

Episode 38 – Board 101: Serving on the North Carolina Medical Board

Intro music: 0:00

Podcast introduction: 0:10

When we started this podcast three years and 38 episodes ago, one of our goals was to demystify the North Carolina Medical Board. We wanted to help listeners understand what the Medical Board is and what it actually does. We've highlighted the Board's patient protection mission and we've explained how and why to file a complaint. We've discussed how investigations of alleged misconduct work, and we've even done an audio tutorial on using NCMB's licensee search tool to check a physician or PA's credentials. But we haven't done anything on the Board Members themselves, at least until now. This is Jean Fisher Brinkley, Communications Director for the North Carolina Medical Board, and this is MedBoard Matters. This episode is all about serving as a Board Member and we'll be answering all of your burning questions, including, who serves on the Board, what does the role of Board Member entail and how does someone get chosen to serve? I've asked some experts, current and former Board Presidents, in fact, to help me out. But first, some basics. The North Carolina Medical Board is made up of 13 members. North Carolina is a state that allows self-regulation. That means most of the Board members are medical professionals licensed by NCMB. The idea behind this is that medical professionals are best able to understand the complex medical issues that come before the Board. And while skeptics of self-regulation like to trot out the trusty fox guarding the henhouse metaphor, NCMB's view is that medical professionals actually have a vested interest in protecting the integrity of the profession by holding bad actors accountable. NCMB has eight physician Board Members and two advanced practice providers, a PA and one nurse practitioner. If you're wondering why a nurse practitioner is on the Medical Board, well, it's because NCMB, co-regulates NP practice with the State Board of Nursing and the State Legislature decided they deserved a seat at the table. If you've been keeping count, I've only accounted for ten Board Members. The last three are members of the public who are meant to help ensure that the Board always remembers its purpose as the benefit and protection of the people of North Carolina. They make sure the patient perspective is always part of the discussion. I think that's quite enough of me talking for the moment. Now I'd like to introduce the first of my three guests. Dr. Tim Lietz is an emergency physician from Charlotte and CEO of his emergency medicine practice, which staffs a number of hospitals in the Charlotte area. He served as a Board Member between 2013 and 2018 and was Board President during the final year of his service with NCMB.

Interview with Dr. Tim Lietz: 2:58

JFB: Dr. Lietz, thank you so much for joining me today. I appreciate it.

TM: Great to see you Jean, I haven't seen you in a few years.

JFB: I wanted to start by just asking you, how did you become interested in serving with NCMB?

TM: You know, when I think about it, it was really three things that got me interested in the Board, and it started several years before I even applied to the Board. One was curiosity. The second one was the mission of the Board. And then I had some personal reasons to want to get on the Board. So as far as curiosity goes, I followed the Board for several years and I would read the Forum. I would look who was

on the Board and just kind of take note of what was going on. And as a medical director at an emergency department, I would handle complaints from patients or interested parties. And one time, I had taken care of a complaint. It was all settled, everything was fine, and then a few months later, one of my physicians got a letter from the Board and it's like, I'm like, "What the heck? I took care of this problem already." And now he's getting investigated by the Board. So that made me look into it a little deeper. And that's when I kind of got interested in the mission of the Board, because I started reading about the Board going, "Hey, why are they doing this investigation when I've already taken care of this, and it's all handled?" And it really became interesting to me when I started thinking about it, because the mission of the Board is for the protection of the patient. And when I really started thinking about that, I go, "Well, you know, if the Board does a really good job of protecting the patient, they're going to protect the practice of medicine." And from that, I learned that the Board was involved in policy, they were involved in discipline and licensing. So, I learned about the kind of the triple mandate of the Board. So, I was curious, and I learned about the mission. And then I had some personal reasons I wanted to get on the Board, I'd been a medical director for an emergency department for about 17 years. There was a couple physicians in Charlotte who were on the Board previous to me. Will Walker and Janice Huff both served on the Board from Charlotte. I felt it was important that North Carolina Medical Board had someone from Charlotte on the Board. And then after 17 years of being a medical director, I was really starting to look around and go, "You know, I need something new to do." I wanted something important to do and I wanted something completely different than what I was doing in Charlotte. And once I got on the Board, it really hit it out of the ballpark on all those three things. And it was something new, it was something interesting and something very important.

