



COMMONWEALTH of VIRGINIA

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Director

Department of Health Professions

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November 19, 2010

The Honorable Bruce F. Jamerson
Clerk of the House of Delegates
PO Box 406
Richmond, Virginia 23218

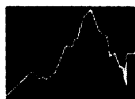
Dear Mr. Jamerson:

Pursuant to §54.1-114 of the Code, I am pleased to submit the Department of Health Professions' *2009-2010 Biennial Report*. Should you desire additional copies or further information, I will be happy to provide it upon request.

Very truly yours,

A handwritten signature in black ink that reads "D. Reynolds-Cane MD".

Dianne L. Reynolds-Cane, M.D.
Director



Virginia Department of
Health Professions



BOARDS

Audiology &
Speech Pathology

Counseling

Dentistry

Funeral Director &
Embalmers

Long Term Care
Administrators

Medicine

Nursing

Optometry

Pharmacy

Physical Therapy

Psychology

Social Work

Veterinary

Health Professions

PROGRAMS

Virginia Prescription
Monitoring
Program

Health Practitioners
Monitoring Pro-
gram

Healthcare Work-
force Data Center

SERVICES

Administrative
Proceedings
Enforcement
Policy

**2008 – 2010
Virginia
Department of Health
Professions
Biennial Report**

*Diane Reynolds-Cane, M.D.
Director, Department of Health Professions*



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October 2010

Dear Friend:

From 2008 to 2010 the Virginia Department of Health Professions (DHP) continued to distinguish itself as a leader among state agencies in its work to license, regulate and discipline nearly 350,000 healthcare practitioners in 80 professions. The *Department of Health Professions' 2008 – 2010 Report to Virginians* is a biennial summary of DHP's best practices, regulations promulgated and overviews from each of DHP's 13 health regulatory boards, the Board of Health Professions and special programs.

DHP is proud of its mission "to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."

Since our last report, DHP achieved a dramatic improvement in the length of time it takes to resolve disciplinary cases without sacrificing public safety. DHP is dependent on the work of its boards. As a result of board leadership today 94 percent of DHP disciplinary cases are reviewed and closed by health regulatory boards within 250 working days. For this accomplishment DHP earned the recognition of the Council for Virginia's Future (CVF).

From nursing to medicine to long term care to enforcement, executive directors of DHP boards and DHP division directors were tapped to serve in a variety of national leadership positions with agency-related professional organizations including the Counsel on Licensure, Enforcement And Regulation (CLEAR), Nurse Licensure Compact Administrators Group (NLCAG) and the National Association of Boards of Long-Term Care Administrators (NAB). Still others on the DHP management team received awards from national institutions including the Federation of State Medical Boards (FSMB).

As an early adapter of computer technology, DHP increased its online capabilities as part of ongoing efforts to better support the licensure and renewal process among the health professions in the Commonwealth. DHP's Prescription Monitoring Program implemented software to allow 24/7 access to prescription history for prescribers and dispensers providing a much needed tool to promote the legitimate medical use of controlled substances in the Commonwealth. DHP also launch its online Healthcare Workforce Data Center to extend the reach of workforce information gathered from licensees.

These matters have been especially important to the people of Virginia at a time when there is an increase in the number of emerging professions; there is a nationwide decline in the number of healthcare practitioners; and, the "baby boomer" generation needs more medical care.

Through the pages of this biennial report, DHP salutes its 186 board members who hail from diverse geographic locations and range from healthcare practitioners to citizens with non-medical backgrounds. They each volunteer their time and expertise to ensure licensees provide the public with safe and competent healthcare.

On behalf of DHP's board members, agency leadership, and staff, I look forward to continuing the Department's long tradition of service and innovation.

Sincerely,

A handwritten signature in black ink that reads "D. Reynolds-Cane MD".

Dianne L. Reynolds-Cane, M.D.
Director, Department of Health Professions

DEPARTMENT OF HEALTH PROFESSIONS

Dianne L. Reynolds-Cane, M.D., Director

Arne Owens, Chief Deputy Director

Mark Monson, Deputy Director for Administration

Patricia Paquette, Technology Director

Anita B. Watkins, Accounting Director

James L. Banning, Director of Administrative Proceedings Division

Lorraine B. McGehee, Deputy Director, Administrative Proceedings Division

Anne G. Joseph, Deputy Director, Administrative Proceedings Division

Faye T. Lemon, R.N., Director for Enforcement

J. Samuel Johnson, Jr., R. Ph., Deputy Director of Enforcement

Deborah S. Barnett, Director of Human Resources

Wanda Mickens, Assistant Director of Human Resources

Elaine J. Yeatts, Senior Policy Analyst

Elizabeth A. Carter, Ph.D., Director, Virginia Healthcare Workforce Data Center

Diane Powers, Director of Communication

BOARDS

Audiology & Language-Speech Pathology

Leslie L. Knachel, Executive Director

Counseling

Evelyn B. Brown, Executive Director

Patricia L. Larimer, Deputy Executive Director

Catherine Chappell, Deputy Executive Director—Licensing

Dentistry

Sandra K. Reen, Executive Director

Richard A. Heaberlin, Deputy Executive Director

Funeral Directors & Embalmers

Lisa R. Hahn, Executive Director

Lynn Helmick, Deputy Executive Director

Health Professions

Elizabeth A. Carter, Ph.D., Executive Director

Long Term Care Administrators

Lisa R. Hahn, Executive Director

Lynn Helmick, Deputy Executive Director

(Continued on page ii)

(Continued from page ii)

Medicine

William L. Harp, M.D., Executive Director
Jennifer Deschenes, J.D., Deputy Executive Director,
Ola Powers, Deputy Executive Director

Nursing

Jay P. Douglas, R.N., M.S.M., C.S.A.C., Executive Director
Jodi P. Power, R.N., J.D., Deputy Executive Director
Gloria D. Mitchell, R.N., M.S.N, M.B.A., Deputy Executive Director
Paula B. Saxby, R.N., Ph.D., Deputy Executive Director
Jessica Ressler, R.N., Nurse Education Consultant

Optometry

Leslie L. Knachel, Executive Director

Pharmacy

Caroline D. Juran, R. Ph., Acting Executive Director
Cathy Reiners-Day, Deputy Executive Director

Physical Therapy

Lisa R. Hahn, Executive Director
Lynn Helmick, Deputy Executive Director

Psychology

Evelyn B. Brown, Executive Director
Patricia L. Larimer, Deputy Executive Director
Catherine Chappell, Deputy Executive Director—Licensing

Social Work

Evelyn B. Brown, Executive Director
Patricia L. Larimer, Deputy Executive Director
Catherine Chappell, Deputy Executive Director—Licensing

Veterinary Medicine

Leslie L. Knachel, Executive Director

PROGRAMS:

Health Care Practitioners Monitoring Program
Peggy Wood, Intervention Program Manager

Prescription Monitoring Program
Ralph Orr, Program Manager

Virginia Healthcare Workforce Data Center
Elizabeth A. Carter, Ph.D., Executive Director

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Perimeter Center
9960 Mayland Drive
Richmond, Virginia 23233-1463

Dianne L. Reynolds-Cane, M.D., Director

BIENNIAL REPORT

**DEPARTMENT OF
HEALTH PROFESSIONS**

FOR THE FISCAL YEARS

JULY 1, 2008 to JUNE 30, 2009

And

JULY 1, 2009 to JUNE 30, 2010

Phone: 804-367-4400

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<p>MISSION</p>	<p>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.</p>
<p>VISION</p>	<p>To face the challenges of an increasingly complex health care environment by:</p> <ul style="list-style-type: none"> • 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

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.

2009-2010 Biennial Report

This report has been prepared in accordance with 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 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, and
3. disciplinary case staffing levels.

Healthcare issues of concern to the Department of Health Professions during the fiscal years 2009 and 2010, 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 13 individual health regulatory boards, the Prescription Monitoring Program, the Health Practitioners monitoring Program, and the Virginia Healthcare Workforce Data Center, 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

<p>Introduction</p>	<p>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.</p>
<p>Department of Health Professions</p>	<p>The Department of Health Professions supports the boards through several means. Some of the agency staff serve in a direct support role for the individual boards. In addition, the agency provides central staff to address administrative and disciplinary functions. The agency also provides automated systems and financial, budget, and human resources management support.</p> <p>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 <i>Code of Virginia</i>, 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 Monitoring Program (HPMP), Prescription Monitoring Program (PMP), and Virginia Health Care Workforce Data Center (HWDC).</p>
<p>Health Regulatory Boards</p>	<p>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.</p> <p>During the biennium, the boards regulated more than 325,000 health professionals, facilities, and other entities when measured by end of year date comparisons. When comparing June 30 licensee totals, it would indicate the number of professionals regulated by these boards has increased by almost ten percent (9.7%) over the prior biennium and about 31 percent (31.3%) 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 the boards and the professions they regulate are contained in separate chapters of this report.</p> <p>The Governor appoints all board members, and most are health professionals licensed by the boards to which they are appointed. In addition all boards have one to five citizen members. Board members serve four-year terms and cannot serve more than two successive full terms.</p> <p>Each of the 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.</p> <p>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 or certified profession, one must hold a permit provided by one of the regulating boards. However, some professions are afforded title protection, only. Practice is not restricted, but these professions may only represent themselves to the public according to the credentials required by statute and regulation.</p>

Health Regulatory Boards (continued)	<p>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.</p> <p>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.</p> <p>The following information highlights the primary issues and accomplishments for this biennium for each of the boards within the Department as well as the Department's Administrative Proceedings Division, Enforcement Division, Health Practitioners Monitoring Program, Prescription Monitoring, and Virginia Healthcare Workforce Data Center programs. For more information on board and programmatic subjects, links are provided on the Department's website: http://www.dhp.virginia.gov</p>
Board Staff	<p>Each of the 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 the Board of Audiology and Speech Language Pathology is also responsible for the Board of Optometry and the Board of Veterinary Medicine. Also, a single Executive Director is responsible for the Boards of 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.</p>
Board of Health Professions	<p>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.</p>
Enforcement Division	<p>Staff of the Enforcement Division provides complaint receipt, investigation, inspection and monitoring services for the agency. This division includes: investigators, both central and field staff who investigate allegations regarding health care professionals, and; inspectors who conduct routine inspections of pharmacies, veterinary facilities and funeral establishments. At the conclusion of the biennium, DHP employed 53 Investigators and nine inspectors.</p>

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Administrative Proceedings	<p>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 two interns.</p>
Automated Systems	<p>The Data Division is responsible for implementing and supporting agency mission critical automated systems, web sites, related computerized applications, and technology operations and production services for the agency and all the boards. This division has 11 staff positions and is managed by a Technology Director who has passed the Commonwealth's qualifications to manage technology projects over a million dollars. IT infrastructure on which the agency's system runs is owned and managed by Northrop Grumman under contract to the Commonwealth's Virginia Information Technology Agency (VITA).</p> <p>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.</p>
Finance	<p>All of the agency's support serviced, including budgeting, accounting, contracting, and purchasing activities are provided by Administration. This function is managed by the Deputy Director for Administration and employs 15 full-time staff. Administration also manages the contract for the in-house copy center and mailroom.</p>
Human Resources	<p>The Human Resource Division's operations are centralized, providing managers with assistance related to recruitment and selection, employee benefits, classification and compensation, employee training and development, and policy guidance. Human Resources is comprised of three full-time and one wage employee.</p>

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<p>Department of Health Professions Funding</p>	<p>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 <i>Code of Virginia</i> 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, and Virginia Workforce Investment Act grant funding to establish the new Healthcare Workforce Data Center.</p> <p>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 \$13.43 million in the last biennium, followed very closely by the Board of Nursing with \$13.19million. Together the two boards represent approximately 64% of total revenues and 60% of total expenditures.</p>
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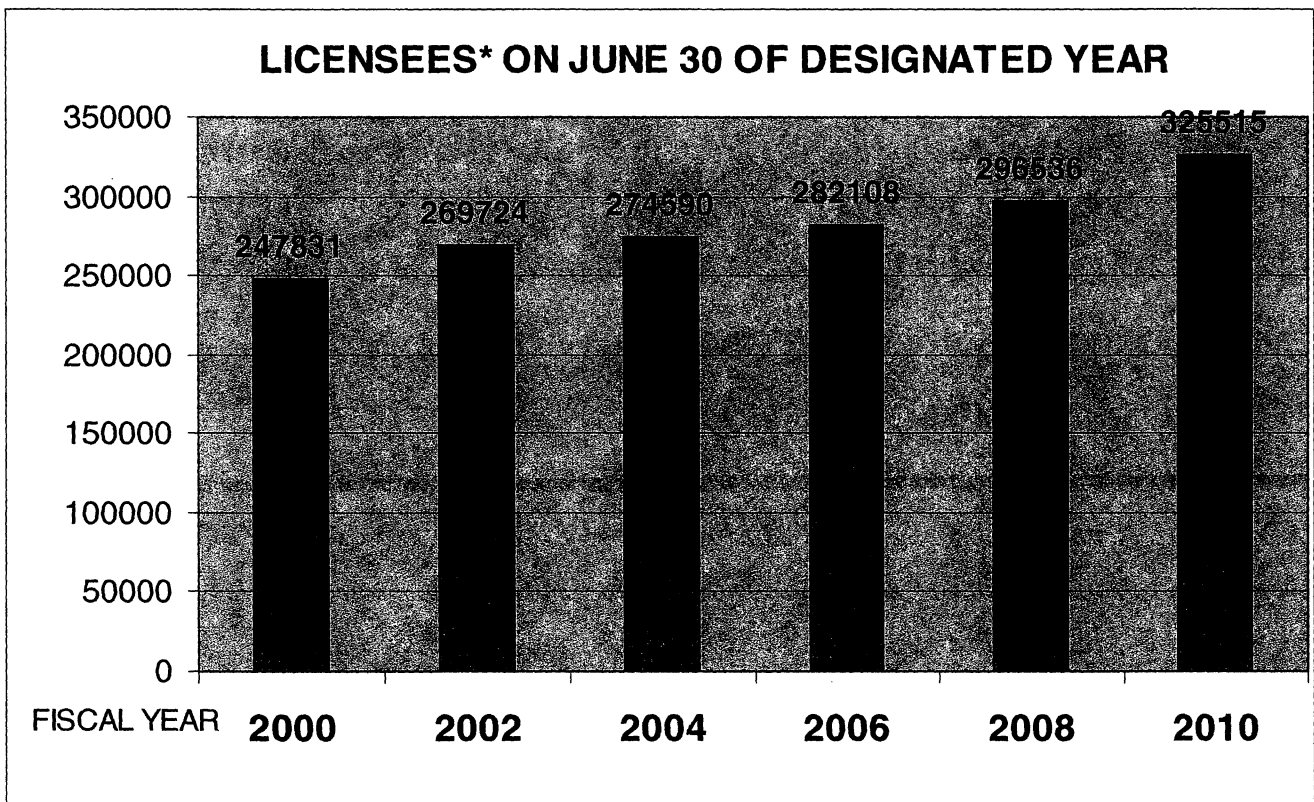
Biennial Revenue and Expenditures

July 1, 2008 through June 30, 2010

	Revenue	Percentage	Expenditures	Percentage
Audiology and Speech Pathology	483,450	1.10%	342,989	0.70%
Certified Nurse Aides	2,867,157	6.40%	3,805,234	8.10%
Counseling	934,807	2.10%	892,167	1.90%
Dentistry	4,330,988	9.70%	3,800,155	8.00%
Funeral Directors and Embalmers	1,033,667	2.30%	1,076,816	2.30%
Long-Term Care Administrators	418,835	0.90%	499,731	1.10%
Medicine	13,433,789	30.00%	13,436,601	28.40%
Miscellaneous	118,893	0.30%	116,743	0.20%
Nurse Scholarship		0.00%	120,189	0.30%
Nursing	13,191,997	29.40%	14,047,263	29.70%
Octagon	9,195	0.00%	152	0.00%
Optometry	327,053	0.70%	635,396	1.30%
Pharmacy	3,888,889	8.70%	4,088,932	8.70%
Physical Therapy	503,090	1.10%	674,752	1.40%
Prescription Monitoring	704,133	1.60%	707,878	1.50%
Psychology	661,166	1.50%	668,037	1.40%
Social Work	672,770	1.50%	707,483	1.50%
Veterinary Medicine	1,261,815	2.80%	1,644,585	3.50%
Total Revenue	44,841,694	100.00%	47,265,103	100.00%

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Continued Growth	<p>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, 2010, the end of the biennium. The increase over the previous biennium is approximately 9.7%.</p> <p>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.</p>
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*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 Monitoring, and Prescription Monitoring and Virginia Healthcare Workforce Data Center programs. For more information on board and programmatic subjects, links are provided on the Department's website: <http://www.dhp.virginia.gov>

