



VIRGINIA

Department of Health Professions

**2010 – 2012
Virginia
Department of Health
Professions
Biennial Report**

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

BOARDS

**Audiology & Speech
Language Pathology**

Counseling

Dentistry

**Funeral Directors &
Embalmers**

**Long Term Care
Administrators**

Medicine

Nursing

Optometry

Pharmacy

Physical Therapy

Psychology

Social Work

Veterinary Medicine

Health Professions

PROGRAMS

**Prescription Monitoring
Program**

**Health Practitioners'
Monitoring Program**

**Healthcare Workforce Data
Center**

SERVICE

Administrative Proceedings

Enforcement



COMMONWEALTH of VIRGINIA

Dianne L. Reynolds-Cane, M.D.
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October 2012

Dear Friend:

From 2010 to 2012 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' 2010 – 2012 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. The summary reflects DHP's pride in 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 the last report, DHP achieved a continuation in 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 and as a result of board leadership today the average days to close all cases dropped by 26 percent from just over 200 working days in the last biennium to under 150 working days from 2010-2012. Over 90 percent of DHP disciplinary cases were reviewed and closed by health regulatory boards within 250 working days, with customer satisfaction remaining well above 95 percent.

From nursing to medicine to long term care to enforcement, members and executive directors of DHP boards, DHP division directors and program managers were tapped to serve in a variety of national leadership positions with agency-related professional organizations, including the Council on Licensure, Enforcement And Regulation (CLEAR); Nurse Licensure Compact Administrators Group (NLCAG); National Association of Boards of Long-Term Care Administrators (NAB) and National Association of State Controlled Substance Authorities (NASCSA). Additionally, a member of the Board of Medicine was selected as a White House Fellow, recognition of the high quality of DHP board members.

DHP increased its web-based operations by implementing online applications for initial licensure for the Board of Medicine and Board of Nursing, an effort which continues with other boards to better support the licensure and renewal process among the health professions in the Commonwealth. DHP's Prescription Monitoring Program became interoperable with other states thru PMPInterconnect, which enables prescribers and dispensers to check prescription monitoring data bases outside Virginia, providing a much needed tool to promote the legitimate medical use of controlled substances. DHP also continues to expand its online Healthcare Workforce Data Center to extend the reach of workforce information gathered from licensees and better inform the development of health care policy.

Through the pages of this biennial report, DHP salutes its 186 board members who hail from diverse geographic locations and range from healthcare practitioners in various professions to citizens with non-medical backgrounds but who provide the valuable perspective of the health care consumer. All 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,

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

DEPARTMENT OF HEALTH PROFESSIONS

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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
Pamela Twombly., 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 Communications

BOARDS

Audiology & Speech-Language Pathology
Leslie L. Knachel, MPA, Executive Director

Counseling
Catherine Chappell, Executive Director
Patricia L. Larimer, Deputy Executive Director

Dentistry
Sandra K. Reen, Executive Director
Kelly Palmetier, Deputy Executive Director

Funeral Directors & Embalmers
Lisa R. Hahn, Executive Director
Lynne Helmick, Deputy Executive Director

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

Long Term Care Administrators
Lisa R. Hahn, Executive Director
Lynne Helmick, Deputy Executive Director

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Medicine

William L. Harp, M.D., Executive Director
Jennifer Deschenes, J.D., Deputy Executive Director,
Richard A. Heaberlin, 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
Brenda Krohn, R.N., M.S.N, Deputy Executive Director

Optometry

Leslie L. Knachel, MPA, Executive Director

Pharmacy

Caroline D. Juran, R. Ph., Executive Director
Cathy Reiniers-Day, Deputy Executive Director
J. Samuel Johnson, R.Ph., Deputy Executive Director

Physical Therapy

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

Psychology

Catherine Chappell, Executive Director
Patricia L. Larimer, Deputy Executive Director

Social Work

Catherine Chappell, Executive Director
Patricia L. Larimer, Deputy Executive Director

Veterinary Medicine

Leslie L. Knachel, MPA, Executive Director

PROGRAMS:

Health Practitioners' Monitoring Program
Peggy Wood, Intervention Program Manager

Prescription Monitoring Program
Ralph Orr, Program Manager

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

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

BIENNIAL REPORT
DEPARTMENT OF
HEALTH PROFESSIONS

FOR THE FISCAL YEARS

JULY 1, 2010 TO JUNE 30, 2011

AND

JULY 1, 2011 TO JUNE 30, 2012

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MISSION

To ensure the delivery of safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

VISION

Department of Health Professions: Competent professionals providing healthcare services within the boundaries of their standards of practice to an informed public.

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.

2011-2012 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, and
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.

Health care issues of concern to the Department of Health Professions during the fiscal years 2011 and 20102 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 Health Care 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

Introduction

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

Department of Health Professions

The Department of Health Professions 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.

The Department is under the supervision of its Director, appointed by the Governor to serve at his pleasure. Consistent with the specific mandate in Section 54.1-2400 *et. Seq.* of the *Code of Virginia*, the Director secures all staff consistent with the Virginia Personnel Act, prepares the budget for inclusion in the Governor’s submission, enforces (investigates and inspects for compliance) law and regulation governing the professions, collects and accounts for revenue, expends all appropriated funds, enters into all contracts, and provides consolidated administrative services for the boards. In addition, the Director is responsible for the operation of the Health Practitioners Monitoring Program (HPMP), Prescription Monitoring Program (PMP), and Healthcare Workforce Data Center (HWDC).

Health Regulatory Boards

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

During the biennium, the boards regulated more than 350,000 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 over eight percent (8.2%) over the prior biennium and about 21 percent (20.7%) 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.

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

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

Licensure or certification typically requires the completion of a board-approved professional education program and the passage of an approved examination in the applicant’s chosen professional field. To practice a licensed 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.

Health Regulatory Boards (continued)

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

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

The following information highlights the primary issues and accomplishments for this biennium for each of the boards within the Department as well as the Department's Administrative Proceedings Division, Enforcement Division, Health Practitioners Monitoring Program, Prescription Monitoring, and 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 Staff

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.

Board of Health Professions

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

Enforcement Division

Staff of the Enforcement Division provides complaint receipt, investigation, inspection and monitoring services for the agency. This division includes: investigators, both central and field staff who investigate allegations regarding health care professionals, and; inspectors who conduct routine inspections of pharmacies, veterinary facilities and funeral establishments. At the conclusion of the biennium, DHP employed 53 Investigators and eight inspectors.

(Continued from previous page)

Administrative Proceedings

The Administrative Proceedings Division (APD) reports to the Chief Deputy Director of the agency. Headed by a Director and two Deputy Directors, APD's 15 Adjudication Specialists, including one part time Adjudication Specialist, and three support staff are responsible for the preparation, processing, and prosecution of disciplinary cases. Efforts during the biennium were aided by one intern. Key Performance Measures establish that APD should process disciplinary cases related to patient care within 30 business days.

Automated Systems

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).

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

Finance

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 17 full-time staff and seven wage employees. Administration also manages the contract for the in-house copy center and mailroom.

Human Resources

The Human Resource Division's operations are centralized, providing managers with assistance related to recruitment and selection, employee benefits, classification and compensation, employee training and development, and policy guidance. Human Resources is comprised of three full-time and one wage employee.

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**Department of
Health
Professions
Funding**

DHP is a special fund agency that receives the money necessary to operate largely through fees charged to those licensed or certified through the health regulatory boards. The *Code of Virginia* requires, with one exception, that each of the 13 health regulatory boards collect sufficient fees from its licensees to cover its own operating expenses. The only regulated health occupations whose costs are not paid for entirely by licensure fees are Certified Nurse Aides (CNAs) that fall under the Board of Nursing. Nurse Aides are regulated pursuant to a federal mandate, and the federal government provides some funding for their regulation. In this biennium the Department also received a grant from the Bureau of Justice to fund the Prescription Drug Monitoring Program, and Virginia Workforce Investment Act grant and U.S. Department of Health and Human Services Workforce Implementation grant funding to support the Healthcare Workforce Data Center.

The cash balance for the 13 health regulatory boards from the previous biennium along with the collection of approximately \$50 million in revenue fully funded the Department's expenditures of approximately \$51.2 million for this biennium. The board of Medicine had revenues of approximately \$14.41 million in the last biennium, followed very closely by the Board of Nursing with \$14.12 million. Together the two boards represent approximately 57% of total revenues and 57% of total expenditures.

Biennial Revenue & Expenditures

July 1, 2010 through June 30, 2012

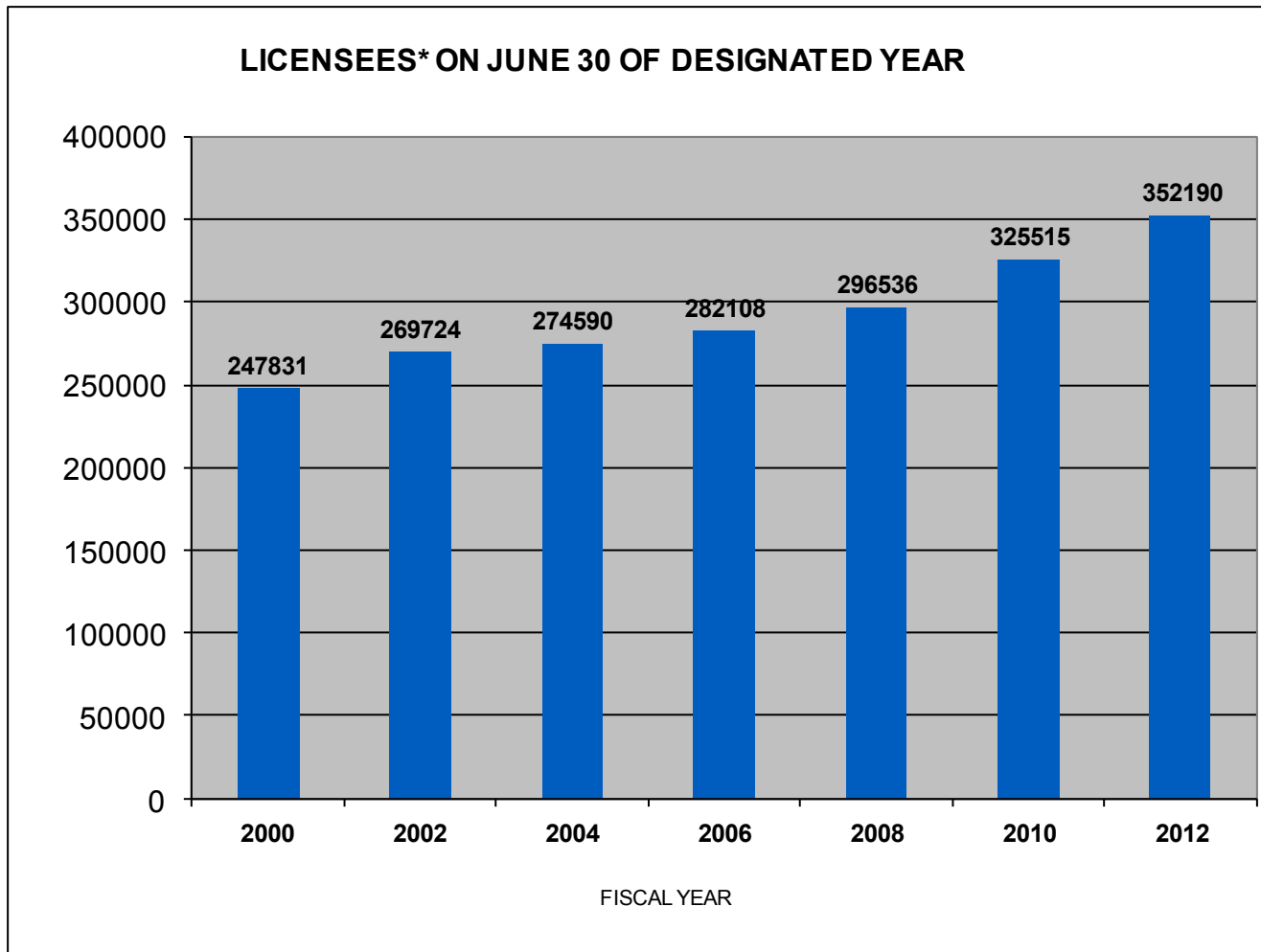
| | Revenue | Percentage | Expenditures | Percentage |
|---|-------------------|-------------------|---------------------|-------------------|
| Audiology and Speech Language Pathology | 428,475 | 0.86% | 268,222 | 0.52% |
| Certified Nurse Aides | 2,964,218 | 5.93% | 4,259,532 | 8.32% |
| Counseling | 1,053,784 | 2.11% | 976,452 | 1.91% |
| Dentistry | 4,621,770 | 9.25% | 3,739,477 | 7.31% |
| Funeral Directors and Embalmers | 1,077,613 | 2.16% | 1,011,298 | 1.98% |
| Healthcare Work Force | 325,264 | 0.65% | 218,245 | 0.43% |
| Long-Term Care Administrators | 668,475 | 1.34% | 776,487 | 1.52% |
| Medicine | 14,414,455 | 28.84% | 12,916,160 | 25.23% |
| Miscellaneous | 261,835 | 0.52% | 301,742 | 0.59% |
| Nurse Scholarship | - | 0.00% | 98,553 | 0.19% |
| Nursing | 14,121,453 | 28.25% | 16,305,387 | 31.86% |
| Octagon | - | 0.00% | 49,138 | 0.10% |
| Optometry | 647,139 | 1.29% | 632,966 | 1.24% |
| Pharmacy | 4,202,418 | 8.41% | 4,199,122 | 8.20% |
| Physical Therapy | 933,394 | 1.87% | 780,626 | 1.53% |
| Prescription Monitoring Program | 1,498,098 | 3.00% | 1,798,270 | 3.51% |
| Psychology | 716,426 | 1.43% | 657,685 | 1.28% |
| Social Work | 719,782 | 1.44% | 750,649 | 1.47% |
| Veterinary Medicine | 1,332,779 | 2.67% | 1,444,472 | 2.82% |
| Total | 49,987,378 | 100.00% | 51,184,484 | 100.00% |

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Continued Growth

As evident in the graph below, DHP as a whole continues to experience growth in the number of licensees authorized to render health care as measured by the number of individuals holding a license on June 30, 2012, the end of the biennium. The increase over the previous biennium is approximately 8.2%.

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



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

BOARDS & PROGRAMS

The following information highlights the primary issues and accomplishments for this biennium for each of the 14 regulatory boards within the Department of Health Professions as well as the Department's Administrative Proceedings Division, Enforcement Division, Health Practitioners 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

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.

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.

Variation of percentages within boards that handle a small number of cases tends to be greater.

CLEARANCE RATE

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 through the end of FY 2012.

AGE OF PENDING CASELOAD

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 2012.

TIME TO DISPOSITION

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 FY2012.

APPLICANT SATISFACTION

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.

INITIAL APPLICATIONS PROCESSED WITHIN 30 DAYS

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.

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 | | | | | |
| 9/30/2010 | n/a | 0% | 100% | 94.4% (3) | 100.00% |
| 12/31/2010 | 50% | 0% | 100% | 93.3% (3) | 100.0% |
| 3/31/2011 | 0% | 0% | n/a | 100% (4) | 100.0% |
| 6/30/2011 | 200% | 0% | 100% | 85.7% (7) | 100.0% |
| 9/30/2011 | 100% | 0% | 100% | 82.8% (5) | 100.0% |
| 12/31/2011 | 33% | 0% | 100% | 100% (4) | 100.0% |
| 3/31/2012 | 133% | 14% | 100% | 100% (1) | 100.0% |
| 6/30/2012 | 200% | 25% | 100% | 86.7%(3) | 99.1% |

OPPORTUNITIES & INNOVATIONS The Board of Audiology and Speech-Language Pathology has been actively collecting e-mail addresses for each licensee in order to use a more efficient and cost effective method of communication. Licensure renewal notification is now being sent via email.

REGULATORY ACTIONS There are two regulatory actions in process:

- Proposed rules relating to performance of fiber optic endoscopic evaluations by speech-language pathologists, and
- Repeal of Chapter 20, Regulations Governing the Practice of Audiology and Speech Language Pathology and promulgation of Chapter 21 to clarify and simplify regulations pursuant to a periodic review.

CHALLENGES & SOLUTIONS The Board experienced an increase in the number of discipline cases as a result of audiologists and speech-language pathologists practicing prior to being licensed or with an expired license. Guidance Documents related to licensure were approved and posted to the Board’s website.

ADDITIONAL ISSUES The Board published a newsletter in 2011 that included information pertinent to the practice of audiology and speech-language pathology.

To monitor continuing competency of board licensees, the Board conducted a random continuing education audit for the 2010 and 2011 renewal cycles.

COUNSELING

| KEY MEASURES | CLEARANCE RATE | AGE OF PENDING CASELOAD | TIME TO DISPOSITION | APPLICANT SATISFACTION | INITIAL APPLICATIONS PROCESSED WITHIN 30 DAYS | |
|----------------|----------------|-------------------------|---------------------|------------------------|---|--------|
| QUARTER ENDING | | | | | | |
| | 9/30/2010 | 67% | 15% | 100% | 71.1% (15) | 100.0% |
| | 12/31/2010 | 30% | 11% | 93% | 71.7% (10) | 100.0% |
| | 3/31/2011 | 150% | 12% | 100% | 81.5% (9) | 100.0% |
| | 6/30/2011 | 67% | 17% | 100% | 69.4% (6) | 100.0% |
| | 9/30/2011 | 150% | 30% | 50% | 82.2% (28) | 100.0% |
| | 12/31/2011 | 78% | 38% | 100% | 63.0% (9) | 100.0% |
| | 3/31/2012 | 136% | 38% | 67% | 71.6% (16) | 100.0% |
| | 6/30/2012 | 100% | 33% | 63% | 74.5% (18) | 100.0% |

OPPORTUNITIES & INNOVATIONS

The Board of Counseling offers Educational Summits for Virginia graduate counseling programs to encourage discussion between the educators and the Board, and offers opportunity to provide insight into educational trends, coursework, and identity issues which serve as the foundation for counselor educational preparation for licensure.

Outreach through stakeholder opportunities, using the framework of “Licensure 101” Power Point presentation, has allowed staff to communicate and educate students, residents, licensees, and employers regarding licensure requirements and application processes.

The Board continues to work collaboratively with Department of Medical Assistance Services (DMAS) and Department of Behavioral Health and Developmental Services (DBHDS) as they work to ensure competent and qualified mental health professionals are available to meet the needs of the most vulnerable citizens of the Commonwealth of Virginia.

The Board continues to offer its support of Wounded Warrior educational training opportunities for counselors.

REGULATORY ACTIONS

The Board is in the process of conducting periodic reviews of regulations for licensed professional counselors, marriage and family therapists and licensed substance abuse practitioners.

CHALLENGES & SOLUTIONS

The Board continues to seek innovative ways to reduce the timeline from application to initial licensure for seven professions. While a testament to a growing profession, the volume of requests to begin supervision or apply for licensure as well as the complexity of such requests has grown substantially in the past two years. As a result, processing time by administrative staff and expert reviewers has increased as a comprehensive evaluation of each applicant is required.

**CHALLENGES
&
SOLUTIONS**

The Board continues to ensure fair and objective discipline of its practitioners.

While the Board has provided guidance on the use of distance therapy and supervision, it continues to address questions and concerns on standards of practice for such activities in the “computer world.”

As a result of documented examples of substandard supervised experiences, the Board implemented the requirement of pre-approval of supervision prior to beginning supervision towards licensure in 2008. The Board continues to be faced with work-force challenges with respect to quality and quantity of clinical experiences but finds that required supervisor training has better ensured the adequacy of supervision to those seeking autonomous licensure.

