



**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**

## DEPARTMENT OF HEALTH PROFESSIONS

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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 Care Practitioners Monitoring Program  
Peggy Wood, Intervention Program Manager

Prescription Monitoring Program  
Ralph Orr, Program Manager

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

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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.

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**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.

The cash balance for the 13 health regulatory boards from the previous biennium along with the collection of approximately \$56.1 million in revenue fully funded the Department's expenditures of approximately \$51.5 million for this biennium. The board of Nursing had revenues of approximately \$18.21 million in the last biennium, followed closely by the Board of Medicine with \$15.4 million. Together the two boards represent approximately 60% of total revenues and 56% of total expenditures.

**Biennial Revenue & Expenditures**

July 1, 2010 through June 30, 2012

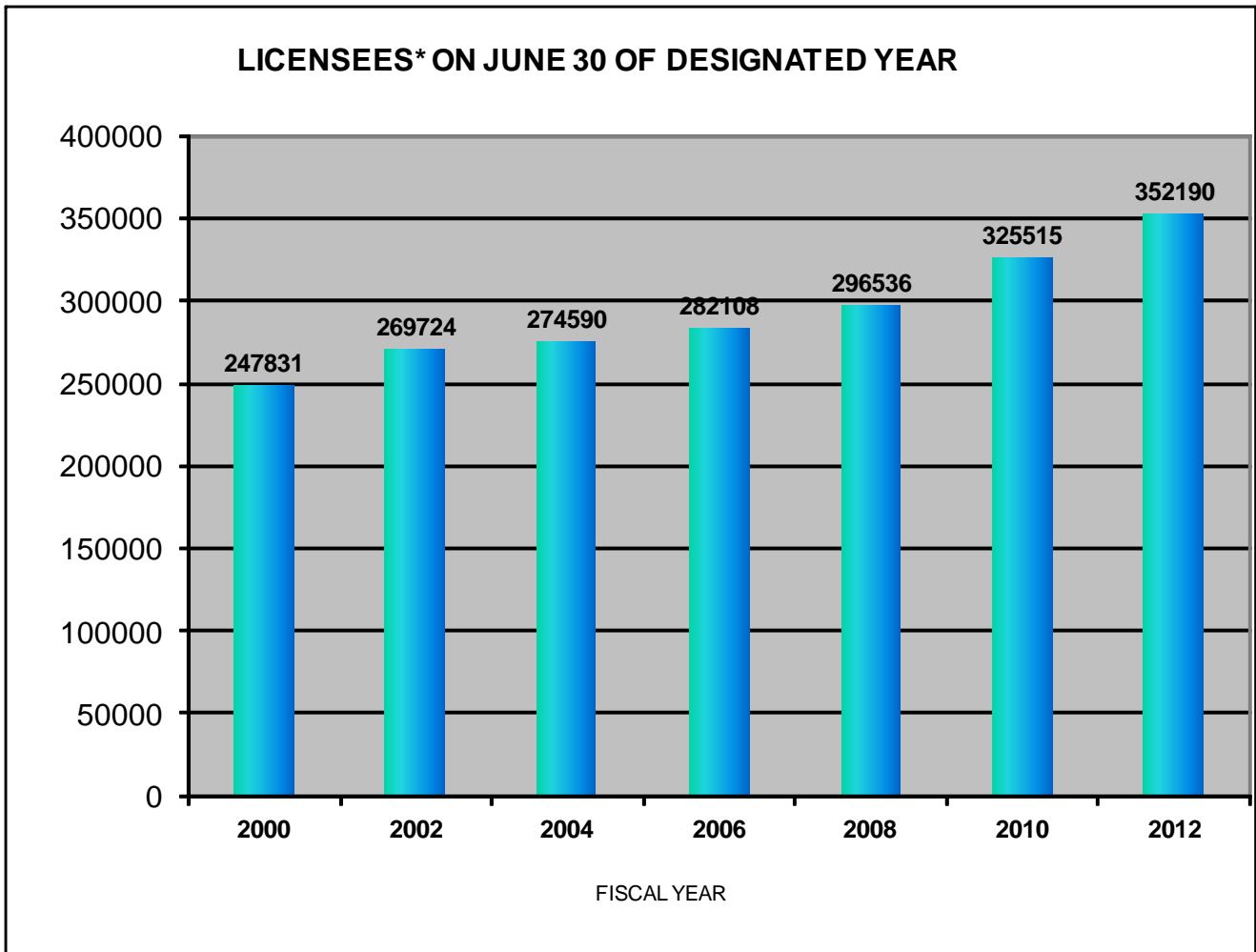
	Revenue	Percentage	Expenditures	Percentage
Audiology and Speech Language Pathology	592,570	1.06%	447,618	0.87%
Certified Nurse Aides	2,777,568	4.95%	4,012,021	7.79%
Counseling	1,325,514	2.36%	1,224,632	2.38%
Dentistry	4,922,385	8.77%	3,781,071	7.34%
Funeral Directors and Embalmers	1,070,430	1.91%	1,175,100	2.28%
Long-Term Care Administrators	730,512	1.30%	917,514	1.78%
Medicine	15,431,135	27.50%	12,880,765	25.02%
Miscellaneous	221,931	0.40%	51,531	0.10%
Nurse Scholarship	-	0.00%	107,614	0.21%
Nursing	18,175,329	32.39%	16,187,830	31.44%
Optometry	674,095	1.20%	516,205	1.00%
Pharmacy	5,421,642	9.66%	4,628,207	8.99%
Physical Therapy	864,570	1.54%	902,152	1.75%
Prescription Monitoring Program	732,799	1.31%	1,730,463	3.36%
Psychology	955,930	1.70%	686,939	1.33%
Social Work	777,510	1.39%	767,693	1.49%
Veterinary Medicine	1,439,975	2.57%	1,468,702	2.85%
<b>Total</b>	<b>56,113,895</b>	<b>100.00%</b>	<b>51,486,058</b>	<b>100.00%</b>