BOARD PERFORMANCE MEASURES

EXPLANATION OF KEY MEASURES	<p>In order to uphold its mission relating to discipline, DHP continually assesses and reports on performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. These three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload; Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement.</p> <p>Two additional KPMs have been implemented to aid management in assessing its performance in the area of licensure. Applicant Satisfaction and Initial Applications Processed within 30 Days assist management in fulfilling its mission relating to timely and customer service oriented licensure processing.</p> <p>Variation of percentages within boards that handle a small number of cases tends to be greater.</p>
CLEARANCE RATE	<p>The CLEARANCE RATE is the number of closed cases as a percentage of the number of received cases during the same time period. A 100% clearance rate means that the agency is closing the same number of cases as it receives. DHP's goal was to achieve a 100% clearance rate of allegations of misconduct by the end of FY 2009 and maintain 100% through the end of FY 2010.</p>
AGE OF PENDING CASELOAD	<p>The AGE OF PENDING CASELOAD measures the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases to aid management in providing specific closure targets. The goal was to reduce the percentage of open patient care cases older than 250 business days to no more than 25% by the end of FY 2010.</p>
TIME TO DISPOSITION	<p>TIME TO DISPOSITION is the percent of patient care cases closed within 250 days during the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal was to resolve 90% of cases related to patient care within 250 business days by the end of FY2010.</p>
APPLICANT SATISFACTION	<p>APPLICANT SATISFACTION is calculated using the results of surveys sent to each initial applicant. The number of positive responses is compared to the total number of responses to calculate the percentage of positive responses.</p>
INITIAL APPLICATIONS PROCESSED WITHIN 30 DAYS	<p>Derived from an electronic check-list tracking system, INITIAL APPLICATIONS PROCESSED WITHIN 30 DAYS was implemented to assess the timely completion of the licensing process, assuring that, once all paperwork is submitted, applicants are promptly issued their licenses to enter the workforce. The 30-day measure was obtained from the results of a manual audit of licenses issued during the second quarter of FY07 which showed 96.8% were issued within 30 days of receipt of all necessary materials.</p>

BOARDS

AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

KEY MEASURES	CLEARANCE RATE	AGE OF PENDING CASELOAD	TIME TO DISPOSITION	APPLICANT SATISFACTION	INITIAL APPLICATIONS PROCESSED WITHIN 30 DAYS	
	QUARTER ENDING					
	9/30/2008	N/A	33.0%	0.0%	97.1%	100.0%
	12/31/2008	600.0%	0.0%	80.0%	94.4%	100.0%
	3/31/2009	N/A	0.0%	N/A	100.0%	100.0%
	6/30/2009	N/A	N/A	100.0%	N/A	100.0%
	9/30/2009	N/A	0.0%	N/A	89.7%	100.0%
	12/31/2009	N/A	0.0%	N/A	100.0%	100.0%
	3/31/2010	100.0%	0.0%	100.0%	33.3%	100.0%
	6/30/2010	50.0%	0.0%	100.0%	100.0%	100.0%
OPPORTUNITIES & INNOVATIONS	<p>The Board of Audiology and Speech-Language Pathology has been actively collecting e-mail addresses for each licensee in order to communicate using a more efficient and cost effective method.</p> <p>The Board adopted a Sanctioning Reference Points Instruction Manual for use in discipline cases related to the practice of audiology and speech-language pathology.</p>					
REGULATORY ACTIONS	<p>There was a one-time fee reduction for the December 2009 renewal.</p>					
CHALLENGES & SOLUTIONS	<p>The Board experienced an increase in the number of discipline cases as a result of speech-language pathologists practicing with an expired license following the December 2009 renewal cycle. In order to address this noted increase, e-mail renewal reminders are being explored.</p>					
ADDITIONAL ISSUES	<p>The Board implemented regulations related to issuing provisional licenses for audiologists.</p> <p>To monitor continuing competency of board licensees, the Board conducted a random continuing education audit for the 2008 and 2009 renewal cycle.</p>					

(Continued on page 31)

COUNSELING

KEY MEASURES	CLEARANCE RATE	AGE OF PENDING CASELOAD	TIME TO DISPOSITION	APPLICANT SATIFATION	INITIAL APLICATIONS PROCESSED WITHIN 30 DAYS	
	9/30/2008	71.0%	0.0%	100.0%	83.3%	100.0%
	12/31/2008	55.0%	0.0%	100.0%	87.7%	100.0%
	3/31/2009	167.0%	0.0%	100.0%	81.5%	100.0%
	6/30/2009	225.0%	9.0%	100.0%	100.0%	100.0%
	9/30/2009	63.0%	8.0%	100.0%	80.8%	100.0%
	12/31/2009	38.0%	24.0%	100.0%	92.9%	100.0%
	3/31/2010	100.0%	15.0%	100.0%	80.9%	100.0%
	6/30/2010	127.0%	11.0%	93.0%	82.5%	100.0%
REGULATORY ACTIONS	<p>There was a one-time fee reduction for the June 2010 renewal for all professions regulated. In response to a petitioner's request, the American Association of Pastoral Counselors (AAPC) was added to the list of organizations approved to provide continuing education for professional counselors and marriage and family therapists and to offer training for persons who want to qualify to supervise a residency.</p> <p>Regulations for the three licensed professions were clarified relating to: 1) clinical practice experience required for licensure by endorsement by specifying that the experience must be post-licensure; and 2) reporting requirements for licensees who know or suspect violations by another licensee.</p> <p>After a periodic review, the Board amended regulations for substance abuse counselors and assistants to update and clarify regulations that are not clearly understood or specific, to allow more flexibility in acquiring supervised experience required for certification, and to specify the board-approved list of organizations that may offer educational opportunities.</p>					

DENTISTRY

KEY MEASURES	CLEARANCE RATE	AGE OF PENDING CASELOAD	TIME TO DISPOSITION	APPLICANT SATISFACTION	INITIAL APPLICATIONS PROCESSED WITHIN 30 DAYS	
	9/30/2008	202.0%	45.0%	81.0%	93.5%	99.6%
	12/31/2008	169.0%	33.0%	67.0%	97.5%	100.0%
	3/31/2009	130.0%	26.0%	82.0%	90.5%	100.0%
	6/30/2009	140.0%	12.0%	85.0%	100.0%	100.0%
	9/30/2009	106.0%	8.0%	94.0%	95.6%	100.0%
	12/31/2009	83.0%	8.0%	97.0%	92.9%	100.0%
	3/31/2010	109.0%	9.0%	93.0%	98.0%	100.0%
	6/30/2010	98.0%	7.0%	96.0%	98.6%	100.0%
OPPORTUNITIES & INNOVATIONS	<p>In response to requests from licensees, the Board researched and developed detailed guidance on the legal requirements for the administration of controlled substances in dental practices. Guidance is provided on who might administer the drugs and on the responsibilities of a person charged with monitoring a patient who is under sedation or general anesthesia. This guidance was adopted as Guidance Document 60-13.</p>					
REGULATORY ACTIONS	<p>Pursuant to statutory mandates, the Board promulgated the following regulations:</p> <ol style="list-style-type: none"> 1) Regulations for the registration and practice of Dental Assistants II, a new mid-level dental care provider in Virginia, will permit nationally certified dental assistants to enter the training needed to qualify for registration then perform the reversible intraoral procedures specified in the regulations. 2) Operators of mobile dental clinics or portable dental practices are now required to certify their compliance with health and safety standards and to report where they will practice as well as the names of the dentists and dental hygienists they employ in order to register to provide dental services in Virginia. 3) Licensees sanctioned for violations of the laws and regulations governing practice will be assessed the costs the Board incurs for investigations and monitoring. The regulations set out the rules and procedures the Board will follow to recover the costs, up to \$5,000, associated with disciplinary action. <p>These three regulatory actions remained in executive branch review as of June 30, 2010.</p> <p>The Board completed a lengthy periodic review of regulations and decided that structural and substantive changes were needed throughout its regulations. The changes being advanced include the separation of Chapter 20 into three chapters for dentists, dental hygienists, and dental assistants.</p>					

(Continued from previous page)

<p>CHALLENGES & SOLUTIONS</p>	<p>Over many years the Board has been challenged by its licensees to provide information on a regular basis about the legal requirements for practice and about the work of the Board. In response, the Board moved away from the traditional newsletter format and began issuing BRIEFS. The new format is to briefly introduce a subject then refer or link the reader to source documents such as minutes, guidance documents, laws and regulations for more information and limiting the content to two pages. This streamlined format is the foundation of the Board's plan to publish BRIEFS twice a year.</p>
<p>ADDITIONAL ISSUES</p>	<p>The Board advanced a legislative proposal to require dentists to obtain a permit in order to administer conscious/moderate sedation and deep sedation/general anesthesia in a dental practice. If passed, this proposal would advance patient safety by assuring that licensees have obtained the necessary education and training to safely administer controlled substances and to perform life saving interventions when adverse reactions occur.</p>

FUNERAL DIRECTORS & EMBALMERS

KEY MEASURES	CLEARANCE RATE	AGE OF PENDING CASELOAD	TIME TO DIPOSTION	APPLICANT SATISFACTION	INITIAL APPLICATIONS PROCESSED WITHIN 30 DAYS	
	QUARTER ENDING					
	9/30/2008	75.0%	0.0%	100.0%	88.9%	100.0%
	12/31/2008	67.0%	0.0%	100.0%	100.0%	100.0%
	3/31/2009	25.0%	10.0%	100.0%	N/A	100.0%
	6/30/2009	40.0%	8.0%	100.0%	N/A	100.0%
	9/30/2009	100.0%	0.0%	100.0%	55.6%	100.0%
	12/31/2009	150.0%	0.0%	100.0%	N/A	100.0%
	3/31/2010	150.0%	0.0%	100.0%	N/A	100.0%
	6/30/2010	33.0%	13.0%	100.0%	100.0%	100.0%
OPPORTUNITIES & INNOVATIONS	<p>The timely completion of a death certificate represents the last act of patient care. Although physicians are statutorily required to sign a death certificate within 24 hours many are not abiding by the law. Unfortunately, there are frequent delays occurring in this process across the Commonwealth causing real problems in many communities. This is rapidly becoming an urgent public health issue. The death certificate serves many purposes for the survivors of the deceased. This legal permanent record of vital information including demographics and the cause and manner of death is required for the survivors to be able to cremate or bury their loved one, move their loved one's body out of state for final disposition, access and close bank accounts, probate a will, settle an estate and obtain proceeds from life insurance policies. The importance of the death certificate lies in the ability of the family to complete these arrangements with ease during difficult and challenging times. Without a signed death certificate, families and funeral home personnel cannot finalize funeral plans.</p> <p>The Board of Funeral Directors and Embalmers took the initiative to bring together many stakeholders to resolve the problem of physicians not signing death certificates in a timely manner. Multiple action steps toward resolving the ongoing issue of timely completion and signatures of death certificates through education and training were implemented. Proposed legislation was developed to expand the pool of persons authorized to sign death certificates to include nurse practitioners, physician assistants and hospitalists.</p>					
CHALLENGES & SOLUTIONS	<p>The profession is regulated by several entities (seven state and federal along with the board's three sets of regulations and the Code). This creates confusion for many funeral licensees.</p> <p>The board has a high volume of calls and these calls are not typically routine in nature.</p> <p>The Board is currently working on preneed issues and changes to the internship program and working collaboratively with the mortuary schools.</p> <p>We have seen an increase in forgery cases related to death certificates.</p> <p>The licensure and renewal fees need to be increased in order for the board to operate. A NOIRA has been issued regarding the fee increase.</p>					
ADDITIONAL ISSUES	<p>The Board has streamlined the process regarding the submission of documentation for continuing education provider approval by requiring that all course work be submitted to the board electronically. This has eliminated the need to reproduce the material for the board's review, reduced paper accumulation and increased manual file space.</p>					

HEALTH PROFESSIONS

<p>OPPORTUNITIES & INNOVATIONS</p>	<p>In response to the rapidly evolving nature of health care and attendant expansion of professions to meet the growing demand for services identified in the previous biennium, the Board of Health Professions instituted a formal review of emerging professions beginning in 2008. During the past two years, an unprecedented twelve (12) Emerging Professions studies were launched in addition to the Board's continued Sanction Reference research, Allied Health Board review and legislative studies from the 2010 Session of the General Assembly requesting the Board to examine the need to regulate Kinesiotherapists (Senate Letter and SB573 and 727), to evaluate the advisability of Expanding Medication Aides into Nursing Homes (HJ 90) and on the need for regulation of Medical Laboratory Scientists and Technicians at the request of Delegate John O'Bannon.</p>
<p>CHALLENGES & SOLUTIONS</p>	<p>The increased volume and level of research proficiency necessary to successfully conduct these reviews was made possible through the assistance of consultants, Virginia Commonwealth University L. Douglas Wilder School Graduate Scholars Fellows, Governor's Fellows and the support of William and Mary Law School Interns.</p>
<p>ADDITIONAL ISSUES</p>	<p>Prior to November 2009, the Board of Health Professions' Executive Director and operations staff were shared with the Board of Optometry and Board of Veterinary Medicine. A reorganization to provide greater support for the boards resulted in an additional Executive Director position for the agency for the Boards of Optometry, Veterinary Medicine and Audiology and Speech-Language Pathology. This position freed up the BHP Executive Director to place greater focus on BHP and to assume new duties as the Director of the DHP Healthcare Workforce Data Center.</p>

LONG-TERM CARE ADMINISTRATORS

KEY MEASURES	CLEARANCE RATE	AGE OF PENDING CASELOAD	TIME TO DISPOSITION	APPLICANT SATISFACTION	INITIAL APPLICATIONS PROCESSED WITHIN 30 DAYS	
	QUARTER ENDING					
	9/30/2008	N/A	0.0%	100.0%	83.3%	100.0%
	12/31/2008	33.0%	0.0%	100.0%	96.6%	100.0%
	3/31/2009	50.0%	0.0%	100.0%	98.0%	100.0%
	6/30/2009	43.0%	0.0%	100.0%	100.0%	100.0%
	9/30/2009	31.0%	0.0%	100.0%	85.7%	100.0%
	12/31/2009	56.0%	0.0%	100.0%	100.0%	100.0%
	3/31/2010	77.0%	0.0%	100.0%	100.0%	100.0%
	6/30/2010	100.0%	5.0%	100.0%	100.0%	100.0%
OPPORTUNITIES & INNOVATIONS	<p>The Board of Long Term Care Administrators established regulations requiring Assisted Living Facilities to have licensed Administrators as of January 2, 2009. All candidates for licensure must take and pass the national examination and complete an ALF Administrator in Training Program before licensure is granted.</p>					
REGULATORY ACTIONS	<p>(2008) Effective July 24, 2008, regulations for Nursing Home Administrators eliminated the state jurisprudence examination, for licensure by examination, and increased the number of Internet or self-study courses that may be obtained for continuing education. This increase went from 5 hours to up to 10 of the required 20 hours of continuing education that may be obtained through Internet or self-study courses.</p> <p>(2009) Effective January 2, 2009 Virginia required that all assisted living facilities licensed to provide assisted living care must have a Virginia licensed Assisted Living Facility Administrator. All candidates for licensure now must take and pass the national examination and complete an ALF Administrator-in-Training Program before licensure is granted.</p> <p>(2010) Proposed legislation for the board to amend and reenact § 54.1-3103.1 of the Code of Virginia pertaining to issuance of a temporary registration for an administrator of a facility licensed by the board of Long-Term Care.</p> <p>(2010) – A fee increase is necessary in order to have sufficient revenue to offset increased expenditures. A Notice of Intended Regulatory Action has been submitted.</p>					
CHALLENGES & SOLUTIONS	<p>Section 54.1-3103.1 of the Code of Virginia requires all assisted living facilities to be under the supervision of a licensed administrator. However, if a licensed administrator dies, becomes ill, resigns, or is discharged, the law allows for a 90 day temporary person to be appointed as an administrator.</p> <p>Assisted Living Facilities have appointed individuals that do not have the qualifications to become licensed administrator. This would not be a problem if the facility was taking the 90 days to attempt to find a licensed administrator but instead they are attempting to have the unqualified person remain in this position until discovered by a Department of Social Services inspector. Usually once discovered by the inspector, the unlicensed administrator applies to begin an AIT program. However, there have been cases when the unlicensed administrator did nothing to pursue licensure even after multiple DSS citations.</p> <p>The current legislative proposal pertaining to issuance of a temporary registration would relieve DSS of the responsibility and place it on the Board of Long Term Care Administrators to monitor the licensure status of the administrator when a facility is under the supervision of an unlicensed administrator.</p>					
ADDITIONAL ISSUES	<p>Regarding the necessary increase in fees, the board has seen a tremendous increase in disciplinary cases and associated costs within the past year.</p>					

MEDICINE

KEY MEASURES	CLEARANCE RATE	AGE OF PENDING CASELOAD	TIME TO DISPOSITION	APPLICANT SATISFACTION	INITIAL APPLICATIONS PROCESSED WITHIN 30 DAYS	
	QUARTER ENDING					
	9/30/2008	186.0%	26.0%	92.0%	93.5%	99.9%
	12/31/2008	110.0%	18.0%	94.0%	93.2%	100.0%
	3/31/2009	82.0%	13.0%	94.0%	92.7%	100.0%
	6/30/2009	128.0%	12.0%	95.0%	93.8%	100.0%
	9/30/2009	93.0%	12.0%	96.0%	95.5%	100.0%
	12/31/2009	91.0%	8.0%	94.0%	95.7%	100.0%
	3/31/2010	116.0%	9.0%	96.0%	97.4%	100.0%
	6/30/2010	122.0%	10.0%	94.0%	96.4%	99.9%

