

## **Episode 39 – NCMB: Celebrating 165 years**

**Intro music: 0:00**

### **Podcast introduction: 0:09**

The North Carolina Medical Board is the oldest continuously operating Medical Board in the United States and territories. The Board was established by the North Carolina General Assembly in 1859. Thanks to years of advocacy by the North Carolina Medical Society, which is the state's oldest and largest voluntary professional organization for physicians. The Medical Society didn't want just anybody to be able to call themselves doctor. They believed that anyone who hung out their shingle to take care of North Carolina patients should have to prove that they had the knowledge and skill to safely practice medicine. And after a few years of the Medical Society pitching this idea, 19th century lawmakers agreed. I'm Jean Fisher Brinkley, Communications Director for the North Carolina Medical Board, and this is MedBoard Matters. NCMB celebrated its 165th anniversary in April, and we thought we'd do something special to observe the occasion. I have the great pleasure of welcoming not one, but two longtime Medical Board leaders to the podcast to test their knowledge of early bird history. A friendly little battle of the CEOs, if you will. In one metaphoric corner, we have our current CEO, Thom Mansfield, who previously led the Medical Board's legal department for more than two decades. And in the other, we have David Henderson, who stepped down as NCMB CEO last year after 26 years of service to the organization. Together, they bring about 50 years of North Carolina Medical Board knowledge and experience. Let's get started.

### **Interview with Thom Mansfield and David Henderson: 1:50**

JFB: Well, Thom, David, thank you so much for joining me.

DH: You're welcome. I'm glad to be here.

TM: Thank you, Jean. We appreciate you and your team for having us on your podcast.

JFB: Well, you're more than welcome, and I hope we can have a little bit of fun today. As you know, April is the Board's anniversary month, and we thought to observe it this year we would take a little walk through, you know, the past and talk about the Medical Board's history. So, to kick us off, you're going to be not competing, but you're going to be playing a little game with me. So, I'm going to start by asking questions and we'll trade off. Thom, you'll go first as our current CEO. And you will have the option either to play, which means you're going to answer the question, or you'll have the option to pass, in which case you can pass it to Mr. Henderson and give him a crack at it.

TM: Sounds good. Thank you.

JFB: All right. And again, you know, we're not playing up for anything but bragging rights here where we're not keeping score. I'm going to begin with the question about the composition of the North Carolina Medical Board. Now, the modern North Carolina Medical Board includes 13 members. Ten of those are medical professionals and three are public members. What was the composition of the state's very first Medical Board? Thom, do you want to play, or would you like to pass?

TM: I'll play even though I don't really know the answer. But I will make an educated guess based on photographs that look like those old timey photos you get taken when you're on vacation, where they dress you in like a cowboy hat and that sort of thing. And we had some of those photos and some of them didn't have exact years. I suspect they didn't go all the way back to 1859, when the Board was started. But what I remember as I picture those photos, I think were either 5 or 7 men wearing the suit of the day in that photo. What I do remember is that the Medical Board was an identical duplicate of the Medical Society's Board of Directors, and I think there were seven.

JFB: You are correct. There were indeed seven. All physicians and all of them were appointees that were selected by the North Carolina Medical Society. Next question is yours, Mr. Henderson. Anyone who has listened to our podcast most likely knows that the Board has two primary missions, which are, of course, licensing and regulation. But in the beginning, NCMB's authority was limited to just one thing. What was the Board's original authority?

DH: Yeah, this was back in 1859. The legislature passed a law that established the Medical Board and also empowered it to issue licenses to those that determine, meet the qualifications to practice safely. So that was pretty much the limit. There were other things in that first practice act, but that was the main thing was to allow this independent Board to separate what they call the pretenders from the, from the real Doctors.

JFB: That's right. I was interested in preparing for this podcast to know that once licensed physicians did not have to register or renew their license. They just kind of went out in the world to practice, and the Board never heard from them again, or hopefully never heard from them again. So, it wasn't actually until 30 years later, in 1889, I learned that the law was changed to require physicians to register annually. Funny to think about in the modern world. Strange to think about not being able to say how many licensees the Board has.