**ADDITIONAL
ISSUES**

Because of regulatory changes by DMAS and subsequent program requirements established by DBHDS, the Board of Counseling has faced significant challenges with respect to volume and complexity of individuals seeking to obtain the status of “license-eligible” in order to qualify for reimbursement of services to Medicaid clients. The Board of Counseling does not recognize the term “license-eligible” which was intended by DMAS and DBHDS to signify that an individual was working towards counseling licensure. However, with respect to applicants for licensure, individuals present different educational backgrounds as well as varying counseling opportunities while under supervision which require significant staff and reviewer evaluation and attention.

DENTISTRY

| KEY MEASURES | QUARTER ENDING | CLEARANCE RATE | AGE OF PENDING CASELOAD | TIME TO DISPOSITION | APPLICANT SATISFACTION | INITIAL APPLICATIONS PROCESSED WITHIN 30 DAYS |
|--------------|----------------|----------------|-------------------------|---------------------|------------------------|---|
| | | 9/30/2010 | 122% | 10% | 96% | 94.8% (27) |
| 12/31/2010 | 100% | 10% | 85% | 100% (9) | 99.1% | |
| 3/31/2011 | 65% | 9% | 90% | 89.6% (9) | 97.1% | |
| 6/30/2011 | 162% | 9% | 92% | 100% (7) | 99.3% | |
| 9/30/2011 | 85% | 7% | 97% | 88.7% (31) | 99.2% | |
| 12/31/2011 | 125% | 7% | 92% | 98.3% (11) | 100.0% | |
| 3/31/2012 | 108% | 14% | 97% | 96.6% (15) | 100.0% | |
| 6/30/2012 | 65% | 10% | 80% | 93.7% (20) | 99.7% | |

OPPORTUNITIES & INNOVATIONS

EXPLORING ALTERNATIVES FOR TESTING CLINICAL SKILLS

The Board of Dentistry is studying alternatives to traditional regional clinical examinations for evaluating the clinical skills of applicants seeking dental licensure. The Board, at its December 2011, March 2012 and June 2012 meetings, received presentations on:

- The evidence about the value of testing on human subjects,
- The content, structure and procedures for administering the Canadian National Dental Objective Structured Clinical Examination (OSCE) for testing, and
- The CA Portfolio Examination which evaluates competence within the course of established treatment plans for patients of record at dental schools. The exam covers the full continuum of competence by assessing skill throughout the course of treatment beginning with diagnosis and treatment planning.

The Board will be working with a regulatory advisory panel to evaluate the feasibility of establishing an OSCE or portfolio exam in Virginia.

REGULATORY ACTIONS

The Board completed an extensive review of (Chapter 20) Regulations Governing Dental Practice and examined each section for legal authority, clarity and necessity. As a result, it has proposed repeal of Chapter 20 and promulgation of four new chapters: Chapter 15 for the Disciplinary Process in Dentistry; Chapter 21 for the Practice of Dentistry; Chapter 25 for the Practice of Dental Hygienists; and Chapter 30 for the Practice of Dental Assistants. The proposed action was submitted for Executive Branch review on April 3, 2012 and is in process.

There were three regulatory actions finalized:

- Addition to grounds for disciplinary action for unauthorized use or disclosure of confidential information received from the Prescription Monitoring Program on August 4, 2010,
- Registration and practice of expanded duty dental assistants on March 2, 2011, and
- Registration of mobile dental clinics and portable dental operations on January 14, 2012.

(Continued from previous page)

In addition to the periodic review noted above, there are four regulatory actions in process:

- Emergency regulations for sedation and anesthesia permits for dentists authorized by legislation passed in 2011,
- Final action on recovery of disciplinary and monitoring costs as authorized by legislation passed in 2009,
- Proposed training in pulp capping for Dental Assistants II, and
- Proposed change to radiation certification for dental assistants.

CHALLENGES & SOLUTIONS

It is apparent from the number of inquiries received and from the statements made by respondents in disciplinary cases that many licensees are not maintaining current knowledge of the laws and regulations governing their practice. To address this challenge, the Board in 2007 contracted with a testing agency to administer its Dental Law Exam as an online, open book test which licensees might elect to complete for continuing education and that respondents in disciplinary cases could be required to take. The expectation that licensees would voluntarily take the exam for continuing education credit was not met and numerous concerns about accessing the exam and obtaining score reports were reported. A revised Request For Proposals was issued in 2011 for a new contract but no proposals were received. The current contractor advised that there were not enough licensees taking the exam to cover costs. The Board is considering a short-term solution of administering the Exam for respondents beginning in January 2013 and deciding what policy action to take to address the need to assure that licensees know the requirements for practice in Virginia.

ADDITIONAL ISSUES

In response to inquiries about permissible practices, the Board issued and/or revised the following Guidance Documents:

- 60-7 Delegation to Dental Assistants
- 60-8 Educational Requirements for Dental Assistants II
- 60-10 Guidance on Sanctioning on Advertising Violations
- 60-13 Policy on Administering Schedule II through VI Controlled Substances for Analgesia, Sedation and Anesthesia in Dental Offices/Practices
- 60-16 Training in Pulp Capping Procedures for Dental Assistant II Educational Programs
- 60-20 Guidance for Completion of Radiation Certification

FUNERAL DIRECTORS & EMBALMERS

| KEY MEASURES | QUARTER ENDING | CLEARANCE RATE | AGE OF PENDING CASELOAD | TIME TO DISPOSITION | APPLICANT SATISFACTION | INITIAL APPLI-CATIONS PROCESSED WITHIN 30 DAYS |
|--------------|----------------|----------------|-------------------------|---------------------|------------------------|--|
| | | 9/30/2010 | 67% | 15% | 100% | 100% (1) |
| 12/31/2010 | 200% | 27% | 100% | n/a | 100.0% | |
| 3/31/2011 | 75% | 20% | 100% | 100% (2) | 100.0% | |
| 6/30/2011 | 0% | 7% | n/a | 91.7% (4) | 100.0% | |
| 9/30/2011 | 300% | 25% | 89% | 100% (1) | 100.0% | |
| 12/31/2011 | 20% | 20% | 89% | 100% (2) | 100.0% | |
| 3/31/2012 | 700% | 0% | 71% | n/a | 100.0% | |
| 6/30/2012 | 50% | 25% | 100% | 100% (1) | 100.0% | |

OPPORTUNITIES & INNOVATIONS

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.

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. Legislation was approved last July to expand the pool of persons authorized to sign death certificates to include nurse practitioners, physician assistants and hospitalists. This has certainly helped lower the incidence but the problem still remains. The Board is continuing to work with many stakeholders to address and overcome these obstacles.

Procedures for reviewing facility inspection reports were improved which resulted in quicker feedback to licensees as well as to DHP inspectors. In January 2012, the Board approved a Guidance Document specifying disciplinary action if licensees fail to respond to inspection deficiencies with a plan of correction. Training has been provided to licensees regarding the Guidance Document. This has resulted in more licensees responding to deficiencies in a timely manner.

Innovations in the funeral industry poses challenges in keeping regulations relevant to a changing industry and client demographic. The Board has gathered stake holders to discuss diverse issues such as alkaline hydrolysis and virtual funeral homes.

**OPPORTUNITIES
&
INNOVATIONS**
(continued from previous page)

Representatives from the Funeral Board met with the Commissioner and other representatives of the Virginia Department of Veteran Services to discuss new statutes and process regarding unclaimed cremains of veterans. A close and collaborative relationship was formed and has helped to alleviate concerns regarding implementation of the law by licensees.

The Board will also be working with the Veteran's office to determine how to credit the experience obtained as a military's Mortuary Affairs Officers as a portion of the required funeral service traineeship, prior to licensure.

**REGULATORY
ACTIONS**

An increase in fees charged to applicants, licensees, resident trainees and establishments has been proposed to address a shortfall in revenue for the Board. Regulatory action was begun in 2010, and the Board is awaiting approval of the proposal.

Regulations for the Board of Funeral Directors and Embalmers

- There were two regulatory actions completed:
- Elimination of an embalming rule and a change to the rule for continuing education; conforming to change in law on September 29, 2010, and
- Changes in rules for cremation and refrigeration of remains on June 8, 2011.
- There are two regulatory actions in process:
- An emergency regulation for identification of remains prior to cremation, and
- Proposed fee increase.

Regulations for Preneed Funeral Planning

There was one regulatory actions completed:

- Change to disclosure requirements on itemized statement for consistency with FTC rules on December 21, 2011.

**CHALLENGES
&
SOLUTIONS**

The profession is regulated by several entities (seven state and federal agencies along with the board's three separate sets of regulations and the Code). This creates confusion for many funeral licensees.

The board regulates numerous types of licensees including an internship program and a facility inspection program. The board has a high volume of calls and these calls are not typically routine in nature and can require coordination from other states agencies.

The licensure and renewal fees need to be increased in order for the board to operate. The regulations remain in the Secretary's office for signature.

**ADDITIONAL
ISSUES**

The Board has instituted a cost saving measure that reduces our copying costs by scanning our disciplinary cases and our material for board meetings. We no longer provide hard copy cases or board mailing packets. Board members bring their laptops to meetings and are given a thumb drive containing the board material.

HEALTH PROFESSIONS

OPPORTUNITIES & INNOVATIONS

The Board of Health Professions (BHP) conducted a number of studies during the biennium in anticipation significant changes to the healthcare system. Some of this change will likely involve expansion in scopes of practice and practice authority, alternative approaches to healthcare to better enable access, and new professions. In addition, the Board's Sanctions Reference Point program continued to provide an effective tool to ensure fair sanctioning of disciplined practitioners, an educational tool for board members and staff, and transparency for any interested party.

Starting in FY2011, BHP initiated research into potential scopes of practice barriers that may adversely affect the development of effective health team delivery approaches. This was undertaken to assist the Virginia Health Reform Initiative Advisory Council Capacity Task Force. The Nurse Practitioner study was completed and the review of Pharmacists began in 2012. Pharmacy Technicians, Dentists and Dental Technicians studies are planned for next year.

The rapid pace of scientific and technological advancements and increasing demands for recognition within a growing healthcare economic sector has prompted studies of the need to regulate genetic counselors and kinesiotherapists, and most recently perfusionists. In addition to these "sunrise" studies, the Board completed a review of medical laboratory scientists and technicians. BHP also examined the relative safety of expanding medication aides into nursing homes, began an examination of the potential role of community health workers, and provided research into various organizational models for regulating "allied" health professions.

BHP is mandated to ensure the protection of the public and fair and equitable treatment of health professionals with regard to the Department's investigatory, enforcement, and disciplinary processes. Relevant research and evaluation continued throughout the biennium. The Department received the Council of Licensure, Enforcement and Regulation 2011 Regulatory Excellence Award with all licensing boards having tailored Sanctions Reference Points (SRP).

CHALLENGES & SOLUTIONS

One of the chief challenges this biennium was that a thorough review of the relevant policy literature revealed that there was no standard research methodology to effectively and objectively examine scope of practice expansion within a team delivery model. In response, the Board was able to successfully modify its own standard policies and procedures for evaluating the need to regulate a new profession. Key issues such as risk of harm, education and training, level of autonomy, and more were incorporated into the Nurse Practitioner and Pharmacist reviews and will guide future similar studies.

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 | | | | | |
| 9/30/2010 | 60% | 4% | 83% | 92.6% (5) | 100.0% |
| 12/31/2010 | 88% | 10% | 100% | 100% (2) | 100.0% |
| 3/31/2011 | 114% | 12% | 94% | 92.6% (6) | 100.0% |
| 6/30/2011 | 158% | 7% | 95% | 100% (1) | 100.0% |
| 9/30/2011 | 90% | 14% | 100% | 100% (5) | 100.0% |
| 12/31/2011 | 58% | 23% | 100% | 100% (7) | 100.0% |
| 3/31/2012 | 130% | 9% | 85% | 100% (3) | 100.0% |
| 6/30/2012 | 33% | 8% | 100% | 81.0% (4) | 100.0% |

OPPORTUNITIES & INNOVATIONS

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. An opportunity exists to create a more substantial AIT program in a proactive effort to reduce the number of disciplinary cases.

REGULATORY ACTIONS

An increase in fees charged to applicants, administrators-in-training and both assisted living and nursing home licensees has been proposed to address a shortfall in revenue for the Board. Regulatory action was begun in 2010, and the Board is awaiting approval of the proposal.

Regulations Governing the Practice of Nursing Home Administrators

A periodic review of the chapter was completed with clarifying amendments proposed and in process.

Regulations Governing the Practice of Assisted Living Facility Administrators

There is one regulatory action in process:

- Rules for an administrator-in-training who is also an acting administrator in a facility; response to legislation passed in 2011.

CHALLENGES & SOLUTIONS

The Board of Long Term Care Administrators has a substantial budget deficit that will require a fee increase in order to adequately cover our board operations. The two indirect costs that most negatively impacts the budget deficit has been the agency's computer costs along with investigative & adjudication costs.

The Board has realized an increase in disciplinary cases along with an increase in the seriousness of the case and the action imposed by the board. The costs association with the increased caseload is a major factor to our budget. The board has implemented several cost saving measures in an effort to help reduce investigatory and adjudication costs. We have also streamlined the investigation process regarding non-compliance with medication procedures for those ALF administrators that hold credentials issued by the Board of Nursing. Additionally, we have also reduced our copying costs by scanning our disciplinary cases and our material for board meetings. We no longer provide hard copy cases or board mailing packets. Board members bring their laptops to meetings and are given a thumb drive containing the board material.

ADDITIONAL ISSUES

The Board has identified a problem with facilities getting death certificates signed in a timely manner. Often the doctor only comes to the facility one time a week. The Board will be addressing this issue with training on the death certificate requirements and providing information on new laws that have expanded who can sign a death certificate.

MEDICINE

| KEY MEASURES | QUARTER ENDING | CLEARANCE RATE | AGE OF PENDING CASELOAD | TIME TO DISPOSITION | APPLICANT SATISFACTION | INITIAL APPLICATIONS PROCESSED WITHIN 30 DAYS |
|--------------|----------------|----------------|-------------------------|---------------------|------------------------|---|
| | | 9/30/2010 | 92% | 11% | 93% | 91.2% (151) |
| 12/31/2010 | 69% | 11% | 90% | 95% (65) | 100.0% | |
| 3/31/2011 | 98% | 11% | 95% | 95.6% (82) | 100.0% | |
| 6/30/2011 | 129% | 14% | 96% | 99.1% (108) | 99.9% | |
| 9/30/2011 | 102% | 15% | 93% | 97.9% (153) | 99.8% | |
| 12/31/2011 | 116% | 17% | 93% | 97% (91) | 99.7% | |
| 3/31/2012 | 89% | 15% | 90% | 95.1% (66) | 99.9% | |
| 6/30/2012 | 109% | 15% | 92% | 95.4% (119) | 99.2% | |

OPPORTUNITIES & INNOVATIONS

With the help of DHP's Enforcement Division, the Board completed its first audit related to the Regulations Governing Mixing, Diluting or Reconstituting Drugs for Administration, confirming a high degree of compliance.

The Board welcomed the Advisory Board on Polysomnographic Technology and promulgated regulations for the licensure and regulation of polysomnographers.

The Board began licensing radiologist assistants in December 2011.

The Board initiated online initial applications for 5 of its 17 professions, specifically doctors of medicine and surgery, radiological technologists, occupational therapists, occupational therapy assistants, and respiratory care persons.

The Board continued to settle a significant percentage of its disciplinary cases by Consent Order, thereby reducing both the time taken to resolve cases and the number of hearings for Board members and staff.

Her colleagues on the Board elected Valerie Hoffman, DC of Danville as the first ever chiropractic President of the Board of Medicine.

REGULATORY ACTIONS

Regulatory actions initiated or completed during the biennium on the following Chapters:

Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry and Chiropractic

There was one regulatory action completed:

- Addition to grounds for disciplinary action for unauthorized use or disclosure of confidential information received from the Prescription Monitoring Program on August 4, 2010.

There is one regulatory action in process:

- A periodic review to clarify and simplify regulations; notice of action submitted in 2009.

Regulations Governing the Practice of Physician Assistants

There was one regulatory action completed:

- Addition to grounds for disciplinary action for unauthorized use or disclosure of confidential information received from the Prescription Monitoring Program on August 4, 2010.

There is one regulatory action in process:

- Change to the “4th visit rule” to provide more flexibility in practice of physician assistants and their supervising physicians.

Regulations for Licensure of Occupational Therapists

There was one regulatory action completed:

- Licensure and regulation of occupational therapist assistants on March 3, 2010.

Regulations Governing the Licensure of Radiologic Technologists and Radiologic Technologists-Limited

There was one regulatory action completed:

- Licensure and regulation of radiologist assistants on December 7, 2011.

Regulations Governing the Licensure of Athletic Trainers

There was one regulatory action completed:

- Revisions to provisional licensure on March 3, 2011.

Regulations Governing the Practice of Licensed Midwives

There is one regulatory action in process:

- Requirements for disclosures for high risk pregnancies as authorized by legislation passed in 2009.

Regulations Governing the Practice of Polysomnographic Technologists

There is one regulatory action in process:

- Requirements for licensure of the profession as authorized by legislation passed in 2011.

CHALLENGES & SOLUTIONS

In response to a request by the Virginia Society of Plastic Surgeons, the Board convened an Ad Hoc Committee on Office-Based Surgery to explore the need for further regulation of procedures in doctors' offices. The Board did not vote to promulgate regulations, but rather asked that further study be done. The Medical Society of Virginia has also studied this issue and will provide its report to the Board of Medicine as part of the further study.

The Board's Ad Hoc Committee on Competency met a number of times to continue refining what the requirements for initial licensure and continuing licensure of physicians should be in the years to come. Changes will require action by the General Assembly.

A Work Group on Midwives and Medication was constituted to deal with the request by the midwifery community that the Board support legislation to authorize a limited number of medications for administration by midwives. The Board did not vote to support legislation.

NURSING

| KEY MEASURES | QUARTER ENDING | CLEARANCE RATE | AGE OF PENDING CASELOAD | TIME TO DISPOSITION | APPLICANT SATISFACTION | INITIAL APPLICATIONS PROCESSED WITHIN 30 DAYS |
|--------------|----------------|----------------|-------------------------|---------------------|------------------------|---|
| | | 9/30/2010 | 91% | 6% | 96% | 94.0% (270) |
| 12/31/2010 | 83% | 5% | 95% | 94% (174) | 99.7% | |
| 3/31/2011 | 104% | 8% | 97% | 95.6% (214) | 99.7% | |
| 6/30/2011 | 112% | 8% | 92% | 96.1% (126) | 99.7% | |
| 9/30/2011 | 110% | 8% | 93% | 95.9% (356) | 99.9% | |
| 12/31/2011 | 80% | 8% | 91% | 96.3% (214) | 100.0% | |
| 3/31/2012 | 117% | 9% | 94% | 97.9% (263) | 100.0% | |
| 6/30/2012 | 108% | 9% | 89% | 94.7% (205) | 99.7% | |

OPPORTUNITIES & INNOVATIONS

The Board of Nursing (BON) continues the use of agency subordinates to conduct informal fact-finding conferences (IFC) and make recommendations to the Board for final action on disciplinary matters. The majority (68%) held during FY 2011 through 2012 were conducted by agency subordinates. The Board plans on increasing the use of agency subordinates in 2013.

The BON is participating in National Council of State Boards of Nursing (NCSBN) research project related to standard of care disciplinary cases, Taxonomy of Error and Root Cause Analysis Program (TERCAP).

The BON implemented online applications for Nurse Practitioners, Registered Nurses and Licensed Practical Nurses by exam and endorsement.

