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BIENNIAL REPORT
DEPARTMENT OF HEALTH PROFESSIONS

FOR THE FISCAL YEARS

JULY 1, 2006 to JUNE 30, 2007

And

JULY 1, 2007 to JUNE 30, 2008

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MISSION , VISION & PURPOSE STATEMENTS

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:

To face the challenges of an increasingly complex health care environment by:

- Licensing applicants who meet defined standards as determined by law and regulation.
- Issuing licenses or permits to specified health related businesses that are in compliance with applicable laws and regulations, and inspecting to verify continued compliance.
- Ensuring occupational competency by monitoring and enforcing continuing education or experience requirements, as required by law and/or regulation.
- Enforcing compliance with legal policies and assuring professional accountability through diligent investigation of complaints, application of established standards, and objective disciplinary decisions while ensuring the fair and equitable treatment of health professionals.
- Conducting facility inspections to assure the safety and integrity of drugs and medical devices, and to prevent pharmaceutical drug diversion.
- Studying, evaluating and recommending the appropriate type and degree of regulation, based on verifiable research outcomes, for health professions and occupations.
- Maximizing the use of advanced information systems and internet technology in sharing accurate, timely information with all types of consumers for their use in health care decisions; and to facilitate the delivery of other appropriate services to patients, clients, applicants and licensees.

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.

2007-2008 Biennial Report

This report has been prepared in accordance with by the *Code of Virginia* § 54.1-114 which requires:

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
5. board activities designed to increase its visibility and encourage public participation.

It also includes in its appendices specific statistical information pursuant to § 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
3. disciplinary case staffing levels

Healthcare issues of concern to the Department of Health Professions during the fiscal years 2007 and 2008, 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 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 germane to the operation of an individual board may be included as well if it is considered a significant event or influence.

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 the specific mandate in Section 54.1-2400 et. Seq. of the *Code of Virginia*, the Director secures 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 296,000 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 five (5) percent over the prior biennium and about 26 percent in the last ten years. The boards also received approximately 10,000 disciplinary cases over the two year period and promulgated 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 four 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.

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 by the state.

DHP staff investigates and prosecutes most of the cases submitted to the agency, but board members review 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 of practice.

The following information highlights the primary issues and accomplishments for this biennium for each of the fourteen regulatory boards within the Department of Health Professions as well as the Department's Administrative Proceedings Division, Enforcement Division, Health Practitioners Intervention, Physician Profile, and Prescription Monitoring programs. For more information on board and programmatic subjects, links are provided on the Department's website: <http://www.dhp.virginia.gov>

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, Dentistry 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. Also, a single Executive Director is responsible for the Boards of Audiology and Speech Language Pathology, Funeral Directors and Embalmers, Long Term Care Administrators, and Physical Therapy. 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 allega-

tions 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 51 Investigators and 9 inspectors.

Administrative Proceedings

The Administrative Proceedings Division (APD) reports to the Chief Deputy Director of the agency. Headed by a Director and two Deputy Directors, APD's 17 Senior Adjudication Specialists, including 2 part time Specialists, and three support staff are responsible for the preparation, processing, and prosecution of disciplinary cases. Efforts during the biennium were aided by 2 interns.

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 6 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 Division handles all of the budgeting, accounting, contracting, and purchasing activities related to DHP and the individual boards. This division is managed by the Finance Director and is sub-divided into a financial unit and a material management unit. This division 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 is a special fund agency that receives the money necessary to operate largely through fees charged to those licensed or certified through the 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. The only regulated health occupations whose costs are not paid for entirely by licensure fees are Certified Nurse Aides (CNAs) that fall under the Board of Nursing. Nurse Aides are regulated pursuant to a federal mandate, and the federal government provides some funding for their regulation. In this biennium the Department also received a grant from the Bureau of Justice To fund the Prescription Drug Monitoring Program.

The cash balance for the 13 health regulatory boards from the previous biennium along with the collection of approximately \$44.8 million in revenue fully funded the Department's expenditures of approximately \$47.3 million for this biennium. The board of Medicine had revenues of approximately \$12.84 million in the last biennium, followed very closely by the Board of Nursing with \$12.78million. Together the two boards represent approximately 64% of total revenues and 60% of total expenditures.

DHP

Biennial Revenue and Expenditures July 1, 2006 through June 30, 2008

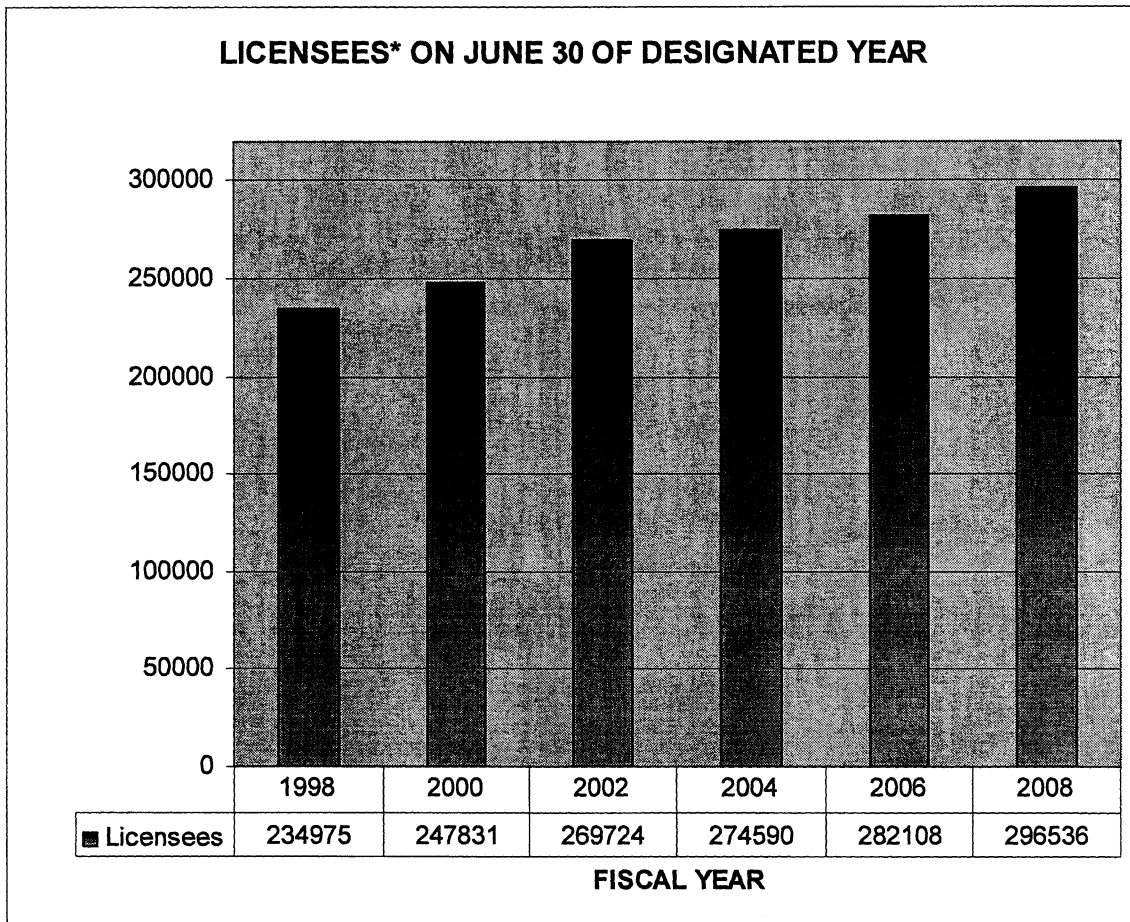
	Revenue	Percentage	Expenditures	Percentage
Audiology and Speech Pathology	483,450	1.1%	342,989	0.7%
Certified Nurse Aides	2,867,157	6.4%	3,805,234	8.1%
Counseling	934,807	2.1%	892,167	1.9%
Dentistry	4,330,988	9.7%	3,800,155	8.0%
Funeral Directors and Embalmers	1,033,667	2.3%	1,076,816	2.3%
Long-Term Care Administrators	418,835	0.9%	499,731	1.1%
Medicine	13,433,789	30.0%	13,436,601	28.4%
Miscellaneous	118,893	0.3%	116,743	0.2%
Nurse Scholarship	-	0.0%	120,189	0.3%
Nursing	13,191,997	29.4%	14,047,263	29.7%
Octagon	9,195	0.0%	152	0.0%
Optometry	327,053	0.7%	635,396	1.3%
Pharmacy	3,888,889	8.7%	4,088,932	8.7%
Physical Therapy	503,090	1.1%	674,752	1.4%
Prescription Monitoring	704,133	1.6%	707,878	1.5%
Psychology	661,166	1.5%	668,037	1.4%
Social Work	672,770	1.5%	707,483	1.5%
Veterinary Medicine	1,261,815	2.8%	1,644,585	3.5%
Total Revenue	<u>44,841,694</u>	<u>100.0%</u>	<u>47,265,103</u>	<u>100.0%</u>

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, 2008, the end of the biennium. The increase over the previous biennium is approximately 5.1%.

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.

*The number of licensees reflects all individuals and facilities holding a current license on the respective date.



BOARDS & PROGRAMS

The following information highlights the primary issues and accomplishments for this biennium for each of the 14 regulatory boards within the Department of Health Professions as well as the Department's Administrative Proceedings Division, Enforcement Division, Health Practitioners Intervention, Physician Profile, and Prescription Monitoring programs. For more information on board and programmatic subjects, links are provided on the Department's website: <http://www.dhp.virginia.gov>

Boards

Board of Health Professions

Sanctions Reference Point 2007 Innovator Award - Top Ten Regional Finalists

The Board of Health Professions' (BHP) was honored during FY2007 for its Sanctions Reference Point research by the Council of State Government's Southern Region. BHP was selected among the Top Ten Regional Finalists for the 2007 Innovation Award. Details about the Innovations Award Program are available on the Council of State Government's website: <http://www.csg.org/programs/innov/about.aspx>.

Sanctions Reference Point Projects

Building upon the research methodologies developed for the Sanctions Reference Point systems since 2001 for the Board of Medicine, Nursing, and Dentistry, new systems were tailored during the past two fiscal years for the Boards of Veterinary Medicine, Funeral Directors and Embalmers, Pharmacy, and Optometry. Additionally, because of their relatively small number of disciplinary cases, a new approach was required for the Boards of Counseling, Psychology, and Social Work. The similarities in case types across these boards allowed for the creation of an ad hoc sanctions reference committee composed of members from each board. At the end of FY 2008, these boards were poised to adopt their joint Sanctions Reference Point Systems. For further details on individual Sanctions Reference Point systems, the BHP policy review website provides the manuals for each: http://www.dhp.virginia.gov/bhp/bhp_studies.htm

Empirical Research to Aid Confidential Consent Agreement Decisions

During FY 2008, the Board's staff and Sanctions Reference Point Research Project consultants conducted an extensive analysis of the historical factors involved in the Board of Medicine's Confidential Consent Agreements. The aim was to establish a factor checklist to enable a consistent and efficient determination of whether a case is a good candidate for resolution through Confidential Consent Order. A model has been developed and is currently being vetted by the Board. As of this writing, it is anticipated that the Board will consider adopting the Confidential Consent Agreement Checklist as one of its Guidance Documents.

Practitioner Self-Referral Advisory Opinions and Regulatory Amendment

The Virginia Practitioner Self-Referral Act was passed in FY1994 giving the Board of Health Professions authority to render advisory opinions and grant exceptions. In the intervening years, no exceptions have been granted, but nine advisory opinions have been approved and are posted on the Practitioner Self-Referral website: http://www.dhp.virginia.gov/bhp/bhp_PSR.htm

The latest, [Advisory Opinion Regarding Joint Application of Winchester Neurological Consultants, Inc. and Winchester Orthopaedic Associates, Ltd. and Medical Circle, L.L.C.](#), was rendered in August of 2006. In September of 2007, the Board's amendments to the Practitioner Self-Referral Regulations became effective which

allowed the Board to delegate an informal conference to an agency subordinate. This improved the Board's ability to more efficiently make decisions because it eliminated the need for a full Practitioner Self-Referral Committee meeting.

Emerging Professions Review

At its Issues Forum held in October of 2006, the Board began an initiative to remain abreast of emerging professions by selecting certain groups for study. For FY2008, the Board has selected: Central Service/Sterile Processing Technicians, petitioned by the Virginia Association of Central Services; Orthotists, Prosthetists, and Pedorthists, at the request of Senator Phillip P. Puckett; and Orthopaedic Technologists/Technicians, submitted by the Board of Medicine. A Wilders Fellow from Virginia Commonwealth University has been selected to aid the Board in this important project.

Board of Audiology and Speech-Language Pathology

During the 2007-08 biennium, the Board of Audiology and Speech-Language Pathology attained regulatory authority to issue a provisional audiology license to applicants currently enrolled in an audiology doctoral program. The Board also published its first newsletter in a number of years and conducted a random audit of licensee's continuing education and determined a good rate of compliance. The Executive Director for the Board worked with the Department of Education to assist in updating the Department of Education's "Speech-Language Pathology Services in Schools: Guidelines for Best Practice."

Board of Counseling

The Board of Counseling began its periodic review of regulations in May of 2006 and promulgated final regulations effective September 4, 2008. The resulting amendments provide for licensure by endorsement for those who have been in active practice as Professional Counselors and increased accountability for those who supervise and train residents prior to examination and licensure as Professional Counselors and Marriage and Family Therapists. Supervisors of potential licensees must now document completion of board approved continuing education or coursework related to supervision prior to being authorized to supervise applicants.

An ad hoc committee of the Boards of Counseling, Psychology, and Social Work was formed in FY 2007 to develop guidance on the appropriate oversight of technology assisted distance therapy. Technology assisted distance therapy entails forms of therapeutic interaction between the mental health therapist and client provided through non-face-to-face encounters. This issue is of special interest to behavioral science boards nationwide. As part of their policy review to date, the Ad Hoc Committee on Technology Assisted Distance Therapy has surveyed other states and will be continuing efforts next year to develop general recommendations to be tailored into board-specific guidance documents.

Board of Dentistry

Disciplinary Case Management

One of the chief issues for the Board of Dentistry was to determine how to effectively aid the Department in meeting the Virginia Performs Key Performance Measure goals relating to discipline. Dentistry is one of the top four boards in disciplinary case volume within the Department. The Board focused and streamlined case management and disposition processes by restructuring special conference committees and delegating

probable cause decisions to individual Board members, agency subordinates and, in some instances, staff members. The Board also increased case management staffing and held two special meetings devoted solely to case review. Additionally, the use of advisory letters, confidential consent agreements, and pre-hearing consent orders increased, thereby providing more expedient means of resolving cases than through face-to-face meetings.

Administration of Local and Inhalation Anesthesia by Dental Hygienists

Legislation was passed in FY2007 to expand the scope of dental hygienists to permit the administration of nitrous oxide and oxygen inhalation analgesia and, to persons 18 years and older, local anesthesia. The Board developed regulations to establish the education and training requirements and allow for the acceptance of credentials from other licensing bodies. These rules went into effect on April 16, 2008.

Authority to Regulate Certain Dental Assistants

The Board of Dentistry has been working with constituent organizations to establish a policy basis for allowing qualified dental assistants to perform certain basic procedures in order to increase the availability of dental services in the areas of the Commonwealth with limited access. In FY2008, legislation was enacted to allow the Board to recognize two levels of dental assistants, Dental Assistants I (DAI) and Dental Assistants II (DAII). DAI's are not required to register with the Board and may perform any procedures not restricted in the regulations. DAII's must qualify for registration by meeting educational, training, and other credentialing requirements prescribed in Board regulation. Registered DAII's may perform reversible, intraoral procedures as specified in regulation under the direction of a dentist. The regulatory review necessary to implement the law was initiated in June of 2007.

Online Jurisprudence Examination

The Board entered into a contract for the administration of an online version of the Board's jurisprudence examination, covering the statutes and regulations governing the practice of dentistry as well as the laws that apply generally to all health practitioners. Originally introduced in August of 2006 in paper form, this test has been used as a remedial education tool. It is also available on a volunteer basis to for the licensee to assess his or her own understanding prior to licensure renewal. When taken voluntarily and passed, the Board grants three (3) hours of continuing education.

Oral and Maxillofacial Surgeons Quality Assurance Review

Code of Virginia § 54.1-2709.1A requires the Board of Dentistry to have a quality assurance review process for oral and maxillofacial surgeons certified by the Board to perform cosmetic procedures. The Board adopted regulations which became effective on January 30, 2002 and began the quality assurance review process in FY2005 by auditing patient records. An expert was retained to review the records and report on the treatment provided. The first Quality Assurance Review Conference was held on October 24, 2007 to review and discuss the findings from the audit. The Board concluded that the results should be used to notify the subject oral and maxillofacial surgeons of the review content and process and to provide notice that deficiencies identified in subsequent reviews may lead to disciplinary action.

Board of Funeral Directors and Embalmers

Pre-need arrangement fraud has been of particular concern to the Board of Funeral Directors and Embalmers this biennium. As a result of misconduct in this area, the Board has summarily suspended and revoked a number of licenses. Further, the Board has taken measures to ensure that information is provided to the Com-

monwealth Attorney's Office for criminal prosecution where warranted and to partner with the American Association of Retired Persons to better educate Virginia's citizens.