TM: Yeah, well Jean, I do have a comment about the registration, and I appreciate you're bringing up the fact that it took 30 years for the Board to have the authority to require physicians continue to identify themselves to the Board. And with David as our prior CEO and me as the current CEO, I think both of us are thinking about how important it is to be able to have physicians check in with us on a regular interval and also pay some money for the privilege to continue practicing, because it requires funds for a Medical Board to do effective regulation. You can't afford to hire investigators and medical experts and that sort of thing, and you can't do a very good job of protecting the public. I'm glad that in the mid-19th century, the Medical Society wanted to sort out the pretenders, the snake oil salesmen from scientifically trained Doctors. But I'm glad we have regular registration now, both to find the activities of the Board protecting patients and making the practice of medicine better, and also giving us an opportunity to get information about what physicians and PAs and others have been up to since the last time they registered.

JFB: Absolutely. It's really hard to imagine how the modern Medical Board would function without registration and or renewal. All right. Well, let's move on to the next question, and that has to do with

how Board meetings were conducted. So, Thom, this is your question. How often did the original Medical Board meet and where were meetings held. Do you want to play, or do you want to pass?

TM: I think I'll pass on this one. Since Mr. Henderson was born a lot closer to 1859 than I was. I'll let him take this one.

JFB: Okay, Mr. Henderson.

DH: Well, I thought the reason you were going to pass was because, you know, one of the meeting places in addition to Raleigh was Morganton, which is where I'm originally from. So, that was, has been known as the Raleigh in the West. A lot of state institutions are located there. And, so, yeah, that was in that original practice act, the requirement to meet, twice a year in Raleigh and in Morganton.

JFB: All right. That is correct.

DH: And no, I was not at the first meeting.

JFB: The other thing that I thought was interesting is that, of course, modern Medical Board meetings generally are two and a half days happening every two months. In those original Board meetings, the Board met and stayed in session until all examinations were administered and all licensing decisions were made.

DH: The good news is there weren't as many applicants. The bad news is that the Board did administer its own exam. It was a written exam that I'm sure that did take a lot of time to read through all those.

TM: Well, and Jean, the folks who might be listening some of them will realize that medical licensure examination has changed a great deal since then. And it's really fun to look back to what was happening roughly 175 years ago. And then comparing that to how physicians are trained and selected and licensed these days. And it just sort of tracks with, the changes in society and science and medicine over these many long years. We have a national examination now and physicians take a national exam, as opposed to seven guys in Morganton administering an exam to a handful of people based on questions they made up.

JFB: I want to just point out that initially, the Board was called the North Carolina Board of Medical Examiners because it did administer an exam to applicants for licensure. At some point mid-twentieth century the Board changed that to North Carolina Medical Board because, as you mentioned, we went to a national exam. So, the Board no longer administered a state-based examination to folks who wanted to practice here. All right. So, this question I believe, goes to Mr. Henderson, and this is one of my favorite little historical details about the Board. I will say, since we started the podcast, I've been waiting for this little detail to show up. And it's probably well known to you both. So today, the list of requirements to qualify for a medical or PA license is quite lengthy, but in the earliest years of the Board, that wasn't the case. An applicant didn't even have to have graduated from medical school to obtain a license. What were the original requirements to obtain a physician license in North Carolina?

DH: Well, I have to admit, in preparation for this quiz, I did review certain materials, including the book that was published and that was Protecting the Public, Strengthening the Profession produced in connection with our 150th anniversary. So, I did relearn what those original requirements were as 21 years old, good moral character and passing the exam, in addition to, of course, paying the big application fee of \$10.

JFB: That's right, that's right. So yes, all you needed to for a medical license was to be 21 years old, have good moral character, I guess as determined by the Board members, and be able to pass the examination. The other little detail that I just love is that, yes, the application fee was \$10, and if you didn't pass the examination, you got your money back. So, I thought that was nice.

DH: We do not offer that today.

JFB: Yeah, that is not something that has lived through the years. Although we're laughing about \$10, it may not sound like much, but it was actually a pretty tidy sum back in the day. So, I actually went to an inflation calculator to see if I could figure out how much purchasing power \$10 has in today's money. Inflation calculators I learned, only go back to 1913 for some reason, so I couldn't go all the way back. But I went back to the earliest date that I could and \$10 in 1913 equates to about \$309 in 2024 money. So, as you both know, the current renewal fee for physicians is \$250. So modern licenses, physician licensees, you're actually getting a bargain, you know.