REGULATORY ACTIONS

Regulations for all professions under the Board of Nursing

An increase in fees charged to regulated practitioners, nursing education programs and applicants for licensure was effective in July 2011.

Regulations Governing the Practice of Nursing

There were two regulatory actions completed:

- Elimination of requirement for prior licensure for foreign-educated applicants, and
- Changes in rules for Nurse Licensure Compact for consistency with Compact policies.

There are four regulatory actions in process:

- An emergency regulation for provisional licensure for RN or LPN applicants who do not have the required number of clinical hours in an educational program,
- Proposed continued competency requirements for renewal of RN or LPN licensure,
- Proposed revisions and clarification to requirements for approval of nursing education programs, and
- Proposed addition to grounds for unprofessional conduct for failure to report child or elder abuse.

Regulations for Prescriptive Authority for Nurse Practitioners

There was one regulatory action completed:

Addition to grounds for disciplinary action for unauthorized use or disclosure of confidential information received from the Prescription Monitoring Program

(Continued from previous page)

**CHALLENGES
&
SOLUTIONS**

Discipline:

Increasing discipline caseload for all professions make it a challenge to sustain the improvements in case resolution time. The Board responded to this by further 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. The Board finds that the use of the Sanction Reference Point program has increased consistency in decision making. In addition, the Board has developed Guidance Documents to address consistent outcomes for categories of cases not included in the SRP's.

Licensure Applications:

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. For calendar year 2011, 90% of the non-routine applications involve self reporting of criminal convictions. 13% prior action in another state and 24% indicate impairment issues. Note that an applicant may have more than one category as cause for denial.

Nurse Aide Registry:

The BON maintains a federally mandated nurse aide registry of 54,266 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 224 nurse aide education programs, an increase since FY10. Solutions to the challenge are limited. Cost saving measures have been put in place however costs associated with the investigation and discipline of patient abuse, neglect and misappropriation of patient property is on the increase. The Board plans on increasing the number of informal conferences to be heard by an agency subordinate versus a special conference committee in an effort to be more efficient.

**ADDITIONAL
ISSUES**

The BON received the 2011 NCSBN Regulatory Achievement Award as an acknowledgement of their high performance in regards to discipline cases and innovation related to nursing education.

The BON received the NCSBN TERCAP award for participation in the TERCAP program.

Nursing Education program approval and oversight issues:

- 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 as rate of non-compliance with regulations increase, resulting in increase of survey visits and administrative proceedings.

Board member commitments – the average number of days BON members contribute voluntarily to the work of the board is 38 per year. Current Board members are tapped out in terms of their availability. Professional and employer demands make it difficult for Board members to sustain contributions at this level.

OPTOMETRY

| KEY MEASURES | | | | | | |
|---------------------|----------------|-------------------------|---------------------|------------------------|---|--------|
| | CLEARANCE RATE | AGE OF PENDING CASELOAD | TIME TO DISPOSITION | APPLICANT SATISFACTION | INITIAL APPLICATIONS PROCESSED WITHIN 30 DAYS | |
| QUARTER ENDING | | | | | | |
| 9/30/2010 | 60% | 10% | 67% | 100% (5) | | 100.0% |
| 12/31/2010 | 125% | 22% | 100% | 100% (2) | | 100.0% |
| 3/31/2011 | 133% | 0% | 50% | 100% (2) | | 100.0% |
| 6/30/2011 | 225% | 0% | 100% | 100% (1) | | 100.0% |
| 9/30/2011 | 25% | 0% | 100% | 100% (2) | | 100.0% |
| 12/31/2011 | 113% | 0% | 100% | 100% (1) | | 100.0% |
| 3/31/2012 | 38% | 0% | 100% | 100% (3) | | 100.0% |
| 6/30/2012 | 175% | 0% | 100% | 100% (3) | | 100.0% |

OPPORTUNITIES & INNOVATIONS

The Board of Optometry has been actively collecting email addresses for each licensee in order to use a more efficient and cost effective method of communication. Licensure renewal notification is now being sent via email.

REGULATORY ACTIONS

There were no regulatory actions taken by the Board of Optometry during the biennium.

CHALLENGES & SOLUTIONS

The Board has been monitoring national activity related to national board certification programs for optometrists.

ADDITIONAL ISSUES

The Board published newsletters in 2010 and 2012 that included information pertinent to the practice of optometry.

To monitor continuing competency of board licensees, the board conducted random continuing education audits for the 2010 and 2011 renewal cycles.

PHARMACY

KEY MEASURES

| | CLEARANCE RATE | AGE OF PENDING CASELOAD | TIME TO DISPOSITION | APPLICANT SATISFACTION | INITIAL APPLICATIONS PROCESSED WITHIN 30 DAYS |
|----------------|----------------|-------------------------|---------------------|------------------------|---|
| QUARTER ENDING | | | | | |
| 9/30/2010 | 90% | 11% | 98% | 97.1% (104) | 100.0% |
| 12/31/2010 | 69% | 11% | 84% | 99.3% (64) | 100.0% |
| 3/31/2011 | 41% | 7% | 65% | 98.7% (49) | 100.0% |
| 6/30/2011 | 93% | 8% | 96% | 96.0% (58) | 100.0% |
| 9/30/2011 | 124% | 6% | 93% | 96.0% (113) | 100.0% |
| 12/31/2011 | 72% | 7% | 89% | 96% (113) | 100.0% |
| 3/31/2012 | 95% | 4% | 92% | 96.1% (66) | 100.0% |
| 6/30/2012 | 147% | 10% | 98% | 98.1% (73) | 100.0% |

OPPORTUNITIES & INNOVATIONS

Following the August 2010 retirement of the former Executive Director, a new Executive Director was named in January 2011.

Additionally, the Board of Pharmacy continued the implementation of a new process for handling disciplinary action resulting from a routine pharmacy inspection. Pharmacies that are cited for specific deficiencies identified in an extensive Guidance Document adopted by the Board may receive an expedited pre-hearing consent order with associated monetary penalties at the conclusion of the inspection. 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 inspection process, following a six month piloting phase, went "live" in community pharmacies in July 2010. Simultaneously, the Board began a piloting phase of the process in hospitals, amending the Guidance Document as necessary, and went "live" with the process in all pharmacy settings in July 2011. The process serves as a model for other Boards that may be interested in expediting certain disciplinary matters and reducing costs associated with convening required meetings.

In 2011, the Board implemented an online application for pharmacy technician registration which requires the applicant to submit payment online. This streamlined the application review process and allowed licensure staff to concentrate on other tasks in lieu of posting payments received via US mail. Staff also completed steps to initiate online applications for pharmacists by examination and pharmacy intern registrations which will be fully implemented late 2012.

REGULATORY ACTIONS

There were five regulatory actions completed:

- Conforming to DEA rules and correction of cite in regulation on August 4, 2010,
- Rules for drug donation programs on November 10, 2010,
- Requirements for signing of automated dispensing devices in hospitals on March 17, 2011,
- Elimination of alarm systems for certain EMS agencies on December 22, 2011, and
- Repackaging of drugs in community service boards and behavioral health authorities on August 15, 2012.

There are six regulatory actions in process:

- An emergency regulation for continuous quality improvement programs in pharmacies as required by legislation passed in 2011,
- Addition of certain administrative fees to cover costs to the Board,
- Modifications to requirements for automated dispensing devices,
- Changes to run-dry requirements for automated counting devices,
- Proposed changes to address record-keeping for on-hold prescriptions, and
- Response to a petition for rule-making to address continuous work hours by pharmacists.

(Continued from previous page)

**CHALLENGES
&
SOLUTIONS**

Challenge: Handling of non-patient care disciplinary cases resulting from routine pharmacy inspections was slowed as a result of patient-care cases taking precedence.

Solution: Revised the disciplinary process to allow for issuance of expedited pre-hearing consent orders which has dramatically increased the closure rate.

Challenge: Several regulatory requirements were identified as being overly burdensome based on contemporary practices or the advent of improved technology.

Solution: Amended or proposed Board regulations to increase allowances for use of improved technology and lessen regulatory requirements based on contemporary practices without compromising public safety.

**ADDITIONAL
ISSUES**

To monitor continuing competency of board licensees during 2010 and 2012, the board conducted a random continuing education audit of a statistically-significant percentage of licensees each year.

PHYSICAL THERAPY

| KEY MEASURES | CLEARANCE RATE | AGE OF PENDING CASELOAD | TIME TO DISPOSITION | APPLICANT SATISFACTION | INITIAL APPLICATIONS PROCESSED WITHIN 30 DAYS |
|----------------|----------------|-------------------------|---------------------|------------------------|---|
| QUARTER ENDING | | | | | |
| 9/30/2010 | 200% | 33% | 100% | 94.2% (29) | 100.0% |
| 12/31/2010 | 60% | 25% | 100% | 94.4% (12) | 100.0% |
| 3/31/2011 | 50% | 20% | 100% | 98.9% (15) | 100.0% |
| 6/30/2011 | 83% | 22% | 100% | 97.4% (8) | 100.0% |
| 9/30/2011 | 67% | 20% | 100% | 95.2% (28) | 100.0% |
| 12/31/2011 | 50% | 14% | 100% | 85.0% | 100.0% |
| 3/31/2012 | 133% | 10% | 100% | 100% (16) | 100.0% |
| 6/30/2012 | 44% | 6% | 75% | 98.2% (11) | 100.0% |

OPPORTUNITIES & INNOVATIONS

The Physical Therapy Board went green. We instituted on line renewal with the December 2010 renewal period. In addition, we have gone almost paperless for our board meetings. Board members bring their laptops to meetings and are given a thumb drive containing the board material.

Virginia has been asked by the Federation of Board of Physical Therapy to be one of the first states to test the pilot Foreign Traineeship Evaluation Process.

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. In addition, we are also receiving electronic college transcripts for the PT Board which is secure and more efficient to the process.

REGULATORY ACTIONS

Regulations Governing the Practice of Physical Therapy

One regulatory action was finalized:

- A one-time reduction in licensees' renewal fee completed on October 27, 2010.

There is one regulatory action in process:

- Changes to traineeship and continuing education requirements to allow more flexibility and accountability; action begun with a Notice of Intended Regulatory Action in 2009.

CHALLENGES & SOLUTIONS

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.

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. We are researching possible solutions for the education of this process possibly an online tutorial along with a cost benefit analysis.

ADDITIONAL ISSUES

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) initially 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. FSBPT later announced that they will no longer offer continuous date testing but will only offer fixed date testing four or five times per year. This decision has increased the time that the applicant is awaiting to test and awaiting licensure. This has provided challenges to the Board office in managing the licensure process as test scores often come in large groups rather than spread throughout the year as in the past. As FSBPT continues to refine the process, managing the process at the state level will continue to be a challenge.

A one time fee reduction for renewals was implemented for the December 2010 renewal period.

PSYCHOLOGY

KEY MEASURES

| QUARTER ENDING | CLEARANCE RATE | AGE OF PENDING CASELOAD | TIME TO DISPOSITION | APPLICANT SATISFACTION | INITIAL APPLI-CATIONS PROCESSED WITHIN 30 DAYS |
|----------------|----------------|-------------------------|---------------------|------------------------|--|
| 9/30/2010 | 15% | 4% | 100% | 83.3% (14) | 100.0% |
| 12/31/2010 | 33% | 13% | 100% | 92.8% (12) | 100.0% |
| 3/31/2011 | 154% | 24% | 100% | 87.0% (14) | 100.0% |
| 6/30/2011 | 117% | 29% | 86% | 91.7% (8) | 100.0% |
| 9/30/2011 | 127% | 48% | 79% | 91.7% (9) | 100.0% |
| 12/31/2011 | 233% | 50% | 86% | 91.7% (9) | 100.0% |
| 3/31/2012 | 17% | 52% | 100% | 98.8% (14) | 100.0% |
| 6/30/2012 | 122% | 45% | 82% | 90.2% (9) | 100.0% |

OPPORTUNITIES & INNOVATIONS

Regulations now allow pre-doctoral hours to be used to satisfy all or part of the residency requirements for licensure. As a result, this change allowed applicants to apply for licensure sooner after completion of the doctoral program than before. The Board looks to the graduate programs to adequately prepare individuals for independent practice. The Virginia Board is a national leader in this initiative.

The Board continues to offer its support of Wounded Warrior educational training opportunities for psychologists.

REGULATORY ACTIONS

One regulatory action was finalized:

- Periodic review recommendations including acceptance of pre-doctoral hours of supervised experience towards residency requirement completed on June 20, 2012.

CHALLENGES & SOLUTIONS

The Board seeks opportunities to appropriately reduce the number of complaints against clinical psychologists who performed custody-related evaluations, while ensuring fair and objective discipline of practitioners.

The Board continues to seek innovative means of reducing time between application and initial licensure.

The Board has ongoing discussion on standards of practice concerns for distance therapy and supervision in the “computer world.”

SOCIAL WORK

| KEY MEASURES | QUARTER ENDING | CLEARANCE RATE | AGE OF PENDING CASELOAD | TIME TO DISPOSITION | APPLICANT SATISFACTION | INITIAL APPLI-CATIONS PROCESSED WITHIN 30 DAYS |
|--------------|----------------|----------------|-------------------------|---------------------|------------------------|--|
| | 9/30/2010 | 80% | 4% | 40% | 93.0% (10) | 100.0% |
| 12/31/2010 | 113% | 8% | 200% | 89.4% (12) | 100.0% | |
| 3/31/2011 | 211% | 18% | 100% | 91.4% (18) | 100.0% | |
| 6/30/2011 | 89% | 17% | 75% | 89.1% (16) | 100.0% | |
| 9/30/2011 | 111% | 16% | 80% | 85.3% (13) | 100.0% | |
| 12/31/2011 | 100% | 24% | 100% | 83.3% (19) | 100.0% | |
| 3/31/2012 | 127% | 24% | 93% | 85.6% (19) | 100.0% | |
| 6/30/2012 | 50% | 17% | 100% | 86.9% (16) | 100.0% | |

OPPORTUNITIES & INNOVATIONS

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, which 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 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 2011, regulations were finalized which delineated coursework required for the LCSW. This clarification serves the MSW programs and students by setting clear educational standards for licensure for social workers preparing to provide direct clinical services to clients.

The Board offers Educational Summits for Virginia graduate MSW programs to encourage discussion between the educators and the Board, and offers opportunity to provide insight into educational trends and coursework, issues which serve as the foundation for social work educational preparation for licensure.

Outreach through stakeholder opportunities, using the framework of “Licensure 101” power point presentation, has allowed staff to communicate and educate students, residents, licensees, and employers regarding licensure requirements and application processes. The Board continues to work collaboratively with Department of Medical Assistance Services (DMAS) and Department of Behavioral Health and Developmental Services (DBHDS) as they work to ensure competent and qualified mental health professionals are available to meet the needs of the most vulnerable citizens of the Commonwealth of Virginia.

The Board continues to offer its support of Wounded Warrior educational training opportunities for social workers.

(Continued from previous page)

**REGULATORY
ACTIONS**

One regulatory action was finalized:

- Further specification in regulation about the requirements for a clinical course of study on March 2, 2011.

Two regulatory actions are in process:

- A proposal to increase application, renewal and associated fees and to change the renewal cycle from biennial to annual; action begun in 2010 to address a shortfall in revenue for the Board, and
- Amendments to the licensure process to allow more flexibility in applying by endorsement and more specificity about reinstatement and reactivation of a lapsed license.

**CHALLENGES
&
SOLUTIONS**

The Board continues to work closely with the MSW programs to ensure adequacy of course work to comprise a clinical course of study for clinical social workers providing therapy in autonomous settings

The Board seeks innovative ways to reduce the timeline from application to initial licensure. While a testament to a growing profession, the volume of requests to begin supervision or apply for licensure as well as the complexity of such requests has grown substantially in the past two years. As a result, processing time by administrative staff and expert reviewers has increased as a comprehensive evaluation of each applicant is required.

The Board ensures fair and objective discipline of its practitioners, and seeks appropriate means to reduce the number of complaints against social workers who performed custody-related evaluations.

The Board continues to address questions and concerns on standards of practice for distance therapy and supervision activities in the “computer world.”

As a result of documented examples of substandard supervised experiences, the Board implemented the requirement of pre-approval of supervision prior to beginning supervision towards licensure in 2008. The Board continues to be faced with workforce challenges with respect to quality and quantity of clinical experiences but finds that required supervisor training has better ensured the adequacy of supervision to those seeking autonomous licensure.

**ADDITIONAL
ISSUES**

Because of regulatory changes by DMAS and subsequent program requirements established by DBHDS, the Board of Social Work has faced significant challenges with respect to volume and complexity of individuals seeking to obtain the status of “license-eligible” in order to qualify for reimbursement of services to Medicaid clients. The Board of Social Work does not recognize the term “license-eligible” which was intended by DMAS and DBHDS to signify that an individual was working towards social work licensure. However, with respect to applicants for licensure, individuals present different educational backgrounds as well as varying social work opportunities while under supervision which require significant staff and reviewer evaluation and attention.

VETERINARY MEDICINE

| KEY MEASURES | QUARTER ENDING | CLEARANCE RATE | AGE OF PENDING CASELOAD | TIME TO DISPOSITION | APPLICANT SATISFACTION | INITIAL APPLICATIONS PROCESSED WITHIN 30 DAYS |
|--------------|----------------|----------------|-------------------------|---------------------|------------------------|---|
| | 9/30/2010 | 132% | 6% | 100% | 98.1% (10) | 100.0% |
| 12/31/2010 | 85% | 3% | 93% | 91.7% (2) | 100.0% | |
| 3/31/2011 | 103% | 3% | 97% | 95.8% (4) | 98.5% | |
| 6/30/2011 | 96% | 2% | 92% | 100% (10) | 98.5% | |
| 9/30/2011 | 118% | 5% | 100% | 97.8% (9) | 98.5% | |
| 12/31/2011 | 126% | 4% | 91% | 100% (5) | 98.6% | |
| 3/31/2012 | 74% | 2% | 93% | 88.9% (4) | 100.0% | |
| 6/30/2012 | 100% | 5% | 93% | 98.7% (16) | 98.5% | |

OPPORTUNITIES & INNOVATIONS

The Board of Veterinary Medicine has been actively collecting e-mail addresses for each licensee in order to use a more efficient and cost effective method of communication. Licensure renewal notification is now being sent via email.

The Board is making annual presentations to Virginia veterinary and veterinary technology students to provide information on licensure and the duties, roles and responsibilities of the Board.

REGULATORY ACTIONS

There were two regulatory actions completed:

- Change to the drug destruction requirements to conform to DEA rules and policies, and
- An addition to grounds for unprofessional conduct to conform terminology on animal cruelty.

There are two regulatory actions in process:

- A proposed increase in fees charged to licensees and applicants to address the budgetary deficit, and
- An addition to grounds for unprofessional conduct for acts constituting fraud, deceit or misrepresentation in dealing with the Board or in the veterinarian-client-patient relationship.

CHALLENGES & SOLUTIONS

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.

ADDITIONAL ISSUES

The Board published newsletters in 2010 and 2011 that included information pertinent to the practice of veterinary medicine.

To monitor continuing competency of board licensees, the Board conducted random continuing education audits for the 2010 and 2011 renewal cycles.

PROGRAMS

HEALTH PRACTITIONERS' MONITORING PROGRAM

OPPORTUNITIES & INNOVATIONS

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.

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.

A page designated to HPMP has been added to the DHP website. Information includes program participant forms and handbook.