JFB: Okay, well, great. Thank you for that. So, did you have any preconceived notions about the Board coming in? It's great that you mention Dr. Huff and Dr. Walker, so I assume you had talked with them at least a little bit about what the role was like?

TM: Yeah, I did speak to them, and I thought both of them were leaders in Charlotte in medicine, I looked up to them. I liked the way they handled themselves in the hospital setting, but I started thinking about it and I thought, "You know, everybody on the Board seems to be kind of maybe an academic." They weren't close to having hands on patients. There were a lot of past leaders from the Medical Society. I felt that there may not be enough physicians kind of mid-career, boots on the ground and at the bedside. So, I was kind of concerned that the Medical Board was, I guess, out of touch to what was going on the bedside with patients. And also, I was watching on the board, Jean, that over the years, I mean, there's never an emergency medicine physician on the Board. I'm like, "How could there never be anybody from emergency medicine on the North Carolina Medical board?" I saw surgeons getting on the Board, radiologists on the Board, OBGYN, anesthesiologists, internal medicine, but never an emergency medicine physician on the Board. And I thought we have several unique challenges in the emergency department that a lot of other specialties don't have, and I thought that perspective really needed to be brought to the Board.

JFB: And how did you find your background in emergency medicine prepared you for serving on the Board? I'm thinking particularly of roles like serving on the Disciplinary Committee where you're

reviewing enforcement cases and things like that. Do you find it useful? I mean, were you feeling like you were prepared to offer opinions about the care that was that you were seeing?

TM: Absolutely. I felt like you don't work in emergency medicine without becoming humbled by patients and things that happened to you during a shift or in a patient encounter. So, I felt like I had a keen insight to where a lot of physicians would trip over themselves or make a mistake, or where the system surrounding them would lead them down a pathway where they could make a mistake. So, I felt a certain connection to physicians who did make a mistake. I also felt like I understood how hospitals work and how sometimes the process in a hospital or the procedures in a hospital could often times cause some untoward effect towards a patient that doctors could find themselves involved in. Plus, we see everybody under the sun. We see all different types of patients. We see every type of patient there is out there. So, I thought I had a connection also with the patients and their perspective.

JFB: So how did you become interested in serving as a Board Officer?

TM: When I came to the Board, one of the things that really surprised me was the incredibly dedicated professional staff at the Board. Not only were they deeply committed to patients, they were deeply committed to protecting the practice of medicine. And there was true examples at the Medical Board of servant leadership in David Henderson, Tom Mansfield. I really felt that those guys really had that in their heart, and I wanted to be part of that. I thought that they were great leaders and believe it or not, a lawyer became a mentor for me. You know, I never would have thought that as a physician that I would meet a lawyer who would sort of be a mentor. But I really thought that the way they led the Board, led the discussions in the Board were something to aspire to, and I wanted to be part of that. So that's why I went on the leadership track through the North Carolina Medical Board.

JFB: Okay, great. We haven't talked about the amount of time that it takes to serve as a Board Member, but, you know, conservatively, it's probably dozens of hours every month that would be spent on preparing, you know, participating in meetings, etc. And I wanted to know if you had the support of your practice partners when you applied to serve and then later sought reappointment?

TM: It is a lot of work. There is a lot of time when you get the Board information that you have to sit down and review it all and then be prepared to be engaged in the two to two and a half day meeting in Raleigh. So, yes, it's a lot of work. Did I have the support of my practice? Yes. And that really comes from kind of the culture of my practice. We try really hard at my practice to see everything through the lens of the patient. And by looking through the lens of the patient, we seem to make good decisions with processes and procedures. And the mission of the Board is the same. They try to look through everything through the lens of the patient. Because of the alignment of the mission, my practice was very supportive. Now did some tradeoffs and trades need to be made back home so I could serve on the Board? Absolutely. But they were supportive for the six years I served on the Board.

