

BOARD OF PHYSICAL THERAPY

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
Board Room 1, Second Floor
Friday, August 19, 2011
9:00 a.m.

AGENDA

CALL TO ORDER

ORDERING OF AGENDA

ACCEPTANCE OF MINUTES – Tab 1

- Board Meeting – May 13, 2011
- Public Hearing – June 30, 2011

PUBLIC COMMENT

EXECUTIVE DIRECTOR’S REPORT – Tab 2

NEW BUSINESS

- Reconsideration of Proposed Regulations – Elaine Yeatts - **Tab 3**
- Supervisory Limitation for Licensees on Probation
- Report on the FSBPT Summit Conference – George Maihafer, PT, Ph.D
- Election of Officers

ADJOURNMENT

TAB 1

**UNAPPROVED
BOARD OF PHYSICAL THERAPY
MEETING MINUTES**

The Virginia Board of Physical Therapy convened for a board meeting on Friday, May 13, 2011 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #2, Henrico, Virginia.

The following members were present:

George Maihafer, P.T., PhD, President
Maureen E. Lyons, P.T., Vice-President
Damien Howell, P.T.
Melissa Wolff-Burke, P.T., EdD
Robert Maroon, P.T.
Sarah Schmidt, P.T.A.

The following member was absent for the meeting:

J.R. Locke

DHP staff present for all or part of the meeting included:

Lisa R. Hahn, Executive Director
Elaine Yeatts, Senior Policy Analyst
Missy Currier, Board Operations Manager
Dr. Reynolds-Cane, Agency Director
Arne Owens, Chief Deputy Director

Representative from the Office of the Attorney General present for the meeting:

None

Quorum:

With 6 members present, a quorum was established.

GUEST PRESENT

Peggy Belmont

CALLED TO ORDER

Dr. Maihafer, President, called the board meeting to order at 9:04 a.m.

ORDERING OF THE AGENDA

The agenda was accepted as ordered.

ACCEPTANCE OF MINUTES

- Upon a motion by Mr. Howell and properly seconded by Mr. Maroon, the Board voted to accept the minutes of the February 11, 2011 Board meeting. The motion passed unanimously.
- Upon a motion by Mr. Howell and properly seconded by Mr. Maroon, the board voted to accept the minutes of the February 11, 2011 Special Summary Conference. The motion passed unanimously.
- Upon a motion by Mr. Howell and properly seconded by Ms. Lyons, the Board voted to accept the minutes of the March 8, 2011 Public Hearing. The motion passed unanimously.
- Upon a motion by Mr. Howell and properly seconded by Mr. Maroon, the Board voted to accept the minutes of the March 25 & March 31, 2011 Formal Conference. The motion passed unanimously.

PUBLIC COMMENT

There was no public comment.

AGENCY DIRECTOR – Dr. Dianne Reynolds-Cane

Dr. Reynolds-Cane gave thanks to the board members for their hard work and support throughout her first full year as Agency Director for the Department of Health Professions.

Dr. Reynolds-Cane confirmed Dr. Maihafer's statement that Damien Howell and Maureen Lyons will continue to serve on the board until the Governor makes new appointments to the board.

EXECUTIVE DIRECTOR'S REPORT - Lisa R. Hahn

FY11 Budget

Ms. Hahn reported that the cash balance as of June 30, 2010 was \$335,865; the revenue as of March 31, 2011 was \$672,785; direct and allocated expenditures were \$369,152; the ending cash balance as of March 31, 2011 was \$639,498. Ms. Hahn concluded by stating that the board was in a good financial position.

Discipline Statistics

Ms. Hahn reported there are currently 5 open cases; 3 cases in Investigations; and 2 cases at the probable cause level.

Virginia Performs

Ms. Hahn reported the clearance rate for the Quarter ending March 31, 2011 was 50%; which means that we closed half as many cases as we received. The age of our pending case load over 250 days is at 20% which is down from 33% as last reported. The time to disposition is at 100% of cases closed within 250 days. The licensing standard of less than 30 days for issuance has been met 100% of the time. The customer satisfaction rating achieved was 98.9%.

Licensee Statistics

Ms. Hahn reported that as of March 2011 there were 5,536 active physical therapists vs. 5,606 in March 2010 and 2,116 active physical therapist assistants as of March 2011 vs. 2,106 in March 2010.

Board Business

NPTE

Ms. Hahn shared that applications are being submitted at a much higher than normal volume for this time of the year because students were trying to qualify to sit for the exam prior to June 30th. After June 30, 2011, the NPTE will move from continuous testing to fix date testing. Graduates who register with FSBPT for the exam by May 31st and are approved to test by June 15th will receive an Authorization to Test Letter allowing them to sit for the exam through June 30th. The 2011 fixed dates are scheduled for Sept 7th, October 26th, and December 5th and registration will close 30 days prior to each date. FSBPT has stated that they will offer 5 testing dates in 2012 but have not yet posted the schedule.

Evaluation for Foreign Educated Trainees

Ms. Hahn stated that she, Melissa Wolff-Burke and Missy Currier were working on the redraft of the old tool used by the board when under the direction of the Board of Medicine. Ms. Wolff-Burke has reviewed and made comments and suggestions which will be incorporated into the new tool. A draft copy will be given to the board for their review once it is completed.

2011 FSBPT Summit Meeting

Due to a conflict in Ms. Hahn's schedule, Holly Manke will be attending the FSBPT July Summit meeting in Dallas, Texas. Ms. Manke has been instrumental in keeping up with all the changes in the FSBPT testing and is the licensing specialist for the board.

Board Meeting Calendar

The next full board meetings are scheduled for August 19th and November 18, 2011.

NEW BUSINESS

Legislative & Regulatory Reports – Elaine Yeatts

Ms. Yeatts stated that there was nothing new to report to the board at this time.

Adoption of Final Regulations for Traineeships and Continuing Education – Elaine Yeatts

Ms. Yeatts began her report by stating that the board received only one comment during the Public Comment Period from FSBPT and that clarifying changes were made according to their suggestions and comments. She then gave a thorough review of Project 1926 – Final Regulations (Attachment A) and specifically pointed out where the changes were made in accordance with comments from FSBPT (Attachment B).

Ms. Lyons then made a motion to accept the changes as amended according to FSBPT suggestions in paragraphs 1 – 3 and to table paragraph 4 for a later time.

Upon a motion by Mr. Howell and properly seconded by Ms. Lyons, the board voted to accept the first three editorial changes in paragraphs 1 -3. The motion carried unanimously.

Discussion then took place regarding Clinical Practice vs. Active Practice. Both Dr. Maihafer and Ms. Yeatts suggested that this discussion be added to the agenda for the next regulatory biennial review.

Upon a motion by Mr. Howell, and properly seconded by Ms. Lyons, the board voted to address the definitions of “active” practice and “clinical” practice in a future meeting rather than make a change at the present time since the topic did not relate to the NOIRA. The motion carried unanimously.

BREAK

The Board took a recess at 10:10 a.m. and reconvened at 10:35 a.m.

NPTE/FSBPT

Following the break, Ms. Hahn further updated the board on the current situation regarding FSBPT and the NPTE examination testing dates. She reiterated that students must be registered by May 31, 2011 and approved by their state no later than June 15th in order to sit for the exam before fixed date testing begins. PTA's are not yet affected by the changes mostly because many foreign countries don't license or recognize PTA's.

2011 Annual FSBPT Meeting

Dr. Maihafer gave a brief overview of what occurs during the annual FSBPT meeting and shared that Virginia stands out as one of the regulatory leaders especially in the disciplinary process. He stated that the board needs to elect a primary and alternate delegate to attend the meeting in

Charlotte, North Carolina from September 22 – 24th. The delegate is responsible for voting on behalf of the Virginia Board of Physical Therapy.

Upon a motion by Mr. Howell and properly seconded by Ms. Lyons, the board voted to elect Dr. Maihafer as the primary delegate and Melissa Wolff-Burke as the alternate delegate. The motion carried unanimously.

Election of Officers

Dr. Maihafer mentioned that it was time for the annual election of officers. Ms. Hahn recommended that a change be made in the bylaws to accommodate a more flexible schedule for the annual election particularly like this year when two members terms will expire on June 30, 2011. The board agreed.

Upon a motion by Mr. Howell and properly seconded by Ms. Lyons, the board voted to keep the current slate of officers until the next meeting. The motion carried unanimously.

FSBPT Legislative and Ethics Committee

Ms. Lyons shared that as a member of the Committee she attended the recent meeting which consisted mostly on the topics of revising the Model Practice Act, Virginia's Sanction Reference Presentation, and Telehealth. Ms. Lyons polled the members for three position paper topics that she can bring back to the committee. Damien Howell suggested a pharmacy position paper on PT's and PTA's being asked to provide direction regarding drug intervention. Ms. Wolff-Burke suggested the topics of telehealth and whether or not PTA's are able to provide spinal manipulation.

Jurisprudence Exam

Ms Lyons strongly voiced her opinion that Virginia needs to require a jurisprudence exam in order to ensure that licensee's are familiar with Virginia Law. The board members discussed alternative options such as attestation during renewals or considering 1 hour on VA Law and one hour on Ethics each renewal period. After much discussion, it was decided that Ms. Hahn and her staff would poll what other states are doing and bring the information back to the board.

Board of Health Profession Report – Damien Howell, President

Mr. Howell shared that the Board of Health Professions reviewed the profession of Genetic Counseling and made the recommendation that they be licensed under the Board of Medicine due to the high risk to public safety.

Mr. Howell shared that BHP is going to focus on Scope of Practice Barriers in a team approach to health care in Virginia; specifically, nurse practitioners in relationship to physicians.

Mr. Howell concluded his report by reminding the board that a member will need to replace his position on the board of health professions. Upon a motion by Mr. Howell, and properly seconded by Ms. Lyons, the board voted to appoint Robert Maroon, PT for consideration on the appointment to the Board of Health Professions. The vote passed unanimously.

Type I Credit for Clinical Supervision

Melissa Wolff-Burke requested that the board consider offering Type I credit for clinical supervision. It was suggested that we add this topic to the next regulatory biennial review.

Board Member Recognition

Dr. Maihafer recognized Peggy Belmont with a plaque for her past loyalty, hard work and dedication to the board and expressed the board's profound appreciation during her tenure.

ADJOURNMENT

With all business concluded the meeting was adjourned at 11:40 a.m.

George Maihafer, PT, Ph.D., Chair

Lisa R. Hahn, MPA, Executive Director

Date

Date

Attachment (A)

Project 1926 – DRAFT final regulations

BOARD OF PHYSICAL THERAPY

Traineeship changes; continuing education

Part I

General Provisions

18VAC112-20-10. Definitions.

In addition to the words and terms defined in § 54.1-3473 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means a minimum of 160 hours of professional practice as a physical therapist or physical therapist assistant within the 24-month period immediately preceding renewal. Active practice may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services.

"Approved program" means an educational program accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association.

"CLEP" means the College Level Examination Program.

"Contact hour" means 60 minutes of time spent in continuing learning activity exclusive of breaks, meals or vendor exhibits.

"Direct supervision" means a physical therapist or a physical therapist assistant is physically present and immediately available and is fully responsible for the physical therapy tasks or activities being performed.

"Discharge" means the discontinuation of interventions in an episode of care that have been provided in an unbroken sequence in a single practice setting and related to the physical therapy interventions for a given condition or problem.

"Evaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to plan and implement a treatment intervention, provide preventive care, reduce risks of injury and impairment, or provide for consultation.

~~"Face-to-face" means learning activities or courses obtained in a group setting or through interactive, real-time technology.~~

"FCCPT" means the Foreign Credentialing Commission on Physical Therapy.

["FSBPT" means the Federation of State Boards of Physical Therapy.]