CHALLENGES & SOLUTIONS

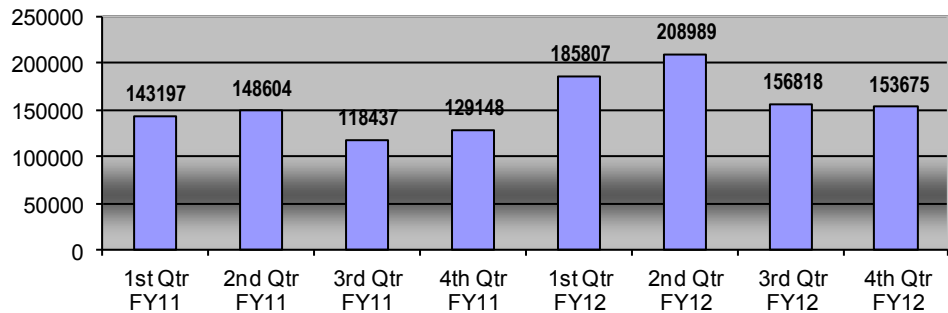
The HPMP must engage in ongoing efforts to find cost effective ways to maintain the needed level of monitoring services.

ADDITIONAL ISSUES

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.

VIRGINIA PRESCRIPTIONS MONITORING PROGRAM

VPMP SOLICITED REPORTS



OPPORTUNITIES & INNOVATIONS

Virginia's Prescription Monitoring Program (PMP) became interoperable with the Ohio and Indiana programs in August 2011 and was interoperable with a total of eight states by the end of the period. Although the PMP was not interoperable with a single bordering state, 10% of all requests in the first half of 2012 had an interoperability aspect.

The PMP implemented enhanced program software in November 2011. The new PMP software provided several enhancements over the previous version to include:

- User-directed password reset: Registered users no longer have to contact program staff to re-set passwords. Users who have set their security questions may change their password online 24/7 by answering the security questions and typing in the special characters in the additional security feature.
- Requested reports are listed in chronological order and a search feature to pull up old reports has been added. No need to change drop-downs to access different types of reports.
- Auto-suggest feature: Once a request has been entered on a patient, subsequent requests for the same patient will allow you to select the patient to auto-populate the request fields.

REGULATORY ACTIONS

Regulations Governing the Prescription Monitoring Program

Regulatory actions finalized and effective on October 1, 2011:

- Reporting of covered prescription within 7 days of dispensing,
- Utilization of American Society for Automation in Pharmacy (ASAP) 4.1 2009 reporting standard, and
- Additional data elements added, including number of refills and date prescription was written.

Dispensers were given a grace period until December 31, 2011 to report utilizing the ASAP 4.1 2009 version.

Legislation affecting the PMP:

- In 2011 - Clarified that prescribers and dispensers may discuss contents of PMP reports with other prescribers and dispensers.
- In 2012 - Added method of payment as a required element; removed restriction on number of licensed delegates a prescriber may have; provided authority for federal law enforcement with drug diversion investigative authority to request PMP information when there is an open investigation; and provided authority to send unsolicited reports to State Police Drug Diversion Agents on patients exhibiting extreme "doctor shopping" or forgery behavior.

**CHALLENGES
&
SOLUTIONS**

To increase use of the PMP, staff made over 50 presentations to health care professional groups, law enforcement entities, regulatory agencies and students at various pharmacy schools in Virginia and at national events/meetings. These presentations helped to increase the number of registered users by 46% and as seen above an impressive increase in number of requests processed by the PMP.

There is a great deal of interest in how many prescribers are using the PMP. Staff was able to develop a system query which shows that prescribers at the highest level of prescribing (1000 or more prescriptions in a quarter) are also the most likely to be registered users of the PMP (88% for 3rd Quarter FY2012). This number has increased more than 15 percentage points during this biennial period.

**ADDITIONAL
ISSUES**

PMP staff has participated on several national organization workgroups over the past biennium. These include the National Association of Boards of Pharmacy's Prescription Monitoring Program Interconnect Steering Committee; the Bureau of Justice Assistance's PMIX Architecture Governance Committee, the National Association of State Controlled Substances Authorities' Special Projects Committee, and the Association for System Automation in Pharmacy's PMP Standards Workgroup.

Participation in these groups have been instrumental in bringing interoperability between state programs to fruition, encouraging innovative projects to enhance use of PMPs, and to promote use of data reporting standards that take advantage of technology advancements.

VIRGINIA HEALTHCARE WORKFORCE DATA CENTER

OPPORTUNITIES & INNOVATIONS

In 2008, the Department of Health Professions Healthcare Workforce Data Center (DHP HWDC) was established to improve Virginia's healthcare system through effective provider workforce data collection, measurement, analysis, and reporting. Health workforce capacity is already strained by factors that will continue into the next decade. An increasing and aging population that coincides with mass practitioner retirements and health reform changes make ensuring access to care a fundamental policy priority that is best informed with uniformly reliable data and analysis.

In 2009, passage of HB2405 authorized the confidential surveying of all professions regulated through the Department. By the end of FY2010, DHP HWDC had published initial nursing and physician supply and demand research findings including the results of annual nursing education program surveys, and new online licensure renewal workforce surveys were launched for physicians, registered nurses, licensed practical nurses, and certified nurse aides. Surveys were also under development for physician assistants and nurse practitioners. These were subsequently launched as was a new online application workforce survey.

In FY2011, Virginia was awarded \$1.93 million health workforce implementation grant to the new Virginia Health Workforce Development Authority whose healthcare practitioner data is now being provided by DHP HWDC. The new statutory authorization coupled with additional resources enabled the Center's rapid subsequent development.

By the end of the FY2012, new surveys had been developed and launched for: licensed clinical psychologists, licensed professional counselors, licensed clinical social workers, dentists, dental hygienists, pharmacists, and pharmacy technicians. Surveys for audiologists, speech-language pathologists, and nursing home administrators were also developed and will launch with their next licensure renewals in the fall and spring. Work also had begun on surveys for physical therapists and physical therapy assistants as well as occupational therapists and occupational therapy assistants.

Also during this biennium, DHP HWDC published reports on the behavioral science professions' survey results, a report comparing the Virginia Licensed Nursing Workforce Survey and National Sample Survey of Registered Nurses, two reports and interactive maps of the results from the Nursing Education Programs Survey for both the 2009-10 and 2010-11 academic years.

Finally, to provide a timely indicator of the strength of Virginia's healthcare labor market, periodic *Virginia Healthcare Workforce Briefs* began to be published beginning in April 2012. The briefs consist of three series: State and National Employment and Virginia Regional Employment (published monthly), and Income and Compensation (published quarterly).

CHALLENGES & SOLUTIONS

The chief challenge has been establishing a survey research and reporting approach that can be replicated by others, is not burdensome to responders, and yields useful information to state and federal policy makers, researchers, educators, employers, and the general public. Ongoing collaboration with the licensing boards, other stakeholders and the research community has been essential to DHP-HWDC increasing productivity.

Based upon the progress made, to date, the U.S. Department of Health and Human Services has begun referring inquirers from across the country to DHP HWDC for guidance in their own development, analysis and reporting activities .

APPENDICES A-G

JUNE 30 LICENSE INFORMATION¹

| BOARD | OCCUPATION | 2002 30-Jun | 2004 30-Jun | 2006 30-Jun | 2008 30-Jun | 2010 30-Jun | 2012 30-Jun | % Change 2010-2012 |
|---|---|----------------|----------------|----------------|----------------|----------------|----------------|-----------------------|
| Audiology/Speech Pathology | Audiologist | 415 | 447 | 424 | 412 | 434 | 465 | 7.1% |
| | Continuing Education Provider | | | 2 | 1 | 2 | 1 | -50.0% |
| | School Speech Pathologist | 60 | 113 | 109 | 108 | 105 | 110 | 4.8% |
| | Speech Pathologist | 2251 | 2416 | 2339 | 2429 | 2705 | 3066 | 13.3% |
| Audiology/Speech Pathology Total | | 2726 | 2976 | 2874 | 2950 | 3246 | 3642 | 12.2% |
| Counseling | Certified Substance Abuse Counselor | 1329 | 1437 | 1450 | 1569 | 1719 | 1714 | -0.3% |
| | Licensed Marriage and Family Therapist | 887 | 867 | 841 | 850 | 852 | 825 | -3.2% |
| | Licensed Professional Counselor | 2595 | 2741 | 2829 | 3064 | 3398 | 3663 | 7.8% |
| | Rehabilitation Provider | 676 | 376 | 331 | 334 | 346 | 334 | -3.5% |
| | Substance Abuse Counseling Assistant | | | 16 | 56 | 83 | 115 | 38.6% |
| | Substance Abuse Treatment Practitioner | 129 | 162 | 170 | 188 | 191 | 188 | -1.6% |
| Counseling Total | | 5616 | 5583 | 5637 | 6061 | 6589 | 6839 | 3.8% |
| Dentistry | Cosmetic Procedure Certification | 7 | 10 | 13 | 23 | 25 | 27 | 8.0% |
| | Dental Full Time Faculty | 13 | 14 | 16 | 10 | 8 | 9 | 12.5% |
| | Dental Hygienist | 3647 | 3838 | 4091 | 4477 | 4842 | 5232 | 8.1% |
| | Dental Hygienist Teacher | 2 | 2 | 1 | 1 | 1 | 1 | 0.0% |
| | Dental Hygienist Temporary Permit | | | | | 12 | 13 | 8.3% |
| | Dental Teacher | 8 | 5 | 1 | 5 | 5 | 3 | -40.0% |
| | Dental Temporary Permit | 4 | 4 | 5 | | | 3 | |
| | Dentist | 5399 | 5337 | 5626 | 5973 | 6207 | 6590 | 6.2% |
| | Dentist-Volunteer Registration | 1 | | 2 | | | | |
| | Oral/Maxillofacial Surgeon Registration | 175 | 175 | 190 | 201 | 219 | 236 | 7.8% |
| Temporary Resident | | | | | 44 | 54 | 22.7% | |
| Dentistry Total | | 9256 | 9385 | 9945 | 10690 | 11363 | 12168 | 7.1% |
| Funeral Directing | Branch Establishment | | | 6 | 14 | 14 | 60 | 328.6% |
| | Continuing Education Provider | | | 31 | 37 | 33 | 26 | -21.2% |
| | Courtesy Card | 113 | 106 | 114 | 105 | 80 | 67 | -16.3% |
| | Crematories | 56 | 67 | 74 | 75 | 88 | 94 | 6.8% |
| | Embalmer | 8 | 6 | 6 | 5 | 5 | 5 | 0.0% |
| | Funeral Director | 163 | 129 | 113 | 101 | 80 | 65 | -18.8% |
| | Funeral Establishment | 526 | 516 | 508 | 497 | 486 | 448 | -7.8% |
| | Funeral Service Intern | | | | | 128 | 158 | 23.4% |
| | Funeral Service Provider | 1464 | 1396 | 1413 | 1435 | 1447 | 1470 | 1.6% |
| | Funeral Trainee | 188 | 164 | 164 | 143 | | | |
| | Surface Transport & Removal Services | 49 | 44 | 44 | 48 | 50 | 48 | -4.0% |
| Funeral Directing Total | | 2567 | 2428 | 2473 | 2460 | 2411 | 2441 | 1.2% |
| Long Term Care Administrator | Administrator-in-Training | | | | | 70 | 68 | -2.9% |
| | ALF-Administrator-In-Training | | | | | 73 | 80 | 9.6% |
| | Assisted Living Facility Administrator | | | | 44 | 559 | 597 | 6.8% |
| | Assisted Living Facility Preceptor | | | | 16 | 133 | 163 | 22.6% |
| | Nursing Home Administrator | 755 | 677 | 667 | 694 | 769 | 789 | 2.6% |
| | Nursing Home Preceptor | 193 | 185 | 191 | 199 | 221 | 223 | 0.9% |
| Long Term Care Administrator Total | | 948 | 862 | 858 | 953 | 1825 | 1920 | 5.2% |
| Medicine | Athletic Trainer | 337 | 656 | 790 | 890 | 973 | 1106 | 13.7% |
| | Chiropractor | 1709 | 1593 | 1619 | 1616 | 1635 | 1687 | 3.2% |
| | Interns and Resident | 2080 | 2989 | 3294 | 3368 | 3608 | 3723 | 3.2% |
| | Licensed Acupuncturist | 167 | 248 | 330 | 361 | 412 | 435 | 5.6% |
| | Licensed Midwife | | | 14 | 35 | 48 | 64 | 33.3% |
| | Limited Radiologic Technologist | 1048 | 938 | 934 | 843 | 778 | 706 | -9.3% |
| | Medicine & Surgery | 29658 | 29227 | 29872 | 31250 | 32707 | 34511 | 5.5% |
| | Naturopath | 1 | | | | | | |
| | Occupational Therapist | 2229 | 2259 | 2420 | 2579 | 2779 | 3120 | 12.3% |
| | Occupational Therapy Assistant | | | | | 743 | 932 | 25.4% |
| | Osteopathy and Surgery | 926 | 1096 | 1240 | 1492 | 1738 | 2091 | 20.3% |
| | Physician Acupuncturist | | | | | | | |
| | Physician Assistant | 893 | 1040 | 1334 | 1697 | 2026 | 2435 | 20.2% |
| | Podiatry | 519 | 492 | 476 | 460 | 475 | 480 | 1.1% |
| | Radiologic Technologist | 2510 | 2603 | 2833 | 3077 | 3304 | 3593 | 8.7% |
| | Radiologist Assistant | | | | | | 9 | |
| | Respiratory Care Practitioner | 3274 | 3093 | 3225 | 3393 | 3553 | 3759 | 5.8% |
| University Limited License | 27 | 25 | 24 | 26 | 34 | 31 | -8.8% | |
| Volunteer Registration | | | | | 2 | 1 | -50.0% | |
| Medicine Total | | 45378 | 46259 | 48405 | 51087 | 54860 | 58741 | 7.1% |
| Nursing | Advanced Certified Nurse Aide | | | 59 | 84 | 96 | 97 | 1.0% |
| | Authorization to Prescribe | 2274 | 2513 | 2810 | 3185 | 3549 | 4110 | 15.8% |
| | Certified Massage Therapist | 3046 | 3715 | 4321 | 4941 | 5556 | 6216 | 11.9% |
| | Certified Nurse Aides | 40513 | 40239 | 42058 | 43839 | 48963 | 55097 | 12.5% |

| BOARD | OCCUPATION | 2002 30-Jun | 2004 30-Jun | 2006 30-Jun | 2008 30-Jun | 2010 30-Jun | 2012 30-Jun | % Change 2010-2012 |
|----------------------------------|---|----------------|----------------|----------------|----------------|----------------|----------------|-----------------------|
| | Clinical Nurse Specialist | 476 | 455 | 452 | 437 | 444 | 438 | -1.4% |
| | Licensed Nurse Practitioner | 4637 | 4872 | 5173 | 5514 | 6053 | 6827 | 12.8% |
| | Licensed Practical Nurse | 28422 | 28239 | 28127 | 28933 | 30264 | 31369 | 3.7% |
| | Medication Aide | | | | 390 | 4020 | 4901 | 21.9% |
| | Registered Nurse | 88314 | 86660 | 85061 | 87152 | 92853 | 98717 | 6.3% |
| | VA Nurse Aide Education Program | | | | | | 30 | |
| | VA Practical Schools of Nursing | | | | | 74 | 76 | 2.7% |
| | VA Professional Schools of Nursing | | | | | 74 | 78 | 5.4% |
| Nursing Total | | 167682 | 166693 | 168061 | 174475 | 191946 | 207956 | 8.3% |
| Optometry ² | Optometrist | 1417 | 1351 | 261 | 237 | 204 | 163 | -20.1% |
| | Professional Designation | 123 | 129 | 161 | 211 | 217 | 230 | 6.0% |
| | TPA Certified Optometrist | 1000 | 1031 | 1132 | 1234 | 1322 | 1434 | 8.5% |
| Optometry Total | | 2540 | 1480 | 1556 | 1687 | 1743 | 1827 | 4.8% |
| Pharmacy | Business CSR | 342 | 336 | 533 | 639 | 650 | 835 | 28.5% |
| | CE Courses | | | | | | 3 | |
| | Humane Society | 59 | 46 | 39 | 37 | | | |
| | Limited Use Pharmacy Technician | | | 26 | 31 | 37 | 31 | -16.2% |
| | Medical Equipment Supplier | 304 | 293 | 336 | 405 | 437 | 578 | 32.3% |
| | Non-resident Pharmacy | 434 | 462 | 509 | 540 | 379 | 469 | 23.7% |
| | Non-resident Wholesale Distributor | 505 | 537 | 608 | 603 | 627 | 739 | 17.9% |
| | Non-restricted Manufacturer | 22 | 20 | 20 | 21 | 17 | 22 | 29.4% |
| | Nurse Practitioner CSR | 900 | | | | | | |
| | Optometrist CSR | 496 | 14 | | | | | |
| | Permitted Physician | 17 | | 14 | 13 | 11 | 10 | -9.1% |
| | Pharmacist | 8640 | 8754 | 9142 | 9627 | 10770 | 11732 | 8.9% |
| | Pharmacist-Volunteer Registration | | | | | 1 | 1 | 0.0% |
| | Pharmacy | 1584 | 1547 | 1600 | 1647 | 1701 | 1754 | 3.1% |
| | Pharmacy Intern | 1044 | 1181 | 1342 | 1498 | 1668 | 1798 | 7.8% |
| | Pharmacy Technician | | 6292 | 7771 | 9423 | 11290 | 12413 | 9.9% |
| | Pharmacy Technician Training Program | | | | | | 86 | |
| | Physician Selling Controlled Substances | 284 | 215 | 214 | 242 | 322 | 500 | 55.3% |
| | Physician Selling Drugs Location | | | | | | | |
| | Restricted Manufacturer | 73 | 72 | 69 | 74 | 68 | 77 | 13.2% |
| | Warehouser | 29 | 26 | 35 | 40 | 44 | 46 | 4.5% |
| | Wholesale Distributor | 179 | 182 | 126 | 122 | 116 | 112 | -3.4% |
| Pharmacy Total | | 14912 | 19977 | 22384 | 24962 | 28138 | 31206 | 10.9% |
| Physical Therapy Total | Direct Access Certification | | | | 125 | 419 | 650 | 55.1% |
| | Physical Therapist | 4399 | 4486 | 4922 | 5170 | 5781 | 6282 | 8.7% |
| | Physical Therapist Assistant | 1561 | 1643 | 1808 | 1979 | 2229 | 2463 | 10.5% |
| Physical Therapy Total | | 5960 | 6129 | 6730 | 7274 | 8429 | 9395 | 11.5% |
| Psychology | Applied Psychologist | 54 | 50 | 41 | 42 | 40 | 41 | 2.5% |
| | Clinical Psychologist | 2116 | 2233 | 2296 | 2434 | 2609 | 2795 | 7.1% |
| | Continuing Education Provider | | | 11 | 10 | 7 | | -100.0% |
| | School Psychologist | 116 | 106 | 113 | 119 | 112 | 108 | -3.6% |
| | School Psychologist-Limited | 47 | 135 | 173 | 195 | 240 | 308 | 28.3% |
| | Sex Offender Treatment Provider | 324 | 333 | 348 | 371 | 398 | 426 | 7.0% |
| Psychology Total | | 2657 | 2857 | 2982 | 3171 | 3406 | 3678 | 8.0% |
| Social Work | Associate Social Worker | 7 | 6 | 4 | 2 | 2 | 2 | 0.0% |
| | Licensed Clinical Social Worker | 4077 | 4435 | 4592 | 4837 | 5139 | 5448 | 6.0% |
| | Licensed Social Worker | 291 | 332 | 320 | 351 | 367 | 411 | 12.0% |
| | Post Graduate Trainee | | | | | | 56 | |
| | Registered Social Worker | 92 | 75 | 49 | 38 | 27 | 21 | -22.2% |
| Social Work Total | | 4467 | 4848 | 4965 | 5228 | 5535 | 5938 | 7.3% |
| Veterinary Medicine | Equine Dental Technician | | | | | 21 | 24 | 14.3% |
| | Full Service Veterinary Facility | 627 | 645 | 669 | 693 | 708 | 735 | 3.8% |
| | Restricted Veterinary Facility | 193 | 191 | 196 | 228 | 240 | 270 | 12.5% |
| | Veterinarian | 3180 | 3162 | 3235 | 3401 | 3610 | 3862 | 7.0% |
| | Veterinary Technician | 840 | 940 | 1094 | 1216 | 1397 | 1608 | 15.1% |
| Veterinary Medicine Total | | 4840 | 4938 | 5194 | 5538 | 5976 | 6499 | 8.8% |
| AGENCY TOTAL | | 269724 | 274590 | 282254 | 296737 | 325730 | 352190 | 8.1% |

