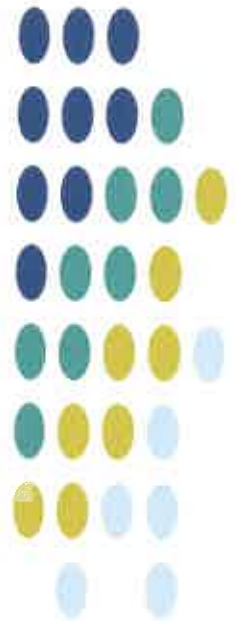


**Advisory Board
on
Respiratory Therapy**

Virginia Board of Medicine

October 2, 2018

1:00 p.m.



Advisory Board on Respiratory Therapy
Board of Medicine
Tuesday, October 2, 2018 @ 1:00 p.m.
9960 Mayland Drive, Suite 201, Henrico, VA
Training Room 2

	Page
Call to Order – Sherry Compton, RRT, Chair	
Emergency Egress Procedures – William Harp, MD	i
Roll Call – Denise Mason	
Approval of Minutes of January 30, 2018	1
Adoption of the Agenda	
Public Comment on Agenda Items (15 minutes)	
New Business	
1. Periodic Review of Regulations	3
2. Virginia’s Respiratory Therapist Workforce: 2017 - Elizabeth Carter, PhD	15
3. Board member badges	----
4. 2019 Meeting Calendar	45
5. Election of Officers	----

Announcements

Adjournment

Next Scheduled Meeting: January 22, 2019 @ 1:00 p.m.

PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Training Room 2

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the doors, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

DRAFT UNAPPROVED

**Advisory Board on Respiratory Therapy
Minutes
January 30, 2018**

The Advisory Board on Respiratory Therapy met on Tuesday, January 30, 2018 at 1:00 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland, Suite 201, Drive, Henrico, VA.

MEMBERS PRESENT: Daniel Rowley, RRT, Chair
Lois Rowland, RRT
Bruce Rubin, MD
Sherry Compton, RRT

MEMBERS ABSENT: Hollee Freeman, PhD

STAFF PRESENT: William L. Harp, M.D., Executive Director
Alan Heaberlin, Deputy Director for Licensure
Elaine Yeatts, DHP Senior Policy Analyst
Colanthia Morton Opher, Operations Manager
Denise Mason, Licensing Specialist

GUESTS PRESENT: There was no public comment.

Call TO ORDER

Dan Rowley called the meeting to order at 1:05 p.m.

EMERGENCY EGRESS PROCEDURES

Mr. Heaberlin announced the Emergency Egress Procedures.

ROLL CALL

Roll was called. A quorum was declared.

APPROVAL OF MINUTES OF January 31, 2017

Dr. Rubin moved to approve the minutes of January 31, 2017. The motion was seconded and carried.

ADOPTION OF AGENDA

Dan Rowley moved to adopt the agenda. The motion was seconded and carried.

DRAFT UNAPPROVED**PUBLIC COMMENT ON AGENDA ITEMS**

There was no public comment.

NEW BUSINESS**1. Legislative Update**

Ms. Yeatts provided a legislative update for the 2018 Session of the General Assembly. No action was required.

2. Election of Officers

Dr. Rubin nominated Sherry Compton as Chair. The motion was second and carried. Lois Rowland was nominated as Vice-Chair by Dr. Rubin. The motion was second and carried.

ANNOUNCEMENTS

Dr. Harp informed the Advisory Board that they would now be receiving a \$50.00 per diem payment for attending meetings, if they are not employed by the Commonwealth.

Mr. Heaberlin stated that there are 3,803 Respiratory Therapists in Virginia holding an active license and 100 with an inactive license. In FY2018, 148 Respiratory Therapists have been licensed.

Dan Rowley asked the members to recommend colleagues they thought would be interested in serving on the Advisory Board. Dr. Harp said interested individuals would need to apply on the Governor's website.

Ms. Opher made the Advisory Board members aware that applications had to be submitted by March 15, 2018.

NEXT SCHEDULED MEETING

June 5, 2018 @ 1:00pm

ADJOURNMENT

The meeting of the Advisory Board adjourned at 1:48 p.m.

Daniel Rowley, RRT, Chair

William L. Harp, M.D.,
Executive Director

Denise Mason, Licensing Specialist

Commonwealth of Virginia



REGULATIONS

GOVERNING THE PRACTICE OF RESPIRATORY THERAPISTS

VIRGINIA BOARD OF MEDICINE

Title of Regulations: 18 VAC 85-40-10 et seq.

**Statutory Authority: § 54.1-2400 and Chapter 29
of Title 54.1 of the *Code of Virginia***

Revised Date: December 27, 2017

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

(804) 367-4600 (TEL)
(804) 527-4426 (FAX)
email: medbd@dhp.virginia.gov

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Part I. General Provisions.

18VAC85-40-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in §54.1-2900 of the Code of Virginia:

“Board”

“Qualified medical direction”

B. The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"AARC" means the American Association for Respiratory Care.

"Accredited educational program" means a program accredited by the Commission on Accreditation for Respiratory Care or any other agency approved by the NBRC for its entry level certification examination.

"Active practice" means a minimum of 160 hours of professional practice as a respiratory therapist within the 24-month period immediately preceding renewal or application for licensure if previously licensed or certified in another jurisdiction. The active practice of respiratory care may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services.

"Advisory board" means the Advisory Board on Respiratory Care to the Board of Medicine as specified in §54.1-2956 of the Code of Virginia.

"NBRC" means the National Board for Respiratory Care, Inc.

"Respiratory therapist" means a person as specified in §54.1-2954 of the Code of Virginia.

18VAC85-40-20. Public participation.

A separate board regulation, [18VAC85-11](#), entitled Public Participation Guidelines, provides for involvement of the public in the development of all regulations of the Virginia Board of Medicine.

18VAC85-40-25. Current name and address.

Each licensee shall furnish the board his current name and address of record. All notices required by law or by this chapter to be given by the board to any such licensee shall be validly given when mailed to the latest address of record provided or served to the licensee. Any change of name or address of record or public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

18VAC85-40-30. Violations.

Any violation of Chapter 29 of Title 54.1 of the Code of Virginia shall be subject to the statutory sanctions as set forth in the Act.

18VAC85-40-35. Fees.

The following fees are required:

1. The application fee, payable at the time the application is filed, shall be \$130.
2. The biennial fee for renewal of active licensure shall be \$135 and for renewal of inactive licensure shall be \$70, payable in each odd-numbered year in the license holder's birth month. For 2019, the fee for renewal of an active license shall be \$108 and the fee for renewal of an inactive license shall be \$54.
3. The additional fee for late renewal of licensure within one renewal cycle shall be \$50.
4. The fee for reinstatement of a license issued by the Board of Medicine pursuant to §54.1-2904 of the Code of Virginia, which has lapsed for a period of two years or more, shall be \$180 and must be submitted with an application for licensure reinstatement.
5. The fee for reinstatement of a license pursuant to §54.1-2408.2 of the Code of Virginia shall be \$2,000.
6. The fee for a duplicate license shall be \$5, and the fee for a duplicate wall certificate shall be \$15.
7. The fee for a returned check shall be \$35.
8. The fee for a letter of good standing/verification to another jurisdiction shall be \$10; the fee for certification of grades to another jurisdiction shall be \$25.
9. The fee for an application or for the biennial renewal of a restricted volunteer license shall be \$35, due in the licensee's birth month. An additional fee for late renewal of licensure shall be \$15 for each renewal cycle.

Part II. Requirements for Licensure as a Respiratory Therapist.

18VAC85-40-40. Licensure requirements.

An applicant for licensure shall submit the following on forms provided by the board:

1. A completed application and a fee as prescribed in 18VAC85-40-35.
2. Verification of professional education in respiratory care as required in 18VAC85-40-45.
3. Verification of practice as required on the application form.
4. Evidence of passage of the national examination as required in 18VAC85-40-50.

5. If licensed or certified in any other jurisdiction, documentation of active practice as a respiratory therapist or documentation of 20 hours of continuing education within the 24-month period immediately preceding application and verification that there has been no disciplinary action taken or pending in that jurisdiction.

18VAC85-40-45. Educational requirements.

An applicant for licensure shall:

1. Be a graduate of an accredited educational program for respiratory therapists; or
2. Hold current credentialing as a Certified Respiratory Therapist (CRT) or a Registered Respiratory Therapist (RRT) from the NBRC or any other credentialing body determined by the board to be equivalent.

18VAC85-40-50. Examination requirements.

An applicant for a license to practice as a licensed respiratory therapist shall submit to the board evidence that the applicant has passed the NBRC entry level examination for respiratory care, or its equivalent as approved by the board.

18VAC85-40-55. Registration for voluntary practice by out-of-state licensees.

Any respiratory therapist who does not hold a license to practice in Virginia and who seeks registration to practice under subdivision 27 of §54.1-2901 of the Code of Virginia on a voluntary basis under the auspices of a publicly supported, all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

1. File a complete application for registration on a form provided by the board at least five business days prior to engaging in such practice. An incomplete application will not be considered;
2. Provide a complete record of professional licensure in each state in which he has held a license and a copy of any current license;
3. Provide the name of the nonprofit organization, the dates and location of the voluntary provision of services;
4. Pay a registration fee of \$10; and
5. Provide a notarized statement from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 27 of §54.1-2901 of the Code of Virginia.

Part III. Renewal and Reinstatement.

18VAC85-40-60. Renewal of license.

A. Every licensed respiratory therapist intending to continue his licensure shall biennially in each odd-numbered year in his birth month:

1. Register with the board for renewal of his license;
2. Pay the prescribed renewal fee at the time he files for renewal;
3. Attest that he has engaged in active practice as defined in 18VAC85-40-10 or present other documented evidence acceptable to the board that he is prepared to resume practice; and
4. Attest to having met the continuing education requirements of 18VAC85-40-66.

B. A respiratory therapist whose licensure has not been renewed by the first day of the month following the month in which renewal is required shall pay a late fee as prescribed in 18VAC85-40-35.

18VAC85-40-61. Inactive license.

A licensed respiratory therapist who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required fee, be issued an inactive license. The holder of an inactive license shall not be entitled to perform any act requiring a license to practice respiratory care in Virginia.

18VAC85-40-65. Reactivation or reinstatement.

A. To reactivate an inactive license or to reinstate a license that has been lapsed for more than two years, a respiratory therapist shall submit evidence of competency to return to active practice to include one of the following:

1. Information on continued practice in another jurisdiction during the period in which the license has been inactive or lapsed;
2. Ten hours of continuing education for each year in which the license has been inactive or lapsed, not to exceed three years; or
3. Recertification by passage of an examination from NBRC.

B. To reactivate an inactive license, a respiratory therapist shall pay a fee equal to the difference between the current renewal fee for inactive licensure and the renewal fee for active licensure.

C. To reinstate a license which has been lapsed for more than two years, a respiratory therapist shall file an application for reinstatement and pay the fee for reinstatement of his licensure as prescribed in 18VAC85-40-35. The board may specify additional requirements for reinstatement of a license so lapsed to include education, experience or reexamination.

D. A respiratory therapist whose licensure has been revoked by the board and who wishes to be reinstated shall make a new application to the board, fulfill additional requirements as specified in the order from the board and make payment of the fee for reinstatement of his licensure as prescribed in 18VAC85-40-35 pursuant to [§54.1-2408.2](#) of the Code of Virginia.

E. The board reserves the right to deny a request for reactivation or reinstatement to any licensee who has been determined to have committed an act in violation of [§54.1-2915](#) of the Code of Virginia or any provisions of this chapter.

18VAC85-40-66. Continuing education requirements.

A. In order to renew an active license as a respiratory therapist, a licensee shall attest to having completed 20 hours of continuing education within the last biennium as follows:

1. Courses approved and documented by a sponsor recognized by the AARC;
2. Courses directly related to the practice of respiratory care as approved by the American Medical Association for Category 1 CME credit; or
3. A credit course of post-licensure academic education relevant to respiratory care offered by a college or university accredited by an agency recognized by the U.S. Department of Education.

Up to two continuing education hours may be satisfied through delivery of respiratory therapy services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services. One hour of continuing education may be credited for three hours of providing such volunteer services. For the purpose of continuing education credit for voluntary service, the hours shall be approved and documented by the health department or free clinic.