"General supervision" means a physical therapist shall be available for consultation.

"National examination" means the examinations developed and administered by the Federation of State Boards of Physical Therapy and approved by the board for licensure as a physical therapist or physical therapist assistant.

"PRT" means the Practice Review Tool for competency assessment [~~given by the Federation of State Boards of Physical Therapy~~ developed and administered by FSBPT] .

"Support personnel" means a person who is performing designated routine tasks related to physical therapy under the direction and supervision of a physical therapist or physical therapist assistant within the scope of this chapter.

"TOEFL" means the Test of English as a Foreign Language.

"Trainee" means a person seeking licensure as a physical therapist or physical therapist assistant who is undergoing a traineeship.

"Traineeship" means a period of active clinical practice during which an applicant for licensure as a physical therapist or physical therapist assistant works under the direct supervision of a physical therapist approved by the board.

"TSE" means the Test of Spoken English.

"Type 1" means ~~face-to-face~~ continuing learning activities offered by an approved organization as specified in 18VAC112-20-131.

"Type 2" means continuing learning activities which may or may not be offered by an approved organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning.

18VAC112-20-50. Education requirements: graduates of schools not approved by an accrediting agency approved by the board.

A. An applicant for initial licensure as a physical therapist who is a graduate of a school not approved by an accrediting agency approved by the board shall submit the required application and fee and provide documentation of the physical therapist's certification by a report from the FCCPT or of the physical therapist eligibility for licensure as verified by a report from any other credentialing agency approved by the board that substantiates that the physical therapist has been evaluated in accordance with requirements of subsection B of this section.

B. The board shall only approve a credentialing agency that:

1. Utilizes the [FSBPT] Coursework Evaluation Tool for Foreign Educated Physical Therapists [~~of the Federation of State Boards of Physical Therapy~~ , based on the year of graduation,] and utilizes original source documents to establish substantial equivalency to an approved physical therapy program;
2. Conducts a review of any license or registration held by the physical therapist in any country or jurisdiction to ensure that the license or registration is current and unrestricted or was unrestricted at the time it expired or was lapsed; and

3. Verifies English language proficiency by passage of the TOEFL and TSE examination or the TOEFL iBT, the Internet-based tests of listening, reading, speaking and writing or by review of evidence that the applicant's physical therapy program was taught in English or that the native tongue of the applicant's nationality is English.

C. An applicant for licensure as a physical therapist assistant who is a graduate of a school not approved by the board shall submit with the required application and fee the following:

1. Proof of proficiency in the English language by passing TOEFL and TSE or the TOEFL iBT, the Internet-based tests of listening, reading, speaking, and writing by a score determined by the board or an equivalent examination approved by the board. TOEFL iBT or TOEFL and TSE may be waived upon evidence that the applicant's physical therapist assistant program was taught in English or that the native tongue of the applicant's nationality is English.

2. A copy of the original certificate or diploma that has been certified as a true copy of the original by a notary public, verifying his graduation from a physical therapy curriculum. If the certificate or diploma is not in the English language, submit either:

a. An English translation of such certificate or diploma by a qualified translator other than the applicant; or

b. An official certification in English from the school attesting to the applicant's attendance and graduation date.

3. Verification of the equivalency of the applicant's education to the educational requirements of an approved program for physical therapist assistants from a scholastic credentials service approved by the board.

D. An applicant for initial licensure as a physical therapist or a physical therapist assistant who is not a graduate of an approved program shall also submit verification of having successfully completed a ~~full-time~~ 1,000-hour traineeship within a two-year period under the direct supervision of a licensed physical therapist. The board may grant an extension beyond two years for circumstances beyond the control of the applicant, such as temporary disability or mandatory military service.

1. The traineeship shall be in accordance with requirements in 18VAC112-20-140.

2. The traineeship requirements of this part may be waived if the applicant for a license can verify, in writing, the successful completion of one year of clinical physical therapy practice as a licensed physical therapist or physical therapist assistant in the United States, its territories, the District of Columbia, or Canada, equivalent to the requirements of this chapter.

18VAC112-20-65. Requirements for licensure by endorsement.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in the United States, its territories, the District of Columbia, or Canada may be licensed in Virginia by endorsement.

B. An applicant for licensure by endorsement shall submit:

1. Documentation of having met the educational requirements prescribed in 18VAC112-20-40 or 18VAC112-20-50. In lieu of meeting such requirements, an applicant may provide evidence of clinical practice during the five years immediately preceding application for licensure in Virginia with a current, unrestricted license issued by another U.S. jurisdiction;
2. The required application, fees, and credentials to the board;
3. A current report from the Healthcare Integrity and Protection Data Bank (HIPDB) and a current report from the National Practitioner Data Bank (NPDB);
4. Evidence of completion of 15 hours of continuing education for each year in which the applicant held a license in another U.S. jurisdiction, or 60 hours obtained within the past four years; and
5. Documentation of passage of an examination equivalent to the Virginia examination at the time of initial licensure or documentation of passage of an examination required by another state at the time of initial licensure in that state and active, clinical practice with a current, unrestricted license for at least five years prior to applying for licensure in Virginia.

For the purpose of this subsection, active, clinical practice shall mean at least 2,500 hours of patient care over a five-year period.

C. A physical therapist ~~or physical therapist assistant~~ seeking licensure by endorsement who has not actively practiced physical therapy for at least 320 hours within the four years immediately preceding his application for licensure shall ~~first successfully~~:

1. Successfully complete 480 hours in a traineeship in accordance with requirements in 18VAC112-20-140; or
2. Document [~~passage of that he meets the standard on~~] the PRT within the two years preceding application for licensure in Virginia and successfully complete 320 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

D. A physical therapist assistant seeking licensure by endorsement who has not actively practiced physical therapy for at least 320 hours within the four years immediately preceding his application for licensure shall successfully complete 320 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

18VAC112-20-70. Traineeship for unlicensed graduate scheduled to sit for the national examination.

A. Upon approval of the president of the board or his designee, an unlicensed graduate who is registered with the Federation of State Boards of Physical Therapy to sit for the national examination may be employed as a trainee under the direct supervision of a licensed physical therapist until the results of the national examination are received.

B. The traineeship, which shall be in accordance with requirements in 18VAC112-20-140, shall terminate two working days following receipt by the candidate of the licensure examination results.

C. The unlicensed graduate may reapply for a new traineeship while awaiting to take the next examination. A new traineeship shall not be approved for more than one year following the receipt of the first examination results.

18VAC112-20-131. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially, a physical therapist or a physical therapist assistant shall complete at least 30 contact hours of continuing learning activities within the two years immediately preceding renewal. In choosing continuing learning activities or courses, the licensee shall consider the following: (i) the need to promote ethical practice, (ii) an appropriate standard of care, (iii) patient safety, (iv) application of new medical technology, (v) appropriate communication with patients, and (vi) knowledge of the changing health care system.

B. To document the required hours, the licensee shall maintain the Continued Competency Activity and Assessment Form that is provided by the board and that shall indicate completion of the following:

1. A minimum of ~~15~~ 20 of the contact hours required for physical therapists and ~~10~~ 15 of the contact hours required for physical therapist assistants shall be in Type 1 ~~face-to-face~~ courses. For the purpose of this section, "course" means an organized program of study, classroom experience or similar educational experience that is directly related to the clinical practice of physical therapy and approved or provided by one of the following organizations or any of its components:

- a. The Virginia Physical Therapy Association;
- b. The American Physical Therapy Association;
- c. Local, state or federal government agencies;
- d. Regionally accredited colleges and universities;
- e. Health care organizations accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO);
- f. The American Medical Association - Category I Continuing Medical Education course; [~~and~~]
- g. The National Athletic Trainers Association [;and
- h. The FSBPT] .

2. No more than ~~15~~ 10 of the contact hours required for physical therapists and ~~20~~ 15 of the contact hours required for physical therapist assistants may be Type 2 activities or courses, which may or may not be offered by an approved organization but which shall be related to the clinical practice of physical therapy. Type 2 activities may include but not be limited to consultation with colleagues, independent study, and research or writing on subjects related to practice.

3. Documentation of specialty certification by the American Physical Therapy Association may be provided as evidence of completion of continuing competency requirements for the biennium in which initial certification or recertification occurs.

4. Documentation of graduation from a transitional doctor of physical therapy program may be provided as evidence of completion of continuing competency requirements for the biennium in which the physical therapist was awarded the degree.

5. A physical therapist who can document that he has taken the PRT may receive 10 hours of Type 1 credit for the biennium in which the assessment [examination tool] was taken. A physical therapist who can document that he has [passed met the standard of] the PRT may receive 20 hours of Type 1 credit for the biennium in which the assessment examination was [passed taken] .

C. A licensee shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure by examination in Virginia.

D. The licensee shall retain his records on the completed form with all supporting documentation for a period of four years following the renewal of an active license.

E. The licensees selected in a random audit conducted by the board shall provide the completed Continued Competency Activity and Assessment Form and all supporting documentation within 30 days of receiving notification of the audit.

F. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

G. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

H. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

I. Physical therapists holding certification to provide direct access without a referral shall include four contact hours as part of the required 30 contact hours of continuing education in courses related to clinical practice in a direct access setting.

18VAC112-20-135. Inactive license.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required renewal fee of \$70 for a physical therapist and \$35 for a physical therapist assistant, be issued an inactive license. The fee for the renewal of an inactive license due December 31, 2010, shall be \$60 for a physical therapist and \$30 for a physical therapist assistant.

1. The holder of an inactive license shall not be required to meet active practice requirements.

2. An inactive licensee shall not be entitled to perform any act requiring a license to practice physical therapy in Virginia.

B. A physical therapist or physical therapist assistant who holds an inactive license may reactivate his license by:

1. Paying the difference between the renewal fee for an inactive license and that of an active license for the biennium in which the license is being reactivated; ~~and~~
2. Providing proof of: ~~a. Active~~ active practice hours in another jurisdiction equal to those required for renewal of an active license in Virginia for the period in which the license has been inactive.
 - a. If the inactive physical therapist licensee does not meet the requirement for active practice, the license may be reactivated by completing 480 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 or documenting [passage that he has met the standard] of the PRT within the two years preceding application for licensure in Virginia and successfully completing 320 hours in a traineeship in accordance with requirements in 18VAC112-20-140.
 - b. If the inactive physical therapist assistant licensee does not meet the requirement for active practice, the license may be reactivated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140; and
- ~~b. Completion of~~ 3. Completing the number of continuing competency hours required for the period in which the license has been inactive, not to exceed four years.

18VAC112-20-136. Reinstatement requirements.

A. A physical therapist or physical therapist assistant whose Virginia license is lapsed for two years or less may reinstate his license by payment of the renewal and late fees as set forth in 18VAC112-20-150 and completion of continued competency requirements as set forth in 18VAC112-20-131.

B. A physical therapist or physical therapist assistant whose Virginia license is lapsed for more than two years and who is seeking reinstatement shall:

1. Apply for reinstatement and pay the fee specified in 18VAC112-20-150; Practice physical therapy in another jurisdiction for at least 320 hours within the four years immediately preceding applying for reinstatement or successfully complete 480 hours as specified in 18VAC112-20-140; and
2. Complete the number of continuing competency hours required for the period in which the license has been lapsed, not to exceed four years; and
3. Have actively practiced physical therapy in another jurisdiction for at least 320 hours within the four years immediately preceding applying for reinstatement.
 - a. If a physical therapist licensee does not meet the requirement for active practice, the license may be reinstated by completing 480 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 or documenting [passage that he has met the standard] of the PRT within the two years preceding application for licensure in Virginia and successfully completing 320 hours in a traineeship in accordance with requirements in 18VAC112-20-140.
 - b. If a physical therapist assistant licensee does not meet the requirement for active practice, the license may be reinstated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140.