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

²In 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 | |
| | | FY2011 | FY2012 | FY2011 | FY2012 | FY2011 | FY2012 | FY2011 | FY2012 | FY2011 | FY2012 |
| Audiology/Speech Pathology | Audiologist | 461 | 465 | 3 | 13 | 13 | 3 | 5 | 12 | 6.51 | 27.96 |
| | Continuing Education Provider | 1 | 1 | | | | | | | 0.00 | 0.00 |
| | School Speech Pathologist | 98 | 110 | 1 | 2 | 2 | 2 | | 2 | 10.20 | 18.18 |
| | Speech Pathologist | 2854 | 3066 | 23 | 38 | 38 | 21 | 20 | 46 | 8.06 | 12.39 |
| Audiology/Speech Pathology Total | | 3414 | 3642 | 27 | 53 | 53 | 26 | 25 | 60 | 7.91 | 14.55 |
| Counseling | Certified Substance Abuse Counselor | 1717 | 1714 | 41 | 8 | 8 | 4 | 41 | 39 | 23.88 | 4.67 |
| | Licensed Marriage and Family Therapist | 831 | 825 | 16 | 8 | 8 | 6 | 21 | 13 | 19.25 | 9.70 |
| | Licensed Professional Counselor | 3510 | 3663 | 52 | 39 | 39 | 32 | 54 | 60 | 14.81 | 10.65 |
| | MF Therapist Resident | | | | 1 | 1 | | | 1 | | |
| | Post Graduate Trainee* | | | 12 | 8 | 8 | 3 | 11 | 14 | | |
| | Rehabilitation Provider | 344 | 334 | 5 | 5 | 5 | 4 | 6 | 7 | 14.53 | 14.97 |
| | SA Oral Examiner | | | 6 | | | | | | | |
| | Substance Abuse Counseling Assistant | 99 | 115 | 1 | | | | 5 | 4 | 10.10 | 0.00 |
| | Substance Abuse Trainee** | | | | | | | 1 | | | |
| Substance Abuse Treatment Practitioner | 191 | 188 | 3 | | | 1 | 4 | 2 | 15.71 | 0.00 | |
| Counseling Total | | 6692 | 6839 | 136 | 69 | 69 | 50 | 143 | 140 | 20.32 | 10.09 |
| Dentistry | Cosmetic Procedure Certification | 24 | 27 | 26 | 3 | 3 | 2 | 23 | 14 | 1083.33 | 111.11 |
| | Dental Assistant | | | 1 | 1 | 1 | 1 | 1 | 2 | | |
| | Dental Full Time Faculty | 8 | 9 | | | | | 1 | | | 0.00 |
| | Dental Hygienist | 5043 | 5232 | 87 | 51 | 51 | 17 | 107 | 52 | 17.25 | 9.75 |
| | Dental Hygienist Teacher | 1 | 1 | | | | | | | | |
| | Dental Hygienist-Volunteer Registration | | | | | | | | | | |
| | Dental Restricted Volunteer | | 13 | | | | | | | | |
| | Dental Hygienist Temporary Permit | | | | | | | | | | |
| | Dental Teacher | 3 | 3 | | | | | | | | |
| | Dental Temporary Permit | 2 | 3 | | | | | | | | |
| | Dentist | 6392 | 6590 | 537 | 474 | 474 | 467 | 573 | 525 | | 71.93 |
| | Dentist-Volunteer Registration | | | 2 | | | | 2 | | | |
| | Mobile Dental Facility | | | | | | | | | | |
| Oral/Maxillofacial Surgeon Registration | 224 | 236 | 12 | 14 | 14 | 8 | 15 | 18 | 53.57 | 59.32 | |
| Temporary Resident | 50 | 54 | 2 | 1 | 1 | 2 | 1 | 2 | 40.00 | 18.52 | |
| Dentistry Total | | 11769 | 12168 | 667 | 544 | 544 | 497 | 723 | 613 | 56.67 | 44.71 |
| Funeral Directing | Branch Establishment | 28 | 60 | | 1 | 1 | 1 | 3 | 1 | | 16.67 |
| | Continuing Education Provider | 28 | 26 | | | | | | | | |
| | Courtesy Card | 47 | 67 | | 1 | 1 | 1 | | 1 | | 14.93 |
| | Crematories | 91 | 94 | | 2 | 2 | 2 | 2 | | | 21.28 |
| | Embalmer | 5 | 5 | | | | | 3 | | | |
| | Funeral Director | 74 | 65 | 3 | 3 | 3 | 3 | 21 | 4 | 40.54 | 46.15 |
| | Funeral Establishment | 484 | 448 | 22 | 20 | 20 | 17 | | 28 | 45.45 | 44.64 |
| | Funeral Service Intern | 145 | 158 | 3 | 1 | 1 | 2 | 4 | 3 | 20.69 | 6.33 |
| | Funeral Service Provider | 1465 | 1470 | 72 | 49 | 49 | 59 | 73 | 76 | 49.15 | 33.33 |
| | Funeral Supervisor** | | | 11 | 5 | 5 | 10 | 7 | 13 | | |
| | Funeral Trainee | | | | | | | | | | |
| Surface Transport & Removal Services | 49 | 48 | 2 | 1 | 1 | 1 | 5 | 4 | 40.82 | 20.83 | |
| Funeral Directing Total | | 2416 | 2441 | 113 | 83 | 83 | 96 | 118 | 130 | 46.77 | 34.00 |
| Long Term Care Administrator | Administrator-in-Training | 69 | 68 | | 2 | | | 1 | | 0.00 | 29.41 |
| | ALF-Administrator-In-Training | 90 | 80 | 5 | 40 | 2 | 2 | 10 | 2 | 55.56 | 500.00 |
| | Assisted Living Facility Administrator | 569 | 597 | 43 | | 40 | 46 | 53 | 37 | 75.57 | |
| | Assisted Living Facility Preceptor | 151 | 163 | 4 | 11 | 11 | 13 | 3 | 5 | 26.49 | 67.48 |
| | Nursing Home Administrator | 764 | 789 | 31 | 22 | 22 | 27 | 34 | 31 | 40.58 | 27.88 |
| | Nursing Home Preceptor | 219 | 223 | 1 | 2 | 2 | 2 | 1 | 1 | 4.57 | 8.97 |
| Long Term Care Administrator Total | | 1862 | 1920 | 84 | 77 | 77 | 90 | 102 | 76 | 45.11 | 40.10 |

| BOARD | OCCUPATION | Licensees ¹ | | Complaints Received ² | | Complaints Investigated ³ | | Complaints Referred To Board ⁴ | | Complaints per 1000 Licensees ⁵ | |
|------------------------|---|------------------------|---------------|----------------------------------|-------------|--------------------------------------|-------------|---|-------------|--|--------------|
| | | FY2011 | FY2012 | FY2011 | FY2012 | FY2011 | FY2012 | FY2011 | FY2012 | FY2011 | FY2012 |
| Medicine | Athletic Trainer | 1038 | 1106 | 6 | 4 | 4 | 3 | 7 | 5 | 5.78 | 3.62 |
| | Chiropractor | 1652 | 1687 | 64 | 70 | 70 | 71 | 77 | 94 | 38.74 | 41.49 |
| | Interns and Resident | 3723 | 3723 | 10 | 18 | 18 | 17 | 12 | 18 | 2.69 | 4.83 |
| | Licensed Acupuncturist | 420 | 435 | 4 | 1 | 1 | 2 | 6 | 1 | 9.52 | 2.30 |
| | Licensed Midwife | 56 | 64 | 9 | 7 | 7 | 8 | 9 | 8 | 160.71 | 109.38 |
| | Limited Radiologic Technologist | 743 | 706 | 6 | 4 | 4 | 3 | 7 | 8 | 8.08 | 5.67 |
| | Medicine & Surgery | 33599 | 34511 | 1350 | 1377 | 1377 | 1261 | 1551 | 1631 | 40.18 | 39.90 |
| | Naturopath | | | | | | | | | | |
| | Occupational Therapist | 2915 | 3120 | 16 | 13 | 13 | 13 | 15 | 18 | 5.49 | 4.17 |
| | Occupational Therapy Assistant | 847 | 932 | 3 | 6 | 6 | 6 | 3 | 8 | 3.54 | 6.44 |
| | Osteopathy and Surgery | 1870 | 2091 | 80 | 73 | 73 | 81 | 80 | 95 | 42.78 | 34.91 |
| | Physician Acupuncturist | | | | | | | | | | |
| | Physician Assistant | 2227 | 2435 | 32 | 49 | 49 | 48 | 38 | 64 | 14.37 | 20.12 |
| | Podiatry | 470 | 480 | 38 | 30 | 30 | 32 | 45 | 35 | 80.85 | 62.50 |
| | Radiologic Technologist | 3508 | 3593 | 10 | 20 | 20 | 7 | 14 | 21 | 2.85 | 5.57 |
| | Radiologist Assistant | | 9 | 18 | | | 16 | 25 | | | |
| | Respiratory Care Practitioner | 3669 | 3759 | | 13 | 13 | | | 21 | | 3.46 |
| | Temporary Licenses | | | | | | | 2 | | | |
| | University Limited License | 36 | 31 | | 1 | 1 | 1 | 1 | 1 | | 32.26 |
| | Volunteer Registration | 1 | 1 | 1 | | | | | | 1000.00 | |
| Medicine Total | | 56825 | 58741 | 1647 | 1686 | 1686 | 1569 | 1892 | 2028 | 28.98 | 28.70 |
| Nursing | Advanced Certified Nurse Aide | 90 | 97 | 1 | 2 | 2 | 2 | | 1 | 11.11 | 20.62 |
| | Authorization to Prescribe | 3802 | 4110 | 35 | 46 | 46 | 55 | 41 | 52 | 9.21 | 11.19 |
| | Certified Massage Therapist | 52426 | 6216 | 32 | 28 | 1847 | 1730 | 43 | 38 | 0.61 | 4.50 |
| | Certified Nurse Aides | 5932 | 55097 | 693 | 627 | 627 | 545 | 810 | 719 | 116.82 | 11.38 |
| | Clinical Nurse Specialist | 454 | 438 | 5 | 3 | 3 | 1 | 6 | 2 | 11.01 | 6.85 |
| | Licensed Nurse Practitioner | 6434 | 6827 | 84 | 119 | 119 | 120 | 97 | 139 | 13.06 | 17.43 |
| | Licensed Practical Nurse | 30919 | 31369 | 565 | 452 | 452 | 489 | 679 | 623 | 18.27 | 14.41 |
| | Medication Aide | | | 133 | 164 | 164 | 134 | 175 | 173 | | |
| | Medication Aide Training Program | | | 2 | 2 | 2 | 1 | 2 | 2 | | |
| | Registered Nurse | 95523 | 98717 | 845 | 908 | 908 | 871 | 1028 | 1117 | 8.85 | 9.20 |
| | RN by Privilege-Discipline | | | 19 | 14 | 14 | 21 | 21 | 21 | | |
| | VA Nurse Aide Education Program | | 30 | 1 | | | | 1 | | | |
| | VA Practical Schools of Nursing | 73 | 76 | 11 | 7 | 7 | 4 | 11 | 10 | 150.68 | 92.11 |
| | VA Professional Schools of Nursing | 48 | 78 | | 3 | 3 | | | 3 | | 38.46 |
| | Volunteer Registration | | | | | | | | | | |
| Nursing Total | | 147727 | 152672 | 2430 | 2376 | 4195 | 3975 | 2920 | 2902 | 16.45 | 15.56 |
| Optometry | Optometrist | 185 | 163 | 8 | 7 | 7 | 5 | 11 | 10 | 43.24 | 42.94 |
| | Professional Designation | 225 | 230 | | | | | | | | |
| | TPA Certified Optometrist | 1384 | 1434 | 35 | 37 | 37 | 28 | 59 | 44 | 25.29 | 25.80 |
| Optometry Total | | 1794 | 1827 | 43 | 44 | 44 | 33 | 70 | 54 | 23.97 | 24.08 |
| Pharmacy | Business CSR | 819 | 835 | 1 | 3 | 3 | 3 | 2 | 3 | 1.22 | 3.59 |
| | CE Courses | 6 | 3 | | | | | | | | |
| | Humane Society | | | | | | | | | | |
| | Limited Use Pharmacy Technician | 35 | 31 | | | | | | | | |
| | Medical Equipment Supplier | 503 | 578 | | 2 | 2 | 2 | 1 | 1 | | 3.46 |
| | Non-resident Pharmacy | 421 | 469 | 11 | 11 | 11 | 9 | 10 | 12 | 26.13 | 23.45 |
| | Non-resident Wholesale Distributor | 696 | 739 | | 5 | 5 | 4 | 1 | 5 | | 6.77 |
| | Non-restricted Manufacturer | 19 | 22 | | | | | | | | |
| | Permitted Physician | 11 | 10 | | | | | | | | |
| | Pharmacist | 11240 | 11732 | 169 | 138 | 138 | 153 | 180 | 187 | 15.04 | 11.76 |
| | Pharmacist-Volunteer Registration | | 1 | | | | | | | | |
| | Pharmacy | 1725 | 1754 | 254 | 267 | 267 | 36 | 245 | 279 | 147.25 | 152.22 |
| | Pharmacy Intern | 1686 | 1798 | 2 | 5 | 5 | 3 | 3 | 3 | 1.19 | 2.78 |
| | Pharmacy Technician | 11999 | 12413 | 96 | 123 | 123 | 82 | 96 | 129 | 8.00 | 9.91 |
| | Pharmacy Technician Training Program | 81 | 86 | 3 | 1 | 1 | 2 | 2 | 2 | 37.04 | 11.63 |
| | Physician Selling Controlled Substances | 366 | 500 | 2 | 12 | 12 | 2 | 3 | 13 | 5.46 | 24.00 |
| | Physician Selling Drugs Location | 1 | | 1 | | | | 1 | | 1000.00 | |
| | Pilot Programs | | | | | | | | | | |
| | Restricted Manufacturer | 70 | 77 | | 2 | 2 | 1 | | 2 | | 25.97 |
| | Robotic Pharmacy System | | | | | | | | | | |
| | Warehouser | 45 | 46 | | 1 | | | | | | 21.74 |
| | Wholesale Distributor | 114 | 112 | | | 1 | 2 | | 2 | | |
| Pharmacy Total | | 29838 | 31206 | 539 | 570 | 570 | 299 | 544 | 638 | 18.06 | 18.27 |

| BOARD | OCCUPATION | Licensees ¹ | | Complaints Received ² | | Complaints Investigated ³ | | Complaints Referred To Board ⁴ | | Complaints per 1000 Licensees ⁵ | |
|----------------------------------|----------------------------------|------------------------|---------------|----------------------------------|-------------|--------------------------------------|-------------|---|-------------|--|--------------|
| | | FY2011 | FY2012 | FY2011 | FY2012 | FY2011 | FY2012 | FY2011 | FY2012 | FY2011 | FY2012 |
| Physical Therapy | Direct Access Certification | 523 | 650 | 3 | 2 | 2 | 1 | 3 | 2 | 5.74 | 3.08 |
| | Physical Therapist | 5864 | 6282 | 22 | 29 | 29 | 33 | 21 | 33 | 3.75 | 4.62 |
| | Physical Therapist Assistant | 2223 | 2463 | 3 | 7 | 7 | 6 | 5 | 6 | 1.35 | 2.84 |
| Physical Therapy Total | | 8610 | 9395 | 28 | 38 | 38 | 40 | 29 | 41 | 3.25 | 4.04 |
| Psychology | Applied Psychologist | 41 | 41 | 1 | | | | 1 | 1 | 24.39 | |
| | Clinical Psychologist | 2709 | 2795 | 54 | 47 | 47 | 32 | 57 | 62 | 19.93 | 16.82 |
| | Continuing Education Provider | 2 | | | | | | | | | |
| | Resident in Training | | | 1 | | | | 2 | | | |
| | School Psychologist | 111 | 108 | | | | | | | | |
| | School Psychologist-Limited | 295 | 308 | | 1 | 1 | | | | | 3.25 |
| Sex Offender Treatment Provider | 422 | 426 | 8 | 4 | 4 | 2 | 9 | 5 | 18.96 | 9.39 | |
| Psychology Total | | 3580 | 3678 | 64 | 52 | 52 | 34 | 69 | 68 | 17.88 | 14.14 |
| Social Work | Associate Social Worker | 3 | 2 | | | | | | | | |
| | Licensed Clinical Social Worker | 5468 | 5448 | 64 | 69 | 69 | 36 | 73 | 89 | 11.70 | 12.67 |
| | Licensed Social Worker | 431 | 411 | 2 | 1 | 1 | | 2 | 2 | 4.64 | 2.43 |
| | Post Graduate Trainee | | 56 | 3 | 4 | 4 | 2 | 2 | 6 | | 71.43 |
| | Registered Social Worker | 28 | 21 | | | | | | | | |
| Social Work Total | | 5930 | 5938 | 69 | 74 | 74 | 38 | 77 | 97 | 11.64 | 12.46 |
| Veterinary Medicine | Equine Dental Technician | 22 | 24 | | | | | | | | |
| | Full Service Veterinary Facility | 722 | 735 | 3 | 11 | 11 | 11 | 6 | 11 | 4.16 | 14.97 |
| | Restricted Veterinary Facility | 264 | 270 | 1 | 6 | 6 | 6 | 1 | 7 | 3.79 | 22.22 |
| | Veterinarian | 3728 | 3862 | 150 | 144 | 144 | 166 | 170 | 169 | 40.24 | 37.29 |
| | Veterinary Technician | 1469 | 1608 | 28 | 23 | 23 | 6 | 31 | 39 | 19.06 | 14.30 |
| Veterinary Medicine Total | | 6205 | 6499 | 182 | 184 | 184 | 189 | 208 | 226 | 29.33 | 28.31 |
| AGENCY TOTAL | | 339206 | 352190 | 6003 | 5799 | 7618 | 6912 | 6920 | 7074 | 17.70 | 16.47 |

¹Any individual or entity that held a valid on June 30th of the designated fiscal year.