B. A practitioner shall be exempt from the continuing education requirements for the first biennial renewal following the date of initial licensure in Virginia.

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

D. The board shall periodically conduct a random audit of its active licensees to determine compliance. The practitioners selected for the audit shall provide all supporting documentation within 30 days of receiving notification of the audit.

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

F. 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.

G. 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.

18VAC85-40-67. Restricted volunteer license.

A. A respiratory therapist who held an unrestricted license issued by the Virginia Board of Medicine or by a board in another state as a licensee in good standing at the time the license expired or became inactive may be issued a restricted volunteer license to practice without compensation in a clinic that is organized in whole or in part for the delivery of health care services without charge in accordance with §54.1-106 of the Code of Virginia.

B. To be issued a restricted volunteer license, a respiratory therapist shall submit an application to the board that documents compliance with requirements of §54.1-2928.1 of the Code of Virginia and the application fee prescribed in 18VAC85-40-35.

C. The licensee who intends to continue practicing with a restricted volunteer license shall renew biennially during his birth month, meet the continued competency requirements prescribed in subsection D of this section, and pay to the board the renewal fee prescribed in 18VAC85-40-35.

D. The holder of a restricted volunteer license shall not be required to attest to hours of continuing education for the first renewal of such a license. For each renewal thereafter, the licensee shall attest to obtaining 10 hours of continuing education as approved and documented by a sponsor recognized by the AARC or in courses directly related to the practice of respiratory care as approved by the American Medical Association for Category 1 CME credit within the last biennium.

Part IV. Scope of Practice.

18VAC85-40-70. Individual responsibilities.

Practice as a licensed respiratory therapist means, upon receipt of written or verbal orders from a qualified practitioner and under qualified medical direction, the evaluation, care and treatment of patients with deficiencies and abnormalities associated with the cardiopulmonary system. This practice shall include, but not be limited to, ventilatory assistance and support; the insertion of artificial airways without cutting tissue and the maintenance of such airways; the administration of medical gases exclusive of general anesthesia; topical administration of pharmacological agents to the respiratory tract; humidification; and administration of aerosols. The practice of respiratory care shall include such functions shared with other health professionals as cardiopulmonary resuscitation; bronchopulmonary hygiene; respiratory rehabilitation; specific testing techniques required to assist in diagnosis, therapy and research; and invasive and noninvasive cardiopulmonary monitoring.

18VAC85-40-80. [Repealed]

Part V. Standards of Professional Conduct.

18VAC85-40-85. Confidentiality.

A practitioner shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

18VAC85-40-86. Patient records.

A. Practitioners shall comply with provisions of § 32.1-127.1:03 related to the confidentiality and disclosure of patient records.

B. Practitioners shall provide patient records to another practitioner or to the patient or his personal representative in a timely manner in accordance with provisions of § 32.1-127.1:03 of the Code of Virginia.

C. Practitioners shall properly manage and keep timely, accurate, legible and complete patient records;

D. Practitioners who are employed by a health care institution or other entity, in which the individual practitioner does not own or maintain his own records, shall maintain patient records in accordance with the policies and procedures of the employing entity.

E. Practitioners who are self-employed or employed by an entity in which the individual practitioner owns and is responsible for patient records shall:

1. Maintain a patient record for a minimum of six years following the last patient encounter with the following exceptions:

a. Records of a minor child, including immunizations, shall be maintained until the child reaches the age of 18 or becomes emancipated, with a minimum time for record retention of six years from the last patient encounter regardless of the age of the child;

b. Records that have previously been transferred to another practitioner or health care provider or provided to the patient [or his personal representative; or

c. Records that are required by contractual obligation or federal law may need to be maintained for a longer period of time.

2. From October 19, 2005, post information or in some manner inform all patients concerning the time frame for record retention and destruction. Patient records shall only be destroyed in a manner that protects patient confidentiality, such as by incineration or shredding.

3. When a practitioner is closing, selling or relocating his practice, he shall meet the requirements of § 54.1-2405 of the Code of Virginia for giving notice that copies of records can be sent to any like-regulated provider of the patient's choice or provided to the patient.

18VAC85-40-87. Practitioner-patient communication; termination of relationship.

A. Communication with patients.

1. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately present information to a patient or his legally authorized representative in understandable terms and encourage participation in decisions regarding the patient's care.

2. A practitioner shall not deliberately make a false or misleading statement regarding the practitioner's skill or the efficacy or value of a medication, treatment, or procedure provided or directed by the practitioner in the treatment of any disease or condition.

3. Before an invasive procedure is performed, informed consent shall be obtained from the patient in accordance with the policies of the health care entity. Practitioners shall inform patients of the risks, benefits, and alternatives of the recommended procedure that a reasonably prudent practitioner practicing respiratory care in Virginia would tell a patient.

a. In the instance of a minor or a patient who is incapable of making an informed decision on his own behalf or is incapable of communicating such a decision due to a physical or mental disorder, the legally authorized person available to give consent shall be informed and the consent documented.

b. An exception to the requirement for consent prior to performance of an invasive procedure may be made in an emergency situation when a delay in obtaining consent would likely result in imminent harm to the patient.

c. For the purposes of this provision, "invasive procedure" shall mean any diagnostic or therapeutic procedure performed on a patient that is not part of routine, general care and for which the usual practice within the health care entity is to document specific informed consent from the patient or surrogate decision-maker prior to proceeding.

4. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from patients prior to involving them as subjects in human research with the exception of retrospective chart reviews.

B. Termination of the practitioner/patient relationship.

1. The practitioner or the patient may terminate the relationship. In either case, the practitioner shall make the patient record available, except in situations where denial of access is allowed by law.

2. A practitioner shall not terminate the relationship or make his services unavailable without documented notice to the patient that allows for a reasonable time to obtain the services of another practitioner.

18VAC85-40-88. Practitioner responsibility.

A. A practitioner shall not:

1. Perform procedures or techniques that are outside the scope of his practice or for which he is not trained and individually competent;

2. Knowingly allow subordinates to jeopardize patient safety or provide patient care outside of the subordinate's scope of practice or area of responsibility. Practitioners shall delegate patient care only to subordinates who are properly trained and supervised;

3. Engage in an egregious pattern of disruptive behavior or interaction in a health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient; or

4. Exploit the practitioner/patient relationship for personal gain.

B. Advocating for patient safety or improvement in patient care within a health care entity shall not constitute disruptive behavior provided the practitioner does not engage in behavior prohibited in A 3 of this section.

18VAC85-40-89. Solicitation or remuneration in exchange for referral.

A practitioner shall not knowingly and willfully solicit or receive any remuneration, directly or indirectly, in return for referring an individual to a facility or institution as defined in §37.2-100 of the Code of Virginia, or hospital as defined in §32.1-123 of the Code of Virginia.

Remuneration shall be defined as compensation, received in cash or in kind, but shall not include any payments, business arrangements, or payment practices allowed by Title 42, §1320a-7b(b) of the United States Code, as amended, or any regulations promulgated thereto.

18VAC85-40-90. Sexual contact.

A. For purposes of § 54.1-2915 A 12 and A 19 of the Code of Virginia and this section, sexual contact includes, but is not limited to, sexual behavior or verbal or physical behavior which:

1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the patient, or both; or
2. May reasonably be interpreted as romantic involvement with a patient regardless of whether such involvement occurs in the professional setting or outside of it.

B. Sexual contact with a patient.

1. The determination of when a person is a patient for purposes of § 54.1-2915 A 19 of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a patient until the patient-practitioner relationship is terminated.

2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a patient does not change the nature of the conduct nor negate the statutory prohibition.

C. Sexual contact between a practitioner and a former patient.

Sexual contact between a practitioner and a former patient after termination of the practitioner-patient relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.

D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on

patient care. For purposes of this section, key third party of a patient shall mean: spouse or partner, parent or child, guardian, or legal representative of the patient.

E. Sexual contact between a supervisor and a trainee shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care.

18VAC85-40-91. Refusal to provide information.

A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.

Virginia's Respiratory Therapist Workforce: 2017

Healthcare Workforce Data Center

March 2018

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, VA 23233
804-367-2115, 804-527-4466(fax)
E-mail: HWDC@dhp.virginia.gov

Follow us on Tumblr: www.vahwdc.tumblr.com

3,204 Respiratory Therapists voluntarily participated in this survey. Without their efforts the work of the Center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Medicine express our sincerest appreciation for your ongoing cooperation.

Thank You!

Virginia Department of Health Professions

David E. Brown, D.C.
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Dr. Elizabeth Carter, Ph.D.
Executive Director

Yetty Shobo, Ph.D.
Deputy Director

Laura Jackson
Operations Manager

Christopher Coyle
Research Assistant

The Board of Medicine***Chair***

Kevin O'Connor, MD
Leesburg

Vice-Chair

Nathaniel Ray Tuck, Jr., DC
Blacksburg

Members

Syed Salman Ali, MD
Vienna

David Archer, MD
Norfolk

J. Randolph Clements, DPM
Roanoke

Lori D. Conklin, MD
Charlottesville

Alvin Edwards, PhD
Charlottesville

David C. Giammittorio, MD
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Martha S. Wingfield
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James L. Jenkins, Jr.
Mechanicsville

Isaac Koziol, MD
Manakin Sabot

Maxime M. Lee, MD
Roanoke

Jacob W. Miller, DO
Virginia Beach

David Taminger, MD
Midlothian

Svinder Toor, MD
Norfolk

Kenneth J. Walker, MD
Pearisburg

Executive Director

William L. Harp, MD

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The Respiratory Therapist Workforce: At a Glance:

The Workforce

Licenses:	4,327
Virginia's Workforce:	3,675
FTEs:	3,321

Background

Rural Childhood:	44%
HS Degree in VA:	55%
Prof. Degree in VA:	64%

Current Employment

Employed in Prof.:	94%
Hold 1 Full-time Job:	67%
Satisfied?:	96%

Survey Response Rate

All Licensees:	74%
Renewing Practitioners:	91%

Education

Associate:	79%
Bachelor's:	16%

Job Turnover

Switched Jobs in 2017:	6%
Employed over 2 yrs:	73%

Demographics

Female:	71%
Diversity Index:	43%
Median Age:	46

Finances

Median Income: \$50k-\$60k	
Health Benefits:	69%
Under 40 w/ Ed debt:	55%

Primary Roles


Client Care:	82%
Administration:	8%
Education:	1%

Source: VA Healthcare Workforce Data Center

Full Time Equivalency Units per 1,000 Residents by Council on Virginia's Future Region

Source: VA Healthcare Workforce Data Center

FTEs per 1,000 Residents

	0.21 - 0.24
	0.41 - 0.42
	0.45 - 0.47
	0.63 - 0.67



Annual Estimates of the Resident Population: July 1, 2015
Source: U.S. Census Bureau, Population Division



Results in Brief

3,204 respiratory therapists (RTs) voluntarily took part in the 2017 Respiratory Therapist Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every odd year on the birth month of each RT. These survey respondents represent 74% of the 4,327 respiratory therapists who are licensed in the state and 91% of renewing practitioners.

The HWDC estimates that 3,675 RTs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as a RT at some point in the future. In 2017, Virginia's RT workforce provided 3,321 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off).

71% of all RTs are female, including 76% of those RTs who are under the age of 40. The median age of Virginia's RT workforce is 46 years. In a random encounter between two RTs, there is a 43% chance that they would be of different races or ethnicities, a measure known as the diversity index. Among RTs who are under the age of 40, this diversity index increases to 49%. Regardless, Virginia's overall RT workforce as well as the subset of professionals who are under the age of 40 are less diverse than the state's overall population, where there is a 56% chance that two randomly chosen people would be of different races or ethnicities.

44% of all RTs grew up in a rural area, but only 27% of these professionals currently work in non-metro areas of the state. Overall, 14% of Virginia's RTs work in rural areas of Virginia. 55% of Virginia's RTs graduated from high school in Virginia, and 64% earned their initial professional degree in the state. In total, 68% of Virginia's RTs have some educational background in the state, including 50% who received both their high school degree and initial professional degree in Virginia.