18VAC112-20-140. Traineeship requirements.

A. The traineeship: shall be (i) ~~shall be~~ in a facility that serves as a clinical education facility for students enrolled in an accredited program educating physical therapists in Virginia, (ii) is approved by the board, and (iii) is under the direction and supervision of a licensed physical therapist.

B. Supervision and identification of trainees:

1. There shall be a limit of two physical therapists assigned to provide supervision for each trainee.

2. The supervising physical therapist shall countersign patient documentation (i.e., notes, records, charts) for services provided by a trainee.

3. The trainee shall wear identification designating them as a "physical therapist trainee" or a "physical therapist assistant trainee."

C. Completion of traineeship.

1. The physical therapist supervising the ~~inactive practice~~ trainee shall submit a report to the board at the end of the required number of hours on forms supplied by the board.

2. If the traineeship is not successfully completed at the end of the required hours, as determined by the supervising physical therapist, the president of the board or his designee shall determine if a new traineeship shall commence. If the president of the board determines that a new traineeship shall not commence, then the application for licensure shall be denied.

3. The second traineeship may be served under a different supervising physical therapist and may be served in a different organization than the initial traineeship. If the second traineeship is not successfully completed, as determined by the supervising physical therapist, then the application for licensure shall be denied.

Attachment (B)

From: Leslie Adrian [mailto:LAdrian@aon.fsbpt.org]

Sent: Thursday, February 24, 2011 11:10 AM

To: Hahn, Lisa R. (DHP)

Subject: Comments on Proposed PT Regulations starting 18VAC112-20-10

Hello Lisa, thanks so much for discussing the proposed rules by the Board of Physical Therapy. I am including in this e-mail suggestions for wording changes for the Board to discuss. Thank you.

Leslie

We are excited to see the PRT being added as an option for TYPE 1 CE in Virginia, however, it seems an oversight that FSBPT (Federation of State Boards of Physical Therapy) are not listed as an approved organization for Type 1 credit. I would ask that the Board consider adding the FSBPT as a Type 1 CE approved provider. As the developer of the PRT, we would ask that it not be referred to as an examination but as an assessment tool. Also, any allusion to the fact to "passing" the PRT should be replaced with "meeting the standard on the PRT."

18VAC112-20-50 Education requirements: graduates of schools not approved by an accrediting agency approved by the board. With regard

Generally, I have a comment about the use of the Coursework Evaluation Tool for physical therapists that are educating in a non-CAPTE school. It would be helpful to have in your rules that the proper CWT to do the credentials evaluation is the one based on the year of graduation of the applicant being reviewed. For consistency, for a foreign educated PTA, the only tool available that has the same standards as the CWT is the FSBPT's PTA Tool 2007. I would urge the Board to consider requiring a credentials review for a FE PTA to be required using the PTA Tool 2007.

Finally, I have a comment regarding the use of the term "clinical practice" versus "active practice" throughout various sections of the document. I would ask the Board to discuss if the intent is only for clinical practice or if the more inclusive active practice would be more appropriate. In at least two sections of the proposed rules (licensure endorsement (**18VAC112-20-65**) and continued competency requirements (**18VAC112-20-131**)), where the term clinical practice is used rather than active practice, I am concerned that an entire group of physical therapist and physical therapist assistants may not be able to meet Virginia's requirements; the rules as they stand, without further guidance, may inhibit quality academicians, administrators, professors, consultants, and other PTs/PTAs who do minimal to no clinical work from relocating and being licensed in Virginia. It could have the potential effect of making quality professors difficult to recruit for Virginia PT and PTA schools. Another point is for those therapists whose work is concentrated in the areas of research, academia, or administration, a requirement that continuing education be of a clinical nature does not help to directly improve their actual area of practice.

Thank you for consideration of these points. I can be reached at the contact information below or by e-mail at ladrrian@fsbpt.org.

Leslie Adrian, PT, MS, MPA
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**VIRGINIA BOARD OF PHYSICAL THERAPY
PUBLIC HEARING
UNAPPROVED MINUTES**

The Virginia Board of Physical Therapy convened for a Public Hearing on Thursday, June 30, 2011 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Suite 201, Hearing Room #5, Henrico, Virginia.

Board Staff Present: None

DHP Staff Present:

Lisa R. Hahn, Executive Director
Elaine Yeatts, Senior Policy Analyst

Guests Present:

Tom Bohanon, PT, DPT, VPTA
Katherine Baucom, PT, DPT, Chief Delegate, VPTA

CALLED TO ORDER

Ms. Hahn called the public hearing to order at 9:12 a.m.

Ms. Hahn stated that this was a public hearing to receive comments on proposed amendments to the Board of Physical Therapy regulations relating to Traineeships and Continued Competency Requirements. Copies of the proposed regulations were provided for the public.

PUBLIC COMMENT PERIOD

Tom Bohanon read from a written statement provided by the VPTA Executive Committee (attached).

CLOSING STATEMENTS

Ms. Hahn closed the meeting by stating that written comments on the proposed action should be directed to Lisa R. Hahn, Executive Director, Board of Physical Therapy, Perimeter Center, 9960 Mayland Drive, Suite 300, Henrico, VA 23233-1463 or by e-mail to lisa.hahn@dhp.virginia.gov. Electronic comment may be posted on the Virginia Regulatory Town Hall at www.townhall.virginia.gov or sent by e-mail. All comments will be considered before the Board adopts final regulations. The comment period will close on **July 20, 2011**.

ADJOURNMENT

The public hearing adjourned at 9:36 a.m.

George Maihafer, P.T., PhD, President

Lisa R. Hahn, Executive Director

Date

VPTA Public Comment 06/30/2011

Date

Public Hearing June 30 – VPTA Comments

On May 13, 2011, the Virginia Board of Physical Therapy reviewed “Changes to traineeships and continuing education” - regulations that were proposed in 2009 and subsequently processed through all the required regulatory stages, appearing in the Virginia Register of Regulations on February 14, 2011. The Virginia Physical Therapy Association supported the changes as proposed in the Virginia Register. However, at the meeting on May 13, **new** language was inserted and adopted without allowing VPTA or the public an opportunity to comment. We appreciate having the opportunity to share our concerns about the new language at this public hearing. We also plan to submit written comments at a later date.

Many of the changes adopted on May 13 helped clarify the use of the Practice Review Tool (PRT) as an assessment tool for both continuing competence and licensure endorsement or reinstatement. While we support these changes, VPTA has significant concerns regarding other language that was adopted, specifically:

Under 18VAC112-20-131 Part B ,item 1, FSBPT was added to the list of continuing education approving and sponsoring organizations recognized by the Virginia Board of Physical Therapy.

If the intent of the Board of Physical Therapy is to guarantee automatic recognition of the PRT for continuing education credit, that goal is achieved through the addition of item 5 in 18VAC112-20-131. There is no need to add FSBPT to the list of sponsoring and approving organizations particularly given the potential conflict of interest if FSBPT – a licensing authority – is also a course approval entity. Doing so places significant authority in one entity (to create, provide and approve continuing competence programs). Furthermore, Virginia already recognizes a number of approving organizations. Those organizations were included in the original regulations to assure that professionals would have wide access to any number of approved courses. There is no demonstrated need to identify additional approving organizations.

Under the same section, item 5, a physical therapist who can document that he has taken the PRT may receive 10 hours of Type I credit for the assessment. If the standard is met, the physical therapist qualifies for 20 hours of Type I credit.

VPTA questions the large amount of credit hours associated with the PRT. The PRT, as described on the FSBPT website is a “Practice Review Tool that PTs can use to assess their competence in various areas of practice”. A self assessment tool is designed to provide formative feedback to the physical therapist. It should not be used as a summative evaluation tool meeting a standard or score. Given that nothing, to date, has been shown to be in itself an adequate measure of competence, no one tool or measure seems adequate for complying with the regulation. A variety of methods for assuring continuing competence is the

approach most often applauded in the literature. Therefore, we caution against placing too much weight on any one assessment tool or method.

We hope that you will take our concerns into consideration and revise or remove the proposed changes adopted on May 13.

TAB 2

Executive Directors Report

- Budget
- Disciplinary Case Statistics
- Virginia Performs
- Licensure Statistics

Virginia Department of Health Professions
Cash Balance
As of May 31, 2011

	<u>116- Physical Therapy</u>
Cash Balance as of June 30, 2010	\$ 335,865
YTD FY11 Revenue	708,305
Less: YTD FY11 Direct and In-Direct Expenditures	<u>435,731</u>
Cash Balance as of May 31, 2011	<u><u>\$ 608,440</u></u>

Virginia Dept. of Health Professions
Revenue and Expenditure Summary
 July 1, 2010 through May 31, 2011

	116- Physical Therapy			
	<u>Jul '10 - May 11</u>	<u>Budget</u>	<u>\$ Over Budget</u>	<u>% of Budget</u>
Revenue				
2400 · Fee Revenue				
2401 · Application Fee	97,640.00	104,700.00	-7,060.00	93.26%
2402 · Examination Fee	0.00			
2406 · License & Renewal Fee	601,150.00	729,060.00	-127,910.00	82.46%
2407 · Dup. License Certificate Fee	495.00	550.00	-55.00	90.0%
2408 · Board Endorsement - In	0.00			
2409 · Board Endorsement - Out	5,385.00	5,900.00	-515.00	91.27%
2421 · Monetary Penalty & Late Fees	3,495.00	5,235.00	-1,740.00	66.76%
2430 · Board Changes Fee	0.00			
2432 · Misc. Fee (Bad Check Fee)	140.00	35.00	105.00	400.0%
Total 2400 · Fee Revenue	<u>708,305.00</u>	<u>845,480.00</u>	<u>-137,175.00</u>	<u>83.78%</u>
3000 · Sales of Prop. & Commodities				
3002 · Overpayments	0.00			
3007 · Sales of Goods/Svces to State	0.00			
3020 · Misc. Sales-Dishonored Payments	0.00			
Total 3000 · Sales of Prop. & Commodities	<u>0.00</u>			
9000 · Other Revenue				
Miscellaneous Revenue	0.00			
Inspection Fees	0.00			
9084 · Refund- Prior Yr Disb	0.00			
Total 9000 · Other Revenue	<u>0.00</u>			
Total Revenue	<u>708,305.00</u>	<u>845,480.00</u>	<u>-137,175.00</u>	<u>83.78%</u>
Expenditures				
1100 · Personal Services				
1110 · Employee Benefits				
1111 · Employer Retirement Contrib.	4,003.32	4,577.00	-573.68	87.47%
1112 · Fed Old-Age Ins- Sal St Emp	4,747.05	5,481.00	-733.95	86.61%
1113 · Fed Old-Age Ins- Wage Earners	468.08	736.00	-267.92	63.6%
1114 · Group Insurance	636.46	710.00	-73.54	89.64%
1115 · Medical/Hospitalization Ins.	17,042.49	20,441.00	-3,398.51	83.37%
1116 · Retiree Medical/Hospitalizatn	639.62	689.00	-49.38	92.83%
1117 · Long term Disability Ins	439.99	460.00	-20.01	95.65%
Total 1110 · Employee Benefits	<u>27,977.01</u>	<u>33,094.00</u>	<u>-5,116.99</u>	<u>84.54%</u>
1120 · Salaries				
1123 · Salaries, Classified	64,586.53	69,551.00	-4,964.47	92.86%
1125 · Salaries, Overtime	0.00			
Total 1120 · Salaries	<u>64,586.53</u>	<u>69,551.00</u>	<u>-4,964.47</u>	<u>92.86%</u>
1130 · Special Payments				

