

DEPARTMENT OF HEALTH PROFESSIONS
Commonwealth of Virginia

BIENNIAL REPORT

For the Fiscal Years 2005 and 2006



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OUR MISSION:

To enhance the delivery of safe and competent health care by licensing qualified health care professionals, enforcing standards of practice, and providing information to both practitioners and consumers of health care services.

OUR VISION:

We envision the Department

- as a leader in ensuring competency of healthcare providers;
- providing outstanding customer service to applicants, licensees and consumers of regulated services;
- promptly and thoroughly intervening where there are allegations of misconduct that threaten access to safe to health care;
- providing useful and readily available information about health care practitioners which allows patients and their families to make informed decisions when selecting providers; and
- instilling in providers and consumers confidence in a system that authorizes and oversees the delivery of health care.

STATEMENT OF PURPOSE

The Department of Health Professions (DHP) is a state agency created to safeguard high quality and readily available health care services. DHP's work is based on the independent oversight of both individuals and facilities regulated by the Commonwealth.

2005-2006 Biennial Report

This report has been prepared as required by the *Code of Virginia* § 54.1-114 including:

1. a summary of the board's fiscal affairs;
2. a description of the board's activities;
3. statistical information regarding board disciplinary issues;
4. a summary of complaints and follow-up actions; and
5. board activities designed to increase its visibility and encourage public participation.

It also includes in its appendices specific statistical information as required by § 54.1-2400.3 :

1. case processing time;
2. licensees with more than two Confidential Consent agreements attendant to a standard of care issue within a ten-year time frame; and
3. disciplinary case staffing levels.

Healthcare issues of concern to the Department of Health Professions during the fiscal years 2005 and 2006, are noted, reflecting the activities undertaken to promote better, more accessible health care provided by any of the health related occupations licensed or regulated under the legal requirements of the State of Virginia.

The core of this report is prepared from information generated by each of the thirteen individual health regulatory boards, the new Prescription Monitoring Program, and the Health Practitioners Intervention Program as well as the oversight element, the Board of Health Professions.

Every board has provided a summary of its activities for the past two fiscal years to include information on 1) regulations changed, adopted or repealed, 2) new initiatives implemented, and 3) trends in licensing and disciplinary cases. Other information significant to the operation of an individual board has been included as well.

DEPARTMENTAL OVERVIEW

INTRODUCTION

The Department of Health Professions (DHP) and Virginia's 13 health regulatory boards, along with the Board of Health Professions (BHP), have responsibility for ensuring the safe and competent delivery of health care services through the regulation of the health professions. DHP provides services coordination and staff support to the health regulatory boards and BHP.

DEPARTMENT OF HEALTH PROFESSIONS

The Department of Health Professions is the state agency that supports the 13 individual regulatory boards and the Board of Health Professions. The department supports the boards through several means. Some of the agency staff serve as staff to the individual boards. In addition, the agency provides central staff to support the disciplinary function. The agency also provides the automated systems, budgetary and financial staff support, and human resources management support for the boards.

The Department is under the supervision of its Director, appointed by the Governor to serve at his pleasure. Consistent with his specific mandate in Section 54.1-2400 et. seq of the *Code of Virginia*, the Director appoints all staff consistent with the Virginia Personnel Act, prepares the budget for inclusion in the Governor's submission, enforces (investigates and inspects for compliance) law and regulation governing the professions, collects and accounts for revenue, expends all appropriated funds, enters into all contracts, and provides consolidated administrative services for the boards. In addition to these responsibilities the Director is responsible for the operation of the Health Practitioners Intervention Program (HPIP).

HEALTH REGULATORY BOARDS

Virginia's 13 health regulatory boards are responsible for licensing and disciplining health practitioners, and promulgating the regulations that govern health professionals. Some boards have additional responsibilities. For example, the Board of Nursing accredits nursing programs. The Department of Health Professions employees support the boards in their activities, but the members of these boards have the ultimate decision-making authority involving case decisions and promulgation of regulations.

During the biennium the 13 boards regulated more than **282,000** health professionals, facilities, and other entities. The June 30 licensee totals would indicate the number of professionals regulated by these boards has increased by about **three (3)** percent over the prior biennial and about **30** percent in the last ten years. The boards also received approximately **10,500** disciplinary cases over the two year period and promulgate dozens of regulations. A description of each of these boards and the professions they regulate are contained in separate chapters of this report.

The Governor appoints all board members, and most are health professionals licensed by the boards to which they are appointed. In addition all boards have one to five citizen members. Board members serve four-year terms and cannot serve more than two successive full terms.

Each of the 13 health regulatory boards is responsible for determining which applicants meet the necessary requirements for licensure, certification and registration. However, it is primarily DHP staff who process and evaluate applications with the assistance of testing services retained by DHP.

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Licensure or certification typically requires the completion of a board-approved professional education program and the passage of an approved examination in the applicant's chosen professional field. To practice a licensed profession, one must hold a license: However, in some cases individuals may practice without receiving certification, but may not represent themselves to be certified.

DHP staff investigates and prosecutes most of the cases submitted to the agency, but board members hear the facts and render the final decisions. The Administrative Process Act allows these cases to be adjudicated by a hearing officer, but the health regulatory boards have exercised their authority to hear the great majority of the cases themselves.

The health regulatory boards are also responsible for promulgating the regulations which are necessary to govern the professionals they regulate. These regulations establish initial licensure requirements, set fee rates and renewal requirements, and establish standards and scopes of practice.

BOARD OF HEALTH PROFESSIONS

The Board of Health Professions (BHP) was created in 1977 to assist the health regulatory boards coordinate the development of guidelines governing health care professionals in Virginia. BHP is also responsible for advising the DHP Director, General Assembly, and the Governor on matters related to the regulation of health professions. The Board is comprised of 18 members, one from each of the 13 health regulatory boards, and five citizens (consumers), all appointed by the Governor.

BOARD STAFF

Each of the 13 boards is served by an Executive Director. The Boards of Medicine, Nursing, and Pharmacy, each have an Executive Director whose sole responsibility is to serve that board. In the case of the other boards that have fewer licensees, the Executive Director is responsible for overseeing two or three boards. The Executive Director who is responsible for both the Board of Optometry and the Board of Veterinary Medicine also serves the Board of Health Professions. Boards have additional support staff and, in some cases, Deputy Directors to support a variety of individual board functions. Board Executives are responsible to the boards they serve, and to the Department Director.

ENFORCEMENT DIVISION

Staff of the Enforcement Division provides complaint receipt, investigation, inspection and monitoring services for the agency. This division includes: investigators, both central and field staff who investigate allegations regarding health care professionals, and; inspectors who conduct routine inspections of pharmacies, veterinary facilities and funeral establishments. At the conclusion of the biennium DHP employed 45 investigators including four intake investigators, three internal investigators and 38 field investigators, and 9 inspectors.

ADMINISTRATIVE PROCEEDINGS

The Administrative Proceedings Division (APD) reports to the Specialists Director of the agency. Headed by a Director and two Deputy Directors, APD's 15 Senior Adjudication Specialists and three support staff are responsible for the preparation, processing, and prosecution of disciplinary cases.

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AUTOMATED SYSTEMS

The Division of Automated Systems is responsible for implementing and supporting agency mission critical automated systems, web sites, related computerized supplemental applications, and technology operations and production services for the agency and all the boards. This division has six staff positions and is managed by a Technology Director who has passed the Commonwealth's qualifications to manage technology projects over a million dollars. The information technology (IT) function of the Department has been managed during this two year period by the Commonwealth's Virginia Information Technology Agency (VITA) that assigned two onsite full-time IT contract staff to provide the agency with network, hardware, and computer operating system software support.

DHP utilizes the Commonwealth's Enterprise Licensing System contracted through System Automation for its licensing and discipline management, and its related database maintenance system that houses all of the database information of the Department and the boards. The Department's online licensing activities are also managed through System Automation's companion web licensing software.

FINANCE

DHP's Finance unit is responsible for all of the fiscal (budgeting, accounting, and revenue management), contracting, and purchasing activities for the agency and the individual boards, and is managed by the Deputy Director for Administration. This unit employs 11 full-time staff. Finance also manages the contract for the in-house copy center and mailroom.

HUMAN RESOURCES

The Human Resource Division's operations are centralized, providing managers with assistance related to recruitment and selection, employee benefits, classification and compensation, training and development, policy guidance, and management of the receptionist area. Human Resources is comprised of a Human Resource Director, a Human Resource Analyst II, two Human Resource Assistants, and a wage Administrative and Program Specialist III.

DEPARTMENT OF HEALTH PROFESSIONS FUNDING

DHP receives no funding from the state's general fund. The principle source of funding is fees charged to license holders regulated by the 13 health regulatory boards. The *Code of Virginia* requires, with one exception, that each of the 13 health regulatory boards collect sufficient fees from its licensees to cover its own operating expenses and its respective share of the cost of operating DHP. The only regulated health occupation whose costs are not paid for entirely by licensure fees is the Certified Nurse Aide (CNA) program, within the Board of Nursing. Certified Nurse Aides are regulated pursuant to a program originally initiated by the federal government, and the federal government provides some funding for their regulation through Medicare and Medicaid. In this biennium the Department received a grant from the U.S. Department of Justice to fund the Prescription Drug Monitoring Program.

During the biennium ending June 30, 2006, the 13 health regulatory boards received approximately \$40.3 million in total revenue while expenditures totaled approximately \$38.3 million. The Board of Medicine had revenues of approximately \$12.84 million in the last biennium followed very closely by the Board of Nursing with \$12.78 million. Together the two boards represent approximately 64% of total revenues and 60% of total expenditures.

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Biennial Revenue and Expenditures
July 1, 2004 through June 30, 2006

	Revenue		Expenditures	
		% to Total		% to Total
Audiology and Speech Lang	415,865	1.0%	324,834	0.8%
Certified Nurse Aides (Federal)	1,182,448	2.9%	1,698,668	4.4%
Certified Nurse Aides (State)	1,511,438	3.8%	1,297,406	3.4%
Counseling	814,639	2.0%	689,732	1.8%
Dentistry	2,311,670	5.7%	2,897,048	7.6%
Funeral Directors and Embalmers	845,153	2.1%	857,621	2.2%
Long Term Care Administrator	383,027	1.0%	283,199	0.7%
Medicine	12,841,685	31.9%	12,511,581	32.7%
Nursing	12,785,402	31.7%	10,311,187	26.9%
Optometry	626,980	1.6%	496,602	1.3%
Pharmacy	3,562,625	8.8%	3,300,011	8.6%
Physical Therapy	453,672	1.1%	558,831	1.5%
Prescription Monitoring	204,384	0.5%	660,708	1.7%
Psychology	645,969	1.6%	551,091	1.4%
Social Work	628,908	1.6%	572,963	1.5%
Veterinary Medicine	1,075,442	2.7%	1,156,575	3.0%
Nursing Scholarship*			110,324	0.3%
Miscellaneous	1,600	0.0%	12,133	0.0%
Total Revenue	40,290,907	100.0%	38,290,514	100.0%

*Nursing Scholarship Transfer dollars are derived from Nursing income.

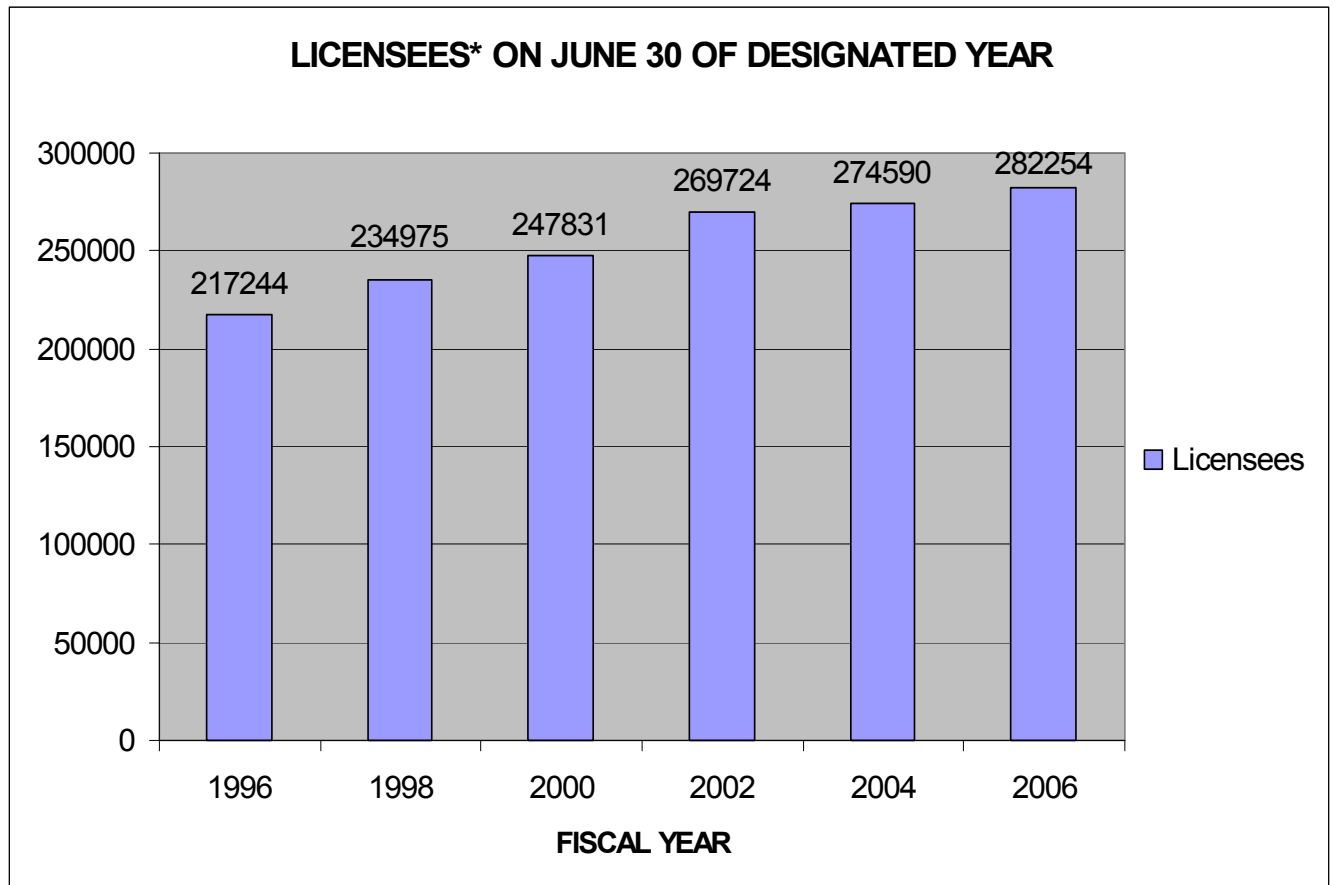
Continued Growth

As evident in the graph below, DHP as a whole continues to experience growth in the number of licensees authorized to render health care as measured by the number of individuals holding a license on June 30, 2006, the end of the biennium. The increase over the previous biennium is approximately 2.8%.

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The growth in numbers of practitioners is believed to be based on the demand for health care services and the number of individuals choosing careers in health care delivery as well as the availability of enrollment in corresponding educational institutions.



BOARD OF HEALTH PROFESSIONS

The Board of Health Professions is an advisory body within the Department of Health Professions authorized by the General Assembly with specific powers and duties listed in §§54.1-2500, 54.1-2409.2, 54.1-2410 *et seq.*, and 54.1-2730 *et seq.* of the Code of Virginia. This eighteen-member body is appointed by the Governor and comprised of five consumers and representatives from each of the thirteen health regulatory boards. The chief role of the members from the health regulatory boards is to bring their subject-matter expertise and perspectives as health care providers to the Board to assist in conducting policy reviews. The five citizen members offer their unique perspectives to this effort as health care consumers and as informed members of the general public.

Among the Board's various powers and duties is its authority to review agency activities. The Board periodically examines the disciplinary processes of the Department and individual boards to ensure the public's protection and the fair and equitable treatment of health professionals. The Board is also authorized to advise the Department's Director, the General Assembly, and the Governor on issues relating to the regulation or deregulation of health care professionals and on issues that transcend individual professions but may affect health care professional regulation in general.

REGULATORY ISSUES

Assisted Living Facility Administrators

Begun in October 2003, the Board continued its investigation into the need to regulate administrators of assisted living facilities in 2004. What constitutes "assisted living," was deemed to be constantly evolving and so complex that it creates confusion for consumers and presents challenges to the states attempting to regulate its safety. Also, many clients of nursing homes and assisted living facilities were deemed to be similarly vulnerable and in need of observation concerning their health status. Yet the degree and approach to regulatory oversight of assisted living facilities was very different. Heretofore, the regulation of assisted living in Virginia was facility-based, with minimal credentials required of those overseeing compliance with facility regulations. A number of egregious health and safety problems in a number of assisted living facilities throughout the state were revealed that were largely attributable to lack of sufficient training and accountability of administrators and owners. The Board recommended licensure of assisted living administrators and the expansion and renaming of the Board of Nursing Home Administrators to the Board of Long Term Care Administrators. The General Assembly also expanded the assisted living legislation to include the oversight of medication aides by the Board of Nursing due to numerous problems with medication errors. Additionally, the legislation also provided for stronger enforcement authority by the Department of Social Services for the facilities.

To adequately address the increased licensure, disciplinary, and policy needs for assisted living facility administrators and medication aides, 27 new positions were requested and granted. Beginning in FY 2007, a new Board Executive Director will oversee the Board of Long Term Care Administrators, the Board of Audiology and Speech-Language Pathology, and the Board of Physical Therapy.

Dialysis Patient Care Technicians

The 2003 General Assembly established title protection for "dialysis patient care technicians" or "dialysis care technicians." This legislation required the Board of Health Professions to approve in regulation appropriate credentialing organizations for these technicians. Also, provisions of the *Virginia Drug Control Act* restricted access to controlled substances used in dialysis care to those technicians who are appropriately credentialed (reference Chapter 995 of the 2003 Acts of the Assembly). An enactment clause to this legislation made it

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become effective when the Board of Health Professions' regulations became final.

Three national credentialing programs existed with differing levels of education and experience requirements. The Board's final regulations became effective on May 18, 2005 and provided for the credentialing through one of three national credentialing programs or certification or licensure from other states with similar requirements to Virginia's. Those persons who were employed as dialysis patient care technicians or dialysis care technicians on or before May 18, 2005 were considered grandfathered and were deemed to be credentialed. Those not so credentialed or not deemed credentialed after May 18, 2005 could not provide direct patient care. This presented a real problem for new candidates.

No training programs for dialysis patient care technicians exist in educational institutions in Virginia. Their training has been routinely obtained through employer provided didactics and supervised patient care experience on-the-job. Since actual patient care was restricted by the statute to those credentialed, obtaining even supervised patient care experience became problematic. In response to Virginia's situation, one of the three national credentialing organizations offered to provisionally credential candidates until they could obtain the practical experience afforded by supervised direct patient care. But, because this restricted the options available for credentialing candidates, representatives from dialysis clinics requested that provisions be made to allow supervised hands-on training for a specific period of time. The Board recommended legislation which passed in the 2006 General Assembly to allow certification candidates a period of up to two years of supervised patient care training. Such practical training was deemed to be fundamental to safe practice. The dialysis patient care technician in this training period must be designated as a "trainee."

Naturopathy

A study into the feasibility of regulating the practice of naturopathy in Virginia was conducted in 2005. As with all its sunrise reviews, the Board's *Policies and Procedures for the Evaluation of the Need to regulate Health Occupations and Professions* governed the study. The Board reviewed the relevant literature, federal and state laws and regulations, information on educational accreditation and credentialing programs, licensing and disciplinary information, malpractice data, media coverage, estimates of the number and type of practitioners in Virginia, and public comment. By applying its standard evaluative criteria, the Board determined that there was insufficient risk of harm posed by naturopaths to warrant regulation as a profession. They noted that there are no known instances of any Virginia citizen being harmed by naturopathic practice. They reasoned that existing statutes, such as those which prohibit the unlicensed practice of medicine, could adequately address the problem should it arise.

MAJOR INITIATIVES

Telehealth

With the increasing pace of development in electronic health technologies and greater health care accessibility through electronic means, the need for state regulatory boards to remain abreast becomes increasingly important. In 1998, the Board examined the proper role of state regulation of practice across state lines. It recommended that to best ensure consumer protection, practice should be regarded as occurring where the patient is located. This allows the patient recourse through his state's regulatory authority. The 1998 review also recommended that states consider interstate compacts for mutual recognition of licensees or limited licensure to permit practice from remote location but subject to disciplinary action by the appropriate regulatory board. In July of 2005, the Board was updated on the recent technological innovations, Congressional studies, and regulatory actions taken by the states since 1998.

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The Board concluded that telehealth, also referred to as electronic practice, is of great concern to the Board of Pharmacy because of Internet dispensing issues but appeared to be of varying consequence for other professions. The Nursing Compact had been developed to address some concerns relating to nursing practice across state lines, but no other profession had adopted this regulatory model. To obtain a better understanding of the impact of telehealth on varying professions, at the August 2005 meeting the Board requested that each board review the effects and implications of electronic practice and submit a report to the Board in August of 2006.

Sanctions Reference Study

To enable boards to have an effective tool to determine fair and equitable sanctioning is the fundamental purpose of the Sanctions Reference Study. Begun in 2001, the results of this study provide board members, licensees, and the general public with a ready reference of the factors that individual boards have used when making sanctioning decisions for different types of cases, modified to remove inappropriate factors such as sex, race, attorney presence, and so forth. The result, tailored for a respective board, provides a uniform set of significant licensee and patient factors against which to judge the appropriate sanction based on a point system.