<p>OPPORTUNITIES & INNOVATIONS</p>	<p>With 1500-2000 complaints against its licensees per year, the Board of Medicine struggled to be timely in its probable cause review efforts. The review system in place had served the Board for many years, but the mandate for resolution of 90% of patient care cases within 250 days called for a more streamlined, yet effective approach. Nine days before the beginning of the FY2008-2010 biennium, the Board of Medicine voted to delegate unprecedented authority to Board staff to forward all cases for discipline and to close all except for higher priority ones. Priority A and B cases would still require review by a Board member for closure. This decision circumvented the need to hold cases open until reviewed by a Board member, streamlined the process overall while still providing the same level of protection of the public in a more timely manner. The Board of Medicine met the 90% goal in the first quarter of FY2009.</p>
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<p>REGULATORY ACTIONS</p>	<p>Chapters 64 and 89 (HB383 and SB134) of the 2008 Acts of the Assembly compel the Board of Medicine to establish requirements for the licensure of occupational therapy assistants. The key provisions of the regulations were the national credential specified for licensure, the requirements for continuing competency and renewal, the provisions for supervision of occupational therapy assistants (OTA), and the parameters for practice.</p> <p>The following regulations remain in Executive Branch review as of July 1, 2010: As a result of a periodic review of regulations governing the practice of medicine, osteopathic medicine, podiatry and chiropractic, the Board proposed amendments to update and clarify terminology, eliminate the requirement for applicants discharged by the military to submit discharge papers, eliminate the limitation on the number of times an intern or resident can renew a license, eliminate the Continued Competency Activity and Assessment Form, and create an exception to the 10-hour definition of immediate use for drugs in fat emulsions that are mixed, diluted or reconstituted.</p> <p>Amendments to regulations governing the practice of radiologic technology to encompass the new profession of radiologist assistants (RA's) were proposed. Amendments are adopted to specify the requirements for the licensure of RA's, including the education and examination that will assure minimum competency to practice; provisions for applicant and licensure fees; requirements for renewal and reinstatement, to include some evidence of continuing competency to practice, and provisions for scope of practice, including supervision by a doctor of medicine or osteopathic medicine with a specialty in radiology.</p> <p>Pursuant to a legislative mandate, the Board approved proposed regulations to require licensed midwives to disclose to their clients, when certain antepartum or intrapartum conditions exist, options for consultation with and referral to a physician and evidence-based information on health risks associated with a home birth.</p>
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<p>CHALLENGES & SOLUTIONS</p>	<p>In FY 2008, the Board of Physical Therapy determined that “dry needling” was within the purview of its scope of practice. This determination raised concerns in the acupuncture community in terms of a possible collision of scopes of practice. The matter was addressed by a joint meeting of representatives of the Board of Physical Therapy and the Advisory Board on Acupuncture. The result was a Physical Therapy Guidance Document that distinguished dry needling from acupuncture.</p> <p>In FY2008 the Board of Medicine was advised that expenditures on postage had to be limited. A further restriction on printing of materials was imposed in FY2009. In response to these limitations, the Board sent its newsletter electronically to approximately 26,500 licensees that had filed e-mail addresses with the Department of Health Professions. All licensees are being encouraged to provide an e-mail address for receipt of information from the Board.</p> <p>In FY2010 the Advisory Board on Respiratory Care responded to a request to consider the interface of the laws and regulations that govern the practice of respiratory care and those that govern the delivery of respiratory home health equipment. Points of overlap not clearly addressed in the law were noted.</p> <p>The Board of Medicine welcomed two new professions during the biennium, Occupational Therapy Assistants and Radiologist Assistants. In the development of regulations for both professions, the finer points of education, scope of practice and supervision got much discussion. The Advisory Boards were aided in their work by many knowledgeable stakeholders that took the time to attend the meetings and contribute their expertise.</p>
<p>ADDITIONAL ISSUES</p>	<p>The Board of Medicine experienced a significant amount of turnover in its composition during the biennium. New appointments to the Board included William Epstein, MD (9th Congressional District), Stuart Mackler, MD (2nd), Wayne Reynolds, DO, Jennifer Lee, MD (8th), Deeni Bassam, MD (10th) and Mike Signer, JD, PhD.</p> <p>Board staff participated with the Prescription Monitoring Program in the presentation of educational conferences on pain management, addiction and proper prescribing in Norfolk, Fairfax and Charlottesville.</p> <p>Board staff served on the Physician Advisory Committee of the DHP Healthcare Workforce Data Center’s Advisory Council to assist with the development of the survey instrument for physicians, identify sources of existing data, determine best approaches in data-gathering and the most accurate and user-friendly ways to present it.</p> <p>The Board has had a busy biennium in defending its decisions in state and federal courts. The Board’s decisions have been upheld in all instances in FY2008-2010.</p> <p>Throughout the biennium, the Virginia Academy of Physician Assistants has engaged the Advisory Board on Physician Assistants and the Board of Medicine in discussions of the 4th visit rule, wherein the supervising physician must see a patient at least every 4th visit. VAPA seeks a change in the regulation such that individuals being followed for chronic conditions and are stable need not be seen as frequently by the supervising physician.</p> <p>The day-to-day operations of the Call Center and Physician Profiling were moved to the Data Section of the Department of Health Professions in FY2008.</p>

NURSING

KEY MEASURES	CLEARANCE RATE	AGE OF PENDING CASELOAD	TIME TO DISPOSITION	APPLICANT SATISFACTION	INITIAL APPLICATIONS PROCESSED WITHIN 30 DAYS	
	QUARTER ENDING					
	9/30/2008	102.0%	18.0%	80.0%	93.6%	100.0%
	12/31/2008	135.0%	11.0%	83.0%	94.3%	100.0%
	3/31/2009	124.0%	9.0%	88.0%	96.2%	100.0%
	6/30/2009	102.0%	7.0%	90.0%	98.1%	100.0%
	9/30/2009	93.0%	3.0%	95.0%	95.9%	100.0%
	12/31/2009	97.0%	6.0%	92.0%	97.3%	100.0%
	3/31/2010	112.0%	6.0%	96.0%	96.1%	100.0%
	6/30/2010	96.0%	10.0%	96.0%	96.1%	100.0%
OPPORTUNITIES & INNOVATIONS	<p>The Board of Nursing (BON) has significantly increased the use of agency subordinates to conduct informal fact-finding conferences (IFC's) and make recommendations to the Board for final action on disciplinary matters. A majority (65%) of the 528 IFC's held during FY08 through FY10 were conducted by agency subordinates.</p> <p>As a result of an increase in nursing education program applications and issues of quality, compliance and integrity, the Board initiated quarterly regulatory orientation sessions for nursing education programs. Since its inception in 2009, over 100 program representatives have attended and have resulted in an improvement in the quality of applications submitted and more efficient use of staff resources. At the end of FY10 there were a total of 159 approved nursing education programs as compared to 131 in FY08.</p>					
REGULATORY ACTIONS	<p>The Board amended regulations for the licensure of registered nurses and licensed practical nurses to allow applicants who graduated from approved nursing education programs that did not have the requisite number of clinical hours to be licensed by endorsement provided the applicant holds a current, unrestricted license in another jurisdiction in the U.S. and can provide evidence of at least 960 hours of clinical practice.</p> <p>Amendments to regulations for nursing were adopted to make Board regulations for the issuance of a multistate licensure privilege consistent with the Model Rules of the Nurse Licensure Compact.</p> <p>The Board amended its requirements for foreign-trained nurses to eliminate the qualifying examination requirement for registered nurses but retain the educational and licensure review for comparability and the requirement for a test of English proficiency. For practical nurses educated in other countries, the credentials review is retained and a test of English proficiency is included in regulations as it is now required for an occupational visa into the United States. For both professions, the Commission on Graduate of Foreign Nursing Schools (CGFNS) is recognized in federal law and in Virginia regulation as the body that is approved to certify comparability and eligibility.</p> <p>Pursuant to the 2009 Acts of the Assembly (Chapter 133), the Board of Nursing amended regulations for registration of medication aides to: 1) conform the time limit for acceptance of one year of experience and the eight-hour refresher course to the dates specified in the law; 2) add a section to specify the requirements for provisional practice for up to 120 days; and 3) add a section to specify the requirements for registration by endorsement.</p> <p>Regulations for nurses and nurse aides were amended pursuant to SB1282 of the 2009 General Assembly to allow a person practicing in certain settings to wear a name tag that only has the person's first name and last initial.</p>					

<p>CHALLENGES & SOLUTIONS</p>	<p><u>Discipline:</u> Increasing discipline caseload for all professions and regulation of a new occupation (medication aides in assisted living facilities) make it a challenge to sustain the improvements in case resolution time. The Board responded to this by increasing delegated authority to Board professional staff for all categories of cases. Guidance Documents were adopted that outlined the parameters for such delegation and as a result the Board has increased the number of cases being settled without an administrative proceeding.</p> <p><u>Licensure Applications:</u> The Board has experienced an increase in the complexity and volume of applications for licensure, certification and registration resulting in time intensive review and Board action. As a result, in January 2009, Board staff began tracking applications where there was a cause for denial. To date, 88% of the non-routine applications involve self reporting of criminal convictions, 15% prior action in another state and 13% indicate impairment issues. Note that an applicant may have more than one category as cause for denial. In response to these licensure issues, the Board has revised their guidance document on processing of non-routine applications, sought information from other state boards and have begun discussions about Core Licensure Requirements for the Nurse Licensure Compact which include pre-licensure criminal background checks.</p> <p><u>Nurse Aide Registry:</u> The BON maintains a federally mandated nurse aide registry of 49,097 certified nurse aides. The administration of this program is a challenge in that it is federally mandated and only partially funded. Ongoing Board responsibilities also include the oversight and approval of 234 nurse aide education programs, an increase of 12 programs since FY08. Solutions to this challenge are limited. Cost saving measures have been put in place however costs associated with investigation and discipline of patient abuse, neglect and misappropriation of patient property is on the increase.</p>
<p>ADDITIONAL ISSUES</p>	<p><u>Nursing Education program approval and oversight issues:</u> Need for qualified faculty and appropriate clinical sites Quality and integrity of some programs Proliferation of Virginia nursing schools in areas bordering other states, lack of clinical sites in these areas, majority of students from outside Virginia with no plans to practice in Virginia. Increased resource needs for oversight function.</p> <p><u>Certified Massage Therapist Advisory Board:</u> The BON convened the first meeting of the Massage Therapy Advisory Board November 2009. Five members appointed by the Governor July 2009 represent massage therapy practice, education and the consumer perspective. The Advisory Board has offered valuable expertise to the regulation of massage therapists and serve on disciplinary committees to assist the Board regarding specialty practice issues.</p>

OPTOMETRY

KEY MEASURES	CLEARANCE RATE	AGE OF PENDING CASELOAD	TIME TO DISPOSITION	APPLICANT SATISFACTION	INITIAL APPLICATIONS PROCESSED WITHIN 30 DAYS	
	QUARTER ENDING					
	9/30/2008	200.0%	0.0%	86.0%	92.9%	100.0%
	12/31/2008	80.0%	0.0%	100.0%	98.8%	100.0%
	3/31/2009	67.0%	0.0%	100.0%	100.0%	100.0%
	6/30/2009	200.0%	0.0%	100.0%	92.9%	100.0%
	9/30/2009	100.0%	0.0%	100.0%	100.0%	100.0%
	12/31/2009	N/A	0.0%	100.0%	N/A	100.0%
	3/31/2010	150.0%	0.0%	100.0%	981.7%	100.0%
	6/30/2010	33.0%	13.0%	100.0%	100.0%	100.0%
OPPORTUNITIES & INNOVATIONS	The Board of Optometry has been actively collecting e-mail addresses for each licensee in order to communicate using a more efficient and cost effective method.					
REGULATORY ACTIONS	<p>The Board amended and updated its standards of conduct and standards of practice to provide authority to address unprofessional actions or substandard patient care by optometrists. Amendments specify policy on patient records, continuity of care, prescribing for self or family, boundary violations, and compliance with law and regulations. The standard for content of a record during an eye examination was updated and clarified, and the specific requirements of federal rule for contact lens and eyeglass prescriptions are incorporated into state regulations.</p> <p>The Board amended certain provisions relating to the continuing education (CE) requirements to specify that: 1) courses whose primary purpose is the sale of instruments or products are not acceptable for continuing education credit; 2) providers must provide a certificate of attendance based on verification of the attendee presence; and 3) a licensee who falsifies CE compliance may be subject to disciplinary action.</p>					
CHALLENGES & SOLUTIONS	The Board has been monitoring national activity related to optometric associations developing national board certification programs for optometrists.					
ADDITIONAL ISSUES	<p>The Board published newsletters in 2008 and 2009 that included information pertinent to the practice of optometry.</p> <p>To monitor continuing competency of board licensees, the board conducted a random continuing education audit for the 2008 and 2009 renewal cycle.</p>					

PHARMACY

KEY MEASURES	CLEARANCE RATE	AGE OF PENDING CASELOAD	TIME TO DISPOSITION	APPLICANT SATISFACTION	INITIAL APPLICATIONS PROCESSED WITHIN 30 DAYS	
	QUARTER ENDING					
	9/30/2008	125.0%	9.0%	77.0%	96.6%	100.0%
	12/31/2008	80.0%	10.0%	97.0%	96.0%	100.0%
	3/31/2009	133.0%	7.0%	91.0%	95.9%	100.0%
	6/30/2009	71.0%	9.0%	100.0%	97.1%	100.0%
	9/30/2009	63.0%	10.0%	91.0%	96.8%	100.0%
	12/31/2009	78.0%	9.0%	89.0%	96.4%	100.0%
	3/31/2010	88.0%	12.0%	97.0%	96.8%	99.9%
	6/30/2010	115.0%	7.0%	68.0%	96.6%	100.0%
OPPORTUNITIES & INNOVATIONS	<p>The Board of Pharmacy implemented a new process for handling disciplinary action resulting from a CE audit or a routine pharmacy inspection which involves the issuance of an expedited pre-hearing consent order. Suggested monetary penalties are imposed based on an extensive guidance document adopted by the Board. The pharmacy owner may elect to sign the pre-hearing consent order, submit the monetary penalty, along with documentation indicating the corrective action taken, or he may request an informal conference to further discuss the identified deficiencies. This process was piloted in retail pharmacies from January to June 2010 and has subsequently gone "live". Additionally, Board staff with assistance from Enforcement staff, revised the routine inspection report and created an electronic report currently being used by pharmacy inspectors.</p>					
REGULATORY ACTIONS	<p>The Board of Pharmacy amended regulations for the practice of pharmacy in order 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. In some cases, there was a need for clarification of a rule; in others there was a need to amend the regulation to allow the practice of pharmacy to be more responsive to patient needs and changing times. Some of the issues addressed by amendments to regulations include: 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.</p> <p>There was a one-time fee reduction for the 2009-2010 renewal for all professions and facilities regulated by the Board.</p> <p>An amendment was enacted that allows a stat-drug box in a long-term care facility to contain doses of Schedule II drugs for the relief of acute pain in order to offer more flexibility in the drugs that are maintained in a stat-box, depending on the needs of patients in the facility.</p> <p>The Board added a section on unprofessional conduct to address certain issues and licensee conduct that have been problematic and to supplement the statutory provision in § 54.1-3316 of the Code of Virginia that establishes grounds for disciplinary action based on "unprofessional conduct specified in regulations promulgated by the Board." The Board added rules to include, but not be limited to, patient confidentiality, unethical behavior, sexual misconduct, failure to appropriately respond to a known dispensing error in a manner that protects the public, and inappropriate delegation of pharmacy acts to subordinates.</p>					

(Continued from previous page)

CHALLENGES & SOLUTIONS	<p>Challenge: Handling of non-patient care disciplinary cases resulting from routine pharmacy inspections and CE audits was slowed as a result of patient-care cases taking precedence.</p> <p>Solution: Revised the disciplinary process to allow for issuance of expedited pre-hearing consents which has dramatically increased the closure rate, particularly for cases resulting from the annual CE audit.</p> <p>Challenge: Graduates of foreign schools of pharmacy would occasionally obtain pharmacy intern registrations for ability to hold an H1B Working Visa and reside in the United States with no intention on fulfilling requirements to obtain licensure as a pharmacist.</p> <p>Solution: Amended Board regulation to require the following prior to issuance of a pharmacy intern registration: applicant must reside at a Virginia address; and supervising pharmacist at the designated pharmacy must verify the applicant's employment status and certify his intention to provide supervision for the applicant while the applicant obtains required hours of practical experience</p>
ADDITIONAL ISSUES	<p>To monitor continuing competency of board licensees during 2008 and 2009, the board conducted a random continuing education audit of a statistically-significant percentage of licensees each year.</p>