Virginia Dept. of Health Professions
Revenue and Expenditure Summary
 July 1, 2010 through May 31, 2011

	116- Physical Therapy			
	Jul '10 - May 11	Budget	\$ Over Budget	% of Budget
1131 · Bonuses and Incentives	2,043.35	2,087.00	-43.65	97.91%
1138 · Deferred Compnstrn Match Pmts	361.50	408.00	-46.50	88.6%
Total 1130 · Special Payments	2,404.85	2,495.00	-90.15	96.39%
1140 · Wages				
1141 · Wages, General	6,118.61	9,624.00	-3,505.39	63.58%
1143 · Wages, Overtime	0.00			
Total 1140 · Wages	6,118.61	9,624.00	-3,505.39	63.58%
1150 · Disability Benefits				
1153 · Short-trm Disability Benefits	0.00			
Total 1150 · Disability Benefits	0.00			
1160 · Terminatn Personal Svce Costs				
1162 · Salaries, Annual Leave Balanc	0.00			
1163 · Salaries, Sick Leave Balances	0.00			
1165 · Employee Retirement Contributio	3,296.11	3,478.00	-181.89	94.77%
Total 1160 · Terminatn Personal Svce Costs	3,296.11	3,478.00	-181.89	94.77%
Total 1100 · Personal Services	104,383.11	118,242.00	-13,858.89	88.28%
1200 · Contractual Services				
1210 · Communication Services				
1211 · Express Services	323.91	125.00	198.91	259.13%
1212 · Outbound Freight Services	11.32			
1213 · Messenger Services	0.00			
1214 · Postal Services	8,050.87	8,200.00	-149.13	98.18%
1215 · Printing Services	3.50	2,650.00	-2,646.50	0.13%
1216 · Telecommunications Svcs (DIT)	757.22	400.00	357.22	189.31%
1217 · Telecomm. Svcs (Non-State)	0.00			
1219 · Inbound Freight Services	0.00			
Total 1210 · Communication Services	9,146.82	11,375.00	-2,228.18	80.41%
1220 · Employee Development Services				
1221 · Organization Memberships	2,500.00	2,500.00	0.00	100.0%
1222 · Publication Subscriptions	0.00	50.00	-50.00	0.0%
1224 · Emp Trning Courses, Wkshp & Crf	0.00	2,025.00	-2,025.00	0.0%
1225 · Employee Tuition Reimbursement	0.00			
1227 · Emp Trning- Trns, Ldng & Meals	0.00			
Total 1220 · Employee Development Services	2,500.00	4,575.00	-2,075.00	54.65%
1230 · Health Services				
1236 · X-ray and Laboratory Services	0.00			
Total 1230 · Health Services	0.00			

Virginia Dept. of Health Professions
Revenue and Expenditure Summary
 July 1, 2010 through May 31, 2011

	116- Physical Therapy			
	<u>Jul '10 - May 11</u>	<u>Budget</u>	<u>\$ Over Budget</u>	<u>% of Budget</u>
1240 · Mgmnt and Informational Svcs				
1242 · Fiscal Services	10,368.33	4,230.00	6,138.33	245.11%
1243 · Attorney Services	0.00			
1244 · Management Services	7,703.25	750.00	6,953.25	1,027.1%
1246 · Public Infrmtl & Relation Svcs	0.00			
1247 · Legal Services	0.00			
1248 · Media Services	0.00			
1249 · Recruitment Services	0.00			
Total 1240 · Mgmnt and Informational Svcs	<u>18,071.58</u>	<u>4,980.00</u>	<u>13,091.58</u>	<u>362.88%</u>
1250 · Repair and Maintenance Svcs				
1252 · Electrical Rep & Maintenance	0.00			
1253 · Equip Repair & Maintenance	17.98			
1254 · Extermination/Vector Control	0.00			
1255 · Mechanical Rep & Maint Svcs	2.43			
Total 1250 · Repair and Maintenance Svcs	<u>20.41</u>			
1260 · Support Services				
1261 · Architectural and Engnering Svc	0.00			
1263 · Clerical Services	7,830.47	23,025.00	-15,194.53	34.01%
1264 · Food & Dietary Services	415.60	700.00	-284.40	59.37%
1266 · Manual Labor Services	826.52	400.00	426.52	206.63%
1267 · Production Services	5,726.74	1,525.00	4,201.74	375.52%
1268 · Skilled Services	9,672.98	10,962.00	-1,289.02	88.24%
Total 1260 · Support Services	<u>24,472.31</u>	<u>36,612.00</u>	<u>-12,139.69</u>	<u>66.84%</u>
1280 · Transportation Services				
1282 · Travel, Personal Vehicle	2,928.26	3,600.00	-671.74	81.34%
1283 · Travel, Public Carriers	0.00	1,000.00	-1,000.00	0.0%
1284 · Travel, State Vehicles	0.00			
1285 · Travel, Subsistence & Lodging	961.08	950.00	11.08	101.17%
1288 · Trvl, Meal Reimb- Not Rprtble	625.50	716.00	-90.50	87.36%
Total 1280 · Transportation Services	<u>4,514.84</u>	<u>6,266.00</u>	<u>-1,751.16</u>	<u>72.05%</u>
Total 1200 · Contractual Services	58,725.96	63,808.00	-5,082.04	92.04%
1300 · Supplies And Materials				
1310 · Administrative Supplies				
1312 · Office Supplies	739.00	730.00	9.00	101.23%
1313 · Stationery and Forms	0.00	-572.00	572.00	0.0%
Total 1310 · Administrative Supplies	<u>739.00</u>	<u>158.00</u>	<u>581.00</u>	<u>467.72%</u>
1330 · Manufctrng and Merch Supplies				
1335 · Packaging and Shipping Suppl	5.48			

Virginia Dept. of Health Professions
Revenue and Expenditure Summary
 July 1, 2010 through May 31, 2011

	116- Physical Therapy			
	<u>Jul '10 - May 11</u>	<u>Budget</u>	<u>\$ Over Budget</u>	<u>% of Budget</u>
Total 1330 · Manufctrng and Merch Supplies	5.48			
1340 · Medical and Laboratory Supp.				
1342 · Medical and Dental Supplies	2.30			
Total 1340 · Medical and Laboratory Supp.	2.30			
1350 · Repair and Maint. Supplies				
1352 · Custodial Rep & Maint Mat'ls	0.00			
Total 1350 · Repair and Maint. Supplies	0.00			
1360 · Residential Supplies				
1362 · Food and Dietary Supplies	3.49	100.00	-96.51	3.49%
1363 · Food Service Supplies	0.00			
Total 1360 · Residential Supplies	3.49	100.00	-96.51	3.49%
1370 · Specific Use Supplies				
1373 · Computer Operating Supplies	49.91			
Total 1370 · Specific Use Supplies	49.91			
Total 1300 · Supplies And Materials	800.18	258.00	542.18	310.15%
1400 · Transfer Payments				
Incentives	0.00			
1410 · Awards, Contrib., and Claims				
1413 · Premiums	120.00	120.00	0.00	100.0%
1415 · Unemployment Compnsatrn Reimb	0.00			
Total 1410 · Awards, Contrib., and Claims	120.00	120.00	0.00	100.0%
Total 1400 · Transfer Payments	120.00	120.00	0.00	100.0%
1500 · Continuous Charges				
1510 · Insurance-Fixed Assets				
1516 · Property Insurance	31.39	25.00	6.39	125.56%
1510 · Insurance-Fixed Assets - Other	0.00	215.00	-215.00	0.0%
Total 1510 · Insurance-Fixed Assets	31.39	240.00	-208.61	13.08%
1530 · Operating Lease Payments				
1534 · Equipment Rentals	0.00	1,500.00	-1,500.00	0.0%
1535 · Building Rentals	0.00			
1539 · Building Rentals - Non State	5,810.61	6,232.00	-421.39	93.24%
Total 1530 · Operating Lease Payments	5,810.61	7,732.00	-1,921.39	75.15%
1540 · Service Charges				
1541 · Agency Service Charges	550.48	200.00	350.48	275.24%
Total 1540 · Service Charges	550.48	200.00	350.48	275.24%

Virginia Dept. of Health Professions
Revenue and Expenditure Summary
 July 1, 2010 through May 31, 2011

	116- Physical Therapy			
	<u>Jul '10 - May 11</u>	<u>Budget</u>	<u>\$ Over Budget</u>	<u>% of Budget</u>
1550 · Insurance-Operations				
1551 · General Liability Insurance	112.65	275.00	-162.35	40.96%
1554 · Surety Bonds	6.66			
Total 1550 · Insurance-Operations	<u>119.31</u>	<u>275.00</u>	<u>-155.69</u>	<u>43.39%</u>
Total 1500 · Continuous Charges	6,511.79	8,447.00	-1,935.21	77.09%
2200 · Equipment Expenditures				
Electronic & Photo Equip Impr	0.66			
2220 · Educational & Cultural Equip				
2224 · Reference Equipment	0.00	100.00	-100.00	0.0%
Total 2220 · Educational & Cultural Equip	<u>0.00</u>	<u>100.00</u>	<u>-100.00</u>	<u>0.0%</u>
2230 · Electrnc & Photographic Equip				
2233 · Voice & Data Transmissn Equip	0.00			
Total 2230 · Electrnc & Photographic Equip	<u>0.00</u>			
2260 · Office Equipment				
2261 · Office Appurtenances	17.20			
2262 · Office Furniture	71.14			
2263 · Office Incidentals	0.00	15.00	-15.00	0.0%
2264 · Office Machines	0.00	100.00	-100.00	0.0%
2268 · Office Equipment Improvements	0.00			
Total 2260 · Office Equipment	<u>88.34</u>	<u>115.00</u>	<u>-26.66</u>	<u>76.82%</u>
2270 · Specific Use Equipment				
2271 · Household Equipment	10.57			
Total 2270 · Specific Use Equipment	<u>10.57</u>			
Total 2200 · Equipment Expenditures	<u>99.57</u>	<u>215.00</u>	<u>-115.43</u>	<u>46.31%</u>
Total Expenditures	<u>170,640.61</u>	<u>191,090.00</u>	<u>-20,449.39</u>	<u>89.3%</u>
9001 · Allocated Expenditures				
9201 · Behavioral Science Exec	-0.05			
9202 · OptVMASLP Exec Dir	-0.07			
9204 · Nursing / Nurse Aid	0.00			
9206 · FuneralTCAIPT	75,285.13	79,591.45	-4,306.32	94.59%
9301 · DP Operations & Equipment	49,490.93	105,106.32	-55,615.39	47.09%
9302 · Human Resources	10,085.69	11,521.92	-1,436.23	87.54%
9303 · Finance	34,530.27	38,899.08	-4,368.81	88.77%
9304 · Director's Office	16,396.16	20,500.32	-4,104.16	79.98%
9305 · Enforcement	32,587.42	42,655.92	-10,068.50	76.4%
9306 · Administrative Proceedings	9,173.02	11,742.13	-2,569.11	78.12%
9307 · Impaired Practitioners	471.17	474.72	-3.55	99.25%

Virginia Dept. of Health Professions
Revenue and Expenditure Summary
 July 1, 2010 through May 31, 2011