DH: Right. The other thing I'll say about that is it's just it's impressive to me that even at the very beginning, the legislature and the Medical Board knew the two most important things to getting and maintaining a license in North Carolina. And we talk about that a lot as the two C's: character and competence. So, it's fascinating to me that even 175 years later, you know, we're still talking about those two main components to getting a license.

JFB: Absolutely. All right, Mr. Mansfield, we are back to you. We have discussed the fact that NCMB didn't initially have the authority to do anything but license and then later register physicians. When did the Board gain disciplinary authority and how was it conferred? Play or pass?

TM: I'll play on that one. This is one of the most fascinating things that I learned about in the first few years I was here at the Board as an attorney, because I was shocked that it was something on the order of a half a century after the Board started issuing licenses, the Board began registering licenses on some regular interval, 30 years after they came to exist. But it was maybe more than 50 years before the Board could actually do something like a suspension or a revocation. And I think around the time of World War I, the General Assembly in North Carolina granted the authority to the Board to rescind a license. And I believe there were some subsequent legislative acts that may have included specifically revoking or suspending licenses, in addition to rescinding and we have a lovely time wall in our reception area on the second floor of our office. And I know that there was an entry on that time wall from 1931 that refers to a Supreme Court case regarding a Dr. Gardner, who had had his license rescinded or otherwise, limited. And that case was litigated up through the North Carolina Supreme Court and the Supreme Court affirmed the Medical Board's authority to take away a license, just to use

common vernacular. And that, again, that was always surprising to me because I guess, again, it's a good thing to sort out the pretenders from the scientifically trained Doctors. But then, you know, history has taught us that some of those physicians are going to do things that are reflect poor moral character, poor skills, or judgment. And so, it's important that the Board has the authority, although it took the state, capital "S" state a long time, half a century or so, to decide to give the Board that authority.

JFB: And you didn't mention a specific year, but I think you were right on. It was 1915 that the General Assembly officially amended the Medical Practice Act to grant disciplinary authority. And then in 1921, the General Assembly created a clear definition of what it is and isn't to practice medicine, which made it easier to prosecute violations of the law. And then, of course, the 1931 case that you mentioned was the first real legal test of that authority, which was affirmed. So rich history there. All right. This is our final question in the play or pass segment. And that goes to Mr. Henderson. So, for more than 100 years after it was established, the North Carolina Medical Board was the regulatory body for a single profession, which was physicians. In 1971 the Board gained oversight of another type of medical professional, what profession is that?

DH: I believe that's the physician assistants.

JFB: Correct.

DH: Okay, that that sounds about right. This was, great history of the profession here in North Carolina with Dr. Eugene Stead over at Duke, coming back from one of the wars and helping to start that profession. So, we're real proud of that here in North Carolina.

JFB: And I actually have a bonus question on this one, which I'm going to give to Mr. Mansfield. And that is, were the first PAs regulated by the Board licensees?

TM: Jean, I don't know what the original authorizing statute said. When I first came to work here as an attorney, David Henderson taught me that PAs perform medical acts, tasks and functions, and they had to seek an approval to do that. And there were documents that had to be completed regarding supervision of those physician assistants. But I don't really know what the thing was called in the law when they first became licensed. I do remember how proud North Carolina is of its role in creating the practice of physicians assistants. But I don't know what we called them.

JFB: Yeah. You know, I don't know that there was a specific term for what you called PAs, but they were approved to practice. They were not licensed by the Board. I was a little bit surprised to learn from looking through our history that PAs did not become true licensees until 1997. So, it took some time to make the case that PAs should be fully licensed. But we did end up there, and we are still there today. As I said, that was our final question in this segment. Next up, we're going to play a game that I've called "Name That First," and I will read a short paragraph about a significant first in NCMB history, and you will guess the person or the event that I'm referring to. Some of these, I've provided options. Some of them I have not. First question: I was the first physician to be issued a professional license by the North Carolina Medical Board on June 6th, 1859. The details of my life are mostly lost to time, but I was from

the town of Palmyra in Martin County. Who am I? And your choices are Lucius Allen, Lucius Clay, Lucius Coke, or Lucius Malfoy. And I think, Mr. Henderson, you get the first choice there.

