Advisory Board on Occupational Therapy

Virginia Board of Medicine

June 4, 2024

10:00 am

Advisory Board on Occupational Therapy

Board of Medicine

Tuesday, June 4, 2024 @ 10:00 a.m.

9960 Mayland Drive, Suite 201, Henrico, VA

Training Room 2

	Page
Call to Order – Dwayne Pitre, OTR, Chair	
Emergency Egress Procedures – William Harp, MD	i
Roll Call – Jamie Culp	
Introduction of Members – Dwayne Pitre, OTR	
Approval of Minutes	1 - 3
Adoption of the Agenda	
Public Comment on Agenda Items (15 minutes)	
2022 OT and OTA Healthcare Workforce Data Presentation – Barbara Hodgdon, PhD.	4 - 61

New Business

1. Regulatory Update..... 62
   Erin Barrett
2. Consideration of Removal of Active Practice Requirement for Renewal ..... 63 - 65
   Erin Barrett
3. Update on Implementation of Occupational Therapy Interstate Licensure Compact.....66 -- 89
   Kathryn Skibek, OTR
4. Orientation to the Board of Medicine and Advisory Board ....90 - 123

Announcements:

Next Scheduled Meeting: October 8, 2024 @ 10:00 a.m.

Adjournment

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.

Training Room 2

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

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.

ADVISORY BOARD ON OCCUPATIONAL THERAPY

Minutes
June 13, 2023

The Advisory Board on Occupational Therapy met on Tuesday, June 13, 2023 at 10:00 am at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia.

MEMBERS PRESENT: Dwayne Pitre, OT, Chair
Breshae Bedward, OT

MEMBERS ABSENT: Raziuddin Ali, MD
Kathryn Skibek, OT, Vice-Chair
Karen Lebo, Citizen

STAFF PRESENT: William L. Harp, MD - Executive Director
Michael Sobowale, LLM - Deputy Executive Director for Licensure
Matt Novak, JD - DHP Policy Analyst
Roslyn Nickens - Licensing Supervisor
Jamie Culp – Licensing Specialist
Joshlynn Jones – Licensing Specialist
Shelby Smith – Licensing Specialist

GUESTS PRESENT: None

CALL TO ORDER

Dwayne Pitre, OTR, Chair called the meeting to order at 10:17 a.m.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the emergency egress instructions. He also made a brief introduction of the newly hired Board staff present.

ROLL CALL

Roll was called; no quorum was declared.

APPROVAL OF MINUTES

The minutes from the meeting from September 20, 2022 were not approved as no quorum was present.

ADOPTION OF AGENDA

The meeting agenda was not adopted as no quorum was present. The Chair considered a request from Board staff to amend the agenda to include approval of the minutes from the October 2, 2018 meeting which were not approved at a subsequently held meeting. Members present agreed to amend the agenda to include review of the October 2018 minutes. Ms. Bedward and Mr. Pitre thought they reflected what was discussed in 2018.

PUBLIC COMMENT

None

NEW BUSINESS

1. **Report on Status of Regulatory/Policy Actions**

   Matt Novak made a presentation on the status of the regulatory actions for the Advisory. The proposed regulations for implementation of the occupational therapy compact are currently in the public comment period. There will be a public hearing on the regulations next week at the June 22nd Board of Medicine meeting.

2. **Dry Needling by Occupational Therapists**

   Members present reaffirmed that dry needling does not appear to be within the scope of practice for occupational therapists. The history of this issue at the Advisory was reviewed. The conclusion has always been that legislative action would be required for occupational therapists to be able to perform dry needling.

3. **Update on Implementation of the Occupational Therapy Licensure Compact**

   Michael Sobowale presented an update on the Occupational Therapy Licensure Compact. As of May 2023, 27 states have joined the compact and 16 other states have introduced legislation to join the compact. The Association and Society Management International, Inc. (ASMI) will serve as the secretariat for the Compact Commission. A new Executive Director has also been hired for the Compact Commission. It is currently projected that member states may begin to grant compact privileges sometime in mid-2024.

Announcements:

Licensing Statistics

Michael Sobowale provided the licensing statistics. There are a total of 5,068 licensed occupational therapists. 3,897 are current active in Virginia; 1,046 are current active out-of-state. There are 65 current inactive within the state, and 59 are current inactive out-of-state.
1,797 occupational therapy assistants are currently licensed of which the vast majority, 1,547 are current active in Virginia with 215 current active out of state. 24 are current inactive in Virginia, and 11 are current inactive out-of-state. One licensee is current active on probation. So far, this year, the Board has licensed 186 new occupational therapists and 44 new occupational therapy assistants.

Next Scheduled Meeting

The next scheduled meeting date is October 3, 2023 @ 10:00 a.m.

Adjournment:

With no other business to conduct, the meeting adjourned at 10:58 a.m.

DRAFT

Virginia's Occupational Therapy Workforce: 2022

Healthcare Workforce Data Center

February 2023

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: ***HWDC@dhp.virginia.gov***

Follow us on Tumblr: ***www.vahwdc.tumblr.com***
Get a copy of this report from:
https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

More than 4,000 Occupational 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 their ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

Arne W. Owens, MS
Director

James L. Jenkins, Jr., BS/N, RN, SCRN
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle
Research Assistant

Virginia Occupational Therapy Advisory Board

Chair

Dwayne Pitre, OT
Charlottesville

Vice-Chair

Kathryn Skibek, OT
Woodbridge

Members

Raziuddin Ali, MD
Midlothian

Breshae Bedward, OT
Charles City

Karen Lebo
Richmond

Executive Director

William L. Harp, MD

Contents

At a Glance 1

Results in Brief 2

Summary of Trends 2

Survey Response Rates 3

The OT Workforce 4

Demographics 5

Background 6

Education 8

Credentials 9

Current Employment Situation 10

Employment Quality 11

2022 Labor Market 12

Work Site Distribution 13

Establishment Type 14

Time Allocation 16

Retirement & Future Plans 17

Full-Time Equivalency Units 19

Maps 20
- Virginia Performs Regions 20
- Area Health Education Center Regions 21
- Workforce Investment Areas 22
- Health Services Areas 23
- Planning Districts 24

Appendices 25
- Weights 25

At a Glance

The Occupational Therapy Workforce At a Glance:

The Workforce

Licensees:	5,503
Virginia's Workforce:	4,634
FTEs:	3,688

Survey Response Rate

All Licensees:	74%
Renewing Practitioners:	93%

Demographics

% Female:	92%
Diversity Index:	29%
Median Age:	38

Background

Rural Childhood:	29%
HS Degree in VA:	43%
Prof. Degree in VA:	44%

Education

Masters:	67%
Baccalaureate:	22%

Finances

Median Income:	$70k-$80k
Health Benefits:	58%
Under 40 w/ Ed. Debt:	65%

Current Employment

Employed in Prof.:	94%
Hold 1 Full-Time Job:	60%
Satisfied?:	95%

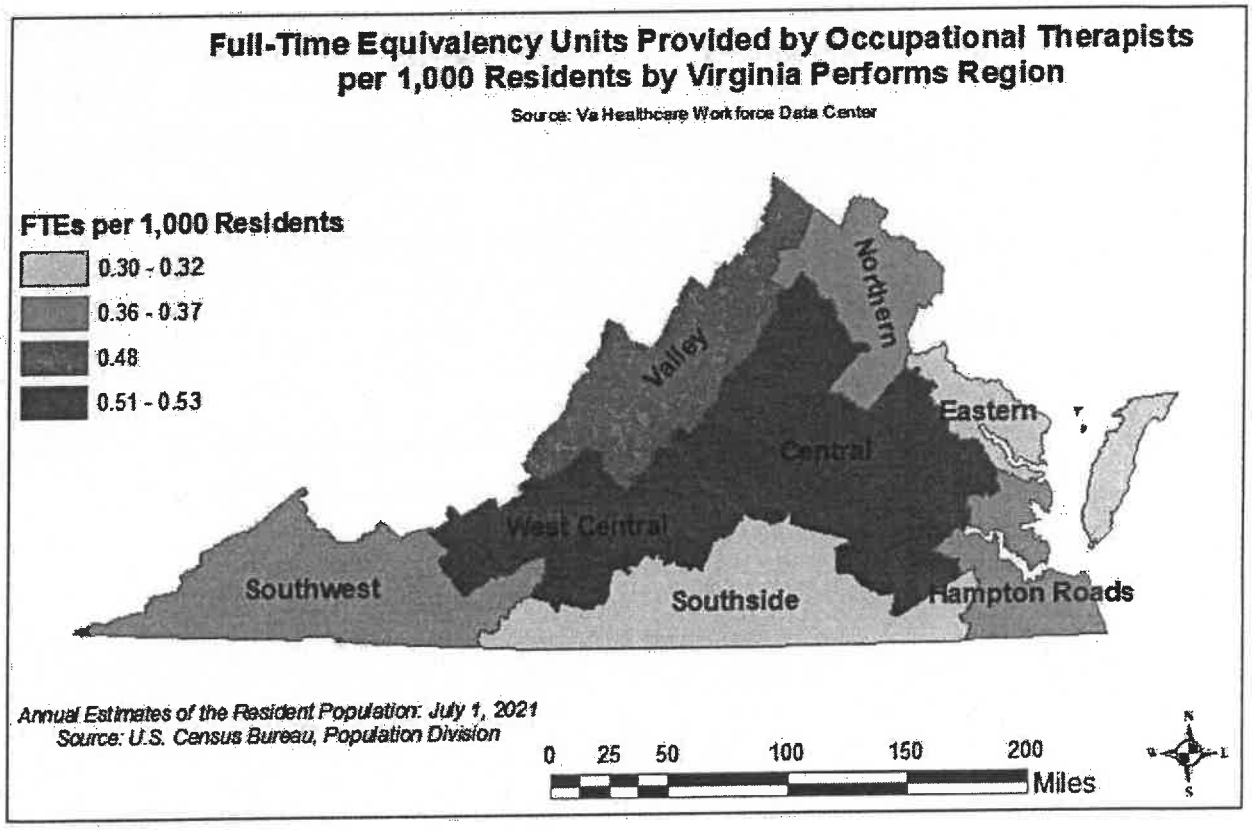
Job Turnover

Switched Jobs:	11%
Employed Over 2 Yrs.:	57%

Primary Roles

Patient Care:	80%
Administration:	5%
Education:	1%

Source: Va. Healthcare Workforce Data Center



Results in Brief

This report contains the results of the 2022 Occupational Therapy (OT) Workforce survey. More than 4,000 OTs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place on even-numbered years during the birth month of each OT. These survey respondents represent 74% of the 5,503 OTs who are licensed in the state and 93% of renewing practitioners.

The HWDC estimates that 4,634 OTs participated in Virginia's workforce during the survey period, which is defined as those OTs 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 an OT at some point in the future. This workforce provided 3,688 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

More than 90% of all OTs are female, and the median age of this workforce is 38. In a random encounter between two OTs, there is a 29% chance that they would be of different races or ethnicities, a measure known as the diversity index. For those OTs who are under the age of 40, this diversity index increases slightly to 30%. However, these values remain well below the comparable diversity index of 58% for Virginia's overall population. Nearly 30% of all OTs grew up in a rural area, and 17% of all OTs who grew up in a rural area currently work in a non-metro area of the state. In total, 9% of all OTs currently work in a non-metro area of Virginia.

Among all OTs, 94% are currently employed in the profession, 60% hold one full-time job, and 47% work between 40 and 49 hours per week. One-half of all OTs are employed in the for-profit sector, while another 31% of OTs work in the non-profit sector. The median annual income for OTs is between $70,000 and $80,000, and nearly half of OTs receive this income in the form of a salary. In addition, more than three-quarters of all OTs receive at least one employer-sponsored benefit, including 58% who have access to health insurance. Overall, 95% of OTs indicated that they are satisfied with their current employment situation, including 59% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2014 Occupational Therapy workforce. The number of licensed OTs has increased by 44% (5,503 vs. 3,826). In addition, the size of Virginia's OT workforce has increased by 43% (4,634 vs. 3,231), and the number of FTEs provided by this workforce has increased by 42% (3,688 vs. 2,602). Virginia's renewing OTs are more likely to respond to this survey (93% vs. 80%).

The percentage of Virginia's OT workforce that is under the age of 40 has increased significantly (55% vs. 47%). The diversity index of Virginia's OTs has increased (29% vs. 23%), a trend that has also occurred among OTs who are under the age of 40 (30% vs. 25%). This has taken place at a time during which the diversity index of the state's overall population has also increased (58% vs. 54%). OTs are less likely to have grown up in a rural area (29% vs. 31%), and OTs who grew up in a rural area are also slightly less likely to be employed in a non-metro area of Virginia (17% vs. 18%).

Virginia's OTs are considerably more likely to receive a Master's degree as their highest professional degree (67% vs. 56%) instead of a baccalaureate degree (22% vs. 41%). In addition, OTs are more likely to carry education debt (46% vs. 43%), and the median debt amount among those OTs with education debt has increased as well ($60k-$70k vs. $40k-$50k). The median annual income of Virginia's OT workforce has also increased ($70k-$80k vs. $60k-$70k), and OTs are more likely to receive this income in the form of a salary (47% vs. 43%) instead of an hourly wage (41% vs. 45%).

The one-year rates of involuntary unemployment (2% vs. 1%) and underemployment (4% vs. 3%) have both risen slightly. Although half of OTs continue to work in the for-profit sector, there has been a shift away from state/local governments (16% vs. 20%) and toward the non-profit sector (31% vs. 27%). The most common establishment type among OTs has changed from skilled nursing facilities (11% vs. 19%) to the inpatient department of general hospitals (17% vs. 13%). OTs are less likely to indicate that they are satisfied with their current work situation (95% vs. 97%), and this decline is particularly acute among those OTs who indicated that they are "very satisfied" (59% vs. 68%).

Survey Response Rates

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	4,392	80%
New Licensees	467	8%
Non-Renewals	644	12%
All Licensees	5,503	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing OTs, 93% submitted a survey. These represent 74% of all OTs who held a license at some point in 2022.

Definitions

1. **The Survey Period:** The survey was conducted throughout 2022.
2. **Target Population:** All OTs who held a Virginia license at some point in 2022.
3. **Survey Population:** The survey was available to OTs who renewed their licenses online. It was not available to those who did not renew, including all OTs newly licensed in 2022.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	545	550	50%
30 to 34	266	748	74%
35 to 39	156	624	80%
40 to 44	88	509	85%
45 to 49	78	429	85%
50 to 54	70	460	87%
55 to 59	60	348	85%
60 and Over	143	429	75%
Total	1,406	4,097	75%
New Licenses			
Issued in Past Year	467	0	0%
Metro Status			
Non-Metro	86	266	76%
Metro	660	2,979	82%
Not in Virginia	660	852	56%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	4,097
Response Rate, All Licensees	74%
Response Rate, Renewals	93%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed OTs

Number:	5,503
New:	8%
Not Renewed:	12%

Response Rates

All Licensees:	74%
Renewing Practitioners:	93%

Source: Va. Healthcare Workforce Data Center

The OT Workforce

At a Glance:

Workforce

2022 OT Workforce:	4,634
FTEs:	3,688

Utilization Ratios

Licensees in VA Workforce:	84%
Licensees per FTE:	1.49
Workers per FTE:	1.26

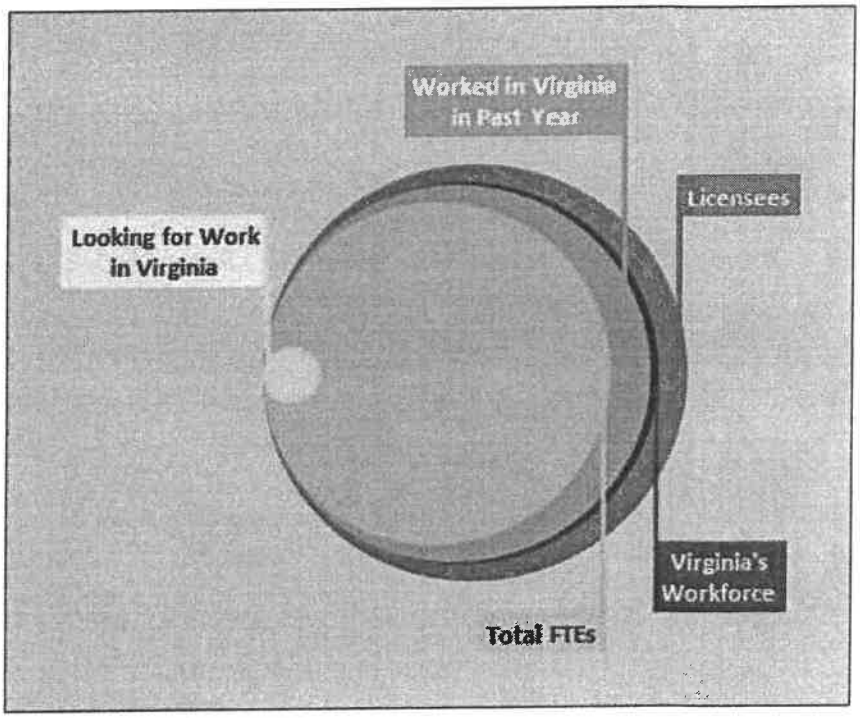
Source: Va. Healthcare Workforce Data Center

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 hours (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees 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 OT Workforce		
Status	**#**	**%**
Worked in Virginia in Past Year	4,532	98%
Looking for Work in Virginia	102	2%
Virginia's Workforce	**4,634**	**100%**
Total FTEs	**3,688**	
Licensees	**5,503**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/

Demographics

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	29	3%	922	97%	951	22%
30 to 34	72	9%	737	91%	809	19%
35 to 39	52	9%	550	91%	602	14%
40 to 44	45	10%	418	90%	463	11%
45 to 49	32	9%	336	91%	368	9%
50 to 54	49	12%	346	88%	395	9%
55 to 59	42	14%	263	86%	305	7%
60 and Over	33	9%	347	91%	380	9%
Total	355	8%	3,918	92%	4,273	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	OTs		OTs Under 40	
	%	#	%	#	%
White	60%	3,642	84%	1,996	83%
Black	19%	253	6%	142	6%
Asian	7%	220	5%	123	5%
Other Race	0%	43	1%	14	1%
Two or More Races	3%	82	2%	51	2%
Hispanic	10%	113	3%	71	3%
Total	100%	4,353	100%	2,399	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2021.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	92%
% Under 40 Female:	94%

Age

Median Age:	38
% Under 40:	55%
% 55 and Over:	16%

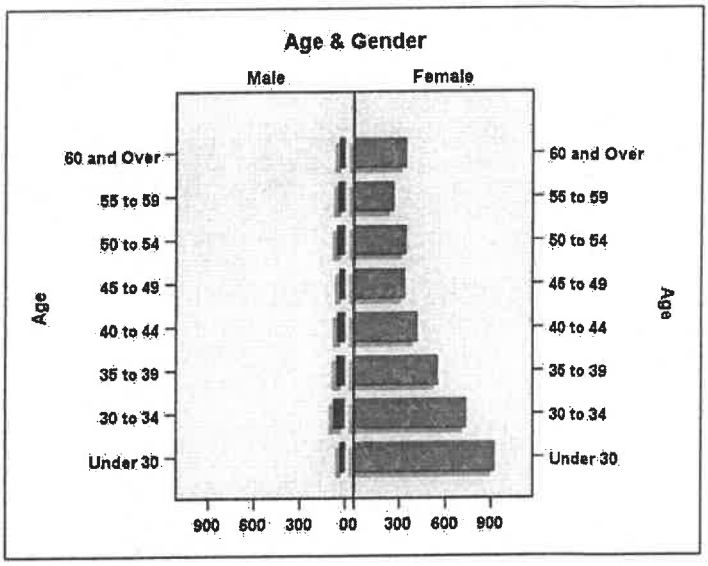
Diversity

Diversity Index:	29%
Under 40 Div. Index:	30%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two OTs, there is a 29% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable number is 58%.