JFB: Okay, great. A lot of Board Members say serving with NCMB changes them as a physician. Do you think it changed you?

TM: I think I became much more reflective in my behavior in all aspects with patients, with my colleagues, with hospital staff, with leadership positions on the hospital and within my practice. And you do become a more thoughtful physician when you're at the bedside because you've seen how other physicians have had missteps and how there could be miscommunication. I really do believe that I became a better communicator after being on the Board.

JFB: What advice would you give to a colleague who might be interested in serving as a Board Member?

TM: Well, the things I would say are it's an extremely rewarding experience. I would say that it's extremely important work. I would say it's interesting in ways that you wouldn't expect going in. It's very interesting work and it really does make a difference. And then the last thing I would say to somebody, "Hey, if you're not going to do it, then who else is going to do it?" And if you think you could do a good job, try to get on the Medical Board.

JFB: Is there anything you'd like to add before we wrap up?

TM: One thing that really surprised me when I got on the Board that it was different than I expected was how inspiring of organization the North Carolina Medical Board was. I really got to witness how a professional staff interacted with several different key stakeholders throughout the state and was very impactful in the practice of medicine in North Carolina. It truly was a collaborative experience. We had lawyers, we had staff, outreach like you, licensing, people working on policy. And it was interesting how all those factors came together to, number one, advise the board and then help guide the Board in making the best decision possible for the patients of North Carolina.

JFB: All right. Well, thank you so much for your time. I really appreciate it. Dr. Lietz, great to see you.

Intro and Interview with Dr. Elanor Greene: 12:20

JFB: Up next is Dr. Eleanor Greene, who currently practices gynecology and women's health in High Point. Like Dr. Lietz, Dr. Greene was also encouraged by a former Board Member to apply for a seat on the Medical Board, and she has referred multiple Board members herself. I recently spoke with Dr. Greene about how she got interested in serving on the board. Dr. Greene, thank you so much for joining me. It's great to see you.

EG: Thank you. It's great to see you.

JFB: So, as you know, we are doing this episode on what it's like to serve as a Board Member with the North Carolina Medical Board. And I wanted to ask you just to start by telling me how you became interested in serving with the Board.

EG: Well, Dr. George Sanders had served on the Board, and it was a very positive experience for him. And I had known and worked with Dr. Sanders, with the Old North State Medical Society, where I was a member, a Board Member and past President. So, I got to know him well and he knew me well. He knew of my service to the community and my dedication and to the profession and he encouraged me to

apply. And I was a little bit hesitant at first because it was all new. And, you know, it was, I was a little nervous. I knew it would be a good amount of work, and I was in a private practice of obstetrics and gynecology, and I was raising a family of three children, and my husband was also with me. And so, I was concerned about the amount of time that it may require. But I did go ahead and apply, because he told me that it did take time, but it was a very rewarding experience for me and that I should try it. He thought I would do well, and I would enjoy it. And he was right.

JFB: Okay, great. Well, it sounds like you came in actually with a pretty realistic idea of the commitment. So, what were your impressions of the Board when you first came into your role as a Board Member?

EG: When I first came in and of course, I was a little bit nervous, a little bit anxious, and then when I found out what I had to do, I wondered if I could do it. But I got a lot of support from the Board, the staff. David Henderson was an excellent leader and mentor, and everybody really supported us and encouraged us. And I got my confidence up. I just loved it, you know, and I'll tell anybody that serving on the Board was one of the most rewarding professional experiences that I have had.

JFB: Yeah, a lot of people do say that, and I wonder if you could just describe what you found so rewarding. Like what were the best parts of being a Board Member for you?

