

BEFORE THE
NORTH CAROLINA MEDICAL BOARD

In re:	)	
	)	
Charles Thomas Browning, M.D.,	)	CONSENT ORDER
	)	
Respondent.	)	

This matter is before the North Carolina Medical Board ("Board") regarding information provided to the Board concerning Charles Thomas Browning ("Dr. Browning"). Dr. Browning makes the following admissions, and the Board makes the following findings and conclusions:

STATUTORY AUTHORITY

The Board is a body duly organized under the laws of North Carolina and is the proper party to bring this proceeding under the authority granted to it in Article 1 of Chapter 90 of the North Carolina General Statutes and the rules and regulations promulgated thereto.

FINDINGS OF FACT

Dr. Browning was first issued a license to practice medicine by the Board on or about November 20, 2003, license number 200301336.

At all times relevant hereto, Dr. Browning practiced psychiatry in Raleigh, North Carolina.

Dr. Browning was the supervising physician of Nurse Practitioner A from 2018 to 2024. A collaborative practice agreement existed between Dr. Browning and Nurse Practitioner A, which authorized Nurse Practitioner A to provide psychiatric and substance use treatment and to prescribe medications used in the treatment of opioid use disorder, including opiate agonist medications. The collaborative practice agreement did not authorize Nurse Practitioner A to provide general medical care or chronic pain management services to patients.

Dr. Browning's supervision of Nurse Practitioner A began in 2018 when Nurse Practitioner A practiced with Dr. Browning at Recovery Innovations in Durham, North Carolina as a psychiatric nurse, and then continued after Nurse Practitioner A left her employment with Recovery Innovations in late 2019.

Nurse Practitioner A started her own solo medical practice in 2021 where, unbeknownst to Dr. Browning, she saw general medical patients and chronic pain patients.

The collaborative practice agreement between Dr. Browning and Nurse Practitioner A only contemplated the provision of psychiatric and substance use treatment. After Nurse Practitioner A left her employment with Recovery Innovations, Dr. Browning states that he was unaware that she had begun seeing other types of patients. When Dr. Browning communicated with Nurse Practitioner A about patients she was seeing at her solo medical

practice, she only shared information about psychiatric patients and substance use patients and never disclosed that she also saw general medical patients and chronic pain patients.

The Board has reviewed medical records from Nurse Practitioner A's solo medical practice. Those records reflect that she prescribed high doses of oxycodone to Patient A, a complex patient with multiple substance abuse issues, including daily alcohol abuse. According to medical records, from January 1, 2024, to September 6, 2024, Nurse Practitioner A prescribed oxycodone ten times with a monthly morphine equivalent ("MME") dose ranging from 90 to 192.86. According to medical records, between April and August 2024, Nurse Practitioner A saw Patient A six times and provided a prescription for oxycodone on all but one occasion.

A review of Patient A's medical records further revealed that Nurse Practitioner A started prescribing oxycodone to Patient A in August 2019 and sometimes provided up to 180 tablets in thirty days.

Additional patient records of Nurse Practitioner A from her solo practice reveal that Nurse Practitioner A frequently prescribed large amounts of oxycodone to patients. Nurse Practitioner A prescribed oxycodone to some patients ranging from 120 to 225 tablets, with MMEs from 180 to 450. One patient received three prescriptions of 225 tablets each without documented encounters in the medical record. During the course of treatment,

according to the medical records, four patients tested positive for THC, alcohol, or cocaine, yet aberrant urine drug screens were not investigated. In addition, some patients were concomitantly prescribed benzodiazepines without discussion of the risk of over-sedation.

Nurse Practitioner A's treatment of the patients described above and documentation at her solo medical practice fell below the minimum standards of acceptable and prevailing medical practice. Specifically, Nurse Practitioner A:

- Failed to review the North Carolina Controlled Substances Reporting System;
- Prescribed opioids in excess of recommended MME limits;
- Failed to use standardized risk management tools;
- Failed to decrease the excess doses of opioids;
- Failed to set functional goals and test for and measure the efficacy of her opioid therapies;
- Failed to inform her supervising physician, Dr. Browning, that she saw general medical patients and chronic pain patients at her solo practice when the collaborative practice agreement contemplated Nurse Practitioner A only see psychiatric patients and substance use patients; and,

- Failed to consult with her supervising physician prior to initiating and renewing opioid therapy in violation of the Strengthen Opioid Misuse Prevention ("STOP") Act of 2017.

On December 23, 2025, Nurse Practitioner A entered into a Consent Order with the North Carolina Board of Nursing ("Nursing Board") in which she was reprimanded and issued probationary conditions to continue to practice as a nurse practitioner.

Dr. Browning acknowledged Nurse Practitioner A's interest in opiate agonist treatment for substance use treatment but was unaware of her opioid prescribing practices for general medical patients and chronic pain patients. The collaborative practice agreement between Dr. Browning and Nurse Practitioner A only addressed care of psychiatric patients and substance use patients. As a psychiatrist, Dr. Browning was unqualified to supervise Nurse Practitioner A's treatment of chronic pain patients.