79% of all RTs hold an Associate degree as their highest professional degree, while another 16% hold a Bachelor's degree. 35% of RTs currently carry educational debt, including 55% of those under the age of 40. The median debt burden for those RTs with educational debt is between \$20,000 and \$30,000.

94% of RTs are currently employed in the profession. 67% of Virginia's RT workforce currently holds one full-time job, and 33% work between 40 and 49 hours per week. Only 1% of Virginia's RTs were involuntarily unemployed at some point in the past year, while 3% were underemployed. At the same time, just 6% of RTs switched jobs in 2017, while 73% of Virginia's RT workforce has been at the same primary work location for at least two years.

The typical RT earned between \$50,000 and \$60,000 in 2017. In addition, 83% of RTs who are compensated with either an hourly wage or salary at their primary work location received at least one employer-sponsored benefit, including 69% who received health insurance. 96% of all RTs are satisfied with their current employment situation, including 64% who indicate they are "very satisfied".

24% of RTs work in Central Virginia, the most of any region in the state. Another 21% of RTs work in Hampton Roads, while 18% of RTs are employed in Northern Virginia. Meanwhile, 51% of all RTs work in the non-profit sector, and another 40% work in the for-profit sector. 60% of Virginia's RTs are employed at inpatient departments of general hospitals. At the same time, another 8% of Virginia's RT workforce is employed at academic institutions.

A typical RT spends nearly all of her time treating patients, although they also spend a small amount of time providing education to other professionals. In addition, 82% of RTs serve a client care role, meaning that at least 60% of their time is spent in client care activities. Another 8% of RTs also serve an administrative role, while just 1% serve an education role.

44% of all RTs expect to retire by the age of 65. Although just 6% of the current workforce expect to retire in the next two years, half of all RTs expect to retire by 2037. Over the next two years, 4% of Virginia's RT workforce plan on leaving the state to practice elsewhere, and 4% plan on leaving the profession entirely. At the same time, 26% of RTs plan on pursuing additional educational opportunities, and 10% expect to increase patient care activities.

Summary of Trends

Over the past two years, Virginia experienced a small increase in the size of the number of licensed RTs in the state. In 2015, there were 4,291 licensed RTs in Virginia, but the number of licensees increased by 36 to 4,327 RTs in 2017. At the same time, Virginia's licensed RTs were considerably more likely to respond to the HWDC Respiratory Therapist survey. Among all licensees, the response rate increased from 68% in 2015 to 74% in 2017.

While there are more licensed RTs in the state in 2017, the size of Virginia's RT workforce actually declined slightly over the past two years. In 2015, there were 3,706 RTs in the state's workforce. However, Virginia's RT workforce only consisted of 3,675 professionals in 2017. Despite this decline, the number of FTEs furnished by Virginia's RT workforce still increased from 3,310 in 2015 to 3,321 in 2017.

Since 2015, the percentage of Virginia's RT workforce that is female has increased from 70% to 71%. At the same time, the percentage of RTs who are under the age of 40 has increased from 32% to 35%. The diversity index of Virginia's RT workforce also increased during this same time period from 41% to 43%.

Although there was no change in 2017 in the percentage of RTs in the state who grew up in a rural area, these professionals were somewhat more likely to work in non-metro areas of the state. While 24% of these RTs worked in non-metro areas in 2015, 27% did so in 2017. Meanwhile, the percentage of RTs who grew up in a self-reported urban area increased from 16% in 2015 to 17% in 2017.

Virginia's RTs were slightly less likely to hold an Associate degree as their highest professional degree this year. While 80% held such a degree in 2015, only 79% did so in 2017. Instead, these professionals were more likely to pursue additional education. The percentage of RTs who hold a bachelor's degree as their highest professional degree has increased from 15% to 16% over the past two years.

94% of all RTs were employed in the profession in 2015 at the time of the survey, and this percentage remained unchanged in 2017. However, there was a slight decrease in the percentage of RTs who were involuntarily unemployed or underemployed. While 2% of RTs were involuntarily unemployed at some point in 2015, only 1% was involuntarily unemployed in 2017. In addition, the rate of underemployment fell from 4% in 2015 to 3% in 2017. On the other hand, the percentage of RTs who hold one full-time job fell over the past two years from 70% to 67%, while the percentage who have worked at their primary work location for at least two years has also declined from 75% to 73%.

There was no change in the median annual income of Virginia's RT workforce, which remained at between \$50,000 and \$60,000. However, the percentage of wage and salaried employees who receive at least one employer-sponsored benefit declined over the past two years from 86% to 83%. In addition, Virginia's RT workforce was slightly more likely to carry education debt. The percentage of RTs with educational debt has increased from 34% in 2015 to 35% in 2017, but the median debt burden among these professionals remains unchanged at between \$20,000 and \$30,000.

There have also been changes with respect to the retirement expectations of Virginia's RT workforce. In 2015, 46% of all RTs expected to retire by the age of 65, but this percentage fell to 44% in 2017. Even among those RTs who are already age 50 or over, the percentage who expects to retire by the age of 65 has fallen from 36% in 2015 to 35% in 2017. In addition, the percentage of Virginia's RT workforce that expect to retire within the next ten years has fallen from 26% in 2015 to 24% in 2017.

Although there were no changes in the percentages of Virginia's RTs who expect to decrease participation in the state's workforce over the next two years, there were some changes among those who expect to increase participation. For example, although 28% of RTs planned on pursuing additional educational opportunities in 2015, only 26% had the same expectation in 2017. In addition, the percentage of RTs who expect to increase client care hours decreased from 12% in 2015 to 10% in 2017.

Survey Response Rates

A Closer Look:

Licensee Counts		
License Status	#	%
Renewing Practitioners	3,537	82%
New Licensees	283	7%
Non-Renewals	507	12%
All Licensees	4,327	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 91% of renewing RTs submitted a survey. These represent 74% of RTs who held a license at some point in 2017.

At a Glance:

Licensed RTs

Number:	4,327
New:	7%
Not Renewed:	12%

Survey Response Rates

All Licensees:	74%
Renewing Practitioners:	91%

Source: Va. Healthcare Workforce Data Center

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
By Age			
Under 30	198	232	54%
30 to 34	156	357	70%
35 to 39	153	373	71%
40 to 44	124	387	76%
45 to 49	108	456	81%
50 to 54	110	470	81%
55 to 59	105	438	81%
60 and Over	169	491	74%
Total	1,123	3,204	74%
New Licenses			
Issued in 2017	283	0	0%
Metro Status			
Non-Metro	110	475	81%
Metro	600	2,260	79%
Not in Virginia	413	469	53%

Source: Va. Healthcare Workforce Data Center

Response Rates

Completed Surveys	3,204
Response Rate, all licensees	74%
Response Rate, Renewals	91%

Source: Va. Healthcare Workforce Data Center

Definitions

- The Survey Period:** The survey was conducted throughout 2017 on the birth month of each practitioner.
- Target Population:** All RTs who held a Virginia license at some point in 2017.
- Survey Population:** The survey was available to those who renewed their licenses online. It was not available to those who did not renew, including some RTs newly licensed in 2017.

At a Glance:

Workforce

2017 RTs Workforce: 3,675
 FTEs: 3,321

Utilization Ratios

Licenses in VA Workforce: 85%
 Licenses per FTE: 1.30
 Workers per FTE: 1.11

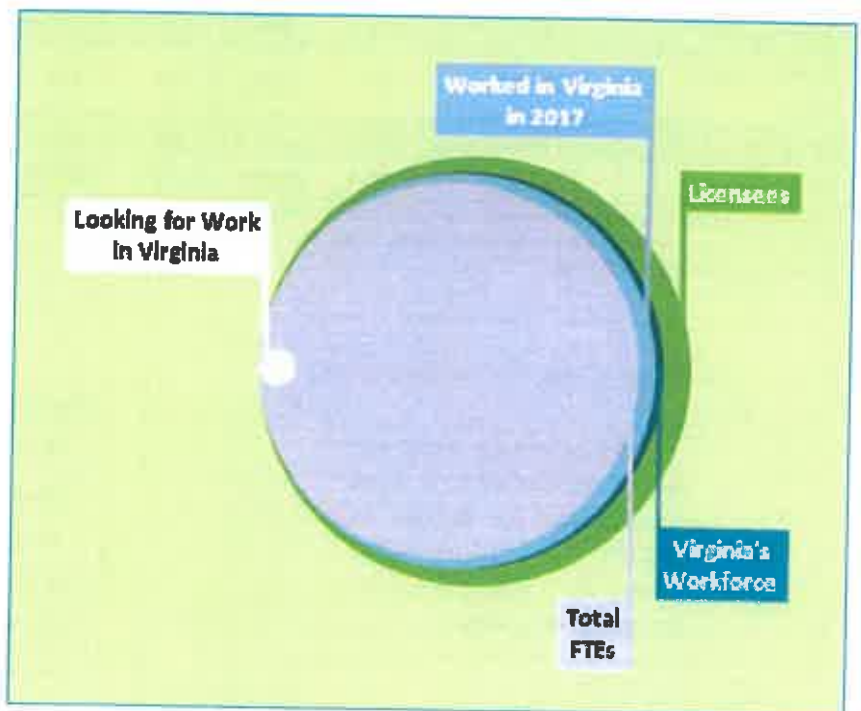
Source: Va. Healthcare Workforce Data Center

Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licenses in VA Workforce:** The proportion of licenses in Virginia's Workforce.
- 4. Licenses per FTE:** An indication of the number of licenses needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's RTs Workforce		
Status	#	%
Worked in Virginia in Past Year	3,644	99%
Looking for Work in Virginia	31	1%
Virginia's Workforce	3,675	100%
Total FTEs	3,321	
Licenses	4,327	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: www.dhp.virginia.gov/hwdc

Demographics

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	81	23%	268	77%	349	10%
30 to 34	113	27%	312	74%	424	12%
35 to 39	95	23%	326	77%	421	12%
40 to 44	125	31%	279	69%	404	12%
45 to 49	129	29%	315	71%	445	13%
50 to 54	129	29%	313	71%	442	13%
55 to 59	120	28%	303	72%	423	12%
60 +	213	41%	307	59%	520	15%
Total	1,005	29%	2,423	71%	3,428	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 71%
% Under 40 Female: 76%

Age

Median Age: 46
% Under 40: 35%
% 55+: 28%

Diversity

Diversity Index: 43%
Under 40 Div. Index: 49%

Source: Va. Healthcare Workforce Data Center

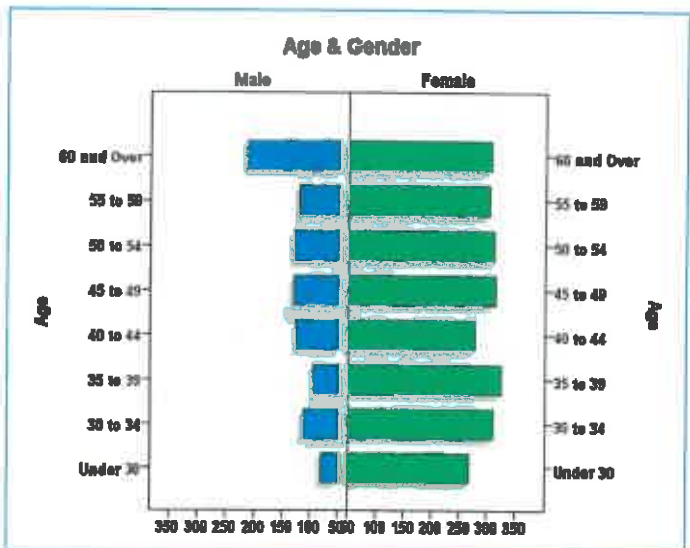
Race & Ethnicity					
Race/ Ethnicity	Virginia*	RTs		RTs Under 40	
	%	#	%	#	%
White	63%	2,551	74%	833	69%
Black	19%	538	16%	194	16%
Asian	6%	159	5%	70	6%
Other Race	< 1%	48	1%	19	2%
Two or more races	3%	69	2%	40	3%
Hispanic	9%	99	3%	48	4%
Total	100%	3,464	100%	1,204	100%

*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2015.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two RTs, there is a 43% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index. For Virginia's population as a whole, the comparable number is 56%.