DH: I'm going to have to pass on that one.

JFB: Okay, okay. Well, then. Yeah, it falls back to Thom. Would you like me to read the selections again?

TM: No, I actually know that.

JFB: You got it?

TM: Yeah.

JFB: All right.

TM: This is down to our time wall and the lobby of our building. One of my favorite things to do is to tour visitors around the building and show them that time wall, which was created by Jean's Communications Department, working with Ms. Contre, our Chief Administrative Officer. And the first licensee was Dr. Lucius Coke. I remember that.

JFB: That's right, that's right. Very good. Okay, well, second one, it's going to stay with you, Thom, because we started with David last time. So, I was the first woman to receive a North Carolina medical license and one of the first women to practice medicine in the southern United States. The year I received my license, the annual address at the North Carolina Medical Society's annual meeting asked, shall women practice medicine? Who am I? Annie Jump Cannon, Annie Lowrie-Alexander, Annie Lennox or Annie Fisher?

TM: Well, Jean, I like the options you've given us on these multiple-choice questions. I'm familiar with Annie Lennox. I can rule her out. I think Lucius Malfoy from the prior question might be a Harry Potter character something like that.

JFB: That's right, that's right. I was having a little bit of fun.

TM: This is one I remember there's a photograph of Dr. Alexander on the time wall, and it's in a spot that really stands out. And so, I actually, I hope you don't ask me any questions from the middle of the time wall, because I'm going to not remember as well. But I know that Dr. Alexander was the first woman licensee of the Board. I did not know about the address at the Medical Society's Annual meeting. What I can't remember is what year that was.

JFB: It's actually 1885 that she was licensed so pretty early in North Carolina. And it was, of course, you're right, Annie Lowrie-Alexander, she did eventually earn the respect of her male colleagues. And in 1909, she was actually elected president of the Mecklenburg County Medical Society. And that is a post that she held for several terms. Next question I've got, this is a little bit harder. I'm not providing options

for you, but, in 1886, just one year after Dr. Alexander was licensed, is our Next First: I was one of three men who were the first African American physicians to be licensed by the North Carolina Medical Board. I was a founder of the Queen Street Pharmacy in Charlotte, which grew to be one of the most prosperous black owned businesses of its time. I was also a founder of the People's Relief and Benevolent Association, which was a precursor to the North Carolina Mutual Life Insurance Company in Durham, which remains the nation's oldest and largest African American run life insurance company. Who am I?

DH: Oh, my goodness. See, I knew based on my research, I know that there were three black physicians who received the first license to practice medicine in North Carolina, and I'm just trying to figure out which one of those. I'm most familiar with Dr. Manassa Thomas Pope because he I think so at one point practiced in Raleigh, and his home and practice are still preserved in downtown Raleigh.

JFB: David, that is actually the name I was looking for. It is Dr. Manassa T. Pope. He did relocate his practice to Raleigh in 1899, and he had a very nice brick house built on Wilmington Street in Raleigh, and that is actually still open today as a historical site. It's the Manassa T. Pope House, so you can go, and you can tour it and see where Dr. Pope lived. The other two physicians who were licensed alongside Dr. Pope were Dr. John Taylor Williams and Dr. Lawson Scruggs. Dr. Williams was Dr. Pope's friend and co-founder of both of those businesses, the Queen City Pharmacy and the People's Relief and Benevolent Association. And Dr. Scruggs became a pioneer in germ theory in tuberculosis, and he founded and managed the Pickford Sanatorium in Southern Pines. So, distinguished group of gentlemen.

TM: Yes, absolutely.

JFB: All right. Next first: I have two and NCMB firsts to my credit. In 1993, I became the first physician assistant member of the North Carolina Medical Board, and later I was the first PA to serve as Board president. Who am I? And the options there for Mr. Mansfield are Paul Saperstein, Wayne VonSeggen, William van der Woodson, or Bernhard von Braun.