Pursuant to the FY2007 Task Force on Cremation Laws and Regulations recommendations, the Board began amending regulations to establish crematory facility and operator standards. Heretofore, the Board possessed the authority to oversee and inspect crematories; however, it lacked regulatory standards by which to determine if a facility is operating in a manner that ensures the integrity of the cremation process and protects those who may come in contact with human remains.

During FY2008, the Board voiced concerns regarding internship programs extending beyond the 5-year limit required by regulations passed in FY 2007. Educational efforts are underway to ensure that applicants and licensees are adequately informed of the limit. Also during FY2008, the Board revised its jurisprudence examination item bank and developed a newsletter.

Board of Long-Term Care Administrators

As of January 2, 2008, the Board of Long-Term Care Administrators began to license Assisted Living Facility Administrators. Prior to this, the Board worked with the Department of Social Services to ensure that Board and Social Service Department regulations were not in conflict. Also, in FY2008, the Board updated the jurisprudence examination and developed the Assisted Living Facility Administrator licensure application materials and procedures.

To monitor continuing competency of the Board's licensees, during FY 2008, the Board conducted a random continuing education audit of 10% of licensees. All those audited had proof of attaining the continuing education required for renewal.

The Board endeavored to keep the public and constituent groups abreast of its activities through presentations and newsletter.

Board of Medicine

Licensing Professional Midwifery

The Board of Medicine welcomed the profession of lay midwifery following the 2005 Session of the General Assembly with the establishment of the Advisory Board on Midwifery and the promulgation of regulations. During the biennium, members of the Advisory Board presented to the full Board of Medicine on the topics of medications useful in the practice of midwifery and the midwifery approach to high-risk pregnancies.

Delegation of Authority in Disciplinary Case Review

At the June 2007 full Board meeting, the Board of Medicine voted to delegate significant authority to Board staff for processing disciplinary cases. The Executive Director and Medical Review Coordinator were authorized to move cases forward for summary suspensions, proceedings, consent orders, and Confidential Consent Agreements. Further, they were authorized to close cases with the lowest potential for patient harm (Priority C) without Board member review. The Executive Director and the Deputy Executive Director for Discipline were also authorized to accept consent orders for the Board. Case resolution has been subsequently expedited.

Number of Attempts Permitted to Pass the United States Medical Licensing Examination

In 1998, the Board of Medicine adopted the "seven-year rule" for passage of all three steps of the United States Medical Licensing Examination. The Board began enforcement of this regulation in August of 2005, seven years post adoption. In consideration of "the good cause shown" language in the regulation, the Board determined that application of the rule could be subjective. The Board's remedy was the adoption in FY2007 of the "ten-year rule" that was firm, but also offered an alternative path to licensure through specialty board certification.

Medical School Curricula and Unprofessional Conduct

In recent years, reports in the medical literature indicate that the predisposition toward future unprofessional conduct may be identified in some individuals while still in medical school. In order to attempt to forestall potential problems, the Board of Medicine successfully obtained time on the curricula of the state's four schools of medicine, Virginia Commonwealth University, University of Virginia, Eastern Virginia Medical School, and Edward Via Virginia College of Osteopathic Medicine. Presentations to students began in 2008. For its efforts, the Board of Medicine received the Administrators in Medicine's 2008 Best of the Boards Award.

Light-Based Hair Removal

Light-based hair removal has been an ongoing issue in the Commonwealth for a number of years. There has been no Board of Medicine statute or regulation that specifically addresses the use of light-based devices for hair removal. An Ad Hoc Committee addressed this issue and produced a proposed Guidance Document. The Board coordinated with the Department of Professional and Occupational Regulation to arrive at a policy approved by the Board in February of 2008. The determinative language reads as follows:

That the use of intense pulsed light devices solely for the removal of hair does not appear to be the practice of medicine, and that the use of light-based devices that involve revision, destruction, incision or other structural alteration of human tissue constitutes laser surgery in accordance with §54.1-2400.01 of the *Code of Virginia*.

The full Guidance Document "85-7 - Guidance Document for Light Based Hair Removal in Physician Practices" is posted on the Board of Medicine's Guidance Document website:

<http://www.dhp.virginia.gov/medicine/guidelines/85-7Laser.doc>

Board of Nursing

In July 2006, the Board modified the annual survey report of all approved nursing education programs to include student attrition rates and faculty information, number of clinical hours and number of hours using a simulated clinical experience. The survey instrument was made available online to schools for the first time.

In FY 2007, the Board of Nursing conducted a random audit of protocols and continued competency requirements for licensed nurse practitioners. One percent of the licensed nurse practitioners were audited. The audit results revealed a 69% compliance rate with regulatory requirements.

In July 2007, the Board of Nursing implemented a Medication Aide Program as a result of legislation which requires unlicensed persons administering normally self-administered medication in assisted living facilities to

be registered with the Board of Nursing as medication aides. Regulations governing medication aide registration to include eligibility criteria, education programs approval process and disciplinary provisions became effective November 29, 2007. In addition, the Board adopted a curriculum for such training programs. The enforcement date of the requirements for registration of medication aides in assisted living facilities is December 31, 2008.

Pursuant to legislation, the Board of Nursing, in consultation with the Board of Pharmacy, developed guidelines for medication administration and training of employees of certain child day care centers licensed by the Department of Social Services. The Board of Nursing subsequently published a guidance document and approved a curriculum for use in child day care centers. **90-9, Guidelines for Prescription Drug Administration Training Program for Child Day Care, adopted September 19, 2006. Revised September 18, 2007**

The Board of Nursing completed a periodic review of its general regulations with final regulations effective April 2, 2008. Significant amendments included changes to the requirements for nursing education programs and the addition of an inactive license status.

To improve disciplinary case resolution time, the Board of Nursing began delegating authority to agency subordinates to conduct informal fact finding proceedings in a significant number of cases. Additionally, the Board delegated to appropriately trained staff the authority to close cases that did not rise to the level probable cause of a violation of law or regulations and increased the number of circumstances in which staff could offer pre-hearing consent orders and confidential consent agreements.

Board of Optometry

The Board of Optometry undertook efforts to revise the general regulations on a number of matters during the 2007-08 biennium. Regulatory amendments better defined certain terms, such as "national board," reduced fees, and ensured that candidates with licenses elsewhere who seek licensure by examination are held to the same requirements as endorsement candidates. The Board also reduced unnecessary barriers to volunteer practice registration in response to legislation passed in 2008. In February 2008, the Board published a Notice of Intended Regulatory Action that it expects to develop language which would clarify and amend the regulations pertaining to standards of conduct.

The Board of Optometry participated in the Board of Health Professions' Sanctions Reference Point study and derived the first empirically-based sanctioning reference tool for optometric discipline in the country. The system was adopted by the Board in December of 2007. Optometry's disciplinary cases over a seven year period were analyzed and largely fell into two categories: standard of care and business practice issues. Additionally it was discovered that Optometry has historically resolved a substantial portion of cases through Confidential Consent Agreements and had developed guidance on sanctioning continuing education violation cases. As such, all these components are specifically addressed in the Optometry Sanctions Reference Manual, available on the Board's Guidance Document website:

105-28 Instruction manual on use of sanction reference points, adopted December 6, 2007

Board of Pharmacy

During the 2007-08 Biennium, the Board of Pharmacy sought and obtained three legislative amendments. The first enables it to update and clarify the grounds for the Board to deny, suspend, revoke, or otherwise impose disciplinary actions against licensees. The statute also allows the Board to promulgate regulations to further define unprofessional conduct, such as diversion of drugs and conviction of any felony as grounds for discipline. The second measure enables the Board to require pharmacy continuing education, up to two hours per year,

in a specific topic area, by providing adequate notice of the specific requirement to pharmacists and pharmacy technicians. This action was taken in response to the need to address specific serious public health and safety issues expeditiously, such as emergency planning, administering vaccines, and the ever-present issue of preventing dispensing errors.

Finally, the statute requiring renewal of pharmacy facilities on December 31 annually was amended. Previously, all licenses, permits, and registrations issued by the Board expired on December 31 each year. In the past, this has created a tremendous workload issue given the end-of-year holidays. With this measure, the renewals can be staggered.

The Board of Pharmacy also conducted its periodic review of the general regulations. A number of amendments related to allowing electronic storage of records unless prohibited by federal law. The regulations pertaining to wholesale distributors became effective November 2006. Final regulations became effective in February 28, 2008 establishing a pedigree system for prescription drugs in the wholesale distribution system. The pedigree regulations were the result of four year's work with stakeholders. Both are important tools in deterring the introduction of counterfeit drugs into the supply chain for prescription drugs in Virginia.

Board of Physical Therapy

In March of 2007, the Board of Physical Therapy created a task force to determine if dry needling was within the scope of physical therapy. The Task Force comprised of members from the Boards of Medicine and Physical Therapy concluded that dry needling was within the scope of physical therapy practice under certain conditions. The conditions are specified in the Board's Guidance Document on Dry Needling in the Practice of Physical Therapy (112-9) http://www.dhp.virginia.gov/PhysicalTherapy/physsther_guidelines.htm.

In response to a legislative mandate from the 2006 General Assembly, the Board established regulations for direct access to physical therapists. The law removes the previous referral and supervision requirements for the practice of physical therapy except in specific instances, such as during invasive procedures. The regulatory review begun in May of 2007 resulted in final regulations effective November 1, 2007. On April 29, 2008, the law allowing direct access by patients became effective.

To ensure that licensees remain competent, the Board of Physical Therapy reviewed the levels of competency and evidence-based practice in continuing education course offerings that would address licensee needs relative to direct access. In addition, the Board conducted a random continuing education audit of licensees. The results revealed that 100% of those audited had attained the required continuing education. Additionally, the Board published a newsletter for licensees, the first in a number of years.

Board of Psychology

In 2007, the Board of Psychology began a review of the pre-licensure, post-doctoral degree supervised residency and pre-doctoral internship. This review has not yet been finalized. In response to a petition for rule-making, the Board requested the Regulatory Committee to evaluate the need for a full year's post-doctoral residency requirement in the delivery of direct mental health services when supervised pre-doctoral practica and internships experiences are purported by petitioners to be more intensive than in the past. The Board is expected to make recommendations regarding the residency requirements in early FY 2009.

In June 2006, the Board began the regulatory process to require continuing education of Sex Offender Treatment Provider Certification. The regulations adopted by the Board in Spring 2008 require those who treat the sex offender population must remain current on new developments through continuing education.

Board of Social Work

The Board of Social Work was directed by the 2006 General Assembly through House Bill 1146 to evaluate the education and training requirements for social workers to determine if they are adequate to assure the public of professional competency. The Board was requested to evaluate whether the current statutory exemptions from licensure requirements best serve the citizens of the Commonwealth. The Board convened a number of focus group meetings with relevant stakeholders, including educators, professionals, agencies and organizations. The group endeavored to develop definitions for the scope of practice for social work. The Board intends to review the House Bill 1146 group's recommendations at the October 2008 full Board meeting and subsequently submit the Board study to the Governor and General Assembly.

Beginning in FY2007, the Board proposed regulations to provide greater guidance relating to supervision and greater accountability for the supervisor of potential licensees. These regulations should be final in early FY2009. They require that supervisors of potential licensees document completion of coursework related to supervision to be approved prior to supervising potential licensees and that all supervision be registered regardless of setting.

The Board also adopted a guidance document in FY2007 and adopted proposed regulations in FY2008 to more specifically define the "clinical course of study" related to coursework taken in the Masters of Social Work programs to prepare the student for clinical social work license. This is in response to the increasing number of applicants from Masters of Social Work programs. The four Virginia Masters of Social Work programs were consulted regarding the proposed regulatory amendments that delineate essential graduate coursework as an educational foundation for the post-master's clinical training.

Board of Veterinary Medicine

Legislation was passed to set forth the scope of practice of equine dental technicians and to require their registration by the Board, effective July 1, 2007. This measure required the Board to promulgate regulations setting the criteria for registration. These regulations became effective on November 29, 2007. Effective March 8, 2008, §54.1-3815 of the *Code of Virginia* was amended by the General Assembly to provide for the supervised practice of appropriately trained licensed veterinary technicians and persons who are training and obtaining experiential requirements for registration as equine dental technicians.

In addition to the regulatory review pertaining to equine dental technicians, the Board of Veterinary Medicine began its general periodic review in FY2007. Proposed amendments were adopted by the Board in FY2008 and include: expansion of the criteria for cases that may be delegated to an agency subordinate for informal fact-finding; expansion of approved continuing education providers; clarification of rules for delegation of veterinary tasks to unlicensed persons, rules for microchip injection, clarification of drug storage regulations, clarification of minimal requirements for a patient records. For further details, go to the Virginia Regulatory Townhall website: <http://www.townhall.dpb.virginia.gov>.

PROGRAMS

Administrative Proceedings Division

As part of the agency's ongoing efforts to meet the goals of Virginia Performs in reducing case backlog, the Administrative Proceedings Division (APD) undertook a number of efforts during FY2007-08.

APD Case Blitz

In April 2008, APD initiated a case blitz to address the large volume of cases in APD, including cases that were greater than 250 days old. On April 1, 2008, there were 386, with 275 of these cases being more than 250 days old. The table below details the reduction in caseload:

Date	Total Cases	Old Cases*
April 1, 2008	386	275
June 30, 2008	221	98
	43% fewer cases	64% fewer old cases
* 250+ days old		

Use of P-14s and Law Student Interns

During FY2008, APD hired two part-time Adjudication Specialists to improve productivity. Additionally, during May and June 2008, APD employed two William and Mary law student interns to review and process cases. This additional staffing substantially contributed to APD's increased productivity.

APD Performance Action Team Findings and Results

To ensure the Division was operating at peak capacity, Adjudication Specialists began to report on a bi-monthly basis their case assignments and current compliance with APD's 30-day case process goal. They also were required to provide an action plan to address the completion of any cases outside of established timelines. Additionally, cases were assigned based on the individual's availability to immediately review old cases ensuring these were acted on in the most effective way. As backlog cleared, this approach also was used in assigning newer cases. Also, cases from Boards with the highest volumes were assigned to the Adjudication Specialists who were most able to expedite the processing.

The Division also began including notice allegations that were more concise yet still afforded due process. APD staff continued to ensure that appropriate evidence was present to substantiate the allegations and only requested additional evidence when fundamentally necessary to prove a violation.

Recommending Use of Alternative Resolutions

Finally, APD began recommending alternative case resolutions to the Boards when appropriate. This approach was taken to fully utilize existing non-disciplinary and disciplinary avenues to settle cases to save time and cost. Advisory letters, confidential consent agreements and pre-hearing consent orders were recommended when appropriate.

Enforcement Division

The Enforcement Division undertook a number of revisions to enable more efficient disciplinary case processing. A tiered system for investigations where more investigative work is done in the central office before a case is considered for field assignment was created during the biennium. Through the tiered approach, Enforcement case intake analysts and management consulted with the Boards early on as needed to determine the specific evidence required to enable a probable cause determination. Review protocols were developed with Boards to expedite certain types of cases that historically have involved a significant amount of time to investigate: Medicine's medical malpractice cases, Optometry's mercantile establishment cases, and Nursing's inability to safely practice cases.

The Enforcement Division also implemented new case processing time standards. Beginning in FY 2008, cases had to be completed by Enforcement and sent to the Board for Probable Cause Determination within 100 working days of receipt.

A long-standing issue delaying case processing had been the time required to obtain records from respondents. This year, the Enforcement Division began issuing subpoenas for records rather than the Administrative Proceedings Division. This measure drastically reduced the time required to process subpoenas and to obtain the information for the Boards.

Practitioner Information System

Since 2001, the Board of Medicine has provided a Practitioner Information System or Physicians' Profile System. There are currently over 36,000 profiles in the system. Significant events for the Profile System in the last biennium include new law that removes inactive licensees and those with intern/resident licenses. Also significant was the transfer of the day-to-day operations of the Physician Profile Call Center to the Data Section from the Board of Medicine. The Board of Medicine remains responsible for policy matters regarding the profile system.

The Board of Medicine regulations regarding doctors' profiles provide the most complete listing of the information required to be reported to the Board by doctors of medicine, osteopathic medicine, or podiatry. The required information is as follows:

1. The address and telephone number of the primary practice setting and all secondary practice settings with the percentage of time spent at each location;
2. Names of medical, osteopathic or podiatry schools and graduate medical or podiatric education programs attended with dates of graduation or completion of training;
3. Names and dates of specialty board certification, if any, as approved by the American Board of Medical Specialties, the Bureau of Osteopathic Specialists of the American Osteopathic Association or the Council on Podiatric Medical Education of the American Podiatric Medical Association;

4. Number of years in active, clinical practice in the United States or Canada following completion of medical or podiatric training and the number of years, if any, in active, clinical practice outside the United States or Canada;
5. The specialty, if any, in which the physician or podiatrist practices;
6. Names of hospitals with which the physician or podiatrist is affiliated;
7. Appointments within the past 10 years to medical or podiatry school faculties with the years of service and academic rank;
8. Publications, not to exceed 10 in number, in peer-reviewed literature within the most recent five-year period;
9. Whether there is access to translating services for non-English speaking patients at the primary and secondary practice settings and which, if any, foreign languages are spoken in the practice;
10. Whether the physician or podiatrist participates in the Virginia Medicaid Program and whether he is accepting new Medicaid patients;
11. A report on felony convictions including the date of the conviction, the nature of the conviction, the jurisdiction in which the conviction occurred, and the sentence imposed, if any;
12. Final orders of any regulatory board of another jurisdiction that result in the denial, probation, revocation, suspension, or restriction of any license or that results in the reprimand or censure of any license or the voluntary surrender of a license while under investigation in a state other than Virginia while under investigation, as well as any disciplinary action taken by a federal health institution or federal agency; and
13. Any final disciplinary or other action required to be reported to the board by health care institutions, other practitioners, insurance companies, health maintenance organizations, and professional organizations pursuant to §§ 54.1-2400.6, 54.1-2908, and 54.1-2909 that results in a suspension or revocation of privileges or the termination of employment.
14. Adjudicated notices and final orders or decision documents, subject to s 54.1-2400.2 F of the Code of Virginia, shall be made available on the profile. Information shall be posted indicating the availability of unadjudicated notices and of orders that have not yet become final.