35% of RTs are under the age of 40, and 76% of these professionals are female. In addition, the diversity index among RTs who are under the age of 40 is 49%.



Source: Va. Healthcare Workforce Data Center

Background

At a Glance:

Childhood

Urban Childhood: 17%
 Rural Childhood: 44%

Virginia Background

HS in Virginia: 55%
 Prof. Education in VA: 64%
 HS/Prof. Educ. in VA: 68%

Location Choice

% Rural to Non-Metro: 27%
 % Urban/Suburban to Non-Metro: 5%

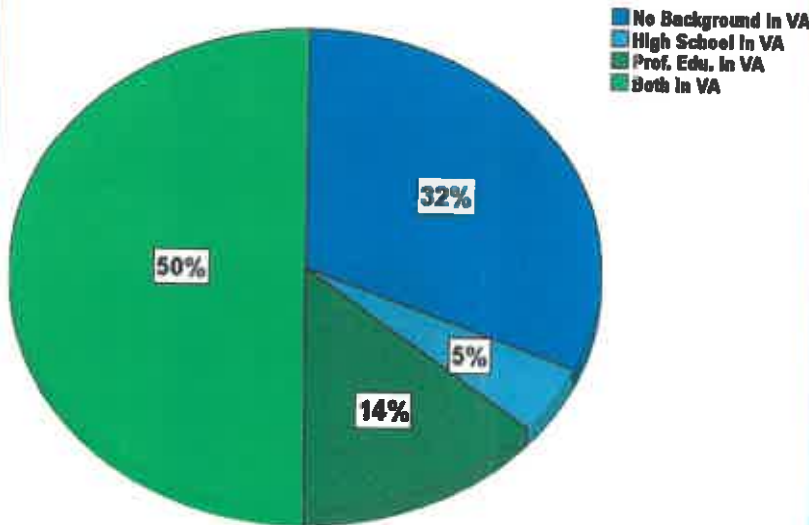
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 million+	27%	49%	24%
2	Metro, 250,000 to 1 million	57%	35%	9%
3	Metro, 250,000 or less	59%	32%	9%
Non-Metro Counties				
4	Urban pop 20,000+, Metro adj	69%	20%	11%
6	Urban pop, 2,500-19,999, Metro adj	71%	16%	13%
7	Urban pop, 2,500-19,999, nonadj	91%	4%	5%
8	Rural, Metro adj	86%	11%	3%
9	Rural, nonadj	94%	0%	6%
Overall		44%	39%	17%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

44% of RTs grew up in self-described rural areas, and 27% of these professionals currently work in non-metro counties. Overall, 14% of all RTs currently work in non-metro counties.

Top Ten States for Respiratory Therapist Recruitment

Rank	All Professionals			
	High School	#	Professional School	#
1	Virginia	1,894	Virginia	2,189
2	Outside U.S./Canada	194	Maryland	175
3	Maryland	155	California	140
4	Pennsylvania	141	Pennsylvania	94
5	New York	141	North Carolina	92
6	West Virginia	116	Texas	70
7	North Carolina	101	West Virginia	65
8	Ohio	78	New York	62
9	California	68	Florida	51
10	Florida	54	Ohio	48

Source: Va. Healthcare Workforce Data Center

55% of licensed RTs received their high school degree in Virginia, and 64% received their initial professional degree in the state.

Among RTs who received their license in the past five years, 49% received their high school degree in Virginia, while 59% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Professional School	#
1	Virginia	319	Virginia	387
2	Outside U.S./Canada	47	Maryland	53
3	Maryland	44	North Carolina	31
4	North Carolina	29	California	24
5	California	25	Pennsylvania	16
6	West Virginia	24	West Virginia	15
7	Pennsylvania	20	Texas	15
8	Ohio	19	Tennessee	11
9	New York	16	Florida	11
10	Florida	12	Kentucky	10

Source: Va. Healthcare Workforce Data Center

15% of licensed RTs did not participate in Virginia's workforce in 2017. 96% of these RTs worked at some point in the past year, including 90% are currently employed as RTs.

At a Glance:

Not in VA Workforce

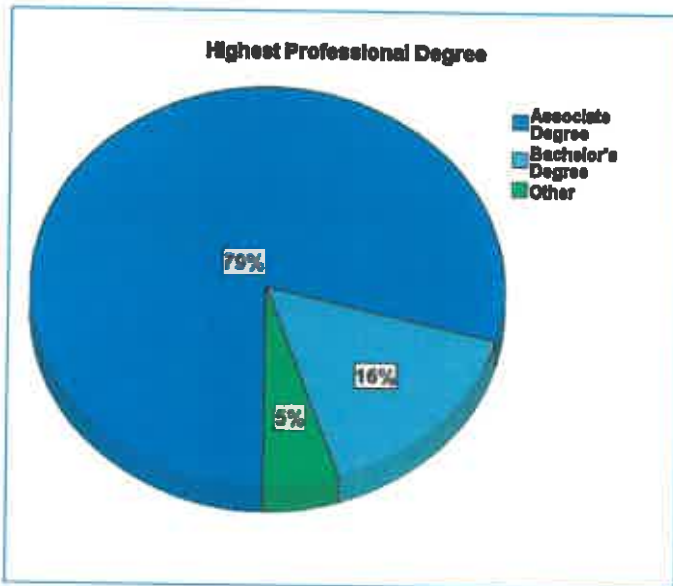
Total:	651
% of Licensees:	15%
Federal/Military:	6%
Va Border State/DC:	24%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Associate Degree	2,637	79%
Bachelor's Degree	523	16%
Post-Graduate Certificate	121	4%
Master's Degree	47	1%
Doctoral Degree	2	< 1%
Total	3,330	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

35% of RTs currently have educational debt, including 55% of those under the age of 40. For those with educational debt, the median outstanding balance on their loans is between \$20,000 and \$30,000.

At a Glance:

Education
 Associate Degree: 79%
 Bachelor's Degree: 16%

Educational Debt
 Carry debt: 35%
 Under age 40 w/ debt: 55%
 Median debt: \$20k-\$30k

Source: Va. Healthcare Workforce Data Center

79% of all RTs have an Associate Degree as their highest professional degree.

Amount Carried	Educational Debt			
	All RTs		RTs Under 40	
	#	%	#	%
None	1,967	65%	480	45%
Less than \$10,000	269	9%	137	13%
\$10,000-\$19,999	215	7%	124	12%
\$20,000-\$29,999	164	5%	104	10%
\$30,000-\$39,999	119	4%	63	6%
\$40,000-\$49,999	83	3%	54	5%
\$50,000-\$59,999	62	2%	33	3%
\$60,000-\$69,999	41	1%	26	2%
\$70,000-\$79,999	34	1%	13	1%
\$80,000-\$89,999	31	1%	16	1%
\$90,000-\$99,999	12	< 1%	1	< 1%
\$100,000 or more	46	2%	19	2%
Total	3,043	100%	1,069	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Top Specialties

Critical Care:	53%
Neonatal-Pediatrics:	27%
Long-Term Care:	21%

Top Certifications

Registered RT:	72%
Certified RT:	50%
Neonatal/Pediatric:	8%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Certifications		
Certification	#	% of Workforce
Registered Respiratory Therapist (RRT)	2,648	72%
Certified Respiratory Therapist (CRT)	1,843	50%
Neonatal/Pediatric Specialty (NPS)	298	8%
Certified Pulmonary Function Technologist (CPFT)	171	5%
Adult Critical Care Specialty (ACCS)	150	4%
Registered Pulmonary Function Technologist (RPFT)	84	2%
Registered Polysomnographic Technologist (RPSGT)	81	2%
Certified Asthma Educator (AE-C)	42	1%
Sleep Disorders Specialty (SDS)	11	< 1%
Other	53	1%
At Least One Certification	3,401	93%

Source: Va. Healthcare Workforce Data Center

Self-Designated Specialties

Specialty	#	% of Workforce
Critical Care	1,936	53%
Neonatal-Pediatrics	980	27%
Long-Term Care	786	21%
Home Care	636	17%
Education	487	13%
Pulmonary Diagnostics	435	12%
Pulmonary Rehab	387	11%
Polysomnography/Sleep Disorders	230	6%
Surface & Air Transport	168	5%
ECMO/ECLS	116	3%
Case Management	85	2%
Other	152	4%
At Least One Specialty	2,759	75%

Source: Va. Healthcare Workforce Data Center

93% of all RTs have at least one certification, while 75% have at least one self-designated specialty as well. Registered Respiratory Therapists is the most common certification, while Critical Care is the most common self-designated specialty.

Current Employment Situation

At a Glance:

Employment

Employed in Profession: 94%
Involuntarily Unemployed: < 1%

Positions Held

1 Full-time: 67%
2 or More Positions: 16%

Weekly Hours:

40 to 49: 33%
60 or more: 5%
Less than 30: 11%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	0	0%
Employed in an RT-related capacity	3,268	94%
Employed, NOT in an RT-related capacity	119	3%
Not working, reason unknown	0	0%
Involuntarily unemployed	10	< 1%
Voluntarily unemployed	59	2%
Retired	9	< 1%
Total	3,465	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	78	2%
One Part-Time Position	491	14%
Two Part-Time Positions	81	2%
One Full-Time Position	2,295	67%
One Full-Time Position & One Part-Time Position	397	12%
Two Full-Time Positions	13	< 1%
More than Two Positions	59	2%
Total	3,414	100%

Source: Va. Healthcare Workforce Data Center

94% of Virginia's RTs are currently employed in the profession, and less than 1% are involuntarily unemployed at the moment. 67% of all RTs have one full-time job, and 33% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 hours	78	2%
1 to 9 hours	38	1%
10 to 19 hours	93	3%
20 to 29 hours	254	8%
30 to 39 hours	1,435	43%
40 to 49 hours	1,127	33%
50 to 59 hours	174	5%
60 to 69 hours	61	2%
70 to 79 hours	57	2%
80 or more hours	49	1%
Total	3,366	100%

Source: Va. Healthcare Workforce Data Center

Employment Quality

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	18	1%
Less than \$30,000	184	7%
\$30,000-\$39,999	300	12%
\$40,000-\$49,999	526	21%
\$50,000-\$59,999	589	23%
\$60,000-\$69,999	461	18%
\$70,000-\$79,999	229	9%
\$80,000-\$89,999	129	5%
\$90,000-\$99,999	55	2%
\$100,000-\$109,999	38	2%
\$110,000-\$119,999	17	1%
\$120,000 or more	25	1%
Total	2,571	100%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	2,192	64%
Somewhat Satisfied	1,070	31%
Somewhat Dissatisfied	108	3%
Very Dissatisfied	42	1%
Total	3,413	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Hourly Earnings

Median Income: \$50k-60k

Benefits

Health Insurance: 69%

Retirement: 67%

Satisfaction

Satisfied: 96%

Very Satisfied: 64%

Source: Va. Healthcare Workforce Data Center

The typical RT earned between \$50,000 and \$60,000 in the past year. Among RTs who received either an hourly wage or salary as compensation at their primary work location, 83% also received at least one employee-sponsored benefit.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	2,475	76%	76%
Health Insurance	2,256	69%	69%
Dental Insurance	2,223	68%	68%
Retirement	2,203	67%	67%
Paid Sick Leave	2,047	63%	62%
Group Life Insurance	1,721	53%	53%
Signing/Retention Bonus	148	5%	4%
At Least One Benefit	2,741	84%	83%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Underemployment in Past Year		
In the past year did you . . . ?	#	%
Experience Involuntary Unemployment?	38	1%
Experience Voluntary Unemployment?	127	3%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	123	3%
Work two or more positions at the same time?	683	19%
Switch employers or practices?	204	6%
Experienced at least 1	1,011	28%

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's RTs were involuntarily unemployed at some point in 2017. For comparison, Virginia's average monthly unemployment rate was 3.8%.¹

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 3%

Turnover & Tenure

Switched: 6%
New Location: 15%
Over 2 years: 73%
Over 2 yrs, 2nd location: 46%

Employment Type

Hourly Wage: 85%
Salary/Commission: 12%

Source: Va. Healthcare Workforce Data Center

73% of RTs have worked at their primary location for more than 2 years—the job tenure normally required to get a conventional mortgage loan.