Among all OTs, 55% are under the age of 40, and 94% of OTs who are under the age of 40 are female. In addition, there is a 30% chance that two randomly chosen OTs among those who are under the age of 40 would be of different races or ethnicities.



Source: Va. Healthcare Workforce Data Center

Background

At a Glance:

Childhood

Urban Childhood:	9%
Rural Childhood:	29%

Virginia Background

HS in Virginia:	43%
Professional Edu. in VA:	44%
HS/Prof. Edu. in VA:	53%

Location Choice

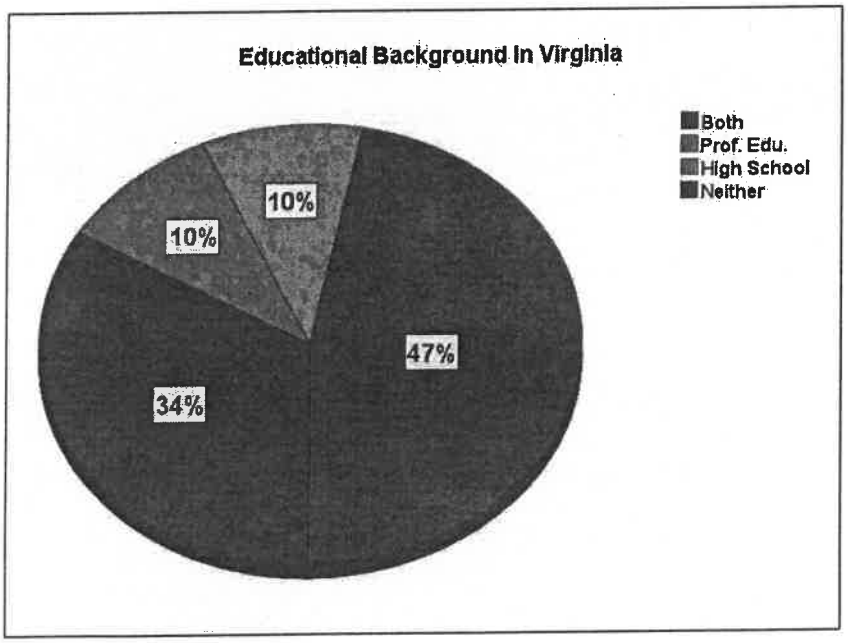
% Rural to Non-Metro:	17%
% Urban/Suburban to Non-Metro:	5%

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+	22%	68%	10%
2	Metro, 250,000 to 1 Million	38%	49%	13%
3	Metro, 250,000 or Less	42%	52%	7%
	Non-Metro Counties			
4	Urban, Pop. 20,000+, Metro Adjacent	58%	30%	12%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	59%	37%	5%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	74%	19%	7%
8	Rural, Metro Adjacent	50%	44%	6%
9	Rural, Non-Adjacent	47%	47%	5%
	Overall	**29%**	**61%**	**9%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Nearly 30% of OTs grew up in a self-described rural area, and 17% of OTs who grew up in a rural area currently work in a non-metro county. In total, 9% of all OTs work in a non-metro county of Virginia.

Top Ten States for Occupational Therapist Recruitment

Rank	All Occupational Therapists			
	High School	#	Professional School	#
1	Virginia	1,880	Virginia	1,870
2	Pennsylvania	353	Pennsylvania	447
3	New York	281	New York	281
4	Maryland	237	Florida	149
5	Outside U.S./Canada	185	North Carolina	146
6	New Jersey	181	Massachusetts	141
7	North Carolina	116	Washington, D.C.	107
8	Florida	91	Outside U.S./Canada	104
9	Ohio	89	Tennessee	97
10	West Virginia	85	Maryland	91

Source: Va. Healthcare Workforce Data Center

Among all OTs, 43% received their high school degree in Virginia, and 44% also received their initial professional degree in the state.

Among OTs who were licensed in the past five years, 44% received their high school degree in Virginia, and 45% also received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	632	Virginia	646
2	Pennsylvania	101	Pennsylvania	165
3	Maryland	100	New York	86
4	New Jersey	82	Florida	68
5	New York	77	Tennessee	46
6	North Carolina	45	Washington, D.C.	45
7	Florida	39	Massachusetts	41
8	Ohio	35	Maryland	28
9	Tennessee	33	Texas	24
10	Outside U.S./Canada	29	Missouri	22

Source: Va. Healthcare Workforce Data Center

In total, 16% of licensed OTs did not participate in Virginia's workforce in 2022. Among these licensees, 93% worked at some point in the past year, including 87% who currently work as OTs.

At a Glance:

Not in VA Workforce

Total:	893
% of Licensees:	16%
Federal/Military:	5%
VA Border State/DC:	25%

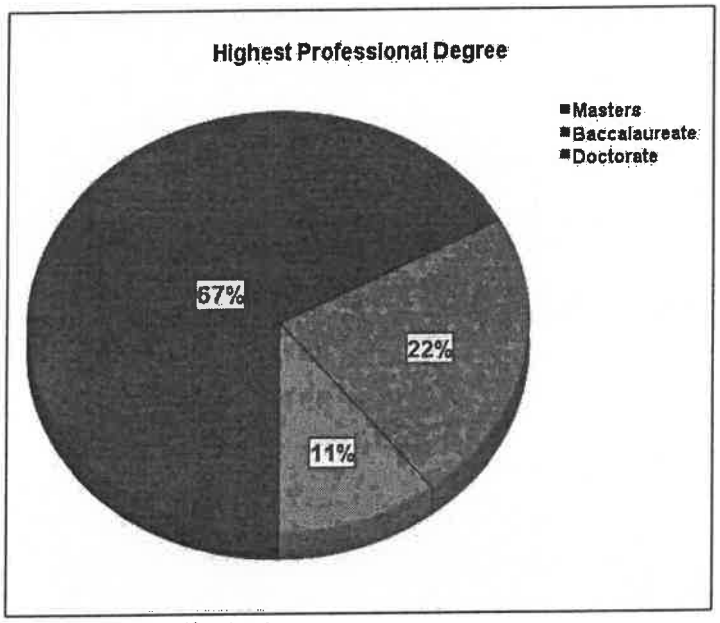
Source: Va. Healthcare Workforce Data Center

Education

A Closer Look:

Highest Professional Degree		
Degree	#	%
Baccalaureate	959	22%
Masters	2,865	67%
Doctorate	450	11%
Total	4,274	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

At a Glance:

Education

Masters: 67%
Baccalaureate: 22%

Education Debt

With Debt: 46%
Under Age 40 w/ Debt: 65%
Median Debt: $60k-$70k

Source: Va. Healthcare Workforce Data Center

Two-thirds of all OTs hold a Master's degree as their highest professional degree.

Nearly half of all OTs carry education debt, including 65% of those who are under the age of 40. For those with education debt, the median debt amount is between $60,000 and $70,000.

Education Debt				
Amount Carried	All OTs		OTs Under 40	
	#	%	#	%
None	2,097	54%	760	35%
$20,000 or Less	259	7%	153	7%
$20,001-$40,000	293	8%	209	10%
$40,001-$60,000	229	6%	179	8%
$60,001-$80,000	246	6%	208	10%
$80,001-$100,000	211	5%	182	8%
$100,001-$120,000	232	6%	191	9%
More than $120,000	313	8%	274	13%
Total	3,879	100%	2,157	100%

Source: Va. Healthcare Workforce Data Center

Credentials

At a Glance:

Top Specializations

Pediatrics:	25%
Physical Rehabilitation:	25%
Gerontology:	20%

Top Certifications:

Cert. Hand Therapist:	3%
Lymphedema Therapist:	3%
School Systems:	1%

Source: Va Healthcare Workforce Data Center

Both Pediatrics and Physical Rehabilitation are areas of specialization among one-quarter of Virginia's OT workforce. In total, three-quarters of all OTs have at least one specialization.

A Closer Look:

Specializations		
Area	#	% of Workforce
Pediatrics	1,150	25%
Physical Rehabilitation	1,137	25%
Gerontology	905	20%
Neurorehabilitation	787	17%
Sensory Processing	679	15%
Acute Care	648	14%
Home Health	644	14%
School Systems	642	14%
Developmental Disabilities	606	13%
Early Intervention	393	8%
Hand Therapy	347	7%
Environmental Modification	305	7%
Feeding, Eating, Swallowing	298	6%
Mental Health	279	6%
Low Vision	144	3%
Driving and Community Mobility	57	1%
Industrial/Workplace	41	1%
Other	211	5%
At Least One Specialization	3,477	75%

Source: Va. Healthcare Workforce Data Center

Certifications		
Proficiency Area	#	% of Workforce
Certified Hand Therapist (CHT)	129	3%
Certified Lymphedema Therapist	125	3%
School Systems	63	1%
Dementia Care Specialist	58	1%
Pediatrics (BCP)	32	1%
Other	366	8%
At Least One Certification	703	15%

Source: Va. Healthcare Workforce Data Center

Among all OTs, 15% hold at least one certification, including 3% who have a certification as a Certified Hand Therapist (CHT). In addition, 3% also have a certification as a Certified Lymphedema Therapist.

Current Employment Situation

At a Glance:

Employment

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

Positions Held

1 Full-Time:	60%
2 or More Positions:	18%

Weekly Hours:

40 to 49:	47%
60 or More:	2%
Less than 30:	18%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	1	< 1%
Employed in an Occupational Therapy-Related Capacity	4,101	94%
Employed, NOT in an Occupational Therapy-Related Capacity	70	2%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	6	< 1%
Voluntarily Unemployed	149	3%
Retired	22	1%
Total	4,349	100%

Source: Va. Healthcare Workforce Data Center

Among all OTs, 94% are currently employed in the profession, 60% hold one full-time job, and 47% work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	177	4%
One Part-Time Position	769	18%
Two Part-Time Positions	210	5%
One Full-Time Position	2,596	60%
One Full-Time Position & One Part-Time Position	433	10%
Two Full-Time Positions	4	0%
More than Two Positions	107	2%
Total	4,296	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	177	4%
1 to 9 Hours	147	3%
10 to 19 Hours	219	5%
20 to 29 Hours	377	9%
30 to 39 Hours	1,069	25%
40 to 49 Hours	2,002	47%
50 to 59 Hours	180	4%
60 to 69 Hours	40	1%
70 to 79 Hours	13	0%
80 or More Hours	19	0%
Total	4,243	100%

Source: Va. Healthcare Workforce Data Center

Employment Quality

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	8	0%
$30,000 or Less	241	7%
$30,001-$40,000	132	4%
$40,001-$50,000	203	6%
$50,001-$60,000	347	10%
$60,001-$70,000	501	15%
$70,001-$80,000	728	21%
$80,001-$90,000	582	17%
$90,001-$100,000	344	10%
$100,001-$110,000	196	6%
$110,001-$120,000	88	3%
More than $120,000	66	2%
Total	3,437	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: $70k-$80k

Benefits
Health Insurance: 58%
Retirement: 64%

Satisfaction
Satisfied 95%
Very Satisfied: 59%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	2,505	59%
Somewhat Satisfied	1,517	36%
Somewhat Dissatisfied	190	5%
Very Dissatisfied	36	1%
Total	4,249	100%

Source: Va. Healthcare Workforce Data Center

The typical OT earns between $70,000 and $80,000 per year. In addition, 77% of OTs receive at least one employer-sponsored benefit, including 58% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	2,656	65%	70%
Retirement	2,620	64%	69%
Health Insurance	2,399	58%	62%
Dental Insurance	2,283	56%	60%
Paid Sick Leave	1,969	48%	52%
Group Life Insurance	1,492	36%	39%
Signing/Retention Bonus	298	7%	8%
At Least One Benefit	3,165	77%	82%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . .?	#	%
Experience Involuntary Unemployment?	81	2%
Experience Voluntary Unemployment?	328	7%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	186	4%
Work Two or More Positions at the Same Time?	921	20%
Switch Employers or Practices?	501	11%
Experience At Least One?	1,584	34%

Source: Va. Healthcare Workforce Data Center

Among all OTs, 2% experienced involuntary unemployment in the past year. By comparison, Virginia's average monthly unemployment rate was 2.9% during the same time period.[1]

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	100	2%	111	10%
Less than 6 Months	259	6%	172	16%
6 Months to 1 Year	463	11%	171	15%
1 to 2 Years	987	24%	234	21%
3 to 5 Years	959	23%	208	19%
6 to 10 Years	577	14%	104	9%
More than 10 Years	820	20%	108	10%
Subtotal	**4,165**	**100%**	**1,109**	**100%**
Did Not Have Location	117		3,497	
Item Missing	352		28	
Total	4,634		4,634	

Source: Va. Healthcare Workforce Data Center

Among all OTs, 47% receive a salary at their primary work location, while 41% receive an hourly wage.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 2%
Underemployed: 4%

Turnover & Tenure

Switched Jobs: 11%
New Location: 26%
Over 2 Years: 57%
Over 2 Yrs., 2nd Location: 38%

Employment Type

Salary/Commission: 47%
Hourly Wage: 41%

Source: Va. Healthcare Workforce Data Center

Among all OTs, 57% have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	1,524	47%
Hourly Wage	1,334	41%
By Contract	321	10%
Business/Practice Income	66	2%
Unpaid	7	0%
Subtotal	3,252	100%

Source: Va. Healthcare Workforce Data Center

[1] As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.5% and a high of 3.4%. The unemployment rate from December 2022 was still preliminary at the time of publication.

Work Site Distribution

At a Glance:

Concentration

Top Region:	30%
Top 3 Regions:	73%
Lowest Region:	1%

Locations

2 or More (Past Year):	27%
2 or More (Now*):	24%

Source: Va. Healthcare Workforce Data Center

Nearly three-quarters of all OTs work in Northern Virginia, Central Virginia, and Hampton Roads.

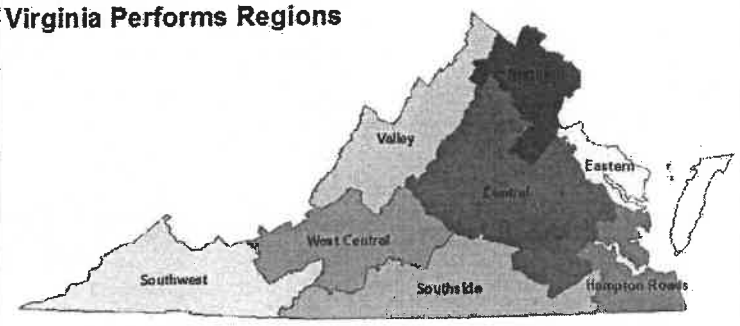
A Closer Look:

Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	1,068	26%	230	20%
Eastern	53	1%	24	2%
Hampton Roads	715	17%	175	16%
Northern	1,251	30%	291	26%
Southside	118	3%	40	4%
Southwest	174	4%	36	3%
Valley	290	7%	89	8%
West Central	426	10%	128	11%
Virginia Border State/D.C.	31	1%	38	3%
Other U.S. State	39	1%	70	6%
Outside of the U.S.	1	0%	1	0%
Total	**4,166**	**100%**	**1,122**	**100%**
Item Missing	350		13	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

While nearly one-quarter of OTs currently have multiple work locations, 27% have had multiple work locations over the past year.

Number of Work Locations

Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	102	2%	173	4%
1	3,015	71%	3,076	72%
2	731	17%	654	15%
3	279	7%	263	6%
4	59	1%	36	1%
5	22	1%	15	0%
6 or More	41	1%	33	1%
Total	**4,250**	**100%**	**4,250**	**100%**

*At the time of survey completion: 2022 (continual renewal cycle).

Source: Va. Healthcare Workforce Data Center

Establishment Type

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	2,011	50%	782	73%
Non-Profit	1,245	31%	206	19%
State/Local Government	647	16%	76	7%
Veterans Administration	56	1%	3	0%
U.S. Military	14	0%	4	0%
Other Federal Government	25	1%	3	0%
Total	3,998	100%	1,074	100%
Did Not Have Location	117		3,497	
Item Missing	518		62	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

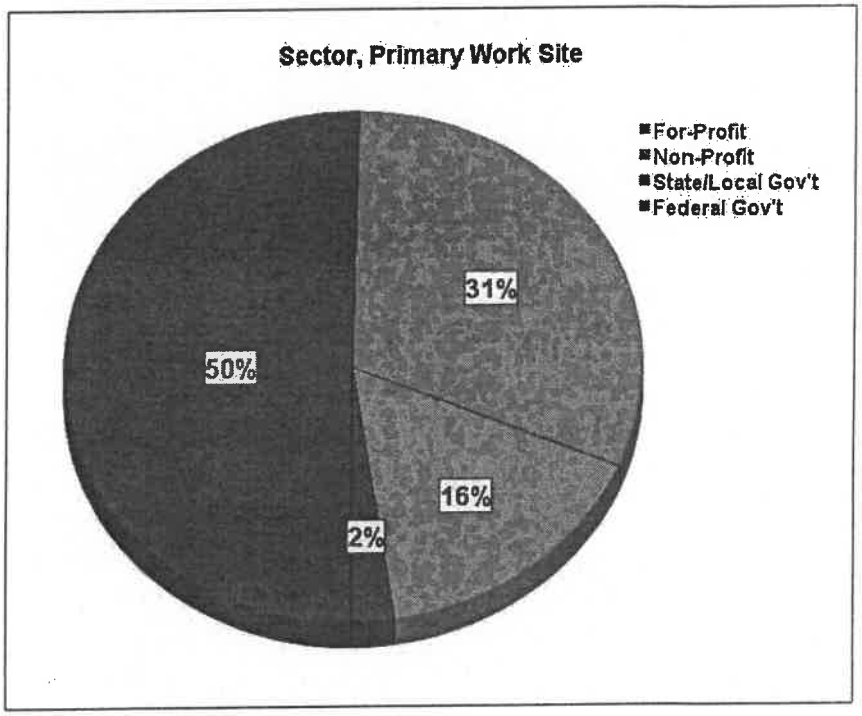
For-Profit:	50%
Federal:	2%

Top Establishments

Hospital, Inpatient:	17%
K-12 School System:	14%
Home Health Care:	12%

Source: Va Healthcare Workforce Data Center

One-half of all OTs work in the for-profit sector, while 31% work in the non-profit sector.