15. Doctors of medicine, osteopathic medicine, or podiatry licensed by the board shall report all medical malpractice judgments and settlements of \$10,000 or more in the most recent 10-year period within 30 days of the initial payment. A doctor shall report a medical malpractice judgment or settlement of less than \$10,000 if any other medical malpractice judgment or settlement has been paid by or for the licensee within the preceding 12 months. Each report of a settlement or judgment shall indicate:

1. The year the judgment or settlement was paid.
2. The specialty in which the doctor was practicing at the time the incident occurred that resulted in the judgment or settlement.
3. The total amount of the judgment or settlement in United States dollars.
4. The city, state, and country in which the judgment or settlement occurred.

A medical malpractice judgment or settlement shall include:

1. A lump sum payment or the first payment of multiple payments;
2. A payment made from personal funds;
3. A payment on behalf of a doctor of medicine, osteopathic medicine, or podiatry by a corporation or entity comprised solely of that doctor of medicine, osteopathic medicine, or podiatry; or
4. A payment on behalf of a doctor of medicine, osteopathic medicine or podiatry named in the claim where that doctor is dismissed as a condition of, or in consideration of the settlement, judgment or release. If a doctor is dismissed independently of the settlement, judgment or release, then the payment is not reportable

Prescription Monitoring Program

The Prescription Monitoring Program (PMP) experienced exponential growth after expanding to a statewide program in June of 2006. The program fulfilled over 13,900 requests in FY2007 and then more than doubled the number filled in FY2008 to almost 32,500. The number of registered users also doubled during this time period from just over 900 to over 1800.

PMP's staff made over 20 presentations to educate and market the program during this biennial period. This included a November 2007 conference, a cooperative one-day seminar with Optima Health/Sentara Health System in May 2008, and several presentations in conjunction with "Project Remote." Project Remote promotes office based addiction treatment in the Department of Mental Health, Mental Retardation, and Substance

Abuse Services. Numerous articles in the Boards of Medicine and Pharmacy newsletters were also published.

In a joint venture with the Virginia Commonwealth University School of Medicine, PMP has made available to all licensees of the Department of Health Professions an online course on Chronic Nonmalignant Pain Management. This course generated national interest at an annual national meeting of states with prescription monitoring programs sponsored by the National Alliance for Model State Drug Laws and the 17th National Conference on Drug & Chemical Diversion sponsored by the United States Drug Enforcement Administration's Office of Diversion Control. For more information on the course follow the link provided below: http://www.dhp.virginia.gov/dhp_programs/pmp/default.asp.

PMP mailed over 19,000 books donated to the Department by the Federation of State Medical Boards (FSMB) to doctors with a Virginia address holding a Board of Medicine's Medicine and Surgery License. The book, *Responsible Opioid Prescribing, a Physician's Guide*, written by Dr. Scott Fishman translates FSMB's model policy on the use of controlled substances for the treatment of pain into practical terms for clinical practice. A cover letter accompanied each book urging physicians to utilize PMP and the online course.

In May 2007, PMP became the recipient of part of a court settlement concerning Purdue Frederick Company and its marketing of Oxycontin®. The settlement provided \$20 million to be placed in a trust fund for the exclusive use of the PMP. The program is authorized to spend up to \$1 million a year based on interest earned for the operation and maintenance of the program. In essence, the program is now funded for the foreseeable future eliminating the need for licensure fees to fund the program.

Health Practitioner 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 593 participants.

Activities

The seven-member Intervention Program Committee (IPC) appointed by the Director to oversee the HPIP met on a bi-monthly basis. At the IPC meetings progress of participants, including reports of those who have successfully completed the program, were presented. 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 with participants for fiscal years ending June 30, 2007 and June 30, 2008.

HPIP PARTICIPANTS

Board		FY07	FY08
COUNSELING	COUNSELING		
	Licensed Professional Counselor	3	2
Total		3	2

DENTISTRY:

	Dental Hygeinist	2	1
	Dentist	10	14
Total		12	15

Board	Occupation	FY07	FY08
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MEDICINE:

	Chiropractor	1	2
	Intern/Resident	17	14
	Medicine & Surgery	107	113
	Occupational Therapist	1	2
	Osteopathy and Surgery	3	4
	Physician Assistant	10	8
	Podiatry		1
	Radiologic Technologist	1	1
	Respiratory Care Practitioner	6	6
Total		146	151

NURSING:

	Certified Registered Nurse Anesthetist	8	7
	Licensed Nurse Practitioner	5	5
	Licensed Practical Nurse	76	84
	Nurse Aide	5	10
	Registered Nurse	255	263
Total		349	369

OPTOMETRY

	TPA Certified Optometrist		1
Total			1

PHARMACY:

	Pharmacist	35	38
	Pharmacy Intern	1	1
	Pharmacy Technician	3	3
Total		39	42

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Board	Occupation	FY07	FY08
PHYSICAL THERAPY			
	Physical Therapist	2	3
Total		2	3
PSYCHOLOGY:			
	Clinical Psychologist	1	3
Total		1	3
SOCIAL WORK:			
	Licensed Clinical Social Worker	2	3
Total		2	3
VETERINARY:			
	Veterinarian	4	4
	Veterinary Technician	1	
Total		5	4
TOTAL		559	593

LEGISLATION

Policy Report for the FY2007-08 Biennium

Legislative Activity

During the **2007 Session** of the General Assembly, the Department initiated legislative proposals to:

- Authorize any health regulatory board to summarily restrict a license, certificate, registration or multistate licensure privilege without a proceeding if it finds that there is a substantial danger to the public health or safety which warrants this action.
- Eliminate an examination impediment to licensure by credentials for dentists.
- Consolidate and clarify Code sections and adds grounds for disciplinary actions for regulated entities under the Board of Pharmacy.
- Add the drug embutramide, a depressant substance recently approved by FDA for euthanasia of animals, to Schedule III of the Drug Control Act.

Other legislation passed by the 2007 Session that had an impact the Department and its licensees includes:

- Authorization for physician assistants to prescribe Schedule II controlled substances (in addition to Schedules III-VI).
- Establishment of direct access certification for physical therapists to treat patients without referral under limited conditions and in compliance with criteria set forth in regulations of the Board of Physical Therapy.
- Establishment of registration of equine dental technicians under the Board of Veterinary Medicine.
- Revision to the definition of medical malpractice for the purpose of reporting on the physician profile and prohibition on posting disciplinary information by the Board of Medicine on cases with a finding of "no violation."
 - Authorization for dental hygienists and nurses to possess and administer topical fluorides for children according to a protocol by the Department of Health.

During the **2008 Session** of the General Assembly, the Department initiated legislative proposals to:

- Exempt persons holding resident and intern licenses, other temporary licenses, restricted volunteer licenses and inactive licenses issued by the Board of Medicine from the requirements of physician profile, which is made available to the public via a website in order to assist consumers in selecting a physician or podiatrist.
 - Clarify the authority of investigative personnel and Director to request and obtain documents, patient records, etc. in the course of an investigation to avoid delays in completion of an investigation.
 - Create the practice of dental assistants under the Board of Dentistry and authorize registration of Dental Assistants II, who would be registered by the Board based on specific education and training and authorized to perform expanded duties that are reversible, as specifically permitted by Board regulations.
 - Allow the Board of Pharmacy to annually designate certain topics for part of the required continuing education hours.
 - Remove the requirement for various pharmacy facility licenses to expire annually on or before January 1 and allow the Board of Pharmacy to establish renewal dates by regulation.
 - Add lisdexamfetamine and oripavine to the list of drugs in Schedule II of the Drug Control Act.
Remove the July 1, 2008 sunset date on the Midwifery Advisory Board under Board of Medicine.
- Other legislation passed by the 2008 Session that had an impact the Department and its licensees includes:
- Requirement for the Board of Pharmacy to promulgate regulations establishing criteria for a program for

- the donation and redistribution of prescription medications.
- Establishment of licensure for occupational therapy assistants under the Board of Medicine.
- Addition of new penalties relating to prescribing or dispensing of controlled substances and new requirements for non-resident pharmacies.
- Requirement for one of the RN members of the Board of Nursing to be a licensed nurse practitioner.
- Authorization for physician assistants to make a final diagnosis if set forth in a written practice agreement.

Regulatory Activity

Adoption of Model Public Participation Guideline Regulations:

SB 734/HB 1167 enacted by the 2008 General Assembly required the Department of Planning and Budget (DPB) to draft model Public Participation Guideline (PPG) regulations and for all agencies to either adopt the model as an exempt action or modify the model and adopt as a fast-track action. The Department worked with DPB for several months to revise the model to be consistent with DHP law and policy, so all 14 boards and the Department repealed current PPG regulations adopted the model regulations in 2008 as an exempt action.

The following regulatory actions were taken by health regulatory boards during the biennium:

Audiology and Speech-Language Pathology

Pursuant to Chapter 97 of the 2006 General Assembly, the board finalized regulations for issuance of provisional licensure for audiologists who have completed required course work but who are working in a clinical practicum under supervision to obtain practical experience necessary for licensure.

The board initiated an action to facilitate licensure of audiologists and speech-language pathologists by endorsement or reinstatement. If an applicant for reinstatement in audiology cannot meet the current licensure requirements or cannot document current licensure and active practice for three years, a third option is provided in the amended regulation to allow practice under supervision for six months and a recommendation for licensure by his supervisor.

Counseling

The board acted to implement a one-time fee reduction for all its licensees for the 2007 renewal cycle.

After a lengthy review of regulations, the board amended regulations for the licensed professions on supervision and residency to address what constitutes professional training for an approved supervisor, remove contradictory and burdensome language regarding face-to-face supervision, and require registration of supervisors regardless of the exemption/non-exempt setting. It also amended regulations regarding requirements for licensure by endorsement to allow for greater portability of licensure from state to state. The proposed regulations include language that will allow for the issuance of a license by endorsement to any individual who qualifies for such license pursuant to having met the qualifications for licensure in another state and demonstrated competency by practice for at least five of the past six years.

In response to a petition for rulemaking, the board amended requirements: 1) for a residency in marriage and family therapy to specify that at least 100 of the required 200 hours of face-to-face supervision must be provided by a person holding a license as a marriage and family therapist; and 2) for licensure by endorsement to repeal the provision that allows a person holding a license as a licensed professional counselor to be licensed by endorsement without taking and passing the national examination in marriage and family therapy.

Dentistry

Certain fees were increased in 2007 as necessary to provide sufficient funding for the licensing and disciplinary functions of the board. An annual renewal fee for a dentist was increased from \$150 to \$285 and for a

dental hygienist from \$50 to \$75. Other fees, such as application and late fees that are tied to the renewal fee, were increased corresponding.

In compliance with a statutory mandate as set forth in Chapter 858 of the 2006 Acts of the Assembly, the board established the education and examination required for a dental hygienist to demonstrate competency in the administration of local anesthesia and nitrous oxide under the direction of a licensed dentist, including a minimum of 8 didactic and clinical hours for administration of nitrous oxide and 36 hours for administration of both nitrous and local anesthesia.

Five regulatory actions were fast-tracked to: 1) expand from seven to ten months the time limit for an order given by the dentist to be performed by a hygienist under general supervision without the presence of the dentist; 2) eliminate the requirement for a second person to be in the operatory with the dentist to monitor the patient during the administration of inhalation analgesia or nitrous oxide; 3) facilitate the delegation of disciplinary proceedings to an agency subordinate; and 4) clarify that the acts of scaling and root planing, whether performed jointly or individually, may only be delegated to a dental hygienist; and 5) include a fee of \$350 for an inspection of a dental office as part of the disciplinary or compliance process.

In accordance with Chapters 84 and 264 of the 2008 Acts of the Assembly, the board initiated action to amend its regulations to specify requirements for the registration and the scope of practice of a dental assistant II, authorized to perform expanded duties that are intraoral and reversible.

Funeral

Amendments to regulation were adopted in order to increase certain fees for the regulants of the board as necessary to provide sufficient funding for its licensing and disciplinary functions. An annual renewal fee for a funeral service licensee was increased from \$150 to \$175 and for a funeral establishment from \$225 to \$300. Other fees, such as application and late fees that are tied to the renewal fee, were increased correspondingly.

Chapter 56 of the 2006 Acts of the Assembly amended the Code to change the terminology from a resident trainee to a funeral service intern or an internship in funeral service. Accordingly, all such references in Chapters 20 and 40 of the board's regulations were amended to conform the words and terms used.

As a result of a periodic review of regulations for the funeral service internship program (Chapter 40), the board amended regulations to provide more flexibility in the funeral service internship program by allowing the intern to complete the required hours within a fewer number of months and to combine part-time employment as an intern with part-time schooling or other employment and to add accountability for the supervision of the intern by requiring the supervisor to have at least two years of practice experience before serving as a trainer and requiring specific training in cremation. The Board also increased the application fee and added a fee for registration of supervision, but allowed an intern to reinstate for up to one year following expiration, rather than having to reapply.

Regulations were amended for funeral service licensees in response to House Bill 1521 of the 2008 General Assembly (Chapter 396), relating to criteria for continuing education for funeral service licensees to require 10 hours of continuing education over two years, including one hour per year covering compliance with laws and regulations governing the profession, and at least one hour per year covering preneed funeral arrangements.

As a result of its periodic review of regulations for funeral service licensees and establishments (Chapter 20), the board adopted a number of clarifications and amendments to address certain issues or questions relating to compliance with regulations. Amendments will specify the terminology and responsibilities for an establishment manager of record, revise the renewal schedule for establishments for consistency with other licenses, clarify the licensee's responsibility for compliance with continuing education, increase the requirement for retention of records from one year to three years, and streamline the requirement for a detailed embalming report.

Following a study of the need to increase oversight of crematories, the board proposed regulatory action to

set standards for crematories that are registered or are a part of a licensed funeral establishment to include requirements for: 1) a manager of record who is a certified crematory operator and who is responsible for compliance with state and federal rules for crematories; 2) certification of all persons who operate a retort; 3) due diligence in the identification of the remains and authorization to cremate; 4) safe and ethical operation of a crematory; 5) handling of human remains; and 6) recordkeeping.

Health Professions

Regulations for Practitioner Self-Referral were amended to set out criteria for delegation of an informal conference to an agency subordinate. The criteria for delegation would be those applications for an advisory opinion or an exception to the Practitioner Self-Referral Act that are deemed by the executive director and the chairman of the Board to be appropriate for a conference with a subordinate who is qualified by his training and experience in the organizational structure of the entity providing the health care service.

Long-Term Care Administrators

Regulations for nursing home administrators were amended to change educational requirements for initial licensure to specify the content areas that must be included within a degree program in a health care related field and to specify the content of the internship required for licensure. Other amendments were adopted to clarify the existing regulations.

The board also amended regulations for nursing home administrators to: 1) increase the number of continuing education hours that may be obtained through Internet or self-study courses from 5 of the required 20 hours to 10 of the required hours; and 2) eliminate the requirement for an applicant for licensure as a nursing home administrator to take an examination on Virginia law and regulations and substitute a requirement that the applicant attest to having an understanding of the law and regulation.

Regulations for the licensure of assisted living administrators were promulgated and became effective January 2, 2008. Regulations for the licensure of assisted living facility administrators include requirements for initial licensure to include a minimum number of hours of college-level courses or completion of a LPN or RN training program, training in assisted living care, and passage of a national credentialing examination. Persons who have been serving as an administrator or assistant administrator of an assisted living facility or as a regional administrator with on-site supervisory experience were able to apply for licensure with documentation of their service and passage of the national examination. Provisions were also adopted for licensure by endorsement of persons who have held a license, certification or registration in another state or who have comparable credentials. Regulations also set out requirements for an administrator-in-training program including registration of persons who serve as preceptors, the number of hours to be completed, the program content, and approved facilities for training. Fees are established for applicants and licensees, were the same as those charged under the same board for nursing home administrators. For annual renewal of licensure, there are provisions for 20 hours of continuing education and for recognition and documentation of approved courses. Finally, the regulations set out the acts of unprofessional conduct that may cause the Board to refuse to license an applicant or to take some disciplinary action against a licensee.

In May of 2008, in an effort to encourage licensed nursing home administrators and assisted living administrators to register as preceptors for persons training to qualify for licensure, the board reduced the costs for preceptorships. The application fee was reduced from \$125 to \$50; the renewal fee is reduced from \$100 to \$50; the late renewal fee was reduced from \$35 to \$20 and the reinstatement fee was reduced from \$150 to \$95.