The Board of Medicine's system was the first to be developed and implementation began in August of 2004. Training sessions were held for Board members and the Attorney General's Office, Administrative Proceedings Division, and attorneys involved in healthcare in July of 2004. Additionally, a presentation on the sanction reference methodology was presented at the 2004 Council on Licensure Enforcement and Regulation in September in September. Systems were developed for the Board of Pharmacy, Board of Nursing, and Board of Dentistry by the end of the biennium. Also before the end of FY 2006 work began for the Board of Veterinary Medicine and Board of Funeral Directors and Embalmers. Their systems should be ready for use by the end of calendar year 2006. Research for the remaining boards will begin in early 2007.

Disciplinary Process

During the biennium, the Board's continued to monitor the agency performance relating to discipline at its quarterly meetings. In addition, the groundbreaking Sanctions Reference Study continued and in 2004 yielded a working system for Medicine. Once Medicine was complete, efforts on behalf of the other large boards began in earnest.

Caseload Resolution Performance

At its quarterly meetings, the Board reviewed the agency's performance on case resolution time standards, as well its activities designed to address the significantly increased caseload experienced in FY 2005 and 2006. Although caseload increased by 15% over the last biennium, overall performance on case standards rose by 8.2 percent. Additional investigative staff and the institution of Confidential Consent Agreements by the Boards to resolve minor cases not involving patient harm were viewed as significant factors in minimizing the increase in case resolution time. Additionally, the revision of the case priority system from six to four priorities that separate patient harm cases from property cases began implementation on July 1, 2005, with favorable reactions by its users.

BOARD OF AUDIOLOGY AND SPEECH LANGUAGE PATHOLOGY

REGULATORY ISSUES

The Board of Audiology and Speech-Language Pathology amended its regulations, 18 VAC 30-20-10 et seq., during the biennium to increase its fees. With the amended regulations, in late 2004, the Board changed to a yearly renewal period. Also in 2004, the Board conducted its first continuing competency audit for the renewal of its licensees. Eighty-three percent completed the audit process.

MAJOR INITIATIVES

During the 2005 fiscal year, the Board proposed legislation for the establishment of a provisional license for audiologists. The legislation was passed during the 2006 Virginia General Assembly. The provisional license was developed to allow students to assist those individuals in Doctorate of Audiology programs to practice within a supervised setting.

LICENSING TRENDS

The Board experienced a twelve percent increase in the number of applications filed for speech-language pathologists. The increase can be attributed to the need for speech-language pathologist in complying with state requirements for the Federal No Child Left Behind Act. The Board experienced an overall 3.4% decrease in number of licensees on record as of June 30 from the last biennium. The decline may reflect the effect of the continuing competency requirements and that in lieu of meeting the requirement some licensees elected not to renew their license.

DISCIPLINARY ISSUES

This biennium produced a significant upsurge in the number of complaints from 13 to 42. The increase represents the licensees who failed to obtain continuing competency requirements. The disciplinary case load continues to be small in comparison to other boards within the agency although it far outpaces the growth in licensees.

BOARD	Licensees*		Complaints Received		Complaints Closed		# of Findings		# of Sanctions	
	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006
Audiology/Speech Pathology	4100	3598	17	25	8	14	5	13	1	0
<p>*The total number of licensees is a count of all persons or entities holding an active or inactive license at any time during the fiscal year.</p>										

BOARD OF COUNSELING

REGULATORY ISSUES

REGULATIONS GOVERNING THE PROFESSION OF PROFESSIONAL COUNSELING, 18 VAC 115-20-10 et seq.

REGULATIONS GOVERNING THE PRACTICE OF MARRIAGE AND FAMILY THERAPY, 18 VAC 115-50-10 et seq.

REGULATIONS GOVERNING THE PRACTICE OF LICENSED SUBSTANCE ABUSE TREATMENT PRACTITIONERS, 18 VAC 115-60-10

REGULATIONS GOVERNING THE CERTIFICATION OF SUBSTANCE ABUSE COUNSELORS, 18 VAC 115-30 et seq.

During the previous biennium the Board of Counseling began the process of reviewing the Standards of Practice for Licensed Professional Counselors, Licensed Marriage and Family Therapists, and Licensed Substance Abuse Treatment Practitioners to update the requirements to be relative to today and to be consistent with that of other states, and counseling professional associations. This regulatory effort continues.

On September 8, 2004 amended regulations of the Board became effective to implement requirements for continuing education as a condition of licensure renewal. Section 54.1-3505.1 of the Code of Virginia, enacted in 2002, mandated that the Board promulgate regulations establishing requirements for evidence of continued competency as a condition of license renewal. In order to comply with this mandate the Board amended regulation of the three licensure professions, *18 VAC 115-20-10 et seq.*, *18 VAC 115-50-10 et seq.*, and *18 VAC 115-60-10 et seq.*, to require a minimum of 20 hours of continuing competency for each annual licensure renewal.

In conjunction with the continuing education amendments the Board established an "inactive" licensure status. A licensee who wishes to place his license in an inactive status may do so upon payment of an inactive renewal fee.

On January 11, 2006 amended regulations of the Board became effective which updated and provided consistency relating to standards of practice, disciplinary actions and reinstatement for three professions licensed by the Board.

The amended rules provided standards relating to ethical behavior in the care and treatment of clients, maintenance and disclosure of records, and in the responsibility of a practitioner for delegation of services to subordinates under their supervision. Although the existing standards of practice cover many of the same areas of professional conduct in each of the chapters, the Board determined that greater standardization was needed to provide fairer and more consistent bases for disciplinary action.

On August 26, 2005, the Board amended 18 VAC 115-20-10 et seq., Regulations Governing the Practice of Counseling for a reduction in the fees charged to applicants for application processing and initial licensure and for registration of supervision. This change became effective January 14, 2006.

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The Board decided to discontinue a contract with the Center for Credentialing and Education (CCE) to receive, process, review, and approve applications for licensure, as well as register supervisors for applicants obtaining practical experience.

As a part of the work plan for bringing the application process for counselors back to the Agency, the Board amended regulations to specify and reduce fees for consistency with other licensed professions. The total fee for review of applications by CCE was \$170. The amended regulation set the total fee at \$140 - a \$30 reduction. Likewise, the fee for registration of supervision was reduced from \$75 to \$50 and \$25 for a subsequent change in supervision.

On March 22, 2006 amended regulations became effective to correct the name of a credentialing organization as cited in regulation. The Board amended sections: 18 VAC 115-20-106B1d6 of Regulations Governing the Practice of Professional Counseling; 18 VAC 115-50-96.B1d6 of Regulations Governing the Practice of Marriage and Family Therapy; and 18 VAC 115-60-116B1d6 of Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners to correctly designate the responsible organization referenced in that section. Regulation in place at the time references the "Commission on Rehabilitation Education." It was brought to the Board's attention that the correct name should be "The Commission on Rehabilitation Counselor Certification."

On April 19, 2006 two amended regulations, both of which were exempt from provisions of the Administrative Process Act, became effective to provide a reduction by one-half of the renewal fee for 2006 and to conform the returned check fee to the fee set by law:

1) In order to reduce an accumulated surplus in the budget of the Board of Counseling, a one-time reduction in renewal fees has been adopted for the renewal due June 30, 2006. The renewal fee for licensed professional counselors, marriage and family therapists and licensed substance abuse treatment providers will be reduced for the annual renewal from \$105 to \$52; for substance abuse counselors and rehabilitation providers, the renewal fee will be reduced from \$55 to \$27; and for substance abuse counseling assistants, the renewal fee will be reduced from \$40 to \$20.

2) At the time regulations of the Board of Counseling provided for a fee of \$25 for a check that is not paid by a financial institution on which it is drawn because of insufficient funds in the account. The Administrative Process Act specifies that the penalty shall be \$35 or the amount of any costs, whichever is greater.

Regulatory Concerns

The Board of Counseling was concerned with a lack of clearly stated criteria for endorsement in the regulations of its three licensing professions: Licensed Professional Counselors; Licensed Marriage and Family Therapists, and; Licensed Substance Abuse Practitioners. and was in the initial phase of amending regulations for endorsement and portability. The Board recognized a trend toward mobility among counselors wishing to be licensed in multiple jurisdictions in a manner that is less burdensome than currently exists in Virginia Board of Counseling regulations, as well as most other states. Consequently the Board has begun the regulatory process to specify what will be considered equivalent to the education, and experience requirements to become licensed in Virginia through endorsement.

The process to facilitate portability is an initiative by the American Association of State Counseling Boards (AASCB) whose membership includes all of the states that govern licensed professional counselors. AASCB has created a National Counseling Registry (NCR) in which a licensed counselor, can, for a fee,

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bank his credentials and another Counseling Board would accept the endorsement from the NCR which would be the primary source of documentation, therefore, facilitating interstate mobility for the counselor.

Additionally, the Board of Counseling was concerned with assuring that the quality of supervision for licensure is adequate during the two years of post degree supervision, a component for licensure. The Board considered a broad range of education and training options for licensees who supervise “Residents” to assure that the supervisor has the adequate competence to supervise applicants during their two year training period prior to becoming licensed. Although the Board is concerned with the quality of the supervised experience there is little empirical evidence to support the need of specific training requirements for the supervisor. This issue will be monitored by the Board of Counseling in upcoming months.

The Board’s three licensed professions were required to document 20 hours of continuing education upon annual license renewal in June 2005. An audit of 2% of the active licensees was conducted in the spring of 2006 utilizing guidelines adopted by the board as guidance documents to consistently address non- compliance.

In 2006 the Board celebrated the 30th anniversary year for Counseling licensure in Virginia .

TRENDS IN LICENSING

The Board of Counseling regulates six professions: licensed professional counselors, licensed marriage and family therapists, licensed substance abuse treatment practitioners, certified substance abuse counselors, certified substance abuse counseling assistants and certified rehabilitation counselors. With the requirement for continuing education some licensees probably elected to have an inactive license or not to renew at all. As of June 2006 the Board included 2829 professional counselors, 1450 certified substance abuse counselors, 841 marriage and family therapists, 330 Rehabilitation Providers, 170 substance abuse treatment practitioners, and 16 substance abuse counseling assistants, totaling 5637 licensed and certified individuals representing an overall increase of one (1) percent since the last biennium.

TRENDS IN DISCIPLINE

Boundary violations comprise the majority of the complaints in this biennium as in previous years. Sanctions were imposed in 16 cases. Since Licensed Professional Counselors represent nearly fifty percent of the Board’s licensees, the majority of the violations were attributable to that group of licensees.

BOARD	Licensees*		Complaints Received		Complaints Closed		# of Findings		# of Sanctions	
	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006
Counseling	6979	6721	46	63	43	59	32	30	5	7

*The total number of licensees is a count of all persons or entities holding an active or inactive license at any time during the fiscal year.

BOARD OF DENTISTRY

REGULATORY ISSUES

Periodic Review Including Rules for Anesthesia and Sedation

The Board of Dentistry completed a periodic review of the Regulations Governing the Practice of Dentistry and Dental Hygiene when revised regulations went into effect on June 29, 2005. The changes included:

- The requirements for training, emergency equipment and techniques, staffing, and patient monitoring that are necessary to protect the health and safety of patients in dental offices during the administration of analgesia, sedation and general anesthesia.
- Amending the educational requirements for licensure to accept completion of either an accredited pre-doctoral dental education program leading to a doctoral degree or a post-doctoral specialty program recognized by the American Dental Association for licensure.
- Adding options for applicants who took a clinical examination five or more years prior to applying for licensure and establishing remediation requirements for candidates who have failed the clinical examination three times; and
- Replacing the requirement for passing a jurisprudence examination with a requirement for certification that the laws and regulations governing the practice of dentistry have been read and understood and that the licensee will keep current with changes made.

Implementing Licensure by Credentials and Other Changes

In 2005, the Board successfully sought legislation that allows any dentist with five years of practice in another jurisdiction who is in good standing to apply for licensure by credentials in Virginia. Emergency regulations required by the statute moved quickly through the review process and went into effect on September 1, 2005 and applications began arriving within days of the effective date.

Proposed Regulations to Increase Fees

On September 19, 2005, the Board of Dentistry issued a Notice Of Intended Regulatory Action for increasing fees in response to an advisory memorandum for the director of DHP that the Board needed to increase fees at its earliest opportunity. The Board was advised that it needed to at least double dental renewal fees and increase dental hygiene fees by 50% for the 2007 renewals in order to be solvent by the end of FY 2009.

Dental Hygienists Administering Schedule VI Analgesia and Anesthesia

The Board of Dentistry began the regulatory process to establish regulations on the education and training requirements a dental hygienist must meet in order to administer Schedule VI drugs. This regulatory action is needed to implement a 2006 amendment to the Drug Control Act which allows dental hygienists to administer nitrous oxide inhalation analgesia, and local anesthesia to persons over eighteen years of age.

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MAJOR INITIATIVES

Expanded Duties for Dental Assistants

Over the last several years dentists and public health services have advised the Board that there is a need for more dental professionals particularly in rural areas of the Commonwealth. The Board initiated a regulatory process in early 2005 to allow dental assistants with appropriate training to do intra-oral procedures and to establish two levels of dental assistants, one limited to chair-side duties and the second to do expanded duties after completing education and certification requirements. Then based on public comment, at its December 9, 2005 meeting, the Board deferred its regulatory action and agreed to pursue legislation for the 2007 Session of the General Assembly. The Board's proposed statutory language was circulate for public comment with a deadline of July 14, 2006. The public comment received will be used by the Director of the Department of Health Professions to decide whether the Board's proposal should be advanced for the 2007 Session of the General Assembly or be returned to the Board for further development.

Clinical Examinations for Dentists and Dental Hygienists

At its meeting on September 10, 2004, the Board of Dentistry adopted a motion to accept the test results of the four regional testing agencies in the United States which are conducting clinical examinations for dentists and dental hygienists. This action greatly increased the number of dentists and dental hygienists eligible for licensure in Virginia.

Quality Assurance Reviews of Oral Maxillofacial Surgeons Certified to Perform Cosmetic Procedures

In response to legislation enacted in 2001, the Board of Dentistry was required to implement a quality assurance review process for oral and maxillofacial surgeons (OMSs) certified by the Board to perform cosmetic procedures. The Board adopted regulations effective January 30, 2002, which provide that each certificate holder will be audited no less than once every three years, and that the review will include a random audit of charts of patients receiving cosmetic treatment. The first audits were conducted in 2005.

Advertising Cases

At its meeting on March 3, 2006, following a lengthy discussion about the responses to be given to three inquiries about advertising, the Board of Dentistry decided to review and amend the laws and regulations governing advertising by dentists.

TRENDS IN LICENSING

Two changes were implemented by the Board to expand eligibility for dental licensure. The Board began accepting four regional clinical examinations instead of just one and began offering licensure by creden-

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tials. As a result, there was a dramatic increase in the number of new dental licenses issued. The number of new dental licenses issued rose from 308 in the previous biennium to 602 in this biennium.

After experiencing a slight decline in the number of licensed dentists in the last biennium, the number grew by 5% in this biennium, increasing from 5337 to 5626. The number of licensed dental hygienists continues to increase. A 6% growth rate was experienced with the number increasing from 3838 to 4091.

TRENDS IN DISCIPLINE

During the biennium, 851 complaints against dentists and dental hygienists were received, which represents an 18 % increase over the previous biennium. There were 583 open cases pending disposition at the close of the biennium, which is a 54% increase over the number at the close of the last biennium. The Board’s rate of compliance with the established case standards for disposition of cases fell by 11.2% from the previous biennium with the Board achieving a compliance rate of 31.49% for this biennium.

BOARD	Licensees*		Complaints Received		Complaints Closed		# of Findings		# of Sanctions	
	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006
Dentistry	10753	11417	412	438	262	384	220	307	64	131
<p>*The total number of licensees is a count of all persons or entities holding an active or inactive license at any time during the fiscal year.</p>										

BOARD OF FUNERAL DIRECTORS AND EMBALMERS

REGULATORY ISSUES

In 2004, the Board of Funeral Directors and Embalmers was sanctioned by the Federal Trade Commission due to a complaint against the Board. The complaint cited anti-competitive regulation within the pre-need funeral planning regulations prohibiting discounts of pre-need funeral arrangements. After review of the complaint and investigation, the Board amended its pre-need funeral planning regulations to allow discounting of pre-need products. The amended regulations became effective July 28, 2004. In 2005, the signed consent order with the FTC was placed on the Board's website as required.

Also, the Board conducted its first audit of the continuing education requirements for the March 31, 2005 renewal period. Funeral directors, funeral embalmers and funeral service licensees are required to obtain 5 hours of continuing education each year. Ten percent of the licensees were audited with 95% responding.

In regard to statutory changes, applicants with felony convictions were granted the opportunity to apply for licensure beginning on July 1, 2005. Prior to that date, applicants for licensure as funeral service licensees and resident trainees were prohibited from applying for licensure to practice funeral service in Virginia. Also, that same year a law was passed to curtail the existence of a "career" resident trainee. The new law granted the Board the authority to deny any subsequent resident traineeship if the first traineeship was not completed.

In 2006, the Board drafted legislation changing the name of resident trainees to funeral service interns. The change reflects a growing trend within the funeral service industry to increase the professionalism of the occupation of funeral service. It also enhances its alignment with other health care occupations.

Also, in 2006, the Board began the study of its crematory law. The Board created a task force composed of cremation industry representatives. The goal is to strengthen the current law due to the increasing demands for cremation services by the public.

MAJOR INITIATIVES

The Board of Funeral Directors and Embalmers hosted a strategic planning retreat in 2004. The retreat members included not only Board members and staff, but inspectors, investigators, and representatives of the state funeral service organizations. The retreat examined current topics and the Board drafted a plan for future initiatives and issues.

In March 2006, the Board of Funeral Directors and Embalmers procured a new testing vendor, Professional Credential Services, Inc. Also, the Board revised its jurisprudence examination and reduced the number of questions.

During 2004-2006, the Board received interpretations from its Assistant Attorney General regarding licensee responsibility at final disposition, release of applicant names and information, next of kin interpretation, and casket stores.

In 2005, the Board participated in the Mass Fatalities Management Task Force organized by the Chief Medical Examiner's office. A final report was issued in 2006 outlining state and local procedures for addressing mass fatalities in the Commonwealth.

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TRENDS IN LICENSING

During the biennium, the Board experienced an increase of 1.9% of its licensees. The greatest increase was reflected in the licensure of crematories. There continues to be a relevant correlation between the crematory growth area and the increase and acceptance of cremation as an alternative burial choice.

TRENDS IN DISCIPLINE

The Board experienced a fifteen percent decrease in the number of cases received during the biennium. Pre-need funeral planning, inspection violations and unlicensed activity lead the categories of violations for the licensees of the Board, making up approximately 58% of all complaints.

BOARD	Licensees*		Complaints Received		Complaints Closed		# of Findings		# of Sanctions	
	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006
Funeral Directing	2976	2909	88	86	69	37	35	23	21	15

*The total number of licensees is a count of all persons or entities holding an active or inactive license at any time during the fiscal year.

BOARD OF LONG TERM CARE ADMINISTRATION

REGULATORY ISSUES

Regulation of Assisted Living Facility Administrators

The Board of Long-Term Care Administrators held its first meeting on Wednesday, August 10, 2005, and immediately began work on promulgating regulations which will govern the licensure and practice of assisted living facility administrators. Pursuant to the 2005 Acts of the Assembly, the Board adopted a Notice Of Intended Regulatory Action for the regulations and addressed the appointment of the Task Force on Licensing Assisted Living Facility Administrators comprised of representatives of key organizations in the field of assisted living: the Consumer Consortium, the Virginia Association of Nonprofit Homes for the Aging, the Virginia Health Care Association, the Virginia Association of Community Services Boards, the Virginia Assisted Living Association, the Virginia Adult Home Association, and the Department of Social Services.

The major areas of concern voiced by the public were the costs associated with licensing, and interest in having a provision to allow for a non-college based education option in qualifying for initial licensure. The regulations adopted by the Board at its January 10, 2006 meeting for public comment addressed:

- the educational standard for qualifying for licensure by a degree program;
- the education requirement and the number of hours of training for qualifying for licensure by an administrator in training (AIT) program;
- the qualifications for serving as a preceptor for an AIT program;
- requiring a licensing examination; and
- provisions for current ALF administrators, and
- fees.

At the close of the biennium, the Board received approval to release the proposed regulations for public comment and set the public hearing for Sept 12, 2006. The Board expects to meet the statutory deadline of having the regulations in effect on or before July 1, 2007.

Education Requirement for Licensure

In fiscal year 2004, The Board of Nursing Home Administrators addressed a number of appeals from applicants who were denied licensure. The denials and appeals addressed the proper interpretation and application of the regulations for licensure by degree and practical experience and by certificate program. Both these avenues for licensure required college level coursework in nursing home administration or health care administration. Applicants with gerontology degrees expected to qualify for licensure as having a degree in nursing home administration even though their program included little or no content related to the administration of health care services or a health care facility. The Board denied their applications and their appeals finding that coursework in administration must be included in a degree program.

The Board issued a guidance document, Qualifying for Licensure: Required Content for College Coursework, to assure that individuals interested in a health care career would have the opportunity to consider

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and plan for licensure as a nursing home administrator. The guidance document describes the course content needed in five areas of study to meet the Board's education requirement. The five required content areas are:

1. Resident Care and Quality of Life Course
2. Human Resources Course
3. Finance Course
4. Physical Environment and Atmosphere Course
5. Leadership and Management Course

The guidance document was also used to propose changes to the *Regulations Governing the Practice of Nursing Home Administrators*. The regulatory process was near completion at the close of the biennium.