Dr. Browning acknowledged knowing of only one patient for whom Nurse Practitioner A prescribed opioids, and that was only after a report was made to the Nursing Board. Dr. Browning only agreed verbally and through email communications, to Nurse Practitioner A prescribing buprenorphine to substance use patients. Dr. Browning reports that had he been aware of Nurse Practitioner A's practice of prescribing opioids to general medical patients and chronic pain management patients, it would

have made him uncomfortable as her supervising physician. However, he continued to serve as Nurse Practitioner A's supervising physician without adequately questioning Nurse Practitioner A about her opioid prescribing practices and without amending their collaborative practice agreement after she left her employment with Recovery Innovations so as to restrict Nurse Practitioner A's ability to prescribe opioids.

Quality improvement ("QI") meetings between Dr. Browning and Nurse Practitioner A took place when Nurse Practitioner A called Dr. Browning about specific issues. Recent meetings only concerned renewing the collaborative practice agreement. Dr. Browning held meetings with Nurse Practitioner A annually or bi-annually in addition to when specific issues arose. According to Dr. Browning, after 2023, six months would pass without communication between him and Nurse Practitioner A.

Although Dr. Browning maintained some documentation of QI meetings with Nurse Practitioner A, primarily in the form of email communications between them, he did not adequately document QI meetings with Nurse Practitioner A in violation of 21 NCAC 32M .0110.

Dr. Browning failed to provide adequate supervision of Nurse Practitioner A after she left Recovery Innovations in late 2019, particularly with respect to treatment of chronic pain patients at her solo practice. The collaborative practice agreement between

Dr. Browning and Nurse Practitioner A did not contemplate the provision of primary medical care or the care of chronic pain patients, and Nurse Practitioner A never shared with Dr. Browning that she intended to see or was seeing these patients. Dr. Browning did not have the appropriate level of education, training, experience, or certification to supervise the delivery of primary medical care or the care of chronic pain patients provided by Nurse Practitioner A.

Dr. Browning terminated his collaborative practice agreement with Nurse Practitioner A in September 2024, when he concluded she was not adhering to the requirements of the agreement.

CONCLUSIONS OF LAW

Dr. Browning's conduct, as described above, constitutes unprofessional conduct, including, but not limited to, a departure from, or the failure to conform to the standards of acceptable and prevailing medical practice, within the meaning of N.C. Gen. Stat. § 90-14(a)(6), which is grounds under that section of the North Carolina General Statutes for the Board to annul, suspend, revoke, condition, or limit Dr. Browning's license to practice medicine or to deny any application he may make in the future.

Dr. Browning's conduct, as described above, constitutes the violation of a law involving the practice of medicine within the meaning of N.C. Gen. Stat. § 90-14(a)(7), which is grounds under that section of the North Carolina General Statutes for the Board

to annul, suspend, revoke, condition, or limit Dr. Browning's license to practice medicine or to deny any application he may make in the future.

PROCEDURAL STIPULATIONS

Dr. Browning acknowledges and agrees that the Board has jurisdiction over him and over the subject matter of this case.

Dr. Browning knowingly waives his right to any hearing and to any judicial review or appeal in this case.

Dr. Browning acknowledges that he has read and understands this Consent Order and enters into it voluntarily.

Dr. Browning desires to resolve this matter without the need for more formal proceedings and agrees not to contest the matters set forth herein in this case and any potential future proceeding involving the Board.

The Board has determined that it is in the public interest to resolve this case as set forth below.

ORDER

NOW, THEREFORE, with Dr. Browning's consent, it is ORDERED that:

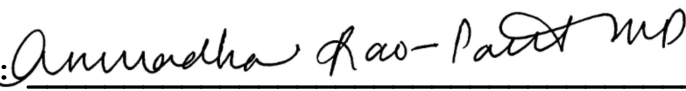
1. Dr. Browning is hereby REPRIMANDED.
2. This Consent Order shall take effect immediately upon its execution by both Dr. Browning and the Board, and it shall continue in effect until specifically ordered otherwise by the Board.

3. Dr. Browning hereby waives any requirement under any law or rule that this Consent Order be served on him.

4. Upon execution by Dr. Browning and the Board, this Consent Order shall become a public record within the meaning of Chapter 132 of the North Carolina General Statutes and shall be subject to public inspection and dissemination pursuant to the provisions thereof. Additionally, it will be reported to persons, entities, agencies, and clearinghouses as required and permitted by law including, but not limited to, the Federation of State Medical Boards and the National Practitioner Data Bank.

By Order of the North Carolina Medical Board this the 3rd day of September, 2026.

NORTH CAROLINA MEDICAL BOARD

By: 

Anuradha Rao-Patel, M.D.
President

Consented to this the 25th day of August, 2026.


Charles Thomas Browning, M.D.

State of NC

County of Carteret

I, Margot L Dunning, do hereby certify that Charles Thomas Browning, M.D., personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this the 25 day of August, 2026.


Notary Public

My Commission Expires: 11-04-2026

(Official Seal)

Margot L Dunning
Notary Public
Carteret County
North Carolina
My Commission Expires 11/04/2026