's Licensing Program in 2020. Nearly 28 percent of all licenses issued were limited emergency licenses – a type granted to medical professionals seeking to meet the state's medical needs during the pandemic.

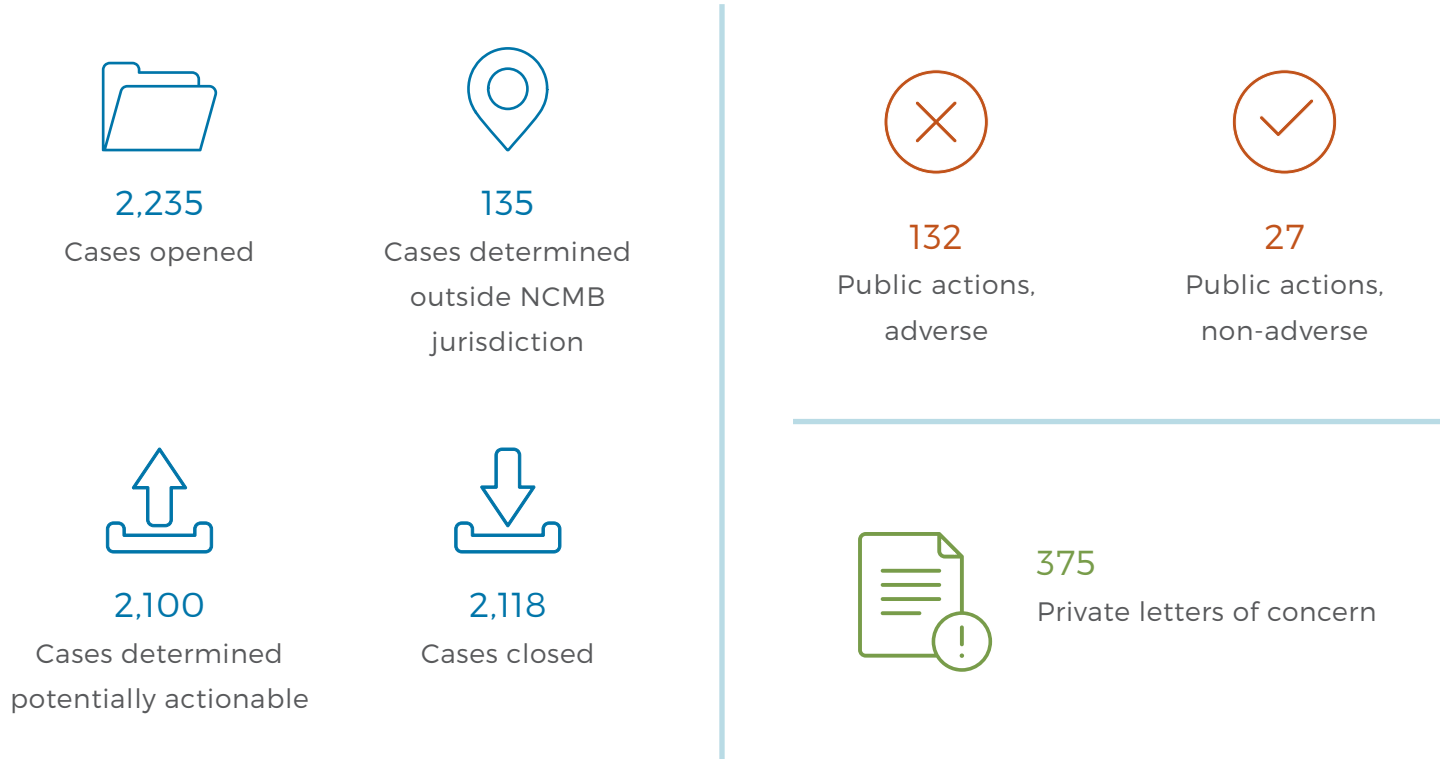




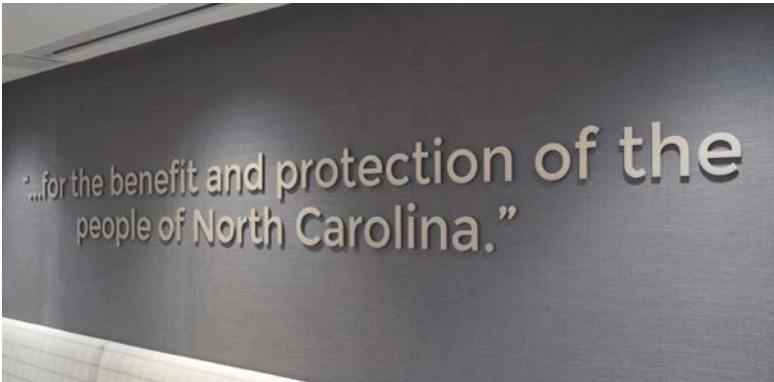
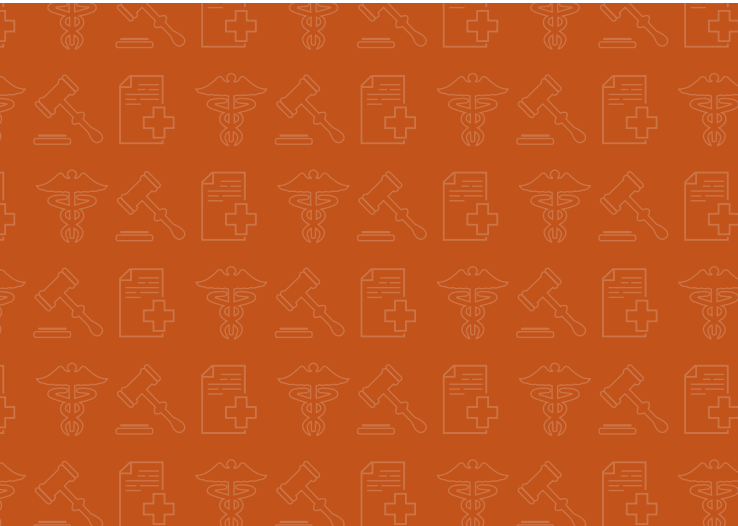
Enforcement Activity