Also in 2008, the board acted to reduce the experience required for initial licensure of current assisted living facility administrators from two years to one year and to allow the experience to count immediately preceding application, rather than immediately preceding the effective date of regulations (January 2, 2008). Additionally, the years of previous health care related experience required in order for persons to receive credit towards the assisted living facility administrator-in-training (ALF AIT) program was reduced from

two years to one year. The board also lessened the requirements for a person to serve as a ALF AIT preceptor by reducing the required number of years of experience as a full-time administrator from two to one year.

Medicine

Chapter 475 of the 2005 Acts of the Assembly required the board to adopt emergency regulations for the mixing, diluting or reconstituting of drugs by a doctor or a person supervised by a doctor. Final regulations replacing the emergency regulations became effective on September 20, 2007. The key provisions included the definition and requirements for “immediate-use” sterile mixing, diluting or reconstituting, requirements for low, medium or high risk mixing, diluting or reconstituting and the responsibilities of the supervising doctor. In 2008, a fast-track action was adopted to provide an exemption from the second check requirement for the mixing or diluting of vaccines.

House Bill 2157 of the 2007 Session of the General Assembly provided definitions for medical malpractice judgments and settlements and specified a dollar amount for posting of such information by doctors of medicine, osteopathic medicine and podiatry on the Practitioner Profile System. Section 290 of Chapter 20 was amended for consistency with the changes to § 54.1-2910.1 of the Code of Virginia.

Amendments to Chapter 20, pertaining to the practice of chiropractic, included: 1) an amendment to place responsibility on the practitioner to have and maintain documentation in support of claims made in advertisements; and 2) clarification that the Type I hours of continuing education must relate to clinical practice. A proposed regulation to require an applicant for licensure in chiropractic had opposition and was withdrawn.

Other regulatory actions for Chapter 20 (regulations governing the practice of doctors of medicine, osteopathic medicine, podiatry and chiropractic) included the following topics: 1) performance of a major conductive block for diagnostic or therapeutic purposes does not require the services of an anesthesiologist or a certified registered nurse anesthetist, but could be administered by a physician qualified by experience and training in such a procedure; 2) a waiver to requirements for continuing medical education for doctors of medicine whose practice is limited to service as a medical examiner; 3) reduction in the reinstatement fee for licensees; 4) elimination of the requirement that 15 of the 30 hours of Type I continuing education required for biennial renewal of a license must be acquired face-to-face or in interactive course work; and 5) requirements for registration of a volunteer restricted license.

Regulations for prescribing for pain management by physicians or physician assistants were initiated in 2006.

Regulatory actions for other professions under the Board of Medicine included:

Respiratory care practitioners – Actions pursuant to a periodic review to clarify the requirements for evidence of competency to return to active practice for applicants for reactivation of an inactive license or reinstatement of a lapsed license.

Occupational therapy – Adoption of emergency regulations pursuant to Chapters 64 and 89 of the 2008 Acts of the Assembly which required the Board of Medicine to establish requirements for the licensure of occupational therapy assistants.

Radiologic technology – Adoption of amendments pursuant to a periodic review to clarify and simplify the regulations by separating and reorganizing certain requirements for radiologic technologist-limited and deletion of Category A as designated by the ARRT for continuing education.

Athletic trainers – Action pursuant to a periodic review to clarify and simplify the regulations, including the addition of an inactive license in athletic training, with requirements for fees and evidence of continuing competency for reactivation.

Licensed midwives – Final regulations for licensure of certified professional midwives became effective on February 21, 2007, replacing “emergency” regulations in compliance with a mandate for the licensure of midwives in Chapters 719 and 917 of the 2005 Acts of the Assembly. The key provi-

sions of the new regulation include the qualifications for licensure, the requirements for disclosure to a client seeking midwifery care, and the standards for ethical practice.

Nursing

Pursuant to the 2005 Acts of the Assembly (Chapters 610 and 924), the board promulgated regulations (Chapter 60) for registration of medication aides who administer drugs to residents of assisted living facilities, for approval of training programs in medication administration, and for standards of practice and grounds for disciplinary action. Requirements for board-approved training programs include qualifications for instructors, hours of classroom instruction and practical skills training, content of the curriculum and maintenance of certain records. To be registered as a medication aide, an applicant must document completion of an approved training program and passage of a competency evaluation. Currently practicing medication aides were not required to complete an approved training program but were required to take an eight-hour refresher course and pass the competency examination. Requirements were set for renewal and reinstatement, including four hours of in-service training each year, and fees were established for program approval, application, and renewal. Regulations became effective on July 1, 2007, but the statutory requirement for registration of all medication aides was delayed by the 2008 General Assembly until December 31, 2008.

As a result of a thorough review of regulations governing the practice of nursing (Chapter 20), the Board adopted a number of amendments relating to nursing education that provide more specificity to the requirements for nursing education programs, add an application fee for program approval, set a minimum NCLEX passage rate for approved programs and a minimum number of clinical hours, and clarify the responsibilities in the clinical practice of students. Additional grounds for disciplinary action were adopted to address issues relating to unprofessional conduct for nurses. Regulations became effective on April 2, 2008.

In response to a petition for rulemaking, the board of Nursing adopted amendments to Chapter 20 to allow a nurse with a current, unrestricted license to take an inactive status.

The board initiated rulemaking in response to a petition for rule-making requesting the elimination of the examination of foreign-trained nurses by the Commission on Graduates of Foreign Nursing Schools (CGFNS) as a requirement for licensure in Virginia. Amendments to regulations will determine the criteria for evidence of minimal competency that should be required for graduates of foreign nursing schools.

As a result of a review of requirements in Chapter 25 for the nurse aide program, the Board adopted amendments that clarify the intent and/or language in the regulation. The substantive changes included: 1) the addition of a program change (physical location) that would need to be reported to the board within 10 days; 2) a reduction from 24 to 16 in the number of core curriculum hours that must be completed before a student can have direct client contact; and 3) additions to the grounds for unprofessional conduct to include providing false information to staff or board members in the course of an investigation or proceeding. A new rule that a certificate holder can only petition the Board one time for removal of a finding of neglect was a re-statement of a guidance document that had been the policy of the board.

Following a periodic review of Chapter 50, regulations governing the certification of massage therapists, the board adopted amendments to update and clarify the regulations and to: 1) reduce the hours of continuing education required for biennial renewal of certification from 25 to 24; 2) include a course in cardiopulmonary resuscitation (CPR) as acceptable for CE credit; and 3) expand the prohibition against a boundary violation, rather than the somewhat more narrow prohibition against sexual contact.

For nurse practitioners jointly licensed by the Boards of Nursing and Medicine, the following regulatory actions were taken for Chapters 30 (licensure requirements) and 40 (prescriptive authority):

Regulations for pain management were initiated; the requirements would be identical to those adopted for doctors of medicine, osteopathic medicine and podiatry and for physician assistants.

Amendments were adopted as a result of the periodic review of regulations. The changes to Chapter 30: 1) clarify certain provisions and requirements; 2) include category I continuing medical education in the approved courses for continuing competency requirements; and 3) allow submission of continuing education as evidence of competency for reinstatement. The changes to Chapter 40: 1) clarify and update regulations; 2) modify the definition of supervision and allow for "regular" rather than "monthly" chart reviews; and 3) clarify that the current rules for prescribing for self and family by supervising doctors are also applicable to the nurse practitioners with prescriptive authority.

Chapter 750 of the 2006 Acts of the General Assembly modified the supervisory relationship of physicians and certified nurse midwives. Amendments to regulations separated regulations for the practice of certified nurse midwives from the practice of other categories of licensed nurse practitioners for the purpose of describing the appropriate relationship with a licensed physician in compliance with the legislation.

Two fast-track actions were taken to: a) establish regulations to allow the use of an agency subordinate to hear disciplinary cases involving a nurse practitioner; and b) clarify rules for supervision and site visits by physicians who oversee the practice of nurse practitioners with prescription authority

Optometry

In order to reduce an accumulated surplus in the board's budget, a reduction in the application fees and a two-year reduction in renewal fees were adopted. The application fee for initial application and licensure was reduced from \$300 to \$250, and the application fee for reinstatement reduced from \$450 to \$400. Renewal fees for optometrists were reduced from \$150 to \$75 for optometrists without TPA certification and from \$200 to \$90 for optometrists with TPA certification.

A fast-track action was adopted to amend requirements for licensure by examination to require an attestation that the applicant is not a respondent in a pending or unresolved malpractice claim or in any pending or unresolved board action, that the license is unrestricted, any continuing education requirements have been met, and the applicant has not committed any act which would constitute a violation of laws in Virginia. The board also added a requirement for an applicant who passed the board examination more than five years ago to either retake all or portions of the examination or take board-approved continuing education unless the applicant can document active practice for at least 36 out of the past 60 months.

The board initiated two regulatory actions during the biennium: 1) changes and clarifications to continuing education requirements; and 2) the addition of a section setting out grounds for a finding of unprofessional conduct.

Pharmacy

Chapter 50, Regulations Governing Wholesale Distributors, Manufacturers and Warehousemen were separated from the general regulations for pharmacy practice and became effective September 6, 2006.

In compliance with Chapter 777 of the 2005 Acts of the Assembly, the board convened a workgroup to assist in the development of regulations for the establishment and implementation of a pedigree system. In the 2006 General Assembly, Chapter 632 amended the statutory mandate for a pedigree to include a limitation on the implementation of a pedigree system to those drugs that have left the normal distribution channel. Regulations, which became effective February 20, 2008, established a pedigree system for the wholesale distribution of drugs. The board provided requirements for a pedigree and for exceptions to the requirements for distributions from an authorized distributor of records to one other authorized distributor of records to an office-based healthcare practitioner and for emergency medical reasons as defined in regulation.

Following a periodic review of regulations for collaborative practice agreements (Chapter 40) between pharmacists and physicians, the Boards of Pharmacy and Medicine adopted amendments in order to clarify certain provisions and modify others that were considered unnecessarily cumbersome or burdensome.

The board initiated rulemaking for Chapter 20, regulations governing the practice of pharmacy, to address the numerous questions and recommendations that arose from the periodic review conducted by board members and advisors from all aspects of pharmacy practice. Some of the issues addressed were: 1) practical experience leading up to licensure by allowing interns to count hours within the school curriculum and by clearly delineating expiration dates for internships; 2) oversight of continuing education approval by setting expiration dates for courses; 3) guidance for free clinics to allow greater access to areas where drugs are kept; 4) oversight of pharmacy technician training by setting a time limit on work by a person engaged in a program and an expiration for programs approved by the Board; and 5) elimination of board approval of robotic systems by incorporating criteria for such systems in regulation.

A fast-track action was adopted to amend regulations pertaining to the general requirements for pharmacies providing radiopharmaceutical services and to repeal the section of regulations that establishes the qualifications for a nuclear pharmacist. Amendments now refer to standards and requirements of the U. S. Nuclear Regulatory Commission (NRC) and the Virginia Department of Health (VDH) related to the staffing and operation of a nuclear pharmacy.

Chapter 330 of the 2008 Acts of the Assembly eliminated the specified date of December 31 for renewal of various permits and registrations under the Board of Pharmacy and added that a date must be determined by the board in regulation. Emergency regulations became effective September 23, 2008 to set dates different from those of licensed pharmacists or registered technicians to distribute the renewals over a longer period of time.

Chapter 429 of the 2008 Acts of the Assembly required the Board of Pharmacy to promulgate regulations to establish a Prescription Drug Donation Program for accepting unused previously dispensed prescription drugs that meet certain criteria for re-dispensing to patients of free clinics. Emergency regulations were promulgated pursuant to the legislative mandate to set forth requirements for pharmacies that want to register as a drug donation site; criteria for drugs eligible for donation; procedures for collecting donated drugs, including specification of information on a donor form for each drug donated; procedures for transferring and re-dispensing donated drugs; procedures for disposing of any unused donated drugs; and recordkeeping requirements associated with the program.

Physical Therapy

Following a thorough review of regulations in Chapter 20, the board made revisions to clarify certain definitions and requirements for practice, simplify regulations for trainees, specify the additional training or course work required to retake the examination after three failures, add evidence of competency for licensure by endorsement, clarify the responsibilities of physical therapist in the evaluation and discharge of a patient, modify the requirements for renewal or reinstatement of licensure, and add provisions on standards of professional practice and grounds for unprofessional conduct.

Chapters 9 and 18 of the 2007 Acts of the Assembly required the board to adopt emergency regulations for the establishment of certification in direct access. Amended regulations: 1) set out the qualifications and application requirements for certification in direct access; 2) set out the responsibility for the physical therapist to obtain the medical release and patient consent required by the statute; 3) established a biennial renewal of certification with continuing education hours; and 4) established the fees for direct access certification.

Psychology

The board acted on a one-time reduction in renewal fees for the renewal due June 30, 2007; renewal fees for all licensees and certificate holders were reduced by one-half.

In response to a petition for rulemaking, the board amended its regulations for psychologists to reduce the number of continuing education hours that must be gained face-to-face, include real-time interactive hours as face-to-face, recognize the educational value in preparation for presentations or publication, expand the

listing of approved providers, and eliminate the process and fee for board approval of individual courses and providers.

In response to a petition for rulemaking, the board also amended its regulations for sex offender treatment providers to allow credit for supervised hours for licensed persons who are able to document that those hours were working with the sex offender population within the past ten years and to require sex offender treatment providers to have at least six hours of continuing education focused on the treatment of that population for annual renewal.

Social Work

Following a lengthy review of regulations, amendments were adopted and became effective in 2008 to require registration of supervision by persons preparing for licensure in social work, regardless of the practice setting, to allow for group supervision, and to specify the professional training necessary for a licensee to serve as a supervisor. Amendments also allow a bachelor's degree graduate to take the examination for a licensed social worker prior to completing 3,000 hours of work experience. Finally, the standards of professional conduct were revised to update the language, address conduct seen in disciplinary cases and provide consistency with other behavioral health professions.

Two fast-track actions were promulgated to: 1) reduce the number of hours of continuing education required for biennial renewal by a licensed social worker from 30 to 15; and 2) clarify regulations by eliminating references to part-time work in the section on supervised post-master's degree experience required for licensure as a clinical social worker and to add a requirement to take an examination within two years of application approval.

Finally, the board initiated rulemaking to further define a clinical course of study in the educational requirements for licensure as a clinical social worker.

Veterinary Medicine

House Bill 2363 of the 2007 Session of the General Assembly required the board to promulgate regulations for the registration of equine dental technicians. Amendments established the qualifications for registration as an equine dental technician, set continuing education requirements for renewal of registration, established fees for applications and renewals, and set out the standards of practice for equine dental technicians including the maintenance of patient records.

In 2007, the board initiated a periodic review of regulations, with the following changes proposed: 1) expansion of the criteria for cases that may be delegated to an agency subordinate for informal fact-finding; 2) expansion of courses and the provider list for approved continuing education; 3) acceptance of accreditation by the Canadian Veterinary Medical Association for technician education; 4) additional alternative for meeting requirements for licensure by endorsement for veterinary technicians; 5) additional grounds for disciplinary action; 6) clarification of rules for delegation of veterinary tasks to unlicensed persons; 7) establishment of rules for injection of microchips; 8) allowing biennial inventory to be performed by licensee other than the veterinarian-in-charge; 9) clarification of regulations for drug storage, recordkeeping and reconstitution; 10) clarification of minimal requirements for a patient record; and 11) definition of companion animals that includes horses.

Healthcare Workforce Data Center

- ***By 2020 there will be a projected shortage of 1500 physicians and 22,600 registered nurses in Virginia.***
- ***Currently Virginia there lacks accurate healthcare data.***
- ***The area of direct support professionals (DSP) lacks the most data where there is a projected 45% increase in demand by 2010.***

The Governor's Health Reform Commission Report dated September 2007 recommended the formation of the Healthcare Workforce Data Center to be located within the Department of Health Professions (DHP). In Spring 2008 Governor Kaine designated a \$275,000 Workforce Investment Act grant for fiscal year 2008-2009 for the development of the DHP Healthcare Workforce Data Center.

To improve the healthcare system in the Commonwealth by improving data collection and measurement of the Commonwealth's healthcare workforce through regular assessment of workforce supply and demand.

The initial year of the project will focus on supply and demand issues related to physicians and nurses.

- Establish the administrative structure of the DHP Healthcare Workforce Data Center and include the center on the DHP website by September 30, 2008.
- Constitute the DHP Healthcare Workforce Advisory Council with the first meeting of the council held in fall 2008.
- Determine the Department of Health Professions in-house research capabilities and select initial research partners as needed by December 31, 2008.
- Revise current "minimum data sets" and begin collecting revised survey data by January 1, 2009.
- Complete collection of revised survey supply data from educational institutions by June 30, 2009.
- Collect data on demand for physicians and nurses by June 30, 2009.
- Evaluate research findings and determine the future direction of the DHP Healthcare Workforce Data Center with 2010-2012 goals and strategies by July 31, 2009.
- Report research findings to the Secretary of Health and Human Resource, the Senior Advisor to the Governor for Workforce, and the Chancellor of the Virginia Community College System

DHP Healthcare Workforce Data Center Advisory Council – The Council will consist of approximately 20 stakeholders including representatives from state agencies and constituent organizations knowledgeable about healthcare workforce issues in Virginia and nationally.