PHYSICAL THERAPY

KEY MEASURES	CLEARANCE RATE	AGE OF PENDING CASELOAD	TIME TO DISPOSITION	APPLICANT SATISFACTION	INITIAL APPLICATIONS PROCESSED WITHIN 30 DAYS	
	QUARTER ENDING					
	9/30/2008	100.0%	50.0%	100.0%	91.7%	100.0%
	12/31/2008	250.0%	0.0%	50.0%	87.5%	100.0%
	3/31/2009	33.0%	0.0%	100.0%	100.0%	100.0%
	6/30/2009	100.0%	0.0%	100.0%	96.7%	100.0%
	9/30/2009	600.0%	100.0%	100.0%	94.4%	100.0%
	12/31/2009	40.0%	9.0%	100.0%	59.3%	100.0%
	3/31/2010	350.0%	0.0%	86.0%	92.6%	100.0%
	6/30/2010	50.0%	20.0%	100.0%	96.3%	100.0%
OPPORTUNITIES & INNOVATIONS	The Board of Physical Therapy (PT) now sends all application acknowledgements and correspondence by email instead of regular mail thus reducing costs to the Board.					
REGULATORY ACTIONS	<p>Direct Access Certification was mandated legislatively.</p> <p>New regulations governing the process to receive Direct Access Certification, requirements, and renewal requirements replaced emergency regulations. The application fee was reduced from \$100 per application to \$75.</p> <p>Responding to the need for definition of "sexual contact" and prohibition in regulations, definition, prohibitions, and responsibilities were added to existing regulations.</p> <p>Additional requirements for endorsement of license to Virginia were imposed. Requirements of providing HIPDB and NPDB reports and 15 hours of CE for each year of licensure for the last four years (60 total) were added.</p>					
CHALLENGES & SOLUTIONS	<p>Virginia receives a high number of Foreign Educated Applicants; we are one of the top 10 states in the country receiving the most foreign trained applicants.</p> <p>Our challenge is the length of time that staff spends on educating and processing foreign licensing applicants who at times require additional assistance with the process.</p> <p>The board receives a large increase in scope of practice questions making it challenging to the workload of the board.</p>					
ADDITIONAL ISSUES	<p>In response to ongoing security breaches by significant numbers of graduates of physical therapy schools from certain foreign countries, the Federation of State Boards of Physical Therapy (FSBPT) has suspended the National Physical Therapy Examination (NPTE) testing for all graduates of schools located in those countries, pending the development of a separate, secure exam for those graduates. The affected individuals will include all graduates of physical therapy schools in Egypt, India, Pakistan and the Philippines.</p> <p>A one time fee reduction for renewals will be implemented for the December 2010 renewal period.</p>					

PSYCHOLOGY

KEY MEASURES	CLEARANCE RATE	AGE OF PENDING CASELOAD	TIME TO DISPOSITION	APPLICANT SATISFACTION	INITIAL APPLICATIONS PROCESSED WITHIN 30 DAYS	
	QUARTER ENDING					
	9/30/2008	160.0%	18.0%	86.0%	91.7%	100.0%
	12/31/2008	83.0%	8.0%	100.0%	87.5%	100.0%
	3/31/2009	120.0%	9.0%	83.0%	100.0%	100.0%
	6/30/2009	157.0%	0.0%	100.0%	96.7%	100.0%
	9/30/2009	83.0%	11.0%	10.0%	94.4%	100.0%
	12/31/2009	20.0%	13.0%	100.0%	59.3%	100.0%
	3/31/2010	233.0%	0.0%	86.0%	92.6%	100.0%
	6/30/2010	83.0%	8.0%	100.0%	96.3%	100.0%
OPPORTUNITIES & INNOVATIONS	<p>In response to a <u>Petition for Rule-making</u> in 2008 for the Board to allow a post-doctoral resident in clinical psychology to obtain the required year of pre-licensure clinical experience to be obtained in part or entirely during pre-doctoral practica and internships. Following receipt of the Petition the Regulatory Committee spent several months researching requirements of other state psychology boards' supervision requirements, researching professional literature and meeting with stake-holders . Subsequently, the Board adopted proposed regulations to provide expanded options to obtain supervised clinical experience necessary to prepare individuals to competently practice as clinical psychologists.</p> <p>The Board also implemented regulations requiring Sex Offender Treatment Providers to obtain continuing education relating to the treatment of sex offenders.</p>					
REGULATORY ACTIONS	<p>There was a one-time fee reduction for the June 2010 renewal for all professions regulated.</p> <p>The Board initiated rulemaking to address: 1) criteria for licensure by endorsement by reducing the requirement of experience as a licensee in another state from 20 to 10 years; 2) acceptance of pre-internship supervised professional experience in lieu of all or part of the post-doctoral residency currently required; 3) consistency in requirements for a jurisprudence examination; 4) extension of the prohibition on sexual intimacies with clients from two years to five years following termination; and 5) clarification of existing regulations.</p>					

(Continued from previous page)

CHALLENGES & SOLUTIONS	<p>Psychology applicants receiving psychology training from foreign institutions encounter problems documenting the education and supervision requirements necessary for psychology licensure. The Board surveyed other psychology boards and reduced the acceptable listing of independent organizations that evaluate credentials to only those which have been approved by the Association of State and provincial Psychology Boards (ASPPB).</p>
ADDITIONAL ISSUES	<p>The Board of Psychology invited the Virginia doctoral programs to a meeting on November 9, 2010 to discuss the regulations allowing the predoctoral psychology students to obtain supervised experience while enrolled in the doctoral programs. The Board is also seeking input from faculty representatives about issues of mutual concern to the Board and psychology doctoral programs.</p> <p>Board of Psychology members represented the board at a meeting with representatives of the boards of Counseling and Social Work to discuss distance mental health services and distance supervision issues. Requests about the Board's position on distance education, supervision and delivery of clinical services have increased but few boards have implemented requirements addressing standards for the provision of services via electronic means.</p>

SOCIAL WORK

KEY MEASURES	CLEARANCE RATE	AGE OF PENDING CASELOAD	TIME TO DISPOSITION	APPLICANT SATISFACTION	INITIAL APPLICATIONS PROCESSED WITHIN 30 DAYS	
	QUARTER ENDING					
	9/30/2008	180.0%	17.0%	78.0%	96.2%	100.0%
	12/31/2008	150.0%	27.0%	100.0%	96.6%	100.0%
	3/31/2009	55.0%	18.0%	100.0%	97.4%	100.0%
	6/30/2009	125.0%	24.0%	100.0%	95.7%	100.0%
	9/30/2009	180.0%	30.0%	100.0%	100.0%	100.0%
	12/31/2009	0.0%	21.0%	N/A	100.0%	100.0%
	3/31/2010	92.0%	33.0%	100.0%	93.5%	100.0%
	6/30/2010	30.0%	24.0%	100.0%	95.1%	100.0%
OPPORTUNITIES & INNOVATIONS	<p>In 2008 the Board adopted regulations requiring pre-approval of all supervision prior to the implementation of the supervised experience required for the Licensed Clinical Social Worker (LCSW) as a result of examples of documented substandard supervised experience. The Regulations also required that LCSW supervisors obtain training specific to providing supervision to supervisees to better ensure adequacy of supervision for those seeking the clinical social work license.</p> <p>In 2008 new masters in social work programs emerged and the MSW faculty raised concerns that the "clinical course of study" definition in Social Work Regulations did not delineate what specific courses were required to graduate with a "clinical" track as opposed to a non-clinical MSW degree. Therefore, the Board convened a meeting met with VA MSW faculty representatives asking for faculty input on essential courses needed to prepare MSW students to provide mental health services to individuals and families. In 2010 the Board adopted final regulations specifying necessary coursework required for the LCSW which will serve the MSW programs and students by setting clear educational standards for licensure for social workers preparing to provide direct services to clients.</p>					
REGULATORY ACTIONS	<p>By fast-track action, regulations were clarified to:</p> <ol style="list-style-type: none"> 1) allow more flexibility in obtaining hours of face-to-face supervision; 2) specify that a candidate must reapply for approval if he has not passed the required examination within two years; and 3) to specify and clarify the subject matter for approved continuing education. <p>The board promulgated rules to further define a clinical course of study in the educational requirements for licensure as a clinical social worker; those rules remained in executive branch review as of June30, 2010.</p>					

<p>CHALLENGES & SOLUTIONS</p>	<p>The 2006 General Assembly passed House Bill 1146 relating to the Board of Social Work requiring the Board to “consult with relevant stakeholders, including educators, professionals, agencies and organizations to determine (i) if current education and training requirements for social workers are adequate to assure the public of professional competency and (ii) whether current exemptions from requirements for licensure best serve the citizens of the Commonwealth.” Through 2008-09 the Board engaged in a comprehensive dialogue with relevant stakeholders regarding the education and training requirements for social workers and exemptions from social worker licensure. Several meetings with stakeholders and opportunities for public comment were included to allow the Board to make recommendations on the HB1146 study.</p> <p>On April 17, 2009, the Board adopted a HB1146 response document finding that current exemptions for licensure represent potential harm for citizens who receive services from those who provide “social work services” in the public sector, but are not licensed and accountable to a regulatory board. Accordingly, the Board recommends ending licensure exemptions while recognizing that affected agencies would need time to implement changes relating to exemptions from licensure. To allow sufficient time the Board included a grandfather period allowing individuals to be eligible for licensure as LSWs for a reasonable time period without additional education, experience, and examination.</p> <p>The Board also detailed its’ position on “title protection” affirming that only individuals licensed by the Board of Social Work as a Licensed Social Worker or a Licensed Clinical Social Worker would be permitted to use the title of “Social Worker” or “Clinical Social Worker.” The Board suggested that employees of affected agencies could continue to provide services under different job titles.</p>
<p>ADDITIONAL ISSUES</p>	<p>In 2009 Board of Social Work representatives met representatives of the Boards of Counseling and Psychology to discuss issues around the delivery of mental health services through electronic means and distance supervision issues. This is an issue that all boards will need to consider in the near future .</p>

VETERINARY MEDICINE

KEY MEASURES	CLEARANCE RATE	AGE OF PENDING CASELOAD	TIME TO DISPOSITION	APPLICANT SATISFACTION	INITIAL APPLICATIONS PROCESSED WITHIN 30 DAYS	
	QUARTER ENDING					
	9/30/2008	144.0%	3.0%	93.0%	98.1%	100.0%
	12/31/2008	132.0%	6.0%	100.0%	97.6%	100.0%
	3/31/2009	123.0%	2.0%	93.0%	100.0%	100.0%
	6/30/2009	167.0%	0.0%	96.0%	100.0%	100.0%
	9/30/2009	108.0%	6.0%	96.0%	78.9%	100.0%
	12/31/2009	56.0%	4.0%	90.0%	100.0%	100.0%
	3/31/2010	127.0%	1.0%	97.0%	100.0%	100.0%
	6/30/2010	68.0%	2.0%	95.0%	87.1%	100.0%
OPPORTUNITIES & INNOVATIONS	<p>The Board of Veterinary Medicine has been actively collecting e-mail addresses for each licensee in order to communicate using a more efficient and cost effective method.</p> <p>The Board worked with the Office of the State Veterinarian to develop emergency declaration language to issue temporary licenses for the practice of veterinary medicine during an emergency declared by the Governor.</p> <p>The American Association of Veterinary State Boards (AAVSB) administers the Veterinary Technician National Examination (VTNE) and recently changed the eligibility requirements permitting only graduates of a veterinary technology program to take the examination. Previously, students of a veterinary technology program were allowed to take the VTNE just prior to graduation. This change in the eligibility requirements had the potential to significantly delay licensure for up to five months for new graduates. The Board worked with AAVSB to permit students of Virginia veterinary technology programs and Virginia residents to take the VTNE prior to graduation as long as the individual was enrolled and in good standing in a veterinary technology program.</p>					
REGULATORY ACTIONS	<p>As a result of the periodic review, changes to regulations included: 1) expansion of the criteria for cases that may be delegated to an agency; 2) additional alternative for meeting requirements for licensure by endorsement for veterinary technicians; 3) additional grounds for disciplinary action; 4) clarification of rules for delegation of veterinary tasks to unlicensed persons; 5) allowing biennial inventory to be performed by licensee other than the veterinarian-in-charge; 6) clarification of regulations for drug storage, recordkeeping and reconstitution; 7) clarification of minimal requirements for a patient record; and 8) definitions to ensure that animal shelters and pounds have the same ability to care for animals in their possession as persons who have a property right in an animal.</p>					
CHALLENGES & SOLUTIONS	<p>The Board is experiencing a significant cash shortfall. The shortfall is attributed to the clearance of a large disciplinary caseload during 2008 and 2009. The Board is proceeding with a fee increase and a one-time fee assessment to remedy the cash shortfall situation.</p>					
ADDITIONAL ISSUES	<p>The Board published its first newsletter in a number of years that included information pertinent to the practice of veterinary medicine.</p> <p>To monitor continuing competency of board licensees, the board conducted a random continuing education audit for 2009.</p>					

Programs

ADMINISTRATIVE PROCEEDINGS

<p>OPPORTUNITIES & INNOVATIONS</p>	<p>To continue to improve compliance with all applicable performance measures, APD continues to address all protocols and processes to ensure efficient review and processing of disciplinary cases. APD added an addition Adjudication Specialist to address additional work load.</p>
<p>CHALLENGES & SOLUTIONS</p>	<p>The volume of disciplinary cases provided to APD challenges the Division to process patient care cases within the 30 day standard.</p> <p>Continual evaluation of processes and resources helps APD to be flexible to this meet this standard.</p>
<p>ADDITIONAL ISSUES</p>	<p>APD continues to retain highly qualified staff to complete the core functions of the Division.</p>

ENFORCEMENT DIVISION

<p>OPPORTUNITIES & INNOVATIONS</p>	<p>Enforcement instituted the Tiering System (Tier 1-3) with the Boards in 2008. This process enables Enforcement to obtain upfront information on complaints before the complaints are fully investigated. The Boards provide guidance on what information they need for the investigation which reduces time spent in investigation stage.</p> <p>Tier I - is a process that occurs during case intake and preliminary Investigation. There is an initial review of a case and consultation with Board staff (expert intervention) specifies what evidence will be needed to make a probable cause determination.</p> <p>Tier II – Probable Cause review</p> <p>Tier III – Full Investigation</p> <hr/> <p>Enforcement implemented the key performance measures in 2008 and has very been successful in adhering to a 100% clearance rate and a 100 day investigative time for cases in the investigative stage.</p>
<p>CHALLENGES & SOLUTIONS</p>	<p>Fluctuations in case loads make it a challenge to sustain monthly a 100% clearance rate and a 100 day case investigative case time in Enforcement.</p>
<p>ADDITIONAL ISSUES</p>	<p>Enforcement must continue to maintain an adequate, competent staffing level to meet the key performance measures.</p>

PRACTITIONERS MONITORING PROGRAM

OPPORTUNITIES & INNOVATIONS	<p>The Health Practitioners Monitoring Program (HPMP) continues to operate with Virginia Commonwealth University– Health System (VCU-HS) as the monitoring provider for the participants. This relationship with VCU has been in effect since 2002. The program is providing monitoring service as an alternative or adjunct to discipline. Eligibility changes effective July 1, 2009 have been implemented successfully.</p> <p>A records retention schedule was developed allowing VCU to transfer files to the VA State Library and thus reduce the amount of space required for record filing at their office.</p>
CHALLENGES & SOLUTIONS	<p>The HPMP must engage in ongoing efforts to find cost effective ways to maintain the needed level of monitoring services.</p>
ADDITIONAL ISSUES	<p>Mechanisms for client payment regarding monitoring services are under investigation. After individuals have been in the program and returned to practice it is conceivable that a monthly fee might be a viable way to offset program expenses.</p>

VIRGINIA PRESCRIPTIONS MONITORING PROGRAM

	<p style="text-align: center;">VPMP SOLICITED REPORTS</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <caption>VPMP Solicited Reports Data</caption> <thead> <tr> <th>Quarter</th> <th>Year</th> <th>Reports</th> </tr> </thead> <tbody> <tr> <td>1st Qtr</td> <td>FY09</td> <td>~10,000</td> </tr> <tr> <td>2nd Qtr</td> <td>FY09</td> <td>~10,000</td> </tr> <tr> <td>3rd Qtr</td> <td>FY09</td> <td>~10,000</td> </tr> <tr> <td>4th Qtr</td> <td>FY09</td> <td>~10,000</td> </tr> <tr> <td>1st Qtr</td> <td>FY10</td> <td>~10,000</td> </tr> <tr> <td>2nd Qtr</td> <td>FY10</td> <td>~10,000</td> </tr> <tr> <td>3rd Qtr</td> <td>FY10</td> <td>~10,000</td> </tr> <tr> <td>4th Qtr</td> <td>FY10</td> <td>108,679</td> </tr> </tbody> </table>	Quarter	Year	Reports	1st Qtr	FY09	~10,000	2nd Qtr	FY09	~10,000	3rd Qtr	FY09	~10,000	4th Qtr	FY09	~10,000	1st Qtr	FY10	~10,000	2nd Qtr	FY10	~10,000	3rd Qtr	FY10	~10,000	4th Qtr	FY10	108,679
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4th Qtr	FY10	108,679																										
<p>OPPORTUNITIES & INNOVATIONS</p>	<p>The VPMP turned on its new online 24/7 auto-response software on October 1st and received exceptional positive response from registered users. Over 47,000 requests were processed from October through December compared to just over 30,000 requests for the rest of 2009.</p> <p>The Virginia Prescription Monitoring Program mailed approximately 39,000 informational brochures with an explanatory cover letter to all prescribers and pharmacists licensed by a regulatory board of the Department of Health Professions with a Virginia address in early 2010. This mailing resulted in more requests being submitted in the first 3 months of 2010 than were submitted in all of 2009.</p>																											
<p>REGULATORY ACTIONS</p>	<p>Specific written consent of the patient is no longer required prior to the prescriber making a request to the VPMP. Notification can be made by posting a sign in public area or providing written material or obtaining written consent</p> <p>Prescribers may authorize up to two licensed healthcare professionals to be delegates registered with the program and submit VPMP requests on their behalf</p> <p>Language added authorizing the Director of DHP to enter into agreements for mutual exchange of information among prescription monitoring programs in other jurisdictions.</p>																											
<p>CHALLENGES & SOLUTIONS</p>	<p>On April 30, 2009, the VPMP system was breached causing the system to be shut down for almost two months. The system operated under a manual system for three months before turning on new 24/7 access, auto-response software on new hardware and housed in a new facility on October 1, 2009. The program processed more requests in the ensuing three months than were fulfilled from January through April. A criminal investigation by the FBI and Virginia State Police was still active at the end of Fiscal Year 2010.</p>																											