NCMB’s enforcement program includes opening, investigating, reviewing, evaluating and prosecuting disciplinary cases. Staff in the Investigations, Legal and Chief Medical Officer’s departments are primarily responsible for enforcement activities.

ENFORCEMENT OVERVIEW



 Complaints from patients and the public are the leading source of enforcement cases. On average, it took 113 days to close a Complaint case in 2020.



CASES OPENED 2020

Cases opened by type/source\*

Complaints from patients/public	1,193
Review of out-of-state action	290
Malpractice payment reviews	245
Field investigations section	243
Issue reported on Annual Renewal	123
Issue reported on license application	71
Safe Opioid Prescribing Initiative	24

*\*Sources that resulted in fewer than 10 cases being opened are not shown*

Cases opened by primary allegation\*

Quality of care	648
Communication issue	311
Review of out-of-state medical board action	250
Prescribing issues	192
Adverse information self-reported by licensee	112
Medical records issue	54
Sexual misconduct/boundary violation	42
Licensee alcohol/substance use	34
Billing/fee/insurance issue	27
Patient abandoned, dismissed or refused appointment	27
Felony/misdemeanor arrest, charge or conviction	24
Inappropriate or absent supervision of APP or other medical professional	14
Failure to disclose reportable information	13
Unethical/unprofessional conduct	13

*\*Allegations that resulted in fewer than 10 cases being opened are not shown*



COVID EFFECT OR NATURAL EBB?

NCMB worked hard to ensure that its regulatory work could continue uninterrupted despite the challenges of COVID-19. Still, it was not known if the pandemic would impact case volume and, if so, by how much.

NCMB investigated 2,100 matters determined to be potentially actionable in 2020, down about 6 percent from 2019. The drop can be attributed partly to a 4 percent decline in NCMB’s largest single source of enforcement cases – complaints by patients and the public. A more significant drop (nearly 18 percent compared to 2019) in the second largest source of cases – NCMB investigations opened based on actions taken by other state medical boards also contributed. It seems likely that COVID-19 is at least partly responsible for these decreases.

NCMB’S COMMITMENT  
TO EQUITY

The unlawful killing of George Floyd, an unarmed Black man, by police in May 2020 ignited a raw and painful reckoning in our society regarding systemic racism. NCMB was not immune, despite its status as an impartial regulatory body that does not advocate or take social or political positions.

NCMB’s Chief Executive Office R. David Henderson, JD, condemned the senseless loss of Mr. Floyd’s life in a message to NCMB staff. He wrote:

Some might ask: How does Mr. Floyd’s death relate to the Board’s work – or my work? For me, it’s a recommitment to:

- conduct my work honestly, impartially and free of bias;
- [NCMB’s] core values which are integrity, excellence and accountability, as well as progressivity, which we define as moving forward with creativity, inclusion and innovation;
- honest self-reflection and continuous improvement – challenging myself to ask the hard questions needed to ensure I act with the highest integrity.

NCMB took numerous steps in 2020 to nurture equity and inclusion, in part by requiring or encouraging Board Members and staff to participate in numerous trainings on social justice. In addition, NCMB’s current Board President established a Diversity & Inclusion Workgroup to demonstrate Board-level commitment to this issue.

Case Resolutions  
and Actions Taken

ABOUT CASE RESOLUTIONS

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

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

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

**Public action – non-adverse:** An action that is public but not disciplinary in nature. Examples include issuance of a special permit license, or reentry to the practice of medicine after a leave not associated with discipline or remediation.

The number of adverse public actions taken by NCMB was virtually unchanged in 2020, compared to the previous year, despite a drop in the number of potentially actionable cases.

CASE RESOLUTIONS 2020

Adverse actions

Conditions on license/practice	48
Public letters of concern	35
Reprimand	17
Limitations on license/practice	16
License suspensions	12
Amended orders	2
Non-practice agreements	2
License revocations	0
License denials	0
License surrenders	0

**TOTAL** 132

Non-adverse actions

Consent orders lifted	17
Reentry agreements	8
Special purpose license	2

**TOTAL** 27

CAUSES OF ADVERSE ACTIONS

Quality of care	51
Prescribing	20
Action by out-of-state medical board	16
Other unprofessional conduct	12
Alcohol/substance use	8
Sexual misconduct	6
Failure to cooperate with Board order or request	2
Amendment to Board order	2
Medical records issue	2
Mental/physical condition affecting practice	1



# NORTH CAROLINA MEDICAL BOARD



## MEDIA CONTACT

NCMB's Communications Department is available to discuss information and data contained in this report. Contact us for assistance with questions, data requests and other needs.

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### [Jean Fisher Brinkley](#)

Communications Director  
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3127 Smoketree Court  
Raleigh NC 27604

### [Website](#)

[www.ncmedboard.org](http://www.ncmedboard.org)

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