	116- Physical Therapy			
	<u>Jul '10 - May 11</u>	<u>Budget</u>	<u>\$ Over Budget</u>	<u>% of Budget</u>
9308 · Attorney General	13,967.11	7,778.88	6,188.23	179.55%
9309 · Board of Health Professions	12,082.55	15,636.84	-3,554.29	77.27%
9310 · SRTA	0.00			
9311 · Moving Costs	0.00	736.20	-736.20	0.0%
9313 · Emp. Recognition Program	131.63	454.08	-322.45	28.99%
9314 · Conference Center	211.03	469.08	-258.05	44.99%
9315 · Pgm Devlpmnt & Implmentn	6,650.10	8,776.56	-2,126.46	75.77%
987900 · Cash Trsfr Out- Appr Act Pt. 3	4,027.94	1,510.32	2,517.62	266.69%
Total 9001 · Allocated Expenditures	<u>265,090.03</u>	<u>345,853.82</u>	<u>-80,763.79</u>	<u>76.65%</u>
Total Direct and Allocated Expenditures	<u>435,730.64</u>	<u>536,943.82</u>	<u>-101,213.18</u>	<u>81.15%</u>
Net Cash Surplus\Shortfall	<u><u>272,574.36</u></u>	<u><u>308,536.18</u></u>	<u><u>-35,961.82</u></u>	<u><u>88.34%</u></u>

Discipline Cases

July 2011

Investigations	9
Probable Cause	4
APD	0
Informal Level	0
Formal Level	0
Total	13

**KEY PERFORMANCE MEASURES
Qtr4 2011 – June 30, 2011**

	Clearance Rate	Percent of Pending Case Load Older than 250 Business Days	Percent of Patient Care Cases Resolved within 250 Working Days	Percent of Customer Satisfaction	Percent of Initial Applications Processed within 30 Days of Completion
Physical Therapy	83%	22%	100%	98.9%(15)	100%
AGENCY	122%	12%	94%	95.2%(472)	99.9%

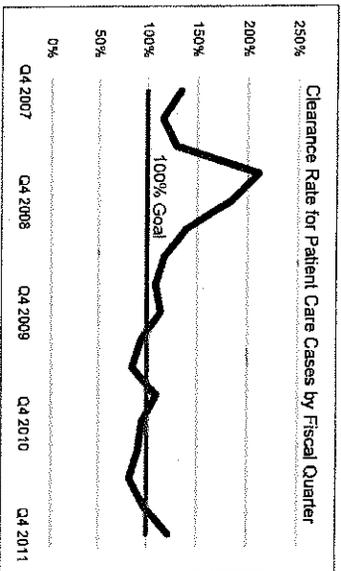
Virginia Department of Health Professions Patient Care Disciplinary Case Processing Times: Quarterly Performance Measurement, Q4 2007 - Q4 2011

Dianne Reynolds-Cane, M.D.
Director

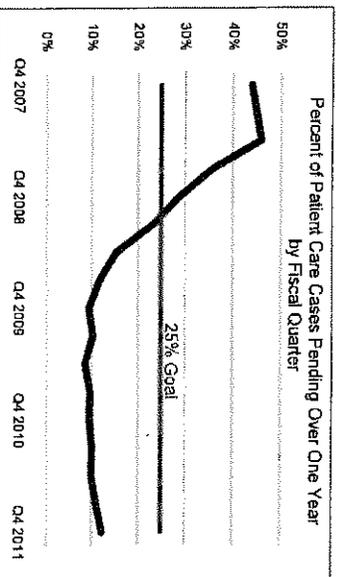
"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."
DHP Mission Statement

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. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

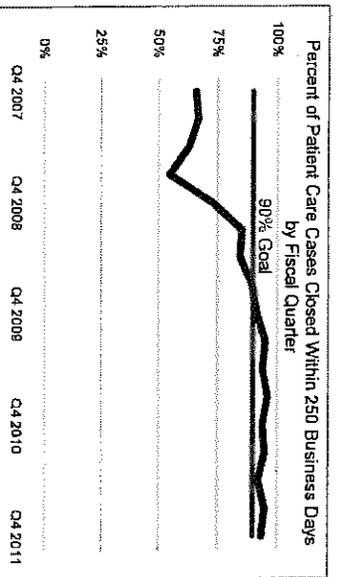
Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal was to achieve a 100% clearance rate of allegations of misconduct by the end of FY 2009 and maintain 100% through the end of FY 2010. The current quarter's clearance rate is 122%, with 882 patient care cases received and 1076 closed.



Age of Pending Caseload - the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases older than 250 business days to aid management in providing specific closure targets. The goal is to reduce the percentage of open patient care cases older than 250 business days to no more than 25% by the end of FY 2010. The percent of cases pending over 250 business days has dropped dramatically over the past few years, falling from 45% to 12%. For the last quarter shown, there were 1819 patient care cases pending, with 223 pending over 250 business days.



Time to Disposition - the percent of patient care cases closed within 250 business days for cases received within 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 is to resolve 90% of cases related to patient care within 250 business days by the end of FY 2010. The percent of cases resolved within 250 business days was 94% during the past quarter, exceeding the 90% goal for ten consecutive quarters. During the last quarter, there were 1,074 patient care cases closed, with 1,007 closed within 250 business days.

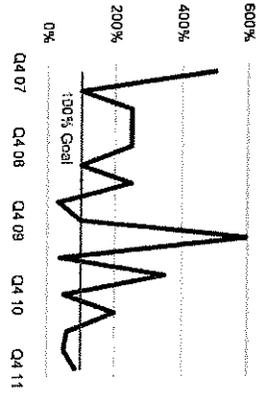


Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

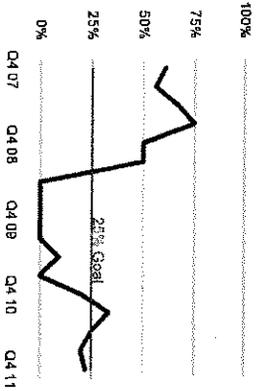
Clearance Rate

Physical Therapy - In Q4 2011, the clearance rate was 83%, the Pending Caseload older than 250 business days was 22% and the percent closed within 250 business days was 100%.

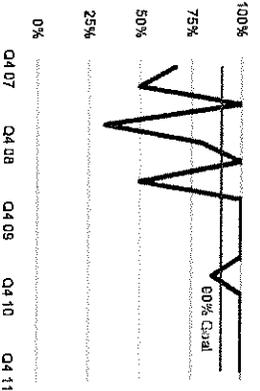
Q4 2011 Caseloads:
 Received=6, Closed=5
 Pending over 250 days=2
 Closed within 250 days=5



Age of Pending Caseload (percent of cases pending over one year)

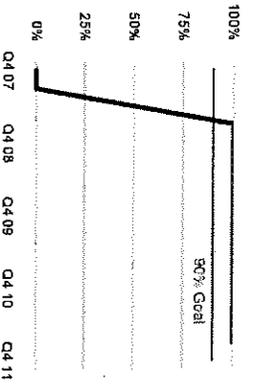
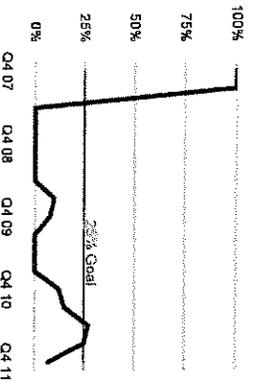
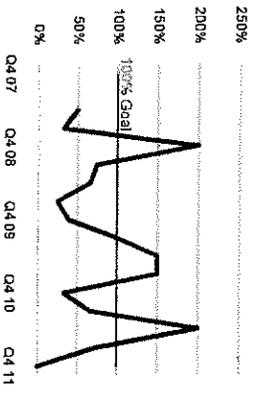


Percent Closed in 250 Business Days



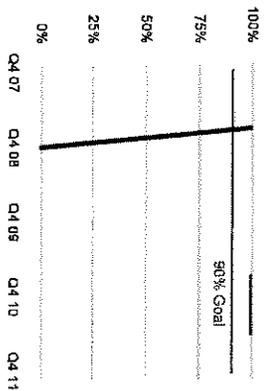
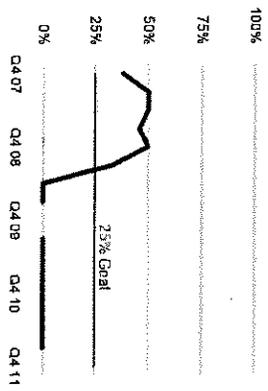
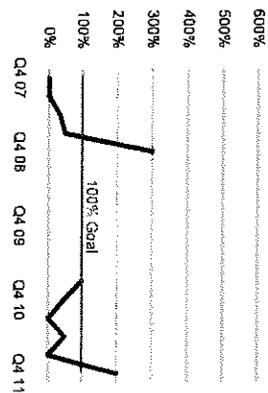
Funeral - In Q4 2011, the clearance rate was 0%, the Pending Caseload older than 250 business days was 7% and the percent closed within 250 business days was N/A.

Q4 2011 Caseloads:
 Received=6, Closed=0
 Pending over 250 days=1
 Closed within 250 days=N/A



Audiology - In Q4 2011, the clearance rate was 200%, the Pending Caseload older than 250 business days was 0% and the percent closed within 250 business days was 100%.

Q4 2011 Caseloads:
 Received=3, Closed=6
 Pending over 250 days=0
 Closed within 250 days=6



Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Licensure Count Report

	<u>July 2010</u>	<u>July 2011</u>
Physical Therapists	5,410	5,351
Physical Therapist Assistants	<u>2,242</u>	<u>2,254</u>
Total	7,766	7,605
Direct Access Certification	420	539

Tab 3

Agenda Item: Reconsideration of Proposed Regulations

Included in your agenda package:

- Publication in *Register of Regulations* of re-proposed regulations with notice of Public Hearing and comment period ending 7/20/11
- Comments from VPTA
- Comment from Townhall
- Original comment from Federation of State Boards of Physical Therapy

Board Action:

Adoption of final regulations with or without change.

Abnormal auscultated fetal heart rate pattern unresponsive to treatment or inability to auscultate fetal heart tones;

Excessive vomiting, dehydration, or exhaustion unresponsive to treatment;

Blood pressure greater than 140/90 that persists or rises and birth is not imminent;

Maternal fever equal to or greater than 100.4°F; or

Labor or premature rupture of membrane (PROM) less than 37 weeks according to due date.

3. If a risk factor first develops when birth is imminent, the individual midwife must use judgment taking into account the health and condition of the mother and baby in determining whether to proceed with a home birth or arrange transportation to a hospital.

C. If the risks factors or criteria have been identified that may indicate health risks associated with birth of a child outside of a hospital or birthing center, the midwife shall provide evidence-based information on such risks. Such information shall be specified by the board in guidance documents and shall include evidence-based research and clinical expertise from both the medical and midwifery models of care.

D. The midwife shall document in the client record the assessment of all health risks that pose a potential for a high risk pregnancy and, if appropriate, the provision of disclosures and evidence-based information.

VA.R. Doc. No. R10-2179; Filed May 27, 2011, 3:25 p.m.

BOARD OF PHYSICAL THERAPY

Reproposed Regulation

Title of Regulation: 18VAC112-20. Regulations Governing the Practice of Physical Therapy (amending 18VAC112-20-10, 18VAC112-20-50, 18VAC112-20-65, 18VAC112-20-70, 18VAC112-20-131, 18VAC112-20-135, 18VAC112-20-136, 18VAC112-20-140).

Statutory Authority: §§ 54.1-2400 and 54.1-3473 of the Code of Virginia.

Public Hearing Information:

June 30, 2011 - 9 a.m. - Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 200, Henrico, VA

Public Comment Deadline: July 20, 2011.

Agency Contact: Lisa R. Hahn, Executive Director, Board of Physical Therapy, 9960 Mayland Drive, Suite 300, Richmond, VA 23233, telephone (804) 367-4674, FAX (804) 527-4413, or email ptboard@dhp.virginia.gov.

Basis: Section 54.1-2400 of the Code of Virginia establishes the general powers and duties of health regulatory boards including the responsibility of the Board of Physical Therapy to promulgate regulations that are reasonable and necessary to administer effectively the regulatory system.