EG: Well, during the mission to regulate the practice of medicine and surgery for the benefit and protection of the people of North Carolina, I took that to heart, and everyone serving on the Board did also. The Board staff, as well as other Board Members, were very passionate about the work that they were doing and that was very inspiring. And I caught on to the passion and the excitement. And I've always been the type of person that if I have a job to do that I really, really enjoy, then it's not a job, you know, it's never it's not something you dread going into and doing. In all my life, I have served the community and I continue to serve the community. And this was just another aspect of my service for the community.

JFB: So, besides the mission, what were some of the best parts or the things that maybe you miss?

EG: Well, the camaraderie. We got to know each other very, very well, got to know and respect other professionals in medicine. And the collegiality, you know, we worked hard, but we had nice times where we enjoyed each other. You know, talking or having a meal or meeting together. And everybody was very respectful of one another on the Board and all of the staff, and the staff were just top notch. Anything they could do to assist us in our work was done and they were prepared, and they were ready when we had our meetings, when we had our hearings. So, it just didn't seem like a lot of work because I enjoyed what I did, and the staff and the Board Members seemed too also.

JFB: Well, thank you. That's a very nice compliment. So, you were in private practice when you were first appointed to the Board, and you were an active OBGYN practice. How did you manage that? That must have been a lot to manage.

EG: It was initially because in OBGYN the hours are so unpredictable. But I eventually stopped doing obstetrics and was doing GYN only, and I had more regular hours, which did help.

JFB: Right. I remember that. One of the reasons that I had wanted to talk with you is that I did recall you had been referred by a former Board Member, and I happen to know that you also have sent good Board Members after your time on the Board. I've been asking others if they would recommend, and I know that you have. What led you to do that?

EG: Because of my very positive experience that I had. And, you know, I had a good experience and I wanted others to also be able to have a good experience. The Old North State did ask me to recommend one person and then there were other people who had known that I was on the Board that approached me and were interested in service, and I pretty much told them the same thing that I've told you: that it's a great idea. You will love it. It is work. But knowing the individuals, they're up to the challenge. I would not refer anyone that I did not think could do an excellent job. And characteristics of them were things like, you know, their dedication to the profession of medicine, people who demonstrated good, sound judgment. And was able to assess difficult situations and work with others to come to conclusions. And people who had good character and had high ethical principles and had good leadership skills. So, clinicians that had those traits I felt would be excellent Board Members.

JFB: What advice did you give to them, and would you give to a colleague who is interested in serving?

EG: Well, I would certainly encourage them to apply. I would want them to know what the obligation is because I wouldn't want anyone to do it and not know and then, you know, want to pull back or have to pull back. So, I would tell them what would be expected, and also just encourage them and try and let them know that if appointed, they're going to get the support that they need to do what they have to do. It's not like they're out there on their own and they have to figure it out all by themselves. They will get the support that they need to do a good job.

JFB: Well, I think that's really important. That's really good advice. Is there anything else that you'd like to add or anything else you'd like to say either to a prospective Board Member or maybe to a member of the public who's listening?

EG: Well, the North Carolina Medical Board is an excellent Board, and it provides a valuable service to the people of North Carolina. Each case is individualized, and we have to study that case in detail and look at the ins and outs of that case and come to a conclusion as to whether it meets the standard of care for the state. And if it did, then, of course, there was no further action needed. But if it did not, then corrective or disciplinary action was necessary. And that varies depending on the level of the severity of the case. And that was the right thing to do. Because if physicians don't monitor ourselves, then who else can do it? Well, no, there's really no other group that can do that well. And so, it is our responsibility to do that for the people of North Carolina and to do a good job. Because if it was you or your family, you would want someone to do that for you. So, it's our job to do that for others.

JFB: You know, you mentioned our former CEO, David Henderson, and he often spoke about the fact that self-regulation where you have a majority of Board Members who are licensed medical professionals, that that's a privilege and it's not something that all states have.