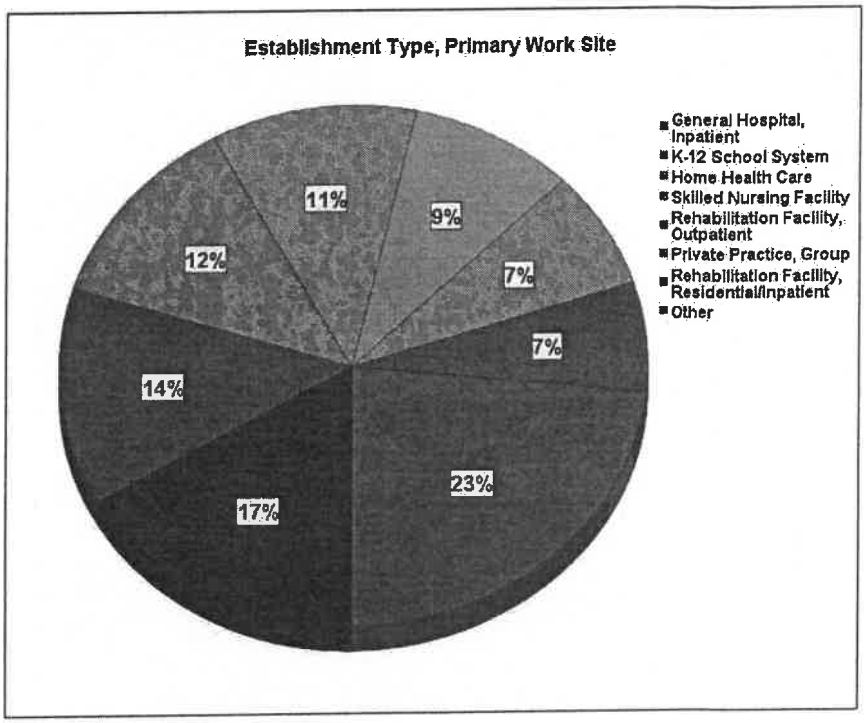
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
General Hospital, Inpatient Department	643	17%	136	13%
K-12 School System	525	14%	38	4%
Home Health Care	472	12%	150	14%
Skilled Nursing Facility	438	11%	192	18%
Rehabilitation Facility, Outpatient Clinic	353	9%	56	5%
Private Practice, Group	288	7%	84	8%
Rehabilitation Facility, Residential/Inpatient	263	7%	115	11%
General Hospital, Outpatient Department	200	5%	20	2%
Assisted Living or Continuing Care Facility	144	4%	64	6%
Academic Institution	123	3%	49	5%
Private Practice, Solo	109	3%	55	5%
Mental Health, Inpatient	47	1%	1	0%
Physician Office	23	1%	3	0%
Other	260	7%	93	9%
Total	3,888	100%	1,056	100%
Did Not Have a Location	117		3,497	

Source: Va. Healthcare Workforce Data Center

Among all OTs, 17% work in the inpatient department of a general hospital, while another 14% work in a K-12 school system.

Among those OTs who also have a secondary work location, 18% work in a skilled nursing facility, and another 14% work in a home health care establishment.



Source: Va. Healthcare Workforce Data Center

Time Allocation

At a Glance:
(Primary Locations)

A Typical OTs Time

Patient Care:	80%-89%
Administration:	1%-9%
Education:	1%-9%

Roles

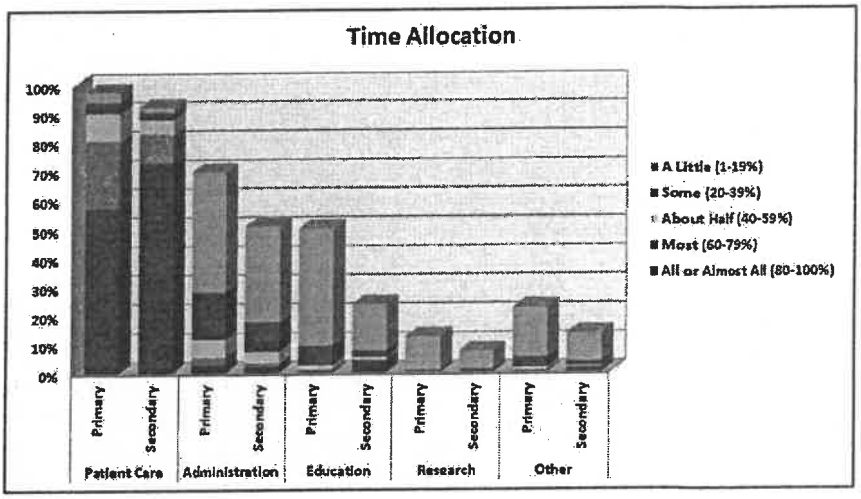
Patient Care:	80%
Administrative:	5%
Education:	1%

Patient Care OTs

Median Admin Time:	1%-9%
Avg. Admin Time:	1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

OTs spend most of their time performing patient care activities. In fact, four out of every five OTs fill a patient care role, defined as spending at least 60% of their time in that activity.

Time Allocation										
Time Spent	Patient Care		Admin.		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	57%	73%	3%	2%	1%	4%	0%	0%	0%	1%
Most (60-79%)	23%	10%	2%	1%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	10%	5%	7%	4%	1%	1%	0%	0%	1%	0%
Some (20-39%)	4%	3%	16%	10%	7%	2%	1%	1%	4%	1%
A Little (1-19%)	4%	1%	42%	33%	41%	16%	12%	6%	17%	10%
None (0%)	3%	8%	30%	49%	50%	76%	88%	93%	78%	87%

Source: Va. Healthcare Workforce Data Center

Retirement & Future Plans

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All OTs		OTs 50 and Over	
	#	%	#	%
Under Age 50	205	6%	-	-
50 to 54	211	6%	7	1%
55 to 59	441	12%	52	6%
60 to 64	1,111	30%	271	29%
65 to 69	1,259	34%	406	44%
70 to 74	277	8%	121	13%
75 to 79	53	1%	32	3%
80 or Over	17	0%	6	1%
I Do Not Intend to Retire	114	3%	30	3%
Total	**3,688**	**100%**	**925**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All OTs
- Under 65: 53%
- Under 60: 23%

OTs 50 and Over
- Under 65: 36%
- Under 60: 6%

Time Until Retirement
- Within 2 Years: 3%
- Within 10 Years: 15%
- Half the Workforce: By 2052

Source: Va. Healthcare Workforce Data Center

More than half of all OTs expect to retire by the age of 65. For those OTs who are age 50 and over, 36% still expect to retire by the age of 65.

Within the next two years, 17% of OTs expect to pursue additional educational opportunities, and 11% expect to increase their patient care hours.

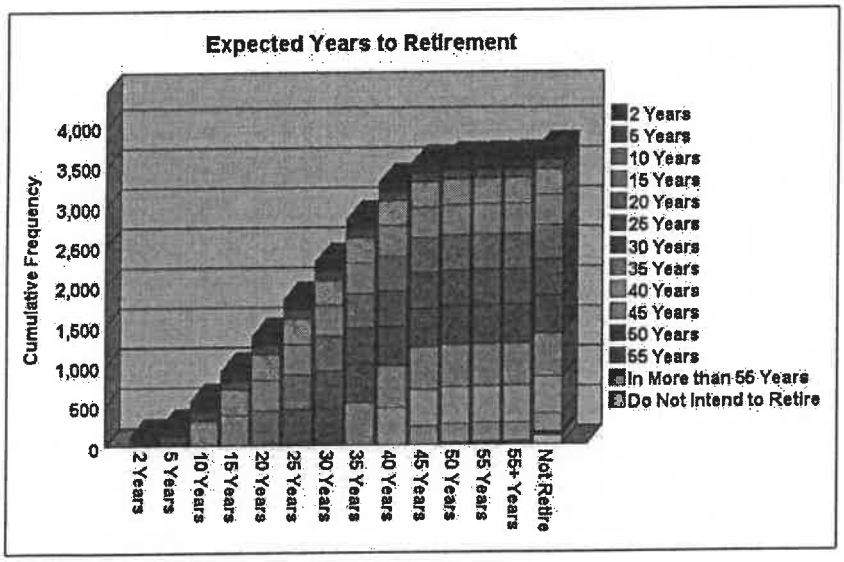
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	99	2%
Leave Virginia	184	4%
Decrease Patient Care Hours	458	10%
Decrease Teaching Hours	18	0%
Increase Participation		
Increase Patient Care Hours	498	11%
Increase Teaching Hours	373	8%
Pursue Additional Education	770	17%
Return to the Workforce	50	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectations to age, we can estimate the maximum years to retirement for OTs. While only 3% of OTs expect to retire in the next two years, 15% expect to retire within the next decade. More than half of the current workforce expect to retire by 2052.

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
2 Years	114	3%	3%
5 Years	117	3%	6%
10 Years	321	9%	15%
15 Years	382	10%	25%
20 Years	436	12%	37%
25 Years	450	12%	49%
30 Years	483	13%	62%
35 Years	533	14%	77%
40 Years	462	13%	89%
45 Years	230	6%	96%
50 Years	31	1%	97%
55 Years	10	0%	97%
In More than 55 Years	4	0%	97%
Do Not Intend to Retire	114	3%	100%
Total	3,688	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years by 2037. Retirement will peak at 14% of the current workforce in 2057 before declining to under 10% of the current workforce again around 2067.

Full-Time Equivalency Units

At a Glance:

FTEs

Total:	3,688
FTEs/1,000 Residents[2]:	0.427
Average:	0.82

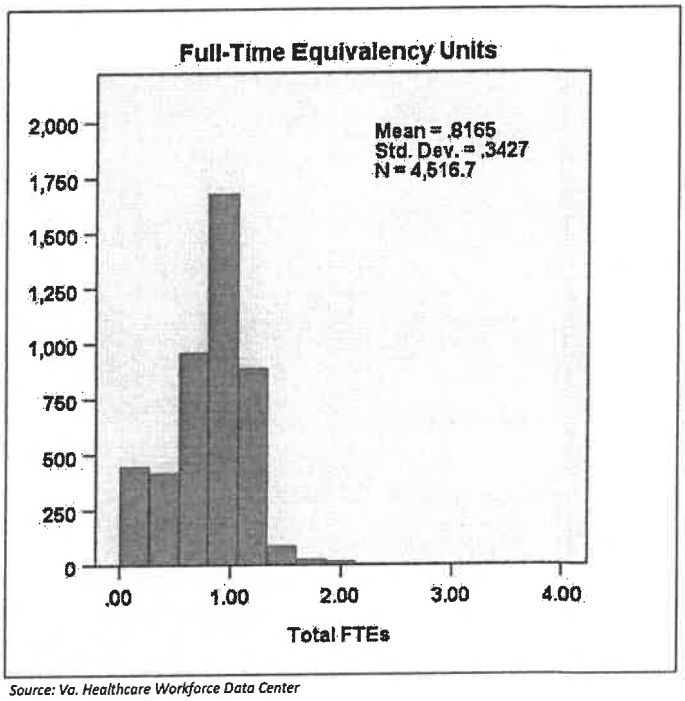
Age & Gender Effect

Age, *Partial Eta*^{2}:	Small
Gender, *Partial Eta*^{2}:	Small

Partial Eta^2 *Explained:*
Partial Eta^2 is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

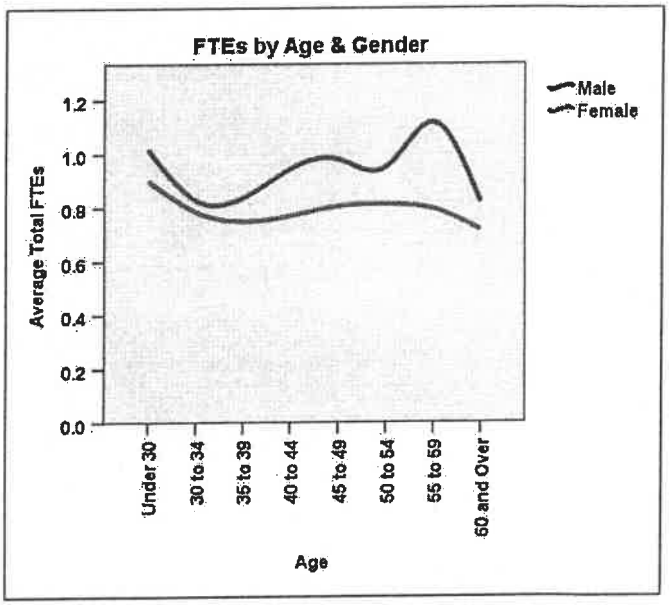


Source: Va. Healthcare Workforce Data Center

The typical OT provided 0.87 FTEs in 2022, or approximately 35 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.[3]

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.90	0.99
30 to 34	0.79	0.84
35 to 39	0.76	0.84
40 to 44	0.79	0.87
45 to 49	0.81	0.81
50 to 54	0.83	0.85
55 to 59	0.83	0.83
60 and Over	0.75	0.84
Gender		
Male	0.92	1.01
Female	0.81	0.87

Source: Va. Healthcare Workforce Data Center

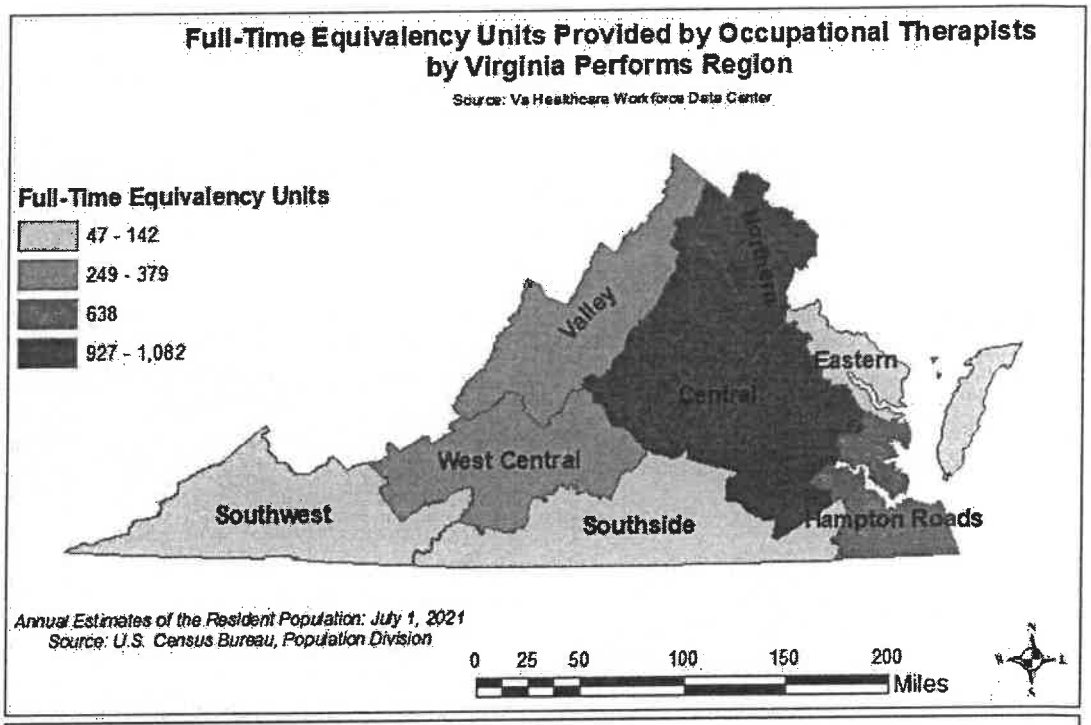


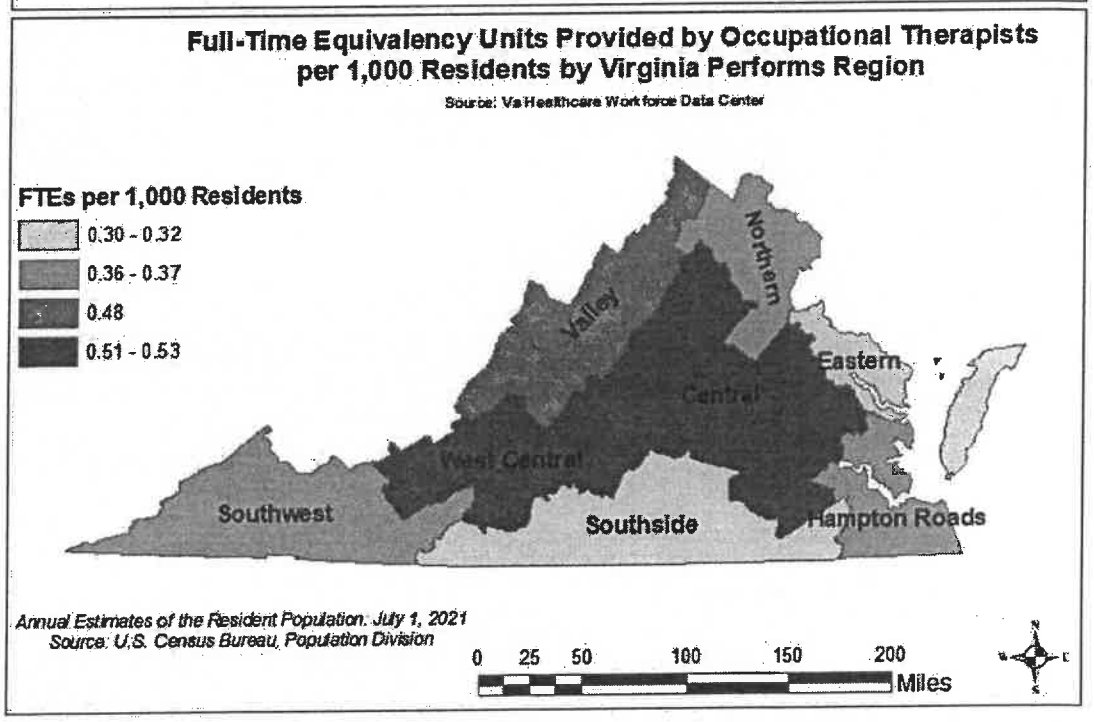
Source: Va. Healthcare Workforce Data Center

[2] Number of residents in 2021 was used as the denominator.
[3] Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).