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

*This category of "Occupation" does not hold a license with the Department of Health Professions

**This is no longer a valid category of licensure

| VIOLATION INFORMATION* | | | | | | | | | | | |
|---|---|------------------------------------|---------------|---------------------------------|---------------|------------------------------|---------------|-----------------------|---------------|--|---------------|
| | | Total Licensees¹ | | No Violation² | | Violation³ | | Total Findings | | Violations per 1000 Licensees⁴ | |
| BOARD | OCCUPATION | FY2011 | FY2012 | FY2011 | FY2012 | FY2011 | FY2012 | FY2011 | FY2012 | FY2011 | FY2012 |
| Audiology/Speech Pathology | Audiologist | 461 | 465 | 2 | 9 | 1 | 1 | 3 | 10 | 2.2 | 2.2 |
| | Continuing Education Provider | 1 | 1 | | | | | | | | |
| | School Speech Pathologist | 98 | 110 | | | | 1 | | 1 | | 9.1 |
| | Speech Pathologist | 2854 | 3066 | 3 | 6 | 4 | 15 | 7 | 21 | 1.4 | 4.9 |
| | Audiology/Speech Pathology Total | | 3414 | 3642 | 5 | 15 | 5 | 17 | 10 | 32 | 1.5 |
| Counseling | Certified Substance Abuse Counselor | 1717 | 1714 | 2 | 2 | | 4 | 2 | 6 | | 2.3 |
| | Licensed Marriage and Family Therapist | 831 | 825 | 2 | 3 | 4 | 5 | 6 | 8 | 4.8 | 6.1 |
| | Licensed Professional Counselor | 3510 | 3663 | 21 | 15 | 2 | 8 | 23 | 23 | 0.6 | 2.2 |
| | MF Therapist Resident | | | | | | | | | | |
| | Post Graduate Trainee** | | | 1 | | | | 1 | | | |
| | Rehabilitation Provider | 344 | 334 | 1 | | 1 | 1 | 2 | 1 | 2.9 | 3.0 |
| | SA Oral Examiner | | | | | | | | | | |
| | Substance Abuse Trainee*** | | | 1 | | | | 1 | | | |
| | Substance Abuse Counseling Assistant | 99 | 115 | | | | | | | | |
| Substance Abuse Treatment Practitioner | 191 | 188 | 1 | 1 | | | 1 | 1 | | | |
| Counseling Total | | 6692 | 6839 | 29 | 21 | 7 | 18 | 36 | 39 | 1.0 | 2.6 |
| Dentistry | Cosmetic Procedure Certification | 24 | 27 | 1 | 2 | | 1 | 1 | 3 | | 37.0 |
| | Dental Assistant | | | | | | | | | | |
| | Dental Full Time Faculty | 8 | 9 | | | | | | | | |
| | Dental Hygienist | 5043 | 5232 | 9 | 7 | 6 | 5 | 15 | 12 | 1.2 | 1.0 |
| | Dental Hygienist Teacher | 1 | 1 | | | | | | | | |
| | Dental Hygienist-Volunteer Registration | | | | | | | | | | |
| | Dental Restricted Volunteer | | 13 | | | | | | | | |
| | Dental Hygienist Temporary Permit | | | | | | | | | | |
| | Dental Teacher | 3 | 3 | | | | | | | | |
| | Dental Temporary Permit | 2 | 3 | | | | | | | | |
| | Dentist | 6392 | 6590 | 287 | 181 | 57 | 55 | 344 | 236 | 8.9 | 8.3 |
| | Dentist-Volunteer Registration | | | | | | | | | | |
| | Mobile Dental Facility | | | 1 | | | | 1 | | | |
| | Oral/Maxillofacial Surgeon Registration | 224 | 236 | 6 | 3 | 4 | 5 | 10 | 8 | 17.9 | 21.2 |
| Temporary Resident | 50 | 54 | 1 | 2 | | | 1 | 2 | | | |
| Dentistry Total | | 11769 | 12168 | 305 | 195 | 67 | 66 | 372 | 261 | 5.7 | 5.4 |
| Funeral Directing | Branch Establishment | 28 | 60 | 3 | | | | 3 | | | |
| | Continuing Education Provider | 28 | 26 | | | | | | | | |
| | Courtesy Card | 47 | 67 | | | | | | | | |
| | Crematories | 91 | 94 | | | | | | | | |
| | Embalmer | 5 | 5 | | | | | | | | |
| | Funeral Director | 74 | 65 | 1 | | | 1 | 1 | 1 | | 15.4 |
| | Funeral Establishment | 484 | 448 | 13 | 13 | 2 | 2 | 15 | 15 | 4.1 | 4.5 |
| | Funeral Service Intern | 145 | 158 | | | | 1 | | 1 | | 6.3 |
| | Funeral Service Provider | 1465 | 1470 | 29 | 17 | 7 | 22 | 36 | 39 | 4.8 | 15.0 |
| | Funeral Supervisor*** | | | | | | 1 | | 1 | | |
| | Surface Transport & Removal Services | 49 | 48 | 1 | | | 2 | 1 | 2 | | 41.7 |
| Funeral Directing Total | | 2416 | 2441 | 47 | 30 | 9 | 29 | 56 | 59 | 3.7 | 11.9 |
| Long Term Care Administrator | Administrator-in-Training | 69 | 68 | | | 1 | | 1 | | 14.5 | |
| | ALF-Administrator-In-Training | 90 | 80 | | | 1 | | 1 | | 11.1 | |
| | Assisted Living Facility Administrator | 569 | 597 | 16 | 5 | 15 | 9 | 31 | 14 | 26.4 | 15.1 |
| | Assisted Living Facility Preceptor | 151 | 163 | | | | 3 | | 3 | | 18.4 |
| | Nursing Home Administrator | 764 | 789 | | 13 | 6 | 2 | 6 | 15 | 7.9 | 2.5 |
| | Nursing Home Preceptor | 219 | 223 | 11 | | | | 11 | | | |
| Long Term Care Administrator Total | | 1862 | 1920 | 27 | 18 | 23 | 14 | 50 | 32 | 12.4 | 7.3 |

| BOARD | OCCUPATION | Total Licensees ¹ | | No Violation ² | | Violation ³ | | Total Findings | | Violations per 1000 Licensees ⁴ | |
|------------------------------------|---|------------------------------|---------------|---------------------------|------------|------------------------|------------|----------------|-------------|--|------------|
| | | FY2011 | FY2012 | FY2011 | FY2012 | FY2011 | FY2012 | FY2011 | FY2012 | FY2011 | FY2012 |
| Medicine | Athletic Trainer | 1038 | 1106 | 1 | 4 | 5 | | 6 | 4 | 4.8 | |
| | Chiropractor | 1652 | 1687 | 10 | 9 | 10 | 19 | 20 | 28 | 6.1 | 11.3 |
| | Interns and Resident | 3723 | 3723 | 2 | 4 | 4 | 2 | 6 | 6 | 1.1 | 0.5 |
| | Licensed Acupuncturist | 420 | 435 | 1 | | 2 | | 3 | | 4.8 | |
| | Licensed Midwife | 56 | 64 | | | | 7 | | 7 | | 109.4 |
| | Limited Radiologic Technologist | 743 | 706 | | | 1 | 2 | 1 | 2 | 1.3 | 2.8 |
| | Medicine & Surgery | 33599 | 34511 | 380 | 388 | 114 | 137 | 494 | 525 | 3.4 | 4.0 |
| | Naturopath | | | | | | | | | | |
| | Occupational Therapist | 2915 | 3120 | | 1 | 5 | 3 | 5 | 4 | 1.7 | 1.0 |
| | Occupational Therapy Assistant | 847 | 932 | | 1 | 1 | 3 | 1 | 4 | 1.2 | 3.2 |
| | Osteopathy and Surgery | 1870 | 2091 | 10 | 16 | 10 | 16 | 20 | 32 | 5.3 | 7.7 |
| | Physician Acupuncturist | | | | 9 | | | | 9 | | |
| | Physician Assistant | 2227 | 2435 | 6 | | 8 | 11 | 14 | 11 | 3.6 | 4.5 |
| | Podiatry | 470 | 480 | 20 | 5 | 2 | 4 | 22 | 9 | 4.3 | 8.3 |
| | Radiologic Technologist | 3508 | 3593 | 1 | 1 | 10 | 12 | 11 | 13 | 2.9 | 3.3 |
| | Respiratory Care Practitioner | 3669 | 3759 | 5 | 1 | 8 | 8 | 13 | 9 | 2.2 | 2.1 |
| | Restricted Volunteer | | | 1 | | 1 | | 2 | | | |
| | Temporary Licenses | | 9 | | | | | | | | |
| | University Limited License | 36 | 31 | | 1 | | | | 1 | | |
| Volunteer Registration | 1 | 1 | 1 | | | | 1 | | | | |
| Medicine Total | | 56774 | 58741 | 438 | 440 | 181 | 224 | 619 | 664 | 3.2 | 3.8 |
| Nursing | Advanced Certified Nurse Aide | 90 | 97 | | | | | | | | |
| | Authorization to Prescribe | 3802 | 4110 | 1 | 1 | 1 | 4 | 2 | 5 | 0.3 | 1.0 |
| | Certified Massage Therapist | 5932 | 6216 | 3 | 4 | 20 | 16 | 23 | 20 | 3.4 | 2.6 |
| | Certified Nurse Aides | 52426 | 55097 | 143 | 127 | 273 | 245 | 416 | 372 | 5.2 | 4.4 |
| | Clinical Nurse Specialist | 454 | 438 | | | | | | | | |
| | Licensed Nurse Practitioner | 6434 | 6827 | 12 | 14 | 11 | 14 | 23 | 28 | 1.7 | 2.1 |
| | Licensed Practical Nurse | 30919 | 31369 | 184 | 139 | 201 | 231 | 385 | 370 | 6.5 | 7.4 |
| | Medication Aide | 4540 | 4901 | 23 | 18 | 66 | 72 | 89 | 90 | 14.5 | 14.7 |
| | Medication Aide Training Program | | | | | | | | | | |
| | Registered Nurse | 95523 | 98717 | 282 | 307 | 276 | 325 | 558 | 632 | 2.9 | 3.3 |
| | RN by Privilege-Discipline | | | 4 | 5 | 4 | 6 | 8 | 11 | | |
| | VA Nurse Aide Education Program | | 30 | 1 | | | | 1 | | | |
| | VA Practical Schools of Nursing | 73 | 76 | 7 | | 1 | 3 | 8 | 3 | 13.7 | 39.5 |
| VA Professional Schools of Nursing | 48 | 78 | | | | | | | | | |
| Volunteer Registration | | | | | | | | | | | |
| Nursing Total | | 204781 | 212857 | 518 | 488 | 582 | 673 | 1100 | 1161 | 2.8 | 3.2 |
| Optometry | Optometrist | 185 | 163 | 3 | 3 | 2 | 2 | 5 | 5 | 10.8 | 12.3 |
| | Opometrist - Volunteer Registration | | | | | | | 0 | | | |
| | Professional Designation | 225 | 230 | | | | | 0 | | | |
| | TPA Certified Optometrist | 1384 | 1434 | 19 | 20 | 4 | 2 | 23 | 22 | 2.9 | 1.4 |
| Optometry Total | | 1794 | 1827 | 22 | 23 | 6 | 4 | 28 | 27 | 3.3 | 2.2 |
| Pharmacy | Business CSR | 819 | 835 | 1 | 1 | | | 1 | 1 | | |
| | CE Courses | 6 | 3 | | | | | | | | |
| | Humane Society | | | | | | | | | | |
| | Limited Use Pharmacy Technician | 35 | 31 | | | | | | | | |
| | Medical Equipment Supplier | 503 | 578 | 1 | | | | 1 | | | |
| | Non-resident Pharmacy | 421 | 469 | 6 | 6 | 1 | | 7 | 6 | 28.6 | |
| | Non-resident Wholesale Distributor | 696 | 739 | | | | | | | | |
| | Non-restricted Manufacturer | 19 | 22 | | | | | | | | |
| | Permitted Physician | 11 | 10 | | | | | | | | |
| | Pharmacist | 11240 | 11732 | 47 | 55 | 38 | 41 | 85 | 96 | 3.4 | 3.5 |
| | Pharmacist-Volunteer Registration | | 1 | | | | | | | | |
| | Pharmacy | 1726 | 1754 | 18 | 21 | 182 | 195 | 200 | 216 | 105.4 | 111.2 |
| | Pharmacy Intern | 1686 | 1798 | | | | 3 | | 3 | | 1.7 |
| | Pharmacy Technician | 11999 | 12413 | 24 | 24 | 50 | 61 | 74 | 85 | 4.2 | 4.9 |
| | Pharmacy Technician Training Program | 81 | 86 | | | | | | | | |
| | Physician Selling Controlled Substances | 366 | 500 | | 10 | | | | 10 | | |
| | Physician Selling Drugs Location | | | 1 | | | | 1 | | | |
| | Pilot Programs | | | | | | | | | | |
| | Restricted Manufacturer | 70 | 77 | | 1 | | 1 | | 2 | | 13.0 |
| Robotic Pharmacy System | | | | | | | | | | | |
| Warehouser | 45 | 46 | | | | | | | | | |
| Wholesale Distributor | 114 | 112 | | 1 | | | | 1 | | | |
| Pharmacy Total | | 29838 | 31206 | 98 | 119 | 271 | 301 | 369 | 420 | 9.1 | 9.6 |

| BOARD | OCCUPATION | Total Licensees ¹ | | No Violation ² | | Violation ³ | | Total Findings | | Violations per 1000 Licensees ⁴ | |
|----------------------------------|----------------------------------|------------------------------|---------------|---------------------------|-------------|------------------------|-------------|----------------|-------------|--|-------------|
| | | FY2011 | FY2012 | FY2011 | FY2012 | FY2011 | FY2012 | FY2011 | FY2012 | FY2011 | FY2012 |
| Physical Therapy | Direct Access Certification | 523 | 650 | | | | | | | | |
| | Physical Therapist | 5864 | 6282 | 6 | 9 | 4 | 4 | 10 | 13 | 0.7 | 0.6 |
| | Physical Therapist Assistant | 2223 | 2463 | 4 | | 1 | | 5 | | 0.4 | |
| Physical Therapy Total | | 8610 | 9395 | 10 | 9 | 5 | 4 | 15 | 13 | 0.6 | 0.4 |
| Psychology | Applied Psychologist | 41 | 41 | | | | | | | | |
| | Clinical Psychologist | 2709 | 2795 | 31 | 32 | 3 | 4 | 34 | 36 | 1.1 | 1.4 |
| | Continuing Education Provider | 2 | | | | | | | | | |
| | Resident in Training | | | | | | | | | | |
| | School Psychologist | 111 | 108 | | | | | | | | |
| | School Psychologist-Limited | 295 | 308 | | | | | | | | |
| Sex Offender Treatment Provider | 422 | 426 | 5 | 5 | | | 5 | 5 | | | |
| Psychology Total | | 3580 | 3678 | 36 | 37 | 3 | 4 | 39 | 41 | 0.8 | 1.1 |
| Social Work | Associate Social Worker | 3 | 2 | | | | | | | | |
| | Licensed Clinical Social Worker | 5468 | 5448 | 34 | 27 | 11 | 4 | 45 | 31 | 2.0 | 0.7 |
| | Licensed Social Worker | 431 | 411 | 1 | | | | 1 | | | |
| | Post Graduate Trainee | | 56 | | | | | | | | |
| | Registered Social Worker | 28 | 21 | | | | | | | | |
| Social Work Total | | 5930 | 5938 | 35 | 27 | 11 | 4 | 46 | 31 | 1.9 | 0.7 |
| Veterinary Medicine | Equine Dental Technician | 22 | 24 | | | | | | | | |
| | Full Service Veterinary Facility | 722 | 735 | 5 | 3 | | 5 | 5 | 8 | | 6.8 |
| | Restricted Veterinary Facility | 264 | 270 | | | | | | | | |
| | Veterinarian | 3728 | 3862 | 96 | 83 | 24 | 19 | 120 | 102 | 6.4 | 4.9 |
| | Veterinary Technician | 1469 | 1608 | 3 | 4 | 5 | 15 | 8 | 19 | 3.4 | 9.3 |
| Veterinary Medicine Total | | 6205 | 6499 | 104 | 90 | 29 | 39 | 133 | 129 | 4.7 | 6.0 |
| AGENCY TOTAL | | 339206 | 352190 | 1818 | 1639 | 1472 | 1642 | 3290 | 3281 | 4.34 | 4.66 |

*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 on June 30th of the designated time frame.

²Cases in which allegations were not substantiated

³Cases in which allegations were substantiated

⁴Shows the ratio of violations found per 1,000 licensees of the respective board and occupations

**This category of "Occupation" does not hold a license with the Department of Health Professions

***This is no longer a valid category of licensure

| SANCTION INFORMATION* | | | | | | | |
|---|--|------------------------|-------------|------------------------|-------------|---|------------|
| BOARD | OCCUPATION | Licensees ¹ | | Sanctions ² | | Sanctions per 1000 Licensees ³ | |
| | | FY2011 | FY2012 | FY2011 | FY2012 | FY2011 | FY2012 |
| Audiology/Speech Pathology | Audiologist | 461 | 465 | 2 | 2 | 4.3 | 4.3 |
| | Continuing Education Provider | 1 | 1 | | | | |
| | School Speech Pathologist | 98 | 110 | | 2 | | 18.2 |
| | Speech Pathologist | 2854 | 3066 | 5 | 29 | 1.8 | 9.5 |
| | Audiology/Speech Pathology Total | 3414 | 3642 | 7 | 33 | 2.1 | 9.1 |
| Counseling | Certified Substance Abuse Counselor | 1717 | 1714 | | 7 | | 4.1 |
| | Licensed Marriage and Family Therapist | 831 | 825 | 5 | 5 | 6.0 | 6.1 |
| | Licensed Professional Counselor | 3510 | 3663 | 4 | 18 | 1.1 | 4.9 |
| | MF Therapist Resident | | | | | | |
| | Post Graduate Trainee | | | | | | |
| | Rehabilitation Provider | 344 | 334 | 2 | 2 | 5.8 | 6.0 |
| | SA Oral Examiner | | | | | | |
| | Substance Abuse Counseling Assistant Substance Abuse Treatment Practitioner | 99 191 | 115 188 | | | | |
| Counseling Total | 6692 | 6839 | 11 | 32 | 1.6 | 4.7 | |
| Dentistry | Cosmetic Procedure Certification | 24 | 27 | | 1 | | 37.0 |
| | Dental Assistant | | | | | | |
| | Dental Assistant II | | | | 1 | | |
| | Dental Full Time Faculty | 8 | 9 | | | | |
| | Dental Hygienist | 5043 | 5232 | 14 | 12 | 2.8 | 2.3 |
| | Dental Hygienist Teacher | 1 | 1 | | | | |
| | Dental Hygienist-Volunteer Registration | | | | | | |
| | Dental Restricted Volunteer | | 13 | | | | |
| | Dental Hygienist Temporary Permit | | | | | | |
| | Dental Teacher | 3 | 3 | | | | |
| | Dental Temporary Permit | 2 | 3 | | | | |
| | Dentist | 6392 | 6590 | 116 | 122 | 18.1 | 18.5 |
| | Dentist-Volunteer Registration | | | | | | |
| | Oral/Maxillofacial Surgeon Registration Temporary Resident | 224 50 | 236 54 | 5 | 9 | 22.3 | 38.1 |
| Dentistry Total | 11769 | 12168 | 135 | 145 | 11.5 | 11.9 | |
| Funeral Directing | Branch Establishment | 28 | 60 | | | | |
| | Continuing Education Provider | 28 | 26 | | | | |
| | Courtesy Card | 47 | 67 | | | | |
| | Crematories | 91 | 94 | | | | |
| | Embalmer | 5 | 5 | | | | |
| | Funeral Director | 74 | 65 | | | | |
| | Funeral Establishment | 484 | 448 | 1 | 3 | 2.1 | 6.7 |
| | Funeral Service Intern | 145 | 158 | | | | |
| | Funeral Service Provider | 1465 | 1470 | 12 | 24 | 8.2 | 16.3 |
| | Funeral Supervisor | | | | | | |
| | Funeral Trainee | | | | | | |
| | Surface Transport & Removal Services | 49 | 48 | | | | |
| Funeral Directing Total | 2416 | 2441 | 13 | 27 | 5.4 | 11.1 | |
| Long Term Care Administrator | Administrator-in-Training | 69 | 68 | 3 | | 43.5 | |
| | ALF-Administrator-In-Training | 90 | 80 | 1 | | 11.1 | |
| | Assisted Living Facility Administrator | 569 | 597 | 23 | 17 | 40.4 | 28.5 |
| | Assisted Living Facility Preceptor | 151 | 163 | | 7 | | 42.9 |
| | Nursing Home Administrator | 764 | 789 | 10 | 11 | 13.1 | 13.9 |
| | Nursing Home Preceptor | 219 | 223 | 1 | | 4.6 | |
| Long Term Care Administrator Total | 1862 | 1920 | 38 | 35 | 20.4 | 18.2 | |
| Medicine | Athletic Trainer | 1038 | 1106 | 10 | | 9.6 | |
| | Chiropractor | 1652 | 1687 | 23 | 37 | 13.9 | 21.9 |
| | Interns and Resident | 3723 | 3723 | 8 | 5 | 2.1 | 1.3 |
| | Licensed Acupuncturist | 420 | 435 | 6 | | 14.3 | |
| | Licensed Midwife | 56 | 64 | 2 | 13 | 35.7 | 203.1 |
| | Limited Radiologic Technologist | 743 | 706 | 1 | 3 | 1.3 | 4.2 |
| | Medicine & Surgery | 33599 | 34511 | 272 | 283 | 8.1 | 8.2 |
| | Naturopath | | | | | | |
| | Occupational Therapist | 2915 | 3120 | 9 | 12 | 3.1 | 3.8 |
| | Occupational Therapy Assistant | 847 | 932 | 2 | 8 | 2.4 | 8.6 |
| | Osteopathy and Surgery | 1870 | 2091 | 19 | 23 | 10.2 | 11.0 |
| | Physician Acupuncturist | | | | | | |
| | Physician Assistant | 2227 | 2435 | 13 | 18 | 5.8 | 7.4 |
| | Podiatry | 470 | 480 | 7 | 7 | 14.9 | 14.6 |
| | Radiologic Technologist | 3508 | 3593 | 22 | 22 | 6.3 | 6.1 |
| | Radiologist Assistant | | 9 | | | | |
| | Respiratory Care Practitioner | 3669 | 3759 | 19 | 20 | 5.2 | 5.3 |
| | Restricted Volunteer | | | 1 | | | |
| | Temporary Licenses | | | | | | |
| | University Limited License | 36 | 31 | | | | |
| | Volunteer Registration | 1 | 1 | | | | |
| Medicine Total | 56825 | 58741 | 414 | 451 | 7.3 | 7.7 | |