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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)	99.9%
	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 of 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.

(Continued from previous page)

### **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 “4<sup>th</sup> 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

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## **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

<b>KEY MEASURES</b>	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	CLEARANCE RATE	AGE OF PENDING CASELOAD	TIME TO DISPOSITION	APPLICANT SATISFACTION	INITIAL APPLI-CATIONS PROCESSED WITHIN 30 DAYS	
	QUARTER ENDING					
	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.

**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**

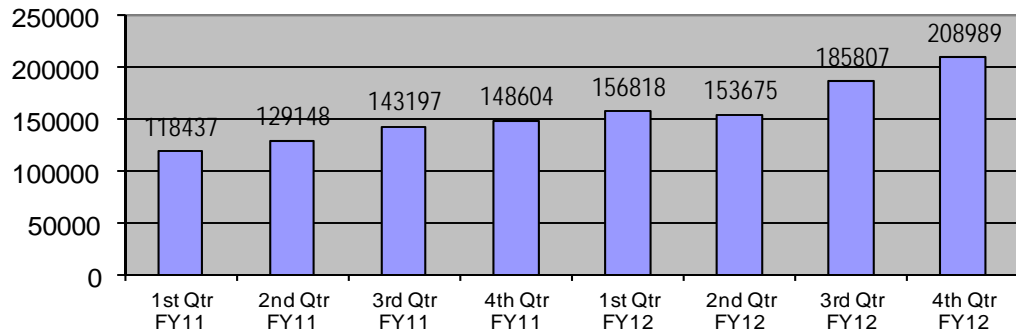
The HPMP must engage in ongoing efforts to find cost effective ways to maintain the needed level of monitoring services.