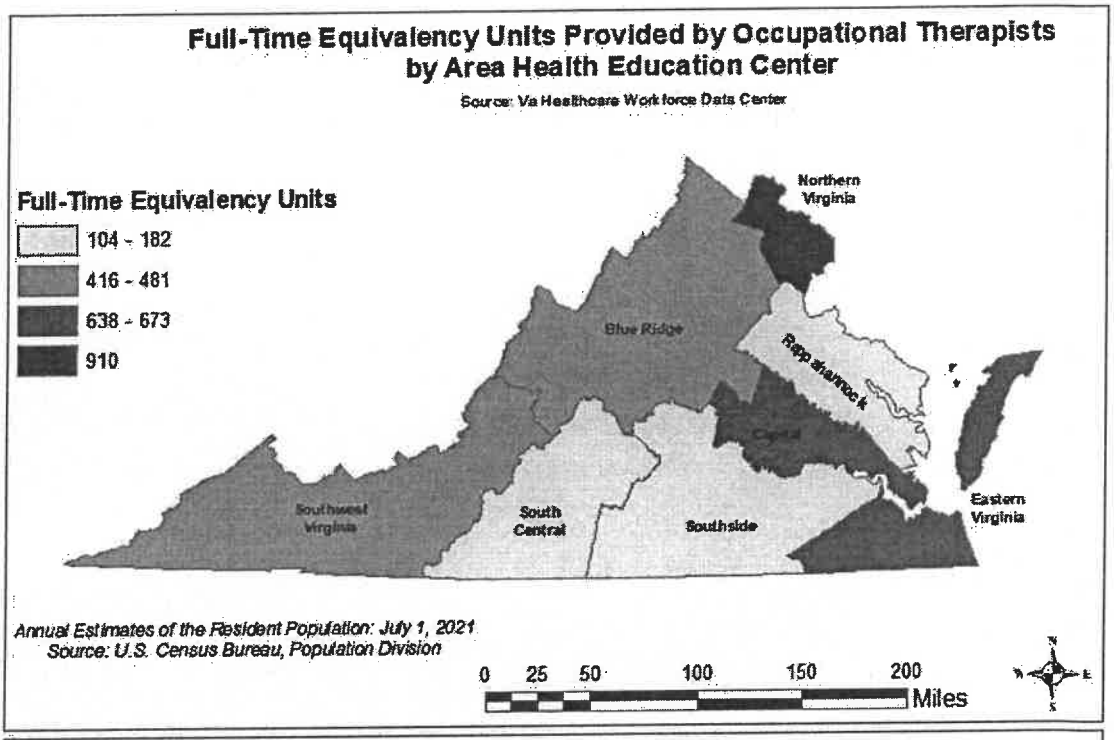
Maps

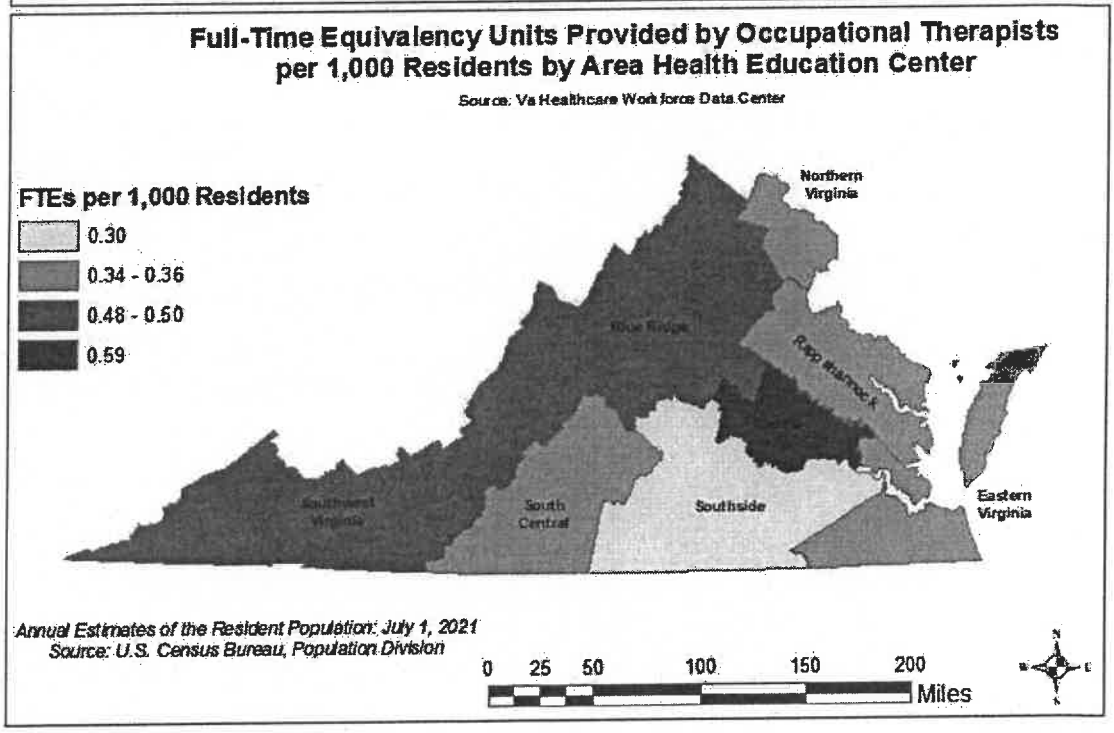
Virginia Performs Regions



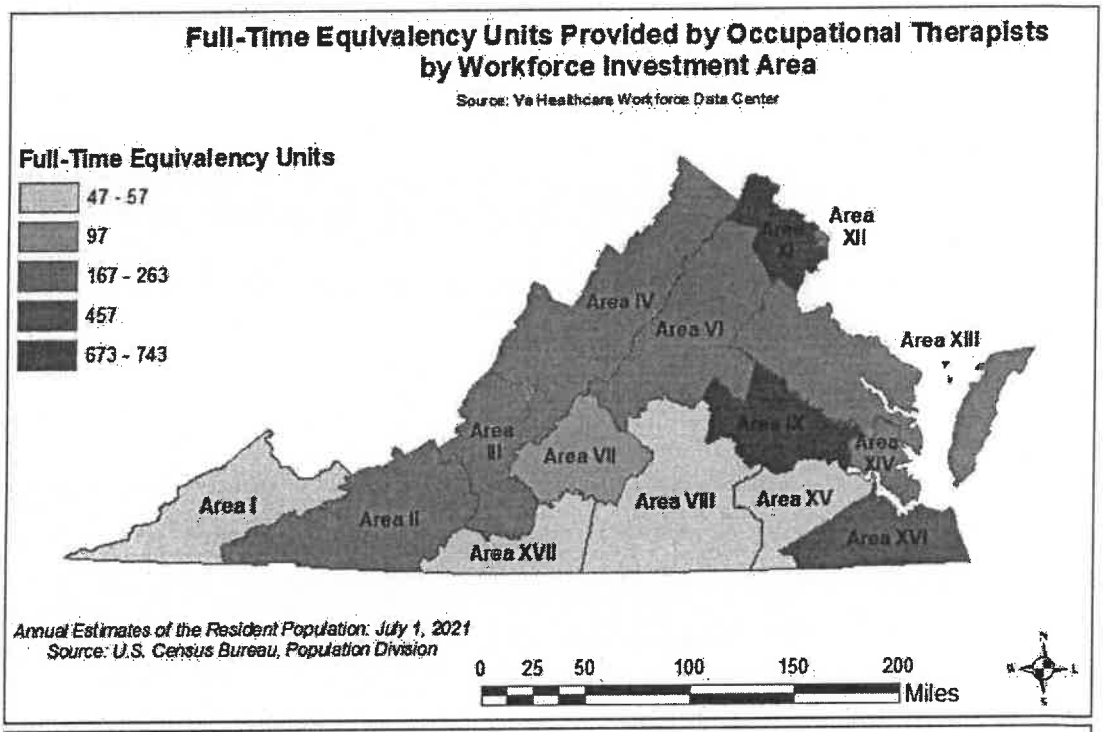


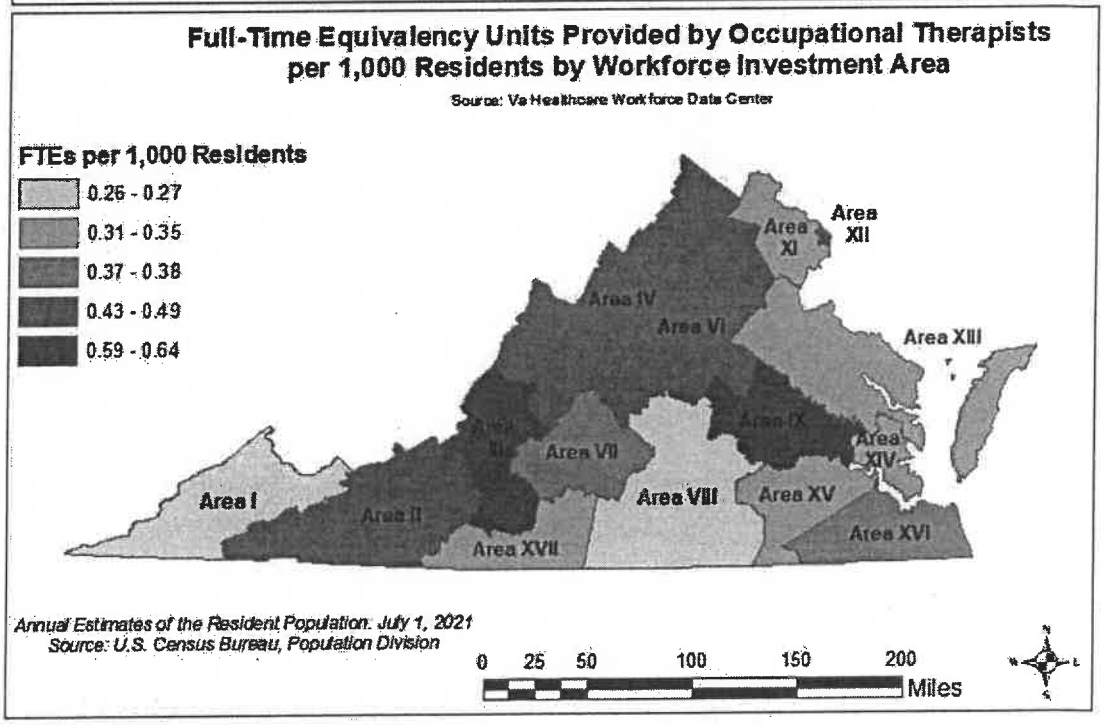
Area Health Education Center Regions



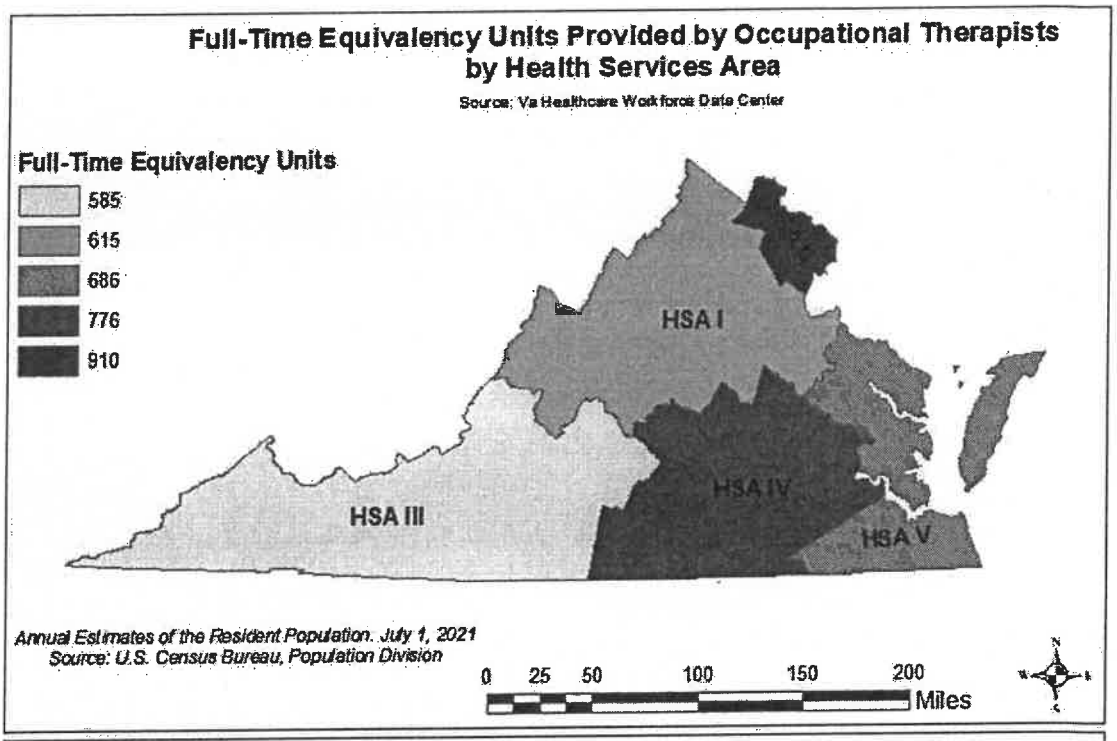


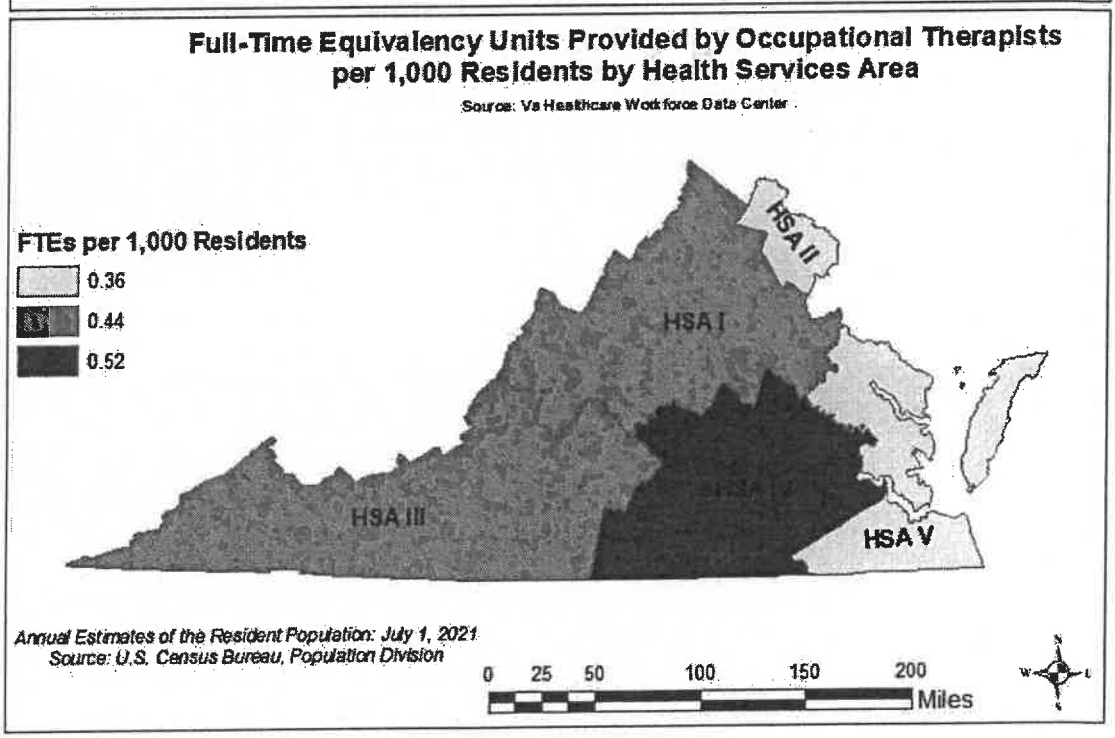
Workforce Investment Areas



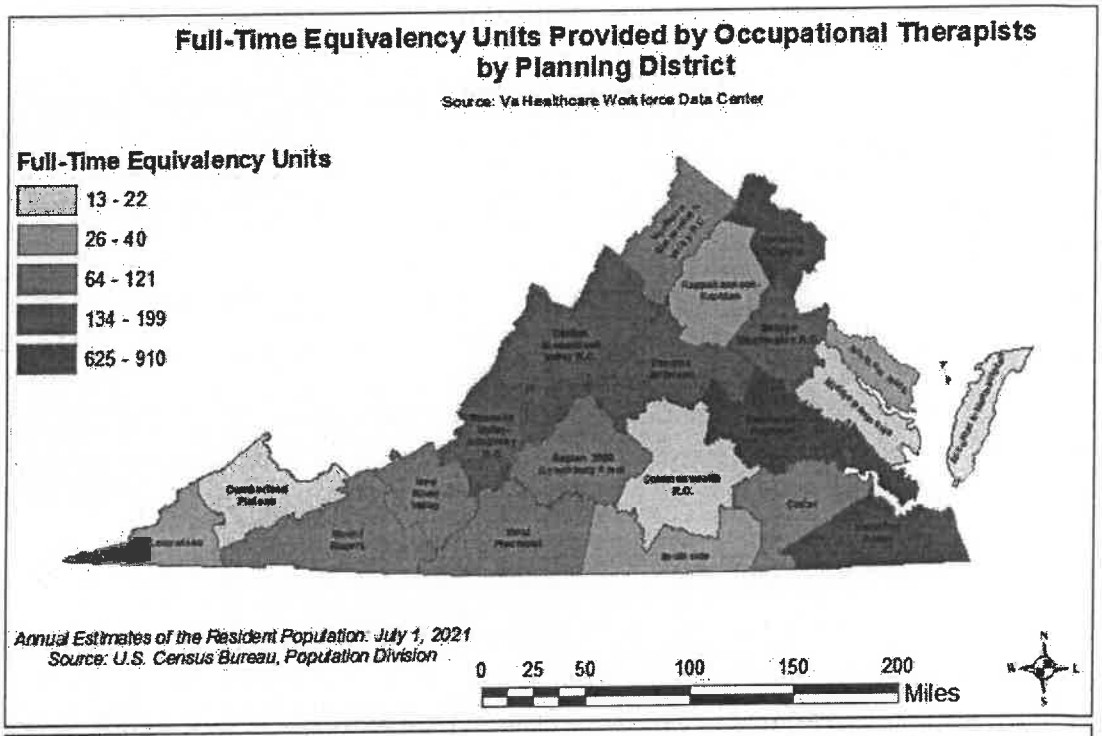


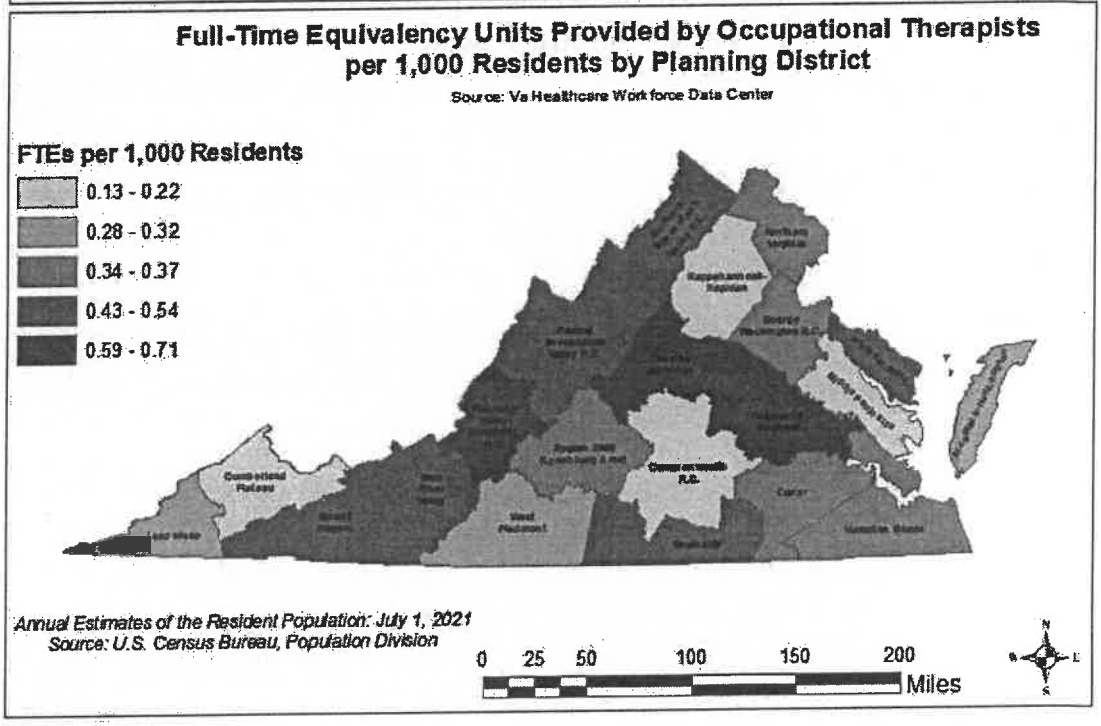
Health Services Areas





Planning Districts





Appendices

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	2,735	81.28%	1.230	1.055	1.824
Metro, 250,000 to 1 Million	377	86.21%	1.160	0.995	1.719
Metro, 250,000 or Less	527	81.78%	1.223	1.049	1.812
Urban, Pop. 20,000+, Metro Adj.	53	73.58%	1.359	1.166	2.014
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	129	77.52%	1.290	1.107	1.912
Urban, Pop. 2,500-19,999, Non-Adj.	60	80.00%	1.250	1.072	1.853
Rural, Metro Adj.	84	69.05%	1.448	1.242	2.147
Rural, Non-Adj.	26	80.77%	1.238	1.062	1.835
Virginia Border State/D.C.	627	60.13%	1.663	1.427	2.465
Other U.S. State	885	53.67%	1.863	1.598	2.762

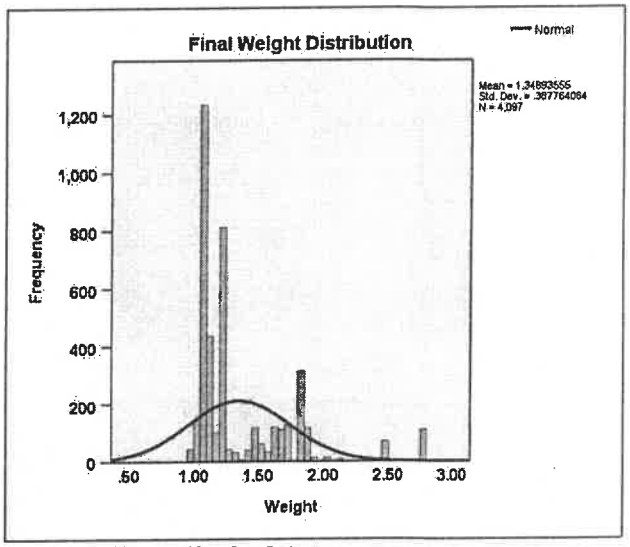
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/

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

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: 0.744503



Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	1,095	50.23%	1.991	1.719	2.762
30 to 34	1,014	73.77%	1.356	1.171	1.880
35 to 39	780	80.00%	1.250	1.080	1.734
40 to 44	597	85.26%	1.173	1.013	1.627
45 to 49	507	84.62%	1.182	1.021	1.639
50 to 54	530	86.79%	1.152	0.995	1.598
55 to 59	408	85.29%	1.172	1.013	1.626
60 and Over	572	75.00%	1.333	1.151	1.850

Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Occupational Therapy Assistant Workforce: 2022

Healthcare Workforce Data Center

February 2023

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: ***HWDC@dhp.virginia.gov***

Follow us on Tumblr: ***www.vahwdc.tumblr.com***
Get a copy of this report from:
https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

More than 1,400 Occupational Therapy Assistants 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 their ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

Arne W. Owens, MS
Director

James L. Jenkins, Jr., BS/N, RN, SCRN
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle
Research Assistant

Virginia Occupational Therapy Advisory Board

Chair

Dwayne Pitre, OT
Charlottesville

Vice-Chair

Kathryn Skibek, OT
Woodbridge

Members

Raziuddin Ali, MD
Midlothian

Breshae Bedward, OT
Charles City

Karen Lebo
Richmond

Executive Director

William L. Harp, MD

Contents

At a Glance 1

Results in Brief 2

Summary of Trends 2

Survey Response Rates 3

The OTA Workforce 4

Demographics 5

Background 6

Education 8

Credentials 9

Current Employment Situation 10

Employment Quality 11

2022 Labor Market 12

Work Site Distribution 13

Establishment Type 14

Time Allocation 16

Retirement & Future Plans 17

Full-Time Equivalency Units 19

Maps 20
- Virginia Performs Regions 20
- Area Health Education Center Regions 21
- Workforce Investment Areas 22
- Health Services Areas 23
- Planning Districts 24

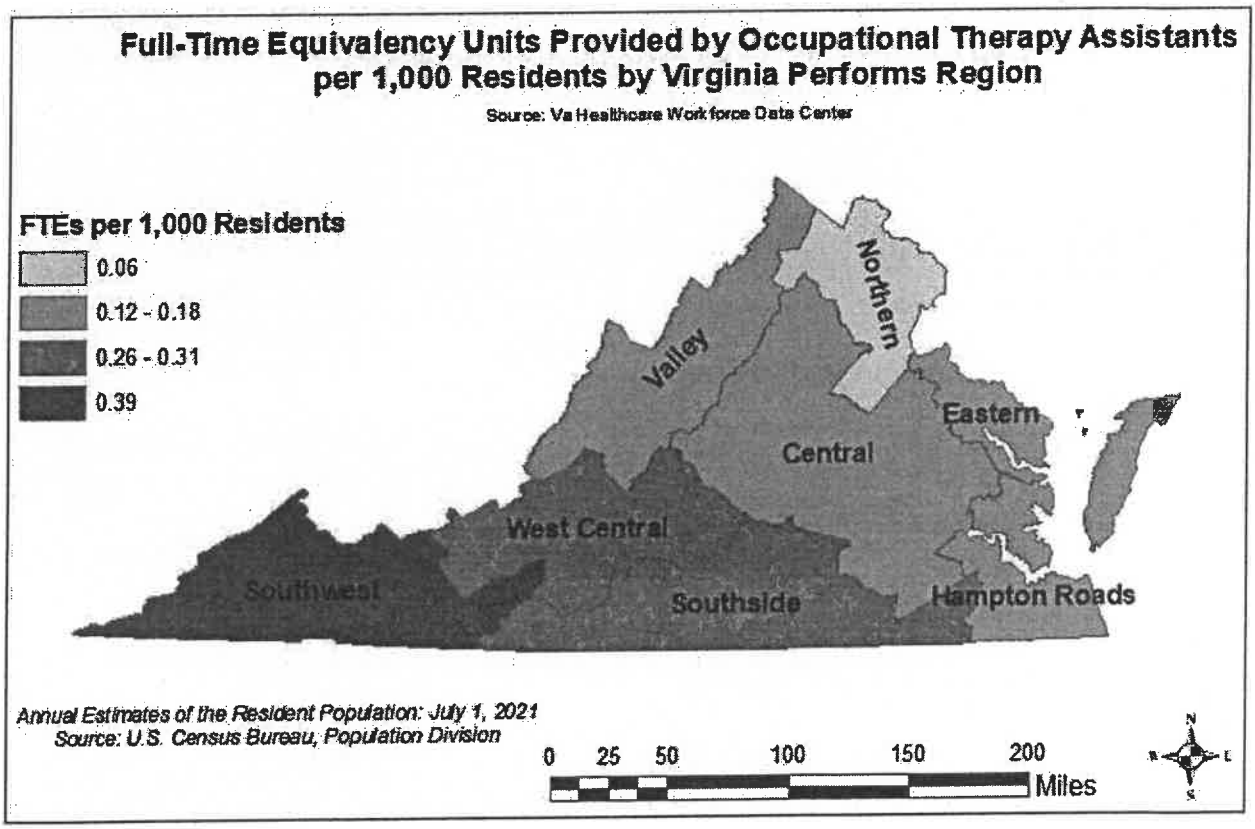
Appendices 25
- Weights 25

At a Glance

The Occupational Therapy Assistant Workforce At a Glance:

The Workforce		Background		Current Employment	
Registrants:	2,036	Rural Childhood:	50%	Employed in Prof.:	90%
Virginia's Workforce:	1,821	HS Degree in VA:	63%	Hold 1 Full-Time Job:	61%
FTEs:	1,312	Prof. Degree in VA:	73%	Satisfied?:	93%
Survey Response Rate		**Education**		**Job Turnover**	
All Registrants:	71%	Associate:	94%	Switched Jobs:	9%
Renewing Practitioners:	92%	Baccalaureate:	5%	Employed Over 2 Yrs.:	58%
Demographics		**Finances**		**Primary Roles**	
% Female:	91%	Median Income:	$45k-$50k	Patient Care:	85%
Diversity Index:	35%	Health Insurance:	55%	Administration:	4%
Median Age:	38	Under 40 w/ Ed. Debt:	56%	Education:	1%

Source: Va. Healthcare Workforce Data Center



Results in Brief

This report contains the results of the 2022 Occupational Therapy Assistant (OTA) workforce survey. More than 1,400 OTAs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the registration renewal process, which takes place on even-numbered years during the birth month of each OTA. These survey respondents represent 71% of the 2,036 OTAs who are registered in the state and 92% of renewing practitioners.

The HWDC estimates that 1,821 OTAs participated in Virginia's workforce during the survey period, which is defined as those OTAs 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 an OTA at some point in the future. This workforce provided 1,312 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

