

**VIRGINIA BOARD OF HEALTH PROFESSIONS
DEPARTMENT OF HEALTH PROFESSIONS
FULL BOARD MEETING
SEPTEMBER 25, 2007**

TIME AND PLACE: The meeting was called to order at 1:00 p.m. on Tuesday, September 25, 2007, at the Department of Health Professions, The Perimeter Center, 9960 Mayland Drive, 2nd Floor, Room 4, Richmond, VA.

PRESIDING OFFICER: David R. Boehm, President

MEMBERS PRESENT: Paula H. Boone, O.D.
Susan G. Chadwick, Au.D.
Lynn M. Cooper, Citizen Member, Nursing
Jennifer H. Edwards, Pharmacy
Meera A. Gokli, D.D.S.
Damien Howell, P.T.
Billie W. Hughes, F.S.L.
Juan M. Montero, II, M.D.
Vilma Seymour, Citizen Member
Mary M. Smith, N.H.A.
Demis L. Stewart, Citizen Member
Lucia Anna Trigiani, Esq., Citizen Member
John P. Turner, L.P.C.
Roxana Valencia, Citizen Member
John T. Wise, D.V.M.

MEMBERS NOT PRESENT: Mary Gregerson, Ph.D.
Sandra Price-Stroble, Citizen Member

STAFF PRESENT: Sandra Ryals, Director
Emily Wingfield, Chief Deputy Director
Elizabeth A. Carter, Ph.D., Executive Director for the Board
Amy Marschean, Senior Assistant Attorney General, Board Counsel
Elaine Yeatts, Senior Regulatory Analyst
Carol Stamey, Operations Manager

OTHERS PRESENT: David Swankin, Consultant on Continued Competency, AARP
Gerri Holmes, State Volunteer Coordinator for Advocacy, AARP

QUORUM: With sixteen (16) members present, a quorum was established.

AGENDA: No changes or additions were made to the agenda.

PUBLIC COMMENT: Mr. Swankin, representing AARP, apprised the Board

that its latest report on Strategies to Improve Health Care Quality in Virginia: Survey of Residents Age 50+ had been released. He provided a brief summary of the highlights and detailed findings in the report. Mr. Swankin also reported that AARP was introducing 2008 legislation to set a date for all licensees to maintain and demonstrate continuing competency. Further, he reported that AARP had requested that the Joint Commission on Health Care conduct a study into the matter.

The Board requested that Mr. Swankin continue to provide updated information with regard to presentations and legislation.

APPROVAL OF MINUTES:

On properly seconded motion by Mr. Howell, the Board voted unanimously to adopt the minutes of the April 20, 2007 meeting as amended.

DEPARTMENT DIRECTOR'S REPORT:

Ms. Ryals welcomed board members and staff to the agency's new location.

Health Reform Commission

Ms. Ryals informed the Board that the Healthcare Reform Commission had released its draft report to the Governor and provided an overview of the recommendations within the report. Further, Ms. Ryals reported that public comment could be submitted through September 27, 2007 via the Health and Human Resources website at www.hhr.virginia.gov. Ms. Ryals noted that the agency could be directly impacted by the recommendation to establish a workforce data center housed within the Department of Health Professions. Ms. Ryals noted that consistent data is needed, is supportive of the recommendation and requested corroboration of the Board.

On properly seconded motion by Ms. Stewart, the Board voted fifteen (15) in favor with one abstention to commend the Commission for its work and supported the ongoing study.

Key Performance

Ms. Ryals presented an overview of the progress report on the Agency's Key Performance Measures and meeting its goals. She reported that the agency had far exceeded its completed licensure application processing goal (95% within 30 days), and last quarter processed 99.9% of applications within 30 days. Also, she reported that the agency consistently received positive customer satisfaction ratings in excess of 94% throughout FY2007 and that the trend indicates that the 97% goal should be

within range by the end of 2008. Ms. Ryals discussed the challenges facing the agency in meeting the 250-day patient care case resolution goal by the end of FY2009. She noted that performance was now being measured with a 250 **business**-day model rather than calendar day since the agency is not open 7 days a week and 24 hours and since doctor's offices, banks, the courts, and other sources of investigation information are typically unavailable on weekends and state holidays. She also reported that three Performance Action Teams (i.e., Intake and Investigations, Probable Cause, and Old Cases) continue to meet to develop approaches to enhance case resolution efficiency. Ms. Ryals noted that all the agency's performance measures and scorecard results could be reviewed on the Virginia Performs website: www.vaperforms.virginia.gov.

Budget

Ms. Ryals presented a general summary of the issues affecting the upcoming budget. She reported that the cost centers' budgets had been prepared anticipating base reductions, that the Department of Planning and Budget had just provided a budget calendar, and that the agency was awaiting further instructions.