### **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 reset 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 3<sup>rd</sup> 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 INFORMATION<sup>1</sup>**

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%
<b>Audiology/Speech Pathology Total</b>		<b>2726</b>	<b>2976</b>	<b>2874</b>	<b>2950</b>	<b>3246</b>	<b>3642</b>	<b>12.2%</b>
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%
<b>Counseling Total</b>		<b>5616</b>	<b>5583</b>	<b>5637</b>	<b>6061</b>	<b>6589</b>	<b>6839</b>	<b>3.8%</b>
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%	
<b>Dentistry Total</b>		<b>9256</b>	<b>9385</b>	<b>9945</b>	<b>10690</b>	<b>11363</b>	<b>12168</b>	<b>7.1%</b>
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%
<b>Funeral Directing Total</b>		<b>2567</b>	<b>2428</b>	<b>2473</b>	<b>2460</b>	<b>2411</b>	<b>2441</b>	<b>1.2%</b>
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%
<b>Long Term Care Administrator Total</b>		<b>948</b>	<b>862</b>	<b>858</b>	<b>953</b>	<b>1825</b>	<b>1920</b>	<b>5.2%</b>
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%	
<b>Medicine Total</b>		<b>45378</b>	<b>46259</b>	<b>48405</b>	<b>51087</b>	<b>54860</b>	<b>58741</b>	<b>7.1%</b>
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%
<b>Nursing Total</b>		<b>167682</b>	<b>166693</b>	<b>168061</b>	<b>174475</b>	<b>191946</b>	<b>207956</b>	<b>8.3%</b>
Optometry <sup>2</sup>	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%
<b>Optometry Total</b>		<b>2540</b>	<b>1480</b>	<b>1556</b>	<b>1687</b>	<b>1743</b>	<b>1827</b>	<b>4.8%</b>
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%
<b>Pharmacy Total</b>		<b>14912</b>	<b>19977</b>	<b>22384</b>	<b>24962</b>	<b>28138</b>	<b>31206</b>	<b>10.9%</b>
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%
<b>Physical Therapy Total</b>		<b>5960</b>	<b>6129</b>	<b>6730</b>	<b>7274</b>	<b>8429</b>	<b>9395</b>	<b>11.5%</b>
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%
<b>Psychology Total</b>		<b>2657</b>	<b>2857</b>	<b>2982</b>	<b>3171</b>	<b>3406</b>	<b>3678</b>	<b>8.0%</b>
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%
<b>Social Work Total</b>		<b>4467</b>	<b>4848</b>	<b>4965</b>	<b>5228</b>	<b>5535</b>	<b>5938</b>	<b>7.3%</b>
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%
<b>Veterinary Medicine Total</b>		<b>4840</b>	<b>4938</b>	<b>5194</b>	<b>5538</b>	<b>5976</b>	<b>6499</b>	<b>8.8%</b>
<b>AGENCY TOTAL</b>		<b>269724</b>	<b>274590</b>	<b>282254</b>	<b>296737</b>	<b>325730</b>	<b>352190</b>	<b>8.1%</b>

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

<sup>2</sup>In 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

<b>COMPLAINT INFORMATION</b>											
<b>BOARD</b>	<b>OCCUPATION</b>	<b>Licensees<sup>1</sup></b>		<b>Complaints Received<sup>2</sup></b>		<b>Complaints Investigated<sup>3</sup></b>		<b>Complaints Referred To Board<sup>4</sup></b>		<b>Complaints per 1000 Licensees<sup>5</sup></b>	
		<b>FY2011</b>	<b>FY2012</b>	<b>FY2011</b>	<b>FY2012</b>	<b>FY2011</b>	<b>FY2012</b>	<b>FY2011</b>	<b>FY2012</b>	<b>FY2011</b>	<b>FY2012</b>
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
<b>Audiology/Speech Pathology Total</b>		<b>3414</b>	<b>3642</b>	<b>27</b>	<b>53</b>	<b>53</b>	<b>26</b>	<b>25</b>	<b>60</b>	<b>7.91</b>	<b>14.55</b>
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	
<b>Counseling Total</b>		<b>6692</b>	<b>6839</b>	<b>136</b>	<b>69</b>	<b>69</b>	<b>50</b>	<b>143</b>	<b>140</b>	<b>20.32</b>	<b>10.09</b>
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	
<b>Dentistry Total</b>		<b>11769</b>	<b>12168</b>	<b>667</b>	<b>544</b>	<b>544</b>	<b>497</b>	<b>723</b>	<b>613</b>	<b>56.67</b>	<b>44.71</b>
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	
<b>Funeral Directing Total</b>		<b>2416</b>	<b>2441</b>	<b>113</b>	<b>83</b>	<b>83</b>	<b>96</b>	<b>118</b>	<b>130</b>	<b>46.77</b>	<b>34.00</b>
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
<b>Long Term Care Administrator Total</b>		<b>1862</b>	<b>1920</b>	<b>84</b>	<b>77</b>	<b>77</b>	<b>90</b>	<b>102</b>	<b>76</b>	<b>45.11</b>	<b>40.10</b>