More than 90% of all OTAs are female, and the median age of the OTA workforce is 38. In a random encounter between two OTAs, there is a 35% chance that they would be of different races or ethnicities, a measure known as the diversity index. For those OTAs who are under the age of 40, this diversity index decreases slightly to 34%. This makes Virginia's OTA workforce considerably less diverse than the state's overall population, which has a comparable diversity index of 58%. One-half of all OTAs grew up in a rural area, and 34% of OTAs who grew up in a rural area currently work in a non-metro area of the state. In total, 21% of all OTAs currently work in a non-metro area of Virginia.

Among all OTAs, 90% are currently employed in the profession, 61% hold one full-time job, and 33% work between 40 and 49 hours per week. Over the past year, 3% of OTAs have experienced involuntary unemployment, and 7% have also experienced underemployment. Two-thirds of all OTAs work in the for-profit sector, while another 20% are employed in the non-profit sector. The median annual income for Virginia's OTAs is between $45,000 and $50,000. In addition, nearly 80% of all OTAs receive at least one employer-sponsored benefit, including 55% who have access to health insurance. More than 90% of all OTAs indicated that they are satisfied with their current work situation, including 55% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2014 Occupational Therapy Assistant workforce. The number of registered OTAs has increased by 60% (2,036 vs. 1,270). In addition, the size of Virginia's OTA workforce has increased by 62% (1,821 vs. 1,125), and the number of FTEs provided by this workforce has increased by 46% (1,312 vs. 898). Virginia's renewing OTAs are more likely to respond to this survey (92% vs. 83%).

The percentage of OTAs who are female has increased (91% vs. 89%). At the same time, the percentage of OTAs who are under the age of 40 has also increased (54% vs. 44%), leading to a decline in the median age of this workforce (38 vs. 42). The diversity index of Virginia's OTAs has increased (35% vs. 29%) during a time in which Virginia's overall population has also become more diverse (58% vs. 54%). Although the percentage of OTAs who have grown up in a rural area did not change (50%), the percentage of all OTAs who work in a non-metro area of Virginia has fallen (21% vs. 26%).

OTA are more likely to hold a baccalaureate degree as their highest professional degree (5% vs. 1%). OTAs are also more likely to carry education debt (44% vs. 42%), and the median debt amount among OTAs with education debt has increased ($20k-$25k vs. $12k-$15k). Although there has been no change in the median annual income of Virginia's OTAs ($40k-$45k), OTAs are slightly more likely to receive at least one employer-sponsored benefit (79% vs. 77%).

OTAs are less likely to be employed in the profession (90% vs. 97%), hold one full-time job (61% vs. 63%), or work between 40 and 49 hours per week (33% vs. 40%). Although skilled nursing facilities remain the most common establishment type among Virginia's OTAs, they employ a smaller percentage of this workforce (36% vs. 51%). Instead, OTAs are relatively more likely to be employed at home health care establishments (15% vs. 6%). The percentage of OTAs who indicated that they are satisfied with their current work situation has fallen (93% vs. 97%), and this decline is even larger among those OTAs who indicated that they are "very satisfied" (55% vs. 73%).

Survey Response Rates

A Closer Look:

Registrants		
Status	#	%
Renewing Practitioners	1,572	77%
New Registrants	168	8%
Non-Renewals	296	15%
All Registrations	2,036	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing OTAs, 92% submitted a survey. These represent 71% of all OTAs who held a registration at some point in 2022.

Definitions

1. **The Survey Period:** The survey was conducted throughout 2022.
2. **Target Population:** All OTAs who held a Virginia registration at some point in 2022.
3. **Survey Population:** The survey was available to OTAs who renewed their registrations online. It was not available to those who did not renew, including all OTAs newly registered in 2022.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	184	236	56%
30 to 34	110	265	71%
35 to 39	78	212	73%
40 to 44	46	169	79%
45 to 49	42	153	79%
50 to 54	50	149	75%
55 to 59	29	133	82%
60 and Over	56	124	69%
Total	**595**	**1,441**	**71%**
New Registrants			
Registered in Past Year	168	0	0%
Metro Status			
Non-Metro	92	297	76%
Metro	376	958	72%
Not in Virginia	127	186	59%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	1,441
Response Rate, All Registrants	71%
Response Rate, Renewals	92%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Registered OTAs

Number:	2,036
New:	8%
Not Renewed:	15%

Response Rates

All Registrants:	71%
Renewing Practitioners:	92%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

2022 OTA Workforce:	1,821
FTEs:	1,312

Utilization Ratios

Registrants in VA Workforce:	89%
Registrants per FTE:	1.55
Workers per FTE:	1.39

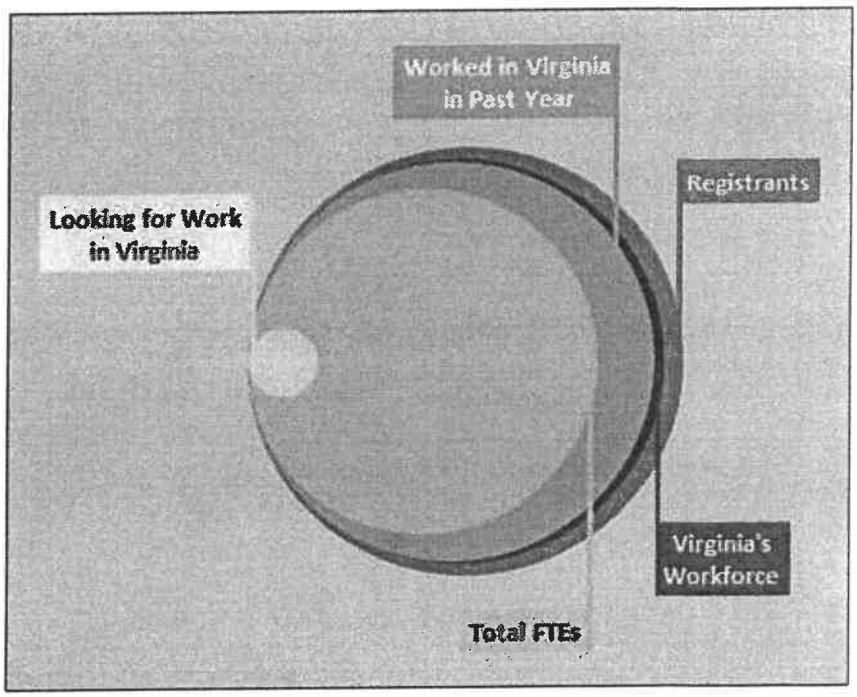
Source. Va. Healthcare Workforce Data Center