VIRGINIA HEALTHCARE WORKFORCE DATA CENTER

<p style="text-align: center;">OPPORTUNITIES & INNOVATIONS</p>	<p>In September 2007, the Governor’s Health Reform Commission projected significant shortages of physicians and nurses by 2020 and a growing need for direct support professionals, physician extenders, and other healthcare providers to adequately address the needs of Virginia’s elderly, disabled, and others in long-term care settings.</p> <p>The Commission recommended creation of the Virginia Healthcare Workforce Data Center (HWDC) in the Department of Health Professions (DHP) to provide a uniformly reliable source of valid data designed to address key health workforce policy issues. DHP was selected because it maintains an extensive repository of licensure data for over 300,000 licensees and 80 health professions, readily coordinates online surveys with existing licensure processes, and has staff versed in policy and survey research. VHWDC was administratively established in the spring of 2008 with Workforce Investment Act funding and its research guided by a newly formed Healthcare Workforce Advisory Council comprised of representatives from state agencies, members of the General Assembly, and constituent organizations knowledgeable about healthcare workforce issues in Virginia and nationally. During 2009 and 2010, nursing and physician policy research was at the forefront. By the closing of FY2010, published findings were available and new surveys were launched for physicians, registered nurses, licensed practical nurses, and certified nurse aides. Surveys were also well in development for nurse practitioners and physician assistants, and the FY2011-12 workplan was adopted to address the behavioral health, dentistry, pharmacy, and rehabilitative therapy professions.</p>
<p style="text-align: center;">CHALLENGES & SOLUTIONS</p>	<p>VHWDC’s primary challenge at its foundation was to define the key nursing, physician, and direct support personnel workforce policy issues and to develop appropriate survey instruments and analysis accordingly. In addition to the strong support from the Advisory Council, expertise was further needed and provided by consultants and focus-area committees and survey development workgroups: Physicians Workforce Committee (Physician Assistant Workforce Workgroup), the Nursing Workforce Committee (Certified Nurse Aide Workforce Workgroup, Nurse Practitioner Workforce Workgroup) and Healthcare Workforce Information Network (to explore the efficacy and applicability of data sources throughout the Commonwealth).</p>
<p style="text-align: center;">ADDITIONAL ISSUES</p>	<p>Without the voluntary support of the members of Council and each Committee and Workgroup, VHWDC would not have come to fruition.</p>

APPENDICES A—H

LICENSE ACTIVITY INFORMATION													
BOARD	OCCUPATION	New Licensees		Active Licensees		Inactive Licensees		Suspended or Terminated		Closed or Expired		TOTAL*	
		FY2009	FY2010	FY2009	FY2010	FY2009	FY2010	FY2009	FY2008	FY2009	FY2008	FY2009	FY2008
Audiology/Speech Pathology	Audiologist	30	34	431	437	12	12			30	15	503	498
	Continuing Education Provider		2	1	3						1	1	6
	School Speech Pathologist	12	8	126	118					19	14	157	140
	Speech Pathologist	256	271	2684	2823	53	43			188	158	3181	3295
Audiology/Speech Pathology Total		298	315	3242	3381	65	55			237	188	3842	3939
Counseling	Certified Substance Abuse Counselor	150	113	1662	1719					271	305	2083	2137
	Licensed Marriage and Family Therapist	28	24	812	814	46	41	2	1	86	96	974	976
	Licensed Professional Counselor	257	214	3139	3281	138	137		2	321	357	3855	3991
	MF Therapist Resident												
	Post Graduate Trainee			3403	3401							3403	3401
	Rehabilitation Provider	8	34	347	361					30	16	385	411
	SA Oral Examiner											0	0
	Substance Abuse Counseling Assistant	22	19	70	83					16	19	108	121
Substance Abuse Treatment Practitioner	7	5	186	185	8	7			18	17	219	214	
Counseling Total		472	409	9619	9844	192	185	2	3	742	810	11027	11251
Dentistry	Cosmetic Procedure Certification	2		25	25						1	27	26
	Dental Assistant			3695	3695							3695	3695
	Dental Full Time Faculty	2	1	12	11					2	3	16	15
	Dental Hygienist	330	282	4567	4744	289	263	1		158	153	5345	5442
	Dental Hygienist Teacher			1	1						1	1	2
	Dental Hygienist-Volunteer Registration	2	7	1	7					2	7	5	21
	Dental Restricted Volunteer	2	5	9	12							11	17
	Dental Hygienist Temporary Permit											0	0
	Dental Teacher	1		6	5					2	2	9	7
	Dental Temporary Permit											0	0
	Dentist	347	345	5952	6111	411	386	2	3	240	271	6952	7116
	Dentist-Volunteer Registration	17	31							17	32	34	63
Oral/Maxillofacial Surgeon Registration	20	15	221	232	1				6	13	248	260	
Temporary Resident	18	25	36	44					21	17	75	86	
Dentistry Total		741	711	14525	14887	701	649	3	3	448	500	16418	16750
Funeral Directing	Branch Establishment	3	2	19	17					4	2	26	21
	Continuing Education Provider	2	3	40	41					3	8	45	52
	Courtesy Card	8	6	115	97					24	20	147	123
	Crematories	4	6	80	89						2	84	97
	Embalmer			5	5					1		6	5
	Funeral Director			96	87	6	6	1		12	9	115	102
	Funeral Establishment	6	5	504	500			1	1	10	11	521	517
	Funeral Service Intern	60	52	203	179					40	43	303	274
	Funeral Service Provider	63	38	1469	1473	50	56	2		65	67	1649	1634
	Funeral Supervisor	60	49	195	244					8	10	263	303
	Funeral Trainee											0	0
Surface Transport & Removal Services	10	8	58	60							68	68	
Funeral Directing Total		216	169	2784	2792	56	62	4	1	167	172	3227	3196
Long Term Care Administrator	Administrator-in-Training	39	50	109	110					24	20	172	180
	ALF-Administrator-In-Training	30	55	35	89					1	5	66	149
	Assisted Living Facility Administrator	517	41	561	598				2		39	1078	680
	Assisted Living Facility Preceptor	67	69	82	145					5	15	154	229
	Nursing Home Administrator	89	65	822	843					57	52	968	960
	Nursing Home Preceptor	21	21	223	232					17	14	261	267
Long Term Care Administrator Total		763	301	1832	2017				2	104	145	2699	2465
Medicine	Athletic Trainer	117	124	1017	1062		1			108	93	1242	1280
	Chiropractor	81	99	1526	1573	175	167	3	3	76	115	1861	1957
	Interns and Resident	1075	1098	3579	3628	1	1			1125	1115	5780	5843
	Licensed Acupuncturist	55	33	414	431	9	11			20	28	498	503
	Licensed Midwife	7	12	42	50			1	1	4	1	54	64
	Limited Radiologic Technologist	57	39	868	815	51	47			111	80	1087	981
	Medicine & Surgery	1994	1916	30972	31795	2528	2371	42	27	1334	1588	36870	37697
	Occupational Therapist	197	210	2713	2809	98	98			140	145	3148	3262
	Occupational Therapy Assistant	522	229	522	751		1				15	1044	996

		New Licensees		Active Licensees		Inactive Licensees		Suspended or Terminated.		Closed or Expired		TOTAL*	
	Osteopathy and Surgery	180	212	1585	1724	96	87	2	2	84	78	1947	2103
	Physician Assistant	228	284	1911	2122	27	30		1	105	122	2271	2559
	Podiatry	24	21	433	445	55	50			11	22	523	538
	Radiologic Technologist	328	396	3394	3556	59	65		2	289	304	4070	4323
	Respiratory Care Practitioner	246	268	3568	3668	128	132	3	3	221	217	4166	4288
	Temporary Licenses				48							0	48
	University Limited License	7	5	31	34					3	5	41	44
	Volunteer Registration		2	2	2					2		4	4
Medicine Total		5118	4948	52577	54513	3227	3061	51	40	3633	3928	64606	66490
Nursing	Advanced Certified Nurse Aide	20		104	99					6	5	130	104
	Authorization to Prescribe	267	296	3285	3487			2	2	107	135	3661	3920
	Certified Massage Therapist	733	783	5735	6058			2	7	591	565	7061	7413
	Certified Nurse Aides	5758	7306	50513	53650			52	86	5861	5438	62184	66480
	Clinical Nurse Specialist	14	18	434	434			1	86	26	14	475	552
	Licensed Nurse Practitioner	472	494	5317	5575	319	456	5	5	247	285	6360	6815
	Licensed Practical Nurse	2167	2150	31185	31667			72	83	1804	1868	35228	35768
	Medication Aide	2743	1081	3131	4206				3	12	245	5886	5535
	Medication Aide Training Program	29	17	135	152							164	169
	Registered Nurse	5898	5975	93351	95770	842	1186	94	93	3987	4075	104172	107099
	VA Nurse Aide Education Program		175	172	157						1	172	333
	VA Practical Schools of Nursing	6	7	55	58					6	9	67	74
	VA Professional Schools of Nursing	2	23	29	49					5	2	36	74
	Volunteer Registration	6	3	3	4					3	5	12	12
Nursing Total		18095	18328	193449	201366	1161	1642	228	279	12649	12642	225582	234257
Optometry	Optometrist			237	222					17	18	254	240
	Optometrist - Volunteer Registration	4	1	6	3					4	4	14	8
	Professional Designation	17	15	228	228					12	11	257	254
	TPA Certified Optometrist	95	94	1330	1371			1	1	59	53	1485	1519
Optometry Total		116	110	1801	1824			1	1	92	86	2010	2021
Pharmacy	Business CSR	64	52	706	723					64	73	834	848
	CE Courses		5	19	14					9	2	28	21
	Humane Society			37	35					3	35	40	70
	Limited Use Pharmacy Technician	6	7	38	42					4	5	48	54
	Medical Equipment Supplier	42	62	449	464					45	33	536	559
	Non-resident Pharmacy	38	48	575	401			1		278	32	892	481
	Non-resident Wholesale Distributor	68	67	673	682					63	57	804	806
	Non-restricted Manufacturer	1		23	21					3	4	27	25
	Permitted Physician	1	1	14	11					5	1	20	13
	Pharmacist	827	722	9851	10397	702	651	4	5	241	250	11625	12025
	Pharmacist-Volunteer Registration		6	3	1					2	6	5	13
	Pharmacy	64	52	1714	1728			1		38	27	1817	1807
	Pharmacy Intern	541	560	2024	2124					221	261	2786	2945
	Pharmacy Technician	1906	1951	11471	12430			20	18	1127	1145	14524	15544
	Pharmacy Technician Training Program	4	8	82	79					1	13	87	100
	Physician Selling Controlled Substances	125	83	371	407					55	89	551	579
	Physician Selling Drugs Location	24	17	121	114					2	2	147	133
	Pilot Programs	1		1	2							2	2
	Restricted Manufacturer	4	1	78	72					9	4	91	77
	Robotic Pharmacy System	1	2	10								11	2
	Warehouse	4	7	44	46					4	5	52	58
	Wholesale Distributor	3	1	126	119					11	4	140	124
Pharmacy Total		3724	3652	28430	29912	702	651	26	23	2185	2048	35067	36286
Physical Therapy	Direct Access Certification	159	135	284	419							443	722
	Physical Therapist	529	486	5552	5622	213	53	3	1	454		6751	6162
	Physical Therapist Assistant	195	173	2128	2182	64	221		2	141		2528	2578
Physical Therapy Total		883	794	7964	8223	277	5	3	3	595		9722	9025
Psychology	Applied Psychologist	1		36	35	6	146			4	7	47	188
	Clinical Psychologist	162	142	2402	2475	146		1	1	265	251	2976	2869
	Continuing Education Provider		1	10	9					2	3	12	13
	Resident in Training			742	741							742	741
	School Psychologist	1	4	103	105	12	7			19	20	135	136
	School Psychologist-Limited	73	21	241	240			1		41	51	356	312

		New Licensees		Active Licensees		Inactive Licensees		Suspended or Terminated.		Closed or Expired		TOTAL*	
	Sex Offender Treatment Provider	23	27	387	399			1		51	58	461	485
Psychology Total		260	195	3921	4004	164	158	2	2	382	390	4729	4749
Social Work	Associate Social Worker			3	2			3		1		7	2
	Licensed Clinical Social Worker	285	233	4936	4906	287	240			595		6103	5379
	Licensed Social Worker	59	50	396	348	24	20			147		626	418
	Post Graduate Trainee			1194	1190							1194	1190
	Registered Social Worker			39	27					13		52	27
Social Work Total		344	283	6568	6473	311	260	3		756		7982	7016
Veterinary Medicine	Equine Dental Technician	5	3	22	24					1	3	28	30
	Veterinary Establishment - Full Service	7	17	700	712			1		5	3	713	732
	Veterinary Establishment - Restricted	8	22	238	253					7	9	253	284
	Veterinarian	190	278	3247	3407	412	392	3		151	173	4003	4250
	Veterinary Technician	106	162	1304	1435	39	35	1		39	74	1489	1706
Veterinary Medicine Total		316	482	5511	5831	451	427	5		203	262	6486	7002
AGENCY TOTAL		31366	30382	525672	546433	7307	8022	328	357	22199	21176	586872	606370
*The total number of licensees is a count of all persons or entities holding an active or inactive license at any time during the fiscal year.													

BOARD		2000 30-Jun	2002 30-Jun	2004 30-Jun	2006 30-Jun	2008 30-Jun	2010 30-Jun	% Change 2008-2010
Audiology/Speech Pathology	Audiologist	401	415	447	424	412	434	5.3%
	Continuing Education Provider				2	1	2	100.0%
	School Speech Pathologist		60	113	109	108	105	-2.8%
	Speech Pathologist	2130	2251	2416	2339	2429	2705	11.4%
Audiology/Speech Pathology Total		2531	2726	2976	2874	2950	3246	10.0%
Counseling	Certified Substance Abuse Counselor	2384	1329	1437	1450	1569	1719	9.6%
	Licensed Marriage and Family Therapist	912	887	867	841	850	852	0.2%
	Licensed Professional Counselor	2384	2595	2741	2829	3064	3398	10.9%
	Rehabilitation Provider	877	676	376	331	334	346	3.6%
	Substance Abuse Counseling Assistant				16	56	83	48.2%
	Substance Abuse Treatment Practitioner	24	129	162	170	188	191	1.6%
Counseling Total		6581	5616	5583	5637	6061	6589	8.7%
Dentistry	Cosmetic Procedure Certification		7	10	13	23	25	8.7%
	Dental Full Time Faculty	12	13	14	16	10	8	-20.0%
	Dental Hygienist	3333	3647	3838	4091	4477	4842	8.2%
	Dental Hygienist Teacher	3	2	2	1	1	1	0.0%
	Dental Hygienist Temporary Permit						12	
	Dental Teacher	6	8	5	1	5	5	0.0%
	Dental Temporary Permit		4	4	5			
	Dentist	5167	5399	5337	5626	5973	6207	3.9%
	Dentist-Volunteer Registration	1	1		2			
	Oral/Maxillofacial Surgeon Registration		175	175	190	201	219	9.0%
	Temporary Resident						44	
Dentistry Total		8522	9256	9385	9945	10690	11363	6.3%
Funeral Directing	Branch Establishment				6	14	14	0.0%
	Continuing Education Provider				31	37	33	-10.8%
	Courtesy Card	103	113	106	114	105	80	-23.8%
	Crematories	48	56	67	74	75	88	17.3%
	Embalmer	8	8	6	6	5	5	0.0%
	Funeral Director	180	163	129	113	101	80	-20.8%
	Funeral Establishment	495	526	516	508	497	486	-2.2%
	Funeral Service Intern						128	
	Funeral Service Provider	1391	1464	1396	1413	1435	1447	0.8%
	Funeral Trainee	185	188	164	164	143		-100.0%
	Surface Transport & Removal Services	33	49	44	44	48	50	4.2%
Funeral Directing Total		2443	2567	2428	2473	2460	2411	-2.0%
Long Term Care Administrator	Administrator-in-Training						70	
	ALF-Administrator-In-Training						73	
	Assisted Living Facility Administrator					44	559	1170.5%
	Assisted Living Facility Preceptor					16	133	731.3%
	Nursing Home Administrator	740	755	677	667	694	769	10.8%
	Nursing Home Preceptor	166	193	185	191	199	221	11.1%
Long Term Care Administrator Total		906	948	862	858	953	1825	91.5%
Medicine	Athletic Trainer		337	656	790	890	973	9.3%
	Chiropractor	1553	1709	1593	1619	1616	1635	1.2%
	Interns and Resident	2797	2080	2989	3294	3368	3608	7.1%
	Licensed Acupuncturist	94	167	248	330	361	412	14.1%
	Licensed Midwife				14	35	48	37.1%
	Limited Radiologic Technologist	1047	1048	938	934	843	778	-7.7%
	Medicine & Surgery	27977	29658	29227	29872	31250	32707	4.7%
	Naturopath	1	1					
	Occupational Therapist	1918	2229	2259	2420	2579	2779	7.8%
	Occupational Therapy Assistant						743	
	Osteopathy and Surgery	801	926	1096	1240	1492	1738	16.5%
	Physical Therapist	3866						
	Physical Therapist Assistant	1352						
	Physician Acupuncturist	309						
	Physician Assistant	603	893	1040	1334	1697	2026	19.4%
	Podiatry	501	519	492	476	460	475	3.3%
	Radiologic Technologist	1870	2510	2603	2833	3077	3304	7.4%
Respiratory Care Practitioner	2884	3274	3093	3225	3393	3553	4.7%	
University Limited License	27	27	25	24	26	34	30.8%	
Volunteer Registration						2		
Medicine Total		47600	45378	46259	48405	51087	54860	7.4%
Nursing	Advanced Certified Nurse Aide				59	84	96	14.3%
	Authorization to Prescribe	1826	2274	2513	2810	3185	3549	11.4%
	Certified Massage Therapist	2146	3046	3715	4321	4941	5556	12.4%
	Certified Nurse Aides	36020	40513	40239	42058	43839	48963	11.7%