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	60	2%	76	9%
Less than 6 Months	133	4%	82	10%
6 Months to 1 Year	192	6%	114	14%
1 to 2 Years	542	16%	171	21%
3 to 5 Years	631	19%	160	20%
6 to 10 Years	611	18%	109	13%
More than 10 Years	1,202	36%	102	13%
Subtotal	3,371	100%	813	100%
Did not have location	45		2,808	
Item Missing	259		54	
Total	3,675		3,675	

Source: Va. Healthcare Workforce Data Center

85% of RTs receive an hourly wage at their primary work location, while 12% either receive a salary or work on commission.

Employment Type		
Primary Work Site	#	%
Hourly Wage	2,175	85%
Salary/Commission	318	12%
By Contract/Per Diem	55	2%
Unpaid	6	< 1%
Business/Practice Income	4	< 1%
Subtotal	2,557	100%

Source: Va. Healthcare Workforce Data Center

¹ As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate ranged from 4.2% in January to 3.4% in December. At the time of publication, results from December were still preliminary.

Work Site Distribution

At a Glance:

Concentration

Top Region:	24%
Top 3 Regions:	63%
Lowest Region:	1%

Locations

2 or more (2017):	25%
2 or more (Now*):	22%

Source: Va. Healthcare Workforce Data Center

24% of RTs work in Central Virginia, the most of any region in the state. In addition, another 21% of RTs work in Hampton Roads, and 18% work in Northern Virginia.

A Closer Look:

Regional Distribution of Work Locations				
COVF Region	Primary Location		Secondary Location	
	#	%	#	%
Central	791	24%	159	19%
Eastern	30	1%	11	1%
Hampton Roads	717	21%	181	22%
Northern	604	18%	146	18%
Southside	172	5%	35	4%
Southwest	285	8%	77	9%
Valley	218	6%	45	5%
West Central	469	14%	94	11%
Virginia Border State/DC	25	1%	23	3%
Other US State	43	1%	60	7%
Outside of the US	1	< 1%	3	< 1%
Total	3,355	100%	834	100%
Item Missing	274		33	

Source: Va. Healthcare Workforce Data Center

Council On Virginia's Future Regions



22% of RTs currently have multiple work locations, while 25% have had multiple work locations in 2017.

Locations	Number of Work Locations			
	Work Locations in 2017		Work Locations Now*	
	#	%	#	%
0	30	1%	78	2%
1	2,503	74%	2,570	76%
2	550	16%	492	15%
3	276	8%	237	7%
4	8	0%	5	0%
5	4	0%	0	0%
6 or More	26	1%	15	1%
Total	3,397	100%	3,397	100%

*At the time of survey completion, January-December 2017.

Source: Va. Healthcare Workforce Data Center

Establishment Type

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	1,274	40%	399	52%
Non-Profit	1,645	51%	309	40%
State/Local Government	186	6%	30	4%
Veterans Administration	40	1%	11	1%
U.S. Military	42	1%	7	1%
Other Federal Gov't	12	< 1%	7	1%
Total	3,199	100%	763	100%
Did not have location	45		2,808	
Item Missing	431		104	

Source: Va. Healthcare Workforce Data Center

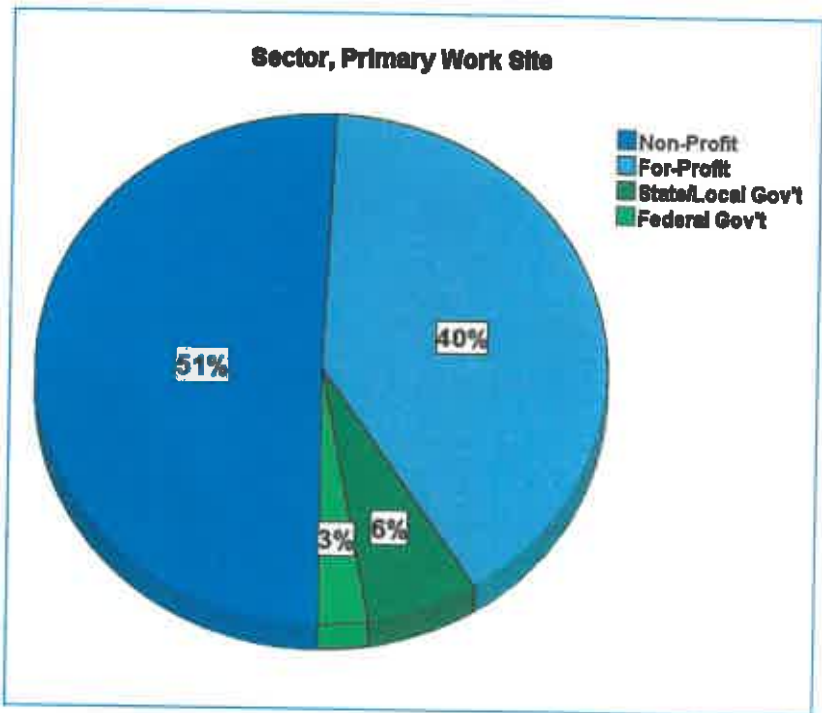
**At a Glance:
(Primary Locations)**

Sector
 For Profit: 40%
 Federal: 3%

Top Establishments
 Hospital, Inpatient: 60%
 Academic Institution: 8%
 Home Health Care: 6%

Source: Va. Healthcare Workforce Data Center

91% of Virginia's RTs work in the private sector, including 51% who work at non-profit establishments.



Source: Va. Healthcare Workforce Data Center

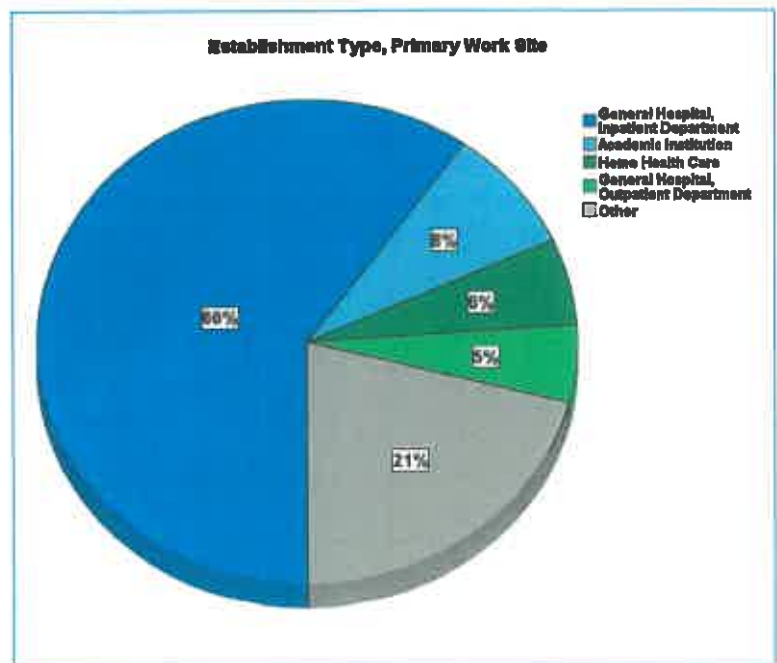
Top 10 Location Type

Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
General Hospital, Inpatient Department	1,839	60%	334	45%
Academic Institution	254	8%	54	7%
Home Health Care	178	6%	86	12%
General Hospital, Outpatient Department	160	5%	28	4%
Children's Hospital	146	5%	30	4%
Health Equipment Rental Company	70	2%	24	3%
Rehabilitation Facility, Residential/Inpatient	68	2%	45	6%
Physician Office	68	2%	19	3%
Skilled Nursing Facility	49	2%	34	5%
Sleep Center, Hospital Based	37	1%	5	1%
Rehabilitation Facility, Outpatient Clinic	27	1%	8	1%
Sleep Center, Community Based	19	1%	8	1%
Assisted Living or Continuing Care Facility	15	< 1%	11	1%
Device Manufacturer/Distributor	11	< 1%	2	< 1%
Other	132	4%	50	7%
Total	3,073	100%	738	100%
Did Not Have a Location	45		2808	

60% of all RTs in Virginia are employed by the inpatient departments of general hospitals.

Source: Va. Healthcare Workforce Data Center

Among those RTs who also have a secondary work location, 45% were employed at the inpatient department of general hospitals.



Source: Va. Healthcare Workforce Data Center

Time Allocation

At a Glance:
(Primary Locations)

Typical Time Allocation

Client Care: 90%-99%
Education: 1%-9%

Roles

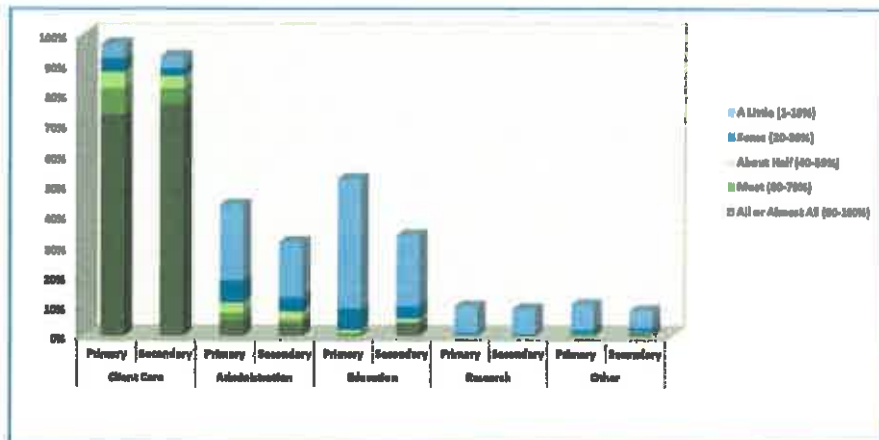
Patient Care: 82%
Administration: 8%
Education: 1%

Patient Care RTs

Median Admin Time: None
Ave. Admin Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

A typical RT spends most of her time in client care activities. In fact, 82% of RTs fill a client care role, defined as spending at least 60% of their time in that activity.

Time Allocation											
Time Spent	Client Care		Admin.		Education		Research		Other		
	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	
All or Almost All (80-100%)	73%	77%	5%	4%	1%	4%	0%	0%	0%	1%	
Most (60-79%)	9%	5%	3%	1%	0%	0%	0%	0%	0%	0%	
About Half (40-59%)	5%	4%	4%	3%	1%	1%	0%	0%	0%	0%	
Some (20-39%)	4%	3%	7%	5%	7%	4%	1%	0%	1%	1%	
A Little (1-19%)	5%	4%	25%	18%	43%	24%	9%	8%	9%	6%	
None (0%)	3%	7%	56%	69%	48%	67%	90%	91%	89%	91%	

Source: Va. Healthcare Workforce Data Center

Retirement & Future Plans

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All		Over 50	
	#	%	#	%
Under age 50	129	4%	-	-
50 to 54	108	4%	7	1%
55 to 59	253	9%	59	5%
60 to 64	828	28%	347	29%
65 to 69	1,162	39%	558	47%
70 to 74	246	8%	125	11%
75 to 79	55	2%	30	3%
80 or over	23	1%	10	1%
I do not intend to retire	167	6%	51	4%
Total	2,972	100%	1,187	100%

Sources: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All RTs

Under 65: 44%

Under 60: 16%

RTs 50 and over

Under 65: 35%

Under 60: 6%

Time until Retirement

Within 2 years: 6%

Within 10 years: 24%

Half the workforce: By 2037

Sources: Va. Healthcare Workforce Data Center

44% of all RTs expect to retire by the age of 65, including 16% who plan on retiring by the age of 60. Among RTs who are age 50 and over, 35% still expect to retire by the age of 65.

Within the next two years, 26% of RTs expect to pursue additional educational opportunities, and 10% plan on increasing client care hours.