Section 54.1-3474 of the Code of Virginia requires the board to promulgate regulations establishing requirements to ensure continuing competency of physical therapists (PTs) and physical therapist assistants (PTAs), which may include continuing education, testing, or such other requirements as the board may determine to be necessary.

Purpose: The purpose of the regulatory action is to provide more flexibility and accountability in traineeships for graduates of approved or unapproved (foreign) programs in physical therapy and for applicants who have not had recent clinical experience and are seeking licensure by endorsement or reinstatement. Additionally, the goal of the amendments is to provide more opportunities for obtaining the necessary continuing education hours for physical therapists and physical therapist assistants to maintain current licensure.

During the periodic review of regulations conducted in 2008, there were several comments and issues relating to traineeships and continuing competency that the board elected to refer to its Legislative/Regulatory Committee. In consultation with the Virginia Physical Therapy Association's representatives and a faculty member at VCU Health Systems, the committee and the board concluded that it should retain traineeships but make certain adjustments that would offer more flexibility and licensee oversight. Certain requirements were added for more accountability and greater assurance of public safety including provisions that should result in adequate supervision of the trainee, appropriate diagnosis and treatment being provided by a trainee, and a continuity of supervision. For the sake of public health and safety, a trainee should be so identified to the patient, and the progress notes from the trainee should be countersigned to document physical therapist oversight and responsibility for patient care.

Substance: The board has recommended the following substantive changes:

1. Clarify 18VAC112-20-70 to specify that the unlicensed graduate applying for a traineeship has been scheduled to take the national examination.
2. Amend 18VAC112-20-140 to limit the number of supervisors for each trainee to no more than two PTs to ensure some continuity in training.
3. Amend 18VAC112-20-140 to specify that a trainee be designated as a "PT Trainee" or "PTA Trainee" for the sake of public safety.
4. Amend 18VAC112-20-140 to state that all patient progress notes must be countersigned by the trainee's

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supervisor. This includes computerized/electronic patient care notes to have documentation that the trainee is being supervised.

5. Amend 18VAC112-20-50 D, which currently requires a 1,000-hour full-time traineeship to allow a part-time traineeship, but include a limitation of two years on the amount of time allotted for completion. The time limit could be waived or extended for hardship circumstances in which the trainee needs additional time for completion.

6. Allow the PTA traineeship to be a fewer number of hours than the PT traineeship, since PTA education programs are shorter than PT education programs, and the scope of services provided by the PTA is less than that provided by a PT. Traineeship hours for an unlicensed graduate or an inactive PTA would be reduced from 480 hours to 320 hours.

7. Eliminate "face-to-face" requirement for Type 1 courses to allow home study, online, or audio courses offered by the approving organizations to be counted, but increase the number of hours that must be Type 1 from 15 to 20 per biennium for PTs and from 10 to 15 for PTAs. Type 2 hours would be reduced from 15 to 10 for PTs and from 20 to 15 for PTAs, so the total number of hours would remain the same.

8. Grant credit for all or part of the continuing competency hours for licensee who takes the new Practice Review Tool (PRT) of the Federation of State Boards of Physical Therapy. The amount of credit would be designated depending on whether the PT used the PRT as a self-assessment or as a measure of competency by meeting the standard set by the federation.

9. Amend sections on endorsement, reinstatement, or reactivation to use the PRT of the Federation of State Boards of Physical Therapy as a competency assessment for PTs who have not been in active clinical practice. The PRT would be used to allow the PT to assess his areas of weakness, so a precepted experience could be more directed. Additionally, PTs who meet the standard on the review tool would be granted credit for some of the traineeship hours.

At its meeting on May 13, 2011, the board adopted additional changes in response to public comment:

1. Defined FSBPT as the Federation of State Boards of Physical Therapy (18VAC112-20-10).
2. Clarified that the PRT is an assessment "developed and administered by FSBPT" (18VAC112-20-10).
3. Clarified that the Coursework Evaluation Tool is based on the year of graduation (18VAC112-20-50).

4. Clarified that an applicant for licensure by endorsement may document meeting the standard on the PRT, rather than passing the PRT (18VAC112-20-65).

5. Added the FSBPT to the list of organizations that may approve or provide continuing education (18VAC112-20-131).

6. Clarified that the PRT is an assessment rather than an examination and PT's meet the standard of the assessment rather than pass the examination (18VAC112-20-131).

7. Clarified that an applicant for reactivation of an inactive license may document meeting the standard on the PRT, rather than passing the PRT (18VAC112-20-135).

8. Clarified that an applicant for reinstatement of a lapsed license may document meeting the standard on the PRT, rather than passing the PRT (18VAC112-20-135).

Issues: The primary advantage to the public would be greater protection for patients in the practice of trainees by closer supervision of their practice and identification of their status as a trainee. Use of the PRT will offer applicants and licensees information about their weaknesses in current practice knowledge to allow them to direct continuing education (CE) or supervised practice in those areas. Elimination of the face-to-face requirement for Type 1 hours will reduce the financial burden of PTs and PTAs while continuing to ensure the safety of the public by allowing licensees to fulfill their CE requirements with less time from practice and patient care. There are no disadvantages to the public.

There are no advantages or disadvantages to the agency or the Commonwealth.

Background: The Board of Physical Therapy published proposed amendments to 18VAC112-20 in 27:12 VA.R. 1454-1461 February 14, 2011. In response to comment, the board adopted additional changes to the proposed regulation at its meeting on May 13, 2011, as detailed in the Substance section. The board is publishing the re-proposed regulations with amendments suggested by Federation of State Boards of Physical Therapy (FSBPT) and has re-opened the comment period for an additional 30 days. Changes made since publication of the proposed amendments are shown in brackets.

Summary:

The proposed amendments, as originally proposed, (i) offer the option of passage of the Practice Review Tool in lieu of some training hours for applicants returning to practice through reinstatement, reactivation, or endorsement; (ii) reduce the traineeship hours for physical therapist assistants; (iii) allow part-time traineeships for graduates of nonapproved physical therapy schools; (iv) limit the numbers of supervisors for each trainee; (v) require co-signing of trainee documentation in patient

records and identification of a trainee for the patient; and (vi) eliminate the requirement that Type 1 continuing education training be face-to-face.

Since publication of the proposed regulations, the board amended the regulations to clarify that the Practice Review Tool is not an examination but an assessment of which a physical therapist may or may not meet the standard. Since the PRT may be counted as continuing education, the board added FSBPT to the list of continuing education providers. The board also clarified that the coursework evaluation tool used to evaluate education in a non-accredited PT program should be based on the year of graduation.

Part I General Provisions

18VAC112-20-10. Definitions.

In addition to the words and terms defined in § 54.1-3473 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means a minimum of 160 hours of professional practice as a physical therapist or physical therapist assistant within the 24-month period immediately preceding renewal. Active practice may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services.

"Approved program" means an educational program accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association.

"CLEP" means the College Level Examination Program.

"Contact hour" means 60 minutes of time spent in continuing learning activity exclusive of breaks, meals or vendor exhibits.

"Direct supervision" means a physical therapist or a physical therapist assistant is physically present and immediately available and is fully responsible for the physical therapy tasks or activities being performed.

"Discharge" means the discontinuation of interventions in an episode of care that have been provided in an unbroken sequence in a single practice setting and related to the physical therapy interventions for a given condition or problem.

"Evaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to plan and implement a treatment intervention, provide preventive care, reduce risks of injury and impairment, or provide for consultation.

~~"Face-to-face" means learning activities or courses obtained in a group setting or through interactive, real-time technology.~~

"FCCPT" means the Foreign Credentialing Commission on Physical Therapy.

["FSBPT" means the Federation of State Boards of Physical Therapy.]

"General supervision" means a physical therapist shall be available for consultation.

"National examination" means the examinations developed and administered by the Federation of State Boards of Physical Therapy and approved by the board for licensure as a physical therapist or physical therapist assistant.

"PRT" means the Practice Review Tool for competency assessment [given by the Federation of State Boards of Physical Therapy developed and administered by FSBPT].

"Support personnel" means a person who is performing designated routine tasks related to physical therapy under the direction and supervision of a physical therapist or physical therapist assistant within the scope of this chapter.

"TOEFL" means the Test of English as a Foreign Language.

"Trainee" means a person seeking licensure as a physical therapist or physical therapist assistant who is undergoing a traineeship.

"Traineeship" means a period of active clinical practice during which an applicant for licensure as a physical therapist or physical therapist assistant works under the direct supervision of a physical therapist approved by the board.

"TSE" means the Test of Spoken English.

"Type 1" means ~~face-to-face~~ continuing learning activities offered by an approved organization as specified in 18VAC112-20-131.

"Type 2" means continuing learning activities which may or may not be offered by an approved organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning.

18VAC112-20-50. Education requirements: graduates of schools not approved by an accrediting agency approved by the board.

A. An applicant for initial licensure as a physical therapist who is a graduate of a school not approved by an accrediting agency approved by the board shall submit the required application and fee and provide documentation of the physical therapist's certification by a report from the FCCPT or of the physical therapist eligibility for licensure as verified by a report from any other credentialing agency approved by the board that substantiates that the physical therapist has

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been evaluated in accordance with requirements of subsection B of this section.

B. The board shall only approve a credentialing agency that:

1. Utilizes the [FSBPT] Coursework Evaluation Tool for Foreign Educated Physical Therapists [~~of the Federation of State Boards of Physical Therapy~~ based on the year of graduation] and utilizes original source documents to establish substantial equivalency to an approved physical therapy program;
2. Conducts a review of any license or registration held by the physical therapist in any country or jurisdiction to ensure that the license or registration is current and unrestricted or was unrestricted at the time it expired or was lapsed; and
3. Verifies English language proficiency by passage of the TOEFL and TSE examination or the TOEFL iBT, the Internet-based tests of listening, reading, speaking and writing or by review of evidence that the applicant's physical therapy program was taught in English or that the native tongue of the applicant's nationality is English.

C. An applicant for licensure as a physical therapist assistant who is a graduate of a school not approved by the board shall submit with the required application and fee the following:

1. Proof of proficiency in the English language by passing TOEFL and TSE or the TOEFL iBT, the Internet-based tests of listening, reading, speaking, and writing by a score determined by the board or an equivalent examination approved by the board. TOEFL iBT or TOEFL and TSE may be waived upon evidence that the applicant's physical therapist assistant program was taught in English or that the native tongue of the applicant's nationality is English.
2. A copy of the original certificate or diploma that has been certified as a true copy of the original by a notary public, verifying his graduation from a physical therapy curriculum. If the certificate or diploma is not in the English language, submit either:
 - a. An English translation of such certificate or diploma by a qualified translator other than the applicant; or
 - b. An official certification in English from the school attesting to the applicant's attendance and graduation date.
3. Verification of the equivalency of the applicant's education to the educational requirements of an approved program for physical therapist assistants from a scholastic credentials service approved by the board.

D. An applicant for initial licensure as a physical therapist or a physical therapist assistant who is not a graduate of an approved program shall also submit verification of having successfully completed a ~~full-time~~ 1,000-hour traineeship within a two-year period under the direct supervision of a

licensed physical therapist. The board may grant an extension beyond two years for circumstances beyond the control of the applicant, such as temporary disability or mandatory military service.

1. The traineeship shall be in accordance with requirements in 18VAC112-20-140.
2. The traineeship requirements of this part may be waived if the applicant for a license can verify, in writing, the successful completion of one year of clinical physical therapy practice as a licensed physical therapist or physical therapist assistant in the United States, its territories, the District of Columbia, or Canada, equivalent to the requirements of this chapter.

18VAC112-20-65. Requirements for licensure by endorsement.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in the United States, its territories, the District of Columbia, or Canada may be licensed in Virginia by endorsement.