BOARD	OCCUPATION	2000	2002	2004	2006	2008	2010	% Change 2008-2010
		30-Jun	30-Jun	30-Jun	30-Jun	30-Jun	30-Jun	
	Clinical Nurse Specialist	445	476	455	452	437	444	1.6%
	Licensed Nurse Practitioner	3924	4637	4872	5173	5514	6053	9.8%
	Licensed Practical Nurse	26694	28422	28239	28127	28933	30264	4.6%
	Medication Aide					390	4020	930.8%
	Registered Nurse	82492	88314	86660	85061	87152	92853	6.5%
Nursing Total		153547	167682	166693	168061	174475	191798	9.9%
Optometry	Optometrist ³	1309	1417	1351	261	237	204	-13.9%
	Professional Designation	114	123	129	161	211	217	2.8%
	TPA Certified Optometrist	850	1000	1031	1132	1234	1322	7.1%
Optometry Total		2273	2540	1480	1556	1687	1743	3.3%
Pharmacy	Business CSR	284	342	336	533	639	650	1.7%
	Humane Society	61	59	46	39	37		-100.0%
	Limited Use Pharmacy Technician				26	31	37	19.4%
	Medical Equipment Supplier	247	304	293	336	405	437	7.9%
	Non-resident Pharmacy	309	434	462	509	540	379	-29.8%
	Non-resident Wholesale Distributor	316	505	537	608	603	627	4.0%
	Non-restricted Manufacturer	21	22	20	20	21	17	-19.0%
	Nurse Practitioner CSR		900					
	Optometrist CSR	485	496	14				
	Permitted Physician	19	17		14	13	11	-15.4%
	Pharmacist	7955	8640	8754	9142	9627	10770	11.9%
	Pharmacist-Volunteer Registration						1	
	Pharmacy	1518	1584	1547	1600	1647	1701	3.3%
	Pharmacy Intern	845	1044	1181	1342	1498	1668	11.3%
	Pharmacy Technician			6292	7771	9423	11290	19.8%
	Physician Selling Controlled Substances	246	284	215	214	242	322	33.1%
	Restricted Manufacturer	65	73	72	69	74	68	-8.1%
	Warehouse	19	29	26	35	40	44	10.0%
	Wholesale Distributor	160	179	182	126	122	116	-4.9%
Pharmacy Total		12550	14912	19977	22384	24962	28138	12.7%
Physical Therapy ²	Direct Access Certification					125	419	235.2%
	Physical Therapist		4399	4486	4922	5170	5781	11.8%
	Physical Therapist Assistant		1561	1643	1808	1979	2229	12.6%
Physical Therapy Total			5960	6129	6730	7274	8429	15.9%
Psychology	Applied Psychologist	56	54	50	41	42	40	-4.8%
	Clinical Psychologist	1895	2116	2233	2296	2434	2609	7.2%
	Continuing Education Provider				11	10	7	-30.0%
	School Psychologist	106	116	106	113	119	112	-5.9%
	School Psychologist-Limited		47	135	173	195	240	23.1%
	Sex Offender Treatment Provider	330	324	333	348	371	398	7.3%
Psychology Total		2387	2657	2857	2982	3171	3406	7.4%
Social Work	Associate Social Worker	7	7	6	4	2	2	0.0%
	Licensed Clinical Social Worker	3765	4077	4435	4592	4837	5139	6.2%
	Licensed Social Worker	279	291	332	320	351	367	4.6%
	Registered Social Worker	102	92	75	49	38	27	-28.9%
Social Work Total		4153	4467	4848	4965	5228	5535	5.9%
Veterinary Medicine	Equine Dental Technician						21	
	Full Service Veterinary Facility	611	627	645	669	693	708	2.2%
	Restricted Veterinary Facility	153	193	191	196	228	240	5.3%
	Veterinarian	2885	3180	3162	3235	3401	3610	6.1%
	Veterinary Technician	689	840	940	1094	1216	1397	14.9%
Veterinary Medicine Total		4338	4840	4938	5194	5538	5976	7.9%
AGENCY TOTAL		247831	269724	274590	282108	296536	325515	9.8%

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

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

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	Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred To Board ⁴		Complaints per 1000 Licensees ⁵	
		FY2009	FY2010	FY2009	FY2010	FY2009	FY2010	FY2009	FY2010	FY2009	FY2010
Audiology/Speech Pathology	Audiologist	503	498	2	5		3	8	4	3.98	10.04
	Continuing Education Provider	1	6								
	School Speech Pathologist	157	140								
	Speech Pathologist	3181	3295	3	8	3	9	4	9	0.94	2.43
Audiology/Speech Pathology Total		3842	3939	5	13	3	12	12	13	1.30	3.30
Counseling	Certified Substance Abuse Counselor	2083	2137	2	5	2	5	4	5	0.96	2.34
	Licensed Marriage and Family Therapist	974	976	2	8	1	7	6	6	2.05	8.20
	Licensed Professional Counselor	3855	3991	49	46	42	45	68	48	12.71	11.53
	MF Therapist Resident			1		1		1	1		
	Post Graduate Trainee	3403	3401	8	6	4	5	8	8	2.35	1.76
	Rehabilitation Provider	385	411	2	1	2	1	2		5.19	2.43
	SA Oral Examiner										
	Substance Abuse Counseling Assistant	108	121		2		2		2		16.53
	Substance Abuse Treatment Practitioner	219	214		4		4		3		18.69
Counseling Total		11027	11251	64	72	52	69	90	73	5.80	6.40
Dentistry	Cosmetic Procedure Certification	27	26		1		1		1		38.46
	Dental Assistant	3695	3695								
	Dental Full Time Faculty	16	15		1		1		1		66.67
	Dental Hygienist	5345	5442	13	74	10	27	17	56	2.43	13.60
	Dental Hygienist Teacher	1	2								
	Dental Hygienist-Volunteer Registration	5	21								
	Dental Restricted Volunteer	11	17								
	Dental Hygienist Temporary Permit	0	0								
	Dental Teacher	1	7								
	Dental Temporary Permit	0	0								
	Dentist	347	7116	403	468	377	408	579	570	1161.38	65.77
	Dentist-Volunteer Registration	17	63								
	Oral/Maxillofacial Surgeon Registration	20	260	25	8	24	11	24	19	1250.00	30.77
	Temporary Resident	18	86		1		1		1		11.63
Dentistry Total		9503	16750	441	553	411	449	620	648	46.41	33.01
Funeral Directing	Branch Establishment	3	2	4	6	4	7	1	6	1333.33	3000.00
	Continuing Education Provider	2	3								
	Courtesy Card	8	6								
	Crematories	4	6		4		4		3		666.67
	Embalmer	0	0								
	Funeral Director	0	0	1	2		2	2	2		
	Funeral Establishment	6	5	16	32	11	27	17	27	2666.67	6400.00
	Funeral Service Intern	60	52	5	2	4	5	2	1	83.33	98.46
	Funeral Service Provider	63	38	52	46	42	48	64	50	825.40	1210.53
	Funeral Supervisor	60	49		3		3		2		61.22
	Funeral Trainee										
	Surface Transport & Removal Services	10	8	1	3	2	2	2	1	100.00	375.00
Funeral Directing Total		216	169	79	98	63	98	88	92	365.74	579.88
Long Term Care Administrator	Administrator-In-Training	39	50		2		2		2		40.00
	ALF-Administrator-In-Training	30	55	1	13	1	11		9	33.33	236.36
	Assisted Living Facility Administrator	517	41	10	45	9	44	7	40	19.34	1097.56
	Assisted Living Facility Preceptor	67	69	1	5	1	5	1	2	14.93	72.46
	Nursing Home Administrator	89	65	28	36	24	39	26	41	314.61	553.85
	Nursing Home Preceptor	21	21		2		2		2		95.24
Long Term Care Administrator Total		763	301	40	103	35	103	34	96	52.42	342.19
Medicine	Athletic Trainer	1242	1280	4	11	1	2	7	10	3.22	8.59
	Chiropractor	1861	1957	53	70	64	59	98	73	28.48	35.77
	Interns and Resident	5780	5843	12	19	9	17	18	22	2.08	3.25
	Licensed Acupuncturist	498	503	7	6	8	6	7	8	14.06	11.93
	Licensed Midwife	54	64	5	5	6	5	7	6	92.59	78.13
	Limited Radiologic Technologist	1087	981	2	2	1	2	1	2	1.84	2.04
	Medicine & Surgery	36870	37697	1337	1387	1148	1209	2054	1525	36.26	36.79
	Occupational Therapist	3148	3262	8	8	4	5	11	7	2.54	2.45
	Occupational Therapy Assistant	1044	996	2	6	1	5	2	7	1.92	6.02
	Osteopathy and Surgery	1947	2103	69	64	59	63	97	85	35.44	30.43
	Physician Assistant	2271	2559	34	41	30	34	37	43	14.97	16.02
	Podiatry	523	538	25	37	33	32	52	31	47.80	68.77
	Radiologic Technologist	4070	4323	15	23	4	7	19	25	3.69	5.32
	Respiratory Care Practitioner	4166	4288	12	22	10	21	25	22	2.88	5.13
	Temporary Licenses	0	48								
	University Limited License	41	44								
	Volunteer Registration	4	4								
Medicine Total		64606	66490	1585	1701	1378	1467	2435	1866	24.53	25.58
Nursing	Advanced Certified Nurse Aide	130	104			535		1			
	Authorization to Prescribe	3661	3920	29	45	26	58	19	58	7.92	11.48
	Certified Massage Therapist	7061	7413	29	38	24	29	42	45	4.11	5.13
	Certified Nurse Aides	62184	66480	601	691	535	586	946	742	9.66	10.39
	Clinical Nurse Specialist	475	552	4	2	3	4	3	5	8.42	3.62

BOARD	OCCUPATION	Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred To Board ⁴		Complaints per 1000 Licensees ⁵	
		FY2009	FY2010	FY2009	FY2010	FY2009	FY2010	FY2009	FY2010	FY2009	FY2010
	Licensed Nurse Practitioner	6360	6815	85	90	86	99	119	118	13.36	13.21
	Licensed Practical Nurse	35228	35768	527	525	522	547	813	634	14.96	14.68
	Medication Aide	5886	5535	37	147	24	118	29	125	6.29	26.56
	Medication Aide Training Program	164	169		1				1		5.92
	Registered Nurse	104172	107099	760	816	728	809	1152	951	7.30	7.62
	RN by Privilege-Discipline	172	333	10	16	9	16	13	19	58.14	48.05
	VA Practical Schools of Nursing	67	74	9	14	6	16	6	19	134.33	189.19
	VA Professional Schools of Nursing	36	74								
	Volunteer Registration	12	12								
Nursing Total		225582	234257	2101	2389	1973	2286	3153	2725	9.31	10.20
Optometry	Optometrist	254	240	4	2	4	3	6	5	15.75	8.33
	Optometrist - Volunteer Registration	14	8								
	Professional Designation	257	254								
	TPA Certified Optometrist	1485	1519	50	41	57	52	77	44	33.67	26.99
Optometry Total		2010	2021	54	43	61	55	83	49	26.87	21.28
Pharmacy	Business CSR	834	848	2	2	2	3	1	2	2.40	2.36
	CE Courses	28	21								
	Humane Society	40	70								
	Limited Use Pharmacy Technician	48	54								
	Medical Equipment Supplier	536	559	2	1	2	1	4		3.73	1.79
	Non-resident Pharmacy	892	481	13	5	11	5	14	7	14.57	10.40
	Non-resident Wholesale Distributor	804	806		1		1				1.24
	Non-restricted Manufacturer	27	25								
	Permitted Physician	20	13								
	Pharmacist	11625	12025	175	159	184	168	212	185	15.05	13.22
	Pharmacist-Volunteer Registration	5	13								
	Pharmacy	1817	1807	37	43	34	44	46	51	20.36	23.80
	Pharmacy Intern	2786	2945	7	4	7	4	7	5	2.51	1.36
	Pharmacy Technician	14524	15544	78	171	81	71	83	190	5.37	11.00
	Pharmacy Technician Training Program	87	100		1		1		1	0.00	10.00
	Physician Selling Controlled Substances	551	579	5	1	4	2	5	3	9.07	1.73
	Physician Selling Drugs Location	147	133								
	Pilot Programs	2	2	4		3		1	3	2000.00	
	Restricted Manufacturer	91	77								
	Robotic Pharmacy System	11	2								
	Warehouser	52	58								
	Wholesale Distributor	140	124		1		1				8.06
Pharmacy Total		35067	36286	323	389	328	301	373	447	9.21	10.72
Physical Therapy	Direct Access Certification	443	722	1	1		1		1		1.39
	Physical Therapist	6751	6162	16	19	15	23	18	25	2.37	3.08
	Physical Therapist Assistant	2528	2578	12	9	8	12	13	13	4.75	3.49
Physical Therapy Total		9722	9025	28	29	23	36	31	39	2.88	3.21
Psychology	Applied Psychologist	47	188	1		2	1	2	1	21.28	0.00
	Clinical Psychologist	2976	2869	52	53	43	52	72	61	17.47	18.47
	Continuing Education Provider	12	13								
	Resident In Training	742	741	1	2		2	1	1	1.35	2.70
	School Psychologist	135	136	1		1		2		7.41	
	School Psychologist-Limited	356	312	1				2		2.81	
	Sex Offender Treatment Provider	461	485	8	4	7	4	8	4	17.35	8.25
Psychology Total		4729	4749	64	59	59	59	87	67	13.53	12.42
Social Work	Associate Social Worker	7	2								0.00
	Licensed Clinical Social Worker	6103	5379	62	54	48	45	85	54	10.16	10.04
	Licensed Social Worker	626	418	2	1		1	2	2	3.19	2.39
	Post Graduate Trainee	1194	1190	3		1	1	2	1	2.51	
	Registered Social Worker	52	27								
Social Work Total		7982	7016	67	55	49	47	89	57	8.39	7.84
Veterinary Medicine	Equine Dental Technician	28	30	2		1	2	1	1	71.43	
	Full Service Veterinary Facility	713	732	9	154	2	9	9	11	12.62	210.38
	Restricted Veterinary Facility	253	284	1		2		2		3.95	0.00
	Veterinarian	4003	4250	149	14	165	155	198	154	37.22	3.29
	Veterinary Technician	1489	1706	3	3	2	2	6	4	2.01	1.76
Veterinary Medicine Total		6486	7002	164	171	172	168	216	170	25.29	24.42
AGENCY TOTAL		588872	606370	7116	8051	4601	5138	7300	6342	12.13	13.28