| SANCTION INFORMATION* | | | | | | | |
|------------------------------------|---|---------------|---------------|-------------|-------------|-------------|-------------|
| Nursing | Advanced Certified Nurse Aide | 90 | 97 | | | | |
| | Authorization to Prescribe | 3802 | 4110 | 4 | 9 | 1.1 | 2.2 |
| | Certified Massage Therapist | 52426 | 6216 | 34 | 27 | 40.5 | 43.3 |
| | Certified Nurse Aides | 5932 | 55097 | 509 | 466 | 85.8 | 8.5 |
| | Clinical Nurse Specialist | 454 | 438 | 1 | 1 | 2.2 | 2.3 |
| | Licensed Nurse Practitioner | 6434 | 6827 | 21 | 29 | 3.3 | 4.2 |
| | Licensed Practical Nurse | 30919 | 31369 | 305 | 369 | 9.9 | 11.8 |
| | Medication Aide | | | 95 | 112 | | |
| | Medication Aide Training Program | | | | | | |
| | Registered Nurse | 95523 | 98717 | 503 | 541 | 5.3 | 5.5 |
| | RN by Privilege-Discipline | | | 6 | 8 | | |
| | VA Nurse Aide Education Program | | 30 | | | | |
| | VA Practical Schools of Nursing | 73 | 76 | 1 | 3 | | 39.5 |
| VA Professional Schools of Nursing | 48 | 78 | | | | | |
| Volunteer Registration | | | | | | | |
| Nursing Total | | 147727 | 152672 | 973 | 1101 | 6.6 | 7.2 |
| Optometry | Optometrist | 185 | 163 | 2 | 5 | 10.8 | 30.7 |
| | Optometrist - Volunteer Registration | | | | | | |
| | Professional Designation | 225 | 230 | | | | |
| | TPA Certified Optometrist | 1384 | 1434 | 10 | 4 | 7.2 | 2.8 |
| Optometry Total | | 1794 | 1827 | 12 | 9 | 6.7 | 4.9 |
| Pharmacy | Business CSR | 819 | 835 | | | | |
| | CE Courses | 6 | 3 | | | | |
| | Humane Society | | | | | | |
| | Limited Use Pharmacy Technician | 35 | 31 | | | | |
| | Medical Equipment Supplier | 503 | 578 | | | | |
| | Non-resident Pharmacy | 421 | 469 | 1 | | 2.4 | |
| | Non-resident Wholesale Distributor | 696 | 739 | | | | |
| | Non-restricted Manufacturer | 19 | 22 | | | | |
| | Permitted Physician | 11 | 10 | | | | |
| | Pharmacist | 11240 | 11732 | 52 | 65 | 4.6 | 5.5 |
| | Pharmacist-Volunteer Registration | | 1 | | | | |
| | Pharmacy | 1726 | 1754 | 358 | 385 | 207.4 | 219.5 |
| | Pharmacy Intern | 1686 | 1798 | | 3 | | 1.7 |
| | Pharmacy Technician | 11999 | 12413 | 86 | 118 | 7.2 | 9.5 |
| | Pharmacy Technician Training Program | 81 | 86 | | | | |
| | Physician Selling Controlled Substances | 366 | 500 | | | | |
| | Physician Selling Drugs Location | 1 | | | | | |
| | Pilot Programs | | | | | | |
| | Restricted Manufacturer | 70 | 77 | | 1 | | 13.0 |
| | Robotic Pharmacy System | | | | | | |
| Warehouser | 45 | 46 | | | | | |
| Wholesale Distributor | 114 | 112 | | | | | |
| Pharmacy Total | | 29838 | 31206 | 497 | 572 | 16.7 | 18.3 |
| Physical Therapy | Direct Access Certification | 523 | 650 | | | | |
| | Physical Therapist | 5864 | 6282 | 11 | 8 | 1.9 | 1.3 |
| | Physical Therapist Assistant | 2223 | 2463 | 3 | | 1.3 | |
| Physical Therapy Total | | 8610 | 9395 | 14 | 8 | 1.6 | 0.9 |
| Psychology | Applied Psychologist | 41 | 41 | | | | |
| | Clinical Psychologist | 2709 | 2795 | 8 | 4 | 3.0 | 1.4 |
| | Continuing Education Provider | 2 | | | | | |
| | Resident in Training | | | | | | |
| | School Psychologist | 111 | 108 | | | | |
| | School Psychologist-Limited | 295 | 308 | | | | |
| | Sex Offender Treatment Provider | 422 | 426 | | | | |
| Psychology Total | | 3580 | 3678 | 8 | 4 | 2.2 | 1.1 |
| Social Work | Associate Social Worker | 3 | 2 | | | | |
| | Licensed Clinical Social Worker | 5468 | 5448 | 11 | 7 | 2.0 | 1.3 |
| | Licensed Social Worker | 431 | 411 | | | | |
| | Post Graduate Trainee | | 56 | | | | |
| | Registered Social Worker | 28 | 21 | | | | |
| Social Work Total | | 5930 | 5938 | 11 | 7 | 1.9 | 1.2 |
| Veterinary Medicine | Equine Dental Technician | 22 | 24 | | | | |
| | Veterinary Establishment - Full Service | 722 | 735 | | | | |
| | Veterinary Establishment - Restricted | 264 | 270 | | | | |
| | Veterinarian | 3728 | 3862 | 28 | 7 | 7.5 | 1.8 |
| | Veterinary Technician | 1469 | 1608 | 5 | | 3.4 | |
| Veterinary Medicine Total | | 6205 | 6499 | 33 | 7 | 5.3 | 1.1 |
| AGENCY TOTAL | | 339206 | 352190 | 2675 | 2897 | 7.9 | 8.2 |

¹ A single case may fall into more than one category.

² More than one sanction may be imposed per case found in violation.

COMPLAINT CATEGORY INFORMATION

| | | FY 2011 | | FY 2012 | | TOTAL | |
|-----------------------------------|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Board | COMPLAINT CATEGORY | Category Count ¹ | Sanction Count ² | Category Count ¹ | Sanction Count ² | Category Count ¹ | Sanction Count ² |
| Speech Pathology/Audiology | Abuse/Abandonment/Neglect | | 1 | | | | 1 |
| | Action by Another Board, Patient Care | | 1 | | | | 1 |
| | Business Practice Issues | 2 | | 7 | | 9 | |
| | Compliance | | | 3 | | 3 | |
| | Confidentiality Breach | | | 1 | | 1 | |
| | Continuing Competency Req Not Met | 8 | | 20 | 7 | 28 | 7 |
| | Eligibility | 7 | 2 | 7 | 3 | 14 | 5 |
| | Fraud, Non-Patient Care | | 1 | 1 | | 1 | 1 |
| | Inability to Safely Practice | | | 1 | | 1 | |
| | Inappropriate Relationship | 1 | | | | 1 | |
| | Reinstatement | 3 | | 4 | 4 | 7 | 4 |
| | Std of Care, Diagnosis/Treatment | 2 | | 2 | | 4 | |
| | Std of Care, Exceeding Scope | 1 | | 1 | 1 | 2 | 1 |
| | Unlicensed Activity | 7 | 3 | 6 | 4 | 13 | 7 |
| | Speech Pathology/Audiology Total | | 31 | 8 | 53 | 19 | 84 |
| Counseling | Abuse/Abandonment/Neglect | 5 | | 9 | 1 | 14 | 1 |
| | Action by Another Board, NPC | 2 | 1 | 1 | | 3 | 1 |
| | Action by Another Board, Patient Care | 1 | | | | 1 | |
| | Business Practice Issues | 14 | 1 | 13 | | 27 | 1 |
| | Compliance | | | 1 | 2 | 1 | 2 |
| | Confidentiality Breach | 9 | | 3 | 4 | 12 | 4 |
| | Criminal Activity | 3 | 1 | 1 | | 4 | 1 |
| | Drug Related, Non-Patient Care | 1 | | | | 1 | |
| | Drug Related, Patient Care | 2 | | 2 | 1 | 4 | 1 |
| | Eligibility | 51 | | 15 | | 66 | |
| | Fraud, Non-Patient Care | 6 | 2 | 3 | | 9 | 2 |
| | Fraud, Patient Care | 7 | | | | 7 | |
| | Inability to Safely Practice | 7 | 1 | 3 | 3 | 10 | 4 |
| | Inappropriate Relationship | 12 | | 10 | 10 | 22 | 10 |
| | Records Release | 5 | | 3 | | 8 | |
| | Reinstatement | 3 | 2 | 1 | 2 | 4 | 4 |
| | Std of Care, Diagnosis/Treatment | 19 | | 10 | | 29 | |
| | Std of Care, Exceeding Scope | 4 | | 1 | | 5 | |
| | Std of Care, Medication/Prescription | 1 | | | | 1 | |
| | Std of Care, Other | 2 | | 1 | | 3 | |
| Unlicensed Activity | 10 | | 13 | | 23 | | |
| Counseling Total | | 164 | 8 | 90 | 23 | 254 | 31 |

| Board | COMPLAINT CATEGORY | FY 2011 | | FY 2012 | | TOTAL | |
|--------------------------------|---------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| | | Category Count ¹ | Sanction Count ² | Category Count ¹ | Sanction Count ² | Category Count ¹ | Sanction Count ² |
| Dentistry | Abuse/Abandonment/Neglect | 7 | 5 | 174 | 18 | 181 | 23 |
| | Action by Another Board, NPC | 81 | 2 | 2 | | 83 | 2 |
| | Action by Another Board, Patient Care | 1 | | | | 1 | |
| | Business Practice Issues | 2 | 8 | 152 | 4 | 154 | 12 |
| | Compliance | 127 | 8 | 10 | 6 | 137 | 14 |
| | Confidentiality Breach | 7 | | 4 | | 11 | |
| | Continuing Competency Req Not Met | 4 | 3 | 5 | 1 | 9 | 4 |
| | Criminal Activity | 11 | 1 | 7 | 2 | 18 | 3 |
| | Drug Related, Non-Patient Care | 6 | | | | 6 | |
| | Drug Related, Patient Care | 1 | 4 | 9 | 5 | 10 | 9 |
| | Eligibility | 9 | 4 | 7 | 3 | 16 | 7 |
| | Fraud, Non-Patient Care | 11 | 3 | 30 | 9 | 41 | 12 |
| | Fraud, Patient Care | 65 | 3 | 32 | 10 | 97 | 13 |
| | Inability to Safely Practice | 46 | 3 | 11 | 4 | 57 | 7 |
| | Inappropriate Relationship | 11 | | 1 | | 12 | |
| | Misappropriation of Property, NPC | 1 | | | 1 | 1 | 1 |
| | Records Release | 1 | 3 | 14 | | 15 | 3 |
| | Reinstatement | | 1 | 2 | 2 | 2 | 3 |
| | Std of Care, Diagnosis/Treatment | 12 | 26 | 209 | 36 | 221 | 62 |
| | Std of Care, Exceeding Scope | 227 | 3 | | | 227 | 3 |
| | Std of Care, Malpractice Reports | 4 | 2 | 20 | 3 | 24 | 5 |
| | Std of Care, Medication/Prescription | 8 | 2 | 5 | 2 | 13 | 4 |
| | Std of Care, Other | 4 | 5 | | 2 | 4 | 7 |
| Std of Care, Surgery | 7 | 3 | 9 | 3 | 16 | 6 | |
| Unlicensed Activity | 39 | 4 | 163 | 6 | 202 | 10 | |
| Dentistry Total | | 692 | 93 | 866 | 117 | 1558 | 210 |
| Funeral Directing | Abuse/Abandonment/Neglect | 3 | | 2 | 1 | 5 | 1 |
| | Business Practice Issues | 60 | 4 | 54 | 13 | 114 | 17 |
| | Compliance | 13 | 1 | 2 | | 15 | 1 |
| | Confidentiality Breach | 3 | | | | 3 | |
| | Continuing Competency Req Not Met | 8 | | | 2 | 8 | 2 |
| | Criminal Activity | 4 | | 1 | | 5 | |
| | Drug Related, Patient Care | 2 | | | | 2 | |
| | Drug Related, Security | | | 1 | | 1 | |
| | Eligibility | 2 | | 2 | | 4 | |
| | Fraud, Non-Patient Care | 9 | 2 | 22 | 3 | 31 | 5 |
| | Fraud, Patient Care | | | 3 | | 3 | |
| | Inability to Safely Practice | 2 | 1 | 2 | | 1749 | 236 |
| | Reinstatement | 1 | 1 | | | 1 | 1 |
| | Std of Care, Diagnosis/Treatment | 3 | | 2 | 1 | 5 | 1 |
| | Std of Care, Exceeding Scope | 1 | 1 | | | 1 | 1 |
| Unlicensed Activity | 6 | 1 | 6 | 1 | 12 | 2 | |
| Funeral Directing Total | | 117 | 11 | 97 | 21 | 214 | 32 |

| Board | COMPLAINT CATEGORY | FY 2011 | | FY 2012 | | TOTAL | |
|--|---------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| | | Category Count ¹ | Sanction Count ² | Category Count ¹ | Sanction Count ² | Category Count ¹ | Sanction Count ² |
| Long-Term Care Administrators | Abuse/Abandonment/Neglect | 44 | 7 | 29 | 7 | 73 | 14 |
| | Business Practice Issues | 36 | 5 | 39 | 4 | 75 | 9 |
| | Compliance | | | 1 | | 1 | |
| | Continuing Competency Req Not Met | 7 | | | 2 | 7 | 2 |
| | Criminal Activity | | | 8 | 1 | 8 | 1 |
| | Drug Related, Non-Patient Care | | | 1 | | 1 | |
| | Drug Related, Patient Care | 3 | 1 | 4 | | 7 | 1 |
| | Drug Related, Security | | | 2 | | 2 | |
| | Eligibility | 1 | 2 | 1 | | 2 | 2 |
| | Fraud, Non-Patient Care | 9 | 5 | 2 | 2 | 11 | 7 |
| | Fraud, Patient Care | 7 | 3 | 8 | 1 | 15 | 4 |
| | Inability to Safely Practice | 3 | | | | 3 | |
| | Inappropriate Relationship | | | 1 | | 1 | |
| | Misappropriation of Patient Property | 3 | | 3 | | 6 | |
| | Misappropriation of Property, NPC | 1 | | 1 | | 2 | |
| | Records Release | 1 | | | | 1 | |
| | Reinstatement | 1 | | | 1 | 1 | 1 |
| | Std of Care, Diagnosis/Treatment | 9 | 2 | 10 | 4 | 19 | 6 |
| | Std of Care, Exceeding Scope | 5 | 2 | | 1 | 5 | 3 |
| | Std of Care, Medication/Prescription | 13 | 2 | 9 | 2 | 22 | 4 |
| | Std of Care, Other | 1 | 1 | | | 1 | 1 |
| | Unlicensed Activity | 20 | 11 | 6 | 4 | 26 | 15 |
| Long-Term Care Administrators Total | | 164 | 41 | 29 | 29 | 193 | 70 |
| Medicine | Abuse/Abandonment/Neglect | 296 | 30 | 416 | 54 | 712 | 84 |
| | Action by Another Board, NPC | 26 | 24 | 22 | 15 | 48 | 39 |
| | Action by Another Board, Patient Care | 30 | 25 | 38 | 17 | 68 | 42 |
| | Business Practice Issues | 126 | 9 | 192 | 9 | 318 | 18 |
| | Compliance | 20 | 13 | 8 | 10 | 28 | 23 |
| | Confidentiality Breach | 35 | 5 | 26 | 4 | 61 | 9 |
| | Continuing Competency Req Not Met | 11 | 2 | 1 | 2 | 12 | 4 |
| | Criminal Activity | 42 | 10 | 36 | 15 | 78 | 25 |
| | Dishonored Check | 2 | 2 | 1 | | 1 | 2 |
| | Drug Related, Non-Patient Care | 4 | 2 | 2 | 1 | 6 | 3 |
| | Drug Related, Patient Care | 96 | 45 | 130 | 54 | 226 | 99 |
| | Drug Related, Security | 4 | 1 | | 5 | 4 | 6 |
| | Eligibility | 27 | 5 | 16 | 11 | 43 | 16 |
| | Fraud, Non-Patient Care | 114 | 6 | 108 | 11 | 222 | 17 |
| | Fraud, Patient Care | 79 | 14 | 60 | 13 | 139 | 27 |
| | HPMP | 4 | 1 | 8 | 8 | 12 | 9 |
| | Inability to Safely Practice | 74 | 26 | 67 | 40 | 141 | 66 |
| | Inappropriate Relationship | 24 | 9 | 16 | 5 | 40 | 14 |
| | Misappropriation of Patient Property | 1 | | 1 | 1 | 2 | 1 |
| | Records Release | 69 | 2 | 59 | 2 | 128 | 4 |
| | Reinstatement | 26 | 25 | 17 | 23 | 43 | 48 |
| | Std of Care, Diagnosis/Treatment | 724 | 39 | 708 | 58 | 1432 | 97 |
| | Std of Care, Exceeding Scope | 9 | 3 | 10 | 1 | 19 | 4 |
| | Std of Care, Malpractice Reports | 180 | 14 | 207 | 23 | 387 | 37 |
| | Std of Care, Medication/Prescription | 185 | 21 | 211 | 39 | 396 | 60 |
| | Std of Care, Other | 22 | 18 | 23 | 2 | 45 | 20 |
| | Std of Care, Surgery | 157 | 12 | 184 | 12 | 341 | 24 |
| | Unlicensed Activity | 68 | 21 | 61 | 23 | 129 | 44 |
| Medicine Total | | 2453 | 384 | 2628 | 458 | 5081 | 842 |