On properly seconded motion by Mr. Howell, the Board voted unanimously to direct the Executive Committee and staff to review the final proposed budget plan when available and report at the next full Board meeting.

DHP Legislation

Ms. Ryals explained that the Board of Pharmacy had proposed legislation paralleling the federal law relating to pharmaceutical pedigree. She also reported that the Board of Dentistry had proposed a measure to expand permissible duties for dental assistants. And, she noted that the Board of Medicine was seeking a bill on sun setting direct entry midwifery.

EXECUTIVE DIRECTOR'S REPORT:

Sanctions Reference Study

Dr. Carter and Mr. Kauder provided a summary of the Sanctions Reference Study and the expansion of the study to address Confidential Consent Agreements. The presentation is incorporated into the minutes as Attachment 1.

Continuing Competency Survey

Dr. Carter reported that the Board had requested an overview of the current laws and regulations pertaining to continuing health practitioner competency and a survey of issues being considered are on the horizon. Attachment 2 provides the report, prepared in two

sections. The first section is a summary prepared by Ms. Yeatts of the existing continuing competency/education requirements in Virginia statute and regulation, broken down by board and profession. The second section provides the results of a survey of each board and profession requesting information on issues and activities relating to continuing competency apart from traditional continuing education hours and which organizations are involved. The majority of professions are addressing their concerns through traditional continuing education hours and some are also considering the significance of specialty area recertification. Several professions within the Boards of Medicine, Nursing, Pharmacy, Dentistry, and Optometry are either studying or planning to undertake national reviews on the topic in the near future.

Practitioner Self-Referral Regulation Update

Dr. Carter informed the Board that the revisions to the Practitioner Self-Referral Regulations which allow for agency subordinates to serve in lieu of the Practitioner Self-Referral Committee became effective September 10, 2007. The report of an agency subordinate with appropriate legal expertise would still require ratification by the full Board.

Revised Workplan/Calendar/Budget

On properly seconded motion by Dr. Montero, the Board voted unanimously to defer these matters to the Executive Committee for review and recommendation.

Committee Assignments

Mr. Boehm appointed Lynne Cooper to serve as Chair of the Enforcement Committee and Dr. Chadwick to serve as Chair of the Regulatory Research Committee.

PRESIDENT'S REPORT

Mr. Boehm requested that board members who were not presently serving on a Committee to select at least one Committee and inform Dr. Carter via e-mail of their choice.

UPDATE ON BOARD LEGISLATION AND REGULATIONS:

Ms. Yeatts presented a brief summary of various boards' legislation. Specifically, she noted the regulatory passage of medication aides, reconsideration for approval of the assisted living regulations and passage of the requirement for registration of equine dental assistants.

Ms. Yeatts apprised the Board of the Board of Medicine's statutory changes that allows the Board of Medicine to remove the notice and closure letter from the agency case decision website when the case was closed no violation. She noted that the statute is now only in

effect for the Board of Medicine. She recommended that the Board review the matter and determine if it would be appropriate for the other Boards, as well. If so, the legislative recommendation could be proposed for FY 2009.

On properly seconded motion by Mr. Howell, the Board voted unanimously to refer the matter to the Regulatory Research Committee for review and recommendation.

UPDATE ON EDUCATION:

A report was not presented.

BOARD REPORTS:

No reports were presented.

NEW BUSINESS:

No new business was presented.

ADJOURNMENT:

The meeting adjourned at 4:10 p.m.

David R. Boehm, L.C.S.W.
Board President

Elizabeth A. Carter, Ph.D.
Executive Director for the Board

Sanctioning Reference Points

Virginia Department of Health Professions

**Board of Health Professions
September 25, 2007**

Neal B. Kauder, President
VisualResearch, Inc.

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Sanction Reference Point (SRP) Topics

1. Current Status
2. Small Boards SRP Methodology
3. Confidential Consent Agreement (CCA), SRP Supplemental Study
4. SRP Project Evaluation

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Current SRP Status

	<u>SRP Worksheet Start Dates</u>	<u>Board and SRP Worksheet Agreement Rate</u>
Medicine	August 1, 2004	75%
Dentistry	January 1, 2006	94%
Nursing	June 1, 2006	86%
Funeral	May 24, 2007	100%
Veterinary Medicine	May 10, 2007	89%

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*current as of 9-1-07

SRP Example of Departure Reasons Cited

Aggravating (more harsh than SRP result):

- Drug Abuse/ Diversion
- No call/ No show
- Repeat SOC issues
- Sexual abuse with patient harm

Mitigating (less harsh than SRP result):

- Isolated incident
- Closing practice/ No longer practicing
- No patient involvement
- Sincerity/ Remorse