EG: I also enjoy working with the other professionals too, and particularly the public members were all excellent, you know, the nurse practitioners. So, I like the fact the diversity on the Board and different perspectives come into making an overall good decision in particular situations.

JFB: You know, I asked you about the things that you liked the best about serving on the Board. I didn't ask about challenges, but I'm wondering if one of the challenges was having to sit in judgment on fellow medical professionals, fellow physicians?

EG: I didn't consider it as a challenge, I considered it as a duty and to do it well. And I really took it seriously because I know what it takes to get to that level. I mean, they've worked very hard through college, med school, residency and their practice to become a physician. So, it would be very difficult for them if they couldn't practice, or the practice were limited. So, it would have to be a clear situation where the standard of care was not being maintained. And if we had that to occur, then it is our duty to do the right thing and I would not regret that. I would hate that for the individual because you don't ever want to see someone have a situation like that. But sometimes correction can be helpful. You know, if you correct that situation and put in some monitoring, some things in place, then that physician can be a better physician going forward and may not have to leave the profession.

JFB: Yeah. Yeah. Well, Dr. Greene, thank you so much for joining me and thank you for your time. It's been a pleasure.

EG: You're welcome.

Intro and Interview with Dr. Christine Khandelwal: 23:15

JFB

My third and final guest is NCMB's current Board President, Dr. Christine Khandelwal. Dr. Khandelwal practices hospice and palliative care, as well as geriatric medicine in Harnett County. In addition, she is on faculty at the Campbell University School of Osteopathic Medicine. Dr. Khandelwal was appointed to NCMB in 2018 and is now in her final year of service. Her path to the Medical Board was a little different than my other guests. Dr. Khandelwal got interested in the Board on her own. Dr. Khandelwal, thank you so much for joining me.

CK: Thank you for having me today, Jean.

JFB: Of course, and welcome back, this is your second appearance on MedBoard Matters. So, as you know, we are here to talk about service with NCMB as a Board Member. And I wanted to start by just asking you how you became interested in serving on the Board.

CK: Yeah. Thank you. And I actually get this question a lot by colleagues who express interest, actually. So, thank you for that question, Jean. It was back in about 2016 when the governor at that time enacted the SAFE Act. And if anyone doesn't recall that or remember, it had to do with opioid prescribing in our state. The reason it really hit me at that point was as a palliative care and hospice physician, opioids are one of the most important medications that I prescribe. And I started becoming concerned about was this going to change my practice and what my colleagues and I defined as our standard of practice in caring for my patients that have serious illness and through the end of life, that's my vulnerable population that I serve. And as I started learning more about what I could do to ensure my vulnerable population are protected and getting the care that they need and deserve, I realized I had to really speak up and be an advocate for them, and I always felt that way anyway. That's how I went into the field I went into, but I realized it had to be at a higher level that I need to see what could I do at the state level, because I could not sit any more at the sideline and allow changes in medicine that is going to affect my patient population to have a role. And so, it's at that time I started looking more into learning about the Medical Board. It is very intimidating, and I always thought it was a political type of organization and I did not want to do anything political because I serve all people. When I walk into a room to care for patients and family, they are the most important people in front of me. It doesn't matter where they come from, what their religion, spirituality, political views are, it doesn't matter. And so, I always had this misunderstanding that the Medical Board was a political organization. All that to say, as I got to learn more about the Medical Board and how they were devising and working with the SAFE Act, and that they actually did consider my patient population, it really changed my view and I realized maybe this is an organization that I can be part of, that I could be a voice at the table with these leaders at the state level and be a louder voice and advocate for my community. So that's what really drew me to the Medical Board.

JFB: Okay, great. So, you were all about patient advocacy, patient protection right from the very beginning. That's great. So, what were your impressions of NCMB coming into your role as a Board Member?