Definitions

1. **Virginia's Workforce:** A registrant 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. **Registrants in VA Workforce:** The proportion of registrants in Virginia's Workforce.
4. **Registrants per FTE:** An indication of the number of registrants needed to create 1 FTE. Higher numbers indicate lower registrant 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 OTA Workforce		
Status	**#**	**%**
Worked in Virginia in Past Year	1,770	97%
Looking for Work in Virginia	52	3%
Virginia's Workforce	**1,821**	**100%**
Total FTEs	**1,312**	
Registrants	**2,036**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	20	5%	352	95%	372	22%
30 to 34	18	6%	293	94%	311	18%
35 to 39	25	10%	216	90%	241	14%
40 to 44	24	14%	150	86%	174	10%
45 to 49	20	13%	133	87%	154	9%
50 to 54	24	14%	153	87%	176	10%
55 to 59	14	11%	115	89%	130	8%
60 and Over	16	12%	125	89%	141	8%
Total	162	10%	1,536	91%	1,698	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	OTAs		OTAs Under 40	
	%	#	%	#	%
White	60%	1,387	80%	753	80%
Black	19%	185	11%	78	8%
Asian	7%	41	2%	30	3%
Other Race	0%	13	1%	4	0%
Two or More Races	3%	42	2%	29	3%
Hispanic	10%	68	4%	45	5%
Total	100%	1,736	100%	938	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2021.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	91%
% Under 40 Female:	93%

Age

Median Age:	38
% Under 40:	54%
% 55 and Over:	16%

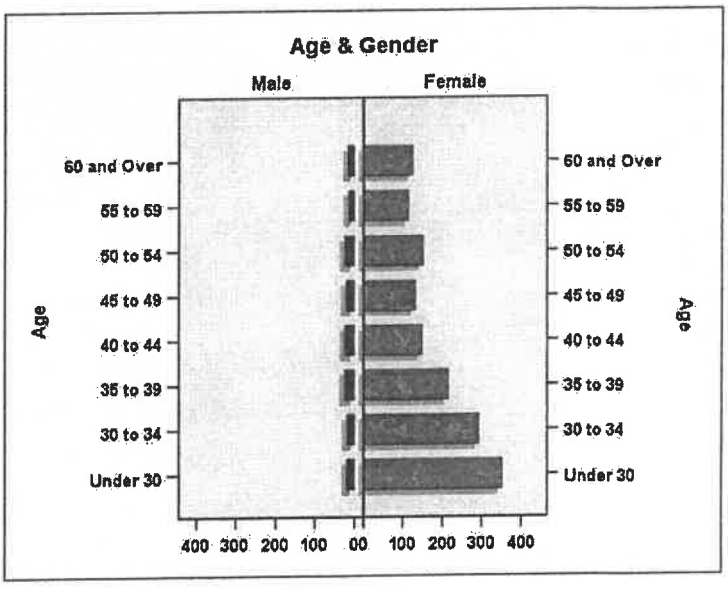
Diversity

Diversity Index:	35%
Under 40 Div. Index:	34%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two OTAs, there is a 35% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable number is 58%.

Among all OTAs, 54% are under the age of 40, and 93% of OTAs who are under the age of 40 are female. In addition, the diversity index among OTAs who are under the age of 40 is 34%.



Source: Va. Healthcare Workforce Data Center

Background

At a Glance:

Childhood

Urban Childhood:	11%
Rural Childhood:	50%

Virginia Background

HS in Virginia:	63%
Professional Edu. in VA:	73%
HS/Prof. Edu. in VA:	77%

Location Choice

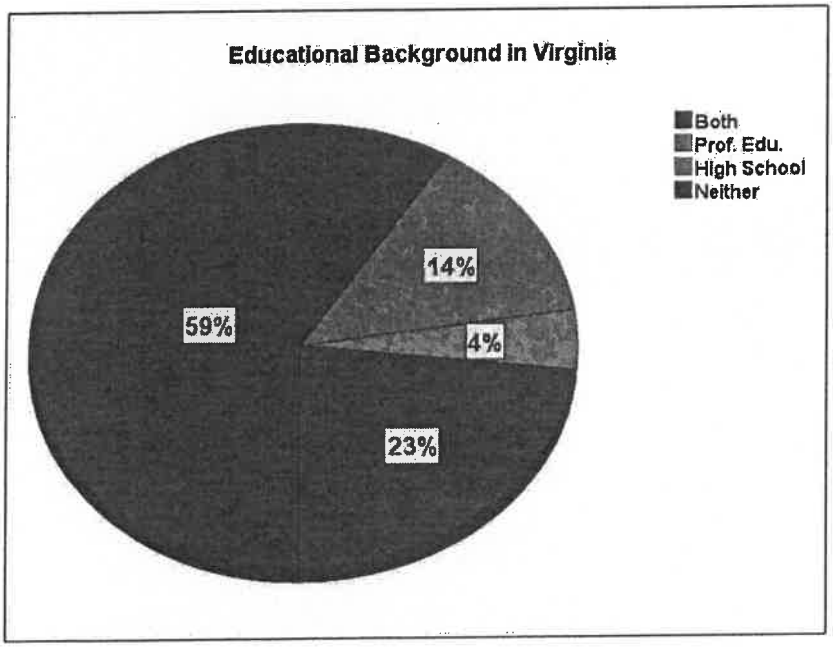
% Rural to Non-Metro:	34%
% Urban/Suburban to Non-Metro:	8%

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+	33%	51%	16%
2	Metro, 250,000 to 1 Million	59%	33%	8%
3	Metro, 250,000 or Less	66%	26%	8%
	Non-Metro Counties			
4	Urban, Pop. 20,000+, Metro Adjacent	88%	11%	1%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	65%	27%	8%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	92%	6%	2%
8	Rural, Metro Adjacent	88%	13%	0%
9	Rural, Non-Adjacent	67%	26%	8%
	Overall	**50%**	**39%**	**11%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

One-half of all OTAs grew up in a self-described rural area, and 34% of OTAs who grew up in a rural area currently work in a non-metro county. In total, 21% of all OTAs work in a non-metro county of the state.

Top Ten States for Occupational Therapy Assistant Recruitment

Rank	All Occupational Therapy Assistants			
	High School	#	Professional School	#
1	Virginia	1,099	Virginia	1,239
2	New York	81	Pennsylvania	59
3	Pennsylvania	77	New York	55
4	West Virginia	58	Minnesota	47
5	North Carolina	42	West Virginia	39
6	Florida	41	North Carolina	33
7	Outside U.S./Canada	36	Florida	32
8	Ohio	32	Maryland	29
9	New Jersey	27	Texas	25
10	Maryland	25	California	14

Source: Va. Healthcare Workforce Data Center

Among all OTAs, 63% received their high school degree in Virginia, and 73% received their initial professional degree in the state.

Among OTAs who were registered in the past five years, 63% received their high school degree in Virginia, and 71% received their initial professional degree in the state.

Rank	Registered in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	352	Virginia	391
2	Florida	20	Minnesota	29
3	Pennsylvania	20	Pennsylvania	18
4	New York	18	West Virginia	17
5	West Virginia	15	Florida	15
6	Outside U.S./Canada	15	Maryland	13
7	California	14	New York	9
8	North Carolina	11	California	6
9	Illinois	10	Texas	6
10	Maryland	9	Delaware	6

Source: Va. Healthcare Workforce Data Center

More than one out of every ten registered OTAs did not participate in Virginia's workforce in the past year. Among these OTAs, 86% worked at some point in the past year, including 75% who currently work as OTAs.

At a Glance:

Not in VA Workforce

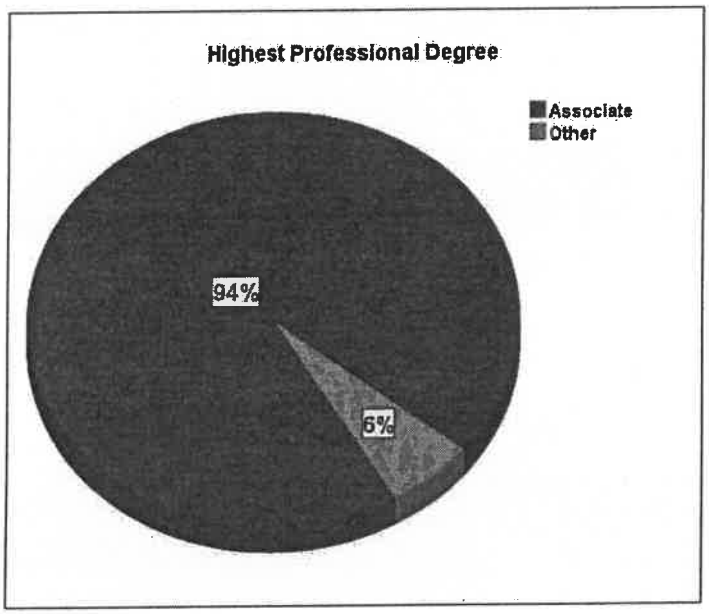
Total:	214
% of Registrants:	11%
Federal/Military:	3%
VA Border State/DC:	18%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Associate Degree	1,592	94%
Baccalaureate Degree	89	5%
Master's Degree	9	1%
Doctoral Degree	1	0%
Total	1,691	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

At a Glance:

Education

Associate: 94%
Baccalaureate: 5%

Education Debt

With Debt: 44%
Under Age 40 w/ Debt: 56%
Median Debt: $20k-$25k

Source: Va. Healthcare Workforce Data Center

Among all OTAs, 94% hold an associate degree as their highest professional degree.

Close to half of all OTAs carry education debt, including 56% of those who are under the age of 40. For those with education debt, the median debt amount is between $20,000 and $25,000.

Education Debt				
Amount Carried	All OTAs		OTAs Under 40	
	#	%	#	%
None	845	56%	361	44%
$2,000 or Less	32	2%	23	3%
$2,001-$4,000	35	2%	21	3%
$4,001-$6,000	19	1%	14	2%
$6,001-$8,000	36	2%	26	3%
$8,001-$10,000	40	3%	26	3%
$10,001-$12,000	36	2%	20	2%
$12,001-$15,000	48	3%	27	3%
$15,001-$20,000	58	4%	32	4%
$20,001-$25,000	67	4%	40	5%
More than $25,000	307	20%	228	28%
Total	1,522	100%	819	100%

Source: Va. Healthcare Workforce Data Center

Credentials

At a Glance:

Top Specialties

Gerontology:	26%
Physical Rehabilitation:	23%
Home Health:	21%

Top Certifications

Dementia Care:	3%
Lymphthedema Therapist:	2%
School Systems:	1%

Source: Va. Healthcare Workforce Data Center

Two-thirds of all OTAs have at least one specialization, including 26% who have a specialization in gerontology.

A Closer Look:

Specializations		
Area	#	% of Workforce
Gerontology	474	26%
Physical Rehabilitation	426	23%
Home Health	380	21%
Pediatrics	249	14%
Acute Care	238	13%
Neurorehabilitation	222	12%
School Systems	193	11%
Sensory Processing	159	9%
Developmental Disabilities	158	9%
Mental Health	155	9%
Environmental Modification	139	8%
Hand Therapy	118	6%
Feeding, Eating, Swallowing	100	5%
Low Vision	91	5%
Early Intervention	85	5%
Driving and Community Mobility	13	1%
Industrial/Workplace	13	1%
Other	91	5%
At Least One Specialization	1,208	66%

Source: Va. Healthcare Workforce Data Center

Certifications		
Proficiency Area	#	% of Workforce
Dementia Care Specialist	47	3%
Certified Lymphthedema Therapist	31	2%
School Systems	26	1%
Environmental Modification (SCAEM)	7	0%
Low Vision (SCALV)	5	0%
Driving and Community Mobility (SCADCM)	1	0%
Feeding, Eating, Swallowing (SCAFES)	1	0%
Other	120	7%
At Least One Certification	215	12%

Source: Va. Healthcare Workforce Data Center

More than one out of every ten OTAs hold at least one certification, including 3% who have been certified as Dementia Care Specialists.

Current Employment Situation

At a Glance:

Employment

Employed in Profession:	90%
Involuntarily Unemployed:	1%

Positions Held

1 Full-Time:	61%
2 or More Positions:	18%

Weekly Hours:

40 to 49:	33%
60 or More:	2%
Less than 30:	18%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	**#**	**%**
Employed, Capacity Unknown	0	0%
Employed in an Occupational Therapy-Related Capacity	1,547	90%
Employed, NOT in an Occupational Therapy-Related Capacity	96	6%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	9	1%
Voluntarily Unemployed	71	4%
Retired	3	< 1%
Total	1,726	100%

Source: Va. Healthcare Workforce Data Center

Among all OTAs, 90% are currently employed in the profession, 61% hold one full-time job, and 33% work between 40 and 49 hours per week.

Current Positions		
Positions	**#**	**%**
No Positions	83	5%
One Part-Time Position	271	16%
Two Part-Time Positions	87	5%
One Full-Time Position	1,041	61%
One Full-Time Position & One Part-Time Position	179	11%
Two Full-Time Positions	0	0%
More than Two Positions	42	2%
Total	1,703	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	**#**	**%**
0 Hours	83	5%
1 to 9 Hours	77	5%
10 to 19 Hours	100	6%
20 to 29 Hours	128	8%
30 to 39 Hours	663	39%
40 to 49 Hours	553	33%
50 to 59 Hours	49	3%
60 to 69 Hours	7	0%
70 to 79 Hours	5	0%
80 or More Hours	17	1%
Total	1,682	100%

Source: Va. Healthcare Workforce Data Center

Employment Quality

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	7	1%
$30,000 or Less	203	15%
$30,001-$35,000	87	7%
$35,001-$40,000	99	8%
$40,001-$45,000	117	9%
$45,001-$50,000	154	12%
$50,001-$55,000	163	12%
$55,001-$60,000	180	14%
$60,001-$65,000	109	8%
$65,001-$70,000	81	6%
$70,001-$75,000	65	5%
$75,001-$80,000	30	2%
More than $80,000	28	2%
Total	1,322	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: $45k-$50k

Benefits
Health Insurance: 55%
Retirement: 54%

Satisfaction
Satisfied 93%
Very Satisfied: 55%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	921	55%
Somewhat Satisfied	632	38%
Somewhat Dissatisfied	88	5%
Very Dissatisfied	22	1%
Total	1,664	100%

Source: Va. Healthcare Workforce Data Center

The typical OTA earns between $45,000 and $50,000 per year. In addition, nearly 80% of all OTAs receive at least one employer-sponsored benefit, including 55% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	1,007	65%	64%
Health Insurance	858	55%	54%
Retirement	839	54%	53%
Dental Insurance	821	53%	51%
Paid Sick Leave	694	45%	43%
Group Life Insurance	465	30%	30%
Signing/Retention Bonus	63	4%	4%
At Least One Benefit	1,215	79%	77%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . .?	#	%
Experience Involuntary Unemployment?	47	3%
Experience Voluntary Unemployment?	131	7%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	128	7%
Work Two or More Positions at the Same Time?	380	21%
Switch Employers or Practices?	166	9%
Experience At Least One?	674	37%

Source: Va. Healthcare Workforce Data Center

Over the past year, 3% of Virginia's OTAs have experienced involuntary unemployment. By comparison, Virginia's average monthly unemployment rate was 2.9% during the same time period.[1]

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	45	3%	49	10%
Less than 6 Months	100	6%	82	17%
6 Months to 1 Year	188	12%	78	16%
1 to 2 Years	347	21%	96	20%
3 to 5 Years	432	27%	104	22%
6 to 10 Years	262	16%	44	9%
More than 10 Years	243	15%	22	5%
Subtotal	1,617	100%	476	100%
Did Not Have Location	78		1,315	
Item Missing	127		30	
Total	1,821		1,821	

Source: Va. Healthcare Workforce Data Center

More than three-quarters of Virginia's OTAs received an hourly wage at their primary work location, while another 16% either received a salary or worked on commission.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 3%
Underemployed: 7%

Turnover & Tenure

Switched Jobs: 9%
New Location: 28%
Over 2 Years: 58%
Over 2 Yrs., 2nd Location: 36%

Employment Type

Hourly Wage: 76%
Salary/Commission: 16%

Source: Va. Healthcare Workforce Data Center

Among all OTAs, 58% have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	195	16%
Hourly Wage	913	76%
By Contract	89	7%
Business/Practice Income	2	0%
Unpaid	7	1%
Subtotal	1,205	100%

Source: Va. Healthcare Workforce Data Center

[1] As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.5% and a high of 3.4%. The unemployment rate from December 2022 was still preliminary at the time of publication.

Work Site Distribution

At a Glance:

Concentration

Top Region:	24%
Top 3 Regions:	57%
Lowest Region:	1%

Locations

2 or More (Past Year):	30%
2 or More (Now*):	26%

Source: Va. Healthcare Workforce Data Center

Nearly three out of every five OTAs work in Hampton Roads, West Central Virginia, and Central Virginia.

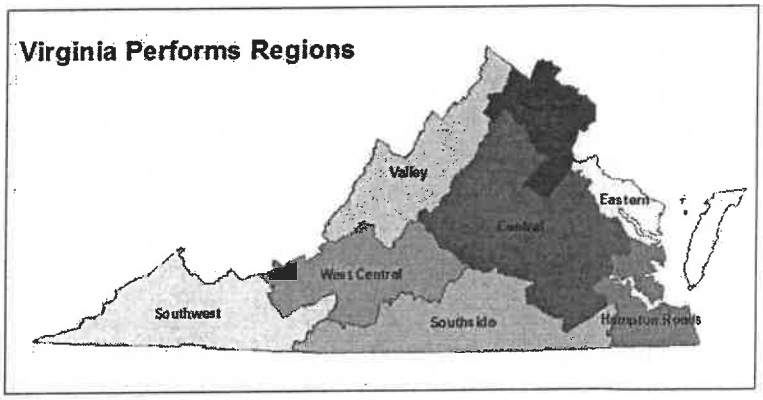
A Closer Look:

Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	268	17%	67	14%
Eastern	23	1%	6	1%
Hampton Roads	380	24%	109	22%
Northern	246	15%	93	19%
Southside	123	8%	38	8%
Southwest	201	12%	53	11%
Valley	82	5%	21	4%
West Central	269	17%	73	15%
Virginia Border State/D.C.	8	0%	9	2%
Other U.S. State	16	1%	23	5%
Outside of the U.S.	0	0%	0	0%
Total	**1,616**	**100%**	**492**	**100%**
Item Missing	127		16	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

Number of Work Locations

Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	52	3%	79	5%
1	1,103	67%	1,147	69%
2	297	18%	256	15%
3	153	9%	144	9%
4	17	1%	12	1%
5	7	0%	9	1%
6 or More	29	2%	11	1%
Total	**1,658**	**100%**	**1,658**	**100%**

*At the time of survey completion: 2022 (on the birth month of each respondent).