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*current as of 8-15-07

Current Board Under Development: Board of Optometry

1. Data collection completed, Interim Report sent to Board for review
2. Worksheet development to be completed by early November
3. Board to review, make changes and implement by January, 2008

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SRP Methodology for Behavioral Sciences

Boards of Counseling, Psychology, and Social Work

1. Create SRP Guidance Committee
2. Build consensus for SRP theoretical framework
3. Review recently decided cases
4. Conduct limited number of personal interviews
5. Develop and approve methodology for SRP worksheet development
6. Identify cases (small sample) & collect data on limited number of factors
7. Identify "historically relevant factors" – the best we can
8. Borrow factors and information from large board analysis where appropriate
9. Merge small and large board information - translate into usable reference system
10. Implement, receive board feedback, & evaluate usefulness

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CCA SRP Supplemental Study

CCAs may be used, in lieu of discipline in cases involving:

1. Minor misconduct
2. Little or no injury to a patient or the public
3. Little likelihood of repetition by the practitioner

A board cannot offer a CCA if probable cause to believe practitioner has:

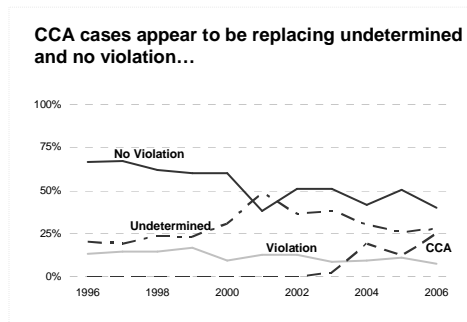
1. Demonstrated gross negligence or intentional misconduct in the care of patients
2. Conducted his practice in such a manner as to be a danger to the health and welfare of his patients or the public

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Board of Medicine

Guidance document (85-23) lists case types intended for CCAs:

- Failure to complete required continuing education
- Failure to complete the physician profile
- Advertising



Number of Disposition Types in 2006

	Frequency
No Violation	762
Violation	150
Undetermined	536
CCA	476

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CCA SRP Supplemental Study

DHP requested a review of the use of CCAs to determine which cases receive a CCA and how CCA process fits within the SRP framework

Drawn a sample of cases consisting of all BOM CCAs closed in the last six months

Determine if SRP worksheet factors perform well when screening cases for seriousness of misconduct, injury, and prior history (the general elements relating to CCA eligibility)

Use data analysis to create an objective tool to screen cases for statute criteria, and ultimately, CCA eligibility

Application to other boards as well

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CCA SRP Supplemental Study

Method

1. Conduct limited number of staff interviews
2. Create Flow diagram of CCA process
3. Identify all cases ending in the past 6 months
4. Score each case using the appropriate worksheet
5. Enter data into a database
6. Analyze data
7. Present results and policy implications to Board and DHP staff
8. Implement scoring sheet or other policy changes, if required

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Factors the BOM decided to incorporate on SRP Worksheets:

Impaired - Inability to practice	Financial or material gain from offense
Physician performance, patient related/ SOC	Past mental health problems
Inspection deficiency/facility violation	Past inappropriate relationship/sexual problems
Sexual Abuse	Past drug/alcohol problems
Financial Offenses/misappropriation of property	Priority
Claim of Superiority	Concurrent action/Criminal conviction
Patient especially vulnerable	Sanctioned by another state/entity
Patient required subsequent treatment	License previously lost
Any patient involvement	One or more prior board violations
Multiple patients involved	Any prior "similar" board violations
Patient Injured (mental or physical)	

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SRP Evaluation

Possible outcomes to measure:

Primary Outcomes

1. Consistency
2. Proportionality
3. Board and staff satisfaction

Secondary Outcomes:

1. Case processing time
2. Violation, CCA, or Consent Order rates change
3. Transferability of SRP system

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SRP Evaluation

Consistency

Are similarly situated respondents treated the same way in terms of sanctions handed down?

This can be measured by examining SRP compliance rates: "board agreement with the grid".

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SRP Evaluation

Proportionality

Are the most serious cases, in fact, getting the most serious sanctions? Likewise, are less serious cases getting less serious sanctions?

This can be measured by determining if respondents who possess the most egregious worksheet factors due in fact score the highest, and thus receive the harshest sanctions.

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SRP Evaluation

Board and staff satisfaction

Qualitative assessment of board satisfaction through survey and/or interview results.

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SRP Evaluation

Case Processing Time

What effect have SRPs had on the number of days required to close cases?

Examine number of days required to process cases comparing SRP cases to non-SRP cases, before and after implementation.

Potential problem: isolating a causal link between SRP implementation and case processing time.

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SRP Evaluation

Violation, CCA, or Consent Order rates change

What effect have SRPs had on other case processing outcomes?

Analysis can determine changing patterns in disposition type, for example, that occurred at the same time as SRP initiation.