TM: Well, I don't know who William van der Woodson is or was or who Bernhard von Braun was, and I'm sure they were impressive people. And they're right if they exist outside your fiction. But I do happen to know the actual living, breathing human beings, who are the first two options, and I know that Paul Saperstein was a public member because he was actually still a member of the Medical Board when I came to work here in 2001. And I've also met Mr. VonSeggen. He had rotated off the Board by then, but I knew him, and still today I know him as a PA and was aware that he was the first PA Board Member and also president of the Board. Not too many years before I came on staff. So yes, Mr. VonSeggen was the first.

JFB: That's great. And actually, you mentioned Mr. Saperstein being a public member, I believe he is the only public member to have served as Board president. So, he has a first there, too. I piggybacked him on the, the one for Mr. VonSeggen. All right. So, this is the last one in this segment, but it's not a person, this time, it's an event. The North Carolina Medical Board has a proud history of transparency and has been recognized nationally for the breadth and ease of use of its website. In 2000, NCMB became one of

the first Boards to do what? Was it A: launch an online licensee search, B: publish meeting and hearing dates on its website, C: post public regulatory actions on its website, or D: make historical Board minutes available on the website. And that goes to you, Mr. Henderson. You get the first guess.

DH: Well, I was hoping there would be "E", "All the above." I mean, I think that all those things on our website, thanks to you and all the good people in the Communications Department.

JFB: So, I am looking for something that happened in 2000.

DH: In 2000. I'll go with "A" whatever "A" was.

JFB: That's incorrect, unfortunately. But it was launch an online licensee search. Mr. Mansfield, do you have a guess on this one?

TM: So, do I get to steal this one and answer it correctly? And win the bet of one Diet Coke with Mr. Henderson?

JFB: Again, that side wagers are between the two of you. But yes, you do get a guess.

TM: I actually don't know the answer for sure, but I'm going to guess, we'll just let the listeners know that Jean, I believe the person who may have been your boss when you first started the Medical Board was a fellow named Dale Braden, who had come to the Board from having worked at the Federation of State Medical Boards. And he was a pioneer. In those days, it was pioneering to make more information available to the public regarding things happening at a Medical Board, anywhere in this country. He was very progressive. And by the time I got here in 2001, I think all four of these things existed. But I'm going to guess the answer is "C," which was posting the public disciplinary actions taken by the Board on the website.

JFB: That is correct. Yeah, and that was pretty revolutionary at the time to put all of that information, you know, you could go to the website, click on an order and read for yourself a disciplinary order. And that again happened in 2000. At that time, almost no one was making that information available. So, it was an important milestone for the Board as far as transparency goes. Well, great. David, I think you owe him a Diet Coke.

DH: Yeah, I'm happy to do that. Yeah. Just one of the things you talked about, how that was, new and innovative. And it was sometime in the 2000s, I can't remember exactly when it was. And Jean you might recall that Consumer Reports published a ranking of all the Medical Boards in the country. And at that time there were 69, I believe, because some states have a separate osteopathic and allopathic Boards. But, North Carolina, I believe, ranked number four of all the state Board websites in the country and had a lot of good things to say about all the information that we provided to the public. You know, on our website.



JFB: That's right. That was, I believe, in like 2017, 2018 around that time frame. But I also wanted to mention that it was you, David, who really was the driver behind making historical Board minutes available on the website. So you can go on our website and see the images of the original minute books back in the 1800s. So, wanted just to recognize that achievement as well.

TM: Jean, I'm sorry, may I just interject a couple of things? Your questions and things we've talked about reflect the kind of forward-thinking, clear-eyed efforts that the North County Medical Board has made over the years. You know, the Board really is a leader nationally, and it comes down to a lot of things where people like David Henderson, who worked here for a long time, the folks like you, Jean in our Communications Department, you've been here for a while too, who have had great ideas, and we've had wonderful Board members over the years and I've now seen over 100 of those Board members in my time. And again, very forward thinking, very insightful. Those members have come up with great ideas that really put North Carolina and its Medical Board at the forefront. And we've had the support of the North Carolina General Assembly and the support of our stakeholders. You know whether it's the North Carolina Medical Society that's been mentioned before we talked about PAs, the North Carolina Academy of Physician Assistants has been a great partner, and there are lots of other organizations like that. The Old North State Medical Society, the Osteopathic Medical Association and others that have worked together asked the legislature to do certain things. The legislature has supported us, and so I think folks in North Carolina ought to know some of that about its Medical Board and understand that great things have happened over the years that really do set us apart from what goes on in medical regulation in some other places.