Source: Va. Healthcare Workforce Data Center

More than one-quarter of all OTAs currently have multiple work locations, while 30% have had multiple work locations over the past year.

Establishment Type

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	1,032	67%	366	80%
Non-Profit	302	20%	57	12%
State/Local Government	188	12%	26	6%
Veterans Administration	3	0%	0	0%
U.S. Military	11	1%	4	1%
Other Federal Gov't	8	1%	5	1%
Total	1,544	100%	458	100%
Did Not Have Location	78		1,315	
Item Missing	199		48	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

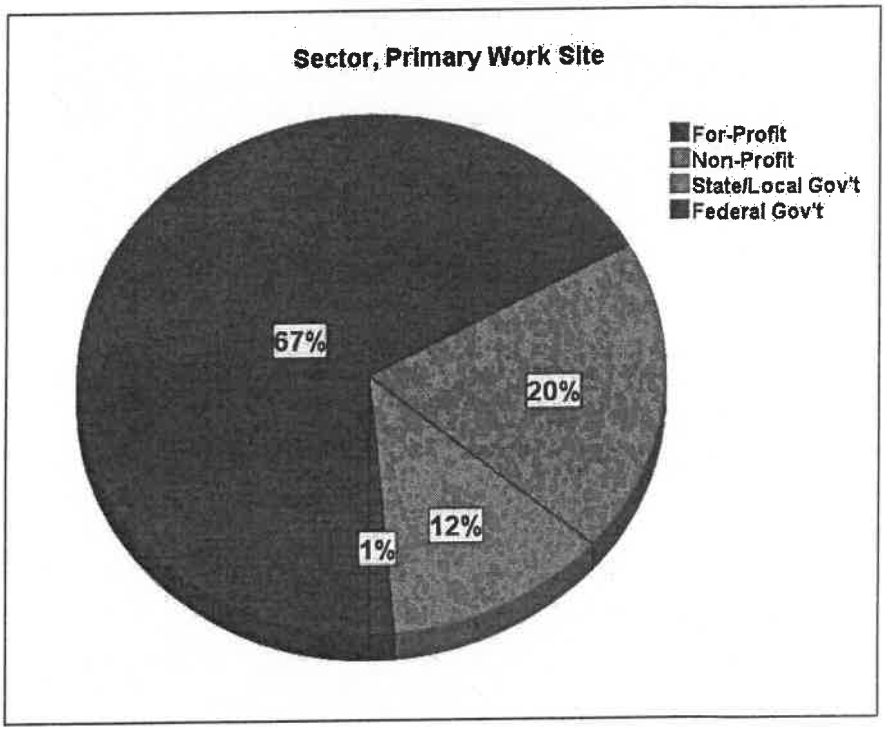
For-Profit:	67%
Federal:	1%

Top Establishments

Skilled Nursing Facility:	36%
Home Health Care:	15%
K-12 School System:	9%

Source: Va. Healthcare Workforce Data Center

Close to nine out of every ten OTAs work in the private sector, including 67% who work at a for-profit establishment.



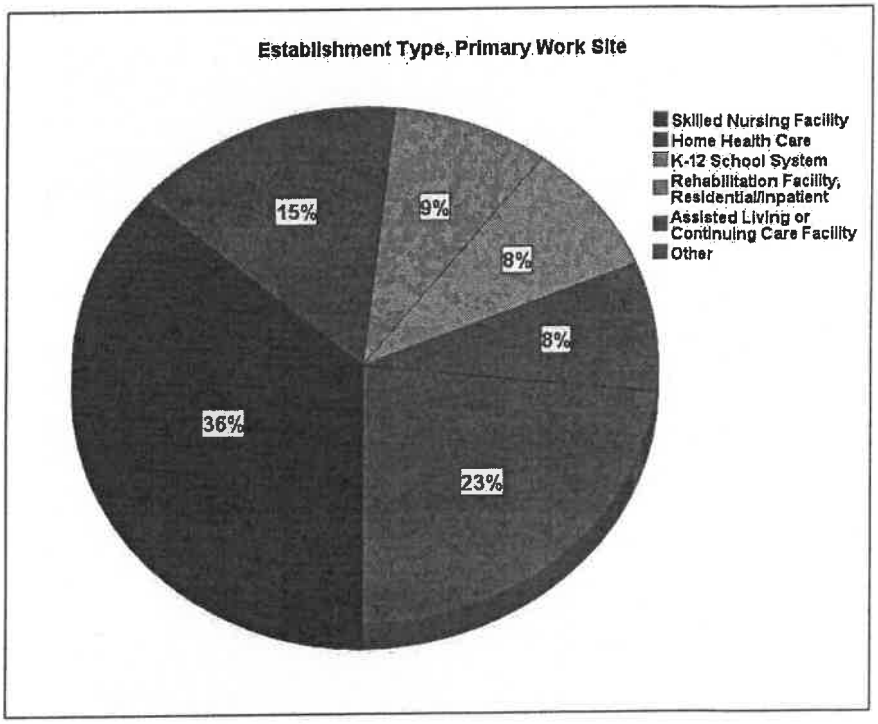
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Skilled Nursing Facility	547	36%	181	41%
Home Health Care	230	15%	84	19%
K-12 School System	129	9%	6	1%
Rehabilitation Facility, Residential/Inpatient	126	8%	39	9%
Assisted Living or Continuing Care Facility	121	8%	38	9%
General Hospital, Inpatient Department	79	5%	15	3%
Rehabilitation Facility, Outpatient Clinic	71	5%	16	4%
Private Practice, Group	35	2%	17	4%
Academic Institution	31	2%	3	1%
General Hospital, Outpatient Department	24	2%	4	1%
Private Practice, Solo	23	2%	5	1%
Mental Health, Inpatient	14	1%	4	1%
Mental Health, Outpatient	8	1%	0	0%
Other	64	4%	25	6%
Total	1,502	100%	437	100%
Did Not Have a Location	78		1,315	

Source: Va. Healthcare Workforce Data Center

As their primary work location, more than one-third of all OTAs work in a skilled nursing facility, while another 15% work in a home health care establishment.

Among those OTAs who also have a secondary work location, 41% work in a skilled nursing facility, and another 19% work in a home health care establishment.



Source: Va. Healthcare Workforce Data Center

Time Allocation

At a Glance:
(Primary Locations)

A Typical OTA's Time

Patient Care:	80%-89%
Administration:	1%-9%

Roles

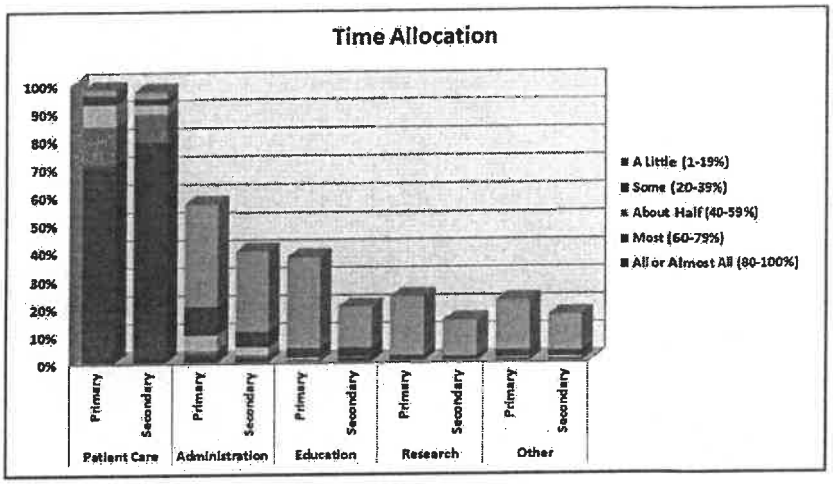
Patient Care:	85%
Administration:	4%
Education:	1%

Patient Care OTAs

Median Admin. Time:	1%-9%
Avg. Admin. Time:	1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

OTAs spend most of their time performing patient care activities. In fact, 85% of all OTAs fill a patient care role, defined as spending at least 60% of their time in that activity.

Time Allocation										
Time Spent	Patient Care		Admin.		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	71%	79%	2%	1%	0%	1%	0%	0%	1%	0%
Most (60-79%)	14%	10%	2%	1%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	8%	3%	6%	3%	1%	0%	0%	0%	1%	1%
Some (20-39%)	3%	2%	10%	6%	4%	3%	2%	1%	3%	2%
A Little (1-19%)	2%	2%	37%	29%	33%	15%	21%	13%	18%	13%
None (0%)	2%	3%	43%	60%	62%	80%	77%	85%	78%	83%

Source: Va. Healthcare Workforce Data Center

Retirement & Future Plans

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All OTAs		OTAs 50 and Over	
	#	%	#	%
Under Age 50	98	7%	-	-
50 to 54	95	6%	1	0%
55 to 59	183	12%	29	7%
60 to 64	382	26%	99	25%
65 to 69	462	31%	165	42%
70 to 74	127	9%	61	16%
75 to 79	23	2%	11	3%
80 or Over	17	1%	4	1%
I Do Not Intend to Retire	92	6%	19	5%
Total	**1,479**	**100%**	**389**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All OTAs
Under 65: 51%
Under 60: 25%

OTAs 50 and Over
Under 65: 33%
Under 60: 8%

Time Until Retirement
Within 2 Years: 3%
Within 10 Years: 15%
Half the Workforce: By 2047

Source: Va. Healthcare Workforce Data Center

More than half of all OTAs expect to retire by the age of 65. Among those OTAs who are age 50 and over, one-third still expect to retire by the age of 65.

Within the next two years, 18% of OTAs expect to pursue additional OT-related educational opportunities, and 15% expect to increase their patient care hours.

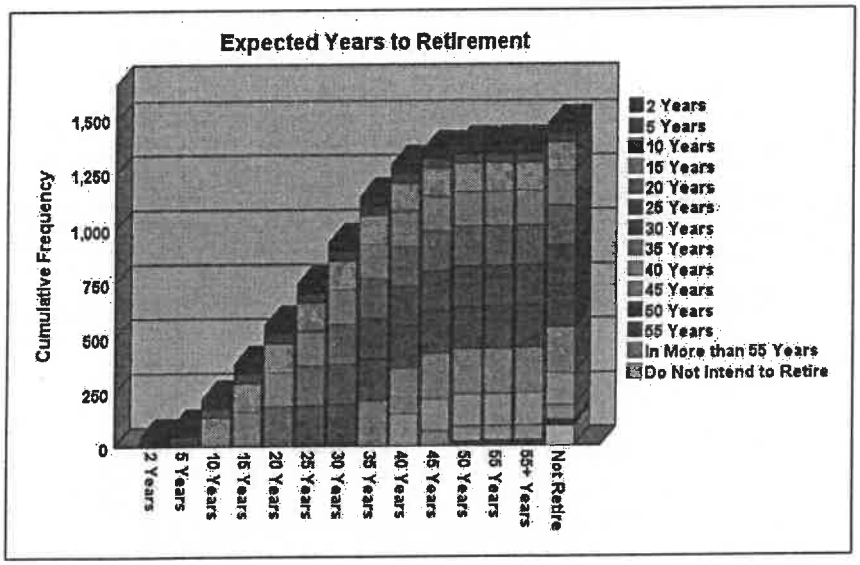
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	80	4%
Leave Virginia	61	3%
Decrease Patient Care Hours	140	8%
Decrease Teaching Hours	4	0%
Increase Participation		
Increase Patient Care Hours	267	15%
Increase Teaching Hours	88	5%
Pursue Education to Become OT	168	9%
Pursue Other OT-Related Education	320	18%
Return to the Workforce	33	2%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectations to age, we can estimate the maximum years to retirement for OTAs. While only 3% of OTAs expect to retire in the next two years, 15% expect to retire within the next decade. More than half of the current workforce expect to retire by 2047.

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
2 Years	41	3%	3%
5 Years	44	3%	6%
10 Years	132	9%	15%
15 Years	158	11%	25%
20 Years	184	12%	38%
25 Years	185	13%	50%
30 Years	191	13%	63%
35 Years	210	14%	77%
40 Years	148	10%	87%
45 Years	67	5%	92%
50 Years	21	1%	93%
55 Years	1	0%	93%
In More than 55 Years	3	0%	94%
Do Not Intend to Retire	92	6%	100%
Total	1,479	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years by 2037. Retirement will peak at 14% of the current workforce in 2057 before declining to under 10% of the current workforce again around 2067.

Full-Time Equivalency Units

At a Glance:

FTEs

Total:	1,312
FTEs/1,000 Residents[2]:	0.152
Average:	0.75

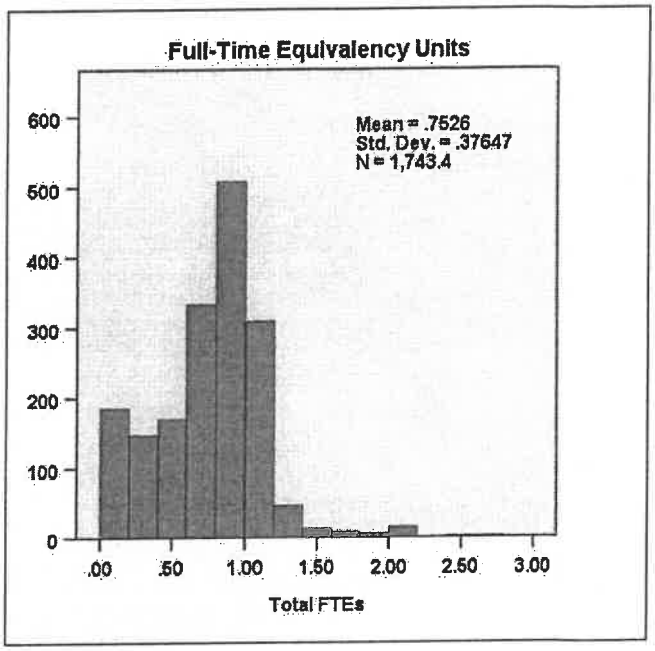
Age & Gender Effect

Age, *Partial Eta*^{2}:	Small
Gender, *Partial Eta*^{2}:	Negligible

Partial Eta^2 *Explained:* *Partial Eta*^{2} is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

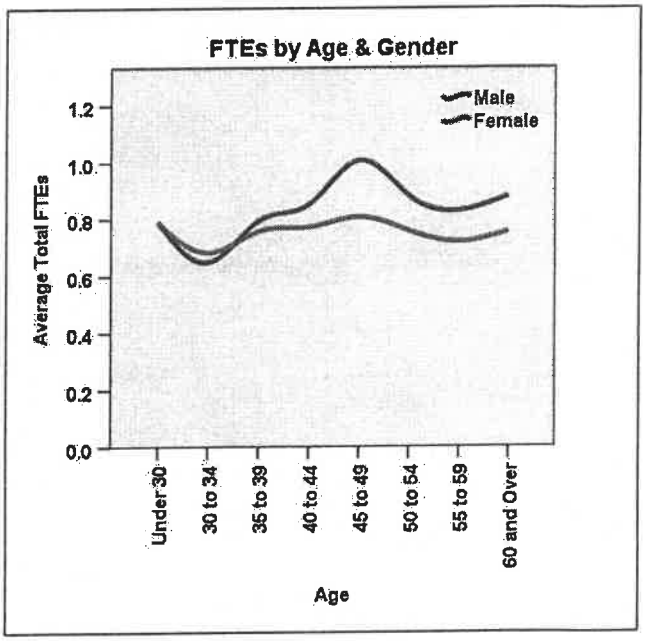


Source: Va. Healthcare Workforce Data Center

The typical OTA provided 0.82 FTEs in 2022, or approximately 33 hours per week for 50 weeks. Although FTEs appear to vary by gender, statistical tests did not verify that a difference exists.[3]

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.78	0.84
30 to 34	0.68	0.74
35 to 39	0.76	0.80
40 to 44	0.79	0.93
45 to 49	0.83	0.83
50 to 54	0.78	0.77
55 to 59	0.68	0.80
60 and Over	0.72	0.77
Gender		
Male	0.84	0.95
Female	0.75	0.82