B. An applicant for licensure by endorsement shall submit:

1. Documentation of having met the educational requirements prescribed in 18VAC112-20-40 or 18VAC112-20-50. In lieu of meeting such requirements, an applicant may provide evidence of clinical practice during the five years immediately preceding application for licensure in Virginia with a current, unrestricted license issued by another U.S. jurisdiction;
2. The required application, fees, and credentials to the board;
3. A current report from the Healthcare Integrity and Protection Data Bank (HIPDB) and a current report from the National Practitioner Data Bank (NPDB);
4. Evidence of completion of 15 hours of continuing education for each year in which the applicant held a license in another U.S. jurisdiction, or 60 hours obtained within the past four years; and
5. Documentation of passage of an examination equivalent to the Virginia examination at the time of initial licensure or documentation of passage of an examination required by another state at the time of initial licensure in that state and active, clinical practice with a current, unrestricted license for at least five years prior to applying for licensure in Virginia.

For the purpose of this subsection, active, clinical practice shall mean at least 2,500 hours of patient care over a five-year period.

C. A physical therapist ~~or physical therapist assistant~~ seeking licensure by endorsement who has not actively practiced physical therapy for at least 320 hours within the

four years immediately preceding his application for licensure shall ~~first successfully~~;

1. Successfully complete 480 hours in a traineeship in accordance with requirements in 18VAC112-20-140; or

2. Document [~~passage of that he meets the standard of~~] the PRT within the two years preceding application for licensure in Virginia and successfully complete 320 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

D. A physical therapist assistant seeking licensure by endorsement who has not actively practiced physical therapy for at least 320 hours within the four years immediately preceding his application for licensure shall successfully complete 320 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

18VAC112-20-70. Traineeship for unlicensed graduate scheduled to sit for the national examination.

A. Upon approval of the president of the board or his designee, an unlicensed graduate who is registered with the Federation of State Boards of Physical Therapy to sit for the national examination may be employed as a trainee under the direct supervision of a licensed physical therapist until the results of the national examination are received.

B. The traineeship, which shall be in accordance with requirements in 18VAC112-20-140, shall terminate two working days following receipt by the candidate of the licensure examination results.

C. The unlicensed graduate may reapply for a new traineeship while awaiting to take the next examination. A new traineeship shall not be approved for more than one year following the receipt of the first examination results.

18VAC112-20-131. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially, a physical therapist or a physical therapist assistant shall complete at least 30 contact hours of continuing learning activities within the two years immediately preceding renewal. In choosing continuing learning activities or courses, the licensee shall consider the following: (i) the need to promote ethical practice, (ii) an appropriate standard of care, (iii) patient safety, (iv) application of new medical technology, (v) appropriate communication with patients, and (vi) knowledge of the changing health care system.

B. To document the required hours, the licensee shall maintain the Continued Competency Activity and Assessment Form that is provided by the board and that shall indicate completion of the following:

1. A minimum of ~~45~~ 20 of the contact hours required for physical therapists and ~~40~~ 15 of the contact hours required for physical therapist assistants shall be in Type 1 ~~face-to-~~

~~face~~ courses. For the purpose of this section, "course" means an organized program of study, classroom experience or similar educational experience that is directly related to the clinical practice of physical therapy and approved or provided by one of the following organizations or any of its components:

- a. The Virginia Physical Therapy Association;
- b. The American Physical Therapy Association;
- c. Local, state or federal government agencies;
- d. Regionally accredited colleges and universities;
- e. Health care organizations accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO);
- f. The American Medical Association - Category I Continuing Medical Education course; [~~and~~]
- g. The National Athletic Trainers Association [; ~~and~~ h. The FSBPT].

2. No more than ~~45~~ 10 of the contact hours required for physical therapists and ~~20~~ 15 of the contact hours required for physical therapist assistants may be Type 2 activities or courses, which may or may not be offered by an approved organization but which shall be related to the clinical practice of physical therapy. Type 2 activities may include but not be limited to consultation with colleagues, independent study, and research or writing on subjects related to practice.

3. Documentation of specialty certification by the American Physical Therapy Association may be provided as evidence of completion of continuing competency requirements for the biennium in which initial certification or recertification occurs.

4. Documentation of graduation from a transitional doctor of physical therapy program may be provided as evidence of completion of continuing competency requirements for the biennium in which the physical therapist was awarded the degree.

5. A physical therapist who can document that he has taken the PRT may receive 10 hours of Type 1 credit for the biennium in which the assessment [~~examination tool~~] was taken. A physical therapist who can document that he has [~~passed met the standard of~~] the PRT may receive 20 hours of Type 1 credit for the biennium in which the assessment [~~examination was passed tool was taken~~].

C. A licensee shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure by examination in Virginia.

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D. The licensee shall retain his records on the completed form with all supporting documentation for a period of four years following the renewal of an active license.

E. The licensees selected in a random audit conducted by the board shall provide the completed Continued Competency Activity and Assessment Form and all supporting documentation within 30 days of receiving notification of the audit.

F. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

G. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

H. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

I. Physical therapists holding certification to provide direct access without a referral shall include four contact hours as part of the required 30 contact hours of continuing education in courses related to clinical practice in a direct access setting.

18VAC112-20-135. Inactive license.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required renewal fee of \$70 for a physical therapist and \$35 for a physical therapist assistant, be issued an inactive license. The fee for the renewal of an inactive license due December 31, 2010, shall be \$60 for a physical therapist and \$30 for a physical therapist assistant.

1. The holder of an inactive license shall not be required to meet active practice requirements.

2. An inactive licensee shall not be entitled to perform any act requiring a license to practice physical therapy in Virginia.

B. A physical therapist or physical therapist assistant who holds an inactive license may reactivate his license by:

1. Paying the difference between the renewal fee for an inactive license and that of an active license for the biennium in which the license is being reactivated; and

2. Providing proof of ~~a. Active~~ active practice hours in another jurisdiction equal to those required for renewal of an active license in Virginia for the period in which the license has been inactive.

a. If the inactive physical therapist licensee does not meet the requirement for active practice, the license may be reactivated by completing 480 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140

or documenting [~~passage~~ that he has met the standard] of the PRT within the two years preceding application for licensure in Virginia and successfully completing 320 hours in a traineeship in accordance with requirements in 18VAC112-20-140.

b. If the inactive physical therapist assistant licensee does not meet the requirement for active practice, the license may be reactivated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140; and

b. Completion of 3. Completing the number of continuing competency hours required for the period in which the license has been inactive, not to exceed four years.

18VAC112-20-136. Reinstatement requirements.

A. A physical therapist or physical therapist assistant whose Virginia license is lapsed for two years or less may reinstate his license by payment of the renewal and late fees as set forth in 18VAC112-20-150 and completion of continued competency requirements as set forth in 18VAC112-20-131.

B. A physical therapist or physical therapist assistant whose Virginia license is lapsed for more than two years and who is seeking reinstatement shall:

1. Apply for reinstatement and pay the fee specified in 18VAC112-20-150; Practice physical therapy in another jurisdiction for at least 320 hours within the four years immediately preceding applying for reinstatement or successfully complete 480 hours as specified in 18VAC112-20-140; and

2. Complete the number of continuing competency hours required for the period in which the license has been lapsed, not to exceed four years; and

3. Have actively practiced physical therapy in another jurisdiction for at least 320 hours within the four years immediately preceding applying for reinstatement.

a. If a physical therapist licensee does not meet the requirement for active practice, the license may be reinstated by completing 480 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 or documenting [~~passage~~ that he has met the standard] of the PRT within the two years preceding application for licensure in Virginia and successfully completing 320 hours in a traineeship in accordance with requirements in 18VAC112-20-140.

b. If a physical therapist assistant licensee does not meet the requirement for active practice, the license may be reinstated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140.

18VAC112-20-140. Traineeship requirements.

A. The traineeship: shall be (i) ~~shall be~~ in a facility that serves as a clinical education facility for students enrolled in an accredited program educating physical therapists in Virginia, (ii) ~~is~~ approved by the board, and (iii) ~~is~~ under the direction and supervision of a licensed physical therapist.

B. Supervision and identification of trainees:

1. There shall be a limit of two physical therapists assigned to provide supervision for each trainee.

2. The supervising physical therapist shall countersign patient documentation (i.e., notes, records, charts) for services provided by a trainee.

3. The trainee shall wear identification designating them as a "physical therapist trainee" or a "physical therapist assistant trainee."

C. Completion of traineeship.

1. The physical therapist supervising the ~~inactive practice~~ trainee shall submit a report to the board at the end of the required number of hours on forms supplied by the board.

2. If the traineeship is not successfully completed at the end of the required hours, as determined by the supervising physical therapist, the president of the board or his designee shall determine if a new traineeship shall commence. If the president of the board determines that a new traineeship shall not commence, then the application for licensure shall be denied.

3. The second traineeship may be served under a different supervising physical therapist and may be served in a different organization than the initial traineeship. If the second traineeship is not successfully completed, as determined by the supervising physical therapist, then the application for licensure shall be denied.

VA.R. Doc. No. R09-1926; Filed May 31, 2011; 4:24 p.m.

*PUBLIC COMMENT ON PROPOSED REGULATIONS
FOR PHYSICAL THERAPY*

BOARD OF PHYSICAL THERAPY
18 VAC 112-20-10 ET SEQ.

June 30, 2011

**SIGN-UP SHEET TO SPEAK TO BOARD ON PROPOSED
REGULATIONS:**

NAME

ADDRESS

1. Tom Bohannon

5437 Winterygreen Rd
Glen Allen Va

2.

3.

4.

5.

6.



June 27, 2011

Lisa Hahn, Executive Director.
Virginia Board of Physical Therapy
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
ptboard@dhp.virginia.gov

Dear Lisa Hahn,

On May 13, 2011, at the Virginia Board of Physical Therapy meeting, new language was inserted and adopted into the regulations as "traineeship changes; continuing education." We are writing in opposition to the language proposed by the Federation of State Boards of Physical Therapy (FSBPT). As we previously indicated, it appeared that this language was added at the last minute without complying with the required public comment period and proper review process. This is important to revisit in this letter as it speaks to the possible undisclosed intent of the FSBPT.

The initial regulations were proposed in 2009 and subsequently processed through all the required regulatory stages. It was our understanding that during the May 13, 2011 meeting this language would be under final review and the Virginia Board of Physical Therapy would approve the exact regulations as previously reviewed and properly processed. However, at the meeting on May 13, unexpectedly the FSBPT proposed new language that had not previously been reviewed by the public or your affiliated associations. This maneuver by the FSBPT gives the appearance of impropriety. We supported the new regulations as presented in the regulatory process but we do not support the last minute addition of FSBPT to the list of approving agencies for CEU approval. We do not object to the FSBPT's courses being approved as Type 1 courses, as appropriate, but we do object to FSBPT being an approved agency/organization, as stated, for instance, under "18VAC112-20-131 - Continued competency requirements for renewal of an active license". We have been following the regulatory process from the beginning in 2008 when initial comments were solicited. We supported the draft regulations as written and therefore did not consider it necessary to submit comments previously. As active members of the Executive Board of the Virginia Physical Therapy Association (VPTA) and practicing clinicians, we are speaking in opposition to inserting this language.

The VPTA Executive Committee was only recently made aware of this nationwide initiative by the FSBPT. The FSBPT appears to be taking improper advantage of our open practice act to recommend new language about their Continuing Competence (CC) initiative that appears self-serving. We are questioning the appropriateness of the FSBPT being the licensing agency and the approval organization of continuing education.