JFB: I agree. I mean, in preparing for this podcast, it really does evoke a sense of pride to work for this organization. If you look back at these milestones over the years, you can see the Medical Board that we are today. You can see it evolving, and there's a lot to be proud of. I agree. Before we move on to our final segment, I just wanted to pause and acknowledge the sources of the historical facts we've shared. Actually, both of you have mentioned them. Some of the facts are from the 150-year history book of the North Carolina Medical Board that was written by Christina Apperson, an attorney who formerly worked as a special projects coordinator with NCMB. Some of the facts are from the North Carolina Medical Board timeline project that you mentioned, Thom, and that timeline compiled historical facts of note over the past 160 plus years, and that was led by our current Chief Administrative and Communications officer, Evelyn Contre. Now, if this were the Miss America pageant, we would be at the interview question. I hope you're ready.

TM: All I can say, Jean, is it's a good thing this is an audio podcast. It's not a beauty contest for your contestants.

JFB: Well, be that as it may, I am still going to press ahead with the interview question, which will be the same question for each of you. I want to ask both of you to reflect on the fact that there have been many amendments over the years to the Medical Practice Act, which is the authorizing statute for the North Carolina Medical Board. Each of these amendments helped to evolve the North Carolina Medical Board to its current form. Name one change to the Medical Practice Act that you consider particularly important or impactful. David, we'll start with you.

DH: Well, I'll mention one piece of legislation that includes lots of important changes in the Medical Practice Act, and Thom was very instrumental in getting this passed. And that was House Bill 818 that was enacted in 2007. And that was essentially an overhaul of the Medical Practice Act. And it's just going through a piece of legislation that started, you know, back in 1859 and making some major changes to update it and to include current best practices in medical regulation. So that's the law that set up the new process for nominating Board members to the governor, included a definition section. We'd never had a definition section before, which included one of those definitions of the practice of medicine. You know, modern best practices and regulatory practice access is to have a definition section. So that's important. We had a powers and duties section. Again, most practice acts have that, we did not. You know so it sounds simple but it's very, very important to the effective regulation of medicine. And then I think that act also included the requirement that the Board collect and publish various information about its licensees, things like the names of those who are licensed, their practice address, where they went to medical school, where they did their training, if they have a specialty Board certification, things like that that help the public make informed decisions about who it is they want to go see. And I think that also created the, the anesthesiology assistant program or credential as well. So those are just a few of the things that Thom helped bring about back in 2007 that I thought were really important to our ability to effectively regulate the practice of medicine.

JFB: All right. Well, now, I can't claim that I remember the bill number, but I do remember that one because the gathering and publishing information provision of that was one of the first big projects that I worked on when I came to the Medical Board in 2007. And that involved expanding the licensee information pages that we have on our website, where anyone in the world can look up any licensed physician or PA and find all kinds of helpful information about their credentials and any past adverse history that they have. So that is very memorable indeed to me. Mr. Mansfield, same question.

TM: Yes, Jean, thanks. I have another bill that stands out for me, but I want to thank David for his kind words about House Bill 818 from 2007. That was a huge milestone in the history of the Board. And really as part of that arc and evolution, we've been talking about how the Medical Board became a more modern entity. David was kind enough to ask me in 2003 to be the Legislative Liaison to the General Assembly. And I learned more from that part of my work probably than anything else over the last 21 years. And I had a lot of support and help from other folks. Sean Parker, who was a staff person at the General Assembly who years and years later became a public member on this Board. And Brian Blankenship, who's now Chief Legal Officer, was the lawyer here who came up with the idea of prison duties and authorities in its own section in the statute. So, there were a lot of people who contributed great ideas to that big rewrite in 2007. And as the Legislative Liaison, I thought I was on a pretty good roll at that point. And then two years later, in 2009, there was Senate Bill 958, which I will remember the number of forever and lots of details about that forever. And that's why it's the one that really stands out for me. For me it was the biggest legislative milestone and changed and how we do things over my 23 years now. And it was a bill that was led by Senator Martin Nesbitt from Asheville. He's now deceased, but I can hear his voice ringing in my ears clearly today as I could in 2009, and I can see his face. And we had a great many conversations about this legislation, which codified a variety of statutory due process rights for our licensees who are being investigated and potentially disciplined by the Board.