Healthcare Workforce Data Advisory Committees – Initially, three healthcare data advisory committees will be established during the first year of the project for workforce issues related to: 1) physicians; 2) nurses; and 3) database management.

APPENDICES A—J

LICENSE ACTIVITY INFORMATION													
BOARD	OCCUPATION	New Licensees		Active Licensees		Inactive Licensees		Suspended or Terminated		Closed or Expired		TOTAL*	
		FY2007	FY2008	FY2007	FY2008	FY2007	FY2008	FY2007	FY2008	FY2007	FY2008	FY2007	FY2008
Audiology/Speech Pathology	Audiologist	33	18	449	429	11	12			45	27	505	468
	Continuing Education Provider	2	1	4	3					2	2		
	School Speech Pathologist	11	17	124	117					26	9	150	126
	Speech Pathologist	241	246	2551	2577	80	75			278	212	2909	2864
Audiology/Speech Pathology Total		287	282	3128	3126	91	87	0	0	351	250	3564	3458
Counseling	Certified Substance Abuse Counselor	122	89	1522	1570					259	269	1781	1839
	Licensed Marriage and Family Therapist	24	27	807	812	43	46			76	94	926	952
	Licensed Professional Counselor	217	165	2868	2958	112	126	2	1	296	316	3278	3401
	Rehabilitation Provider	15	10	357	348					27	16	384	364
	SA Oral Examiner			15	15							15	15
	Substance Abuse Counseling Assistant	22	22	36	57					7	14	43	71
	Substance Abuse Treatment Practitioner	12	10	178	184	2	4		1	18	20	198	209
Counseling Total		412	323	5783	5944	157	176	2	2	683	729	6625	6851
Dentistry	Cosmetic Procedure Certification	6	4	19	23					1	1	20	24
	Dental Full Time Faculty		1	16	14					4	5	20	19
	Dental Hygienist	291	297	4118	4346	319	307	1		101	155	4539	4808
	Dental Hygienist Teacher			1	1						5	1	6
	Dental Hygienist-Volunteer Registration												
	Dental Restricted Volunteer									1	1	1	1
	Dental Hygienist Temporary Permit			1								1	0
	Dental Teacher			5	5					1	1	6	6
	Dental Temporary Permit			1								1	0
	Dentist	374	321	5608	5770	482	426	1	5	194	211	6285	6412
	Dentist-Volunteer Registration									78	39	78	39
Oral/Maxillofacial Surgeon Registration	11	13	201	208				2	7	6	208	217	
Temporary Resident									26	13	26	13	
Dentistry Total		682	636	9970	10367	801	734	2	7	413	437	11186	11545
Funeral Directing	Branch Establishment	3	9	9	17					1	1	10	18
	Continuing Education Provider	3	8	36	41					9	4	45	45
	Courtesy Card	9	10	123	121					15	16	138	137
	Crematories	2	5	76	77					5	3	81	80
	Embalmer			5	5	1					2	6	7
	Funeral Director			104	99	12	7			7	7	123	113
	Funeral Establishment	5	8	513	516					8	14	521	534
	Funeral Service Provider	69	58	1458	1460	53	48	2	3	72	67	1585	1578
	Funeral Trainee	54	54	219	204			2	2	48	55	269	261
Surface Transport & Removal Services	8	10	52	55					8	7	60	62	
Funeral Directing Total		153	162	2595	2595	66	55	4	9	173	176	2838	2835
Long Term Care Administrator	Administrator-in-Training									22	18	22	18
	Assisted Living Facility Administrator		44		44							0	44
	Assisted Living Facility Preceptor		16		16							0	16
	Nursing Home Administrator	47	52	755	765					54	49	809	814
	Nursing Home Preceptor	16	22	208	216					19	17	227	233
Long Term Care Administrator Total		63	134	963	1041			0	0	95	84	1058	1125
Medicine	Athletic Trainer	131	137	912	971			2		103	88	1017	1059
	Chiropractor	95	76	1515	1518	208	196	1	6	95	119	1819	1839
	Intems and Resident	973	975	3335	3394	1			1	991	979	4327	4374
	Licensed Acupuncturist	40	35	364	379	8	10			26	27	398	416
	Licensed Midwife	13	11	27	37					1	2	28	39
	Limited Radiologic Technologist	89	74	985	951	55	54		1	130	151	1170	1157
	Medicine & Surgery	1835	1878	29240	30038	2810	2695	21	30	1307	1486	33378	34249
	Occupational Therapist	198	194	2554	2624	91	94		1	146	153	2791	2872
	Osteopathy and Surgery	152	206	1309	1472	107	102	1	2	50	87	1467	1663
	Physician Assistant	219	270	1542	1759	30	28	1		83	86	1656	1873
	Podiatry	13	11	433	423	55	54			22	20	510	497
	Radiologic Technologist	408	354	3242	3320	59	63		1	345	291	3646	3675
	Respiratory Care Practitioner	293	238	3479	3493	105	116	6	3	268	194	3858	3806
	Temporary Licenses											0	0
	University Limited License	7	4	27	26					5	5	32	31
Medicine Total		4466	4463	48964	50405	3529	3412	32	45	3572	3688	56097	57550

Nursing	Advanced Certified Nurse Aide	16	13	73	84				8		81	84	
	Authorization to Prescribe	280	311	2951	3137				128	116	3079	3256	
	Certified Massage Therapist	763	693	5117	5422			4	3	493	530	5614	5955
	Certified Nurse Aides	4967	5263	47703	48484			51	59	6274	5330	54028	53873
	Clinical Nurse Specialist	13	28	460	444					36	30	496	475
	Licensed Nurse Practitioner	422	463	5012	5144			2	3	334	287	5348	5434
	Licensed Practical Nurse	2388	2296	30033	30664	130		34	67	2646	1918	32713	32779
	Medication Aide		390		390							0	390
	Registered Nurse	5716	5746	89316	91461	381		51	79	6291	4750	95658	96671
	VA Practical Schools of Nursing									10	15	10	15
VA Professional Schools of Nursing									12	5	12	5	
Volunteer Registration									4	4	4	4	
Nursing Total		14565	15203	180665	185230	0	511	142	215	16236	12985	197043	198941
Optometry	Optometrist			263	251					15	14	278	265
	Optometrist - Volunteer Registration	10	7	6	11					8	8	14	19
	Professional Designation	40	38	199	217					30	6	229	223
	TPA Certified Optometrist	83	101	1216	1275			1	1	48	42	1265	1318
Optometry Total	133	146	1684	1754	0	0	1	1	101	70	1786	1825	
Pharmacy	Business CSR	93	64	628	670			5	9	33	28	666	707
	CE Courses									2			
	Humane Society			40	37					4	1	44	38
	Limited Use Pharmacy Technician	6	6	32	34			1		5	4	38	38
	Medical Equipment Supplier	46	50	383	424					12	12	395	442
	Non-resident Pharmacy	81	79	588	606			25	22	40	46	653	674
	Non-resident Wholesale Distributor	60	65	671	662			40	9	39	52	750	723
	Non-restricted Manufacturer	2	1	22	22					2	2	24	24
	Permitted Physician	5		19	16					1	3	21	20
	Pharmacist	444	490	8885	9202	780	753	8	8	234	272	9907	10235
	Pharmacy	72	68	1670	1698			20	32	22	19	1712	1749
	Pharmacy Intern	489	496	1816	1882					254	175	2070	2057
	Pharmacy Technician	1724	1791	9593	10501			13	17	997	1063	10603	11581
	Physician Selling Controlled Substances	76	54	288	281	3		16	6	50	35	357	322
	Physician Selling Drugs Location											0	0
	Restricted Manufacturer	4	8	73	77			1		5	4	79	81
Robotic Pharmacy System									1				
Warehouser	5	5	40	43					3	4	43	47	
Wholesale Distributor	9	5	135	130			3	3	8	6	146	139	
Pharmacy Total	3116	3182	24883	26285	783	753	132	113	1713	1726	27508	28877	
Physical Therapy	Direct Access Certification		125		125							0	125
	Physical Therapist	377	413	5109	5002	258	174	3	2	610	1	5980	5179
	Physical Therapist Assistant	133	186	1891	1925	78	57			166		2135	1983
Physical Therapy Total	510	724	7000	7052	336	231	3	3	776	1	8115	7287	
Psychology	Applied Psychologist	4	2	37	38	4	4			10	8	51	50
	Clinical Psychologist	154	129	2239	2297	156	150			254	248	2649	2695
	Continuing Education Provider	1	1	13	13					2	3	15	16
	Resident in Training											0	0
	School Psychologist	5	6	106	108	12	12			12	15	130	136
	School Psychologist-Limited	26	29	185	195					43	47	228	242
Sex Offender Treatment Provider	25	27	358	371					51	50	409	421	
Psychology Total	215	194	2938	3022	172	166	0	1	372	a	3482	3189	
Social Work	Associate Social Worker			4	2					2		6	2
	Licensed Clinical Social Worker	249	278	4627	4610	289	230	7	1	742		5665	4841
	Licensed Social Worker	68	54	373	333	24	19			142		539	352
	Registered Social Worker			49	38					14		63	38
Social Work Total	317	332	5053	4983	313	249	7	1	900		6273	5233	
Veterinary Medicine	Full Service Veterinary Facility	26	15	693	701					10	9	703	710
	Restricted Veterinary Facility	30	24	224	237					16	9	240	246
	Veterinarian	240	289	3024	3198	482	441	2	3	201	214	3709	3856
	Veterinary Technician	106	130	1175	1246	43	42	1	1	78	61	1297	1350
Veterinary Medicine Total	402	458	5116	5382	525	483	3	4	305	293	5949	6162	
AGENCY TOTAL		25321	26239	298742	307186	6773	6857	328	401	25690	20439	331533	334883

*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 INFORMATION ¹								
BOARD	OCCUPATION	1998 30-Jun	2000 30-Jun	2002 30-Jun	2004 30-Jun	2006 30-Jun	2008 30-Jun	% Change 2006-2008
Audiology/Speech Pathology	Audiologist	363	401	415	447	424	412	-2.8%
	Continuing Education Provider					2	1	-50.0%
	School Speech Pathologist			60	113	109	108	-0.9%
	Speech Pathologist	1863	2130	2251	2416	2339	2429	3.8%
	Audiology/Speech Pathology Total	2226	2531	2726	2976	2874	2950	2.6%
Counseling	Certified Substance Abuse Counselor	1067	2384	1329	1437	1450	1569	8.2%
	Licensed Marriage and Family Therapist	511	912	887	867	841	850	1.1%
	Licensed Professional Counselor	2156	2384	2595	2741	2829	3064	8.3%
	Rehabilitation Provider	2052	877	676	376	331	334	0.9%
	Substance Abuse Counseling Assistant					16	56	250.0%
	Substance Abuse Treatment Practitioner		24	129	162	170	168	10.6%
Counseling Total	5786	6581	5616	5583	5637	6061	7.5%	
Dentistry	Cosmetic Procedure Certification			7	10	13	23	76.9%
	Dental Full Time Faculty	10	12	13	14	16	10	-37.5%
	Dental Hygienist	3102	3333	3647	3838	4091	4477	9.4%
	Dental Hygienist Teacher	3	3	2	2	1	1	0.0%
	Dental Teacher	5	6	8	5	1	5	400.0%
	Dental Temporary Permit			4	4	5		-100.0%
	Dentist	5177	5167	5399	5337	5626	5973	6.2%
	Dentist-Volunteer Registration		1	1		2		-100.0%
	Oral/Maxillofacial Surgeon Registration			175	175	190	201	5.8%
Dentistry Total	8297	8522	9256	9385	9945	10690	7.5%	
Funeral Directing	Branch Establishment					6	14	133.3%
	Continuing Education Provider					31	37	19.4%
	Courtesy Card	106	103	113	106	114	105	-7.9%
	Crematories		48	56	67	74	75	1.4%
	Embalmer	9	8	8	6	6	5	-16.7%
	Funeral Director	199	180	163	129	113	101	-10.6%
	Funeral Establishment	489	495	526	516	508	497	-2.2%
	Funeral Service Provider	1359	1391	1464	1396	1413	1435	1.6%
	Funeral Trainee	201	185	188	164	164	143	-12.8%
	Surface Transport & Removal Services	36	33	49	44	44	48	9.1%
Funeral Directing Total	2399	2443	2567	2428	2473	2460	-0.5%	
Long Term Care Administrator	Assisted Living Facility Administrator						44	
	Assisted Living Facility Preceptor						16	
	Nursing Home Administrator	751	740	755	677	667	694	4.0%
	Nursing Home Preceptor	159	166	193	185	191	199	4.2%
Long Term Care Administrator Total	910	906	948	862	858	953	11.1%	
Medicine	Athletic Trainer			337	656	790	890	12.7%
	Chiropractor	1431	1553	1709	1593	1619	1616	-0.2%
	Interns and Resident	2004	2797	2080	2989	3294	3368	2.2%
	Licensed Acupuncturist	193	94	167	248	330	361	9.4%
	Licensed Midwife					14	35	150.0%
	Limited Radiologic Technologist	980	1047	1048	938	934	843	-9.7%
	Medicine & Surgery	26924	27977	29658	29227	29872	31250	4.6%
	Naturopath	1	1	1				
	Occupational Therapist	1725	1918	2229	2259	2420	2579	6.6%
	Osteopathy and Surgery	727	801	926	1096	1240	1492	20.3%
	Physical Therapist	3427	3866					
	Physical Therapist Assistant	1171	1352					
	Physician Acupuncturist	38	309					
	Physician Assistant	461	603	893	1040	1334	1697	27.2%
	Podiatry	493	501	519	492	476	460	-3.4%
	Radiologic Technologist	1658	1870	2510	2603	2833	3077	8.6%
Respiratory Care Practitioner	2419	2884	3274	3093	3225	3393	5.2%	
University Limited License	25	27	27	25	24	26	8.3%	
Medicine Total	43677	47600	45378	46259	48405	51087	5.5%	
Nursing	Advanced Certified Nurse Aide					59	84	42.4%
	Authorization to Prescribe	1393	1826	2274	2513	2810	3185	13.3%
	Certified Massage Therapist	1477	2146	3046	3715	4321	4941	14.3%
	Certified Nurse Aides	39197	36020	40513	40239	42058	43839	4.2%
	Clinical Nurse Specialist	439	445	476	455	452	437	-3.3%

BOARD	OCCUPATION	1998 30-Jun	2000 30-Jun	2002 30-Jun	2004 30-Jun	2006 30-Jun	2008 30-Jun	% Change 2006-2008
	Licensed Nurse Practitioner	3344	3924	4637	4872	5173	5514	6.6%
	Licensed Practical Nurse	26553	26694	28422	28239	28127	28933	2.9%
	Medication Aide						390	
	Registered Nurse	76781	82492	88314	86660	85061	87152	2.5%
Nursing Total		149184	153547	167682	166693	168061	174475	3.8%
Optometry	Optometrist ³	1278	1309	1417	1351	261	237	-9.2%
	Optometrist - Volunteer Registration Professional Designation	108	114	123	129	2	5	150.0%
	TPA Certified Optometrist		850	1000	1031	1132	1234	9.0%
Optometry Total		1386	2273	2540	1480	1556	1687	8.4%
Pharmacy	Business CSR	231	284	342	336	533	639	19.9%
	Humane Society	89	61	59	46	39	37	-5.1%
	Limited Use Pharmacy Technician					26	31	19.2%
	Medical Equipment Supplier	178	247	304	293	336	405	20.5%
	Non-resident Pharmacy	226	309	434	462	509	540	6.1%
	Non-resident Wholesale Distributor	226	316	505	537	608	603	-0.8%
	Non-restricted Manufacturer	22	21	22	20	20	21	5.0%
	Nurse Practitioner CSR			900				
	Optometrist CSR	423	485	496	14			
	Permitted Physician	22	19	17		14	13	-7.1%
	Pharmacist	7638	7955	8640	8754	9142	9627	5.3%
	Pharmacy	1613	1518	1584	1547	1600	1647	2.9%
	Pharmacy Intern		845	1044	1181	1342	1498	11.6%
	Pharmacy Technician				6292	7771	9423	21.3%
	Physician Selling Controlled Substances	235	246	284	215	214	242	13.1%
	Restricted Manufacturer	72	65	73	72	69	74	7.2%
	Warehouser	19	19	29	26	35	40	14.3%
	Wholesale Distributor	137	160	179	182	126	122	-3.2%
Pharmacy Total		11131	12550	14912	19977	22384	24962	11.5%
Physical Therapy ²	Direct Access Certification						125	
	Physical Therapist			4399	4486	4922	5170	5.0%
	Physical Therapist Assistant			1561	1643	1808	1979	9.5%
Physical Therapy Total				5960	6129	6730	7274	8.1%
Psychology	Applied Psychologist	65	56	54	50	41	42	2.4%
	Clinical Psychologist	1743	1895	2116	2233	2296	2434	6.0%
	Continuing Education Provider					11	10	-9.1%
	School Psychologist	106	106	116	106	113	119	5.3%
	School Psychologist-Limited			47	135	173	195	12.7%
	Sex Offender Treatment Provider		330	324	333	348	371	6.6%
Psychology Total		1914	2387	2657	2857	2982	3171	6.3%
Social Work	Associate Social Worker	9	7	7	6	4	2	-50.0%
	Licensed Clinical Social Worker	3484	3765	4077	4435	4592	4837	5.3%
	Licensed Social Worker	297	279	291	332	320	351	9.7%
	Registered Social Worker	125	102	92	75	49	38	-22.4%
Social Work Total		3915	4153	4467	4848	4965	5228	5.3%
Veterinary Medicine	Full Service Veterinary Facility	731	611	627	645	669	693	3.6%
	Restricted Veterinary Facility		153	193	191	196	228	16.3%
	Veterinarian	2787	2885	3180	3162	3235	3401	5.1%
	Veterinary Technician	632	689	840	940	1094	1216	11.2%
Veterinary Medicine Total		4150	4338	4840	4938	5194	5538	6.6%
AGENCY TOTAL		234975	247831	289724	274590	282108	296536	5.1%