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	
		FY2009	FY2010	FY2009	FY2010	FY2009	FY2010	FY2009	FY2010	FY2009	FY2010
Audiology/Speech Pathology	Audiologist	503	498	1	3	1		2	3	2.0	
	Continuing Education Provider	1	6								
	School Speech Pathologist	157	140								
	Speech Pathologist	3181	3295	2	2	1	4	3	6	0.3	1.2
	Audiology/Speech Pathology Total	3842	3939	3	5	2	4	5	9	0.5	1.0
Counseling	Certified Substance Abuse Counselor	2083	2137	1		1	1	1	1		0.5
	Licensed Marriage and Family Therapist	974	976	3	14		5	3	19		5.1
	Licensed Professional Counselor	3855	3991	35		6		41		1.6	
	MF Therapist Resident	0	0								
	Post Graduate Trainee	3403	3401	1	3			1	3		
	Rehabilitation Provider	385	411		1	1		1	1	2.6	
	SA Oral Examiner	0	0								
	Substance Abuse Counseling Assistant	108	121				2		2		16.5
	Substance Abuse Treatment Practitioner	219	214		1				1		
Counseling Total	11027	11251	40	21	7	8	47	29	0.6	0.7	
Dentistry	Cosmetic Procedure Certification	27	26								
	Dental Assistant	3695	3695								
	Dental Full Time Faculty	16	15								
	Dental Hygienist	5345	5442	5	5	4	4	9	9	0.7	0.7
	Dental Hygienist Teacher	1	2								
	Dental Hygienist-Volunteer Registration	5	21								
	Dental Restricted Volunteer	11	17								
	Dental Hygienist Temporary Permit	0	0								
	Dental Teacher	9	7								
	Dental Temporary Permit	0	0								
	Dentist	6952	7116	257	265	93	42	350	307	13.4	5.9
	Dentist-Volunteer Registration	34	63								
	Oral/Maxillofacial Surgeon Registration	248	260	2	11			2	11		
Temporary Resident	75	86									
Dentistry Total	16418	16750	270	288	97	46	367	334	5.9	2.7	
Funeral Directing	Branch Establishment	26	21		1				1		
	Continuing Education Provider	45	52								
	Courtesy Card	147	123								
	Crematories	84	97		2				2		
	Embalmer	6	5								
	Funeral Director	115	102		2	2		2	2	17.4	
	Funeral Establishment	521	517	2	16	6	3	8	19	11.5	5.8
	Funeral Service Intern	303	274								
	Funeral Service Provider	1649	1634	27	17	13	4	40	21	7.9	2.4
	Funeral Supervisor	263	303								
	Funeral Trainee	0	0								
Surface Transport & Removal Services	68	68	2				2				
Funeral Directing Total	3227	3196	32	38	21	7	53	45	6.5	2.2	
Long Term Care Administrator	Administrator-In-Training	172	180		1				1		
	ALF-Administrator-In-Training	66	149		2		2		4		13.4
	Assisted Living Facility Administrator	1078	680	1	9		8	1	17		11.8
	Assisted Living Facility Preceptor	154	229	2				2			
	Nursing Home Administrator	968	960	15	16	1	6	16	22	1.0	6.3
	Nursing Home Preceptor	261	267								
Long Term Care Administrator Total	2699	2465	18	28	1	16	19	44	0.4	6.5	
Medicine	Athletic Trainer	1242	1280		1	5	8	5	9	4.0	6.3
	Chiropractor	1861	1957	20	15	16	10	36	25	8.6	5.1
	Interns and Resident	5780	5843	4	8	2	2	6	10	0.3	0.3
	Licensed Acupuncturist	498	503		2	1	1	1	3	2.0	2.0
	Licensed Midwife	54	64	1		3	2	4	2	55.6	31.3
	Limited Radiologic Technologist	1087	981								
	Medicine & Surgery	36870	37697	542	469	194	140	736	609	5.3	3.7
	Occupational Therapist	3148	3282	4		6	2	10	2	1.9	0.6
	Occupational Therapy Assistant	1044	996	1			1	1	1	1.0	
	Osteopathy and Surgery	1947	2103	27	18	11	11	38	29	5.6	5.2
	Physician Assistant	2271	2559	13	8	4	3	17	11	1.8	1.2
	Podiatry	523	538	13	14	2	3	15	17	3.8	5.6
	Radiologic Technologist	4070	4323	2	4	12	17	14	21	2.9	3.9
	Respiratory Care Practitioner	4166	4288	2	2	11	7	13	9	2.6	1.6
	Temporary Licensees	0	48								
	University Limited License	41	44								
	Volunteer Registration	4	4								
Medicine Total	64606	66490	629	541	267	207	896	748	4.1	3.1	
Nursing	Advanced Certified Nurse Aide	130	104								
	Authorization to Prescribe	3861	3920	3	3	2	6	5	9	0.5	1.5
	Certified Massage Therapist	7061	7413	11	9	7	19	18	28	1.0	2.6
	Certified Nurse Aides	62184	66480	271	182	237	241	508	423	3.8	3.6
	Clinical Nurse Specialist	475	552		1				1		
	Licensed Nurse Practitioner	6360	6815	39	16	23	13	62	29	3.6	1.9

BOARD	OCCUPATION	Total Licensees ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations per 1000 Licensees ⁵	
		FY2009	FY2010	FY2009	FY2010	FY2009	FY2010	FY2009	FY2010	FY2009	FY2010
	Licensed Practical Nurse	35228	35768	199	166	257	201	456	367	7.3	5.6
	Medication Aide	5886	5535	5	16	7	44	12	60	1.2	7.9
	Medication Aide Training Program	164	169								
	Registered Nurse	104172	107099	270	230	333	289	603	519	3.2	2.7
	RN by Privilege-Discipline			1	1			1	9		
	VA Nurse Aide Education Program	172	333								
	VA Practical Schools of Nursing	67	74	1	8	1	3	2	11	14.9	40.5
	VA Professional Schools of Nursing	36	74								
	Volunteer Registration	12	12								
Nursing Total		225582	234257	533	451	633	586	1166	1037	2.8	2.5
Optometry	Optometrist	254	240	3	1	2	1	5	2	7.9	4.2
	Opometrist - Volunteer Registration	14	8								
	Professional Designation	257	254								
	TPA Certified Optometrist	1485	1519	45	23	7	4	52	27	4.7	2.6
Optometry Total		2010	2021	48	24	9	5	57	29	4.5	2.5
Pharmacy	Business CSR	834	848								
	CE Courses	28	21								
	Humane Society	40	70								
	Limited Use Pharmacy Technician	48	54								
	Medical Equipment Supplier	536	559	2				2			
	Non-resident Pharmacy	892	481	6	1			6	1		
	Non-resident Wholesale Distributor	804	806								
	Non-restricted Manufacturer	27	25								
	Permitted Physician	20	13								
	Pharmacist	11625	12025	31	30	54	56	85	86	4.6	4.7
	Pharmacist-Volunteer Registration	5	13								
	Pharmacy	1817	1807	13	28	12	5	25	33	6.6	2.8
	Pharmacy Intern	2786	2945	4				4			
	Pharmacy Technician	14524	15544		13	26	68	26	81	1.8	4.4
	Pharmacy Technician Training Program	87	100		1	1		1	1	11.5	
	Physician Selling Controlled Substances	551	579						2		3.5
	Physician Selling Drugs Location	147	133								
	Pilot Programs	2	2								
	Restricted Manufacturer	91	77								
	Robotic Pharmacy System	11	2								
	Warehouser	52	58								
	Wholesale Distributor	140	124								
Pharmacy Total		35067	36286	56	73	93	132	149	205	2.7	3.6
Physical Therapy	Direct Access Certification	443	722								
	Physical Therapist	6751	6162	8	6	1	4	9	10	0.1	0.6
	Physical Therapist Assistant	2528	2578	2	2	2	3	4	5	0.8	1.2
Physical Therapy Total		9722	9025	11	8	3	7	14	15	0.3	0.8
Psychology	Applied Psychologist	47	188			1		1		21.3	
	Clinical Psychologist	2976	2869	38	28	4	2	42	30	1.3	0.7
	Continuing Education Provider	12	13								
	Resident in Training	742	741		1				1		
	School Psychologist	135	136	1				1			
	School Psychologist-Limited	356	312	1		1		2		2.8	
	Sex Offender Treatment Provider	461	485	6	2		1	6	3		2.1
Psychology Total		4729	4749	47	32	6	3	53	35	1.3	0.6
Social Work	Associate Social Worker	7	2	2	1			2	1		
	Licensed Clinical Social Worker	6103	5379	40	21	9	1	49	22	1.5	0.2
	Licensed Social Worker	626	418	1	1		1	1	2		2.4
	Post Graduate Trainee	1194	1190	1	1			1	1		
	Registered Social Worker	52	27								
Social Work Total		7982	7016	44	25	9	2	53	27	1.1	0.3
Veterinary Medicine	Equine Dental Technician	28	30	1				1			
	Full Service Veterinary Facility	713	732	8	10	2		10	10	2.8	
	Restricted Veterinary Facility	253	284	1	1			1	1		
	Veterinarian	4003	4250	122	101	41	27	163	128	10.2	6.4
	Veterinary Technician	1489	1706	2	1	2	1	4	2	1.3	0.6
Veterinary Medicine Total		6486	7002	134	113	45	28	179	141	6.9	4.0
AGENCY TOTAL		586872	606370	2137	1829	1430	1292	3567	3121	2.44	2.13

*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		
		FY2009	FY2010	FY2009	FY2010	FY2009	FY2010	
Audiology/Speech Pathology	Audiologist	503	498		2		4.0	
	Continuing Education Provider	1	6					
	School Speech Pathologist	157	140					
	Speech Pathologist	3181	3295	13	12	4.1	3.6	
Audiology/Speech Pathology Total		3842	3939	13	12	3.4	3.0	
Counseling	Certified Substance Abuse Counselor	2083	2137	1	1	0.5	0.5	
	Licensed Marriage and Family Therapist	974	976		7		7.2	
	Licensed Professional Counselor	3855	3991	22		5.7		
	MF Therapist Resident							
	Post Graduate Trainee	3403	3401					
	Rehabilitation Provider	385	411					
	SA Oral Examiner							
	Substance Abuse Counseling Assistant Substance Abuse Treatment Practitioner	108 219	121 214	2 2	2	18.5	16.5	
Counseling Total		11027	11251	25	10	2.3	0.9	
Dentistry	Cosmetic Procedure Certification	27	26					
	Dental Assistant	3695	3695					
	Dental Full Time Faculty	16	15					
	Dental Hygienist	5345	5442	14	8	2.6	1.5	
	Dental Hygienist Teacher	1	2					
	Dental Hygienist-Volunteer Registration	5	21					
	Dental Restricted Volunteer	11	17					
	Dental Hygienist Temporary Permit							
	Dental Teacher	9	7					
	Dental Temporary Permit							
	Dentist	6952	7116	215	72	30.9	10.1	
	Dentist-Volunteer Registration	34	63					
	Oral/Maxillofacial Surgeon Registration	248	260					
	Temporary Resident	75	86					
Dentistry Total		16418	16750	229	80	13.9	4.8	
Funeral Directing	Branch Establishment	26	21					
	Continuing Education Provider	45	52					
	Courtesy Card	147	123					
	Crematories	84	97					
	Embalmer	6	5					
	Funeral Director	115	102					
	Funeral Establishment	521	517	10	2	19.2	3.9	
	Funeral Service Intern	303	274					
	Funeral Service Provider	1649	1634	13	3	7.9	1.8	
	Funeral Supervisor	263	303					
	Funeral Trainee							
	Surface Transport & Removal Services	68	68					
Funeral Directing Total		3227	3196	23	5	7.1	1.6	
Long Term Care Administrator	Administrator-in-Training	172	180					
	ALF-Administrator-In-Training	66	149	4	4	60.6	26.8	
	Assisted Living Facility Administrator	1078	680	9	10	8.3	14.7	
	Assisted Living Facility Preceptor	154	229					
	Nursing Home Administrator	968	960	8	6	8.3	6.3	
	Nursing Home Preceptor	261	267					
Long Term Care Administrator Total		2699	2465	21	20	7.8	8.1	
Medicine	Athletic Trainer	1242	1280	25	15	20.1	11.7	
	Chiropractor	1861	1957	51	20	27.4	10.2	
	Interns and Resident	5780	5843	7	5	1.2	0.9	
	Licensed Acupuncturist	498	503	5	3	10.0	6.0	
	Licensed Midwife	54	64	10	5	185.2	78.1	
	Limited Radiologic Technologist	1087	981					
	Medicine & Surgery	36870	37697	666	287	18.1	7.6	
	Occupational Therapist	3148	3262	15	3	4.8	0.9	
	Occupational Therapy Assistant	1044	996	5	2	4.8	2.0	
	Osteopathy and Surgery	1947	2103	44	21	22.6	10.0	
	Physician Assistant	2271	2559	12	6	5.3	2.3	
	Podiatry	523	538	14	11	28.8	20.4	
	Radiologic Technologist	4070	4323	60	34	14.7	7.9	
	Respiratory Care Practitioner	4166	4288	38	15	9.1	3.5	
	Temporary Licenses		48					
	University Limited License	41	44					
	Volunteer Registration	4	4					
	Medicine Total		64606	66490	952	427	14.7	6.4

SANCTION INFORMATION							
Nursing	Advanced Certified Nurse Aide	130	104				
	Authorization to Prescribe	3661	3920	25	14	6.8	3.6
	Certified Massage Therapist	7061	7413	34	28	4.8	3.8
	Certified Nurse Aides	62184	66480	696	401	11.2	6.0
	Clinical Nurse Specialist	475	552				
	Licensed Nurse Practitioner	6360	6815	80	45	12.6	6.6
	Licensed Practical Nurse	35228	35768	585	273	16.6	7.6
	Medication Aide	5886	5535	45	57	7.6	10.3
	Medication Aide Training Program	164	169				
	Registered Nurse	104172	107099	792	408	7.6	3.8
	RN by Privilege-Discipline			13	12		
	VA Nurse Aide Education Program	172	333				
	VA Practical Schools of Nursing	67	74		3		40.5
	VA Professional Schools of Nursing	36	74				
Volunteer Registration	12	12					
Nursing Total		225582	234257	1584	846	7.0	3.6
Optometry	Optometrist	254	240	6	3		
	Optometrist - Volunteer Registration	14	8				
	Professional Designation	257	254				
	TPA Certified Optometrist	1485	1519	11	4	7.4	2.6
Optometry Total		2010	2021	17	7	8.5	3.5
Pharmacy	Business CSR	834	848				
	CE Courses	28	21				
	Humane Society	40	70				
	Limited Use Pharmacy Technician	48	54				
	Medical Equipment Supplier	536	559				
	Non-resident Pharmacy	892	481				
	Non-resident Wholesale Distributor	804	806				
	Non-restricted Manufacturer	27	25				
	Permitted Physician	20	13				
	Pharmacist	11625	12025	174	97	15.0	8.1
	Pharmacist-Volunteer Registration	5	13				
	Pharmacy	1817	1807	18	5	9.9	2.8
	Pharmacy Intern	2786	2945	1	1	0.4	0.3
	Pharmacy Technician	14524	15544		113		7.3
	Pharmacy Technician Training Program	87	100	1		11.5	
	Physician Selling Controlled Substances	551	579	2	2	3.6	3.5
	Physician Selling Drugs Location	147	133				
	Pilot Programs	2	2				
	Restricted Manufacturer	91	77				
Robotic Pharmacy System	11	2					
Warehouser	52	58					
Wholesale Distributor	140	124					
Pharmacy Total		35067	36286	196	218	5.6	6.0
Physical Therapy	Direct Access Certification	443	722				
	Physical Therapist	6751	6162	7	5	1.0	0.8
	Physical Therapist Assistant	2528	2578	5	4	2.0	1.6
Physical Therapy Total		9722	9025	12	9	1.2	1.0
Psychology	Applied Psychologist	47	188	2		42.6	
	Clinical Psychologist	2976	2869	10	2	3.4	0.7
	Continuing Education Provider	12	13				
	Resident in Training	742	741				
	School Psychologist	135	136				
	School Psychologist-Limited	356	312	3		8.4	
	Sex Offender Treatment Provider	461	485	1	3	2.2	6.2
Psychology Total		4729	4749	16	5	3.4	1.1
Social Work	Associate Social Worker	7	2				
	Licensed Clinical Social Worker	6103	5379	14	1	2.3	0.2
	Licensed Social Worker	626	418	2	2	3.2	4.8
	Post Graduate Trainee	1194	1190				
	Registered Social Worker	52	27				
Social Work Total		7982	7016	16	3	2.0	0.4
Veterinary Medicine	Equine Dental Technician	28	30				
	Veterinary Establishment - Full Service	713	732	2		2.8	
	Veterinary Establishment - Restricted	253	284				
	Veterinarian	4003	4250	79	41	19.7	9.6
	Veterinary Technician	1489	1706	3	1	2.0	0.6
Veterinary Medicine Total		6486	7002	84	42	13.0	6.0
AGENCY TOTAL		586872	606370	4051	2084	6.9	3.4

COMPLAINT CATEGORY INFORMATION							
		FY 2009		FY 2010		TOTAL	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Board	COMPLAINT CATEGORY						
Audiology/Speech Pathology	Business Practice Issues	2		4		6	
	Misappropriation of Property, NPC			1		1	
	Abuse/Abandonment/Neglect			1	2	1	2
	Action by Another Board, NPC	1				1	
	Action by Another Board, Patient Care			1	2	1	2
	Compliance	1		1		2	
	Criminal Activity			2		2	
	Fraud, Non-Patient Care			1	2	1	2
	Fraud, Patient Care	3				3	
	HIPDB	1		6	15	7	15
	Reinstatement			4	12	4	12
Unlicensed Activity			2	1	2	1	
Audiology/Speech Pathology Total		8		23	34	31	34
Counseling	Business Practice Issues	24		12		36	
	HPMP	1		1	1	2	1
	Abuse/Abandonment/Neglect	3		7		10	
	Compliance			2		2	
	Confidentiality Breach	4		7		11	
	Continuing Competency Req Not Met	3		1	1	4	1
	Criminal Activity	2	1	3	2	5	3
	Drug Related, Non-Patient Care			1		1	
	Drug Related, Patient Care	2		2		4	
	Eligibility	11		16		27	
	Fraud, Non-Patient Care			3	1	3	1
	Fraud, Patient Care	2		5	1	7	1
	HIPDB	5	9	10	11	15	20
	Inability to Safely Practice	3	2	9	4	12	6
	Inappropriate Relationship	3	4	6	2	9	6
	Records Release	2		2		4	
	Reinstatement			1		1	
Std of Care, Diagnosis/Treatment	2	2	17		19	2	
Std of Care, Exceeding Scope			2		2		
Std of Care, Other	8				8		
Unlicensed Activity	1		4		5		
Counseling Total		76	18	111	23	187	41
Dentistry	Business Practice Issues	160	14	98	6	258	20
	HPMP			1	2	1	2
	Abuse/Abandonment/Neglect	15	5	27		42	5
	Action by Another Board, NPC			1		1	
	Action by Another Board, Patient Care			2	2	2	2
	Compliance	7	2	9	4	16	6
	Confidentiality Breach	1	3	5		6	3
	Continuing Competency Req Not Met	7		6	2	13	2
	Criminal Activity	8	5	4	5	12	10
	Drug Related, Non-Patient Care			1		1	
	Drug Related, Patient Care	14	9	9		23	9
	Eligibility	2		2		4	
	Fraud, Non-Patient Care			53	1	53	1
	Fraud, Patient Care	25	4	38		63	4
HIPDB	44	67	23	36	67	103	
Inability to Safely Practice	2	1	5	4	7	5	