And this was one of my great many learning experiences over the years. You know, when you're sometimes not very smart about things, you get a lot of opportunities for great learning experiences. And I had one of those with Senator Nesbitt and also, you know, our stakeholders who were involved in the legislation at the time, folks at the North Carolina Medical Society and other organizations. I was resistant to the idea of the changes in that bill because I stubbornly believed that the Medical Board was doing it right, that the criticisms that sort of were the motivation for that legislation were unfair. And I just wanted to explain to Senator Nesbitt why, you know, the criticisms were unfair and wrong, instead of taking the opportunity initially to learn and improve the Medical Practice Act. And as I sit here today, you know, almost 15 years later, I can tell you the Medical Board is a lot better because of the ideas presented by Senator Nesbitt and presented by various stakeholders to articulate in the statute that we would provide certain information to our licensee at the beginning of the investigation, that we would give them the substance of the complaint against them, that we would make it clear to them that they had an opportunity to get an attorney to help them, and that we would work through their attorney only if they had an attorney, and there are a lot of details spelled out, and I won't go into all those, but every single thing I resisted at the time turned out to be great ideas. They were very, very good ideas, and I believe the Board as it exists today is a body. It's not just me who learned their lesson. I did, and I thank, Senator Nesbitt for saying to me one day, "Thom, stop being so tone deaf. I'm trying to help you. Let me help you." I think the Medical Board today is what Senator Nesbitt wanted for us as an organization at the time. We listen to our licensees, we listen to our stakeholders, we listen to the public, we do a great deal of outreach work, and we try to learn and understand others first before we launch into convincing some other body, some other person or some entity that they're wrong and we know better. I'm very proud of how that has changed over the years at the Medical Board, and I look forward to sustaining that approach. And I want any of our licensees or anybody else out there who cares about what's happening at the Medical Board to know that lesson got learned a decade and a half ago, and we were really open to feedback and criticism. And we will always try to learn and do better. So, for me, it was a big bill. A lot of changes in 2009 that Senate Bill 958, which really kind of was a natural extension of the House bill that David referred to in 2007. That's the big milestone for me.

JFB: Well, thank you for that. Those are both excellent choices. I was interested in hearing what you both had to say. You passed the interview question. But it's actually, Thom, what you just said about the Board's ability to take constructive criticism and act on it to improve is one of the traits that I admire most about this organization, because I think that at least in the years that I've been here, that has been true. Certainly not that this organization has been perfect, but that when faced with constructive criticism, instead of fighting against it, there's a real will to take a look and say, "Well, what could we be doing better?" And generally, we come out on the other side of a process like that better for it.

DH: Absolutely.

JFB: Well, I just want to say I had fun. I hope you had fun. I hope anyone listening to our podcast has fun. And thank you both for agreeing to play my little games and to take your time to celebrate the Medical Board's anniversary with me.

DH: Thank you, Jean.

TM: David, thank you for participating and Jean, thank you and your team so much for putting on this podcast.

JFB: Of course.

**Episode closing: 36:17**

That brings us to the end of this special anniversary edition of MedBoard Matters. I hope you had even half as much fun listening to this episode as we had making it. Be sure to check out our podcast show page at [www.ncmedboard.org/podcast](http://www.ncmedboard.org/podcast) for more NCMB history. And, as always, we'd love to hear from you. Did you like the format for our anniversary episode? Would you like to see us mix it up more often? Email us at [podcast@ncmedboard.org](mailto:podcast@ncmedboard.org) to share your feedback. This is your host, Jean Fisher Brinkley. Thank you for listening, and I hope you will join us again.