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SRP Evaluation

Transferability of SRP system

How easy is it to transfer the SRP concept to other boards or regulatory entities?

Validated transference to other VA health regulatory Boards.

What about other entities?

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Continuing Competency/Education Requirements Department of Health Professions

Board	Hourly requirement	Related requirements	Statutory authority
Audiology & Speech-Language Pathology	30 hours (15 of Type 1 by approved sponsors; 15 self-directed) biennially	<ul style="list-style-type: none"> • 45 hours for dually-licensed • Retention of records for 4 years 	<p>General authority for all boards: § 54.1-103. Additional training of regulated persons; reciprocity; endorsement.</p> <p>A. The regulatory boards within the Department of Professional and Occupational Regulation and the Department of Health Professions may promulgate regulations specifying additional training or conditions for individuals seeking certification or licensure, or for the renewal of certificates or licenses.</p>
Counseling: Licensed professional counselors Marriage & family therapists Licensed substance abuse professionals	20 hours annually by approved sponsors	<ul style="list-style-type: none"> • Dually-licensed persons only have to meet req. for 1 license • Retention of records for 4 years 	<p>§ 54.1-3505.1. Continued competency requirements.</p> <p>The Board shall promulgate regulations establishing requirements for evidence of continued competency as a condition of renewal of a license under the provisions of this chapter. The Board may approve persons who provide or accredit continuing education programs in order to accomplish the purposes of this section. The Board shall have the authority to grant exemptions or waivers or to reduce the number of continuing education hours required in cases of certified illness or undue hardship.</p>
Dentistry Dentists & dental hygienists	15 hours annually by approved sponsors	<ul style="list-style-type: none"> • Courses must be relevant to treatment & care of patients • Must include completion of training in basic CPR • A dentist who administers or a dental hygienist who monitors patients anesthesia or sedation must complete four hours of CE every two years • Retention of records for 4 years 	<p>§ 54.1-2709. License; application; qualifications; examinations.</p> <p>E. The Board shall promulgate regulations requiring continuing education for any dental license renewal or reinstatement. The Board may grant extensions or exemptions from these continuing education requirements.</p> <p>§ 54.1-2729. Continuing education. The Board shall promulgate regulations requiring continuing education for any dental hygienist license renewal or reinstatement. The Board may grant exceptions or exemptions from these continuing education requirements.</p>
Funeral Directors & Embalmers	5 hours annually by approved sponsors	<ul style="list-style-type: none"> • Courses must be directly related to the scope of practice of funeral service • Retention of records 	<p>§ 54.1-2816.1. Continuing education requirements; promulgation of regulations.</p> <p>A. The Board shall promulgate regulations governing continuing education</p>

		for 2 years	<p>requirements for funeral services licensees, funeral directors and embalmers licensed by the Board.</p> <p>B. The Board shall approve criteria for continuing education courses, requiring no more than five hours per year, that are directly related to the respective license and scope of practice of funeral service licensees, funeral directors and embalmers. Approved continuing education courses shall emphasize, but not be limited to, compliance with laws and regulations governing the profession. Course providers may be required to register continuing education courses with the Board pursuant to Board regulations. The Board shall not allow continuing education credit for courses where the principal purpose of the course is to promote, sell or offer goods, products or services to funeral homes.</p> <p>C. All course providers shall furnish written certification to licensees of the Board attending and completing respective courses, indicating the satisfactory completion of an approved continuing education course. Each course provider shall retain records of all persons attending and those persons satisfactorily completing such continuing education courses for a period of two years following each course. Applicants for renewal or reinstatement of licenses issued pursuant to this article shall retain for a period of two years the written certification issued by any Board-approved provider of continuing education courses. The Board may require course providers or licensees to submit copies of such records or certification, as it deems necessary, to ensure compliance with continuing education requirements.</p> <p>D. The Board shall have the authority to grant exemptions or waivers in cases of certified illness or undue hardship.</p> <p>E. The Board may provide for an inactive status for those licensees who do not practice in Virginia. The Board may adopt regulations reducing or waiving continuing education requirements for any licensee granted such inactive status. However, no licensee granted inactive status may have their license changed to active status without first obtaining additional continuing education hours as may be determined by the Board. No</p>
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			person or registrant shall practice in Virginia as an embalmer, funeral director, or funeral service licensee unless he holds a current, active license.
Medicine MD's DO's DPM's DC's	60 hours (30 of Type 1 by approved sponsors; 30 self-directed) biennially	Retention of records for 6 years	<p>§ 54.1-2912.1. Continued competency and office-based anesthesia requirements.</p> <p>A. The Board shall prescribe by regulation such requirements as may be necessary to ensure continued practitioner competence which may include continuing education, testing, and/or any other requirement.</p> <p>B. In promulgating such regulations, the Board shall consider (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.</p> <p>C. The Board may approve persons who provide or accredit such programs in order to accomplish the purposes of this section.</p> <p>D. Pursuant to § 54.1-2400 and its authority to establish the qualifications for registration, certification or licensure that are necessary to ensure competence and integrity to engage in the regulated practice, the Board of Medicine shall promulgate regulations governing the practice of medicine related to the administration of anesthesia in physicians' offices.</p> <p style="text-align: center;">Midwives</p> <p style="text-align: center;">§ 54.1-2957.9. Regulation of the practice of midwifery.</p> <p>License renewal shall be contingent upon maintaining a Certified Professional Midwife certification.</p>
Other professions under Medicine:	<p>Acupuncturists – Current NCCAOM certification (recertify every 4 yrs. – requires 60 professional development activity points, includes 1 point per hour of CE)</p> <p>Athletic trainers - Current NATABOC certification (recertify every 3 yrs. - requires 80 CEU's)</p> <p>Midwives - Current, active Certified Professional Midwife certification by NARM (requires 25 hours of CE and 5 hours of peer review every 3 years or retake the NARM written examination)</p> <p>Occupational therapists - 20 hours (10 of Type 1 by approved sponsors; 10 self-directed) biennially</p> <p>Physician Assistant – Current NCCPA certification – requires 100 hours of CME per biennium and passage of re-certification exam every 6 years</p> <p>Radiologic technologists - 24 hours (12 of Category A by approved sponsors; 12 self-directed) biennially</p>		