CK: Aside from being very intimidated and feeling...I think we all had this imposter syndrome because it's a brand-new area that none of us, especially physicians, I mean, even the terminology, it's a whole different language, it's a whole different regulation of medicine. Those of us who have never had the experience in it, it's a brand-new field that a lot of us can be intimidated by. And so, I was very anxious and intimidated coming in, but felt very supported from day one, really helped de-escalate my fear and come in as a learner. It was a brand-new experience I was excited about, but I was really open minded to learning this whole new field of really medicine regulation, but also how it affected my care as a physician in my everyday work.

JFB: How did your view of the Board change as you started participating in meetings and hearings?

CK: It's not just about policing ourselves as licensees, that I was so impressed that the Medical Board staff and the Board itself really consider all that it takes to do well as a licensee. For example, it's not just about questioning "Why did a licensee prescribe something incorrectly?" It was, "Is there something going on with our fellow colleague licensee that they need help and support? Do we need to engage

with them and see if they're struggling in their personal life or are they burnt out? Is there substance use disorder that they're struggling with? Is their mental health, is their physical health?" All of those played a role in how we do well serving our patients by being healthy. And so, it was a pleasant surprise to see how the Medical Board looks at situations and cases that come before us. But really this holistic view of it, not just, "Why did this licensee do this or prescribe this or not do this," it was "What else is going on in their practice, what is going on in how they are as a physician, and do we need to look more into that?" so in a fully understanding that more holistic view of that. What also impressed me, Jean, is the outreach. It is amazing that this organization, it's so important that educating community, people, licensees, staff in different hospital systems, what the Medical Board does, what our role is and how we are there actually to help support medical practices and licenses, and also to support community members, patients, advocates, families to reach out to us that they have questions or concerns. So, I was really, really impressed with that aspect as well, to learn about the Medical Board.

JFB: Great. So, I'm going to ask a harder question, and that is, did you have the support of your practice or your practice partners when you applied to serve and then later sought reappointment?

CK: Yes. Thanks, Jean. I've been through two CEOs. My first one, absolutely. He was thrilled and felt it an honor for one of his physicians to serve in this role. It was something he always kind of bragged about that one of his physicians in our practice served on the North Carolina Medical Board. During the transition time as he retired and I had a new CEO, she was not so much as supportive. I think it was because more not really understanding what I do as a Board Member, maybe not understanding so much what the Medical Board does per say, and so not really understanding, until she really learned more about it and what I do and how to serve that she became more supportive of it. And my Campbell faculty, of course, I am so well supported, and they always thank me for my role. But also, Campbell, again, they're always proud to say that I'm faculty that serves on the Medical Board. And it just again, a lot of great support because they see the value and importance of it.

JFB: That's fantastic. So, a lot of Board Members say that serving with NCMB has made them a better physician. Do you feel that way? And if so, how have you improved?

CK: That's a great question. I absolutely feel like it has made me a better physician. It has humbled me. It has always made me think about the various perspectives that we come as physicians or licensees on situations. I have learned again what people need to understand the Medical Board, we are not a political organization. We serve everybody in the state and working on this board has taught me being more empathetic towards my friends, colleagues, whomever that again, we all are looking and seeking for the same thing. We all want the best care for our patients, for ourselves and families. We're all patients, right? And so, I have learned to be more open minded, to just really just listen to the needs and perspectives, to learn how to do well for all people the best we can, and to be mindful about decisions we make. How is it going to affect other people and maybe voices that we're not considering and that I need to be mindful of reaching out to others for their perspective and voices that people I may never even know or talk to. So as a physician, it has really made me feel more comfortable in, again, caring for my population. But it helps me at work when I have to speak to my other colleagues or instead of, just again, listening to my colleagues, their perspectives of where they're coming from and to really value

that so that I appreciate why we may have a disagreement or a different perspective on how to care for our patient, for example. So, on a higher level, yes. At the state level, you certainly have to have that approach of respecting all voices and how to make decisions, being mindful about that. But even in my everyday practice, it makes me do that. When I'm talking to consultants, when I'm talking to colleagues, staff members, all of us, we work with teams. And so just really how to negotiate and compromise together in a respectful way is the most important. So absolutely, it has helped me give me that skill set to do that.