Board	COMPLAINT CATEGORY	FY 2009		FY 2010		TOTAL	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
	Inappropriate Relationship	1				1	
	Misappropriation of Patient Property	1	2			1	2
	Records Release	14	2	14	1	28	3
	Reinstatement	4	2	4	11	8	13
	Std of Care, Diagnosis/Treatment	16	4	195	10	211	14
	Std of Care, Exceeding Scope			7	2	7	2
	Std of Care, Malpractice Reports	1	1	9	3	10	4
	Std of Care, Medication/Prescription			4		4	
	Std of Care, Other	206	28	10		216	28
	Std of Care, Surgery			8	1	8	1
	Unlicensed Activity	16	5	198		214	5
Dentistry Total		544	154	733	90	1277	244
Funeral Directing	Business Practice Issues	52	1	77	2	129	3
	Abuse/Abandonment/Neglect			1		1	
	Action by Another Board, NPC	1				1	
	Compliance	2		17		19	
	Criminal Activity			1		1	
	Dishonored Check	2	2			2	2
	Drug Related, Patient Care						
	Eligibility	2				2	
	Fraud, Non-Patient Care	3	2	8	2	11	4
	Fraud, Patient Care	4	3			4	3
	Inability to Safely Practice	1		3		4	
	Reinstatement	3	3	3		6	3
	Std of Care, Diagnosis/Treatment			1		1	
	Std of Care, Exceeding Scope			1		1	
	Std of Care, Other	4	6			4	6
	Unlicensed Activity	13		11		24	
Funeral Directing Total		88	17	123	4	211	21
Medicine	Business Practice Issues	236		172		408	
	HPMP	2	3	3	2	5	5
	99 HIPDB	190	336	114	176	304	512
	Abuse/Abandonment/Neglect	96	29	127	25	223	54
	Action by Another Board, NPC	55	31	21	13	76	44
	Action by Another Board, Patient Care	3	1	39	23	42	24
	Compliance	10	21	15	10	25	31
	Confidentiality Breach	27	6	30	2	57	8
	Continuing Competency Req Not Met	4		1	1	5	1
	Criminal Activity	38	14	33	7	71	21
	Dishonored Check			2	3	2	3
	Drug Related, Non-Patient Care			8		8	
	Drug Related, Patient Care	101	72	99	19	200	91
	Drug Related, Security	1		1		2	
	Eligibility	22	38	19	9	41	47
	Fraud, Non-Patient Care		15	100	5	100	20
	Fraud, Patient Care	104	28	85	3	189	31
	Inability to Safely Practice	49	45	51	12	100	57
	Inappropriate Relationship	15	15	20	6	35	21
	Misappropriation of Patient Property	1		1		2	
	Records Release	77	4	72		149	4
	Reinstatement	24	38	15	21	39	59
	Std of Care, Diagnosis/Treatment	42	5	693	15	735	20
	Std of Care, Exceeding Scope			22		22	
	Std of Care, Malpractice Reports	12	3	162	5	174	8
	Std of Care, Medication/Prescription	4	3	158	16	162	19
	Std of Care, Other	831	73	24		855	73

Board	COMPLAINT CATEGORY	FY 2009		FY 2010		TOTAL	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
	Std of Care, Surgery	3	4	135	11	138	15
	Unlicensed Activity	67	51	81	52	148	103
Medicine Total		2014	835	2303	436	4317	1271
Nurse Aide	Business Practice Issues	2		4	3	6	3
	HPMP	3	2	1	2	4	4
	Misappropriation of Property, NPC			6		6	
	99 HIPDB	205	285	195	290	400	575
	Abuse/Abandonment/Neglect	338	155	379	121	717	276
	Action by Another Board, NPC	1	1	1		2	1
	Action by Another Board, Patient Care	1		1		2	
	Compliance	3	3	13	14	16	17
	Confidentiality Breach	4	3	8	8	12	11
	Criminal Activity	98	71	102	61	200	132
	Dishonored Check	13	21	12	17	25	38
	Drug Related, Non-Patient Care	1	1	3	1	4	2
	Drug Related, Patient Care	33	12	41	18	74	30
	Eligibility	32	35	39	45	71	80
	Fraud, Non-Patient Care	1	1	34	18	35	19
	Fraud, Patient Care	28	28	30	12	58	40
	Inability to Safely Practice	37	15	48	23	85	38
	Inappropriate Relationship	7	9	15	15	22	24
	Misappropriation of Patient Property	43	41	37	23	80	64
	Reinstatement	19	19	35	50	54	69
	Std of Care, Diagnosis/Treatment	10	3	77	30	87	33
	Std of Care, Exceeding Scope			27	9	27	9
	Std of Care, Medication/Prescription			6	1	6	1
	Std of Care, Other	91	34	8	2	99	36
	Unlicensed Activity	4		14	4	18	4
Nurse Aide Total		974	739	1136	767	2110	1506
Nursing	Business Practice Issues	41	1	77	9	118	10
	HPMP	47	56	53	40	100	96
	Misappropriation of Property, NPC	2	4	15	12	17	16
	Abuse/Abandonment/Neglect	155	47	314	74	469	121
	Action by Another Board, NPC	118	54	48	26	166	80
	Action by Another Board, Patient Care			51	29	51	29
	Compliance	62	53	76	45	138	98
	Confidentiality Breach	36	6	36	3	72	9
	Continuing Competency Req Not Met	1	2	5	3	6	5
	Criminal Activity	153	89	178	87	331	176
	Dishonored Check	10	18	17	29	27	47
	Drug Related, Non-Patient Care			26	19	26	19
	Drug Related, Patient Care	300	153	341	93	641	246
	Drug Related, Security	7	2	5		12	2
	Eligibility	70	65	95	87	165	152
	Fraud, Non-Patient Care	4	2	94	45	98	47
	Fraud, Patient Care	154	95	205	68	359	163
	HIPDB	514	642	401	508	915	1150
	Inability to Safely Practice	248	156	271	103	519	259
	Inappropriate Relationship	24	8	28	13	52	21
	Misappropriation of Patient Property	21	1	49	13	70	14
	Records Release	1		2	1	3	1
	Reinstatement	44	52	47	61	91	113
	Std of Care, Diagnosis/Treatment	44	16	305	45	349	61
	Std of Care, Exceeding Scope	21	11	75	13	96	24
	Std of Care, Malpractice Reports	3	1	8		11	1
	Std of Care, Medication/Prescription	37	16	227	64	264	80

Board	COMPLAINT CATEGORY	FY 2009		FY 2010		TOTAL	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
	Std of Care, Other	298	102			298	102
	Std of Care, Surgery			8	2	8	2
	Unlicensed Activity	79	49	132	37	211	86
Nursing Total		2494	1701	3189	1529	5683	3230
Nursing Home Administrator	Business Practice Issues	22		25	2	47	2
	Abuse/Abandonment/Neglect	10	3	23	1	33	4
	Compliance	1	2			1	2
	Confidentiality Breach			2		2	
	Continuing Competency Req Not Met			2	2	2	2
	Criminal Activity			2	1	2	1
	Drug Related, Patient Care	3	2	5	1	8	3
	Drug Related, Security	1		3		4	
	Eligibility	3		10	8	13	8
	Fraud, Non-Patient Care			9	3	9	3
	Fraud, Patient Care	4	3	8	4	12	7
	HIPDB	6	10	12	18	18	28
	Inability to Safely Practice	1		2	1	3	1
	Misappropriation of Patient Property			2		2	
	Records Release			1		1	
	Reinstatement			1	2	1	2
	Std of Care, Diagnosis/Treatment			11		11	
	Std of Care, Exceeding Scope			3		3	
	Std of Care, Medication/Prescription			3	1	3	1
	Std of Care, Other	2	2			2	2
	Unlicensed Activity			43	9	43	9
Nursing Home Administrator Total		53	22	167	53	220	75
Optometry	Business Practice Issues	29	6	30	1	59	7
	Abuse/Abandonment/Neglect	4	1	1		5	1
	Compliance	5	6	3	1	8	7
	Confidentiality Breach			1		1	
	Continuing Competency Req Not Met	8	1			8	1
	Criminal Activity	1	1			1	1
	Eligibility			2		2	
	Fraud, Non-Patient Care			2		2	
	Fraud, Patient Care	1				1	
	HIPDB	9	12	2	1	11	13
	Inability to Safely Practice	1				1	
	Records Release	1	1			1	1
	Std of Care, Diagnosis/Treatment	1	2	9		10	2
	Std of Care, Exceeding Scope			2		2	
	Std of Care, Other	12				12	
	Unlicensed Activity			2		2	
Optometry Total		72	30	54	3	126	33
Pharmacy	Business Practice Issues	48	9	41	5	89	14
	HPMP	5	2			5	2
	Misappropriation of Property, NPC	4		1		5	
	Abuse/Abandonment/Neglect	10	8	4	2	14	10
	Action by Another Board, NPC	6		2	1	8	1
	Action by Another Board, Patient Care			2		2	
	Compliance	7	3	5		12	3
	Confidentiality Breach	6		11		17	
	Continuing Competency Req Not Met			119	120	119	120
	Criminal Activity	11	3	11	3	22	6
	Dishonored Check	1	1	8	11	9	12
	Drug Related, Non-Patient Care	8	2	11	1	19	3
	Drug Related, Patient Care	73	40	34	20	107	60

Board	COMPLAINT CATEGORY	FY 2009		FY 2010		TOTAL	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
	Drug Related, Security	9	7	12	7	21	14
	Eligibility	11	4	2	2	13	6
	Fraud, Non-Patient Care	1		8	4	9	4
	Fraud, Patient Care	5		3		8	
	HIPDB	83	108	118	195	201	303
	Inability to Safely Practice	14	6	22	3	36	9
	Misappropriation of Patient Property	2	1	1	2	3	3
	Reinstatement	13	10	8	7	21	17
	Std of Care, Diagnosis/Treatment			6		6	
	Std of Care, Exceeding Scope			8		8	
	Std of Care, Malpractice Reports	2	1	2		4	1
	Std of Care, Medication/Prescription	10	5	99	13	109	18
	Std of Care, Other	102	17			102	17
	Unlicensed Activity	38	19	26	5	64	24
Pharmacy Total		469	246	564	401	1033	647
Physical Therapy	Business Practice Issues	10	2	2		12	2
	Abuse/Abandonment/Neglect	5	2	3	1	8	3
	Action by Another Board, NPC	1				1	
	Action by Another Board, Patient Care			3		3	
	Compliance			1	1	1	1
	Confidentiality Breach	1				1	
	Continuing Competency Req Not Met	1	1			1	1
	Criminal Activity			5	2	5	2
	Drug Related, Patient Care	2	2	3	3	5	5
	Eligibility	2		1		3	
	Fraud, Non-Patient Care			5		5	
	Fraud, Patient Care	6	4	3		9	4
	HIPDB	8	9	5	8	13	17
	Inability to Safely Practice	1		2		3	
	Inappropriate Relationship	2	1	2		4	1
	Misappropriation of Patient Property			1	2	1	2
	Records Release			2		2	
	Reinstatement			1	3	1	3
	Std of Care, Diagnosis/Treatment			4		4	
	Std of Care, Exceeding Scope			2		2	
	Std of Care, Other	4				4	
	Unlicensed Activity	1		3		4	
Physical Therapy Total		44	21	48	20	92	41
Psychology	Business Practice Issues	42		23		65	
	Abuse/Abandonment/Neglect	1		2		3	
	Compliance			1		1	
	Confidentiality Breach	3		4		7	
	Continuing Competency Req Not Met	1		1		2	
	Drug Related, Patient Care			1		1	
	Fraud, Non-Patient Care			1		1	
	Fraud, Patient Care	2		2		4	
	HIPDB	4	7	2	1	6	8
	Inability to Safely Practice	2	1	1		3	1
	Inappropriate Relationship	3	2	7	1	10	3
	Records Release	2		5		7	
	Reinstatement			1		1	
	Std of Care, Diagnosis/Treatment	2		22		24	
	Std of Care, Exceeding Scope			1		1	
	Std of Care, Other	9		1		10	
	Unlicensed Activity	1		3		4	
Psychology Total		72	10	78	2	150	12

Board	COMPLAINT CATEGORY	FY 2009		FY 2010		TOTAL	
		Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²	Category Count ¹	Sanction Count ²
Social Work	Business Practice Issues	29		16		45	
	Abuse/Abandonment/Neglect	1		5		6	
	Confidentiality Breach	5		5		10	
	Continuing Competency Req Not Met	3	2	6		9	2
	Drug Related, Patient Care			2		2	
	Fraud, Non-Patient Care			1		1	
	Fraud, Patient Care			3		3	
	HIPDB	5	10	2	3	7	13
	Inability to Safely Practice	1		4	3	5	3
	Inappropriate Relationship	2	2	5		7	2
	Records Release	3		1		4	
	Std of Care, Diagnosis/Treatment	2		20		22	
	Std of Care, Other	14	6			14	6
	Unlicensed Activity	5		1		6	
Social Work Total		70	20	71	6	141	26
Veterinary Medicine	Business Practice Issues	62	13	58	2	120	15
	HPMP	1				1	
	Abuse/Abandonment/Neglect	5	5	36	6	41	11
	Action by Another Board, NPC	1				1	
	Compliance	13	3	19	1	32	4
	Confidentiality Breach	1		1		2	
	Continuing Competency Req Not Met	1	1	2	1	3	2
	Criminal Activity	1				1	
	Drug Related, Patient Care	6	3	3		9	3
	Drug Related, Security	3	2	4	2	7	4
	Eligibility	3		1	1	4	1
	Fraud, Non-Patient Care			1		1	
	Fraud, Patient Care	2	1	4	3	6	4
	Inability to Safely Practice	1	1	2		3	1
	Records Release	6	1	3		9	1
	Reinstatement			3	2	3	2
	Std of Care, Diagnosis/Treatment	5		81	5	86	5
	Std of Care, Medication/Prescription	2		1		3	
	Std of Care, Other	87	25			87	25
	Std of Care, Surgery			14	7	14	7
	Unlicensed Activity	6	2	17	9	23	11
Veterinary Medicine Total		206	57	250	39	456	96
AGENCY TOTAL		7184	3870	8850	3407	16034	7277
¹ A single case may fall into more than one category. ² More than one sanction may be imposed per case found in violation							

STANDARD OF CARE CASES IN WHICH CONSENT OR ASSENT OF A PATIENT OR (G) WAS ACCEPTED AND MORE THAN TWO CASES ACCEPTED FOR STANDARD OF CARE VIOLATION WITHIN A FALLEN QUARTER

*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 07-08	FY 09-10	Change	FY 07-08	FY 09-10	Change	FY 07-08	FY 09-10	Change	FY 07-08	FY 09-10	Change
BOARD												
Audiology/Speech Pathology	21	22	5%	0.50	0.50	0%	42.00	44.00	5%	313.4	214.0	-32%
Counseling	115	124	8%	0.66	0.66	0%	174.24	187.88	8%	233.2	184.6	-21%
Dentistry	1082	1107	2%	4.00	3.50	-13%	270.50	316.29	17%	476.6	254.9	-47%
Funeral Directing	181	147	-19%	2.00	0.33	-84%	90.50	445.45	392%	417.2	127.8	-69%
Long Term Care Administrator	56	84	50%	1.25	0.33	-74%	44.80	254.55	468%	360.6	117.9	-67%
Medicine	4363	3807	-13%	8.00	6.75	-16%	545.38	564.00	3%	405.6	164.4	-59%
Nursing	3692	4168	13%	8.00	8.75	9%	461.50	476.34	3%	387.8	220.8	-43%
Optometry	109	120	10%	0.50	0.50	0%	218.00	240.00	10%	344.2	201.1	-42%
Pharmacy	860	714	-17%	2.80	3.00	7%	307.14	238.00	-23%	314.9	246.0	-22%
Physical Therapy	67	49	-27%	1.25	0.33	-74%	53.60	148.48	177%	355.6	247.0	-31%
Psychology	107	132	23%	0.66	0.66	0%	162.12	200.00	23%	192.2	177.3	-8%
Social Work	88	88	0%	0.66	0.66	0%	133.33	133.33	0%	271.8	159.2	-41%
Veterinary Medicine	420	343	-18%	0.67	0.50	-25%	626.87	686.00	9%	336.6	216.0	-36%
Enforcement				78.48	72.00	-8%						
Administrative Proceedings				20.00	21.00	5%						
HPIP				1.00	1.00	0%						
AGENCY TOTAL	11161	10905	-2%	130.43	120.47	-8%	85.57	90.52	6%	386.7	200.6	-48%

*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.