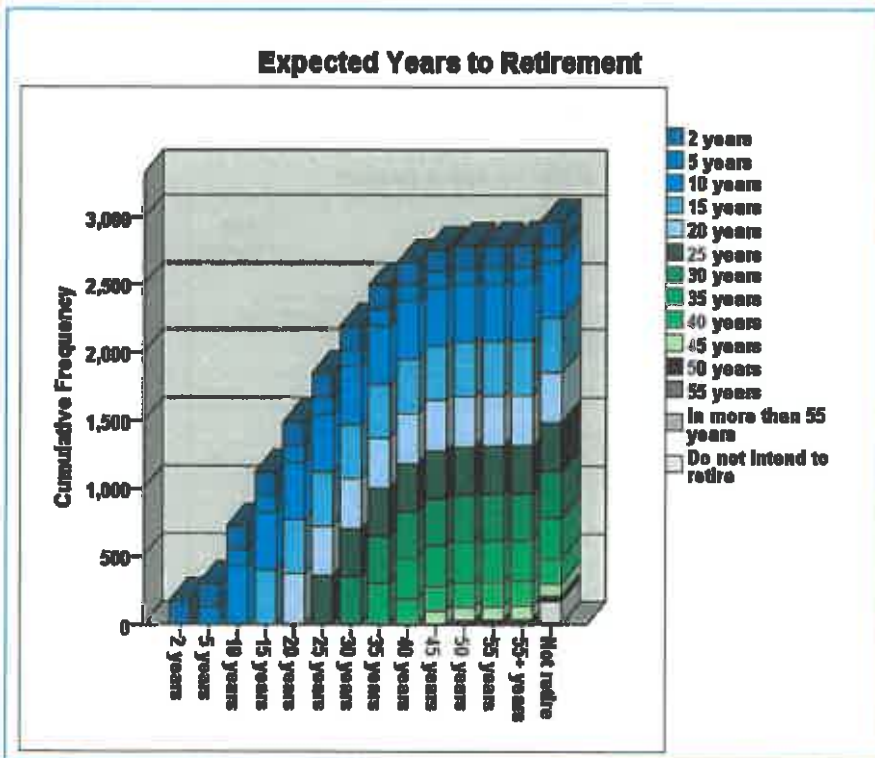
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	134	4%
Leave Virginia	145	4%
Decrease Client Care Hours	254	7%
Decrease Teaching Hours	22	1%
Increase Participation		
Increase Client Care Hours	356	10%
Increase Teaching Hours	249	7%
Pursue Additional Education	946	26%
Return to Virginia's Workforce	20	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for RTs. Only 6% of RTs plan on retiring in the next two years, while 24% plan on retiring in the next ten years. Half of the current RT workforce expects to be retired by 2037.

Time to Retirement			
Expect to retire within...	#	%	Cumulative %
2 years	172	6%	6%
5 years	125	4%	10%
10 years	426	14%	24%
15 years	398	13%	38%
20 years	368	12%	50%
25 years	354	12%	62%
30 years	347	12%	74%
35 years	301	10%	84%
40 years	181	6%	90%
45 years	96	3%	93%
50 years	27	1%	94%
55 years	5	< 1%	94%
In more than 55 years	5	< 1%	94%
Do not intend to retire	167	6%	100%
Total	2,972	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach 10% of the current workforce every five years starting in 2027. Retirements will peak at 14% of the current workforce around the same time before declining to under 10% of the current workforce again around 2057.

Full-Time Equivalency Units

At a Glance:

FTEs

Total: 3,321
 FTEs/1,000 Residents: 0.396
 Average: 0.92

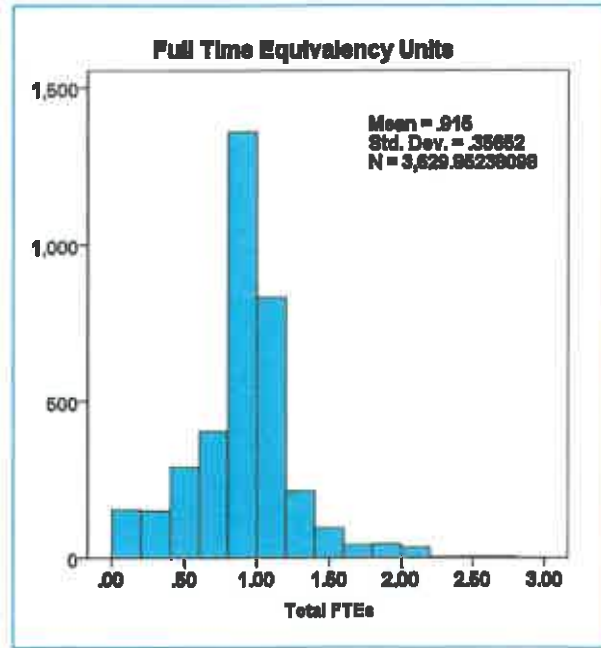
Age & Gender Effect

Age, Partial Eta²: Small
 Gender, Partial Eta²: Negligible

Partial Eta² Explained:
 Partial Eta² is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

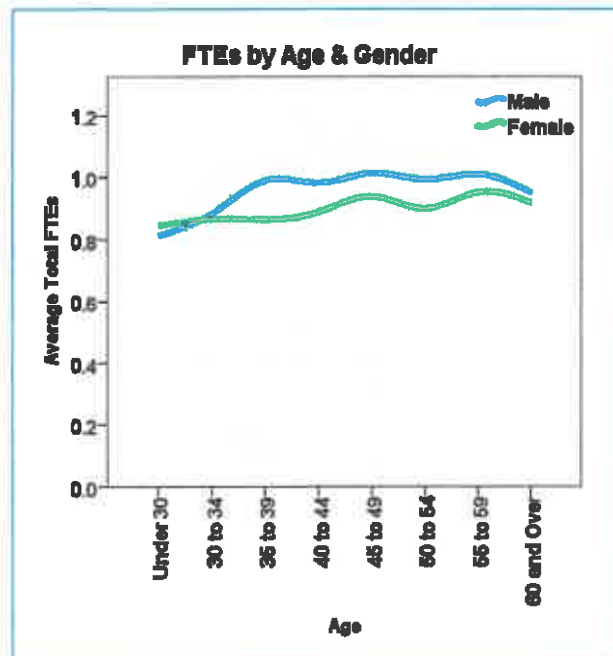


Source: Va. Healthcare Workforce Data Center

The typical RT provided 0.96 FTEs in 2017, or about 38 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.²

Full-Time Equivalency Units		
	Average	Median
Age		
Under 30	0.85	0.93
30 to 34	0.87	0.93
35 to 39	0.90	0.96
40 to 44	0.93	0.96
45 to 49	0.95	0.96
50 to 54	0.92	0.96
55 to 59	0.95	0.96
60 and Over	0.94	0.96
Gender		
Male	0.96	0.96
Female	0.90	0.94

Source: Va. Healthcare Workforce Data Center

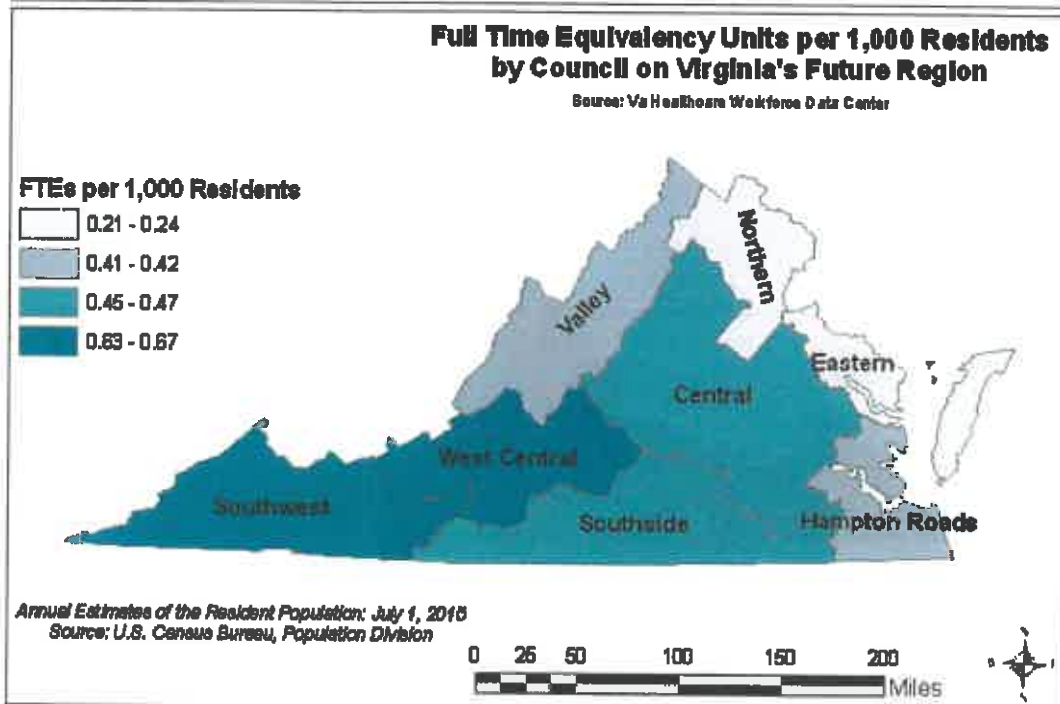
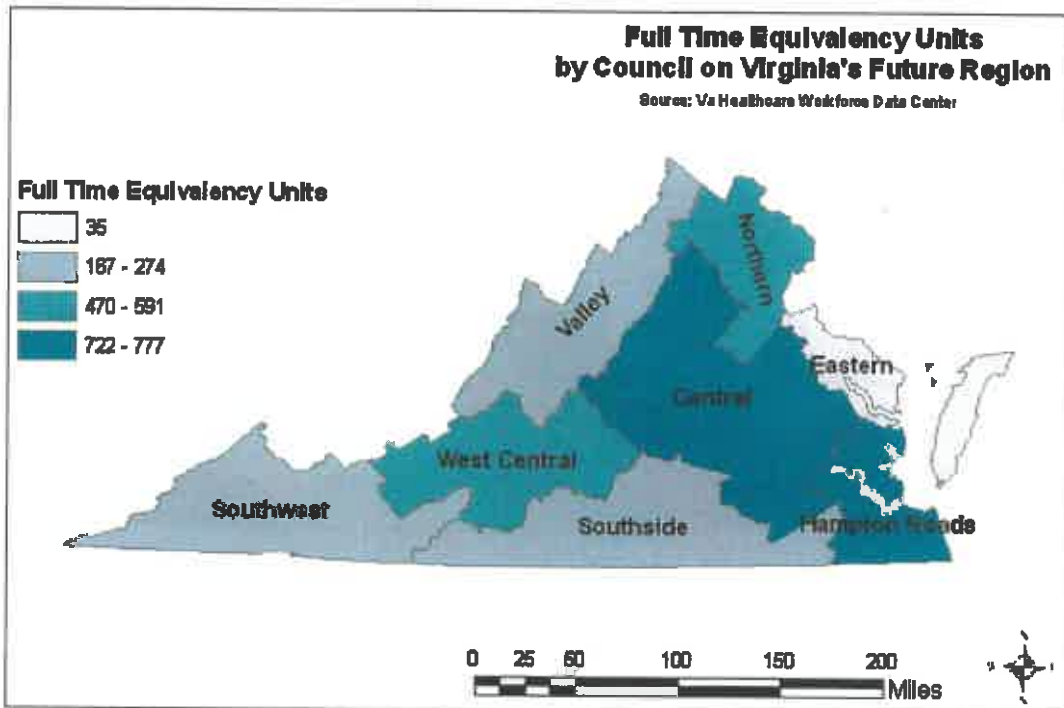