JFB: So, what advice would you give to a colleague who's interested in serving as a Board Member?

CK: I tell my colleagues; you need to come to one of our Board Meetings. They're posted three years in advance. So, I always tell them you can plan ahead. Let your supervisor or whomever needs to know, let us know. We love to welcome you as a guest. Show your round, meet us, meet the team, meet the staff. But I really encourage people to come in person. And again, it's an eye-opening experience. That's what, that's what I did.

JFB: Yeah, I remember.

CK: Yeah, it was it was eye-opening. It really made me understand more about what the Board does, the different committees. It was exciting to see how the different committees operate. That's the number one advice I give anyone that's interested. You need to come to the Board Meeting if you want to serve it. I think the other one too Jean, you said it, is talking to their supervisors, whomever people need to speak to serve. And I know, Jean, you've taught me this in the past, and our CEO is always welcome to talk to anybody, supervisors or CEOs or whoever runs their practice if they have questions about what it takes to serve on the Board.

JFB: I think that's actually a great point to mention. The Medical Board is not directly involved in the selection of board members, but we're very interested, of course, in having good, qualified, dedicated Board members at all levels of the staff were willing to do what it takes to answer people's questions, help them get comfortable with what they would be signing up for. So, is there anything else that she would like to say? Words of wisdom, you know, encouragement that you would give to a prospective Board Member or to a member of the public who might be listening about what it's like to serve on the North Carolina Medical Board?

CK: Thank you. That's again, another great question. I highly recommend for any of my colleagues that feel an important need, especially now with things changing in medicine has become more important for us as licensees to continuously be engaged with those decision makers and lawmakers that could change our practices. If you want to advocate for your community, and I would say it's that simple, if you want to advocate for the people just in your community, if you don't even think of it as the entire state level, which it really is, really consider this wonderful opportunity. It's literally life changing. It'll change not only your professional life, but really, again, just working with my friends and my colleagues has helped me be a better communicator and a better person. So, it really in so many ways is a valuable, amazing experience. I really recommend people to consider it.

JFB: Thank you so much. I really appreciate you discussing this with me and thank you for your service.

CK: Absolutely, thank you so much. I appreciate it.

Episode closing: 34:55

JFB: I hope you enjoyed hearing from doctors Lietz, Greene and Khandelwal, and now have a much better idea of what serving as a Board Member is all about. If you are a physician or a P.A., perhaps we've influenced you to put serving with NCMB on your professional bucket list. If so you're in luck, candidates are needed right now for two physicians, one PA, and one nurse practitioner. So how does someone get a seat on the North Carolina Medical Board? You may be surprised to know that NCMB does not choose its Board Members, and in fact isn't directly involved in the selection process. Most, but not all, Board Members are appointed by the Governor and there's a very specific process set down in the North Carolina General Statutes that controls how candidates are nominated. All of the Board Member seats for medical professionals are selected by the Governor from candidates nominated by an independent review panel. The Governor also gets to appoint one of the public members. The other two public members are appointed by the Speaker of the State House of Representatives and by the President Pro Tempore of the State Senate. There are actually a lot more details and rules about eligibility for service and specific restrictions on who can be named to some of the seats for medical professionals. Trust me, I could go on and on, but I'm not going to. Instead, we have posted links to the review panel and all of the information you could ever want about serving on the North Carolina Medical Board on our show page, which you can find at www.ncmedboard.org/podcast. If we piqued your interest in serving as a Board Member but now is just not the right time for you, no worries. Board Member terms are staggered, so just a few Board Members rotate off at any one time. There are openings just about every year. Well, that brings us to the end of this episode of MedBoard Matters. I hope you found it to be a worthy installment of our ongoing Med Board 101 series. If you have comments or questions, send them to us at podcast@ncmedboard.org, and thank you for listening. I hope you will join us again.