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

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 iss

COMPLAINT INFORMATION											
BOARD	OCCUPATION	Licensees¹		Complaints Received²		Complaints Investigated³		Complaints Referred To Board⁴		Complaints per 1000 Licensees⁵	
		FY2007	FY2008	FY2007	FY2008	FY2007	FY2008	FY2007	FY2008	FY2007	FY2008
Audiology/Speech Pathology	Audiologist	505	468	6	6	6	10	7	13	11.88	12.82
	Continuing Education Provider	0	0	1				1			
	School Speech Pathologist	150	126	1				1		6.67	
	Speech Pathologist	2909	2864	3	5	5	5	3	10	1.03	1.75
Audiology/Speech Pathology Total		3564	3458	11	11	11	15	12	23	3.09	3.18
Counseling	Certified Substance Abuse Counselor	1781	1839	5	8	8	11	7	12	2.81	4.35
	Licensed Marriage and Family Therapist	926	952		6		1	2	6	0.00	6.30
	Licensed Professional Counselor	3278	3401	39	59	33	39	51	61	11.90	17.35
	Rehabilitation Provider	384	364					2			
	SA Oral Examiner	15	15								
	Substance Abuse Counseling Assistant	43	71	1		1		1	1	23.26	
Counseling Total		6625	6851	45	74	44	51	63	81	6.79	10.80
Dentistry	Cosmetic Procedure Certification	20	24					1			
	Dental Full Time Faculty	20	19								
	Dental Hygienist	4539	4808	10	8	14	7	21	19	2.20	1.66
	Dental Hygienist Teacher	1	6					1			
	Dental Hygienist-Volunteer Registration	0	0								
	Dental Restricted Volunteer	1	1					1			
	Dental Hygienist Temporary Permit	1	0								
	Dental Teacher	6	6								
	Dental Temporary Permit	1	0								
	Dentist	6285	6412	404	399	567	628	569	974	64.28	62.23
	Dentist-Volunteer Registration	78	39								
Dentistry Total		11186	11545	416	408	582	636	596	997	37.19	35.34
Funeral Directing	Branch Establishment	10	18								
	Continuing Education Provider	45	45	2	1	1	2	4	3	44.44	22.22
	Courtesy Card	138	137			1			2		
	Crematories	81	80		1		1		1		12.50
	Embalmer	6	7								
	Funeral Director	123	113	4	3	4	6	4	6	32.52	26.55
	Funeral Establishment	521	534	15	23	6	12	23	34	28.79	43.07
	Funeral Service Provider	1585	1578	52	39	63	60	65	80	32.81	24.71
	Funeral Trainee	269	261	11	7	7	4	26	16	40.89	26.82
Funeral Directing Total		2838	2835	84	75	82	86	124	142	29.60	26.46
Long Term Care Administrator	Administrator-in-Training	22	18	4	1	1	1	4	3	181.82	55.56
	Assisted Living Facility Administrator	0	44								
	Assisted Living Facility Preceptor	0	16								
	Nursing Home Administrator	809	814	23	22		30	24	37	28.43	27.03
	Nursing Home Preceptor	227	233			24					
Long Term Care Administrator Total		1058	1125	27	23	25	31	28	40	25.52	20.44
Medicine	Athletic Trainer	1017	1059	12	9	2	3	14	10	11.80	8.50
	Chiropractor	1819	1839	90	57	106	83	144	143	49.48	31.00
	Interns and Resident	4327	4374	25	17	25	10	34	36	5.78	3.89
	Licensed Acupuncturist	398	416	3	2	6	5	8	4	7.54	4.81
	Licensed Midwife	28	39	1	4	1	5	4	4	35.71	102.56
	Limited Radiologic Technologist	1170	1157	6	3	5	4	8	6	5.13	2.59
	Medicine & Surgery	33378	34249	1604	1279	1759	1516	2534	2911	48.06	37.34
	Occupational Therapist	2791	2872	3	4	4	7	5	9	1.07	1.39
	Osteopathy and Surgery	1467	1663	76	61	64	74	104	136	51.81	36.68
	Physician Assistant	1656	1873	27	15	28	16	57	39	16.30	8.01
	Podiatry	510	497	32	33	38	39	46	60	62.75	66.40
	Radiologic Technologist	3646	3675	20	13	11	10	24	21	5.49	3.54
	Respiratory Care Practitioner	3858	3806	25	16	32	26	39	36	6.48	4.20
	Temporary Licenses	0	0								
Medicine Total		56097	57550	1924	1513	2082	1798	3018	3415	34.30	26.29
Nursing	Advanced Certified Nurse Aide	81	84	1	1	571	1	1	1	12.35	11.90
	Authorization to Prescribe	3079	3256	1	5	2	6	4	7	0.32	1.54
	Certified Massage Therapist	5614	5955	11	26	19	32	23	42	1.96	4.37
	Certified Nurse Aides	54028	53873	537	536	571	672	707	976	9.94	9.95
	Clinical Nurse Specialist	496	475	2	5	1	1	4	6	4.03	10.53

BOARD	OCCUPATION	Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred To Board ⁴		Complaints per 1000 Licensees ⁵	
		FY2007	FY2008	FY2007	FY2008	FY2007	FY2008	FY2007	FY2008	FY2007	FY2008
	Licensed Nurse Practitioner	5348	5434	65	72	89	96	87	122	12.15	13.25
	Licensed Practical Nurse	32713	32779	397	431	522	569	561	792	12.14	13.15
	Medication Aide	0	390		1		1		1		2.56
	Registered Nurse	95658	96671	614	576	724	753	832	1076	6.42	5.96
	VA Practical Schools of Nursing	10	15	1				2	3	100.00	
	VA Professional Schools of Nursing	12	5		2	2					400.00
	Volunteer Registration	4	4								
Nursing Total		197043	198941	1629	1654	1368	2130	2221	3026	8.27	8.31
Optometry	Optometrist	278	265	8	4	7	6	10	8	28.78	15.09
	Optometrist - Volunteer Registration	14	19								
	Professional Designation	229	223								
	TPA Certified Optometrist	1265	1318	35	65	47	64	55	79	27.67	49.32
Optometry Total		1786	1825	43	69	54	70	65	87	24.08	37.81
Pharmacy	Business CSR	666	707	4				4		6.01	
	CE Courses	0	0								
	Humane Society	44	38					1			
	Limited Use Pharmacy Technician	38	38	1				1		26.32	
	Medical Equipment Supplier	395	442	2	1	2	1	1	1	5.06	2.26
	Non-resident Pharmacy	653	674	16	12	18	13	15	14	24.50	17.80
	Non-resident Wholesale Distributor	750	723		3		2		3		4.15
	Non-restricted Manufacturer	24	24								
	Permitted Physician	21	20								
	Pharmacist	9907	10235	260	160	276	246	324	300	26.24	15.63
	Pharmacy	1712	1749	32	47	43	52	44	64	18.69	26.87
	Pharmacy Intern	2070	2057	7	2	12	4	12	6	3.38	0.97
	Pharmacy Technician	10603	11581	71	75	65	110	97	135	6.70	6.48
	Physician Selling Controlled Substances	357	322	1	2		1	1	2	2.80	6.21
	Physician Selling Drugs Location	0	0								
	Restricted Manufacturer	79	81								
	Robotic Pharmacy System	0	0								
	Warehouser	43	47								
	Wholesale Distributor	146	139		1				1		7.19
Pharmacy Total		27508	28877	394	303	418	429	500	526	14.32	10.49
Physical Therapy	Direct Access Certification	0	125								
	Physical Therapist	5980	5179	27	11	27	20	48	23	4.52	2.12
	Physical Therapist Assistant	2135	1983	6	6	7	8	6	10	2.81	3.03
Physical Therapy Total		8115	7287	33	17	34	28	54	33	4.07	2.33
Psychology	Applied Psychologist	51	50	1	2	2	1		3	19.61	40.00
	Clinical Psychologist	2649	2695	54	55	47	51	52	76	20.39	20.41
	Continuing Education Provider	15	16								
	Resident in Training	0	0								
	School Psychologist	130	136		1				1		7.35
	School Psychologist-Limited	228	242		2		2		2		8.26
	Sex Offender Treatment Provider	409	421	2		3	2	3	2	4.89	
Psychology Total		3482	3189	57	60	52	56	55	84	16.37	
Social Work	Associate Social Worker	6	2								
	Licensed Clinical Social Worker	5665	4841	38	46	43	54	46	62	6.71	9.50
	Licensed Social Worker	539	352				1	2	1		
	Registered Social Worker	63	38								
Social Work Total		6273	5233	38	46	43	55	48	63	6.06	8.79
Veterinary Medicine	Equine Dental Technician				1		1				
	Full Service Veterinary Facility	703	710	5	6	2		6	5	7.11	8.45
	Restricted Veterinary Facility	240	246		1		1			0.00	4.07
	Veterinarian	3709	3856	148	138	234	200	248	241	39.90	35.79
	Veterinary Technician	1297	1350	10	4	12	4	12	6	7.71	2.96
Veterinary Medicine Total		5949	6162	163	150	248	206	266	252	27.40	24.34
AGENCY TOTAL		331533	334883	4864	4403	5043	5591	7050	8769	14.67	13.15

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

²All allegations assigned a case number

³Cases that underwent the investigatory process

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

⁵Shows 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	
		FY2007	FY2008	FY2007	FY2008	FY2007	FY2008	FY2007	FY2008	FY2007	FY2008
Audiology/Speech Pathology	Audiologist	505	468		2	1	1	1	3	2.0	2.1
	Continuing Education Provider	0	0								
	School Speech Pathologist	150	126								
	Speech Pathologist	2909	2864	1	1		1	1	2		0.3
	Audiology/Speech Pathology Total	3564	3458	1	3	1	2	2	5	0.3	0.6
Counseling	Certified Substance Abuse Counselor	1781	1839	4	3		1	4	4		0.5
	Licensed Marriage and Family Therapist	926	952		1	1		1	1	1.1	
	Licensed Professional Counselor	3278	3401	11	21	9	4	20	25	2.7	1.2
	Rehabilitation Provider	384	364	1		1		2		2.6	
	SA Oral Examiner	15	15								
	Substance Abuse Counseling Assistant	43	71				1		1		14.1
	Substance Abuse Treatment Practitioner	198	209								
Counseling Total	6625	6851	16	25	11	6	27	31	1.7	0.9	
Dentistry	Cosmetic Procedure Certification	20	24			1		1		50.0	
	Dental Full Time Faculty	20	19			3		3		150.0	
	Dental Hygienist	4539	4808	2	5		4	2	9		0.8
	Dental Hygienist Teacher	1	6	1				1			
	Dental Restricted Volunteer	1	1								
	Dental Hygienist Temporary Permit	1	0								
	Dental Teacher	6	6								
	Dental Temporary Permit	1	0								
	Dentist	6285	6412	160	527	75	103	235	630	11.9	16.1
	Dentist-Volunteer Registration	78	39								
	Oral/Maxillofacial Surgeon Registration	208	217			3	2	3	2	14.4	9.2
	Temporary Resident	26	13								
Dentistry Total	11186	11545	163	532	82	109	245	641	7.3	9.4	
Funeral Directing	Branch Establishment	10	18								
	Courtesy Card	138	137		1				1		
	Crematories	81	80		1				1		
	Embalmer	6	7								
	Funeral Director	123	113				1		1		8.8
	Funeral Establishment	521	534	2	5	2	14	4	19	3.8	26.2
	Funeral Service Provider	1585	1578	6	14	7	15	13	29	4.4	9.5
	Funeral Trainee	269	261	2	4	2		4	4	7.4	
	Surface Transport & Removal Services	60	62								
Funeral Directing Total	2838	2835	10	25	11	30	21	55	3.9	10.6	
Long Term Care Administrator	Administrator-in-Training	22	18								
	Nursing Home Administrator	809	814	11	19	1	3	12	22	1.2	3.7
	Nursing Home Preceptor	227	233								
Long Term Care Administrator Total	1058	1125	11	19	1	3	12	22	0.9	2.7	
Medicine	Athletic Trainer	1017	1059	3		9	6	12	6	8.8	5.7
	Chiropractor	1819	1839	25	17	4	17	29	34	2.2	9.2
	Interns and Resident	4327	4374	1	7		6	1	13		1.4
	Licensed Acupuncturist	398	416	2	1	1		3	1	2.5	
	Licensed Midwife	28	39								
	Limited Radiologic Technologist	1170	1157			3	4	3	4	2.6	3.5
	Medicine & Surgery	33378	34249	630	692	127	183	757	875	3.8	5.3
	Occupational Therapist	2791	2872					2	2		0.7
	Osteopathy and Surgery	1467	1663	22	32	4	7	26	39	2.7	4.2
	Physician Assistant	1656	1873	14	11	5	3	19	14	3.0	1.6
	Podiatry	510	497	20	14	3		23	14	5.9	
	Radiologic Technologist	3646	3675	4	2	13	10	17	12	3.6	2.7
	Respiratory Care Practitioner	3858	3806	6	10	16	9	22	19	4.1	2.4
	Temporary Licenses	0	0								
	University Limited License	32	31								
Medicine Total	56097	57550	727	786	185	247	912	1033	3.3	4.3	
Nursing	Advanced Certified Nurse Aide	81	84			1		1		12.3	
	Authorization to Prescribe	3079	3256	7	1	174	1	181	2	56.5	0.3
	Certified Massage Therapist	5614	5955	2	21	5	9	7	30	0.9	1.5
	Certified Nurse Aides	54028	53873	240	245		197	240	442		3.7
	Clinical Nurse Specialist	496	475		1		3		4		6.3
	Licensed Nurse Practitioner	5348	5434	43	58	4	5	47	63	0.7	0.9
	Licensed Practical Nurse	32713	32779	132	223	143	186	275	409	4.4	5.7

BOARD	OCCUPATION	Total Licensees ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations per 1000 Licensees ⁵	
		FY2007	FY2008	FY2007	FY2008	FY2007	FY2008	FY2007	FY2008	FY2007	FY2008
	Registered Nurse	95658	96671	195	286	167	214	362	500	1.7	2.2
	VA Practical Schools of Nursing	10	15								
	VA Professional Schools of Nursing	12	5								
	Volunteer Registration	4	4								
Nursing Total		197043	198941	619	590	319	418	938	1008	1.6	2.1
Optometry	Optometrist	278	265	4	1	3	2	7	3	10.8	7.5
	Opometrist - Volunteer Registration	14	19								
	Professional Designation	229	223								
	TPA Certified Optometrist	1265	1318	24	23	9	8	33	31	7.1	6.1
Optometry Total		1786	1825	28	24	12	10	40	34	6.7	5.5
Pharmacy	Business CSR	666	707			3	1	3	1	4.5	1.4
	Humane Society	44	38								
	Limited Use Pharmacy Technician	38	38								
	Medical Equipment Supplier	395	442		1				1		
	Non-resident Pharmacy	653	674	6	9	4	2	10	11	6.1	3.0
	Non-resident Wholesale Distributor	750	723		2				2		
	Non-restricted Manufacturer	24	24								
	Permitted Physician	21	20								
	Pharmacist	9907	10235	51	57	59	43	110	100	6.0	4.2
	Pharmacy	1712	1749	17	26	3	2	20	28	1.8	1.1
	Pharmacy Intern	2070	2057				1		1		0.5
	Pharmacy Technician	10603	11581	13	6	14	21	27	27	1.3	1.8
	Physician Selling Controlled Substances	357	322								
	Physician Selling Drugs Location	0	0								
	Restricted Manufacturer	79	81								
	Warehouser	43	47								
	Wholesale Distributor	146	139								
Pharmacy Total		27508	28877	87	101	83	70	170	171	3.0	2.4
Physical Therapy	Physical Therapist	5980	5179	15	9	6	1	21	10	1.0	0.2
	Physical Therapist Assistant	2135	1983	1	3	1	1	2	4	0.5	0.5
Physical Therapy Total		8115	7287	16	12	7	2	23	14	0.9	0.3
Psychology	Applied Psychologist	51	50								
	Clinical Psychologist	2649	2695	14	44	5	3	19	47	1.9	1.1
	Continuing Education Provider	15	16								
	Resident in Training	0	0								
	School Psychologist	130	136								
	School Psychologist-Limited	228	242				1		1		4.1
	Sex Offender Treatment Provider	409	421		2				2		
Psychology Total		3482	3189	14	46	5	4	19	50	1.4	1.3
Social Work	Associate Social Worker	6	2								
	Licensed Clinical Social Worker	5665	4841	10	20	10	7	20	27	1.8	1.4
	Licensed Social Worker	539	352	1		1		2		1.9	
	Registered Social Worker	63	38								
Social Work Total		6273	5233	11	20	11	7	22	27	1.8	1.3
Veterinary Medicine	Full Service Veterinary Facility	703	710	4	5	2		6	5	2.8	
	Restricted Veterinary Facility	240	246								
	Veterinarian	3709	3856	144	147	41	42	185	189	11.1	10.9
	Veterinary Technician	1297	1350	4	5	2	1	6	6	1.5	0.7
Veterinary Medicine Total		5949	6162	152	157	45	43	197	200	7.6	7.0
AGENCY TOTAL		331533	334883	1855	2585	948	1148	2803	3733	2.9	3.4