Source: Va. Healthcare Workforce Data Center

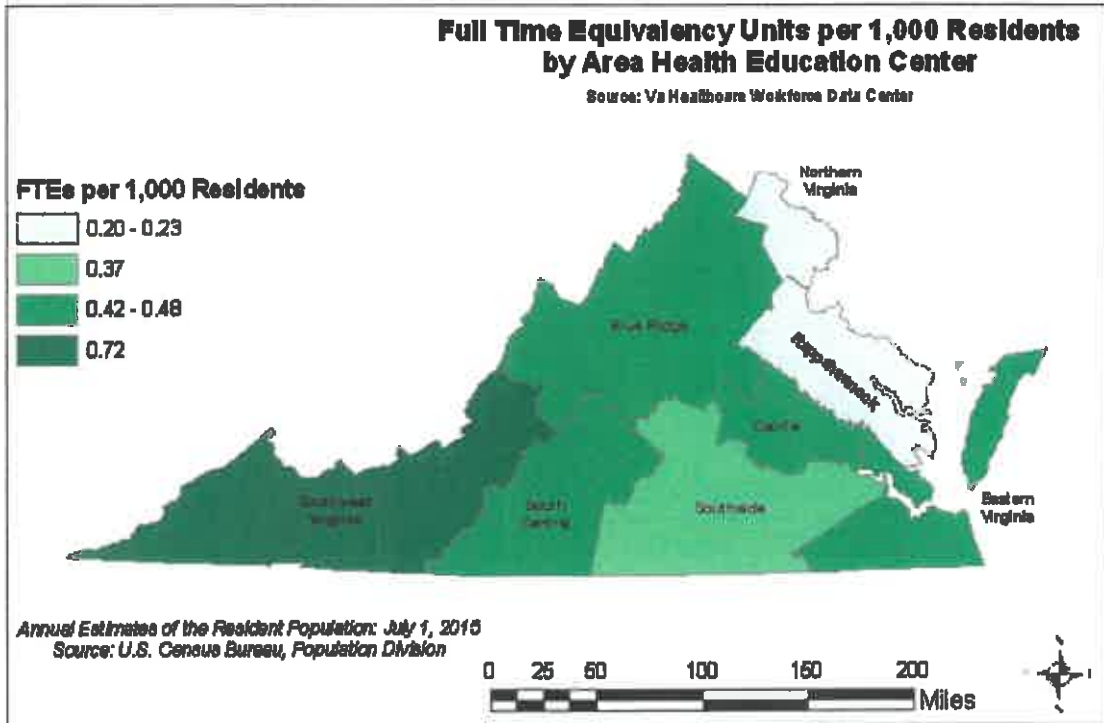
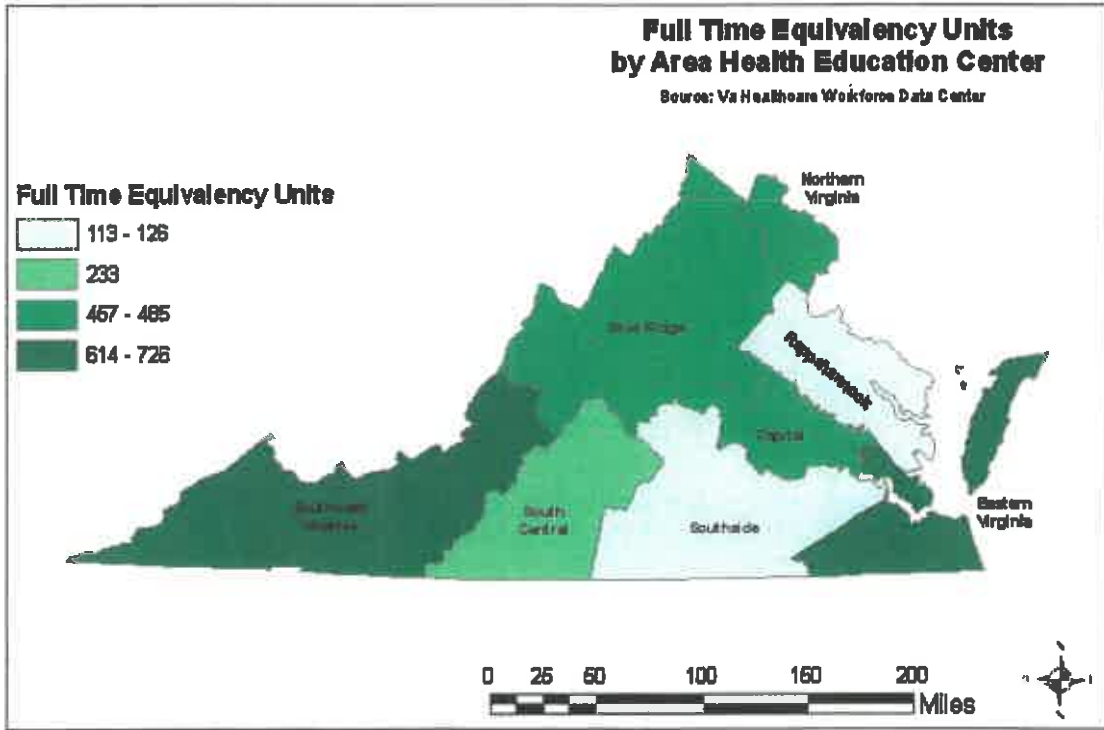
² Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

Maps

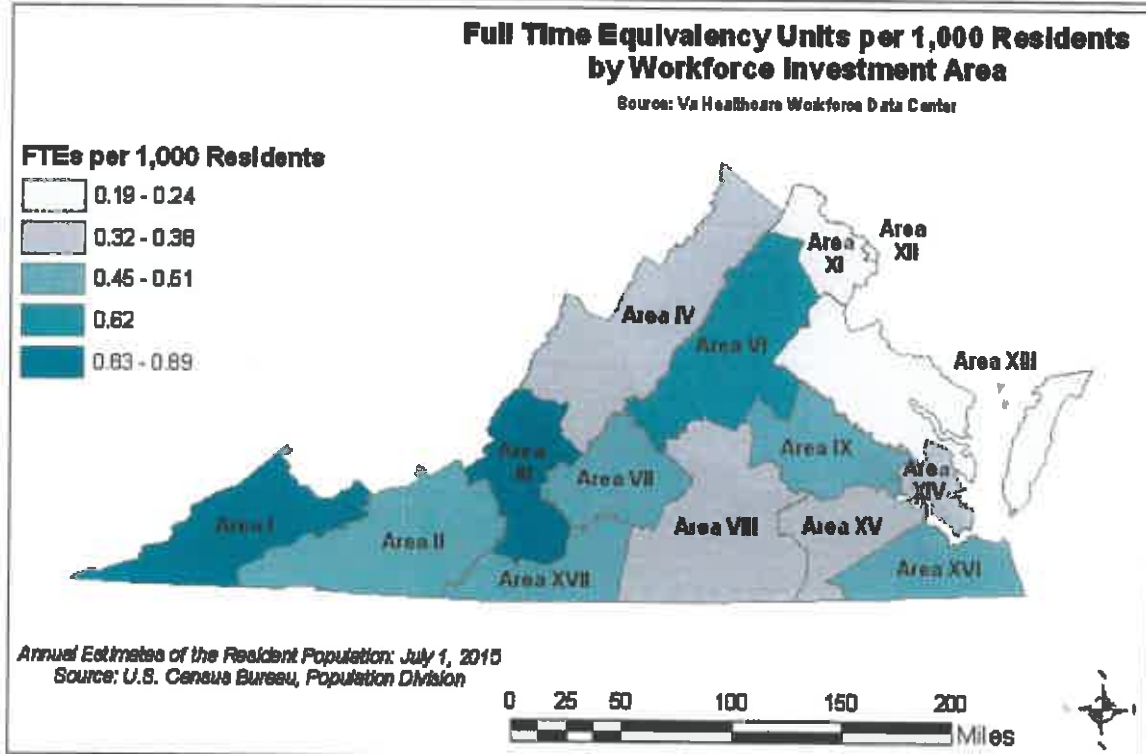
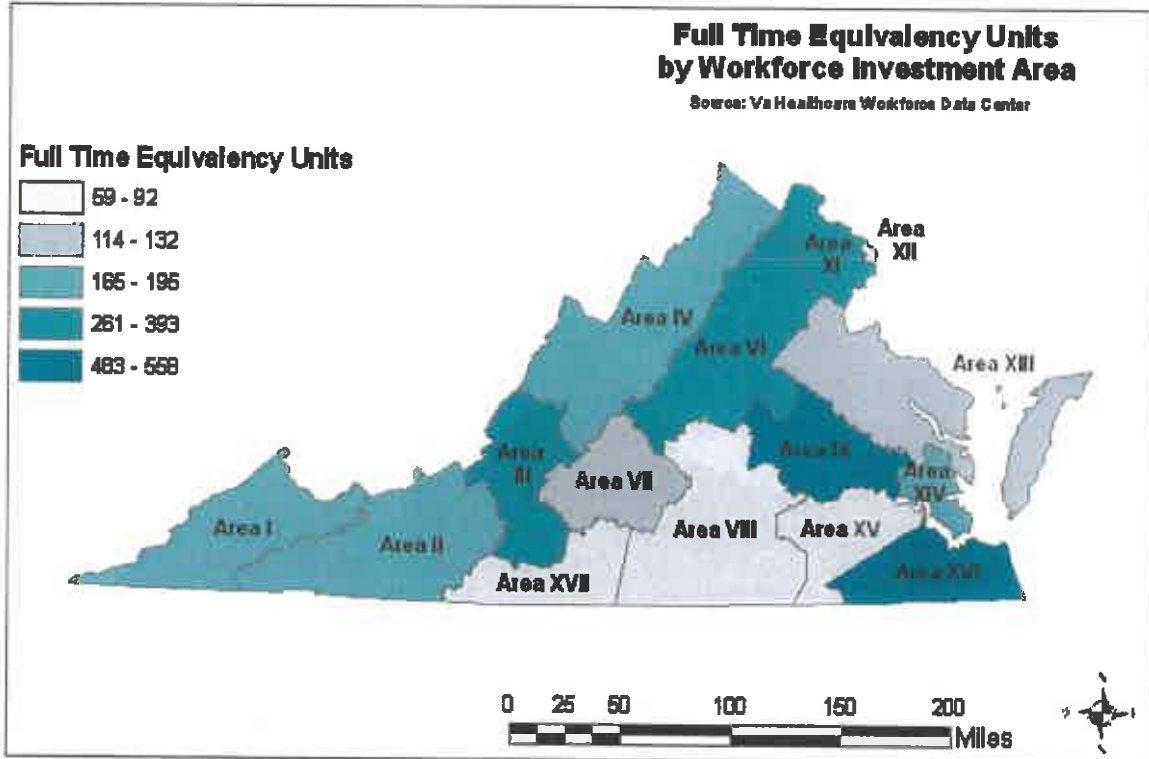
Council on Virginia's Future Regions