MAJOR INITIATIVES

In 2003 the Board of Nursing Home Administrators requested that the Board of Health Professions study the need to regulate assisted living administrators. The request was made in response to concerns about the number of health, safety and welfare complaints being made against assisted living facilities and about the ability of these administrators to move from one facility to another without any mechanism to check for past history. The Board of Health Professions agreed to conduct the study which led to passage of legislation in 2005 requiring that assisted living facility administrators be licensed.

The responsibility for licensing this profession was assigned to the newly constituted Board of Long-Term Care Administrators. Pursuant to the 2005 Acts of the Assembly, the Board of Nursing Home Administrators was reconstituted as the Board of Long-Term Care Administrators effective July 1, 2005. The Board membership was adjusted and expanded to include three licensed nursing home administrators, three assisted living facility administrators, two professionals concerned with the ill and the elderly, and one resident or family member of a resident in a nursing home or an assisted living facility. The new Board held its first meeting on Wednesday, August 10, 2005 and immediately began work on promulgating regulations which will govern the licensure and practice of assisted living facility administrators.

TRENDS IN LICENSING

At the close of this biennium, June 30, 2006, the number of licensed nursing home administrators was down slightly to 667, a 1.5% decline from the last biennium. The rate of decline in the number of licensed nursing home administrators slowed significantly from 10% in the previous biennium.

TRENDS IN DISCIPLINE

The number of disciplinary cases the Board received fluctuated during the biennium in response to audits conducted in FY 05 to determine compliance with the Board's continuing education requirements. In

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FY 05, the Board received 48 cases, a large portion of which were a direct result of the audit, while in FY 06, only 21 cases were received, in large part because audits of continuing education were not conducted that year.

BOARD	Licensees*		Complaints Received		Complaints Closed		# of Findings		# of Sanctions	
	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006
Long Term Care Administrator	1141	1124	48	21	42	28	33	16	22	5

*The total number of licensees is a count of all persons or entities holding an active or inactive license at any time during the fiscal year.

BOARD OF MEDICINE

REGULATORY ISSUES

In addition to routine changes in Code cites subsequent to changes in the law and periodic reviews, the Board had considerable regulatory activity during the biennium.

Fee increases

In anticipation of increased workloads pursuant to HB 1441 from the 2003 Session of the General Assembly, 18 VAC 85-20-22 raised the fees for doctors of medicine, osteopathic medicine, podiatry and chiropractic. The regulation became effective July 14, 2004.

Licensure for Athletic Trainers

The profession of athletic training was successful in the 2004 Session of the General Assembly in being elevated to licensure from certification. The regulations for Athletic Training, 18 VAC 85-120-10 et seq., were amended to reflect the change and became effective August 25, 2004.

Provisional Practice for Athletic Trainers

18 VAC 85-120-75 provides for provisional authorization for athletic trainers who meet the basic criteria for licensure to practice for up to 45 days in Virginia pending submission of all necessary documentation to complete the application for a license. This regulation became effective September 8, 2004.

Delegation to Agency Subordinates

Along with all the other boards in DHP, the Board of Medicine promulgated 18 VAC 85-15-10 et seq. that define the decision to utilize an agency subordinate for an informal fact-finding conference, the criteria for delegation and the criteria for an agency subordinate. The regulations became effective on July 27, 2005. The Board has not yet utilized an agency subordinate for a fact-finding conference.

Occupational Therapy Assistants

The Board of Medicine promulgated 18 VAC 85-80-61 which offers title protection for occupational therapy assistants. It requires that any person holding himself out as an occupational therapy assistant to have obtained initial certification by the National Board of Certification in Occupational Therapy. The regulation became effective on August 24, 2005.

Practitioner Profile

18 VAC 85-20-280 was amended for clarification regarding the required reporting of adverse actions by health care institutions, insurance companies, health maintenance organization, professional societies and other practitioners. These were amended by the fast-track process and became effective September 25, 2005.

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Standards of Professional Conduct

The culmination of a process that took more than two years, 18 VAC 85-20-25 et seq. became effective October 19, 2005. Considered “ethics regs”, they addressed issues previously outside the Board’s authority to regulate. Included in the new regulations are a clarification about prescribing for self and family, management of patient records, confidentiality, communication, termination of the doctor-patient relationship, practitioner responsibility, advertising, the use/sale of supplements, anabolic steroids, patient referral, pharmacotherapy for weight loss, and a significantly revised section on sexual boundaries.

Athletic Training Initial Application

The Board of Medicine amended 18 VAC 85-120-50 to clearly require evidence of current certification as an athletic trainer with the Board of Certification. This regulation became effective on December 17, 2005.

Licensed Midwifery

Professional midwives achieved licensure in the 2005 Session of the General Assembly. The bill included the requirement for emergency regulations. The Advisory Board on Midwifery worked diligently and presented to the Board of Medicine a set of regulations, 18 VAC 85-130-10 et seq., that were approved and in effect on December 21, 2005. The process for final regulations is underway.

Mixing, Diluting or Reconstituting

The 2005 Session of the General Assembly yielded a law that “carved out” compounding in doctors’ practices such that those practices would be under the purview of the Board of Medicine instead of the Board of Pharmacy. Emergency regulations were required by the bill. An ad hoc committee of Board of Medicine members and stakeholders was established to work on the regulations. The result was a comprehensive set of regulations, 18 VAC 85-20-400 through 420 that addressed all aspects of compounding in doctors’ practices. They became effective on December 21, 2005. The process for final regulations is underway.

Respiratory Care Continuing Education

By amendment of 18 VAC 85-40-66, the Board of Medicine approved American Medical Association Category I activities as meeting the continuing education requirements for respiratory therapists.

Office-Based Anesthesia

The physical medicine and rehabilitation community pointed out to the Board of Medicine that the original regulations appeared to prohibit properly trained physicians who were not anesthesiologists from administering major conductive blocks. The language of 18 VAC 85-20-330 was amended to clarify that properly trained physicians were allowed to do so. The regulation has been signed by the Governor and will be effective in the coming biennium.

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Other regulatory matters which are being considered by the Board of Medicine at this time are:

- Clarification of reporting requirements for paid claims
- Supervisory responsibilities of athletic trainers
- Licensure credentials and examination requirements
- Regulation for pain management
- Removal of the interactive requirement for Type I Continuing Education
- Reinstating the requirement for a year of supervised postgraduate training in the United States or Canada for international medical graduates

Additional items of note include the denial of a petition for rule-making by Robert Stroube, MD, Health Commissioner that would have required circulating registered nurses in office-based settings and the withdrawal of a Notice of Intended Regulatory Action for fee increases for all licensees of the Board of Medicine.

MAJOR INITIATIVES

Ad Hoc Committee on Laser Hair Removal

Jane Piness, MD, Board of Medicine member from the 11th Congressional District, chaired an ad hoc comprised of interested stakeholders to look at the issue of laser hair removal. The Board of Medicine and the Department of Professional and Occupational Regulation have both received numerous calls over the years asking about this procedure and how it was regulated. Neither agency had any law or regulations that specifically addressed laser hair removal. The ad hoc was tasked with making a recommendation regarding whether the use of light-based devices for hair removal was the practice of medicine. The committee produced two recommendations. The first was that the use of light-based devices solely for the removal of hair was not the practice of medicine. The second was that the use of light-based devices for the incision, revision, alteration or destruction of tissue was the practice of medicine. The Board of Medicine accepted the recommendations of the ad hoc on November 17, 2005.

Ad Hoc Committee on Compounding

A diverse group of stakeholders were led by Jack Armstrong, MD, Board of Medicine member from the 10th Congressional District. In four meetings spanning 10 months, the committee arrived at regulations that ensured the integrity of the mixing, diluting or reconstituting processes in doctors' practices.

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Ad Hoc Committee on Death Certificates

Formed in response to an ongoing problem with getting physicians to sign death certificates, the Board of Medicine, representatives from the Virginia Department of Health's Division of Vital Records and the Office of the Medical Examiner, and other stakeholders met to determine a plan of action. The decision was to pursue an online, educational module that is still in development at the Department of Health.

Competency Assessments for Three Paid Claims

The 2005 Session of the General Assembly yielded a law that requires any licensee of the Board of Medicine that experiences three malpractice paid claims in a 10-year period to undergo a competency assessment. The Board decided that the assessment should be external to the Board, rather than subsumed in the Board's current processes. In addition to seeking the evaluation at a nationally-recognized center, the Board determined that licensees could seek evaluations with appropriate faculty of medical schools. A small number of physicians have been identified as being subject to this law.

Profiling Confidential Consent Agreements

HB 1441 gave the Board of Medicine the ability to enter into a Confidential Consent Agreement (CCA) with a licensee to resolve a complaint when the misconduct was minor in nature, there was little or no patient harm, and the conduct was likely not to recur. The Board of Medicine voted to use CCA's to resolve profiling matters. To date, over 1,000 matters of profiling have been resolved by CCA.

Audits

Both the Practitioner Information Section and the Licensing Section have conducted multiple audits to determine compliance with these two initiatives.

Workforce Survey

At the request of the deans of the schools of medicine in the Commonwealth, the Board of Medicine attached a voluntary workforce survey to the online licensing process. Approximately 50% of those MD's and DO's renewing online participated in the survey in the 2004 and 2006 renewal cycles. The information will be used to project needs for education of physicians in Virginia's future.

Controlled Substances Education

In concert with DHP's Prescription Monitoring Program and distinguished faculty from UVA School of Medicine, VCU School of Medicine and Edward Via VCOM, the Board of Medicine hosted an all-day symposium on pain management, addiction and proper prescribing of opioids in Blacksburg, VA. The program drew approximately 100 prescribers from the southwestern area of the state. Pharmacists were in attendance as well.

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TRENDS IN LICENSING

The total number of licensees has grown over the biennium. At the end of the previous biennium, the Board had a total of 46,259 licensees, reflecting 2% growth during the previous biennium. The total number of licensees at the end of FY2006 was 48,405. This represents a 4.6% increase for the FY2005-2006 biennium.

Unlike the previous biennium when a number of professions experienced a decrease in the number of licensees, only podiatrists and radiologic technologists-limited experience this biennium. RT-L's were down by 5%, and podiatrists were down by only 1%. The greatest growth was experienced in the profession of licensed acupuncture with 11%. The next greatest growth was 10% for physician assistants and 9% for respiratory care practitioners. Full rad techs increased by 3% over this biennium.

TRENDS IN DISCIPLINE

The number of complaints received by the Board continued to rise. Whereas the previous biennium had yielded 3,933, this biennium had 4,285. This represents an 8% increase in cases received. During the biennium, the Board closed 3,885 cases as contrasted with 3,473 from the previous biennium. This represents a 12% increase in the number of cases closed.

In FY2005, the Board complied with the established standards for case closure rates 59.4% of the time. However, in FY2006, the Board's compliance with the standards dropped to 41.4% with an overall increase for the biennium of 1.5% over the previous biennium. A large number of cases at all stages of the disciplinary process were open at the close of the biennium, a total of 2144. This is 20% higher than the 1,787 cases that were open at the close of the last biennium, June 30, 2004.

For the biennium, doctors of medicine and surgery far outstripped all other professions in the number of complaints. In FY2005, 2056 of the total complaints were against doctors of medicine and surgery, with 2325 in FY2006. Adding in the complaints against doctors of osteopathic medicine and surgery gives the total number of complaints against physicians, which for the biennium represents 87% of the total number of complaints. All other professions are distant seconds, etc.

Analysis shows that standard of care complaints against physicians were the largest category by far. In FY2005, standard of care complaints against physicians represented 36.5% of all complaints. In FY2006, the percentage rose to 40.5%. For the biennium, standard of care complaints were followed by business practice (3.9%), fraud (2.5%), action by another entity (2.3%) and excessive prescribing (2.3%). The complaints for excessive prescribing were up 47% in FY2006 over FY2005.

The Board has disciplined a greater number of licensees this biennium as reflected in the large increase of cases referred to the Board. Of note is that doctors of medicine and surgery were disciplined at a rate of 5.29 sanctions per thousand licensees in FY2005 and at a rate of 3.25 sanctions per thousand in FY2006. In FY2005 the Board issued a reprimand in 122 cases, suspension in 97 cases, surrender in 17 cases, probation in 31 cases and a monetary penalty in 59 cases. In FY2006, the same sanctions were slightly numerically less. The Board issued a reprimand in 100 cases, suspension in 94 cases, surrender in 11 cases, probation in 20 cases and fines in 22 cases.

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Although a confidential consent agreement is not considered a disciplinary action or sanction, the Board of Medicine has now entered into greater than 1,000 of these to deal with minor misconduct. The majority of these agreements have been executed in this biennium and are the direct cause of the decrease in sanctions.

BOARD	Licensees*		Complaints Received		Complaints Closed		# of Findings		# of Sanctions	
	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006
Medicine	58284	59488	2105	2180	1927	2060	1127	1125	284	173

*The total number of licensees is a count of all persons or entities holding an active or inactive license at any time during the fiscal year.

BOARD OF NURSING

REGULATORY REVIEW

The Board of Nursing completed a number of rule making processes this biennium. These included adoption of final regulations 18 VAC 90-20, Regulations Governing the Practice of Nursing, that established rules for implementation of the Nurse Licensure Compact in January 2005, and amended the section of unprofessional conduct to clarify that it is applicable to persons practicing under a multi-state licensure privilege. The effective date was July 25, 2005.

As a result of a legislative mandate to set out criteria for delegation of informal fact-finding proceedings to an agency subordinate of the Board of Nursing, a new regulatory chapter, 18 VAC 90-15, was created and these regulations became effective July 27, 2005.

As a result of a legislative mandate in 2006 to amend Chapter 528, Chapter 18 VAC 90-20 was amended to include a requirement for child abuse recognition and prevention in Board approved nursing education programs, effective date July 26, 2006.

Due to funding shortages to cover the costs of the federally mandated Nurse Aide Registry, the Board adopted final regulations effective January 25, 2006 that increase the biennial renewal fee for certified nurse aides from \$45 to \$50.

Several amendments to 18 VAC 90-30 Regulations Governing the Licensure of Nurse Practitioners became effective in 2005 to include:

- an amendment to 18 VAC 90-30-120 that requires the inclusion of authorization for certain certifications and signatures to be included in the written protocol between the supervising physician and the nurse practitioner;
- regulations for initial licensure as a nurse practitioner and for renewal and reinstatement to include a multi-state licensure privilege as an acceptable alternative to licensure as a registered nurse; and
- action to clarify that the education, specialty certification and licensure should be congruent to specify that a master's degree is required for licensure and to allow for licensure by endorsement.

The Board of Nursing is in the process of conducting a periodic review of Chapters 18 VAC 90-20 Regulations Governing the Practice of Nursing and 18 VAC 90-25 Regulations Governing the Practice of Nurse Aides.

MAJOR INITIATIVES

Medication Aide Program – As a result of a legislative mandate in 2005, the Board of Nursing will begin regulating medication aides who administer normally self-administered medication in facilities. The Board has proposed regulations that establish requirements for training programs, competency evaluation for registration, practice and renewal for medication aides. Regulations under this new chapter, 18 VAC 90-60 must be effective by July 1, 2007. It is anticipated that this program will be similar in nature and scope to the Nurse Aide Registry. There are approximately 600 licensed assisted living facilities in the Commonwealth who employ individuals to administer medication.

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TRENDS IN LICENSING

The Board of Nursing has experienced an overall 1% increase in number of licensees for this biennium for a total of 168,061 for all occupations. It is significant to note that there was a 5% increase in the number of certified nurse aides this biennium. The number of licensed practical nurses remained the same and the number of registered nurses decreased by 2%. The decrease in total licensure for nursing is attributed to the implementation of the Nurse Licensure Compact in FY05.

The greatest percentage of increase in FY06 was noted for the issuance of nurse practitioner licenses and licenses for the authorization to prescribe medications, with an increase of 3% and 6% respectively.

TRENDS IN DISCIPLINE

The total number of complaints received for certified nurse aides essentially did not increase from the last biennium with a total of 1,267 complaints received. The total number of complaints received for all other occupations regulated by the Board of Nursing increased by 34% compared to the last biennium with a total of 2,140 complaints received.

The majority of nurse aide complaints received were categorized as abuse, criminal activity, neglect and standard of care.

For other nursing occupations, complaints were most frequently docketed for drug related reasons, obtaining drugs by fraud, inability to safely practice-impairment, non compliance with Board orders and standard of care.

The number of violations per 1,000 licensees for all occupations increased to 1.54 in FY06 compared to 1.34 for FY05. The occupation with the highest rate of violations is the licensed practical nurse group which reflected an increase from 3.17 in FY05 to 4.24 in FY06. Certified nurse aides have the second highest rate of violations, increasing from 2.75 in FY05 to 3.94 in FY06.

BOARD	Licensees*		Complaints Received		Complaints Closed		# of Findings		# of Sanctions	
	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006
Nursing	212963	208506	1639	1768	1442	1455	570	661	587	708

*The total number of licensees is a count of all persons or entities holding an active or inactive license at any time during the fiscal year.

BOARD OF OPTOMETRY

REGULATORY REVIEW

During the 2004-2006 biennium, the Board of Optometry completed several regulatory reviews, ranging in significance from issues directly affecting patient treatment to an increase in the return check fee. The following details the substance of each completed review.

Treatment Guidelines and Therapeutic Pharmaceutical Agents Formulary Review

Chapter 744 (2004) of the Acts of the Assembly significantly expanded the prescriptive authority of therapeutic pharmaceutical agents (TPA) certified optometrists to include Schedule III *through* VI controlled substances and devices as set forth in the *Virginia Drug Control Act* to treat diseases, including abnormal conditions, of the human eye and its adnexa, as determined by the Board. The measure also expanded permitted oral medications to include Schedule III through V agents for pain and certain Schedule VI drugs appropriate to for ocular treatment. The legislation also struck a listing of diagnostic pharmaceutical agents replacing it with a general provision that certain Schedule VI controlled substances appropriate for treatment were permitted.

To implement the legislation, the "Regulations of the Virginia Board of Optometry" (§18 VAC 150-20-10 *et seq.*, or "Chapter 20") incorporated amendments to the TPA formulary and provided treatment guidelines for TPA use. The new formulary provided medically appropriate drug *categories* rather than a listing of medications. The treatment guidelines eliminated a listing of anatomical structures in favor of a clearer definition of the term "adnexa." The treatment guidelines also addressed glaucoma management and angle closure glaucoma emergency protocol, post-operative care, topical agents, as well as treatment for ocular trauma, uveitis, and anaphylactic shock, and conditions under which immunosuppressive agent use is acceptable.

Therapeutic Pharmaceutical Agents Regulations Moved to General Regulations

Chapter 744 (2004) also required all newly licensed optometrists to meet TPA certification requirements. Persons licensed prior to July 1, 2004 not also TPA certified could retain licensure but were not authorized to use TPAs. The enactment clause required the Board to incorporate the requirements for TPA certification with initial licensure, as well as to amend the fees for applications, renewals, and continuing education requirements for TPA certified optometrists. These regulations, as well as TPA formulary and treatment guidelines were incorporated into Chapter 20, in effect on November 30, 2005. Chapter 30, "Regulations on Certification of Optometrists to use Therapeutic Pharmaceutical Agents" was repealed.

Delegation of Informal Fact-Finding to an Agency Subordinate

The 2004 General Assembly also established health regulatory boards' authority to delegate an informal fact-finding proceeding to an appropriately qualified agency subordinate (ref. §54.1-2400 (10) of the *Code of Virginia*). On March 8, 2005, the Board adopted final amendments to Chapter 20 to provide for delegation in disciplinary cases that do not involve threat to public health or welfare from practice and where probable cause has been established by the Board. Past board members or appropriate professional staff knowledgeable in the regulation and discipline of health professionals could serve as agency subordinates. A guidance document was also adopted to clarify the processes to be employed for subordinate cases.

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Return Check Fee

On February 7, 2006, the Board of Optometry adopted an amendment to the return check fee, making it \$35, the same as other boards in the Department. The previous fee of \$25 did not comply with the *Administrative Process Act's* provision for penalties of no less than \$35.

National Board of Examiners in Optometry Reference

To correct a technical error, on May 10, 2006, the Board adopted an exempt action to consistently refer to the National Board of Examiners in Optometry as such or as "NBEO."

MAJOR INITIATIVES

Policy on Prescribing

The expanded prescriptive authority for TPA certified optometrists in 2004 prompted the Board to provide guidance to licensees concerning what establishes a practitioner-patient relationship and its policy on issues relating to treating and prescribing for self or family members. On January 21, 2005, the Board adopted the guidance document entitled, "Prescribing for Self and Family, Practitioner/Patient Relationship" modeled after similar guidance from the Board of Pharmacy and Board of Medicine for their licensees.

Policy on Continuing Education Violations

Due to the increase in prescriptive authority and overall increase in scientific and technological developments related to eye care, the Board focused on the greater significance of licensees maintaining competence to practice safely. Recent problems identified with continuing education compliance led the Board in June of 2005 to develop a specific disciplinary approach. The resulting continuing education guidance document stiffened sanctioning for continuing education compliance violations through increased auditing by the Board and stiffer fines.

Consumer Alerts

An ongoing initiative for the Board of Optometry has been to provide consumers with information concerning threats to eye health. To that end, the Board of Optometry's website provided a number of links to the Federal Drug Administration website warnings of dangers posed by certain products during the biennium. In October 2004, the dangers of using decorative contact lenses without proper professional involvement were highlighted. In December of 2005, a warning about unapproved and bacterially contaminated products making fraudulent health claims was added. Finally, in early 2006, the issue of serious eye infections associated with certain soft contact lenses and contact lens solutions was presented.