	Radiologic technologist- Limited - 12 hours of Category A by approved sponsors biennially Respiratory care – 20 hours by approved sponsor biennially		
Nursing	<p>Nurse practitioners – current specialty certification in area of practice; or 40 hours of CE in the area of specialty practice approved by one of the certifying agencies biennially</p> <p>Nurse practitioners with prescriptive authority - 8 hours of CE in pharmacology or pharmacotherapeutics biennially</p> <p>Massage therapists - Hold current certification by the NCBTMB or complete at least 25 hours of CE with at least 1 hour in professional ethics</p> <p>Medication aides - 4 hours each year of population-specific training in medication administration in the assisted living facility in which the aide is employed or a refresher course in medication administration</p>	<ul style="list-style-type: none"> Retention of records for 4 years 	<p>Nurse practitioners See § 54.1-2912.1 above. § 54.1-2957.01. Prescription of certain controlled substances and devices by licensed nurse practitioners. ... Regulations promulgated pursuant to this section shall include, at a minimum, (i) such requirements as may be necessary to ensure continued nurse practitioner competency which may include continuing education, testing, and/or any other requirement, and shall address the need to promote ethical practice, an appropriate standard of care, patient safety, the use of new pharmaceuticals, and appropriate communication with patients, and (ii) requirements for periodic site visits by physicians who supervise and direct nurse practitioners who provide services at a location other than where the physician regularly practices.</p> <p>Medication aides § 54.1-3043. Continuing training required. Every applicant for registration as a medication aide shall complete ongoing training related to the administration of medications as required by the Board.</p>
Nursing Home Administrators	20 hours annually by approved sponsors	<ul style="list-style-type: none"> Up to 5 of the 20 hours may through internet or self-study courses and up to 10 CE hours in excess of the 20 may be transferred or credited to the next renewal year Retention of records for 3 years 	See general statutory authority - § 54.1-103
Optometry	16 hours annually by approved sponsors	<ul style="list-style-type: none"> Courses must directly relate to patient care (can include 2 hrs. of record-keeping & 2 hrs. of CPR) Optometrists with TPA certification must have 2 hrs. related to prescribing Retention of records 	§ 54.1-3219. Continuing education. As a prerequisite to renewal of a license or reinstatement of a license, each optometrist shall be required to take annual courses relating to optometry as approved by the Board. The courses may include, but need not be limited to, the utilization and application of new techniques, scientific and clinical advances and new achievements of