*The number of case findings includes cases closed in the designated timeframe but which may have been received in a prior timeframe.
¹ Any individual or entity that held a valid and current license within the designated timeframe
² Cases in which allegations were not substantiated
³ Cases in which allegations were substantiated
⁴ Total number of cases adjudicated by the regulatory board
⁵ Shows the ratio of violations found per 1,000 licensees of the respective board and occupations

SANCTION INFORMATION*							
BOARD	OCCUPATION	Licensees ¹		Sanctions ²		Sanctions per 1000 Licensees ³	
		FY2007	FY2008	FY2007	FY2008	FY2007	FY2008
Audiology/Speech Pathology	Audiologist	505	468		2		4.3
	Continuing Education Provider						
	School Speech Pathologist	150	126				
	Speech Pathologist	2909	2864		2		0.7
Audiology/Speech Pathology Total		3564	3458		4		1.2
Counseling	Certified Substance Abuse Counselor	1781	1839	3	1	1.7	0.5
	Licensed Marriage and Family Therapist	926	952	1		1.1	
	Licensed Professional Counselor	3278	3401	15	8	4.6	2.4
	Rehabilitation Provider	384	364	1		2.6	
	SA Oral Examiner	15	15				
	Substance Abuse Counseling Assistant	43	71		1		14.1
Counseling Total		6625	6851	20	10	3.0	1.5
Dentistry	Cosmetic Procedure Certification	20	24	1		50.0	
	Dental Full Time Faculty	20	19				
	Dental Hygienist	4539	4808	10	9	2.2	1.9
	Dental Hygienist Teacher	1	6				
	Dental Hygienist-Volunteer Registration						
	Dental Restricted Volunteer	1	1	1		1000.0	
	Dental Hygienist Temporary Permit	1					
	Dental Teacher	6	6				
	Dental Temporary Permit	1					
	Dentist	6285	6412	105	111	16.7	17.3
Dentist-Volunteer Registration	78	39					
Oral/Maxillofacial Surgeon Registration	208	217	3	5	14.4	23.0	
Temporary Resident	26	13					
Dentistry Total		11186	11545	120	125	10.7	10.8
Funeral Directing	Branch Establishment	10	18		4		222.2
	Continuing Education Provider	45	45				
	Courtesy Card	138	137				
	Crematories	81	80				
	Embalmer	6	7				
	Funeral Director	123	113		3		26.5
	Funeral Establishment	521	534	3	15	5.8	28.1
	Funeral Service Provider	1585	1578	11	10	6.9	6.3
	Funeral Trainee	269	261	8		29.7	
	Surface Transport & Removal Services	60	62				
Funeral Directing Total		2838	2835	22	32	7.8	11.3
Long Term Care Administrator	Administrator-in-Training	22	18				
	Assisted Living Facility Administrator		44				
	Assisted Living Facility Preceptor		16				
	Nursing Home Administrator	809	814	1	5	1.2	6.1
	Nursing Home Preceptor	227	233				
Long Term Care Administrator Total		1058	1125	1	5	0.9	4.4
Medicine	Athletic Trainer	1017	1059	17	6	16.7	5.7
	Chiropractor	1819	1839	12	24	6.6	13.1
	Interns and Resident	4327	4374		9		2.1
	Licensed Acupuncturist	398	416	4		10.1	
	Licensed Midwife	28	39				
	Limited Radiologic Technologist	1170	1157	5	4	4.3	3.5
	Medicine & Surgery	33378	34249	179	186	5.4	5.4
	Occupational Therapist	2791	2872		2		0.7
	Osteopathy and Surgery	1467	1663	7	8	4.8	4.8
	Physician Assistant	1656	1873	10	5	6.0	2.7
	Podiatry	510	497	5		9.8	
	Radiologic Technologist	3646	3675	26	11	7.1	3.0
	Respiratory Care Practitioner	3858	3806	25	11	6.5	2.9
	Temporary Licenses						
University Limited License	32	31					
Medicine Total		56097	57550	290	266	5.2	4.6
Nursing	Advanced Certified Nurse Aide	81	84	1		12.3	
	Authorization to Prescribe	3079	3256		1		0.3
	Certified Massage Therapist	5614	5955	7	11	1.2	1.8
	Certified Nurse Aides	54028	53873	179	208	3.3	3.9
	Clinical Nurse Specialist	496	475		2		4.2

SANCTION INFORMATION*							
	Licensed Nurse Practitioner	5348	5434	7	5	1.3	0.9
	Licensed Practical Nurse	32713	32779	189	219	5.8	6.7
	Medication Aide		390				
	Registered Nurse	95658	96671	229	267	2.4	2.8
	VA Practical Schools of Nursing	10	15				
	VA Professional Schools of Nursing	12	5				
	Volunteer Registration	4	4				
Nursing Total		197043	198941	612	713	3.1	3.6
Optometry	Optometrist	278	265	5	4	18.0	15.1
	Optometrist - Volunteer Registration	14	19				
	Professional Designation	229	223				
	TPA Certified Optometrist	1265	1318	12	11	9.5	8.3
Optometry Total		1786	1825	17	15	9.5	8.2
Pharmacy	Business CSR	666	707	3	1	4.5	1.4
	CE Courses						
	Humane Society	44	38				
	Limited Use Pharmacy Technician	38	38				
	Medical Equipment Supplier	395	442				
	Non-resident Pharmacy	653	674	5	2	7.7	3.0
	Non-resident Wholesale Distributor	750	723				
	Non-restricted Manufacturer	24	24				
	Permitted Physician	21	20				
	Pharmacist	9907	10235	82	62	8.3	6.1
	Pharmacy	1712	1749	3	2	1.8	1.1
	Pharmacy Intern	2070	2057		1		0.5
	Pharmacy Technician	10603	11581	21	32	2.0	2.8
	Physician Selling Controlled Substances	357	322				
	Physician Selling Drugs Location						
	Restricted Manufacturer	79	81				
	Robotic Pharmacy System						
	Warehouser	43	47				
	Wholesale Distributor	146	139				
Pharmacy Total		27508	28877	114	100	4.1	3.5
Physical Therapy	Direct Access Certification		125				
	Physical Therapist	5980	5179	9		1.5	
	Physical Therapist Assistant	2135	1983	2	1	0.9	0.5
Physical Therapy Total		8115	7287	11	1	1.4	0.1
Psychology	Applied Psychologist	51	50				
	Clinical Psychologist	2649	2695	14	5	5.3	1.9
	Continuing Education Provider	15	16				
	Resident in Training						
	School Psychologist	130	136				
	School Psychologist-Limited	228	242		1		4.1
	Sex Offender Treatment Provider	409	421				
Psychology Total		3482	3189	14	6	4.0	1.9
Social Work	Associate Social Worker	6	2				
	Licensed Clinical Social Worker	5665	4841	19	10	3.4	2.1
	Licensed Social Worker	539	352	2		3.7	
	Registered Social Worker	63	38				
Social Work Total		6273	5233	21	10	3.3	1.9
Veterinary Medicine	Full Service Veterinary Facility	703	710	3		4.3	
	Restricted Veterinary Facility	240	246				
	Veterinarian	3709	3856	57	51	15.4	13.2
	Veterinary Technician	1297	1350	5	1	3.9	0.7
Veterinary Medicine Total		5949	6162	65	52	10.9	8.4
AGENCY TOTAL		331533	334883	1307	1339	3.9	4.0

*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

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			Complaints Closed per FTE			Average Time (days) to Process Case		
	FY 05-06	FY 07-08	Change	FY 05-06	FY 07-08	Change	FY 05-06	FY 07-08	Change	FY 05-06	FY 07-08	Change
BOARD												
Audiology/Speech Pathology	22	21	-5%	0.50	0.50	0%	44.00	42.00	-5%	131.7	313.4	138%
Counseling	102	115	13%	1.67	0.66	-60%	61.08	174.24	185%	224.1	233.2	4%
Dentistry	646	1082	67%	2.00	4.00	100%	323.00	270.50	-16%	425.7	476.6	12%
Funeral Directing	106	181	71%	0.70	2.00	186%	151.43	90.50	-40%	317.9	417.2	31%
Long Term Care Administrator	70	56	-20%	0.30	1.25	317%	233.33	44.80	-81%	405.4	360.6	-11%
Medicine	3985	4363	9%	5.50	8.00	45%	724.55	545.38	-25%	310.5	405.6	31%
Nursing	2897	3692	27%	4.50	8.00	78%	643.78	461.50	-28%	412.9	387.8	-6%
Optometry	103	109	6%	0.50	0.50	0%	206.00	218.00	6%	269.4	344.2	28%
Pharmacy	617	860	39%	3.00	2.80	-7%	205.67	307.14	49%	267.9	314.9	18%
Physical Therapy	81	67	-17%	0.25	1.25	400%	324.00	53.60	-83%	203.2	355.6	75%
Psychology	139	107	-23%	0.40	0.66	65%	347.50	162.12	-53%	207.1	192.2	-7%
Social Work	148	88	-41%	0.60	0.66	10%	246.67	133.33	-46%	245.9	271.8	11%
Veterinary Medicine	258	420	63%	0.58	0.67	16%	444.83	626.87	41%	284.0	336.6	19%
Enforcement				71.64	78.48	10%						
Administrative Proceedings				19.00	20.00	5%						
HPIP				1.00	1.00	0%						
AGENCY TOTAL	9174	11161	22%	112.14	130.43	16%	81.81	85.57	5%	308.3	386.7	25%

*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.

COMPLAINT CATEGORY INFORMATION

		FY 2007		FY 2008		TOTAL	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Board							
Speech Pathology/Audiology	Abandonment			1		1	
	Advertising-deceptive/misleading	1		1		2	
	Business Practices/Issues			4		4	
	Compliance Tracking Number			1		1	
	Compliance-To Board	4	2	2	2	6	4
	Confidentiality-Breach			1	1	1	1
	Fraud	1				1	
	HIPDB Basis for Action Codes	2	2	2	3	4	5
	Licensure Eligibility	4		3	1	7	1
	Misappropriation of Property			1	1	1	1
	Relationship-Inappropriate	1				1	
	Standard of Care-Diagnosis Related			1		1	
	Standard of Care-Other			1		1	
	Standard of Care-Treatment Related			2		2	
	Unlicensed Activity	1		2		3	
	zzz Standards of Care			1		1	
Speech Pathology/Audiology Total		14	4	23	8	37	12
Counseling	Abandonment	1				1	
	Abuse	1		4	1	5	1
	Business Practices/Issues	11		21		32	
	Compliance Tracking Number	4		1		5	
	Compliance-To Board	2	1			2	1
	Confidentiality-Breach	1		3		4	
	Cont'd Competency Req.-not met	15	9			15	9
	Criminal Activity/Conviction	2	4			2	4
	Drug Related-Obtaining Drugs by Fraud	3		1		4	
	Drug Related-Personal Use			1		1	
	Fraud		1	1		1	1
	HIPDB Basis for Action Codes	21	23	10	10	31	33
	HPIP Dismissal			1	1	1	1
	Inability Safely Prac-Impairment			1		1	
	Inability Safely Prac-Incapacitated			2	3	2	3
	Inability To Safely Practice-Other			1	1	1	1
	Licensure Eligibility	6	3	1		7	3
	Misappropriation of Property	1				1	
	Other	1				1	
	Records Release	2		2		4	
	Reinstatement	3	1			3	
	Relationship-Inappropriate	5	5	10	4	15	9
	Required Report Not Filed	1				1	
	Standard of Care-Diagnosis Related	1				1	
	Standard of Care-Treatment Related	11		6	1	17	1
	Supervision-Neglect	1				1	
	Unlicensed Activity	3		4		7	
	zzz Standards of Care					2	
Counseling Sum		96	47	72	21	168	68
Dentistry	Abandonment	3	1	13	3	16	4
	Abuse	2	2	5		7	2
	Action by Another Board/Entity	2		4	4	6	4
	Advertising-deceptive/misleading	28	7	28		56	7
	Business Practices/Issues	71	22	209	53	280	75
	Compliance Tracking Number	44		16		60	
	Compliance-To Board	23	20	22	12	45	32
	Confidentiality-Breach	1		2	2	3	2
	Cont'd Competency Req.-not met	2	1	2	4	4	5
	Criminal Activity/Conviction	1		5	7	6	7
	Drug Related-Other	1	3	1		2	3
	Drug Related-Personal Use	1	2	1		2	2
	Fraud	21	13	72	54	93	67
	HIPDB Basis for Action Codes	78	173	113	280	191	453
	HPIP Dismissal	1		1		2	
	Inability Safely Prac-Impairment	1	1	1		2	1
	Inability Safely Prac-Incapacitated			2	1	2	1
	Inability To Safely Practice-Other	2	3			2	3
	Licensure Eligibility	17	19	14	8	31	27
	Neglect	1	3			1	3
	Other			4		4	
	Records Release	19	5	39	41	58	46
	Records/Inspections/Audits	2	3	14	12	16	15

		FY 2007		FY 2008		TOTAL	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Board							
	Reinstatement	4	7	3	7	7	14
	Relationship-Inappropriate			2		2	
	Required Report Not Filed	1				1	
	Standard of Care-Consent Related	3	2	5		8	2
	Standard of Care-Diagnosis Related	11	4	44	24	55	28
	Standard of Care-Equip/Prod Related	1	1	3	1	4	2
	Standard of Care-Malpractice Reports	8	11	18	10	28	21
	Standard of Care-Med/Prescrip Related	1	2	9	4	10	6
	Standard of Care-Other	1		3		4	
	Standard of Care-Surgery Related	3	5	7	8	10	13
	Standard of Care-Treatment Related	139	99	379	113	518	212
	Supervision-Neglect			2	3	2	3
	Unlicensed Activity	19	14	44	37	63	51
	zzz Drug Related			1		1	
	zzz Fraud-Patient Billing Issues			1	2	1	2
	zzz Standards of Care			45	3	45	3
Dentistry Sum		512	423	1134	693	1646	1116
Funeral Directing							
	Advertising-deceptive/misleading			1		1	
	Business Practices/Issues	40	6	68	37	108	43
	Compliance Tracking Number	6		18		24	
	Compliance-To Board	3	2	12	6	15	6
	Cont'd Competency Req.-not met	1		3		4	
	Criminal Activity/Conviction	5	4	4	2	9	6
	Dishonored Check	1	1			1	1
	Fraud	2		26	30	28	30
	HIPDB Basis for Action Codes	4	6	4	8	8	14
	Licensure Eligibility	13	6	21	5	34	13
	Misappropriation of Property	1		1		2	
	Other			1		1	
	Records/Inspections/Audits			15	3	15	3
	Reinstatement	2	2	2	1	4	3
	Relationship-Inappropriate			1		1	
	Required Report Not Filed			1	1	1	1
	Standard of Care-Treatment Related	4	1			4	1
	Unlicensed Activity	17	3	11		28	3
Funeral Directing Sum		99	33	189	93	288	128
Long-Term Care Administrators							
	Abuse			3		3	
	Business Practices/Issues	6		11		17	
	Compliance Tracking Number	3		3		6	
	Compliance-To Board	2		2		4	
	Cont'd Competency Req.-not met	2				2	
	Drug Related-Obtaining Drugs by Fraud	1				1	
	Fraud	1		1		2	
	HIPDB Basis for Action Codes	2	1	3	4	5	5
	Licensure Eligibility	4	1	1		5	1
	Misappropriation of Property			1		1	
	Neglect			1		1	
	Other	3		1		4	
	Records/Inspections/Audits	6	2	13	4	19	6
	Standard of Care-Treatment Related	2		2		4	
	Supervision-Neglect			1		1	
	Unlicensed Activity			1		1	
Long-Term Care Administrators Sum		32	4	44	8	76	12
Medicine							
	Abandonment	32	12	31	2	63	14
	Abuse	50	23	50	16	100	39
	Action by Another Board/Entity	98	72	131	75	229	147
	Advertising-deceptive/misleading	76	4	49	12	125	16
	Business Practices/Issues	147		124	3	271	3
	Compliance Tracking Number	50		55		105	
	Compliance-To Board	50	68	27	31	77	99
	Confidentiality-Breach	15	4	22		37	4
	Cont'd Competency Req.-not met	2		3	2	5	2
	Criminal Activity/Conviction	31	26	27	20	58	46
	Default on Guaranteed Student Loan	1	4			1	4
	Disclosure	1				1	
	Drug Related- Security	6	1	5	4	11	5
	Drug Related-Excessive Rx/Dispensing	73	57	102	68	175	125
	Drug Related-Obtaining Drugs by Fraud	11	7	15	14	26	21
	Drug Related-Other	16	5	22	10	38	15
	Drug Related-Personal Use	23	17	27	28	50	45
	Fraud	106	17	173	72	279	89
	HIPDB Basis for Action Codes	213	364	264	435	477	799