TRENDS IN LICENSING

What appears to be a significant drop (-81%) for "Optometrist" from FY 2005 to FY 2006 and the overall resulting -40% decline for "Optometry Total" is an artifact of the change in the way the Board issued permits between the two years. Changes to the statute in 2004 resulted in the requirement that only optometrists with competency in the use of therapeutic pharmaceutical agents (TPA's) could become newly licensed. Those without TPA certification could retain a basic license but were not authorized to use TPAs. As a result, for 2006, the Board discontinued issuing two, separate permits for licensees with TPA certification

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(i.e., an Optometrist license and a TPA Certified Optometrist certificate). For 2006, only those licensees without TPA certification were issued "Optometrist" permits. The decline in Optometrist was actually 7% (261 in FY 2005 to 241 in 2006). Further, the Optometry Total actually increased by 5%, from 1,479 in FY 2005 to 1,556 in FY 2006. Increases in registrations for Professional Designations (i.e., trade names) as well as TPA Certified Optometrist licenses accounted for the overall modest rise.

TRENDS IN DISCIPLINE

During biennium ending on June 30, 2006, the Board of Optometry adjudicated 100 cases, up 5 % from the previous biennium. The proportion of founded cases was up over the previous biennium; 38% of cases had findings of violation which resulted in an order or confidential consent agreement. Only 26% of cases were founded last biennium. Undetermined cases were down. Only one case was closed as such this biennium while three were in the previous biennium.

The top three categories for founded cases involved violations related to business practice issues (14%), failure to obtain continuing education (13%), and standard of care issues (4%). During the previous biennium, drug diversion issues topped the listing of most prevalent case types at 25% (8 cases). This biennium, there were no founded cases of personal drug use and only one case (1%) involved excessive prescribing.

BOARD	Licensees*		Complaints Received		Complaints Closed		# of Findings		# of Sanctions	
	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006
Optometry	2988	2923	51	70	31	72	29	49	7	14

*The total number of licensees is a count of all persons or entities holding an active or inactive license at any time during the fiscal year.

BOARD OF PHARMACY

REGULATORY ISSUES

Fee reductions

In 2005, the Board reduced all renewal fees in an attempt to reduce a surplus in revenue. The reduction was a one-time action for all licenses renewed in 2005 for the 2006 calendar year. The Board did not consider a permanent reduction in that the Board's expenditures are currently exceeding projected revenues.

Periodic review of Regulations for Practitioners of the Healing Arts to Sell Controlled Substances

The Board licenses practitioners of medicine, osteopathic medicine and podiatric medicine who elect to dispense prescription drugs and has a separate set of regulations for this type of license. The Board conducted its periodic review of these regulations and made revisions consistent with numerous changes that had been made to its general pharmacy regulations over the past several years. It also made a number of revisions to accommodate changes in practice due to automation and electronic prescribing and records. The revised regulations took effect February 22, 2006.

Non-resident pharmacies

The Board initiated legislative proposals in both 2005 and 2006 to correct problems with the statute requiring Board registration of pharmacies located in other states mail or ship prescription drugs into Virginia. In 2005 the Board sought authority for increased disciplinary action. The original statute had only authorized the Board to take disciplinary action against a non-resident pharmacy in the event of a complaint if the complaint had been referred to the resident state and that state did not initiate an investigation within 45 days. In several instances, a resident state board had suspended a pharmacy permit or the permit had been allowed to lapse, but the Virginia Board had no authority to immediately suspend the non-resident pharmacy registration even though it no longer qualified for such registration. The 2005 law change provided a requirement for mandatory suspension of such registration when the pharmacy permit is suspended or revoked by the resident state or when a pharmacy no longer holds a valid permit in a resident state. The Board had also had an issue with an out-of-state pharmacy dispensing a compounded injectable product that caused deaths due to infection, but did not have authority to summarily suspend the registration pending a hearing. The 2005 law also provided summary suspension authority pending a hearing by the Board for a finding of substantial danger to the public.

The original statute also required that on application for a non-resident pharmacy registration, the applicant submit a copy of the most recent inspection report from the resident state board of pharmacy. The Board had a number of problems with applicants who could not provide such a report from the resident state board or with whom the inspection report was very old, in one case over 10 years old. North Carolina no longer conducts opening or routine inspections of pharmacies creating problems for a number of applicants. The Virginia Board considers the inspection process very important to determine that a pharmacy has proper security and is a legitimate operation. Without an inspection process, an applicant could apply for and receive a permit without even having an actual facility. It could order drugs for illegal purposes, and also engage in billing fraud of third party payors such as Medicaid without ever filling any prescriptions. The 2006 law provided authority for the Board to approve entities other than a resident state board of pharmacy to conduct an inspection or to cause an inspection to be conducted with the cost to be paid by the applicant. The Board has approved inspections by the National Association of Boards of Pharmacy (NABP) and the Joint Commission for the Accreditation of Health Care Organizations (JCAHO) as acceptable alternatives to state board inspections.

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Outsourcing of pharmacy functions

The Board amended its regulations to allow a pharmacy to outsource certain components of the dispensing process to other pharmacies or to a pharmacist employee in a private residence. Several events led to this change. One impetus was that Joint Commission for the Accreditation of Health Care Organizations (JCAHO) implemented a requirement that before a first dose of a medication is administered to a patient in a hospital, the prescription order must first be reviewed by a pharmacist. Most hospitals do not have pharmacies that operate 24 hours a day. Hospitals, particularly smaller or rural hospitals, sought the ability to contract with 24-hour pharmacies to provide this service remotely using technology or to have a pharmacist employee be able to do it from home. In the retail pharmacy sector, the pharmacist shortage has caused pharmacies to look for solutions to workflow issues. Chain pharmacies, in particular, requested the ability to allow a pharmacist at a central location, or at a pharmacy with lower workflow, to perform some of the functions for a busier pharmacy, such as calling a physician for permission to refill a prescription or entering information into a shared database. Regulations that allowed this under certain circumstances were implemented effective September 7, 2005.

MAJOR INITIATIVES

Wholesale distributors

The Board has been working closely with regulated parties and other interest groups for most of the biennium on changes to regulations affecting wholesale distributors of prescription drugs. Because of the increasing problem of counterfeit drugs entering the United States drug distribution system, usually at the secondary wholesale distributor level, most states have been instituting or increasing regulation of wholesale distributors. Virginia already had licensure requirements in place for both resident and non-resident wholesale distributors, but needed to increase its oversight in some areas. The new regulations, which take effect September 6, 2006 require additional information to be submitted upon application to enable the Board to better screen for potential problems. The regulations also set forth specific standards for wholesale distributor facilities, where prescription drugs are stored, including requirements for quarantining suspected adulterated or counterfeited products and notifying the Board and other appropriate authorities.

Legislation introduced in 2005 required the Board to establish regulations implementing a pedigree system for prescription drugs, also to deter counterfeiting. The Board began work in September 2005, but suspended its efforts in drafting rules when it became apparent that amendments to the law would be sought by regulated parties in 2006. All interested parties were agreeable to the delay in implementation. With the changes made by the 2006 General Assembly, it is expected that the Board will adopt proposed regulations early in the next biennium.

TRENDS IN LICENSING

The Board had an overall increase of 9% in total numbers of licensees this biennium. There was a 54% increase in controlled substances registrations. This is due to new regulations allowing places that hold a controlled substance to serve as an alternate delivery site for filled prescriptions. There was only a 2% increase in the number of pharmacists licensed and a 3% increase in numbers of pharmacies. These numbers might suggest a worsening of an already identified pharmacist shortage. There was a 4% increase in

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numbers of non-resident pharmacies and an 11% increase in numbers of non-resident wholesale distributors. This may indicate a growing reliance on out-of-state providers for pharmacy services, and for pharmacies to obtain prescription drugs, or it could just indicate an increased awareness in licensing requirements. There was a 31% decrease in the in-state wholesale distributor licenses, however this was primarily the result a statute change which allowed permitted medical equipment suppliers to wholesale distribute small amounts of medical oxygen without having to have the separate wholesale distributor license. There was an 18% increase in pharmacy interns which may be somewhat reflective of the addition of another pharmacy school in Southwest Virginia, but more likely an increase in the number of graduates of foreign colleges of pharmacy that elected to obtain an intern registration in Virginia for the purpose of gaining practical experience. There was a 17% increase in pharmacy technicians this biennium, primarily due to increased awareness of registration requirements and high turnover in employment settings where new persons have to be trained and registered, but the former technicians hold on to their registrations.

TRENDS IN DISCIPLINE

The Board had an increase of 25% in the number of cases received this biennium. This is in part due to cases against pharmacy technicians. Although the Board had begun licensing pharmacy technicians in the previous biennium, it had not done so for the entire biennium, and there were very few cases. For the biennium the Board only increased the number of cases closed by 1%, but there has been an increase of 12% closed for FY06 over FY05.

BOARD	Licensees*		Complaints Received		Complaints Closed		# of Findings		# of Sanctions	
	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006
Pharmacy	27107	28983	306	419	288	329	120	168	63	118

*The total number of licensees is a count of all persons or entities holding an active or inactive license at any time during the fiscal year.

PRESCRIPTION MONITORING PROGRAM

PROGRAM EVALUATION

The 2002 legislation requiring the establishment of the Prescription Monitoring Program (“PMP”) mandated that after two years of implementation, a report evaluating the performance of the program be forwarded to the Committee on Health, Welfare and Institutions of the Virginia House of Delegates and the Committee on Education and Health of the Senate of Virginia. The Director of DHP formed an Advisory Committee to assist in the evaluation and implementation of the program. The committee reviewed 5 policy issues that had been identified using an evaluation work plan and made several recommendations which were included in the evaluation report completed in the fall of 2004.

The recommendations of the Advisory Committee as endorsed by the DHP and the Virginia State Police were as follows:

- Continue the program indefinitely;
- Expand the program to include Schedule II through IV controlled substances;
- Expand the program to the entire Commonwealth;
- Allow pharmacists to access the program;
- Allow a prescriber licensed in another state to request information from the PMP;
- Allow access to the PMP for DHP investigative personnel and designated HP/IP personnel on a specific licensee, registrant, or certificate holder where there is an open investigation;
- Allow Medical Examiners access to the PMP for the purpose of performing their duties in accordance with §32.1-283;
- Allow access to The Department of Medical Assistance Services for the purpose of investigating fraud when there is an open investigation on a recipient;
- Allow access to the Drug Enforcement Agency when there is an open investigation on a prescriber or dispenser;
- Allow access to the program for research purposes to public and private entities where all personal identifying information is removed;
- Allow access to the program for health/education purposes, providing information to prescribers and dispensers on their patients who may be abusing, misusing, or fraudulently obtaining controlled substances ; and
- Require non-resident pharmacies to report to the program.

LEGISLATION

The 2005 General Assembly passed legislation authorizing the expansion of the program statewide and to include the reporting of prescriptions dispensed for controlled substances in Schedules II, III, and IV as well the other recommendations included in the evaluation report of the program.

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In August 2005, President Bush signed the National All Schedules Prescription Electronic Reporting Act of 2005 (NASPER). This legislation, once regulations are promulgated by the Department of Health and Human Services, sets minimum requirements that states wishing to be eligible for federal funding for prescription monitoring programs must meet. The 2006 General Assembly passed legislation giving the Director of the Department of Health Professions the authority to promulgate regulations in order to meet the requirements of NASPER and any resulting regulation governing the implementation of that act.

REGULATIONS

The 2005 legislation required emergency regulations to be finalized before the provisions were implemented. These regulations went into effect on July 25, 2005. Final regulations for the prescription monitoring program are scheduled to go into effect on August 23, 2006.

PROGRAM EXPANSION

While certain aspects of the 2005 legislation were implemented with the effective date of emergency regulations, the expansion of the program statewide and the coverage of Schedule II, III, and IV controlled substances necessitated the procurement of software and data collection capabilities that were not available with the pilot project. A request for proposals was issued in September 2005. A contract to provide software for managing the program database and processing requests and for data collection services was awarded to Optimum Technology Inc in January 2006.

In order to provide dispensers ample time to prepare for the new reporting requirements, mailings were sent out to over 2000 dispensers in March 2006 to inform them of the upcoming reporting requirements. For pharmacies already reporting in the pilot program for Southwest Virginia the initial reporting period was May 1-15, 2006 with an initial reporting deadline of May 25, 2006. For all other dispensers the initial reporting period was June 1-15, 2006 with an initial reporting deadline of June 25, 2006.

The program website for making requests online went live on May 18, 2006. Since the inception of this program almost 50% of requests were made online. The website software has the capability to post announcements and news articles to provide information of interest to users and allows users to submit alerts such as reporting lost or stolen prescription pads.

PROGRAM STATISTICS

The program processed 1791 requests for information in 2005. In the first 6 months of 2006, 1537 requests were processed. The program database contained almost 2.8 million prescription records on June 30, 2006.

The Drug Diversion Unit of the State Police has kept data on the number of complaints received, investigations opened, number of charges brought, number of arrests and the number of hours spent performing pharmacy profile searches; since prior to the inception of the program in September 2003. This data show that program use has created substantial time savings for investigations. From July 2002 to June 2004 agents in southwest Virginia spent 642 hours doing pharmacy profiles, while from July 2004 to June 2006 only 8 hours were spent doing these profiles while investigations almost doubled and arrests increased by 22%.

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As of June 30, 2006, the prescription monitoring program had 278 registered users of the PMP Data Center .

- Pharmacists: 39
- Practitioners: 165
- Department of Health Professions personnel: 41
- Drug Diversion Unit of the State Police: 17
- Office of the Chief Medical Examiner: 15
- Health Practitioners Intervention Program: 4
- United States Drug Enforcement Agency: 2

The program undertook an education effort which included articles for Board and professional association newsletters, periodic briefings to the Boards of Health Professions, Pharmacy, and Veterinary Medicine and speaking at meetings of various groups such as the Virginia Drug Court Association and the Virginia Pharmacists Association. The program also sponsored a one day conference in October 2004 for stakeholders and policy makers to discuss the issues surrounding prescription drug abuse and how the program can be used as a tool in preventing the misuse, abuse, and diversion of controlled substances. In 2006, the program coordinated a one day seminar for over 100 prescribers and pharmacists that provided 5.5 hours of continuing medical education on addiction, pain management, research findings on deaths determined as caused by prescription drugs from southwest Virginia, Board of Medicine guidance on pain management, and an overview of the prescription monitoring program.

BOARD OF PHYSICAL THERAPY

REGULATORY REVIEW

During the 2004 renewal period, the Board of Physical Therapy conducted its first continuing competency and active practice audits for renewals. Physical therapists and physical therapist assistants must obtain 30 continuing competency units every two years for renewal of license.

A major review of its regulations, 18 VAC 112-30-10 et seq., occurred in September 2004, the first since becoming a separate Board in 2000. The Board amended its regulations to reduce fees and to change the renewal date for all licensees to December 31st of each even year.

In 2005, the Board began to review its regulations to examine the use of other credentialing agencies. Currently, the Board only accepts the foreign credential evaluations from the Foreign Credential Commission on Physical Therapy. The promulgation of the new regulation will become effective in late 2006.

MAJOR INITIATIVES

During the biennium, the Board of Physical Therapy issued interpretation on the following practices: supervision of unlicensed personnel; scope of practice; Individualized Education Plan ("IEP") participation; direct access; functional capacity evaluation; dry needling; screening and physical therapist assistants; sharp debridement by physical therapist assistants, and; patient discharge. With each interpretation, a guidance document was created for licensees and interested parties.

In 2005, the Board of Physical Therapy instituted Town Hall meetings at Virginia Physical Therapy Association ("VPTA") district meetings. Four presentations were made around the state. The meetings provide the opportunity for local licensees to ask questions and receive information about the laws, regulations and general operations of the Board.

TRENDS IN LICENSING

Over the biennium, the Board has experienced a steady increase in the number of licensees. The total number of licensees increased by 9.8% in comparison with the last biennium. The increase represents an 10% percent increase for physical therapist assistants and a 9.7% increase for physical therapists. Both increases reflect a continued need for physical therapy services in the health care field and the need to address the physical needs of an aging population.

TRENDS IN DISCIPLINE

The Board experienced a sharp increase in the number of complaints received during the biennium. The number was up from 74 the previous biennium to 137 cases representing an 85% percent increase. The increase is representative of failure to comply with continuing competency and active practice require-

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ments. Also, the negligence statute which lowered the threshold for disciplinary allegations continues to impact the types of disciplinary cases in which the Board receives. Standard of care and supervision issues continue to be major investigation categories.

BOARD	Licensees*		Complaints Received		Complaints Closed		# of Findings		# of Sanctions	
	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006
Physical Therapy	7478	7257	93	44	61	20	56	12	9	6

*The total number of licensees is a count of all persons or entities holding an active or inactive license at any time during the fiscal year.

BOARD OF PSYCHOLOGY

REGULATORY ISSUES

18 VAC 125-20-10 et seq., effective March 8, 2006

On March 8, 2006 regulations of the Board became effective to address the need of the Board to increase fees to cover expenses for essential functions of the approving, licensing, investigation of complaints against licensees, and adjudication of disciplinary cases required for the public safety and security in the Commonwealth.

Section 54.1-113 of the Code of Virginia authorizes and requires boards to adjust fees to insure that expenditures stay within 10% of revenue. In order to comply with financial requirements the following fee and license adjustments were made:

A one-time fee reduction fee was required to comply with Section 54.1-113 of the Code of Virginia. The reduced renewal fee represented a 50% reduction for annual renewals for licensees. This was the first time renewal fees had been reduced for psychologists since clinical psychologist licensure oversight was transferred from the Board of Medicine in the mid 1990's.

The new fee for Clinical, Applied, and School Psychologists became \$70.00 annually versus \$140.00 annually (net decrease of \$70.00) for active licensure and \$35.00 annually versus \$70.00 annually (net decrease of \$35.00) for inactive licensure. The amount for School Psychologists Limited became \$35.00 annually versus \$70.00 annually (net decrease of \$35.00) for active licensure and \$17.00 annually versus \$35.00 annually (net decrease of \$15.00) for inactive licensure.

MAJOR INITIATIVES

The Board of Psychology has completed the second cycle of audits related to continuing education, a requirement of annual active licensure renewal. The Board adopted a guidance document in 2005 which is used to determine what, if any, penalty will be applied to those found to be out of compliance with the continuing education requirement.

TRENDS IN LICENSING

On June 30, 2006, the total number of active licensees was 2982 and at the close of the 02-04 biennium the total number of active licensees was 2,857. Included in this increase, however, is an increase of 173 licensed in the category of School Psychologists-Limited from the prior biennium when 135 renewed with the Board. The largest category of licensees, the Clinical Psychologists, saw a gain of 63 from June 2004 and June 2006. The professions of Applied Psychologists decreased by four (4) and School Psychologists increased by 7.

At the end of the biennial there were 41 Applied Psychologists and 113 School Psychologists. Additionally the Certified Sex Offender Treatment Providers increased five (5) percent from 333 in June 2004 to 348 in June 2006.

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A national trend is for increased portability among states, reflecting the desire for a simpler means of meeting licensure requirements among the various jurisdictions. Virginia is one of approximately 15 states which have accepted documentation from the credentialing bank (CPQ) of the Association of State and Provincial Psychology Boards (ASPPB) as a valid passport for application for Clinical Psychology licensure. This “credentialing bank” is expected to gain in popularity in states with similar requirements for licensure allowing for a simplified and prompt means to become licensed in participating states.

TRENDS IN DISCIPLINE

For the Board of Psychology, the number of complaints resulting in action by the board has remained fairly level compared to those in the previous biennium. Although the number of investigated complaints is small compared to other boards within the Department, the complaints which result in a disciplinary action frequently involve sexual misconduct. The Board took action against 20 licensees this biennium representing 1.2 licensees sanctioned for every 1000 licensees in FY05 and more than doubling to 2.8 in FY06. Most of the sanctions in this biennium resulted from failure to comply with continuing education requirements. Five sanctions were imposed for violations other than continuing education related cases.

A matter of increasing concern to the Board relates to the role of the psychologist as an expert witness during child custody disputes before the courts. It is reported in psychology literature that, on a national level, some attorneys representing the interests of the opposing parents are suggesting that the parent make a complaint to the licensing board against the psychologist serving as the expert in order to impugn the psychologist. The increased number of complaints related to child custody evaluations during this biennium give credibility to this theory.

BOARD	Licensees*		Complaints Received		Complaints Closed		# of Findings		# of Sanctions	
	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006
Psychology	3498	3550	62	69	68	71	44	51	12	10

*The total number of licensees is a count of all persons or entities holding an active or inactive license at any time during the fiscal year.

BOARD OF SOCIAL WORK

REGULATORY ISSUES

18 VAC 140-20-10 et seq.

On July 27, 2005 regulations began effective to comply with amendments to § 54.1-2400 (10) and the third enactment clause in HB 577 by the 2004 General Assembly. Subdivision 10 establishes authority for health regulatory boards to appoint special conference committees and to delegate an informal fact-finding proceeding to an appropriately qualified agency subordinate. The enactment clause adds a mandate for the adoption of regulations, "*Criteria for the appointment of an agency subordinate shall be set forth in regulations adopted by the board.*" These regulations replaced emergency regulations that had been in effect since August 25, 2004.

Chapter 20 was amended in order to establish in regulation the criteria for delegation, including the decision to delegate at the time of a probable cause determination, the types of cases that cannot be delegated, and the individuals who may be designated as agency subordinates.