BOARD	OCCUPATION	Licensees <sup>1</sup>		Complaints Received <sup>2</sup>		Complaints Investigated <sup>3</sup>		Complaints Referred To Board <sup>4</sup>		Complaints per 1000 Licensees <sup>5</sup>	
		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	
<b>Medicine Total</b>		<b>56825</b>	<b>58741</b>	<b>1647</b>	<b>1686</b>	<b>1686</b>	<b>1569</b>	<b>1892</b>	<b>2028</b>	<b>28.98</b>	<b>28.70</b>
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										
<b>Nursing Total</b>		<b>147727</b>	<b>152672</b>	<b>2430</b>	<b>2376</b>	<b>4195</b>	<b>3975</b>	<b>2920</b>	<b>2902</b>	<b>16.45</b>	<b>15.56</b>
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
<b>Optometry Total</b>		<b>1794</b>	<b>1827</b>	<b>43</b>	<b>44</b>	<b>44</b>	<b>33</b>	<b>70</b>	<b>54</b>	<b>23.97</b>	<b>24.08</b>
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		
<b>Pharmacy Total</b>		<b>29838</b>	<b>31206</b>	<b>539</b>	<b>570</b>	<b>570</b>	<b>299</b>	<b>544</b>	<b>638</b>	<b>18.06</b>	<b>18.27</b>

BOARD	OCCUPATION	Licensees <sup>1</sup>		Complaints Received <sup>2</sup>		Complaints Investigated <sup>3</sup>		Complaints Referred To Board <sup>4</sup>		Complaints per 1000 Licensees <sup>5</sup>	
		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
<b>Physical Therapy Total</b>		<b>8610</b>	<b>9395</b>	<b>28</b>	<b>38</b>	<b>38</b>	<b>40</b>	<b>29</b>	<b>41</b>	<b>3.25</b>	<b>4.04</b>
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
<b>Psychology Total</b>		<b>3580</b>	<b>3678</b>	<b>64</b>	<b>52</b>	<b>52</b>	<b>34</b>	<b>69</b>	<b>68</b>	<b>17.88</b>	<b>14.14</b>
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								
<b>Social Work Total</b>		<b>5930</b>	<b>5938</b>	<b>69</b>	<b>74</b>	<b>74</b>	<b>38</b>	<b>77</b>	<b>97</b>	<b>11.64</b>	<b>12.46</b>
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
<b>Veterinary Medicine Total</b>		<b>6205</b>	<b>6499</b>	<b>182</b>	<b>184</b>	<b>184</b>	<b>189</b>	<b>208</b>	<b>226</b>	<b>29.33</b>	<b>28.31</b>
<b>AGENCY TOTAL</b>		<b>339206</b>	<b>352190</b>	<b>6003</b>	<b>5799</b>	<b>7618</b>	<b>6912</b>	<b>6920</b>	<b>7074</b>	<b>17.70</b>	<b>16.47</b>

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

<sup>2</sup>All allegations assigned a case number

<sup>3</sup>Cases that underwent the investigatory process

<sup>4</sup>Cases reviewed by the respective regulatory board to determine whether further action is necessary

