

North Carolina Medical Board



In 1859, the North Carolina General Assembly enacted the state's first Medical Practice Act and established the Board of Medical Examiners, later renamed the [North Carolina Medical Board](#). Two years later, the General Assembly would vote to secede from the Union, making North Carolina the 11th and last state to secede.

A [highway marker](#) in Raleigh marks the location of the first board meeting in 1859 and [minutes from the earliest board meetings](#) remain. The first license was awarded on June 6, 1859 to Dr. Lucius Coke of Palmyra, N.C. The first female licensee was Dr. Annie Lowrie Alexander of Cowan's Ford, N.C. in 1885. The first African American licensee was Dr. Manassa T. Pope of Rich Square, N.C. in 1886.

In 1889, the General Assembly passed a law requiring every practicing physician to register before Jan. 1, 1890 with the clerk of Superior Court in the county in which he or she practiced. Three groups of physicians were permitted to register: those licensed by the Board of Medical Examiners, those earning a diploma from a medical college prior to March 7, 1885, and those swearing under oath they had practiced medicine in the state prior to March 7, 1885. The registration provision remained in effect until 1967.

In 1907, the state legislature enacted the Osteopathic Practice Act and created a Board of Osteopathy. In 1971, the Medical Practice Act was amended to make the Board of Medical Examiners responsible for the regulation of physician assistants (PAs). Dr. Eugene Stead of Duke University Medical Center established the PA profession, assembling the first class of four PAs in 1965.

The board's predominant method for testing for more than 100 years was the blue book essay exam, which was written and graded by board members. In 1968, the board adopted the Federal Licensing Examination (FLEX), putting an end to the blue book exam. In 1977, the Medical Practice Act established that applicants for full licensure must have at least one year of post-graduate training and in 1985, the law was modified to require three years of post-graduate training for foreign medical graduates. In 1995, the board recognized the osteopathic board examination for licensure in North Carolina. Previously, osteopathic physicians were required to be board-certified by a specialty board approved by the American Board of Medical Specialties or have passed FLEX for licensure.

In 1947, the board adopted a plan of rehabilitation for physicians with addiction. In 1978, the N.C. Medical Society created the Physicians Health and Effectiveness Committee and later, several board members were instrumental in drafting rules for operation of the N.C. Physicians Health and Effectiveness Program. In 1994, the organization's name was changed to the N.C. Physicians Health Program and it gained nonprofit, tax-exempt status.

Many board members have served the medical regulatory profession on the national level. [Bryant L. Galusha, M.D.](#), a board member in the 1960s and 1970s, served as an officer for the FSMB and became known as the driving force behind the establishment of the United States Medical Licensing Examination (USMLE). He led the way in making the USMLE a reality by convincing skeptics that medical boards had no choice but to adopt a single, reliable and valid pathway to licensure. North Carolina Medical Board members who served as FSMB past presidents or chairs include: [Joseph J. Combs, M.D.](#) (1956-57), [Frank L. Edmondson, M.D.](#)

(1971-72), Bryant L. Galusha, M.D. (1981-82), [George C. Barrett, M.D.](#) (2000-01) and [Janelle A. Rhyne, M.D., M.A., MACP](#), who serves as the current FSMB Chair.

For more historical photos of the North Carolina Medical Board, please click [here](#).