On February 8, 2006 amended regulations of the Board became effective to conform the returned check fee to the fee set in law.

At the time regulations of the Board of Social Work provided for a fee of \$15 for a check that is not paid by a financial institution on which it is drawn because of insufficient funds in the account. The Administrative Process Act specifies that the penalty shall be \$35 or the amount of any costs, whichever is greater.

MAJOR INITIATIVES

The Board of Social Work completed its first renewal cycle requiring continuing education as a requirement for biennial renewal in 2005. Following the 2005 renewal the Board audited 2% of its licensees. The audits indicated that most social workers fully complied with the continuing education requirements and only a small percentage was found to be non-complaint. The Board developed guidelines for addressing non-compliance with the continuing education requirements and consistently applied the guidelines in addressing the non-compliance.

In 2006 the General Assembly enacted House Bill 1146 which assigned the Board of Social Work to report back to the General Assembly on two issues: if (i) current education and training requirements for social workers are adequate to assure the public of professional competency, and, (ii) whether current exemptions from the requirements for licensure best serve the citizens of the commonwealth.

In July 2006 the Board of Social Work adopted a work plan to evaluate the adequacy of education and training requirements for social workers and the efficacy of current social work licensure exemptions. The Board intends to hold public hearings and accept public comment throughout the process and will report to the General Assembly on its findings in 2007.

Additionally, House Bill 1146 added two social work positions to the Board of Social Work bring the board membership an increase seven to nine members with seven professional members and two citizen members making up the Board.

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TRENDS IN LICENSING

As of June 30, 2006, the Board of Social Work had 4965 licensees, an increase of 117 since June 30, 2004. Licensed Clinical Social Workers (LCSW's), numbering 4592, are the only professionals under the Board authorized to practice independently. The majority of the remaining licensees are Licensed Social Workers (LSW's) who primarily use this license as a career ladder while obtaining supervision to become LCSW's. This represents .

The Board of Social Work required 30 hours of continuing education per biennium be completed by the 2005 renewal which may have caused some licensees not involved in active practice but maintaining an active license elected to go inactive or not to renew.

TRENDS IN DISCIPLINE

For the Board of Social Work the typical complaint rising to the level of "probable cause" dealt with continuing education deficiencies. The Board took action against 25 licensees in this biennium. The number of cases before the Board remains consistent with those reported in previous years.

BOARD	Licensees*		Complaints Received		Complaints Closed		# of Findings		# of Sanctions	
	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006
Social Work	6447	5273	75	64	83	65	52	42	51	14

*The total number of licensees is a count of all persons or entities holding an active or inactive license at any time during the fiscal year.

BOARD OF VETERINARY MEDICINE

REGULATORY REVIEWS

During the 2002-2004 biennium, the Board completed several regulatory reviews on wide-ranging issues. One review set out the criteria for delegation of informal fact-finding to an agency subordinate. Another review mandated initial rabies vaccination certificates contain language to notify the owner of the lag time in vaccination effectiveness. Other reviews resulted in an overall reduction in most fees, with the exception of the return check fee.

Delegation of Informal Fact-finding to an Agency Subordinate

The 2004 General Assembly provided authority for health regulatory boards to delegate an informal fact-finding proceeding to an appropriately qualified agency subordinate (ref. §54.1-2400 (10) of the *Code of Virginia*). On May 25, 2005, the Board adopted final amendments to the Regulations Governing the Practice of Veterinary Medicine to allow delegation to a single current board member in continuing education cases only.

Rabies Certificate Vaccination Effectiveness Information

At its February 3, 2005 meeting, the Board reviewed a concern raised by the owner of a kitten that had been vaccinated for rabies a few days prior to being bitten by a rabid animal. At the time of inoculation, the owner was not made aware that the vaccination would not be fully effective until 28 days post inoculation. She was informed by health department officials that the kitten would need to be quarantined for six months or euthanized. The seriousness of rabies and the public's need to know about the delay in effectiveness for initial rabies vaccinations prompted the Board to adopt a guidance document and fast-track regulations which mandated that clients be expressly informed on the rabies certificate of the latency period. The regulations went into effect on October 8, 2005.

Fees

Two fee-related issues were addressed through regulatory review by the Board of Veterinary Medicine this biennium. The first was in response to the need to reduce an accumulated surplus in the budget. Regulations went into effect in 2005 to provide a one-year reduction in the licensure renewal fees for veterinarians, veterinary technicians, and veterinary establishments as well as fees for inactive licensure. The second fee review involved the amendment of the return check fee. The fee was increased to \$35, the same as other boards in the Department. The previous fee of \$25 did not comply with the *Administrative Process Act's* provision for penalties of no less than \$35.

MAJOR INITIATIVES

Patient Recordkeeping

Perennially, patient record keeping deficiencies often are associated with many Board disciplinary cases. Often, records lack sufficient information about the patient's presenting condition, the diagnosis, or even the treatment plan. To assist licensees in understanding the importance of adequate records, the Board devel-

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oped a guidance document on the subject in 2005 which it also published in its 2006 newsletter. To address the problem from a disciplinary stance, the Board has often required respondents to take continuing education in patient record keeping. However, it was discovered that while recordkeeping was often subsumed within other educational courses relating to patient care issues, it was not the primary topic. So, the respondent would largely have to take multiple courses to satisfy the recordkeeping requirement. The Board sought a better solution that could more readily address specific recordkeeping deficiencies, reduce the burden on the respondent, and make better available ongoing education on the subject for licensees, in general.

The Board's Continuing Education Committee researched what other states were doing, and reported they all complained of a dearth of patient recordkeeping coursework. The Board brought the matter to the attention of the veterinary and veterinary technician educational programs in Virginia and asked for their assistance. In response, two courses tailored to veterinary patient recordkeeping needs emerged in 2005 and 2006. Also, by early 2006, the American Association of Veterinary State Boards approved an online course in patient recordkeeping in response.

Drug Diversion

During this biennium an unprecedented number of disciplinary cases against veterinarians and veterinary technicians arose involving the theft, loss, and diversion of controlled substances for personal use. With the high street value for Schedule II through V prescription drugs, criminals have become acutely aware of the controlled substances and prescription pads available at veterinary facilities. Previously, one or two such cases were received per year. In 2005, alone, the Board received 17 cases, and in 2006, an additional eight. In 2006, the Board showcased the issue during its presentation at the annual meeting of the Virginia Veterinary Medical Association and in the Board's newsletter, urging licensees to be aware the seriousness of the problem, the need for effective security, and the availability of the Health Practitioners Intervention Program. Also, in 2006, to provide greater vigilance, the Board began requiring complete drug audits by Department inspectors in all cases where diversion, or other loss or theft is reported.

Equine Dentistry

Historically equine teeth "floating" (i.e., planing or leveling) has been performed by unlicensed persons, usually farriers or blacksmiths, using hand tools to smooth the surface-level of teeth, much as the smoothing of hooves, and proceeds only as long as the conscious horse would allow. However, more recently, power tools have emerged and with them the need to sedate the horse to float his teeth. Also, the aim is no longer primarily surface-level shaping but has more recently focused on altering alignment of the teeth and jaws to aid digestion and provide pain relief from misalignment. Due to this evolution, horses have come to be routinely sedated which must be done by a licensee.

On February 3, 2005, the issue emerged as part of a discussion of equine dentistry prompted by questions posed to the Board. Based upon the aforementioned issues, the Board concluded that floating horse teeth as performed now falls within the practice of veterinary medicine as provided in §54.1-3800 and is properly done only by a licensed veterinarian or licensed veterinary technician under immediate and direct supervision as provided in the Board's Regulations (§18 VAC 150-20-15).

Subsequent public comment to this decision described concerns of unlicensed persons who had been engaged in equine dental care and others who indicated that they believed there were insufficient numbers of veterinarians available to perform the service. In response, the Board created an

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ad hoc committee comprised of veterinarians, unlicensed equine dental technicians, and a Department inspector. With their help, the Board developed a guidance document in August 10, 2005 with amendment on May 24, 2006. It provides that the planing or leveling of equine teeth by the use of non-motorized hand tools is not considered the practice of veterinary medicine and does not require a license. The use of motorized tools to level of plane equine teeth must be performed with the concurrence of a Virginia licensed veterinarian. If sedation is required for planing and leveling, the sedation must be administered by a Virginia licensed veterinarian who remains responsible for the animal while it is under sedation.

TRENDS IN LICENSING

The total number of Board of Veterinary Medicine's licensees and facilities increased each year within the biennium by 4% (from 4,987 in FY 2005 to 5,194 in FY 2006). The number of veterinarians rose by 2% (from 3,165 to 3,235). Full service veterinary facilities increased by 2% (655 to 699), and restricted service veterinary facilities grew by 3% (191 to 196). By far the largest proportional increase was for the veterinary technicians. Their numbers increased from FY 2005 to FY 2006 by 12% (from 976 to 1,094). When compared with the previous biennium total licensure numbers increased by 3%, from 4,938 on June 30, 2004 to 5,194 on June 30, 2006, with licensed veterinary technicians again constituting the greatest category of growth (16%) from 940 at the end of FY 2004 to 1,094 at the end of FY 2006.

TRENDS IN DISCIPLINE

During the 2004-2006 biennium, the Board adjudicated 255 cases, up 14% from the 2002-2004. Between FY 2005 and FY 2006, there was a 16% increase in the number of cases closed (118 versus 134). During the 2004-2006 biennium the proportion of cases overall with founded violations was 29%. These cases were resolved by an order or confidential consent agreement. The largest proportion of founded cases involved issues of substandard care 25 (or 40% of the violation cases), involving almost exclusively treatment issues. Failure to comply with previous board orders (12) and cases involving drug security and diversion issues (10), and facility violations (10) constituted the next largest case categories ranked by proportions of founded cases (19%, respectively).

BOARD	Licensees*		Complaints Received		Complaints Closed		# of Findings		# of Sanctions	
	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006
Veterinary Medicine	5970	6184	140	212	122	136	112	135	44	68

*The total number of licensees is a count of all persons or entities holding an active or inactive license at any time during the fiscal year.

THE COMPLAINT, INVESTIGATION AND DISCIPLINARY PROCESSES

THE COMPLAINT PROCESS

The Department of Health Professions receives reports and complaints about health care practitioners and regulated facilities that may have violated state laws or regulations. Complaints regarding persons regulated by any of the 13 Boards are processed through the Department's Enforcement Division Complaint Intake Unit. The sources of complaints are typically patients, family members, other health care providers, law enforcement entities, employers, courts or other concerned citizens. The Department accepts "anonymous" complaints, although anonymity cannot be guaranteed.

Complaints should be submitted in writing and may be delivered by mail, hand-delivery, fax or by e-mail. Complaints may also be made in person during normal business hours.

There also is a toll-free number that can be used to phone in complaints: **1-800-533-1560**. Anyone may request that the Complaint Intake Unit send them a complaint form for completion. This complaint form can also be downloaded or printed from the Department's web site: www.dhp.virginia.gov

Hundreds of reports are made each year. The most frequently reported allegations are substandard care, substance abuse issues, and sexual misconduct. The Department and its boards do not have the legal authority, to order reimbursement or award damages, nor does the Department have authority to investigate complaints about business practices over which it has no jurisdiction. If appropriate, the person making such a report may be referred to another agency or organization for assistance.

THE INVESTIGATION PROCESS

When information indicates that a possible violation of law or regulation within the Department's jurisdiction may have occurred, an investigation is opened, recorded in the Department's tracking system and assigned to an Investigator.

Specially trained, sworn Investigators and Inspectors of the Enforcement Division of the Department will attempt to interview all sources of the complaint, all potential witnesses and all subjects of the complaint. They will obtain copies of relevant documents and collect essential evidence. Sources involved in the investigation are encouraged to communicate directly with the assigned investigative staff as to the status of the investigations. Investigative staff typically is unable to discuss any details obtained from other witnesses or subjects of a complaint unless doing so is necessary to further the investigation.

Although the Department strives to ensure that all investigations are handled expeditiously, it is also the Department's expectation that a thorough and legally sufficient investigation be conducted. When the investigation is completed, a comprehensive investigative report is submitted to the appropriate health regulatory board for its review and decision.

The Enforcement Unit is prohibited from providing a copy of the investigative report to the Source or the Subject of the complaint. However, the investigator assigned to the case will keep the person who made the report informed of the progress of the case.

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TRENDS IN DISCIPLINE

The report of a completed investigation is sent to one of the 13 regulatory boards. When a Board receives a case, it is reviewed to determine whether there is probable cause to charge the licensee with a violation. If there is insufficient evidence, the case may be closed and no further action is taken. Administrative proceedings may commence if the Board believes there is sufficient evidence to indicate that a violation has occurred. Matters involving minor misconduct, where there is little or no injury, and little likelihood of repetition by the practitioner may be resolved by a confidential consent agreement (CCA). Other matters will be scheduled for disciplinary proceedings, which usually commence with an informal fact-finding conference. The Commonwealth and the licensees may each call witnesses and introduce evidence. Disciplinary proceedings are open to the public. Notices of proceedings and final orders from these proceedings are public documents and can be obtained through our web site, www.dhp.virginia.gov or by calling the relevant board offices at **(804) 662-9900**.

Boards are authorized to take the following actions:

- Close a case after a finding of no violation
- Offer a Confidential Consent Agreement (CCA), which is not regarded as a disciplinary action
- Offer an Consent Order to which the licensee consents to the Board's disciplinary sanction after an informal fact-finding conference and/or formal hearing:
 - Reprimand or censure
 - Impose a monetary penalty
 - Require remedial or corrective action
 - Require a licensee to meet probationary requirements
 - Limit a licensee practice privileges
 - Suspend or revoke a license

Appeals of orders issued by health regulatory boards are made directly to state circuit courts. The Office of the Attorney General represents the relevant board in any such appeal.

HEALTH PRACTITIONERS' INTERVENTION PROGRAM

OVERVIEW

In 1997, the General Assembly enacted legislation to establish a voluntary Healthcare Practitioners' Intervention Program (HPIP) for all persons licensed under the Department of Health Professions, including applicants and practitioners whose credentials may have been suspended or revoked, as an alternative to disciplinary action. The program began in January 1998 and at the end of the biennium had 559 participants.

ACTIVITIES

The seven-member Intervention Program Committee appointed by the Director to oversee the HPIP, continues to meet on a bi-monthly basis. Current Committee appointments are as follows:

Intervention Program Committee October 2005

First Term Expires 2010	Jean Hughes, RN, CSAC 2956 Hathaway Road, Unit 303 Richmond, VA 23225 Nursing	home: 804-272-1618 work: retired
Second Term Expires 2010	Joseph G. Lynch, LCSW, Chair Newman Avenue Associates 110 Newman Avenue Harrisonburg, VA 22801 Social Work	home: 540-433-8580 work: 540-434-2800 jlynch10@aol.com
Second term Expires 2007	Charles R. "Rick" Gressard, PhD., Vice Chair 117 South Stocker Court Williamsburg, VA 23188 Professional Counselors	home: 757-258-9230 work: 757-221-2352 cfgres@wm.edu
Second term Expires 2007	Rebecca Mason, R.N. Employee Assistance Program 1224 West Main Street #777 Charlottesville, VA 22903 Nursing	home: 434-974-7197 work: 434-924-0048 rmm6e@virginia.edu
Second term Expires 2008	Harry D. Simpson, Jr. D.D.S. P. O. Box 859 Gloucester, VA 23061 Dentistry	home: 804-694-0346 hdsdds@aol.com

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Second term Expires 2008	Johnny A. Moore 7411 Colts Neck Road Mechanicsville, VA 23111 Pharmacy	home: 804-746-0165 cell: 804-937-0423 jmoore5@kmart.com
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Second term Expires 2007	Michael E. Cohen, M.D. 24 Onville Road, Suite 205 Stafford, VA 22554 Medicine	home: 703-323-1484 work: 540-658-0825 capzfan@aol.com
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Progress of participants, including reports of those who have successfully completed the program, was reported to the Committee bi-monthly. Requests for stays of disciplinary action, dismissal for non-compliance and resignations from the program, as well as reports of relapse, were handled by the Committee which then determined when and if it was necessary to report any of this information to a health regulatory board or to the Enforcement Division of the Department.

Each of the 13 boards within the Department has a liaison for consultation and coordination between the boards, the Department and the Committee. Coordination of the monitoring function is the responsibility of the Intervention Program Manager.

The implementation and continued operation of the program has not altered the responsibility of the Department of Health Professions to investigate complaints through the Enforcement Division.

The following table provides program statistics for all Boards for fiscal years ending June 30, 2005 and June 30, 2006.

HPIP Participants

Board	License	FY2005	FY2006
Counseling	Substance Abuse Counselor		1
Counseling Total			1
Dentistry	Dentists	16	12
	Dental Hygienist	2	1
Destistry Total		18	13
Funeral Director	Funeral Director	1	1
Funereral Director Total		1	1

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HPIP Participants

Board	License	FY2005	FY2006
Medicine	Osteopathy	3	4
	Intern/Res	8	8
	Medicine and Surgery	107	109
	Physician Assistant	6	7
	Respiratory Therapists	9	11
	Chiropractic	1	1
	Occupational Therapist	1	2
Medicine Total		135	142
Nursing	Certified Nurse Aide	19	20
	Certified Registered Nurse Anesthetists	8	7
	Licensed Practical Nurse	92	83
	Registered Nurse	247	242
	Nurse Practitioner	5	6
Nursing Total		371	358
Pharmacy	Pharmacy Technician	1	5
	Pharmacists	41	32
Pharmacy Total		42	37
Physical Therapy	Physical Therapist	1	2
Physical Therapy Total		1	2
Psychology	Clinical Psychologist	1	1
Psychology Total		1	1
Social Work	Clinical Social Worker	2	2
Social Work Total		2	2
Veterinary Medicine Total	Veterinarians	9	9
	Veterinary Technician	0	2
Veterinary Medicine Total		9	11
Agency Total		580	568

APPENDICES A—I

LICENSE ACTIVITY INFORMATION

OCCUPATION	New Licenses		Active Licenses		Inactive Licenses		Suspended or Terminated		Closed or Expired		TOTAL*	
	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006
BOARD												
Audiology/Speech Pathology	25	27	456	439	24	12	59	26	564	504		
School Speech Pathologist	7	16	119	118	1	1	18	10	145	145		
Speech Pathologist	240	240	2583	2444	121	85	446	179	3391	2949		
Audiology/Speech Pathology Total	272	283	3158	3001	146	98	523	215	4100	3598		
Counseling	82	76	1449	1451			289	265	1820	1792		
Certified Substance Abuse Counselor	17	19	853	808	32	45	102	81	1004	953		
Licensed Marriage and Family Therapist	157	184	2814	2739	76	114	409	293	3458	3330		
Licensed Professional Counselor	19	5	400	368			1	38	420	412		
Rehabilitation Provider			15	15			46	61	61	15		
SA Oral Examiner	6	10	8	16			3	2	17	28		
Substance Abuse Counseling Assistant	11		172	171	3	2	13	18	199	191		
Substance Abuse Treatment Practitioner												
Counseling Total	292	294	5711	5568	111	161	863	697	6979	6721		
Dentistry	1	3	10	13			1		12	16		
Cosmetic Procedure Certification	2	3	16	18			2	2	20	23		
Dental Full Time Faculty	231	263	3733	3904	391	337	177	136	4532	4640		
Dental Hygienist	2		2	1			1	1	5	1		
Dental Hygienist Teacher							1	1	2	2		
Dental Restricted Volunteer							1	1	1	1		
Dental Hygienist Temporary Permit							1	1	0	0		
Dental Teacher	2	1	6	5			1	1	7	6		
Dental Temporary Permit			2	3					4	5		
Dentist	165	437	5039	5349	534	478	198	174	5943	6444		
Dentist-Volunteer Registration	9	23	184	198			16	22	16	22		
Dentist-Volunteer Registration							11	9	204	230		
Oral/Maxillofacial Surgeon Registration							9	26	9	26		
Temporary Resident												
Dentistry Total	412	731	8992	9492	925	815	417	373	10753	11417		
Funeral Directing	2	1	5	6					7	7		
Branch Establishment	16	10	125	126			12	11	153	147		
Courtesy Card	6	4	73	75			1	1	80	80		
Crematories			5	5	2	1			8	6		
Embalmer												
Funeral Director	6	5	129	110	12	12	12	8	153	131		
Funeral Establishment	58	53	522	516	49	55	75	67	1639	1609		
Funeral Service Provider	64	59	230	226			41	48	335	333		
Funeral Trainee	4	10	48	49			10	5	62	64		
Surface Transport & Removal Services												
Funeral Directing Total	156	142	2593	2547	63	68	162	151	2976	2909		
Long Term Care Administrator	44	58	754	749			20	13	20	13		
Administrator-in-Training	20	18	207	209			75	58	875	865		
Nursing Home Administrator							19	19	246	246		
Nursing Home Preceptor	64	76	961	958			2	2	114	90		
Long Term Care Administrator Total	149	132	809	875	249	233	81	85	1039	1092		
Medicine	99	96	1470	1477	249	233	119	103	1938	1910		
Athletic Trainer	953	1043	3110	3293	6	7	922	993	4985	5330		
Chiropractor	61	41	303	336			17	12	387	396		
Interns and Resident									0	0		
Licensed Acupuncturist	103	83	999	1003	66	67	94	124	1262	1277		
Licensed Midwife	1742	1701	27976	28451	3311	3042	1525	1588	34581	34813		
Limited Radiologic Technologist	236	215	2399	2478	94	94	145	173	2875	2960		
Medicine & Surgery	131	133	1135	1218	112	107	59	86	1438	1545		
Occupational Therapist	225	234	1230	1391	34	32	29	82	1584	1741		
Osteopathy and Surgery	22	20	442	435	80	74	2	35	575	565		
Physician Assistant	346	366	2909	3070	77	73	307	299	3639	3808		
Podiatry	266	263	3275	3365	134	118	251	241	3929	3989		
Radiologic Technologist							22	22	22	22		
Respiratory Care Practitioner							5	4	30	32		
Respiratory Care Practitioner												
Temporary Licenses												
University Limited License												
Medicine Total	4335	4345	46080	47430	4163	3848	3671	3827	58284	59486		
Nursing	21	33	27	60			2	2	48	95		
Advanced Certified Nurse Aide	247	246	2748	2788			116	130	3112	3165		
Authorization to Prescribe	699	645	4448	4763			405	493	5553	5904		
Certified Massage Therapist	5065	5216	46143	46827			6169	5485	57426	57564		
Certified Nurse Aides							49	36				