| Board | COMPLAINT CATEGORY | FY 2011 | | FY 2012 | | TOTAL | |
|--------------------------------------|---------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| | | Category Count ¹ | Sanction Count ² | Category Count ¹ | Sanction Count ² | Category Count ¹ | Sanction Count ² |
| Nurse Aide | Abuse/Abandonment/Neglect | 379 | 136 | 355 | 136 | 734 | 272 |
| | Action by Another Board, NPC | 1 | | 1 | 2 | 2 | 2 |
| | Action by Another Board, Patient Care | 2 | | | | 2 | |
| | Business Practice Issues | 4 | 1 | 7 | | 11 | 1 |
| | Compliance | 11 | 6 | 11 | 6 | 22 | 12 |
| | Confidentiality Breach | 7 | 2 | 5 | 3 | 12 | 5 |
| | Criminal Activity | 137 | 77 | 115 | 81 | 252 | 158 |
| | Dishonored Check | 16 | 20 | 16 | 22 | 32 | 42 |
| | Drug Related, Non-Patient Care | 11 | 9 | 7 | 3 | 18 | 12 |
| | Drug Related, Patient Care | 62 | 22 | 50 | 14 | 112 | 36 |
| | Eligibility | 82 | 63 | 68 | 67 | 150 | 130 |
| | Fraud, Non-Patient Care | 28 | 17 | 30 | 14 | 58 | 31 |
| | Fraud, Patient Care | 26 | 18 | 27 | 13 | 53 | 31 |
| | HPMP | 13 | 5 | 6 | 4 | 19 | 9 |
| | Inability to Safely Practice | 41 | 21 | 60 | 20 | 101 | 41 |
| | Inappropriate Relationship | 14 | 4 | 9 | 5 | 23 | 9 |
| | Misappropriation of Patient Property | 47 | 26 | 50 | 20 | 97 | 46 |
| | Misappropriation of Property, NPC | 3 | 1 | 6 | 3 | 9 | 4 |
| | Reinstatement | 22 | 25 | 15 | 14 | 37 | 39 |
| | Std of Care, Diagnosis/Treatment | 33 | 23 | 12 | 9 | 45 | 32 |
| | Std of Care, Exceeding Scope | 19 | 15 | 14 | 6 | 33 | 21 |
| | Std of Care, Medication/Prescription | 3 | 1 | 2 | | 5 | 1 |
| Std of Care, Other | 3 | 2 | 5 | 2 | 8 | 4 | |
| Std of Care, Surgery | 1 | | | | 1 | | |
| Unlicensed Activity | 13 | 10 | 11 | 3 | 24 | 13 | |
| Nurse Aide Total | | 978 | 504 | 882 | 447 | 1860 | 951 |
| Nursing | Abuse/Abandonment/Neglect | 377 | 104 | 418 | 113 | 795 | 217 |
| | Action by Another Board, NPC | 40 | 19 | 36 | 18 | 76 | 37 |
| | Action by Another Board, Patient Care | 106 | 32 | 140 | 59 | 246 | 91 |
| | Business Practice Issues | 74 | 11 | 74 | 9 | 148 | 20 |
| | Compliance | 74 | 51 | 101 | 62 | 175 | 113 |
| | Confidentiality Breach | 46 | 9 | 29 | 10 | 75 | 19 |
| | Continuing Competency Req Not Met | 5 | 2 | 8 | 2 | 13 | 4 |
| | Criminal Activity | 240 | 102 | 233 | 137 | 473 | 239 |
| | Dishonored Check | 7 | 11 | 13 | 15 | 20 | 26 |
| | Drug Related, Non-Patient Care | 12 | 9 | 27 | 7 | 39 | 16 |
| | Drug Related, Patient Care | 347 | 136 | 379 | 177 | 726 | 313 |
| | Drug Related, Security | 8 | 1 | 7 | 4 | 15 | 5 |
| | Eligibility | 141 | 92 | 115 | 101 | 256 | 193 |
| | Fraud, Non-Patient Care | 124 | 46 | 110 | 54 | 234 | 100 |
| | Fraud, Patient Care | 256 | 95 | 209 | 117 | 465 | 212 |
| | HPMP | 75 | 58 | 65 | 60 | 140 | 118 |
| | Inability to Safely Practice | 350 | 135 | 360 | 197 | 710 | 332 |
| | Inappropriate Relationship | 32 | 15 | 28 | 25 | 60 | 40 |
| | Misappropriation of Patient Property | 66 | 20 | 71 | 37 | 137 | 57 |
| | Misappropriation of Property, NPC | 16 | 7 | 16 | 1 | 32 | 8 |
| | Records Release | | | 1 | | 1 | |
| | Reinstatement | 56 | 50 | 54 | 63 | 110 | 113 |
| Std of Care, Diagnosis/Treatment | 247 | 76 | 263 | 72 | 510 | 148 | |
| Std of Care, Exceeding Scope | 89 | 31 | 92 | 35 | 181 | 66 | |
| Std of Care, Malpractice Reports | 13 | | 10 | 1 | 23 | 1 | |
| Std of Care, Medication/Prescription | 238 | 82 | 225 | 78 | 463 | 160 | |
| Std of Care, Other | 2 | 1 | 1 | | 3 | 1 | |
| Std of Care, Surgery | 16 | 3 | 10 | 4 | 26 | 7 | |
| Unlicensed Activity | 111 | 49 | 68 | 40 | 179 | 89 | |
| Nursing Total | | 3168 | 1247 | 3163 | 1498 | 6331 | 2745 |

| Board | COMPLAINT CATEGORY | FY 2011 | | FY 2012 | | TOTAL | |
|--------------------------------------|---------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| | | Category Count ¹ | Sanction Count ² | Category Count ¹ | Sanction Count ² | Category Count ¹ | Sanction Count ² |
| Optometry | Abuse/Abandonment/Neglect | 4 | | 12 | 1 | 16 | 1 |
| | Business Practice Issues | 14 | 3 | 18 | 1 | 32 | 4 |
| | Compliance | | 1 | 1 | | 1 | 1 |
| | Confidentiality Breach | 1 | 1 | | | 1 | 1 |
| | Continuing Competency Req Not Met | 16 | 1 | 3 | 2 | 19 | 3 |
| | Drug Related, Patient Care | | 1 | | | | 1 |
| | Eligibility | 1 | | 1 | | 2 | |
| | Fraud, Non-Patient Care | 2 | 1 | 7 | | 9 | 1 |
| | Fraud, Patient Care | 2 | | 2 | | 4 | |
| | Inability to Safely Practice | 2 | | 1 | | 3 | |
| | Inappropriate Relationship | 1 | | | | 1 | |
| | Records Release | 1 | | 1 | | 2 | |
| | Reinstatement | | | 3 | 1 | 3 | 1 |
| | Std of Care, Diagnosis/Treatment | 14 | 4 | 22 | 2 | 36 | 6 |
| | Std of Care, Exceeding Scope | | 1 | | | | 1 |
| Std of Care, Medication/Prescription | 1 | | 2 | | 3 | | |
| Unlicensed Activity | 3 | | 3 | | 6 | | |
| Optometry Total | | 62 | 13 | 76 | 7 | 138 | 20 |
| Pharmacy | Abuse/Abandonment/Neglect | 2 | 3 | 3 | 5 | 5 | 8 |
| | Action by Another Board, NPC | 5 | 2 | 4 | 1 | 9 | 3 |
| | Action by Another Board, Patient Care | 1 | 1 | 10 | 3 | 11 | 4 |
| | Business Practice Issues | 16 | 182 | 297 | 200 | 313 | 382 |
| | Compliance | 1 | | 2 | 2 | 3 | 2 |
| | Confidentiality Breach | 291 | 4 | 7 | 1 | 298 | 5 |
| | Continuing Competency Req Not Met | 7 | 29 | 61 | 43 | 68 | 72 |
| | Criminal Activity | 2 | 10 | 30 | 11 | 32 | 21 |
| | Dishonored Check | | 2 | 5 | 5 | 5 | 7 |
| | Drug Related, Non-Patient Care | 22 | 2 | 11 | 10 | 33 | 12 |
| | Drug Related, Patient Care | 22 | 19 | 61 | 21 | 83 | 40 |
| | Drug Related, Security | 20 | 2 | 10 | 5 | 30 | 7 |
| | Eligibility | 47 | 2 | 1 | 2 | 48 | 4 |
| | Fraud, Non-Patient Care | 11 | 3 | 4 | 5 | 15 | 8 |
| | Fraud, Patient Care | 11 | | 3 | 4 | 14 | 4 |
| | HPMP | 6 | | 2 | 2 | 8 | 2 |
| | Inability to Safely Practice | 6 | 6 | 17 | 9 | 23 | 15 |
| | Misappropriation of Patient Property | 20 | | 2 | 1 | 22 | 1 |
| | Misappropriation of Property, NPC | 1 | 1 | 7 | 3 | 8 | 4 |
| | Reinstatement | 7 | 2 | 10 | 9 | 17 | 11 |
| | Std of Care, Diagnosis/Treatment | 5 | | 8 | 1 | 13 | 1 |
| | Std of Care, Exceeding Scope | 6 | 1 | 1 | 3 | 7 | 4 |
| | Std of Care, Medication/Prescription | 115 | 11 | 81 | 10 | 196 | 21 |
| Std of Care, Other | 1 | 1 | | | 1 | 1 | |
| Std of Care, Surgery | | | 1 | | 1 | | |
| Unlicensed Activity | 22 | 7 | 18 | 4 | 40 | 11 | |
| Pharmacy Total | 647 | 290 | 656 | 360 | 1303 | 650 | |
| Physical Therapy | Abuse/Abandonment/Neglect | 6 | 1 | 16 | 1 | 22 | 2 |
| | Action by Another Board, NPC | 1 | 1 | 1 | 1 | 2 | 2 |
| | Action by Another Board, Patient Care | | | 1 | | 1 | |
| | Business Practice Issues | 2 | | 5 | | 7 | |
| | Compliance | 1 | | | | 1 | |
| | Confidentiality Breach | 1 | | | | 1 | |
| | Drug Related, Non-Patient Care | | | 1 | | 1 | |
| | Drug Related, Patient Care | 1 | 2 | 3 | | 4 | 2 |
| | Eligibility | | | 1 | | 1 | |
| | Fraud, Non-Patient Care | 2 | | 3 | | 5 | |
| | Fraud, Patient Care | 5 | | 4 | 2 | 9 | 2 |
| | Inability to Safely Practice | 1 | | 1 | | 2 | |
| | Inappropriate Relationship | 1 | | 2 | | 3 | |
| | Misappropriation of Patient Property | | 1 | 2 | | 2 | 1 |
| | Reinstatement | 1 | 1 | 2 | | 3 | 1 |
| | Std of Care, Diagnosis/Treatment | 3 | | 8 | | 11 | |
| | Std of Care, Exceeding Scope | 3 | | | 1 | 3 | 1 |
| Std of Care, Malpractice Reports | 1 | | 1 | | 2 | | |
| Std of Care, Medication/Prescription | | | 1 | | 1 | | |
| Unlicensed Activity | 5 | | 4 | | 9 | | |
| Physical Therapy Total | 34 | 6 | 56 | 5 | 90 | 11 | |

| Board | COMPLAINT CATEGORY | FY 2011 | | FY 2012 | | TOTAL | |
|----------------------------------|---------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| | | Category Count ¹ | Sanction Count ² | Category Count ¹ | Sanction Count ² | Category Count ¹ | Sanction Count ² |
| Psychology | Abuse/Abandonment/Neglect | 5 | 1 | 5 | 1 | 10 | 2 |
| | Action by Another Board, Patient Care | | | 1 | 1 | 1 | 1 |
| | Business Practice Issues | 9 | | 19 | | 28 | |
| | Compliance | 3 | | 1 | 2 | 4 | 2 |
| | Confidentiality Breach | 7 | | 3 | | 10 | |
| | Criminal Activity | 1 | 1 | | | 1 | 1 |
| | Fraud, Non-Patient Care | 2 | | 1 | | 3 | |
| | Fraud, Patient Care | 4 | | 1 | | 5 | |
| | Inability to Safely Practice | 1 | | | | 1 | |
| | Inappropriate Relationship | 7 | 2 | 3 | 4 | 10 | 6 |
| | Records Release | 6 | | 3 | | 9 | |
| | Reinstatement | | | 2 | | 2 | |
| | Std of Care, Diagnosis/Treatment | 30 | | 23 | | 53 | |
| | Unlicensed Activity | 4 | | 3 | | 7 | |
| Psychology Total | | 79 | 4 | 65 | 8 | 144 | 12 |
| Social Work | Abuse/Abandonment/Neglect | 3 | | 6 | | 9 | |
| | Business Practice Issues | 12 | | 19 | 1 | 31 | 1 |
| | Confidentiality Breach | 6 | | 1 | | 7 | |
| | Continuing Competency Req Not Met | | | 8 | | 8 | |
| | Criminal Activity | | | 1 | | 1 | |
| | Drug Related, Patient Care | 2 | | 1 | | 3 | |
| | Eligibility | 8 | | 16 | | 24 | |
| | Fraud, Non-Patient Care | 5 | | 3 | 1 | 8 | 1 |
| | Fraud, Patient Care | 1 | | 2 | | 3 | |
| | Inability to Safely Practice | 5 | 3 | 2 | | 7 | 3 |
| | Inappropriate Relationship | 7 | 1 | 9 | 2 | 16 | 3 |
| | Records Release | 5 | | 1 | | 6 | |
| | Reinstatement | 2 | 1 | | 1 | 2 | 2 |
| | Std of Care, Diagnosis/Treatment | 25 | 1 | 25 | 1 | 50 | 2 |
| | Std of Care, Exceeding Scope | 2 | | 2 | | 4 | |
| | Std of Care, Medication/Prescription | 1 | | | | 1 | |
| Std of Care, Other | 2 | 5 | | 5 | 2 | 10 | |
| Unlicensed Activity | | | 3 | | 3 | | |
| Social Work Total | | 86 | 11 | 99 | 11 | 185 | 22 |
| Veterinary Medicine | Abuse/Abandonment/Neglect | 55 | 10 | 61 | 14 | 116 | 24 |
| | Action by Another Board, NPC | 1 | 1 | | | 1 | 1 |
| | Action by Another Board, Patient Care | 1 | | | | 1 | |
| | Business Practice Issues | 31 | 9 | 43 | 5 | 74 | 14 |
| | Compliance | 7 | 2 | 12 | 1 | 19 | 3 |
| | Confidentiality Breach | 1 | | | | 1 | |
| | Continuing Competency Req Not Met | 23 | 6 | 21 | 12 | 44 | 18 |
| | Criminal Activity | 4 | 1 | 5 | | 9 | 1 |
| | Drug Related, Patient Care | 2 | 1 | 2 | 2 | 4 | 3 |
| | Drug Related, Security | 4 | 2 | | 1 | 4 | 3 |
| | Eligibility | 2 | 1 | 5 | | 7 | 1 |
| | Fraud, Non-Patient Care | 2 | 1 | 3 | | 5 | 1 |
| | Fraud, Patient Care | 3 | | 5 | 1 | 8 | 1 |
| | HPMP | 1 | | | 1 | 1 | 1 |
| | Inability to Safely Practice | 5 | 2 | 8 | 3 | 13 | 5 |
| | Inappropriate Relationship | 1 | | | | 1 | |
| | Records Release | 4 | | 8 | | 12 | |
| | Reinstatement | 3 | 2 | 2 | 2 | 5 | 4 |
| | Std of Care, Diagnosis/Treatment | 81 | 8 | 70 | 11 | 151 | 19 |
| | Std of Care, Exceeding Scope | 3 | | | | 3 | |
| | Std of Care, Medication/Prescription | 11 | | 9 | 1 | 20 | 1 |
| Std of Care, Other | 2 | | | | 2 | | |
| Std of Care, Surgery | 16 | 7 | 4 | 5 | 20 | 12 | |
| Unlicensed Activity | 29 | 6 | 39 | 8 | 68 | 14 | |
| Veterinary Medicine Total | 292 | 59 | 297 | 67 | 589 | 126 | |
| AGENCY TOTAL | 8969 | 2671 | 9057 | 3051 | 18026 | 5722 | |

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

*No Cases fit the criteria at this time.

| FTEs* DEVOTED TO THE DISCIPLINE PROCESS MEASURED AGAINST CASE PROCESSING TIME | | | | | | | | | | | | |
|--|-------------------|--------------|------------|--------------|--------------|------------|---------------------------|---------------|-----------|-------------------------------------|--------------|-------------|
| | Complaints Closed | | | FTEs | | | Complaints Closed per FTE | | | Average Time (days) to Process Case | | |
| | FY 09-10 | FY 11-12 | Change | FY 09-10 | FY 11-12 | Change | FY 09-10 | FY 11-12 | Change | FY 09-10 | FY 11-12 | Change |
| BOARD | | | | | | | | | | | | |
| Audiology/Speech Pathology | 22 | 46 | 109% | 0.50 | 0.30 | -40% | 44.00 | 153.33 | 248% | 214.0 | 120.7 | -44% |
| Counseling | 124 | 130 | 5% | 0.66 | 0.33 | -50% | 187.88 | 393.94 | 110% | 184.6 | 200.3 | 9% |
| Dentistry | 1107 | 1155 | 4% | 3.50 | 3.25 | -7% | 316.29 | 355.38 | 12% | 254.9 | 140.5 | -45% |
| Funeral Directing | 147 | 178 | 21% | 0.33 | 0.33 | 0% | 445.45 | 539.39 | 21% | 127.8 | 175.2 | 37% |
| Long Term Care Administrator | 84 | 152 | 81% | 0.33 | 0.33 | 0% | 254.55 | 460.61 | 81% | 117.9 | 165.3 | 40% |
| Medicine | 3807 | 3262 | -14% | 6.75 | 6.25 | -7% | 564.00 | 521.92 | -7% | 164.4 | 124.6 | -24% |
| Nursing | 4168 | 4049 | -3% | 8.75 | 9.00 | 3% | 476.34 | 449.89 | -6% | 220.8 | 167.2 | -24% |
| Optometry | 120 | 105 | -13% | 0.50 | 0.20 | -60% | 240.00 | 525.00 | 119% | 201.1 | 204.5 | 2% |
| Pharmacy | 714 | 1078 | 51% | 3.00 | 3.00 | 0% | 238.00 | 359.33 | 51% | 246.0 | 122.5 | -50% |
| Physical Therapy | 49 | 49 | 0% | 0.33 | 0.33 | 0% | 148.48 | 148.48 | 0% | 247.0 | 128.7 | -48% |
| Psychology | 132 | 102 | -23% | 0.66 | 0.33 | -50% | 200.00 | 309.09 | 55% | 177.3 | 191.4 | 8% |
| Social Work | 88 | 121 | 38% | 0.66 | 0.33 | -50% | 133.33 | 366.67 | 175% | 159.2 | 179.4 | 13% |
| Veterinary Medicine | 343 | 355 | 3% | 0.50 | 0.50 | 0% | 686.00 | 710.00 | 3% | 216.0 | 174.9 | -19% |
| AGENCY TOTAL | 10905 | 10782 | -1% | 26.47 | 24.48 | -8% | 411.98 | 440.44 | 7% | 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.