<sup>5</sup>Shows 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



<b>VIOLATION INFORMATION*</b>											
		<b>Total Licensees<sup>1</sup></b>		<b>No Violation<sup>2</sup></b>		<b>Violation<sup>3</sup></b>		<b>Total Findings</b>		<b>Violations per 1000 Licensees<sup>4</sup></b>	
<b>BOARD</b>	<b>OCCUPATION</b>	<b>FY2011</b>	<b>FY2012</b>	<b>FY2011</b>	<b>FY2012</b>	<b>FY2011</b>	<b>FY2012</b>	<b>FY2011</b>	<b>FY2012</b>	<b>FY2011</b>	<b>FY2012</b>
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
	<b>Audiology/Speech Pathology Total</b>		<b>3414</b>	<b>3642</b>	<b>5</b>	<b>15</b>	<b>5</b>	<b>17</b>	<b>10</b>	<b>32</b>	<b>1.5</b>
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			
<b>Counseling Total</b>		<b>6692</b>	<b>6839</b>	<b>29</b>	<b>21</b>	<b>7</b>	<b>18</b>	<b>36</b>	<b>39</b>	<b>1.0</b>	<b>2.6</b>
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			
<b>Dentistry Total</b>		<b>11769</b>	<b>12168</b>	<b>305</b>	<b>195</b>	<b>67</b>	<b>66</b>	<b>372</b>	<b>261</b>	<b>5.7</b>	<b>5.4</b>
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
<b>Funeral Directing Total</b>		<b>2416</b>	<b>2441</b>	<b>47</b>	<b>30</b>	<b>9</b>	<b>29</b>	<b>56</b>	<b>59</b>	<b>3.7</b>	<b>11.9</b>
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			
<b>Long Term Care Administrator Total</b>		<b>1862</b>	<b>1920</b>	<b>27</b>	<b>18</b>	<b>23</b>	<b>14</b>	<b>50</b>	<b>32</b>	<b>12.4</b>	<b>7.3</b>



BOARD	OCCUPATION	Total Licensees <sup>1</sup>		No Violation <sup>2</sup>		Violation <sup>3</sup>		Total Findings		Violations per 1000 Licensees <sup>4</sup>	
		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				
<b>Medicine Total</b>		<b>56774</b>	<b>58741</b>	<b>438</b>	<b>440</b>	<b>181</b>	<b>224</b>	<b>619</b>	<b>664</b>	<b>3.2</b>	<b>3.8</b>
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											
<b>Nursing Total</b>		<b>204781</b>	<b>212857</b>	<b>518</b>	<b>488</b>	<b>582</b>	<b>673</b>	<b>1100</b>	<b>1161</b>	<b>2.8</b>	<b>3.2</b>
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
<b>Optometry Total</b>		<b>1794</b>	<b>1827</b>	<b>22</b>	<b>23</b>	<b>6</b>	<b>4</b>	<b>28</b>	<b>27</b>	<b>3.3</b>	<b>2.2</b>
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			
<b>Pharmacy Total</b>		<b>29838</b>	<b>31206</b>	<b>98</b>	<b>119</b>	<b>271</b>	<b>301</b>	<b>369</b>	<b>420</b>	<b>9.1</b>	<b>9.6</b>

BOARD	OCCUPATION	Total Licensees <sup>1</sup>		No Violation <sup>2</sup>		Violation <sup>3</sup>		Total Findings		Violations per 1000 Licensees <sup>4</sup>	
		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	
<b>Physical Therapy Total</b>		<b>8610</b>	<b>9395</b>	<b>10</b>	<b>9</b>	<b>5</b>	<b>4</b>	<b>15</b>	<b>13</b>	<b>0.6</b>	<b>0.4</b>
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			
<b>Psychology Total</b>		<b>3580</b>	<b>3678</b>	<b>36</b>	<b>37</b>	<b>3</b>	<b>4</b>	<b>39</b>	<b>41</b>	<b>0.8</b>	<b>1.1</b>
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								
<b>Social Work Total</b>		<b>5930</b>	<b>5938</b>	<b>35</b>	<b>27</b>	<b>11</b>	<b>4</b>	<b>46</b>	<b>31</b>	<b>1.9</b>	<b>0.7</b>
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
<b>Veterinary Medicine Total</b>		<b>6205</b>	<b>6499</b>	<b>104</b>	<b>90</b>	<b>29</b>	<b>39</b>	<b>133</b>	<b>129</b>	<b>4.7</b>	<b>6.0</b>
<b>AGENCY TOTAL</b>		<b>339206</b>	<b>352190</b>	<b>1818</b>	<b>1639</b>	<b>1472</b>	<b>1642</b>	<b>3290</b>	<b>3281</b>	<b>4.34</b>	<b>4.66</b>

\*The number of case findings includes cases closed in the designated timeframe but which may have been received in a prior timeframe.