OCCUPATION	New Licensees		Active Licensees		Inactive Licensees		Suspended or Terminated		Closed or Expired		TOTAL*	
	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006
BOARD												
Clinical Nurse Specialist	29	20	488	482	0	0	142	150	16275	17637	212963	208506
Licensed Nurse Practitioner	368	427	5205	4913	283	283	2	4	71	1085	1483	1368
Licensed Practical Nurse	2377	2197	30669	29280	4	4	37	51	2540	3119	5893	5668
Registered Nurse	5549	5273	92439	87549	23	35	52	56	6705	8036	104745	100914
VA Practical Schools of Nursing					107	79	1142	1183	42	53	1292	1315
VA Professional Schools of Nursing												
Volunteer Registration												
Nursing Total	14375	14057	182171	176662	0	0	142	150	16275	17637	212963	208506
Optometrist	57	4	1353	283			2		71	1085	1483	1368
Opometrist - Volunteer Registration	4	4	6	4					4	4	14	12
Professional Designation	23	35	154	175			1	175	21	18	199	228
TPA Certified Optometrist	107	79	1142	1183			1		42	53	1292	1315
Optometry Total	191	118	2655	1645			4		138	1160	2988	2923
Pharmacy	48	178	391	556					17	24	456	756
Business CSR	1	1	46	43					3	5	50	48
Humane Society	16	14	16	29					4	4	36	47
Limited Use Pharmacy Technician	40	45	335	362					18	26	393	433
Medical Equipment Supplier	84	83	546	565					70	60	700	708
Non-resident Pharmacy	84	96	621	660					61	54	766	810
Non-resident Wholesale Distributor	1	2	20	20					2	1	23	21
Non-restricted Manufacturer	2	1	15	16					1	2	18	18
Permitted Physician	429	438	8296	8577	986	868	8	5	302	237	10021	10125
Pharmacist	58	54	1606	1624			1		41	4	1706	1682
Pharmacy Intern	421	552	1598	1754					219	23	2238	2329
Pharmacy Technician	1480	1527	7771	8671			12	14	653	271	9916	10483
Physician Selling Controlled Substances	43	58	254	244		3			60	897	360	1203
Physician Selling Drugs Location	6	1	78	74					28	33	28	33
Restricted Manufacturer	6	6	32	35					6	6	90	81
Warehouse	9	11	190	138					4	1	42	42
Wholesale Distributor									65	13	264	162
Pharmacy Total	2728	3063	21815	23368	989	871	21	20	1554	1661	27107	28983
Physical Therapist	349	355	4802	4703			1	1	297	1	5524	5288
Physical Therapist Assistant	103	158	1673	1753					100	100	1954	1969
Physical Therapy Total	452	513	6475	6456	353	286	1	1	397	1	7478	7257
Psychology	2	1	40	35					12	12	61	57
Applied Psychologist	134	132	2087	2152	167	166	4	3	268	228	2660	2681
Clinical Psychologist	2	3	9	12					5	1	11	16
Continuing Education Provider	3	4	107	106					23	16	142	137
Resident in Training	30	41	145	174		11			29	26	204	241
School Psychologist	19	23	339	349					57	46	415	418
School Psychologist-Limited												
Sex Offender Treatment Provider												
Psychology Total	190	204	2727	2828	183	186	4	3	394	329	3498	3550
Social Work												
Associate Social Worker	229	252	4419	4359	329	239	6	3	757	3	5740	4853
Licensed Clinical Social Worker	51	47	354	299	40	21			143	588	367	367
Licensed Social Worker												
Registered Social Worker												
Social Work Total	280	299	4856	4711	369	260	6	3	936	8	6447	5273
Veterinary Medicine												
Full Service Veterinary Facility	15	21	659	675					8	8	682	704
Restricted Veterinary Facility	14	16	203	205					15	11	232	232
Veterinarian	208	233	2772	2894	649	555			241	193	3870	3875
Veterinary Technician	85	158	982	1110	61	45	1		57	60	1186	1373
Veterinary Medicine Total	322	428	4616	4884	710	600	1	0	321	272	5970	6184
AGENCY TOTAL	24069	24553	292610	289550	8012	7193	228	224	25765	26413	350684	347933

*The total number of licensees is a count of all persons or entities holding an active or inactive license at any time during the fiscal year.

JUNE 30 LICENSE INFORMATION¹

BOARD	OCCUPATION	1996 30-Jun	1998 30-Jun	2000 30-Jun	2002 30-Jun	2004 30-Jun	2006 30-Jun	% Change 2004-2006	
AUDIOLOGY/SPEECH PATHOLOGY	Audiologist	322	363	401	415	447	424	-5.1%	
	Continuing Education Provider				60	113	109	-3.5%	
	School Speech Pathologist	1575	1863	2130	2251	2416	2339	-3.2%	
Audiology/Speech Pathology Total		1897	2226	2531	2726	2976	2874	-3.4%	
COUNSELLING	Certified Substance Abuse Counselor	942	1067	2384	1329	1437	1450	0.9%	
	Licensed Marriage and Family Therapist	1896	511	912	887	867	841	-3.0%	
	Licensed Professional Counselor	2992	2156	2384	2595	2741	2829	3.2%	
	Rehabilitation Provider		2052	877	676	376	331	-12.0%	
Counseling Total		5830	5786	6581	5616	5583	5637	1.0%	
DENTISTRY	Cosmetic Procedure Certification	12	10	12	7	10	13	30.0%	
	Dental Full Time Faculty	2833	3102	3333	3647	3838	4091	14.3%	
	Dental Hygienist	5	3	3	2	2	1	-50.0%	
	Dental Hygienist Teacher	8	5	6	8	5	1	-80.0%	
	Dental Teacher	5105	5177	5167	5399	5337	5626	25.0%	
	Dental Temporary Permit				4	4	5	25.0%	
	Dentist				1	1	2	100.0%	
	Dentist-Volunteer Registration				175	175	190	8.6%	
	Oral/Maxillofacial Surgeon Registration								
	Dentistry Total		7963	8297	8522	9256	9385	9945	6.0%
FUNERAL DIRECTING	Branch Establishment	87	106	103	113	106	31	7.5%	
	Continuing Education Provider				56	67	74	10.4%	
	Courtesy Card	10	9	8	8	6	6	0.0%	
	Crematories	214	199	180	163	129	113	-12.4%	
	Embalmer	485	489	495	526	516	508	-1.6%	
	Funeral Director	1321	1359	1391	1464	1396	1413	1.2%	
	Funeral Establishment	196	201	185	188	164	164	0.0%	
	Funeral Service Provider	32	36	33	49	44	44	0.0%	
	Funeral Trainee								
	Surface Transport & Removal Services								
	Funeral Directing Total		2345	2399	2443	2567	2428	2473	1.9%
	LONG TERM CARE ADMINISTRATION	Nursing Home Administrator	702	751	740	755	677	667	-1.5%
Nursing Home Preceptor		177	159	166	193	185	191	3.2%	
Long Term Care Administrator Total		879	910	906	948	862	858	-0.5%	
MEDICINE	Athletic Trainer				337	656	790	20.4%	
	Chiropractor	1268	1431	1553	1709	1593	1619	1.6%	
	Interns and Resident	2610	2004	2797	2080	2989	3294	10.2%	
	Licensed Acupuncturist	15	193	94	167	248	330	33.1%	
	Licensed Midwife				1048	938	14		
	Limited Radiologic Technologist	25251	26924	27977	29658	29227	29872	-0.4%	
	Medicine & Surgery	1	1	1	1			2.2%	
	Naturopath	1439	1725	1918	2229	2259	2420	7.1%	
	Occupational Therapist	606	727	801	926	1096	1240	13.1%	
	Osteopathy and Surgery	3023	3427	3866					
	Physical Therapist	918	1171	1352					
	Physical Therapist Assistant	69	38	309					
	Physician Accupuncturist	480	461	603	893	1040	1334	28.3%	
	Physician Assistant	494	493	501	519	492	476	-3.3%	
	Podiatry	25	1658	1870	2510	2603	2633	8.8%	
	Radiologic Technologist	1839	2419	2884	3274	3093	3225	4.3%	
	Respiratory Care Practitioner	46	25	27	27	25	24	-4.0%	
University Limited License									
Medicine Total		38084	43677	47600	45378	46259	48405	4.6%	
NURSING	Advanced Certified Nurse Aide	881	1393	1826	2274	2513	2810	11.8%	
	Authorization to Prescribe								

BOARD	OCCUPATION	1996 30-Jun	1998 30-Jun	2000 30-Jun	2002 30-Jun	2004 30-Jun	2006 30-Jun	% Change 2004-2006
	Certified Massage Therapist		1477	2146	3046	3715	4321	16.3%
	Certified Nurse Aides	37549	39197	36020	40513	40239	42058	4.5%
	Clinical Nurse Specialist	423	439	445	476	455	452	-0.7%
	Licensed Nurse Practitioner	2695	3344	3924	4637	4872	5173	6.2%
	Licensed Practical Nurse	25884	26553	26694	28422	28239	28127	-0.4%
	Registered Nurse	72820	76781	82492	88314	86660	85061	-1.8%
Nursing Total		140252	149184	153547	167682	166693	168061	0.8%
Optometry	Optometrist [§]	1206	1278	1309	1417	1351	261	-80.7%
	Optometrist - Volunteer Registration						2	
	Professional Designation	99	108	114	123	129	161	24.8%
	TPA Certified Optometrist			850	1000	1031	1132	9.8%
Optometry Total		1305	1386	2273	2540	1480	1556	5.1%
Pharmacy	Business CSR	236	231	284	342	336	533	58.6%
	Humane Society	88	89	61	59	46	39	-15.2%
	Limited Use Pharmacy Technician						26	
	Medical Equipment Supplier	121	178	247	304	293	336	14.7%
	Non-resident Pharmacy	154	226	309	434	462	509	10.2%
	Non-resident Wholesale Distributor	125	226	316	505	537	608	13.2%
	Non-restricted Manufacturer	22	22	21	22	20	20	0.0%
	Nurse Practitioner CSR				900			
	Optometrist CSR	17	423	485	496	14	14	-100.0%
	Permitted Physician		22	19	17			
	Pharmacist	7156	7638	7955	8640	8754	9142	4.4%
	Pharmacy	1514	1613	1518	1584	1547	1600	3.4%
	Pharmacy Intern			845	1044	1181	1342	13.6%
	Pharmacy Technician					6292	7771	23.5%
	Physician Selling Controlled Substances	205	235	246	284	215	214	-0.5%
	Restricted Manufacturer	66	72	65	73	72	69	-4.2%
	Warehouse	11	19	19	29	26	35	34.6%
	Wholesale Distributor	122	137	160	179	182	126	-30.8%
Pharmacy Total		9837	11131	12550	14912	19977	22384	12.0%
Physical Therapy [§]	Physical Therapist				4399	4486	4922	9.7%
	Physical Therapist Assistant				1561	1643	1808	10.0%
Physical Therapy Total					5960	6129	6730	9.8%
Psychology	Applied Psychologist	1406	65	56	54	50	41	-18.0%
	Clinical Psychologist		1743	1895	2116	2233	2296	2.8%
	Continuing Education Provider						11	
	School Psychologist	88	106	106	116	106	113	6.6%
	School Psychologist-Limited				47	135	173	28.1%
	Sex Offender Treatment Provider			330	324	333	348	4.5%
Psychology Total		1494	1914	2387	2657	2857	2982	4.4%
Social Work	Associate Social Worker	11	9	7	7	6	4	-33.3%
	Licensed Clinical Social Worker	3007	3484	3765	4077	4435	4592	3.5%
	Licensed Social Worker	252	297	279	291	332	320	-3.6%
	Registered Social Worker	145	125	102	92	75	49	-34.7%
Social Work Total		3415	3915	4153	4467	4848	4965	2.4%
Veterinary Medicine	Full Service Veterinary Facility	684	731	611	627	645	669	3.7%
	Restricted Veterinary Facility			153	193	191	196	2.6%
	Veterinarian	2644	2787	2885	3180	3162	3235	2.3%
	Veterinary Technician	615	632	689	840	940	1094	16.4%
Veterinary Medicine Total		3943	4150	4338	4840	4938	5194	5.2%
AGENCY TOTAL		217244	234975	247831	269724	274590	282254	2.8%

¹The number of licensees in all years reflects all current licenses on June 30, the last day of each fiscal year.

²Physical Therapists and Physical Therapist Assistants were licensed under the Board of Medicine until FY2002

BOARD	OCCUPATION	1996 30-Jun	1998 30-Jun	2000 30-Jun	2002 30-Jun	2004 30-Jun	2006 30-Jun	% Change 2004-2006
<p>³In 2006, the Board of Optometry discontinued issuing two, separate permits for licensees with TPA certification (i.e., an Optometrist license plus a TPA Certified Optometrist certificate). For 2006, only those licensees without TPA certification were issued "Optometrist" permits. The decline in Optometrist was actually 7%. Further, the Optometry Total actually increased by 5%, from 1,479 in FY 2005 to 1,556 in FY 2006.</p>								

COMPLAINT INFORMATION

BOARD	OCCUPATION	Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred To Board ⁴		Complaints per 1000 Licensees ⁵		
		FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	
Audiology/Speech Pathology	Audiologist	564	504	10	6	6	6	6	9	17.73	11.90	
	School Speech Pathologist	145	145	7	19	4	4	4	16	2.06	6.44	
	Speech Pathologist	3391	2949	7	19	4	4	4	16	2.06	6.44	
Audiology/Speech Pathology Total		4100	3598	17	25	6	10	10	25	4.15	6.95	
Counseling	Certified Substance Abuse Counselor	1820	1792	4	7	4	2	2	7	2.20	3.91	
	Licensed Marriage and Family Therapist	1004	953	1	1	1	1	1	2	1.00	1.05	
	Licensed Professional Counselor	3458	3330	37	52	36	31	31	51	10.70	15.62	
	Rehabilitation Provider	420	412	3	2	2	2	3	3	7.14	4.85	
	SA Oral Examiner	61	15	2	2	2	2	3	3	7.14	4.85	
	Substance Abuse Counseling Assistant	17	28	1	1	1	1	1	2	0.00	0.00	
	Substance Abuse Treatment Practitioner	199	191	1	1	1	1	1	2	0.00	0.00	
	Counseling Total		6979	6721	46	63	44	35	35	65	6.59	9.37
	Dentistry	Cosmetic Procedure Certification	12	16	1	1	1	1	1	1	0.00	62.50
		Dental Full Time Faculty	20	23	4	18	8	18	18	16	0.88	3.88
Dental Hygienist		4532	4640	1	1	1	1	1	1	0.00	1000.00	
Dental Hygienist Teacher		5	1	1	1	1	1	1	1	0.00	500.00	
Dental Restricted Volunteer		1	2	1	1	1	1	1	1	0.00	0.00	
Dental Hygienist Temporary Permit		0	2	1	1	1	1	1	1	0.00	0.00	
Dental Teacher		7	6	1	1	1	1	1	1	0.00	0.00	
Dental Temporary Permit		4	5	1	1	1	1	1	1	0.00	0.00	
Dentist		5943	6444	405	415	558	584	584	616	68.15	64.40	
Dentist-Volunteer Registration		16	22	3	2	2	2	7	7	0.00	0.00	
Oral/Maxillofacial Surgeon Registration		204	230	3	2	2	2	7	9	14.71	8.70	
Temporary Resident		9	26	1	1	1	1	1	1	0.00	0.00	
Dentistry Total		10753	11417	412	438	568	611	611	644	38.31	38.36	
Funeral Directing		Courtesy Card	153	147	2	2	1	1	1	1	13.07	0.00
		Branch Establishment	7	7	1	1	1	1	1	1	0.00	0.00
	Crematories	80	80	1	1	1	1	1	1	12.50	0.00	
	Embalmer	8	6	4	4	2	3	3	5	0.00	0.00	
	Funeral Director	153	131	17	9	16	9	9	17	26.14	30.53	
	Funeral Establishment	539	532	55	41	54	53	53	57	31.54	16.92	
	Funeral Service Provider	1639	1609	8	32	8	11	11	34	33.56	25.48	
	Funeral Trainee	335	333	1	1	1	1	1	1	23.88	96.10	
	Surface Transport & Removal Services	62	64	1	1	1	2	2	2	16.13	0.00	
	Funeral Directing Total		2976	2909	88	86	83	79	79	116	29.57	29.56
Long Term Care Administrator	Administrator-in-Training	20	13	2	2	2	3	3	2	100.00	76.92	
	Nursing Home Administrator	875	865	45	20	32	27	27	33	51.43	23.12	
	Nursing Home Preceptor	246	246	1	1	1	1	1	1	4.07	0.00	
Long Term Care Administrator Total		1141	1124	48	21	34	30	30	35	42.07	18.68	
Medicine	Athletic Trainer	1039	1092	24	14	2	4	4	4	23.10	12.82	
	Chiropractor	1938	1910	56	66	71	74	74	78	28.90	34.55	
	Interns and Resident	4985	5330	14	11	19	16	16	21	2.81	2.06	
	Licensed Acupuncturist	387	396	6	4	7	5	5	8	15.50	10.10	
	Licensed Midwife	0	28	11	6	4	3	3	8	8.72	4.70	
	Limited Radiologic Technologist	1262	1277	1781	1888	1628	1749	1749	2771	51.50	54.23	
	Medicine & Surgery	34581	34813	11	8	3	5	5	8	3.83	2.70	
	Occupational Therapist	2875	2960	65	70	54	65	65	93	45.20	45.31	
	Osteopathy and Surgery	1438	1545	33	29	33	34	34	34	20.83	16.66	
	Physician Assistant	1584	1741	39	33	40	44	44	44	67.83	58.41	
	Podiatry	575	565	35	28	6	9	9	29	9.62	7.35	
	Radiologic Technologist	3639	3808	29	22	22	30	30	27	7.38	5.52	
	Respiratory Care Practitioner	3929	3989	2	2	2	2	2	2	0.00	0.00	
	Temporary Licenses	22	2	1	1	1	1	1	1	33.33	31.25	
	University Limited License	30	32	1	1	1	1	1	1	33.33	31.25	
	Medicine Total		58284	59488	2105	2180	1889	2039	2039	3160	36.12	36.65
	Nursing	Advanced Certified Nurse Aide	48	95	5	1	4	4	4	1	0.00	0.00
Authorization to Prescribe		3112	3165	11	20	12	21	21	19	1.61	0.32	
Certified Massage Therapist		5553	5904	626	641	524	617	617	709	1.98	3.39	
Certified Nurse Aides		57426	57564	2	3	1	3	3	3	10.90	11.14	
Clinical Nurse Specialist		552	537	2	3	1	3	3	3	3.62	5.59	

BOARD	OCCUPATION	Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred To Board ⁴		Complaints per 1000 Licensees ⁵	
		FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006
	Licensed Nurse Practitioner	5893	5668	64	84	78	90	90	82	10.86	14.82
	Licensed Practical Nurse	35623	34647	385	448	440	521	521	529	10.81	12.93
	Registered Nurse	104745	100914	546	569	596	677	677	740	5.21	5.64
	VA Practical Schools of Nursing	6	6	2					1	0.00	333.33
	VA Professional Schools of Nursing	4	5							0.00	0.00
	Volunteer Registration	1	1							0.00	0.00
Nursing Total		212963	208506	1639	1768	1655	1930	1930	2085	7.70	8.48
	Optometrist	1483	1368	43	7	53	21	21	32	29.00	5.12
	Opometrist - Volunteer Registration	14	12							0.00	0.00
	Professional Designation	199	228							0.00	0.00
	TPA Certified Optometrist	1292	1315	8	63	8	54	54	64	6.19	47.91
Optometry Total		2988	2923	51	70	61	75	75	96	17.07	23.95
	Pharmacy	456	758	2		1				4.39	0.00
	Humane Society	50	48		1		1	1	2	0.00	20.83
	Limited Use Pharmacy Technician	36	47							0.00	0.00
	Medical Equipment Supplier	393	433		1	2	2	2	2	0.00	2.31
	Non-resident Pharmacy	700	708	6	16	14	18	18	14	8.57	22.60
	Non-resident Wholesale Distributor	766	810							0.00	0.00
	Non-restricted Manufacturer	23	21							0.00	0.00
	Permitted Physician	18	18							0.00	0.00
	Pharmacist	10021	10125	218	250	239	263	263	307	21.75	24.69
	Pharmacy	1706	1682	41	69	49	77	77	42	24.03	41.02
	Pharmacy Intern	2238	2329	2	6	1	9	9	4	0.89	2.58
	Pharmacy Technician	9916	10483	35	76	36	71	71	73	3.53	7.25
	Physician Selling Controlled Substances	360	1203	1						2.78	0.00
	Physician Selling Drugs Location	28	33						1	0.00	0.00
	Restricted Manufacturer	90	81							0.00	0.00
	Warehouse	42	42							0.00	0.00
	Wholesale Distributor	264	162	1		2				0.00	0.00
Pharmacy Total		27107	28983	306	419	346	443	443	447	11.29	14.46
	Physical Therapist	5524	5288	66	38	26	29	29	47	11.95	7.19
	Physical Therapist Assistant	1954	1969	27	6	8	3	3	12	13.82	3.05
Physical Therapy Total		7478	7257	93	44	34	32	32	59	12.44	6.06
	Psychology	61	57							0.00	17.54
	Applied Psychologist	2660	2681	60	64	44	46	46	69	22.56	23.87
	Clinical Psychologist	11	16							0.00	0.00
	Continuing Education Provider	5	0		1	1	1	1	1	0.00	0.00
	Resident in Training	142	137	1	2	1	2	2	2	7.04	14.60
	School Psychologist	204	241							0.00	0.00
	School Psychologist-Limited	415	418	1	1		1	1		2.41	2.39
	Sex Offender Treatment Provider										
Psychology Total		2879	2891	62	69	45	50	50	75	21.54	23.87
	Social Work	11	4							0.00	0.00
	Associate Social Worker	5740	4853	71	59	43	41	41	74	12.37	12.16
	Licensed Clinical Social Worker	588	367	4	5		1	1	5	6.80	13.62
	Licensed Social Worker	108	49							0.00	0.00
	Registered Social Worker										
Social Work Total		6447	5273	75	64	43	42	42	79	11.63	12.14
	Veterinary Medicine	682	704	2	2		2	2	2	2.93	2.84
	Full Service Veterinary Facility	232	232							0.00	0.00
	Restricted Veterinary Facility	3870	3875	133	193	179	224	224	161	34.37	49.81
	Veterinarian	1186	1373	5	17	9	9	9	16	4.22	12.38
	Veterinary Technician										
Veterinary Medicine Total		5970	6184	140	212	188	235	235	179	23.45	34.28
AGENCY TOTAL		350684	347933	5082	5459	4996	5611	5611	7065	14.49	15.69

The number of complaints reflects all complaints received within the designated timeframe but complaints investigated or referred to the board may also include complaints that had been received in prior timeframes.