Our concerns are as follows:

1. FSBPT's ability to quickly and seamlessly request the addition of language without collaboration with the public, affiliated associations or other entities with regard to our practice act.
2. We are concerned about outsourcing our approval of CEUs and/or CC to the FSBPT as the outcomes related to public protection are less certain than the current process. The existing process has been very effective in the past, successfully protected the public and furthered the practice of physical therapists in Virginia. The VPTA, for instance, has a very thorough process for ensuring quality CEU approval in our state, which assists in protecting the public. Since VPTA's reviewers are both academicians and practitioners in Virginia, the current process can best assure the continued competence of physical therapists in Virginia.
3. Lack of evidence for why the change is needed (e.g., increased cases of negligence or public safety concern with PT, increase complaints to the licensing board about PT competence, etc...); i.e., why do we need further external national regulation/oversight that can be viewed as contradictory to autonomy within our scope of practice and our approaching mass of Doctoral prepared clinicians in a doctoring profession.
4. The change does not appear to be needed by the profession, but appears to be driven from the FSBPT. Thus the question, why would we, Virginia, an independent decision making state, implement regulation that would place the approval process at the national level? This may hinder our state from determining the best parameter values and component weightings to serve us as this appears to be a national initiative by FSBPT to infiltrate and adopt its CC in each state.
5. There is concern among other state licensing boards that the next step FSBPT will be implementing after this one is multiple tests for entry into the profession; if so, such an initiative of the FSBPT could be viewed as the first of many self-serving actions distracting it from its primary role in public protection.
6. How adequately have the following questions from the FSBPT "white paper" been answered?
 - Who is responsible for continuing competence?
 - What is the scope of continuing competence?
 - Does continuing competence relate to ensuring safe practice, effective practice, or both?
 - What are the economic and legal implications of implementing continuing competence requirements and what are stakeholders' fears and concerns and how can they be addressed?
 - What are the next steps in moving the discussion of continuing competence within a profession and among professions forward?

The conclusion of the white paper stated "Given the lack of evidence that currently exists, the profession would be best served by applying the evidence that currently exists,

encouraging and supporting research to create additional evidence, educating stakeholders about current practices, and promoting discussion around the issues identified in this paper.” This is a bold statement and we would like to see evidence to support the FSBPT’s agenda. It appears that the FSBPT is being driven by this larger agenda. We are not certain that this “agenda” is what’s best for the public in the state of Virginia. It appears that the FSBPT may have a conflict of interest, a financial interest, which may not be good for the public or for the profession. We believe it is still unclear what the FSBPT agenda really is and if its intentions include a more substantive agenda. Thus, we should not include the aforementioned language in our practice act at this time. The FSBPT’s implementation of this agenda through positioning with state licensing boards such as ours and the many unanswered questions need to be addressed before Virginia should stand in support of this initiative.

Thank you in advance for your attention and service. Please feel free to contact us with further comments or questions.

Sincerely,

Terri Ferrier, PT
President, VPTA

Secili DeStefano PT, DPT, OCS
Vice President, VPTA

Katherine Baucom, PT, DPT
Chief Delegate, VPTA

Jerry Pumphrey, PT
Treasurer, VPTA

Leah Frazier, PT
Secretary, VPTA

May 20, 2011

Lisa Hahn, MPA, Executive Director
lisa.hahn@dhp.virginia.gov
Department of Health Professions
Board of Physical Therapy
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233

Dear Ms. Hahn,

As the President of the Virginia Physical Therapy Association, I am writing to express my opposition to an action that was taken at the Virginia Board of Physical Therapy meeting on May 13, 2011. At that meeting, the PT Board reviewed "Changes to traineeships and continuing education" - regulations that were proposed in 2009 and subsequently processed through all the required regulatory stages. It was my understanding that the Board would review these exact regulations for final approval. However, at the meeting on May 13, **new** language was inserted and adopted without allowing VPTA or the public an opportunity to comment. VPTA supported the new regulations as presented in the regulatory process but we do not support the last minute addition of FSBPT to the list of approving/providing organizations for CEU approval. Had we been aware of this proposed change prior to the May 13th meeting of the Board, the VPTA would have submitted comments regarding this change in advance.

The VPTA has actively been engaged in the regulatory process from the beginning in 2008 when initial comments were solicited. We supported the draft regulations as written and therefore did not consider it necessary to submit further comments. We did not anticipate this last minute change in language and hereby request a process review before the regulations move to the next phase of the regulatory process.

Additionally, I would be glad to speak with you personally to further discuss my concerns. If you wish to do so, please feel free to give me a call at 540-521-4929.

Sincerely,

Terri S. Ferrier, PT, VPTA President

Terri S. Ferrier, PT, VPTA President

Yeatts, Elaine J. (DHP)

From: Hahn, Lisa R. (DHP)
Sent: Monday, May 23, 2011 9:32 AM
To: Yeatts, Elaine J. (DHP)
Subject: FW: Changes to Continuing Education

Welcome back. I hope you had a great family vacation.

Please see email below. Julia Rice also called and voiced her opposition to adding FSBPT to the approved sponsoring CE provider. Thanks. Lisa

Lisa R. Hahn, MPA, Executive Director
Department of Health Professions
Board of Funeral Directors and Embalmers
Board of Long Term Care Administrators
Board of Physical Therapy
9960 Mayland Drive, Suite 300
Henrico, VA 23233
(804) 367-4400
Fax:(804) 527-4413

From: Secili DeStefano [<mailto:secilid@hotmail.com>]
Sent: Sunday, May 22, 2011 10:47 PM
To: Hahn, Lisa R. (DHP)
Subject: Changes to Continuing Education

May 20, 2011

Dear Ms. Hahn,

On May 13, 2011, at the Virginia Board of Physical Therapy meeting, new language was inserted and adopted into the regulations as "Changes to traineeships and continuing education". I am writing in opposition to the language that was added by the FSBPT at the last minute. This language was added without complying with the required public comment period and proper review process. The initial regulations were proposed in 2009 and subsequently processed through all the required regulatory stages. It was my understanding that during the May 13, 2011 meeting this language would be under final review and the Virginia Board of Physical Therapy would approve the exact regulations as previously reviewed and properly processed. However, at the meeting on May 13, unexpectedly the FSBPT inserted new language that had not previously been reviewed by the public or your affiliated associations. Neither the public nor your affiliated associations were given the opportunity to comment. I supported the new regulations as presented in the regulatory process but I do not support the last minute addition of FSBPT to the list of approving/providing organizations for CEU approval. Had I been aware of this proposed change prior to the May 13th meeting of the Board, I would have submitted comments regarding this change in advance. I have been following the regulatory process from the beginning in 2008 when initial comments were solicited. I supported the draft regulations as written and therefore did not consider it necessary to submit comments. I did not anticipate this last minute change in language and hereby request a process review before the regulations move to the next phase of the regulatory process. As an active member of VPTA and a practicing clinician, I was surprised to find out about the last minute change. Please feel free to contact me if you would like to discuss my comments and concerns further.

Sincerely,

Secili DeStefano, VPTA Vice President

Secili DeStefano, PT, DPT, OCS
Bodies in Motion Physical Therapy
1760 Reston Parkway, Suite 403
Reston, VA 20190
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May 23, 2011

Lisa Hahn, MPA
Executive Director
Department of Health Professions
Board of Physical Therapy
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233

Dear Ms. Hahn,

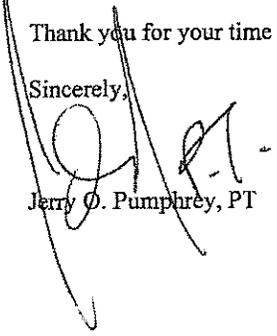
As the Treasurer of the Virginia Physical Therapy Association and as a concerned licensed physical therapist and citizen of the Commonwealth, I am writing to express my opposition to an action that was taken at the Virginia Board of Physical Therapy meeting on May 13, 2011. At that meeting, the PT Board reviewed "Changes to traineeships and continuing education" - regulations that were proposed in 2009 and subsequently processed through all the required regulatory stages. It was my understanding that the Board would review these regulations as **written** for final approval. However, at the meeting on May 13, **new** language was inserted and adopted without allowing VPTA or the public an opportunity to comment. On behalf of its membership, VPTA supported the new regulations as **originally written** during the regulatory process but we do not support the last minute addition of FSBPT to the list of approving/providing organizations for CEU approval. Had we been aware of this proposed change prior to the May 13th meeting of the Board, the VPTA would have submitted comments regarding this change in advance of that vote.

The VPTA has actively been engaged in the regulatory process regarding this topic since it began in 2008 when initial comments were solicited. We supported the draft regulations as written and therefore did not consider it necessary to submit further comments. We did not anticipate this last minute change in language and hereby request a Process Review before the regulations move to the next phase of the regulatory process.

I would be happy to discuss my concerns regarding this issue with anyone at DOH/BHP. I can be reached at 804-698-9246 or via email at jpumphrey@progressrehab.com.

Thank you for your time and consideration.

Sincerely,



Jerry O. Pumfrey, PT

Comment on Re-proposed Regulations

Townhall comment - 7/8/11

17693

Commenter: Frederik Friis

Regulations Of Treatment Therapy

I support this regulation.because this regulations i hope protect many patient.nice regulations and thanks

From: Leslie Adrian [mailto:LAdrian@aon.fsbpt.org]
Sent: Thursday, February 24, 2011 11:10 AM
To: Hahn, Lisa R. (DHP)
Subject: Comments on Proposed PT Regulations starting 18VAC112-20-10

Hello Lisa, thanks so much for discussing the proposed rules by the Board of Physical Therapy. I am including in this e-mail suggestions for wording changes for the Board to discuss. Thank you.

Leslie

We are excited to see the PRT being added as an option for TYPE 1 CE in Virginia, however, it seems an oversight that FSBPT (Federation of State Boards of Physical Therapy) are not listed as an approved organization for Type 1 credit. I would ask that the Board consider adding the FSBPT as a Type 1 CE approved provider. As the developer of the PRT, we would ask that it not be referred to as an examination but as an assessment tool. Also, any allusion to the fact to "passing" the PRT should be replaced with "meeting the standard on the PRT."

18VAC112-20-50 Education requirements: graduates of schools not approved by an accrediting agency approved by the board. With regard

Generally, I have a comment about the use of the Coursework Evaluation Tool for physical therapists that are educating in a non-CAPTE school. It would be helpful to have in your rules that the proper CWT to do the credentials evaluation is the one based on the year of graduation of the applicant being reviewed. For consistency, for a foreign educated PTA, the only tool available that has the same standards as the CWT is the FSBPT's PTA Tool 2007. I would urge the Board to consider requiring a credentials review for a FE PTA to be required using the PTA Tool 2007.

Finally, I have a comment regarding the use of the term "clinical practice" versus "active practice" throughout various sections of the document. I would ask the Board to discuss if the intent is only for clinical practice or if the more inclusive active practice would be more appropriate. In at least two sections of the proposed rules (licensure endorsement (**18VAC112-20-65**) and continued competency requirements (**18VAC112-20-131**)), where the term clinical practice is used rather than active practice, I am concerned that an entire group of physical therapist and physical therapist assistants may not be able to meet Virginia's requirements; the rules as they stand, without further guidance, may inhibit quality academicians, administrators, professors, consultants, and other PTs/PTAs who do minimal to no clinical work from relocating and being licensed in Virginia. It could have the potential effect of making quality professors difficult to recruit for Virginia PT and PTA schools. Another point is for those therapists whose work is concentrated in the areas of research, academia, or administration, a requirement that continuing education be of a clinical nature does not help to directly improve their actual area of practice.

Thank you for consideration of these points. I can be reached at the contact information below or by e-mail at ladrian@fsbpt.org.

Leslie Adrian, PT, MS, MPA

Director of Professional Standards

Federation of State Boards of Physical Therapy

124 West Street South, 3rd floor

Alexandria, VA 22314

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