		for 3 years	research. The Board shall prescribe criteria for approval of courses of study and credit hour requirements. However, the required number of credit hours shall not exceed sixteen in any one calendar year. The Board may approve alternative courses upon timely application of any licensee. Fulfillment of education requirements shall be certified to the Board upon a form provided by the Board and shall be submitted by each licensed optometrist at the time he applies to the Board for the renewal of his license. The Board may waive individual requirements in cases of certified illness or undue hardship.
Pharmacy	<p>Pharmacists - 15 hours annually by approved sponsors</p> <p>Pharmacy technicians – 5 hours annually by approved sponsors</p>	<ul style="list-style-type: none"> Retention of records for 2 years 	<p>§ 54.1-3314.1. Continuing education requirements; exemptions; extensions; procedures; out-of-state licensees; nonpractice licenses.</p> <p>A. Each pharmacist shall have obtained a minimum of fifteen continuing education hours of pharmaceutical education through an approved continuing pharmaceutical education program during the year immediately preceding his license renewal date.</p> <p>B. An approved continuing pharmaceutical education program shall be any program approved by the Board.</p> <p>C. Pharmacists who have been initially licensed by the Board during the one year preceding the license renewal date shall not be required to comply with the requirement on the first license renewal date that would immediately follow.</p> <p>D. The Board may grant an exemption from the continuing education requirement if the pharmacist presents evidence that failure to comply was due to circumstances beyond the control of the pharmacist.</p> <p>E. Upon the written request of a pharmacist, the Board may grant an extension of one year in order for a pharmacist to fulfill the continuing education requirements for the period of time in question. Such extension shall not relieve the pharmacist of complying with the continuing education requirement for the current period.</p> <p>F. The pharmacist shall attest to the fact that he has completed the continuing education requirements as specified by the Board.</p> <p>G. The following shall apply to the</p>

			<p>requirements for continuing pharmaceutical education:</p> <ol style="list-style-type: none"> 1. The provider of an approved continuing education program shall issue to each pharmacist who has successfully completed a program certification that the pharmacist has completed a specified number of hours. 2. The certificates so issued to the pharmacist shall be maintained by the pharmacist for a period of two years following the renewal of his license. 3. The pharmacist shall provide the Board, upon request, with certification of completion of continuing education programs in a manner to be determined by the Board. <p>H. Pharmacists who are also licensed in other states and who have obtained a minimum of fifteen hours of approved continuing education requirements of such other states need not obtain additional hours.</p> <p>I. The Board shall provide for an inactive status for those pharmacists who do not wish to practice in Virginia. The Board shall require upon request for change from inactive to active status proof of continuing education hours equal to that which would have been required should the pharmacist have continued to hold an active license. No person shall practice in Virginia unless he holds a current active license.</p>
Physical Therapy	<p>PT's - 30 hours (15 of Type 1 by approved sponsors; 15 self-directed) biennially</p> <p>PTA's – 30 hours (10 of Type 1 by approved sponsors; 20 self-directed) biennially</p>	<ul style="list-style-type: none"> • Specialty certification counted in the biennium of initial cert. or re-certification • Retention of records for 4 years 	<p>§ 54.1-3480.1. Continuing education. As a prerequisite to renewal of a license or reinstatement of a license, each physical therapist shall be required to take biennial courses relating to physical therapy as approved by the Board. The Board shall prescribe criteria for approval of courses of study and credit hour requirements. The Board may approve alternative courses upon timely application of any licensee. Fulfillment of education requirements shall be certified to the Board upon a form provided by the Board and shall be submitted by each licensed physical therapist at the time he applies to the Board for the renewal or reinstatement of his license. The Board may waive individual requirements in cases of certified illness or undue hardship.</p>
Psychology Clinical psychologist	14 hours annually by approved sponsors	<ul style="list-style-type: none"> • Minimum of 1.5 hrs. in ethics, standards of practice or laws 	<p>§ 54.1-3606.1. Continuing education.</p> <p>A. The Board shall promulgate regulations governing continuing education</p>