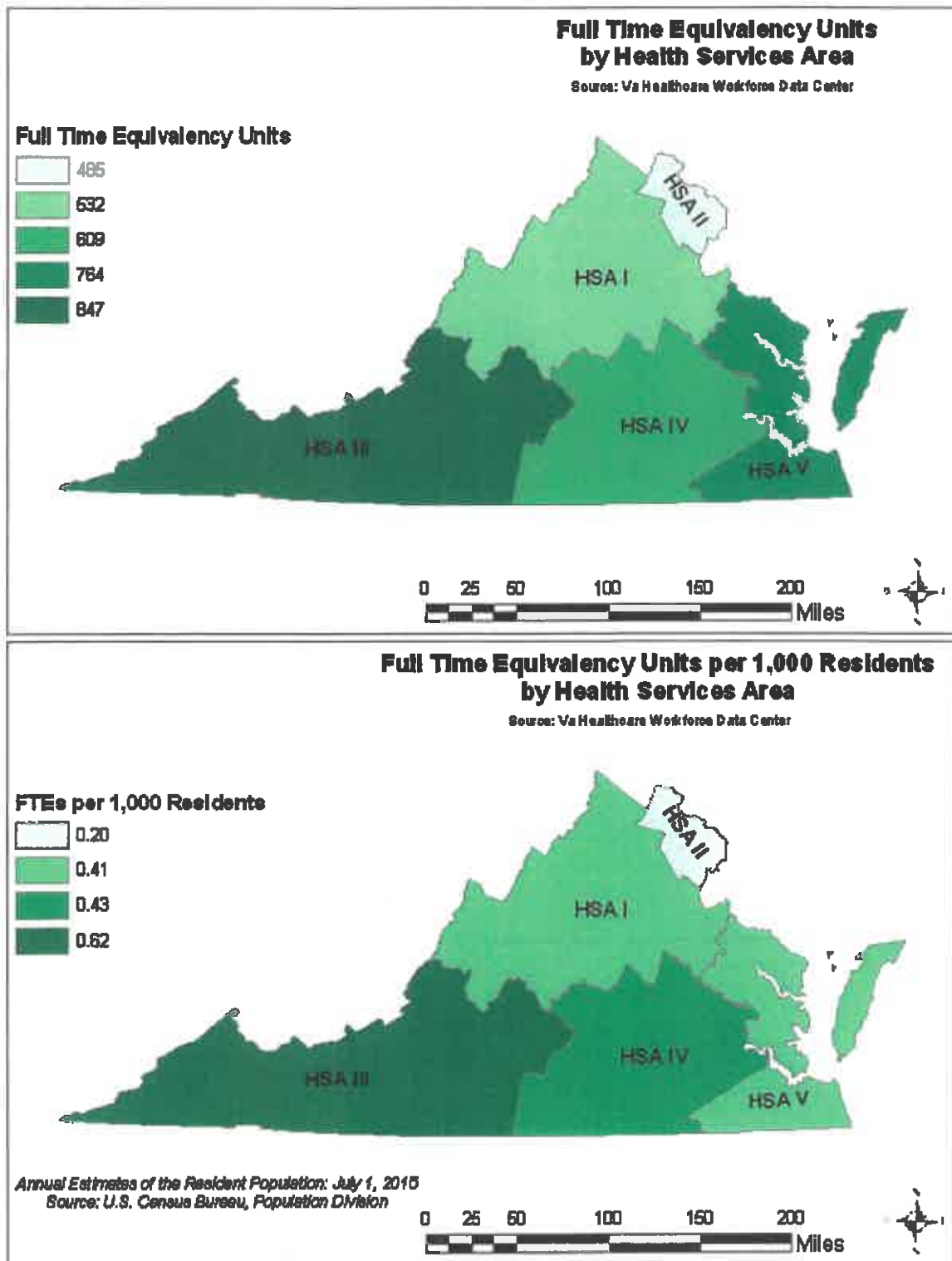
Area Health Education Center Regions

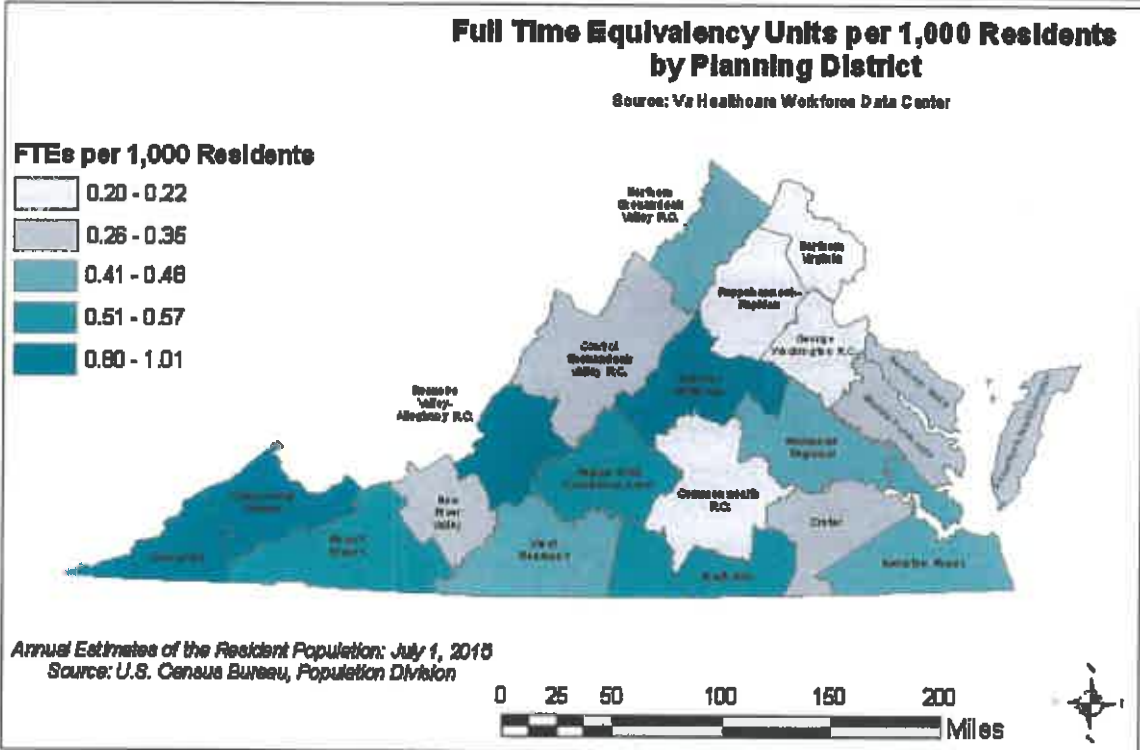
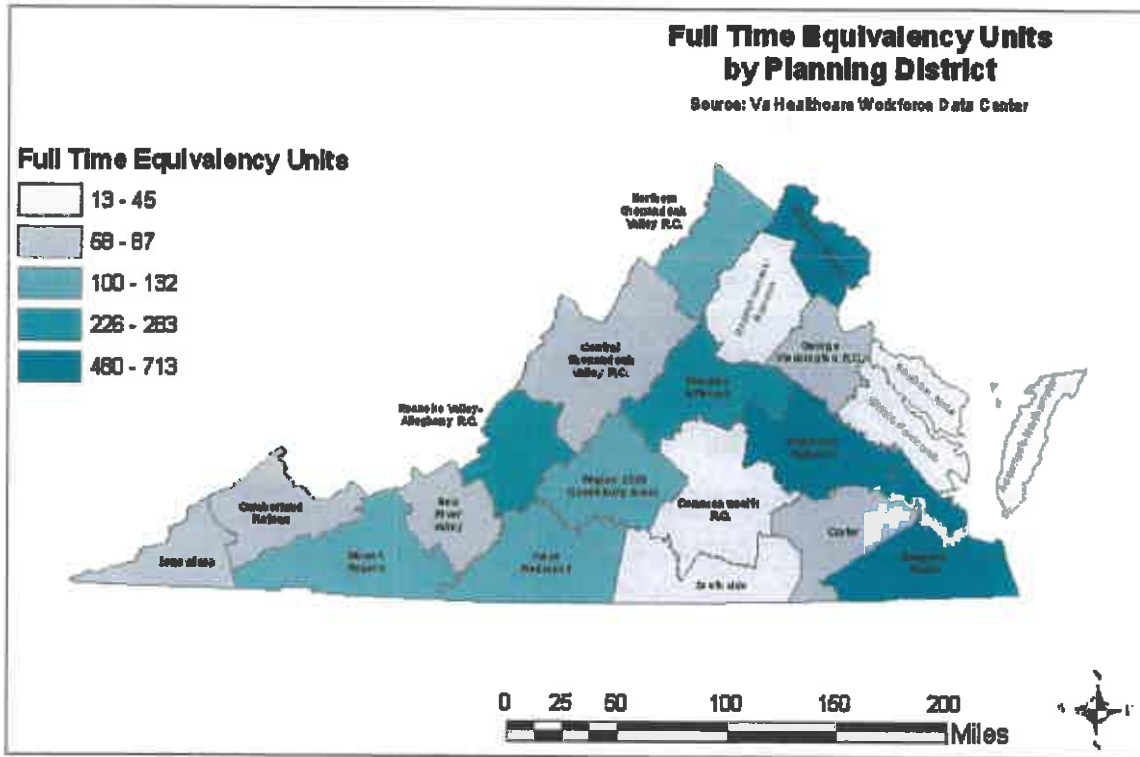


Workforce Investment Areas



Health Services Areas





Appendix

Weights

Rural Status	#	Location Weight		Total Weight	
		Rate	Weight	Min	Max
Metro, 1 million+	1,979	78.42%	1.275129	1.16517	1.75001
Metro, 250,000 to 1 million	519	77.84%	1.284653	1.17388	1.76308
Metro, 250,000 or less	362	83.98%	1.190789	1.08811	1.63426
Urban pop 20,000+, Metro adj	88	80.68%	1.239437	1.13256	1.70102
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	159	81.76%	1.223077	1.11761	1.67857
Urban pop, 2,500-19,999, nonadj	202	80.69%	1.239264	1.1324	1.70079
Rural, Metro adj	78	74.36%	1.344828	1.22886	1.43094
Rural, nonadj	58	91.38%	1.09434	0.99997	1.16441
Virginia border state/DC	616	58.44%	1.711111	1.56356	2.34836
Other US State	266	40.98%	2.440367	2.22993	3.3492

Source: Va. Healthcare Workforce Data Center

Age	#	Age Weight		Total Weight	
		Rate	Weight	Min	Max
Under 30	430	53.95%	1.853448	1.63426	3.3492
30 to 34	513	69.59%	1.436975	1.16441	2.59663
35 to 39	526	70.91%	1.410188	1.14271	2.54822
40 to 44	511	75.73%	1.320413	1.06996	2.386
45 to 49	564	80.85%	1.236842	1.00224	2.23499
50 to 54	580	81.03%	1.234043	0.99997	2.22993
55 to 59	543	80.66%	1.239726	1.00458	2.2402
60 and Over	660	74.39%	1.344196	1.08923	2.42898

Source: Va. Healthcare Workforce Data Center

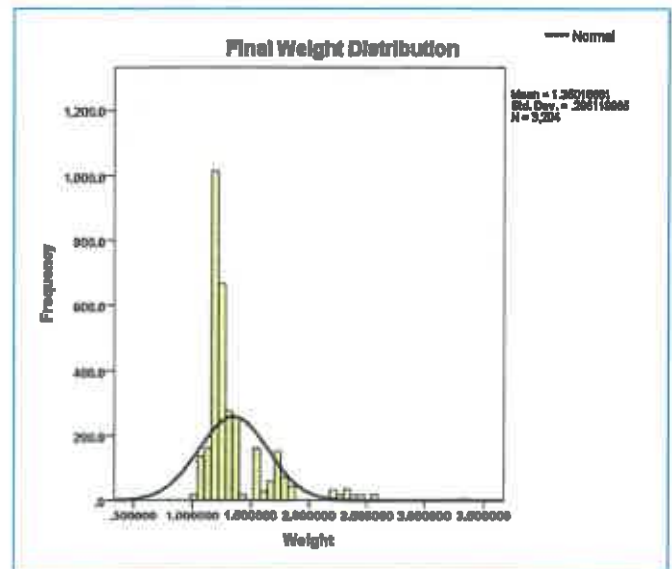
See the Methods section on the HWDC website for details on HWDC Methods:

www.dhp.virginia.gov/hwdc/

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight}$$

Overall Response Rate: 0.740467



Source: Va. Healthcare Workforce Data Center

Virginia Board of Medicine

2019 Board Meeting Dates

Full Board Meetings

February 14-16, 2019	DHP/Richmond, VA	Board Rooms TBA
June 13-15, 2019	DHP/Richmond, VA	Board Rooms TBA
October 17-19, 2019	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 5:00 p.m.

Executive Committee Meetings

April 5, 2019	DHP/Richmond, VA	Board Rooms TBA
August 2, 2019	DHP/Richmond, VA	Board Rooms TBA
December 6, 2019	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 5:00 p.m.

Legislative Committee Meetings

January 11, 2019	DHP/Richmond, VA	Board Rooms TBA
May 17, 2019	DHP/Richmond, VA	Board Rooms TBA
September 6, 2019	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 1:00 p.m.

Credentials Committee Meetings

January 9, 2019	February 20, 2019	March 13, 2019
April 17, 2019	May 29, 2019	June 26, 2019
July 24, 2019	August 21, 2019	September 25, 2019
October 23, 2019	November 13, 2019	December (TBA), 2019

Times for the Credentials Committee meetings - TBA

Advisory Board on:

Behavioral Analysts

10:00 a.m.

January 21

May 20

September 30

Genetic Counseling

1:00 p.m.

January 21

May 20

September 30

Occupational Therapy

10:00 a.m.

January 22

May 21

October 1

Respiratory Care

1:00 p.m.

January 22

May 21

October 1

Acupuncture

10:00 a.m.

January 23

May 22

October 2

Radiological Technology

1:00 p.m.

January 23

May 22

October 2

Athletic Training

10:00 a.m.

January 24

May 23

October 3

Physician Assistants

1:00 p.m.

January 24

May 23

October 3

Midwifery

10:00 a.m.

January 25

May 24

October 4

Polysomnographic Technology

1:00 p.m.

January 25

May 24

October 4

Joint Boards of Medicine and Nursing

TBA