<sup>1</sup> Any individual or entity that held a valid and current license on June 30th of the designated time frame.

<sup>2</sup>Cases in which allegations were not substantiated

<sup>3</sup>Cases in which allegations were substantiated

<sup>4</sup>Shows 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

<b>SANCTION INFORMATION*</b>							
BOARD	OCCUPATION	Licensees <sup>1</sup>		Sanctions <sup>2</sup>		Sanctions per 1000 Licensees <sup>3</sup>	
		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
<b>Audiology/Speech Pathology Total</b>		<b>3414</b>	<b>3642</b>	<b>7</b>	<b>33</b>	<b>2.1</b>	<b>9.1</b>
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	99	115				
Substance Abuse Treatment Practitioner	191	188					
<b>Counseling Total</b>		<b>6692</b>	<b>6839</b>	<b>11</b>	<b>32</b>	<b>1.6</b>	<b>4.7</b>
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	224	236	5	9	22.3	38.1
Temporary Resident	50	54					
<b>Dentistry Total</b>		<b>11769</b>	<b>12168</b>	<b>135</b>	<b>145</b>	<b>11.5</b>	<b>11.9</b>
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				
<b>Funeral Directing Total</b>		<b>2416</b>	<b>2441</b>	<b>13</b>	<b>27</b>	<b>5.4</b>	<b>11.1</b>
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	
<b>Long Term Care Administrator Total</b>		<b>1862</b>	<b>1920</b>	<b>38</b>	<b>35</b>	<b>20.4</b>	<b>18.2</b>
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				
<b>Medicine Total</b>		<b>56825</b>	<b>58741</b>	<b>414</b>	<b>451</b>	<b>7.3</b>	<b>7.7</b>

<b>SANCTION INFORMATION*</b>							
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							
<b>Nursing Total</b>		<b>147727</b>	<b>152672</b>	<b>973</b>	<b>1101</b>	<b>6.6</b>	<b>7.2</b>
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
<b>Optometry Total</b>		<b>1794</b>	<b>1827</b>	<b>12</b>	<b>9</b>	<b>6.7</b>	<b>4.9</b>
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					
<b>Pharmacy Total</b>		<b>29838</b>	<b>31206</b>	<b>497</b>	<b>572</b>	<b>16.7</b>	<b>18.3</b>
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	
<b>Physical Therapy Total</b>		<b>8610</b>	<b>9395</b>	<b>14</b>	<b>8</b>	<b>1.6</b>	<b>0.9</b>
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				
<b>Psychology Total</b>		<b>3580</b>	<b>3678</b>	<b>8</b>	<b>4</b>	<b>2.2</b>	<b>1.1</b>
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				
<b>Social Work Total</b>		<b>5930</b>	<b>5938</b>	<b>11</b>	<b>7</b>	<b>1.9</b>	<b>1.2</b>
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	
<b>Veterinary Medicine Total</b>		<b>6205</b>	<b>6499</b>	<b>33</b>	<b>7</b>	<b>5.3</b>	<b>1.1</b>
<b>AGENCY TOTAL</b>		<b>339206</b>	<b>352190</b>	<b>2675</b>	<b>2897</b>	<b>7.9</b>	<b>8.2</b>

<sup>1</sup> A single case may fall into more than one category.

<sup>2</sup> 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 <sup>1</sup>	Sanction Count <sup>2</sup>	Category Count <sup>1</sup>	Sanction Count <sup>2</sup>	Category Count <sup>1</sup>	Sanction Count <sup>2</sup>
<b>Speech Pathology/Audiology</b>	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
<b>Speech Pathology/Audiology Total</b>		<b>31</b>	<b>8</b>	<b>53</b>	<b>19</b>	<b>84</b>	<b>27</b>
<b>Counseling</b>	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		
<b>Counseling Total</b>		<b>164</b>	<b>8</b>	<b>90</b>	<b>23</b>	<b>254</b>	<b>31</b>