<p>Applied psychologist School psychologist</p>		<p>governing the profession of psychology</p> <ul style="list-style-type: none"> • Must be directly related to the scope of practice in the category of licensure • Retention of records for 4 years 	<p>requirements for psychologists licensed by the Board. Such regulations shall require the completion of the equivalent of fourteen hours annually in Board-approved continuing education courses for any license renewal or reinstatement after the effective date.</p> <p>B. The Board shall approve criteria for continuing education courses that are directly related to the respective license and scope of practice of school psychology, applied psychology and clinical psychology. Approved continuing education courses for clinical psychologists shall emphasize, but not be limited to, the diagnosis, treatment and care of patients with moderate and severe mental disorders. Any licensed hospital, accredited institution of higher education, or national, state or local health, medical, psychological or mental health association or organization may submit applications to the Board for approval as a provider of continuing education courses satisfying the requirements of the Board's regulations. Approved course providers may be required to register continuing education courses with the Board pursuant to Board regulations. Only courses meeting criteria approved by the Board and offered by a Board-approved provider of continuing education courses may be designated by the Board as qualifying for continuing education course credit.</p> <p>C. All course providers shall furnish written certification to licensed psychologists attending and completing respective courses, indicating the satisfactory completion of an approved continuing education course. Each course provider shall retain records of all persons attending and those persons satisfactorily completing such continuing education courses for a period of four years following each course. Applicants for renewal or reinstatement of licenses issued pursuant to this article shall retain for a period of four years the written certification issued by any course provider. The Board may require course providers or licensees to submit copies of such records or certification, as it deems necessary to ensure compliance with continuing education requirements.</p> <p>D. The Board shall have the authority to grant exemptions or waivers or to reduce</p>
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			the number of continuing education hours required in cases of certified illness or undue hardship.
Social Work Clinical social worker Licensed social worker	30 hours biennially by approved sponsors	<ul style="list-style-type: none"> • Minimum of 2 hrs must pertain to the standards of practice and laws governing the profession of social work in Virginia, or the Code of Ethics of one of the social work professional associations • Retention of records for 5 years 	<p>§ 54.1-3708. Continuing education requirements.</p> <p>The Board shall establish in regulations requirements for the continuing education of licensed social workers.</p> <p>The Board may approve persons who provide continuing education or accredit continuing education programs in order to accomplish the purposes of this section.</p>
Veterinary Medicine	<p>Veterinarians – 15 hours annually by approved sponsors</p> <p>Veterinary technicians – 6 hours annually by approved sponsors</p>	<ul style="list-style-type: none"> • Must be clinical courses or programs related to the treatment and care of patients. • Retention of records for 2 years 	<p>§ 54.1-3805.2. Continuing education.</p> <p>The Board shall adopt regulations which provide for continuing education requirements for relicensure and licensure by endorsement of veterinarians and veterinary technicians. After January 1, 1997, a veterinarian shall be required to complete a minimum of fifteen hours, and a veterinary technician shall be required to complete a minimum of six hours of approved continuing education annually as a condition for renewal of a license. Continuing education courses shall be approved by the Board or by a Board-approved organization. Regulations of the Board adopted pursuant to this section may provide for the waiver of such continuing education requirements upon conditions as the Board deems appropriate.</p>

**VIRGINIA BOARD OF HEALTH PROFESSIONS
SURVEY ON CONTINUING COMPETENCY ASSURANCE**

July 2007

Are you aware of issues or activities relating to continuing competency for this profession? If "Yes," please briefly describe the general issues and identify the organization(s), associations or boards (s).

BOARD OF AUDIOLOGY & SPEECH-LANGUAGE PATHOLOGY

Profession	General Issues
Audiologist	Continuing education units (CEU's) are required to maintain certification & licensure thru American Speech-Language-Hearing Association (ASHA) and American Academy of Audiology (AAA) . There is periodic re-examination through AAA
Speech-Language Pathologist	CEU's are required to maintain the Certificate of Clinical Competence (CCC-SLP) through the American Speech Hearing Association (ASHA), Speech-Language Hearing Association of Virginia (SHAV) and licensure through the state board. Board posits that Speech-Language Pathologists should to be able to do Flexible endoscopy and dysphagia (FEES) assessments. The Board's notes concern that there are those who lack training in this important area. Periodic re-examination – organization of state boards and ASHA CEU Board.

NOTE: **School Speech-Language Pathologists** are primarily regulated by Department of Education.

BOARD OF COUNSELING

Profession	General Issues
Certified Substance Abuse Counselor	No continuing education hours are required
Licensed Marriage & Family Therapists	n/a
Licensed Professional Counselor	n/a
Rehabilitation Provider	No continuing education hours are required
Substance Abuse Counseling Assistant	No continuing education hours are required
Substance Abuse Treatment Provider	n/a

**VIRGINIA BOARD OF HEALTH PROFESSIONS
SURVEY ON CONTINUING COMPETENCY ASSURANCE**

July 2007

Are you aware of issues or activities relating to continuing competency for this profession? If "Yes," please briefly describe the general issues and identify the organization(s), associations or boards (s).

BOARD OF DENTISTRY

Profession	General Issues
Dentist	Board certified dental specialists undergo peer review every 10 years by a private credentialing organization such as a specialty board
Dental Hygienist	No information.
Oral/Maxiofacial Surgeon	Peer review by private credentialing organization such as a specialty board.

BOARD OF FUNERAL DIRECTORS & EMBALMERS

Profession	General Issues
Funeral Embalmer	The Board requires face-to-face continuing education sessions rather than on-line or book study modules.
Funeral Director	As above.
Funeral Service Provider	As above.