Board		FY 2007		FY 2008		TOTAL	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
	HPIP Dismissal	12	6	7	8	19	14
	Inability Safely Prac-Impairment	28	28	38	34	66	62
	Inability Safely Prac-Incapacitated	17	2	10	7	27	9
	Inability To Safely Practice-Other			11	8	11	8
	Licensure Eligibility	45	55	26	28	71	83
	Neglect	39	22	73	32	112	54
	Other	11		11		22	
	Prescription Blanks	8	3	9		17	3
	Records Release	56	7	60		116	7
	Records/Inspections/Audits	2	1	4		6	1
	Reinstatement	19	29	10	11	29	40
	Relationship-Inappropriate	17	15	17	5	34	20
	Required Report Not Filed	279	10	110	20	389	30
	Self-Referral of Patients	2		2		4	
	Standard of Care-Consent Related	14		41	3	55	3
	Standard of Care-Diagnosis Related	153	10	249	25	402	35
	Standard of Care-Equip/Prod Related	5		7	1	12	1
	Standard of Care-Malpractice Reports	174	14	330	7	504	21
	Standard of Care-Med/Prescrip Related	97	12	156	61	253	73
	Standard of Care-Other	199		183	3	382	3
	Standard of Care-Surgery Related	129	15	252	11	381	26
	Standard of Care-Treatment Related	400	41	566	63	966	104
	Supervision-Neglect	10		21	4	31	4
	Unlicensed Activity	98	54	87	52	185	106
	zzz Drug Related			19	1	19	1
	zzz Standards of Care	1		262		263	
	zzz UnlicensAct-Aiding/Abetting			1		1	
Medicine Sum		2816	1005	3689	1176	6505	2181
Nurse Aide	Abandonment	22	14	37	21	59	35
	Abuse	193	91	274	112	467	203
	Action by Another Board/Entity	2	3	3	7	5	10
	Business Practices/Issues	4		5	8	9	8
	Compliance Tracking Number	21		11		32	
	Compliance-To Board	20	7	9	12	29	19
	Confidentiality-Breach	3		3	1	6	1
	Criminal Activity/Conviction	51	57	78	97	129	154
	Dishonored Check	27	45	21	33	48	78
	Drug Related-Obtaining Drugs by Fraud	9	9	13	12	22	21
	Drug Related-Other	1	2	1	1	2	3
	Drug Related-Personal Use	19	8	33	20	52	28
	Fraud	31	42	77	103	108	145
	HIPDB Basis for Action Codes	201	300	198	344	399	644
	HPIP Dismissal	14	9	2	3	16	12
	Inability Safely Prac-Impairment	9	12	18	19	27	31
	Inability Safely Prac-Incapacitated	9	8	10	11	19	19
	Inability To Safely Practice-Other	1		7	1	8	1
	Licensure Eligibility	26	35	30	37	56	72
	Misappropriation of Property	16	11	53	63	69	74
	Neglect	92	52	121	66	213	118
	Other	8	3	4	1	12	4
	Reinstatement	25	39	23	45	48	84
	Relationship-Inappropriate	3		4	3	7	3
	Standard of Care-Med/Prescrip Related			2		2	
	Standard of Care-Other	2	2			2	2
	Standard of Care-Treatment Related	92	20	63	22	155	42
	Supervision-Neglect	1				1	
	Unlicensed Activity	11	3	16	6	27	9
	zzz Drug Related			7	1	7	1
	zzz Standards of Care			11		11	
	zzz Unlicens Activity- Lapse/Exp			1		1	
Nurse Aide Sum		913	772	1135	1049	2048	1821
Nursing	Abandonment	14	6	26	11	40	17
	Abuse	68	23	97	17	165	40
	Action by Another Board/Entity	93	27	70	23	163	50
	Advertising-deceptive/misleading			2		2	
	Business Practices/Issues	26		37	1	63	1
	Compliance Tracking Number	96		100		196	
	Compliance-To Board	84	66	83	54	177	120
	Confidentiality-Breach	15	5	36	2	51	7
	Criminal Activity/Conviction	44	27	71	42	115	69
	Disclosure	1	1	2		3	1
	Dishonored Check	9	14	16	27	25	41

Board		FY 2007		FY 2008		TOTAL	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
	Drug Related- Security	1		5	1	6	1
	Drug Related-Excessive Rx/Dispensing	3		9	4	12	4
	Drug Related-Obtaining Drugs by Fraud	129	90	206	139	335	229
	Drug Related-Other	9	4	14	3	23	7
	Drug Related-Personal Use	79	46	93	47	172	93
	Fraud	87	50	165	65	252	115
	HIPDB Basis for Action Codes	331	484	425	616	756	1100
	HPIP Dismissal	35	29	58	44	93	73
	Inability Safely Prac-Imalment	94	95	114	76	208	171
	Inability Safely Prac-Incapitated	46	22	68	21	114	43
	Inability To Safely Practice-Other	4	2	35	14	39	16
	Licensure Eligibility	23	28	29	46	52	74
	Misappropriation of Property	6	1	13	4	19	5
	Neglect	94	44	140	45	234	89
	Other	11	2	7		18	2
	Prescription Blanks	5				5	
	Program or Facility Eligibility	1		1		2	
	Records Release	1		1		2	
	Records/Inspections/Audits			1		1	
	Reinstatement	34	49	31	50	65	99
	Relationship-Inappropriate	4	2	19	6	23	8
	Required Report Not Filed			1		1	
	Self-Referral of Patients			1		1	
	Solicitation	1				1	
	Standard of Care-Consent Related	3		1	1	4	1
	Standard of Care-Diagnosis Related	6	2	9		17	2
	Standard of Care-Equip/Prod Related			1		1	
	Standard of Care-IV/Blood Prod Related			2		2	
	Standard of Care-Malpractice Reports	4	2	13	1	17	3
	Standard of Care-Med/Prescrip Related	84	35	104	37	188	72
	Standard of Care-Other	9		3	1	12	1
	Standard of Care-Surgery Related			4		4	
	Standard of Care-Treatment Related	135	45	161	43	296	88
	Supervision-Neglect	24	2	33		57	2
	Unlicensed Activity	95	42	169	33	264	75
	zzz Action Other Bd-Disc Act			2	2	2	2
	zzz Drug Related			33	4	33	4
	zzz Standards of Care			40	2	40	2
Nursing Sum		1820	1245	2551	1482	4371	2727
Optometry	Abuse	1	2			1	2
	Advertising-deceptive/misleading	12	2	3	1	15	3
	Business Practices/Issues	18	9	21		39	9
	Compliance Tracking Number	8		5		13	
	Compliance-To Board	5	8	4	7	9	15
	Confidentiality-Breach	1	1	1		2	1
	Cont'd Competency Req.-not met	7		5		12	
	Criminal Activity/Conviction	2	4			2	4
	Drug Related-Obtaining Drugs by Fraud	2		1	2	3	2
	Drug Related-Personal Use			1	2	1	2
	Fraud	2	2			2	2
	HIPDB Basis for Action Codes	16	27	10	20	26	47
	Licensure Eligibility	4				4	
	Records Release	1		2	2	3	2
	Standard of Care-Diagnosis Related	2		6	5	8	5
	Standard of Care-Med/Prescrip Related	3		3	1	6	1
	Standard of Care-Other	1				1	
	Standard of Care-Treatment Related	7	4	9	5	16	9
	Unlicensed Activity	3	2	1	2	4	4
	zzz Standards of Care			5	2	5	2
Optometry Sum		95	61	77	49	172	110
Pharmacy	Abuse	1				1	
	Action by Another Board/Entity	10	5	7	3	17	8
	Business Practices/Issues	46	13	55	5	101	18
	Compliance Tracking Number	49		36		85	
	Compliance-To Board	21	21	14	11	35	32
	Confidentiality-Breach	8	1	6		14	1
	Cont'd Competency Req.-not met	55	8	2		57	6
	Criminal Activity/Conviction	7	7	16	10	23	17
	Dishonored Check	1	1			1	1
	Drug Related- Security	6	4	9	5	15	9
	Drug Related-Excessive Rx/Dispensing	17	8	12	2	29	10
	Drug Related-Obtaining Drugs by Fraud	23	34	51	36	74	70

Board		FY 2007		FY 2008		TOTAL	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
	Drug Related-Other	6	3	1		7	3
	Drug Related-Personal Use	11	9	14	9	25	18
	Fraud	11	3	13	3	24	6
	HIPDB Basis for Action Codes	89	141	82	124	171	265
	HPIP Dismissal	2				2	
	Inability Safety Prac-Impairment	6		5	2	11	2
	Inability Safety Prac-Incapacitated	5	1	3		8	1
	Inability To Safety Practice-Other			7	2	7	2
	Licensure Eligibility	2	1	3	2	5	3
	Misappropriation of Property	2	1	4	5	6	6
	Neglect	4				4	
	Other	3				3	
	Program or Facility Eligibility	1				1	
	Records Release			1		1	
	Records/Inspections/Audits	28	23	24	20	52	43
	Reinstatement	4	8	4	9	8	17
	Relationship-Inappropriate			2		2	
	Required Report Not Filed	1				1	
	Standard of Care-Equip/Prod Related			1		1	
	Standard of Care-Malpractice Reports	2		1		3	
	Standard of Care-Med/Prescrip Related	108	17	117	21	225	38
	Standard of Care-Other	6		5		11	
	Standard of Care-Treatment Related	3		5		8	
	Supervision-Neglect	2	1	1		3	1
	Unlicensed Activity	94	8	98	8	192	14
	zzz Drug Related			17	4	17	4
	zzz Standards of Care			28		28	
	zzz UnlicensAct-Aiding/Abetting			1		1	
Pharmacy Sum		634	314	643	281	1277	595
Physical Therapy	Abandonment	3				3	
	Abuse			3	1	3	1
	Action by Another Board/Entity	12	2	1		13	2
	Business Practices/Issues	4		2		6	
	Compliance Tracking Number	1		4		5	
	Confidentiality-Breach	3				3	
	Cont'd Competency Req.-not met	4				4	
	Criminal Activity/Conviction			1	1	1	1
	Drug Related-Obtaining Drugs by Fraud			1		1	
	Drug Related-Personal Use			1		1	
	Fraud	5	5	6		11	5
	HIPDB Basis for Action Codes	7	13	2	1	9	14
	Inability Safety Prac-Incapacitated	1	1			1	1
	Licensure Eligibility	19	3	2		21	3
	Neglect			1		1	
	Relationship-Inappropriate	1	2	1		2	2
	Standard of Care-Treatment Related	9		8		17	
	Supervision-Neglect	1				1	
	Unlicensed Activity	5		3		8	
	zzz Standards of Care			2		2	
Physical Therapy Sum		75	26	38	3	113	29
Psychology	Abandonment			1		1	
	Abuse	1				1	
	Action by Another Board/Entity			1	1	1	1
	Business Practices/Issues	4		30		34	
	Compliance Tracking Number	5		2		7	
	Compliance-To Board	1	1			1	1
	Confidentiality-Breach	3		3		6	
	Cont'd Competency Req.-not met	7	8	1		8	8
	Drug Related-Personal Use			1	1	1	1
	Fraud	1		3		4	
	HIPDB Basis for Action Codes	6	18	5	6	11	24
	Inability Safety Prac-Impairment	1		1		2	
	Inability Safety Prac-Incapacitated	1		1		2	
	Licensure Eligibility	1		1		2	
	Other	1		2		3	
	Records Release	2		5		7	
	Reinstatement	1	5		3	1	8
	Relationship-Inappropriate	3		6		9	
	Self-Referral of Patients			1	2	1	2
	Standard of Care-Diagnosis Related			6	2	6	2
	Standard of Care-Malpractice Reports			1		1	
	Standard of Care-Treatment Related	18		6	1	24	1

Board		FY 2007		FY 2008		TOTAL	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
	Unlicensed Activity	2	5	3		5	5
	zzz Standards of Care			2		2	
Psychology Sum		58	37	82	16	140	53
Social Work	Abuse			1		1	
	Action by Another Board/Entity	1				1	
	Business Practices/Issues	13	1	14		27	1
	Compliance Tracking Number	10				10	
	Compliance-To Board	3				3	
	Confidentiality-Breach	2		8	5	10	5
	Cont'd Competency Req.-not met	6	10			6	10
	Criminal Activity/Conviction	1				1	
	Drug Related-Personal Use	1	1			1	1
	Fraud	2		1		3	
	HIPDB Basis for Action Codes	11	16	8	12	19	28
	HPIP Dismissal	1	1	1	1	2	2
	Inability Safely Prac-Impairment			1		1	
	Inability Safely Prac-Incapacitated	1	1			1	1
	Licensure Eligibility			1		1	
	Other	1				1	
	Records Release	1		2		3	
	Reinstatement			2	2	2	2
	Relationship-Inappropriate	3	3	5		8	3
	Required Report Not Filed			1		1	
	Standard of Care-Diagnosis Related	2				2	
	Standard of Care-Treatment Related	8		6		14	
	Supervision-Neglect			2	2	2	2
	Unlicensed Activity	2		4	2	6	2
	zzz Standards of Care			2		2	
Social Work Sum		69	33	59	24	128	57
Veterinary Medicine	Abuse			1	1	1	1
	Action by Another Board/Entity			1	1	1	1
	Advertising-deceptive/misleading			1		1	
	Business Practices/Issues	40	7	35	1	75	8
	Compliance Tracking Number	29		18		45	
	Compliance-To Board	16	8	17	9	33	17
	Cont'd Competency Req.-not met	8	5			8	5
	Criminal Activity/Conviction			2	1	2	1
	Drug Related- Security	5	3	2	2	7	5
	Drug Related-Obtaining Drugs by Fraud	1	2	1	1	2	3
	Drug Related-Other	6	9	1	1	7	10
	Fraud	2	1	1		3	1
	HIPDB Basis for Action Codes	1	3			1	3
	HPIP Dismissal	1		2	1	3	1
	Inability Safely Prac-Impairment	1	3	1		2	3
	Inability Safely Prac-Incapacitated	2	2			3	2
	Licensure Eligibility	5	2	2	4	7	6
	Neglect	1				1	
	Other	2		1		3	
	Records Release	2		4	9	6	9
	Records/Inspections/Audits	9	14	6	6	15	20
	Reinstatement	1		1	3	2	3
	Standard of Care-Diagnosis Related	20	8	30	13	50	21
	Standard of Care-Med/Prescrip Related	7		7	2	14	2
	Standard of Care-Other			1		1	
	Standard of Care-Surgery Related	7	4	13	12	20	16
	Standard of Care-Treatment Related	96	38	97	57	193	95
	Supervision-Neglect	2				2	
	Unlicensed Activity	21	4	10	2	31	6
	zzz Offline	1				1	
	zzz Standards of Care			23	1	23	1
Veterinary Medicine Sum		286	113	277	127	563	249
Grand Total		7519	4117	10013	5030	17532	9147
1A single case may fall into more than one category.							
*More than one sanction may be imposed per case found in violation							

RATE OF COMPLIANCE WITH ESTABLISHED CASE STANDARDS*

Board	Fiscal Year 2001	Fiscal Year 2002	Fiscal Year 2003	Fiscal Year 2004	Fiscal Year 2005	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008
Audiology/Speech Pathology		100.0%	25.0%	40.1%	0.0%			75.00%
Counseling	90.0%	70.6%	71.1%	44.2%	78.1%	85.0%	33.33%	55.56%
Dentistry	63.3%	50.7%	57.1%	47.4%	37.5%	27.5%	23.53%	43.84%
Funeral Directing	57.7%	34.1%	41.2%	42.3%	58.5%	35.0%	42.86%	57.14%
Long Term Care Administrator	38.5%	50.0%	45.0%	63.6%	69.2%	43.5%	50.00%	88.89%
Medicine	37.6%	14.0%	32.3%	63.8%	59.4%	41.4%	21.00%	34.77%
Nurse Aide	76.6%	54.6%	43.5%	36.8%	62.0%	59.9%	58.27%	32.26%
Nursing	65.7%	57.3%	58.3%	60.0%	51.5%	61.5%	60.68%	48.27%
Optometry	55.4%	55.6%	33.3%	31.3%	42.1%	50.0%	60.00%	63.64%
Pharmacy	54.7%	63.0%	67.4%	73.7%	57.7%	53.6%	29.41%	50.00%
Physical Therapy	60.0%	0.0%	0.0%	62.9%	37.5%	75.0%	0.00%	54.55%
Psychology	73.1%	66.7%	77.1%	50.0%	78.8%	96.1%		75.00%
Social Work	76.5%	67.9%	86.7%	60.0%	77.6%	67.4%	50.00%	85.71%
Veterinary Medicine	63.0%	66.9%	68.0%	55.2%	47.9%	60.2%	33.33%	63.46%
						49.5%		
Agency Total	56.1%	39.8%	47.9%	50.2%	56.7%	49.5%	34.04%	41.68%

*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