Board	COMPLAINT CATEGORY	FY 2011		FY 2012		TOTAL	
		Category Count <sup>1</sup>	Sanction Count <sup>2</sup>	Category Count <sup>1</sup>	Sanction Count <sup>2</sup>	Category Count <sup>1</sup>	Sanction Count <sup>2</sup>
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	
<b>Dentistry Total</b>		<b>692</b>	<b>93</b>	<b>866</b>	<b>117</b>	<b>1558</b>	<b>210</b>
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	
<b>Funeral Directing Total</b>		<b>117</b>	<b>11</b>	<b>97</b>	<b>21</b>	<b>214</b>	<b>32</b>

Board	COMPLAINT CATEGORY	FY 2011		FY 2012		TOTAL	
		Category Count <sup>1</sup>	Sanction Count <sup>2</sup>	Category Count <sup>1</sup>	Sanction Count <sup>2</sup>	Category Count <sup>1</sup>	Sanction Count <sup>2</sup>
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
<b>Long-Term Care Administrators Total</b>		<b>164</b>	<b>41</b>	<b>29</b>	<b>29</b>	<b>193</b>	<b>70</b>
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
<b>Medicine Total</b>		<b>2453</b>	<b>384</b>	<b>2628</b>	<b>458</b>	<b>5081</b>	<b>842</b>

Board	COMPLAINT CATEGORY	FY 2011		FY 2012		TOTAL	
		Category Count <sup>1</sup>	Sanction Count <sup>2</sup>	Category Count <sup>1</sup>	Sanction Count <sup>2</sup>	Category Count <sup>1</sup>	Sanction Count <sup>2</sup>
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	
<b>Nurse Aide Total</b>		<b>978</b>	<b>504</b>	<b>882</b>	<b>447</b>	<b>1860</b>	<b>951</b>
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	
<b>Nursing Total</b>		<b>3168</b>	<b>1247</b>	<b>3163</b>	<b>1498</b>	<b>6331</b>	<b>2745</b>



Board	COMPLAINT CATEGORY	FY 2011		FY 2012		TOTAL	
		Category Count <sup>1</sup>	Sanction Count <sup>2</sup>	Category Count <sup>1</sup>	Sanction Count <sup>2</sup>	Category Count <sup>1</sup>	Sanction Count <sup>2</sup>
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		
<b>Optometry Total</b>		<b>62</b>	<b>13</b>	<b>76</b>	<b>7</b>	<b>138</b>	<b>20</b>
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	
<b>Pharmacy Total</b>		<b>647</b>	<b>290</b>	<b>656</b>	<b>360</b>	<b>1303</b>	<b>650</b>
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		
<b>Physical Therapy Total</b>		<b>34</b>	<b>6</b>	<b>56</b>	<b>5</b>	<b>90</b>	<b>11</b>

Board	COMPLAINT CATEGORY	FY 2011		FY 2012		TOTAL	
		Category Count <sup>1</sup>	Sanction Count <sup>2</sup>	Category Count <sup>1</sup>	Sanction Count <sup>2</sup>	Category Count <sup>1</sup>	Sanction Count <sup>2</sup>
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	
<b>Psychology Total</b>		<b>79</b>	<b>4</b>	<b>65</b>	<b>8</b>	<b>144</b>	<b>12</b>
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		
<b>Social Work Total</b>		<b>86</b>	<b>11</b>	<b>99</b>	<b>11</b>	<b>185</b>	<b>22</b>
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	
<b>Veterinary Medicine Total</b>	<b>292</b>	<b>59</b>	<b>297</b>	<b>67</b>	<b>589</b>	<b>126</b>	
<b>AGENCY TOTAL</b>	<b>8969</b>	<b>2671</b>	<b>9057</b>	<b>3051</b>	<b>18026</b>	<b>5722</b>	

***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.

<b>FTEs* DEVOTED TO THE DISCIPLINE PROCESS MEASURED AGAINST CASE PROCESSING TIME</b>												
	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%
<b>AGENCY TOTAL</b>	<b>10905</b>	<b>10782</b>	<b>-1%</b>	<b>26.47</b>	<b>24.48</b>	<b>-8%</b>	<b>411.98</b>	<b>440.44</b>	<b>7%</b>	<b>386.7</b>	<b>200.6</b>	<b>-48%</b>

\*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.