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BOARD OF MEDICINE

Profession	General Issues
Athletic Trainer	National Athletic Trainers' Association Board of Certification (NATABOC) certification requires 75 hours over 3 year period in four categories, from approved programs, college/university coursework, and non-approved providers.
Chiropractor	Federation of Chiropractic Licensing Boards' (FCLB) -- association of state boards -- program, "Providers of Approved Continuing Education" (PACE), wants to serve as the approving body for CE programs for member boards. Also, see BOM regulatory review relating to deleting the requirement for interactive continuing education.
Licensed Acupuncturist	National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) is planning a study involving state boards to determine the areas needed for continued learning.
Licensed Midwife	North American Registry of Midwives (NARM) requires 5 hours of peer review every 3 years and 25 hours of accredited CEU. In lieu of the CEU, the certification exam may be re-taken and must be passed to maintain certification.
Medicine & Surgery	See BOM regulatory review relating to deleting the requirement for interactive continuing education & consideration of private Board-certification requirement for initial licensure.
Occupational Therapist	See BOM regulatory review - expanded Type II activities to include fieldwork with Occupational Therapy students.
Osteopathy & Surgery	See BOM regulatory review relating to deleting the requirement for interactive continuing education & consideration of private Board-certification requirement for initial licensure.
Physician Assistant	National Commission on Certification of Physician Assistants (NCCPA) certification requires 100 hours in 2 categories over 2 years. Recertification exam is required every 6 years.
Podiatry	Virginia Podiatric Medical Association (ASSO) has not addressed this issue.
Radiologic Technologist	Certification committees are striving to ensure clinical competency requirements to keep pace with entry-level job requirements through comprehensive practice analysis surveys. Updates to take effect from 2009-2011. In lieu of CE, an American Registry of Radiologic Technologist (ARRT) certified radiologic technologist may take and pass a post-primary exam not previously passed.

NOTE: There was no information reported for **Limited Radiologic Technician** or **Respiratory Care Practitioner**.

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BOARD OF NURSING

Profession	General Issues
Licensed Practical Nurse	No specific information available at this time (see National Council State Boards of Nursing below).
Registered Nurse	National Council State Boards of Nursing (NCSBN) currently studying continuing competency for RN's and LPN's. NCSBN will make recommendations to all Boards of Nursing. NCSBN may adopt a position statement which will serve only as guidance to Boards of Nursing who then could choose to use this as a model for regulatory changes in their particular state.

NOTE: There was no information reported relative to **Advanced Certified Nurse, Certified Nurse Aide, Certified Massage Therapist, Clinical Nurse Specialist, or Licensed Nurse Practitioner**

BOARD OF LONG-TERM CARE ADMINISTRATORS

Profession	General Issues
Nursing Home Administrator	No information available at this time; the regulations have not been finalized.

NOTE: **Long-Term Care Administrators** were not regulated at the time of the survey.

BOARD OF OPTOMETRY

Profession	General Issues
Optometrist	<p>The Board is reviewing the current continuing education regulations. Under consideration is a requirement for a minimum number of hours involving face-to-face or interactive education. The Board is also considering the need for a higher percentage of coursework to address the use of pharmaceuticals and clarification of CE sponsors. Additionally, the Board is reviewing the feasibility of utilizing an electronic tracking system through the Association of Regulatory Boards of Optometry (ARBO) to monitor individual licensee compliance with the continuing education requirements.</p> <p>ARBO has just developed a new committee to its board, Optometric Competence Committee. This committee is charged with developing ideas for continued and advanced competency and will be working closely with a profession-wide joint task force on competence and board certification over the next 1-2 years. There is no specialty certification in optometry.</p>

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BOARD OF PHARMACY

Profession	General Issues
Pharmacist	<p>Fifteen hours of approved continuing education are required by the Board. There is a voluntary competency assessment instrument available for pharmacists through the National Association of Boards of Pharmacy (NABP) to use in evaluating areas of strength and weakness so that educational efforts may be tailored to the individual.</p> <p>Accreditation Council for Pharmacy Education (ACPE) is revising standards for continuing education providers to require more stringent standards in developing programs to better ensure continuing competency.</p>
Pharmacy Technician	<p>Five hours of approved continuing education is required annually by the Board. ACPE is revising standards for providers to require coding of courses as appropriate for pharmacy technicians.</p>

BOARD OF PHYSICAL THERAPY

Profession	General Issues
Physical Therapist	<p>15 Type 1 hours and 15 Type 2 hours are required by Virginia. The Board is currently exploring the continuing competency regulation definition as it relates to Type 1 hours. Specifically, the Board is reviewing current on-line CE coursework used by other states for continuing competency as well as for course credit in obtaining a transitional Doctor of Physical Therapy degree (t-DPT). The Board seeks to determine if such course work meets the criteria of quality and the element of group discussion needed for Type I hour approval.</p>
Physical Therapy Assistant	<p>10 Type I hours and 20 Type 2 hours required by state.</p>

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BOARD OF PSYCHOLOGY

Applied Psychologist	n/a
Clinical Psychologist	n/a
School Psychologist	n/a

BOARD OF SOCIAL WORK

Licensed Clinical Social Worker	n/a
Licensed Social Worker	The Board is considering <u>reducing</u> continuing education hours for this profession.

BOARD OF VETERINARY MEDICINE

Veterinarian	No
Veterinary Technician	No