¹ Any individual or entity that held a valid and current license within the designated timeframe

² All allegations assigned a case number

³ Cases that underwent the investigatory process

⁴ Cases reviewed by the respective regulatory board to determine whether further action is necessary

⁵ Shows the ratio of complaints per 1,000 licensees of the respective board and occupations

VIOLATION INFORMATION*

BOARD	OCCUPATION	Total Licensees ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations per 1000 Licensees ⁵	
		FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006
Audiology/Speech Pathology	Audiologist	564	504	1	1	1	1	2	1	1.77	
	School Speech Pathologist	145	145								
	Speech Pathologist	3391	2949	2	11	1	1	3	12	0.29	0.34
Audiology/Speech Pathology Total		4100	3598	3	12	2	1	5	13	0.49	0.28
Counseling	Certified Substance Abuse Counselor	1820	1792		3	1	1	1	4	0.55	0.56
	Licensed Marriage and Family Therapist	1004	953								
	Licensed Professional Counselor	3458	3330	26	20	3	4	29	24	0.87	1.20
Substance Abuse Counseling Assistant	Rehabilitation Provider	420	412	1		1		2	1	2.38	2.43
	SA Oral Examiner	61	15								
	Substance Abuse Treatment Practitioner	17	28								
Counseling Total		6979	6721	27	24	5	6	32	30	0.72	0.89
Dentistry	Cosmetic Procedure Certification	12	16								
	Dental Full Time Faculty	20	23								
	Dental Hygienist	4532	4640	1	3		3	1	6	0.65	
Dental Restricted Volunteer	Dental Hygienist Teacher	5	1								
	Dental Hygienist Temporary Permit	1	2								
	Dental Teacher	0	2								
Dentist	Dental Temporary Permit	7	6								
	Dentist	4	5								
	Dentist-Volunteer Registration	5943	6444	177	207	42	91	219	298	7.07	14.12
Oral/Maxillofacial Surgeon Registration	Oral/Maxillofacial Surgeon Registration	16	22								
	Temporary Resident	204	230				3		3		13.04
		9	26								
Dentistry Total		10753	11417	178	210	42	97	220	307	3.91	8.50
Funeral Directing	Branch Establishment	7	7								
	Courtesy Card	153	147								
	Crematories	80	80								
Funeral Service Provider	Embalmer	8	6								
	Funeral Director	153	131	1	1	1	1	2	2	6.54	7.63
	Funeral Establishment	539	532	5		10	3	15	3	18.55	5.64
Surface Transport & Removal Services	Funeral Trainee	1639	1609	9	13	8	1	17	14	4.88	0.62
		335	333	1	3			1	4		3.00
		62	64								
Funeral Directing Total		2976	2909	16	17	19	6	35	23	6.38	2.06
Long Term Care Administrator	Administrator-in-Training	20	13								
	Nursing Home Administrator	875	865	19	12	13	3	32	15	14.86	3.47
	Nursing Home Preceptor	246	246	1				1	0		
Long Term Care Administrator Total		1141	1124	20	13	13	3	33	16	11.39	2.67
Medicine	Athletic Trainer	1039	1092	1	3	20	10	21	13	19.25	9.16
	Chiropractor	1938	1910	26	13	5	14	31	27	2.58	7.33
	Interns and Resident	4985	5330	9	7			9	8	0.19	
Occupational Therapist	Licensed Acupuncturist	387	396		1				1		
	Licensed Midwife	0	28								
	Limited Radiologic Technologist	1262	1277			6	4	6	5	4.75	3.13
Physician Assistant	Medicine & Surgery	34581	34813	790	858	138	107	928	965	3.99	3.07
	Occupational Therapist	2875	2960	3	2	7	3	10	5	2.43	1.01
	Osteopathy and Surgery	1438	1545	27	28	6	7	33	35	4.17	4.53
Podiatry	Physician Assistant	1584	1741	10	9	3	4	13	13	1.89	2.30
	Podiatry	575	565	16	21	17	1	33	22	29.57	1.77
	Radiologic Technologist	3639	3808	4	4	21	16	25	20	5.77	4.20
Respiratory Care Practitioner	Respiratory Care Practitioner	3929	3989	3	5	15	5	18	10	3.82	1.25
	Temporary Licenses	22	2								
	University Limited License	30	32								
Medicine Total		58284	59488	889	953	238	172	1127	1125	4.08	2.89
Nursing	Advanced Certified Nurse Aide	48	95	309				309	0		

BOARD	OCCUPATION	Total Licensees ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations per 1000 Licensees ⁵	
		FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006	FY2005	FY2006
	Authorization to Prescribe	3112	3165	5	6	3		3	0	0	0.96
	Certified Massage Therapist	5553	5904	309	218	2	5	7	11	0.36	0.85
	Certified Nurse Aides	57426	57564	1		158	227	467	445	2.75	3.94
	Clinical Nurse Specialist	552	537	23	38	9	5	32	43	1.53	0.88
	Licensed Nurse Practitioner	35623	34647	88	112	113	147	201	259	3.17	4.24
	Registered Nurse	104745	100914	169	183	158	163	327	346	1.51	1.62
	VA Practical Schools of Nursing	6	6					0	0	0	0
	VA Professional Schools of Nursing	4	5					0	0	0	0
	Volunteer Registration	1	1					0	0	0	0
Nursing Total		212963	208506	285	340	285	321	570	661	1.34	1.54
	Optometrist	1483	1368	24	19	4	6	28	25	2.70	4.39
	Optometrist - Volunteer Registration	14	12					0	0	0	0
	Professional Designation	199	228					0	0	0	0
	TPA Certified Optometrist	1292	1315	1	19	5		1	24	3.80	
Optometry Total		2988	2923	25	38	4	11	29	49	1.34	3.76
	Business CSR	456	758					0	0	0	0
	Humane Society	50	48			1		0	1	0	20.83
	Limited Use Pharmacy Technician	36	47					0	0	0	0
	Medical Equipment Supplier	393	433			2		0	2	0	0
	Non-resident Pharmacy	700	708	4	3	1		4	4	1.41	
	Non-resident Wholesale Distributor	766	810					0	0	0	0
	Non-restricted Manufacturer	23	21					0	0	0	0
	Permitted Physician	18	18					0	0	0	0
	Pharmacist	10021	10125	40	51	33	66	73	117	3.29	6.52
	Pharmacy	1706	1682	15	18	6	3	21	21	3.52	1.78
	Pharmacy Intern	2238	2329			1		1	1	0.45	0.43
	Pharmacy Technician	9916	10483	4	2	15	18	19	20	1.51	1.72
	Physician Selling Controlled Substances	360	1203					0	1	0	0.83
	Physician Selling Drugs Location	28	33					0	0	0	0
	Restricted Manufacturer	90	81					0	0	0	0
	Warehouser	42	42					0	0	0	0
	Wholesale Distributor	264	162			1		0	1	6.17	
Pharmacy Total		27107	28983	65	76	55	92	120	168	2.03	3.17
	Physical Therapist	5524	5288	32	5	3	2	35	7	0.54	0.38
	Physical Therapist Assistant	1954	1969	19	2	2	3	21	5	1.02	1.52
Physical Therapy Total		7478	7257	51	7	5	5	56	12	0.67	0.69
	Psychology	61	57					0	0	0	0
	Applied Psychologist	2660	2681	33	40	10	10	43	50	3.76	3.73
	Clinical Psychologist	11	16					0	0	0	0
	Continuing Education Provider							0	0	0	0
	Resident in Training	5	0					0	0	0	0
	School Psychologist	142	137		1			0	1	0	0
	School Psychologist-Limited	204	241					0	0	0	0
	Sex Offender Treatment Provider	415	418	1				1	0	0	0
Psychology Total		3498	3550	34	41	10	10	44	51	2.86	2.82
	Social Work	11	4					0	0	0	0
	Associate Social Worker	5740	4853	22	29	25	10	47	39	4.36	2.06
	Licensed Clinical Social Worker	588	367		3	2		2	3	3.40	
	Licensed Social Worker	108	49					0	0	0	0
	Registered Social Worker							0	0	0	0
Social Work Total		6447	5273	25	32	27	10	52	42	4.19	1.90
	Veterinary Medicine	682	704	1		1		2	1	1.47	1.42
	Full Service Veterinary Facility	232	232					0	0	0	0
	Restricted Veterinary Facility	3870	3875	85	87	22	34	107	121	5.68	8.77
	Veterinarian	1186	1373	2	3	1	10	3	13	0.84	7.28
	Veterinary Technician	5970	6184	88	90	24	45	112	135	4.02	7.28
Veterinary Medicine Total		350684	347933	2015	2071	887	1006	2902	3077	2.53	2.89
AGENCY TOTAL											

SANCTION INFORMATION*

BOARD	OCCUPATION	Licensees ¹		Sanctions ²		Sanctions per 1000 Licensees ³	
		FY2005	FY2006	FY2005	FY2006	FY2005	FY2006
Audiology/Speech Pathology	Audiologist	564	504		4	0.00	7.94
	School Speech Pathologist	145	145			0.00	0.00
	Speech Pathologist	3391	2949		1	0.00	0.34
Audiology/Speech Pathology Total		4100	3598	0	5	0.00	1.39
Counseling	Certified Substance Abuse Counselor	1820	1792	1	3	0.55	1.67
	Licensed Marriage and Family Therapist	1004	953			0.00	0.00
	Licensed Professional Counselor	3458	3330	4	6	1.16	1.80
	Rehabilitation Provider	420	412	1	1	2.38	2.43
	SA Oral Examiner	61	15			0.00	0.00
	Substance Abuse Counseling Assistant	17	28			0.00	0.00
	Substance Abuse Treatment Practitioner	199	191			0.00	0.00
Counseling Total		6979	6721	6	10	0.86	1.49
Dentistry	Cosmetic Procedure Certification	12	16			0.00	0.00
	Dental Full Time Faculty	20	23			0.00	0.00
	Dental Hygienist	4532	4640	8		1.77	0.00
	Dental Hygienist Teacher	5	1			0.00	0.00
	Dental Restricted Volunteer	1	2			0.00	0.00
	Dental Hygienist Temporary Permit	0	2			0.00	0.00
	Dental Teacher	7	6			0.00	0.00
	Dental Temporary Permit	4	5			0.00	0.00
	Dentist	5943	6444	183	88	30.79	13.66
	Dentist-Volunteer Registration	16	22			0.00	0.00
	Oral/Maxillofacial Surgeon Registration	204	230	7		34.31	0.00
	Temporary Resident	9	26			0.00	0.00
	Dentistry Total		10753	11417	198	88	18.41
Funeral Directing	Branch Establishment	7	7			0.00	0.00
	Courtesy Card	153	147			0.00	0.00
	Crematories	80	80			0.00	0.00
	Embalmer	8	6			0.00	0.00
	Funeral Director	153	131	1	1	6.54	7.63
	Funeral Establishment	539	532	8	10	14.84	18.80
	Funeral Service Provider	1639	1609	4	9	2.44	5.59
	Funeral Trainee	335	333	2		5.97	0.00
	Surface Transport & Removal Services	62	64			0.00	0.00
	Funeral Directing Total		2976	2909	15	20	5.04
Long Term Care Administrator	Administrator-in-Training	20	13			0.00	0.00
	Nursing Home Administrator	875	865	4	21	4.57	24.28
	Nursing Home Preceptor	246	246			0.00	0.00
Long Term Care Administrator Total		1141	1124	4	21	3.51	18.68
Medicine	Athletic Trainer	1039	1092	11	21	10.59	19.23
	Chiropractor	1938	1910	15	7	7.74	3.66

Interns and Resident	4985	5330	1		0.20	0.00
Licensed Acupuncturist	387	396			0.00	0.00
Licensed Midwife	0	28			0.00	0.00
Limited Radiologic Technologist	1262	1277	4	6	3.17	4.70
Medicine & Surgery	34581	34813	138	209	3.99	6.00
Occupational Therapist	2875	2960	3	9	1.04	3.04
Osteopathy and Surgery	1438	1545	17	8	11.82	5.18
Physician Assistant	1584	1741	5	4	3.16	2.30
Podiatry	575	565	1	23	1.74	40.71
Radiologic Technologist	3639	3808	16	21	4.40	5.51
Respiratory Care Practitioner	3929	3989	5	16	1.27	4.01
Temporary Licenses	22	2			0.00	0.00
University Limited License	30	32			0.00	0.00
Medicine Total	58284	59488	216	324	3.71	5.45
Nursing	48	95	2	6	0.00	0.00
Advanced Certified Nurse Aide	3112	3165	5	4	0.64	1.90
Authorization to Prescribe	5553	5904	236	168	0.90	0.68
Certified Massage Therapist	57426	57564	1	11	4.11	2.92
Certified Nurse Aides	552	537	13	11	1.81	0.00
Clinical Nurse Specialist	5893	5668	199	143	2.21	1.94
Licensed Nurse Practitioner	35623	34647	251	211	5.59	4.13
Licensed Practical Nurse	104745	100914	6	1	2.40	2.09
Registered Nurse	4	5			166.67	0.00
VA Practical Schools of Nursing	1	1			0.00	0.00
VA Professional Schools of Nursing					0.00	0.00
Volunteer Registration					0.00	0.00
Nursing Total	212915	208411	708	543	3.33	2.61
Optometry	1483	1368	13	7	8.77	5.12
Optometrist	14	12			0.00	0.00
Opometrist - Volunteer Registration	199	228			0.00	0.00
Professional Designation	1292	1315	8		6.19	0.00
TPA Certified Optometrist	2988	2923	21	7	7.03	2.39
Optometry Total	456	758	4		8.77	0.00
Pharmacy	50	48	1		20.00	0.00
Business CSR	36	47			0.00	0.00
Humane Society	393	433			0.00	0.00
Limited Use Pharmacy Technician	700	708	1		1.43	0.00
Medical Equipment Supplier	766	810			0.00	0.00
Non-resident Pharmacy	23	21			0.00	0.00
Non-resident Wholesale Distributor	18	18			0.00	0.00
Permitted Manufacturer	10021	10125	94	47	9.38	4.64
Pharmacist	1706	1682	3	5	1.76	2.97
Pharmacy Intern	2238	2329	1		0.45	0.00
Pharmacy Technician	9916	10483	27	20	2.72	1.91
Physician Selling Controlled Substances	360	1203	1		2.78	0.00
Physician Selling Drugs Location	28	33			0.00	0.00
Restricted Manufacturer	90	81			0.00	0.00
Warehouse	42	42			0.00	0.00

	Wholesale Distributor	264	162	1	3.79	0.00
Pharmacy Total		27107	28983	133	4.91	2.48
Physical Therapy	Physical Therapist	5524	5288	3	0.54	1.13
	Physical Therapist Assistant	1954	1969	3	1.54	1.02
Physical Therapy Total		7478	7257	6	0.80	1.10
Psychology	Applied Psychologist	61	57		0.00	0.00
	Clinical Psychologist	2660	2681	16	6.02	4.10
	Continuing Education Provider	11	16		0.00	0.00
	Resident in Training	5	0		0.00	0.00
	School Psychologist	142	137		0.00	0.00
	School Psychologist-Limited	204	241		0.00	0.00
	Sex Offender Treatment Provider	415	418		0.00	0.00
Psychology Total		3498	3550	16	4.57	3.10
Social Work	Associate Social Worker	11	4		0.00	0.00
	Licensed Clinical Social Worker	5740	4853	11	1.92	9.89
	Licensed Social Worker	588	367	4	0.00	10.90
	Registered Social Worker	108	49		0.00	0.00
Social Work Total		6447	5273	11	1.71	9.86
Veterinary Medicine	Full Service Veterinary Facility	682	704	1	1.47	4.26
	Restricted Veterinary Facility	232	232		0.00	0.00
	Veterinarian	3870	3875	53	13.70	11.61
	Veterinary Technician	1186	1373	17	14.33	0.73
Veterinary Medicine Total		5970	6184	71	11.89	7.92
AGENCY TOTAL		350684	347934	1408	4.02	3.48

*More than one sanction may be imposed per case or category charge found in violation.

¹Any individual or entity that held a valid and current license within the designated timeframe

²Shows the total number of sanctions imposed per licensed occupation and board

³Shows the ratio of sanction per 1,000 licensees of the respective board and occupations

COMPLAINT CATEGORY INFORMATION

Complaint Category	FY 2005		FY 2006		TOTAL	
	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Board	8	1	14	1	22	0
Audiology/Speech Pathology	1	1	1	1	2	2
Cont'd Competency Req.-not met	1	1	1	1	2	2
Criminal Activity/Conviction	1	1	1	1	2	2
Drug Related-Personal Use	1	1	1	1	2	2
Fraud	1	1	1	1	2	2
Inability Safely Prac-Impairment	1	1	1	1	2	2
Licensure Eligibility	7	3	4	3	11	6
Standard of Care-Treatment Related	1	1	1	1	2	2
Audiology/Speech Pathology Total	19	6	19	6	38	12
Counseling	1	2	2	3	3	5
Abuse	1	2	2	3	3	5
Action by Another Board/Entity	2	2	2	2	4	4
Advertising-deceptive/misleading	1	1	1	1	2	2
Business Practices/Issues	9	2	8	17	17	19
Compliance-To Board	2	1	1	3	3	4
Confidentiality-Breach	6	2	2	8	8	10
Cont'd Competency Req.-not met	1	1	1	1	2	2
Criminal Activity/Conviction	1	1	1	1	2	2
Dishonored Check	3	3	3	4	4	4
Drug Related-Personal Use	3	3	1	4	4	4
Fraud	3	3	3	3	3	3
HPIP Dismissal	1	1	1	1	1	1
Inability Safely Prac-Impairment	1	1	1	1	1	1
Inability Safely Prac-Incapacitated	1	1	1	1	1	1
Licensure Eligibility	2	2	2	2	2	2
Other	2	2	5	7	7	7
Records Release	9	1	8	17	17	19
Reinstatement	1	1	1	1	1	1
Relationship-Inappropriate	15	1	15	30	30	32
Standard of Care-Diagnosis Related	2	2	6	8	8	10
Standard of Care-Treatment Related	59	15	64	123	123	133
Unlicensed Activity	7	3	8	15	15	18
Counseling Total	59	15	64	123	123	133
Dentistry	6	3	8	4	15	7
Abandonment	3	3	3	4	7	7
Abuse	3	1	1	4	4	5
Action by Another Board/Entity	19	3	22	41	41	46
Advertising-deceptive/misleading	60	7	86	146	146	153
Business Practices/Issues	16	6	51	67	67	73
Compliance-To Board	1	1	1	2	2	2
Confidentiality-Breach	2	2	2	2	2	2
Cont'd Competency Req.-not met	1	1	1	1	1	1
Criminal Activity/Conviction	2	2	1	3	3	3
Drug Related- Security	1	1	3	3	3	3
Drug Related-Excessive Rx/Dispensing	1	1	3	4	4	4
Drug Related-Obtaining Drugs by Fraud	1	1	5	5	5	5
Drug Related-Other	1	1	2	3	3	3
Drug Related-Personal Use	34	13	37	71	71	75
Fraud	1	5	7	13	13	13
HPIP Dismissal	6	6	6	13	13	13
Inability Safely Prac-Impairment	1	1	1	1	1	1
Inability Safely Prac-Incapacitated	1	1	2	2	2	2
Inability To Safely Practice-Other	1	1	5	5	5	5
Licensure Eligibility	1	1	2	3	3	3
Neglect	8	8	25	33	33	33
Other	4	2	2	6	6	6
Records Release	4	4	2	6	6	6
Records/Inspections/Audits	2	2	2	4	4	4
Reinstatement	7	7	7	14	14	14

Board	Complaint Category	FY 2005		FY 2006		TOTAL		
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	
Dentistry Total Funeral Directing	Relationship-Inappropriate			1	2	1	0	
	Required Report Not Filed			2		2	2	
	Self-Referral of Patients			1	1	2	0	
	Standard of Care-Consent Related	2		2		4	0	
	Standard of Care-Diagnosis Related	6	6	17	6	23	6	
	Standard of Care-Equip/Prod Related	7		6		13	6	
	Standard of Care-Malpractice Reports	7	3	26	3	33	6	
	Standard of Care-Med/Prescrip Related	2		1		3	0	
	Standard of Care-Other	2		3	2	5	2	
	Standard of Care-Surgery Related	3		2		5	2	
	Standard of Care-Treatment Related	133	32	234	100	367	100	
	Unlicensed Activity	25	7	41	25	66	32	
	Dentistry Total		359	95	619	243	978	338
	Funeral Directing Total Long-Term Care Administrators	Advertising-deceptive/misleading			1		1	0
		Business Practices/Issues	46	9	20	2	66	11
		Compliance-To Board	11	3	7	4	18	7
		Cont'd Competency Req.-not met	10		2		12	0
Criminal Activity/Conviction		1		5	1	6	1	
Fraud		5		8		13	0	
Licensure Eligibility		8		13	2	21	2	
Misappropriation of Property		1		1	1	2	0	
Other		15	6	6	5	21	11	
Records/Inspections/Audits		1		8	2	9	2	
Reinstatement		1		2		3	0	
Standard of Care-Treatment Related		11	4	2	2	13	4	
Unlicensed Activity		109	22	76	17	185	39	
Funeral Directing Total			109	22	76	17	185	39
Long-Term Care Administrators Medicine		Abuse	1		10		11	0
		Business Practices/Issues	10	7	11	3	21	10
		Compliance-To Board	1		1		2	0
	Cont'd Competency Req.-not met	1		1		2	0	
	Criminal Activity/Conviction	1		1		2	0	
	Drug Related-Personal Use	1		1		2	0	
	Fraud	4	1	1	1	5	1	
	Inability Safely Prac-Impairment	2		1		3	0	
	Licensure Eligibility	2		1		3	0	
	Misappropriation of Property	2		1		3	0	
	Neglect	2		1		3	0	
	Other	11	1	2	2	13	1	
	Records/Inspections/Audits	1		7		8	0	
	Required Report Not Filed	7		3		10	0	
	Standard of Care-Treatment Related	1		1		2	0	
	Supervisor-Neglect	1		1		2	0	
	Unlicensed Activity	43	9	32	3	75	12	
Long-Term Care Administrators Total		43	9	32	3	75	12	
Medicine	Abandonment	27	3	36		63	3	
	Abuse	33		48	11	81	11	
	Action by Another Board/Entity	65	38	75	34	140	72	
	Advertising-deceptive/misleading	38	3	21	1	59	4	
	Business Practices/Issues	103		132	5	235	5	
	Compliance-To Board	38	17	40	15	78	32	
	Confidentiality-Breach	13	2	9	2	22	2	
	Cont'd Competency Req.-not met	30	17	29	13	59	30	
	Criminal Activity/Conviction	2		1		3	0	
	Default on Guaranteed Student Loan	2	3	3	2	6	0	
	Disclosure	3		1		4	0	
	Dishonored Check	3	3	3	2	6	5	
	Drug Related- Security	1		1		2	0	
	Drug Related-Excessive Rx/Dispensing	51	25	75	26	126	51	
	Drug Related-Obtaining Drugs by Fraud	19	8	5	3	24	11	

Board	Complaint Category	FY 2005		FY 2006		TOTAL	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
	Drug Related-Other	10	5	11	2	21	7
	Drug Related-Personal Use	18	10	12	1	30	11
	Fraud	90	12	81	10	171	22
	HPIP Dismissal	6	3	2		8	3
	Inability Safely Prac-Impairment	16	7	28	6	44	13
	Inability Safely Prac-Incapacitated	4	4	15	3	19	3
	Inability To Safely Practice-Other	4	4	2	2	6	6
	Licensure Eligibility	9	3	81	33	90	36
	Misappropriation of Property			1		1	0
	Neglect	47	8	57	5	104	13
	Other	17	4	11		28	4
	Prescription Blanks	5	2	7	2	12	4
	Records Release	44	2	37		81	2
	Records/Inspections/Audits	1		1		2	0
	Reinstatement	48	26	17	9	65	35
	Relationship-Inappropriate	8	4	15	7	23	11
	Required Report Not Filed	599	85	604	20	1203	105
	Self-Referral of Patients	1	4	4	2	5	2
	Standard of Care-Consent Related	12	1	10		22	0
	Standard of Care-Diagnosis Related	142		185	3	327	4
	Standard of Care-Equip/Prod Related			3	1	3	1
	Standard of Care-IV/Blood Prod Related			1		1	0
	Standard of Care-Malpractice Reports	92	2	145	3	237	5
	Standard of Care-Med/Prescrip Related	71	11	90	12	161	23
	Standard of Care-Other	16	3	157	3	173	6
	Standard of Care-Surgery Related	89	8	116	8	205	16
	Standard of Care-Treatment Related	546	15	460	35	1006	50
	Supervision-Neglect	6	2	1		7	2
	Unlicensed Activity	154	67	131	45	285	112
	zzz Fraud-Patient Billing Issues	1		1	1	1	0
	zzz Standards of Care						
Medicine Total		2479	400	2765	325	5244	725
Nurse Aide	Abandonment	41	15	31	13	72	28
	Abuse	237	39	220	63	457	102
	Action by Another Board/Entity	1		8	5	9	5
	Business Practices/Issues	6	2	1	1	7	3
	Compliance-To Board	18	6	6	3	24	9
	Confidentiality-Breach			3		3	0
	Criminal Activity/Conviction	42	22	78	44	120	66
	Dishonored Check	54	37	40	28	94	65
	Drug Related-Obtaining Drugs by Fraud	13	6	11	5	24	11
	Drug Related-Other	1		1		2	0
	Drug Related-Personal Use	24	4	16	5	40	9
	Fraud	24	9	55	33	79	42
	HPIP Dismissal	4	3	11	8	15	11
	Inability Safely Prac-Impairment	4	4	17	8	21	12
	Inability Safely Prac-Incapacitated	4	4	18	15	22	15
	Licensure Eligibility	13	4	22	5	35	9
	Misappropriation of Property	36	13	54	23	90	36
	Neglect	116	11	114	32	230	43
	Other	5	1	4		9	1
	Records Release	15	10	48	27	63	37
	Reinstatement	2	1	6	4	8	5
	Relationship-Inappropriate	4	1	2		4	1
	Standard of Care-Med/Prescrip Related	4	4	1		5	0
	Standard of Care-Other	106	5	96	8	202	13
	Standard of Care-Treatment Related	1	1	1		2	0
	Supervision-Neglect	7	2	10	6	17	8
	Unlicensed Activity						
Nurse Aide Total		780	195	875	336	1655	531

Board	Complaint Category	FY 2005		FY 2006		TOTAL		
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	
Nursing	Abandonment	15	5	19	5	34	10	
	Abuse	38	4	61	9	99	13	
	Action by Another Board/Entity	46	23	65	31	111	54	
	Advertising-deceptive/misleading	17		35		52	0	
	Business Practices/Issues	87	41	129	77	216	118	
	Compliance-To Board	7	2	16	2	23	4	
	Confidentiality-Breach	49	32	48	30	97	62	
	Criminal Activity/Conviction	36	22	31	21	67	43	
	Dishonored Check	5	2	5		10	2	
	Drug Related- Security	1		8	6	9	6	
	Drug Related-Excessive Rx/Dispensing	168	86	202	130	370	216	
	Drug Related-Obtaining Drugs by Fraud	5	3	6		11	3	
	Drug Related-Other	95	30	97	42	192	72	
	Drug Related-Personal Use	90	31	85	41	175	72	
	Fraud	64	41	72	60	136	101	
	HPIP Dismissal	69	32	125	81	194	113	
	Inability Safely Prac-Incapacitated	32	9	51	14	83	23	
	Inability To Safely Practice-Other	6	6	3		9	6	
	Licensure Eligibility	37	16	40	15	77	31	
	Misappropriation of Property	16	5	9	1	25	6	
	Neglect	120	29	121	40	241	69	
	Other	14		6		20	0	
	Prescription Blanks	24		20		44	0	
	Program or Facility Eligibility	1	1	1	1	1	1	
	Records Release	60	30	40	23	100	53	
	Reinstatement	3		8	2	11	2	
	Relationship-Inappropriate	4		3		3	0	
	Required Report Not Filed	11	1	10	14	16	1	
	Standard of Care-Consent Related	1	1	5		16	1	
	Standard of Care-Diagnosis Related	9	1	5	4	1	4	
	Standard of Care-IV/Blood Prod Related	64	17	59	16	123	33	
	Standard of Care-Med/Prescrip Related	1		6		7	0	
	Standard of Care-Other	2		4	24	6	24	
	Standard of Care-Surgery Related	122	16	130		252	16	
	Standard of Care-Treatment Related	2	1	16		18	1	
	Supervision-Neglect	92	26	66	27	158	53	
	Unlicensed Activity			2	2	2	2	
	zzz Unlicensed Activity- Lapse/Exp			1		1	0	
	zzz Unlicensed Activity-Unlic							
	Nursing Total		1413	509	1614	707	3027	1216
	Optometry	Advertising-deceptive/misleading	1	2	4	2	5	2
		Business Practices/Issues	16	3	40	11	56	14
		Compliance-To Board	2	1	5	7	7	6
		Confidentiality-Breach	1		1		2	0
		Cont'd Competency Req.-not met	6		21	3	27	3
		Drug Related-Excessive Rx/Dispensing	3	3	2		5	3
		Fraud	2				2	0
Licensure Eligibility				1		1	0	
Other				1	1	1	0	
Records Release		1	1	2		3	0	
Standard of Care-Diagnosis Related		1	1	3	4	4	2	
Standard of Care-Med/Prescrip Related		3	1	3	1	6	1	
Standard of Care-Treatment Related		7	1	13	20	20	1	
Unlicensed Activity		1		1		2	0	
Optometry Total		44	9	97	23	141	32	
Pharmacy	Abandonment			2		2	0	
	Action by Another Board/Entity	3		3	1	6	1	
	Business Practices/Issues	42	6	38	13	80	19	

Complaint Category	FY 2005		FY 2006		TOTAL	
	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Board						
Compliance-To Board	18	8	28	17	46	25
Confidentiality-Breach	8	0	2	0	10	0
Cont'd Competency Req.-not met	19	2	29	7	48	9
Criminal Activity/Conviction	12	10	11	5	23	15
Dishonored Check	8	5	6	6	14	11
Drug Related- Security	8	7	19	12	27	12
Drug Related-Excessive Rx/Dispensing	7	2	10	1	17	3
Drug Related-Obtaining Drugs by Fraud	28	23	32	23	60	46
Drug Related-Other	4	1	1	1	5	1
Drug Related-Personal Use	3	2	9	5	12	7
Fraud	9	3	13	3	22	6
HPIP Dismissal	1	1	5	2	6	2
Inability Safely Prac-Incapacitated	4	3	12	8	16	11
Inability Safely Prac-Incapacitated	5	4	3	3	8	4
Licensure Eligibility	7	3	9	16	16	3
Misappropriation of Property	2	1	3	3	5	1
Neglect	3	2	8	11	11	3
Other	5	5	2	7	7	0
Program or Facility Eligibility	4	4	2	4	4	0
Records Release	1	1	1	1	1	0
Records/Inspections/Audits	4	4	32	24	36	28
Reinstatement	15	7	4	2	19	9
Relationship-Inappropriate	5	5	1	1	6	0
Required Report Not Filed	1	1	2	2	2	0
Solicitation	1	1	106	30	223	42
Standard of Care-Malpractice Reports	117	12	1	1	2	2
Standard of Care-Med/Prescrip Related	1	1	7	16	16	0
Standard of Care-Other	9	9	3	2	3	2
Standard of Care-Treatment Related	51	3	54	6	105	9
Supervision-Neglect	1	1	1	1	1	1
Unlicensed Activity	404	99	457	170	861	269
zzz UnlicensAct-Aiding/Abetting	1	1	2	1	3	1
Pharmacy Total						
Abuse	1	1	1	1	2	1
Action by Another Board/Entity	1	1	1	1	2	1
Business Practices/Issues	1	1	1	1	2	0
Compliance-To Board	43	3	4	0	47	3
Cont'd Competency Req.-not met	2	2	1	1	3	0
Criminal Activity/Conviction	1	1	1	1	2	1
Dishonored Check	5	4	7	3	12	7
Drug Related-Personal Use	1	1	1	1	2	1
Fraud	19	1	15	1	34	1
Inability Safely Prac-Incapacitated	1	1	1	1	2	0
Inability To Safely Practice-Other	1	1	1	1	2	0
Licensure Eligibility	1	1	1	1	2	0
Neglect	2	2	2	2	4	0
Other	6	6	3	3	9	0
Reinstatement	1	1	1	1	2	0
Relationship-Inappropriate	4	4	7	2	11	0
Standard of Care-Treatment Related	89	8	48	9	137	17
Supervision-Neglect	1	1	1	1	2	2
Unlicensed Activity	1	1	1	1	2	0
Physical Therapy Total						
Abandonment	1	1	3	2	4	0
Abuse	2	2	14	5	19	0
Action by Another Board/Entity	15	15	7	14	29	0
Advertising-deceptive/misleading	7	7	7	14	14	5
Business Practices/Issues	1	1	3	4	4	0
Compliance-To Board	1	1	1	1	2	0
Confidentiality-Breach	1	1	1	1	2	0

Complaint Category	FY 2005		FY 2006		TOTAL	
	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Board						
Cont'd Competency Req.-not met			12	4	12	4
Criminal Activity/Conviction			3	2	3	2
Drug Related-Personal Use			1		1	0
Fraud			3	3	3	3
HFJP Dismissal			2	2	2	2
Inability Safely Prac-Incapacitated			1		1	0
Other	8	6	2		10	6
Records Release	9		2		11	0
Relationship-Inappropriate	5	5	3		8	5
Standard of Care-Diagnosis Related	1		3		4	0
Standard of Care-Treatment Related	19		23		42	0
Unlicensed Activity			2		2	0
Psychology Total	68	12	85	18	153	30
Social Work						
Abuse	3	1	3	2	6	3
Action by Another Board/Entity	1		1		2	0
Business Practices/Issues	10		15		25	0
Compliance-To Board	7	2			7	2
Confidentiality-Breach	1		4	1	5	1
Cont'd Competency Req.-not met	7	2	17	3	24	5
Criminal Activity/Conviction	1	1	1		2	1
Drug Related-Personal Use	1		1		1	0
Fraud	1		1		2	0
Licensure Eligibility	2		1		1	0
Other	1		1		3	0
Records Release	12	7	4		5	0
Relationship-Inappropriate	1		10	4	22	11
Solicitation	1				1	0
Standard of Care-Diagnosis Related	1		11		1	0
Standard of Care-Treatment Related	15	2	11		26	2
Unlicensed Activity	1		1		2	0
Social Work Total	64	15	71	10	135	25
Veterinary Medicine						
Abuse	1		2		3	0
Advertising-deceptive/misleading	3		3		6	0
Business Practices/Issues	11		20		31	0
Compliance-To Board	21	11	16	9	37	20
Cont'd Competency Req.-not met	3		19	15	22	15
Drug Related- Security	1		11	9	12	9
Drug Related-Excessive Rx/Dispensing	1		4	4	5	0
Drug Related-Obtaining Drugs by Fraud	1	1	2	2	2	2
Drug Related-Other	1		2	2	3	2
Drug Related-Personal Use	3	3	2	2	3	3
Fraud	1		2		2	2
Inability Safely Prac-Impairment	1		2	2	1	0
Inability Safely Prac-Incapacitated	1		2		1	0
Inability To Safely Practice-Other	2		2		4	0
Licensure Eligibility	2		3	2	3	2
Other	2		1		3	0
Records Release	9	8	19	16	28	24
Reinstatement	1		2	1	3	1
Standard of Care-Diagnosis Related	5	3	4	3	9	3
Standard of Care-Med/Prescrip Related	2		2		2	0
Standard of Care-Surgery Related	4		2	1	6	1
Standard of Care-Treatment Related	79	22	75	19	154	41
Unlicensed Activity	12	2	6	2	18	4
zzz Facility Violation	5	5			5	5
Veterinary Medicine Total	169	52	195	87	364	139
Agency Total	6099	1446	7017	1955	13116	3401

Board	Complaint Category	FY 2005		FY 2006		TOTAL	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
¹ A single case may fall into more than one category. ² More than one sanction may be imposed per case found in violation							

STANDARD OF CARE CASES IN WHICH A CONFIDENTIAL CONSENT AGREEMENT (CCA) WAS ACCEPTED, AND MORE THAN TWO CCAs ACCEPTED FOR STANDARD OF CARE VIOLATION WITHIN A TEN-YEAR PERIOD*

*No Cases fit the criteria at this time.

FTEs* DEVOTED TO THE DISCIPLINE PROCESS MEASURED AGAINST CASE PROCESSING TIME

	Complaints Closed			FTEs			Complaint per FTE			Average Time (days) to Process Case		
	FY 03-04	FY 05-06	Change	FY 03-04	FY 05-06	Change	FY 03-04	FY 05-06	Change	FY 03-04	FY 05-06	Change
BOARD	8	22	175%	0.50	0.50	0%	16.00	44.00	175%	326.1	131.7	-60%
Audiology/Speech Pathology	74	102	38%	1.67	1.67	0%	44.31	61.08	38%	235.4	224.1	-5%
Counseling	630	646	3%	2.00	2.00	0%	315.00	323.00	3%	334.2	425.7	27%
Dentistry	166	106	-36%	0.70	0.70	0%	237.14	151.43	-36%	340.8	317.9	-7%
Funeral Directing	54	70	30%	0.30	0.30	0%	180.00	233.33	30%	337.9	405.4	20%
Long Term Care Administrator	3298	3985	21%	6.00	5.50	-8%	549.67	724.55	32%	293.0	310.5	6%
Medicine	2729	2897	6%	5.75	4.50	-22%	474.61	643.78	36%	380.7	412.9	8%
Nursing	94	103	10%	0.50	0.50	0%	188.00	206.00	10%	312.0	269.4	-14%
Optometry	584	617	6%	2.70	3.00	11%	216.30	205.67	-5%	235.3	267.9	14%
Pharmacy	44	81	84%	0.25	0.25	0%	176.00	324.00	84%	315.2	203.2	-36%
Physical Therapy	101	139	38%	0.40	0.40	0%	252.50	347.50	38%	168.4	207.1	23%
Psychology	83	148	78%	0.60	0.60	0%	138.33	246.67	78%	208.8	245.9	18%
Social Work	259	258	0%	0.58	0.58	0%	446.55	444.83	0%	254.1	284.0	12%
Veterinary Medicine				63.10	71.64	14%						
Enforcement				20.00	19.00	-5%						
Administrative Proceedings				108.73	111.14	2%	74.72	82.54	10%	287.2	308.3	7%
AGENCY TOTAL	8124	9174	13%									

*Full Time Equivalent (FTE) refers to the 2,080 hours per year that comprise a single full time position. In some cases the hours may be divided among several employees.

RATE OF COMPLIANCE WITH ESTABLISHED CASE STANDARDS*						
	Fiscal Year 01	Fiscal Year 02	Fiscal Year 03	Fiscal Year 04	Fiscal Year 05	Fiscal Year 06
Board						
Audiology/Speech Pathology	N/A	100.0%	25.0%	40.1%	0.0%	
Counseling	90.0%	70.6%	71.1%	44.2%	80.0%	85.0%
Dentistry	63.3%	50.7%	57.1%	47.4%	37.4%	27.5%
Funeral Directing	57.7%	34.1%	41.2%	42.3%	59.1%	36.0%
Long Term Care Administrator	38.5%	50.0%	45.0%	63.6%	69.2%	43.5%
Medicine	37.6%	14.0%	32.3%	63.8%	55.4%	42.1%
Nurse Aide	76.6%	54.6%	43.5%	36.8%	61.6%	60.0%
Nursing	65.7%	57.3%	58.3%	60.0%	51.0%	61.2%
Optometry	55.4%	55.6%	33.3%	31.3%	36.4%	50.0%
Pharmacy	54.7%	63.0%	67.4%	73.7%	58.9%	55.6%
Physical Therapy	60.0%	0.0%	0.0%	62.9%	41.2%	50.0%
Psychology	73.1%	66.7%	77.1%	50.0%	81.6%	96.2%
Social Work	76.5%	67.9%	86.7%	60.0%	75.5%	67.4%
Veterinary Medicine	63.0%	66.9%	68.0%	55.2%	47.4%	59.8%
Agency Total	56.1%	39.8%	47.9%	50.2%	56.7%	49.5%

*Case standards are predetermined time frames allotted to cases as they pass through the disciplinary process. The total time for each case depends on the number of stages it must pass through before it is finally resolved. See Agency Guidance Document 76-13.1 (Directive 4.6) for a complete explanation of case standards.