Source: Va. Healthcare Workforce Data Center

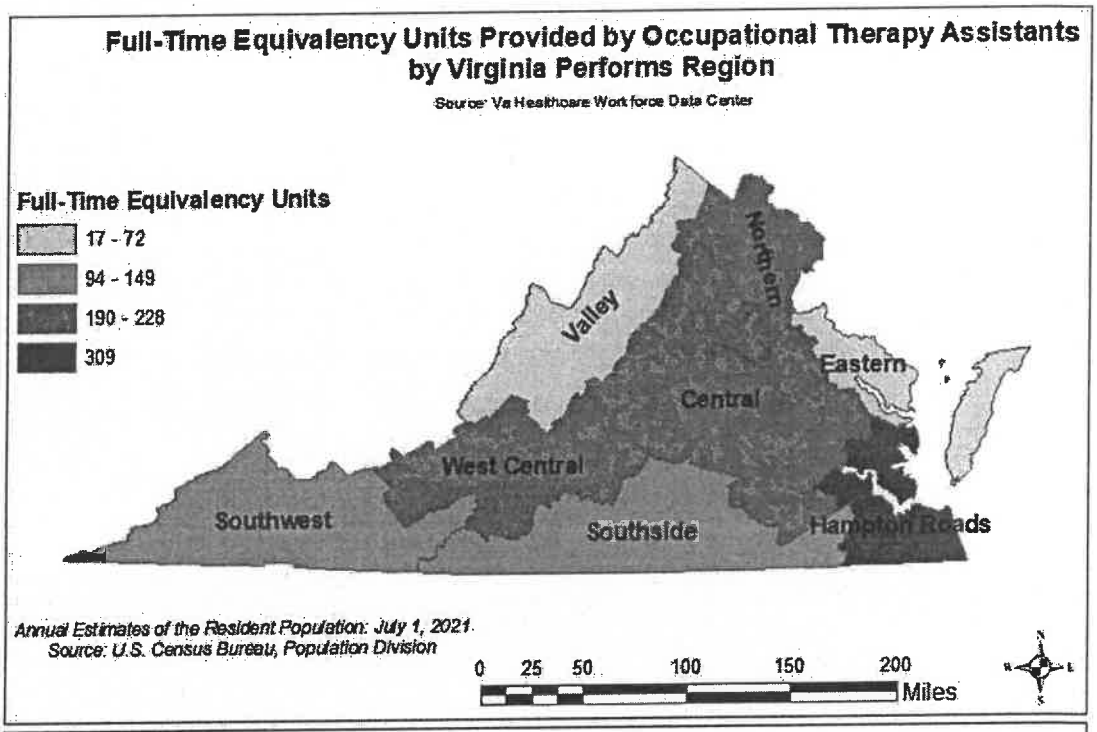


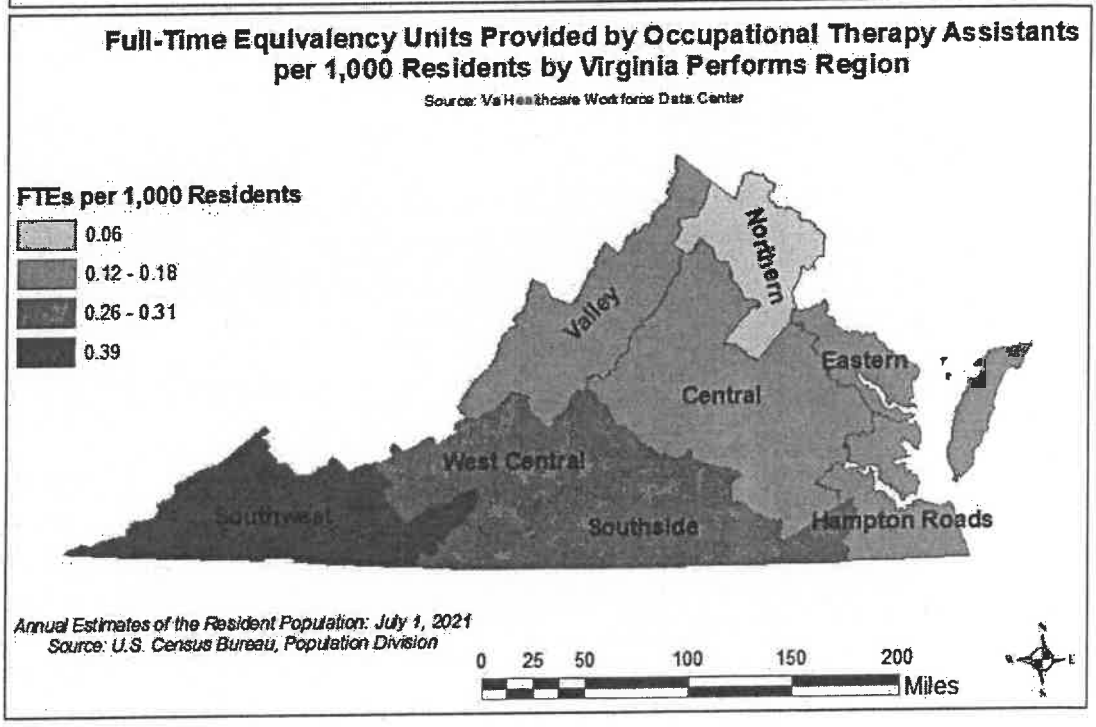
Source: Va. Healthcare Workforce Data Center

[2] Number of residents in 2021 was used as the denominator.
[3] Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

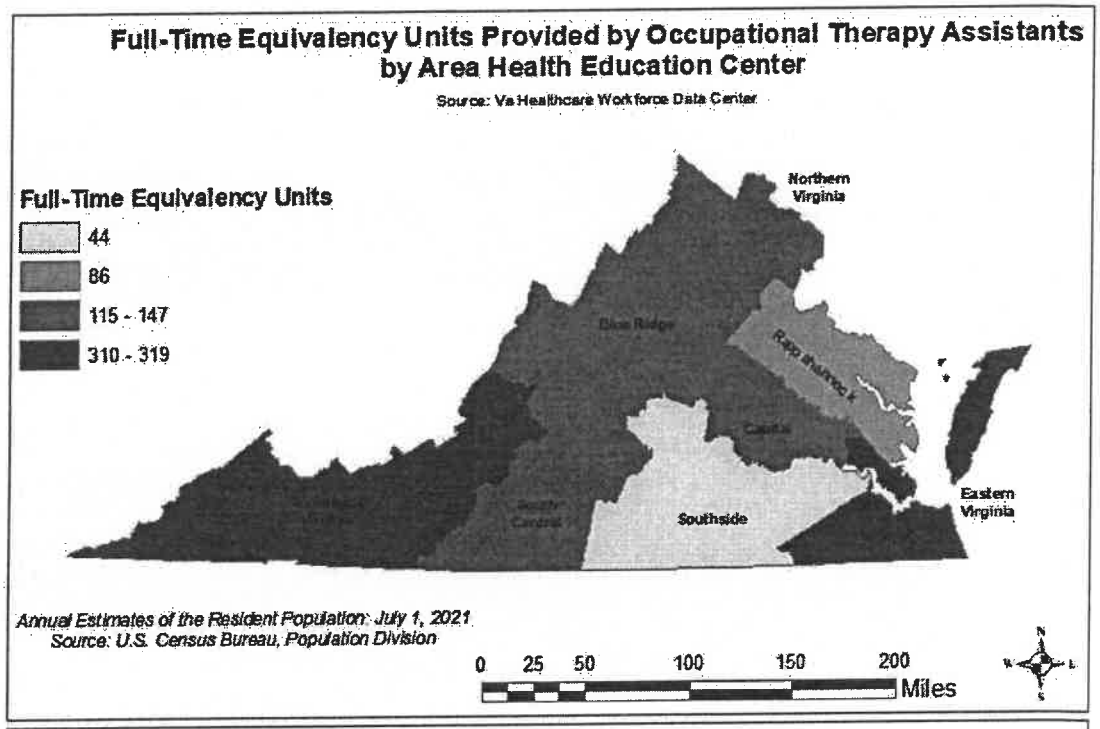
Maps

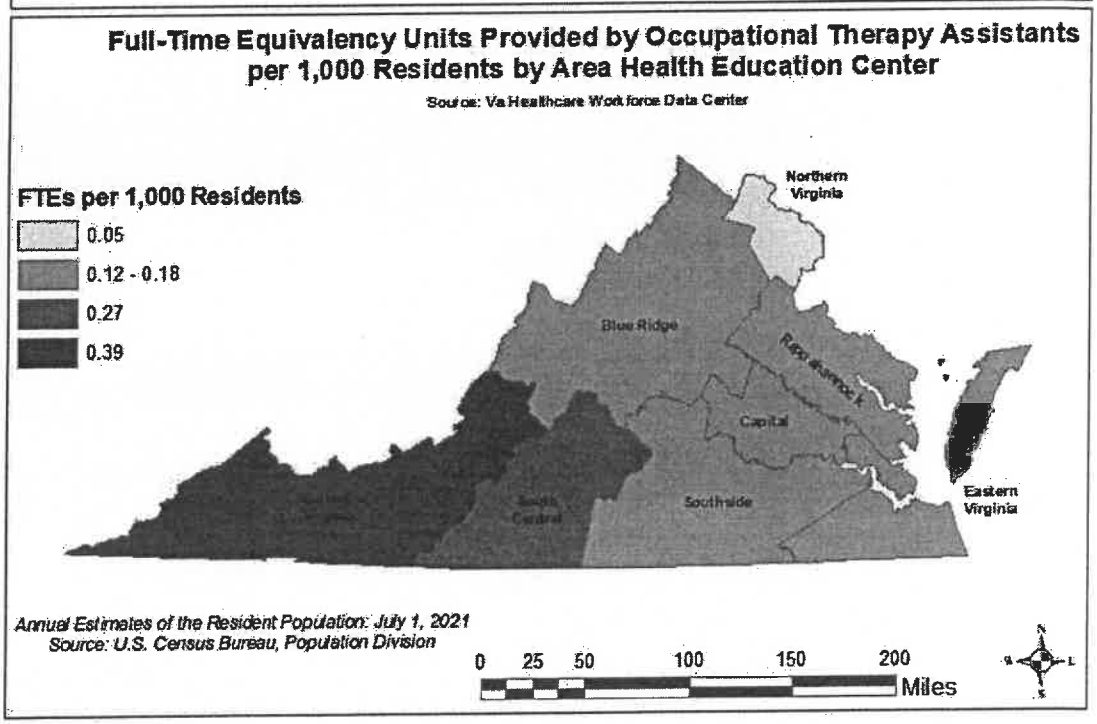
Virginia Performs Regions



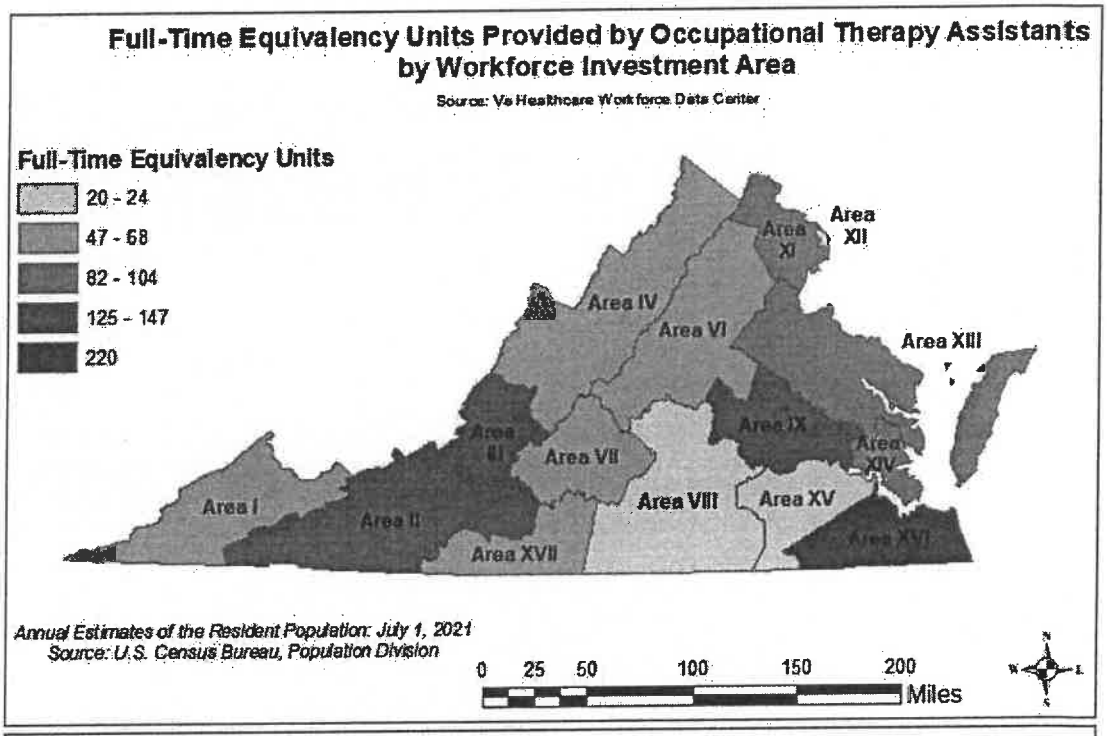


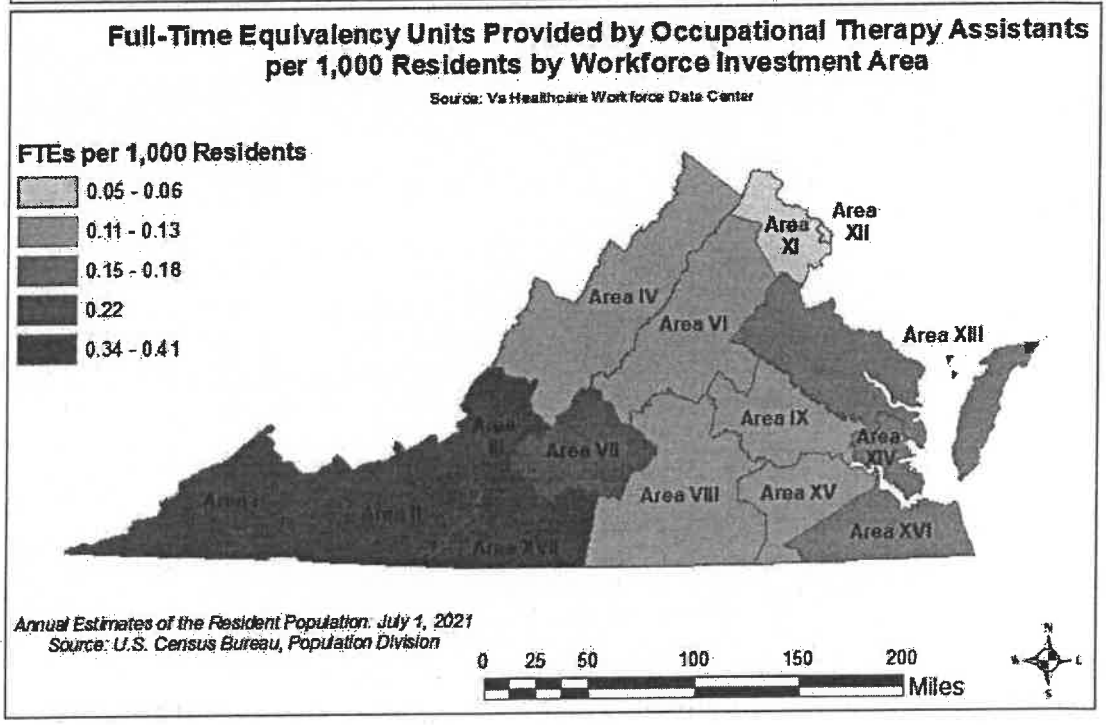
Area Health Education Center Regions



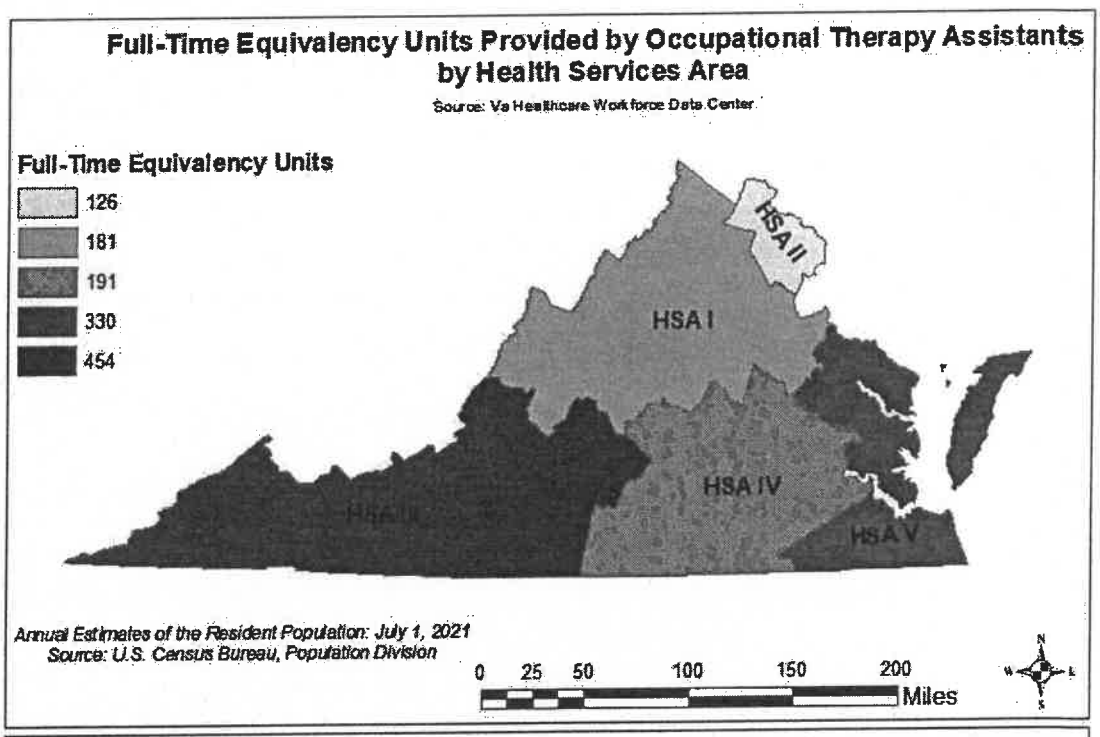


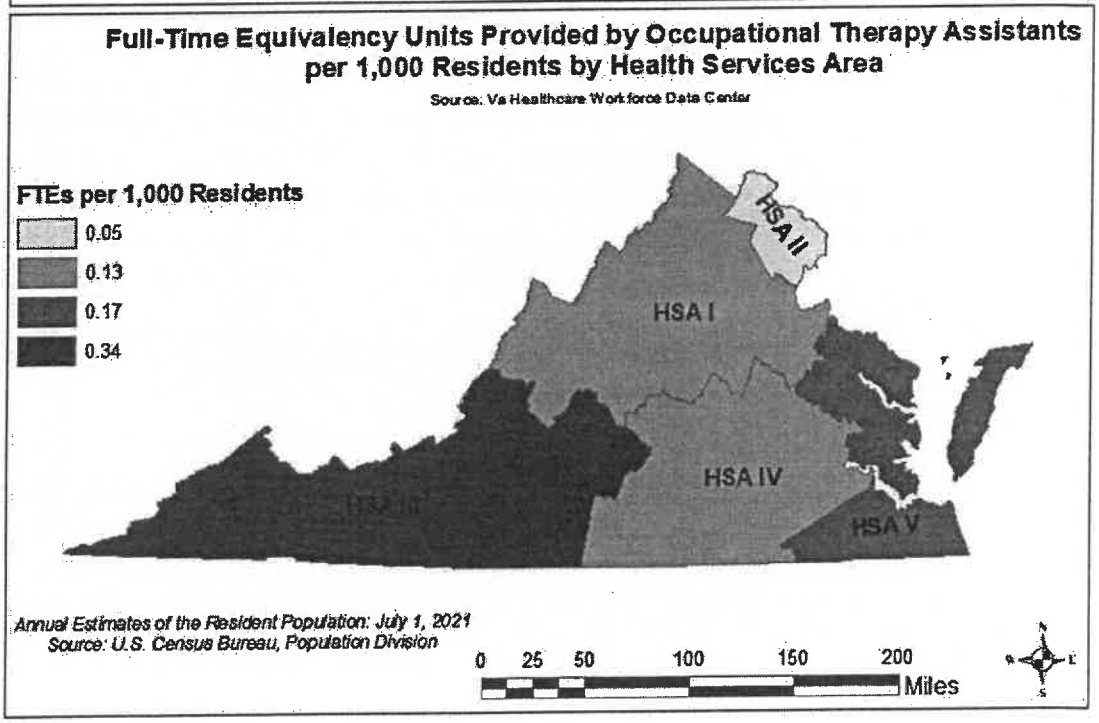
Workforce Investment Areas



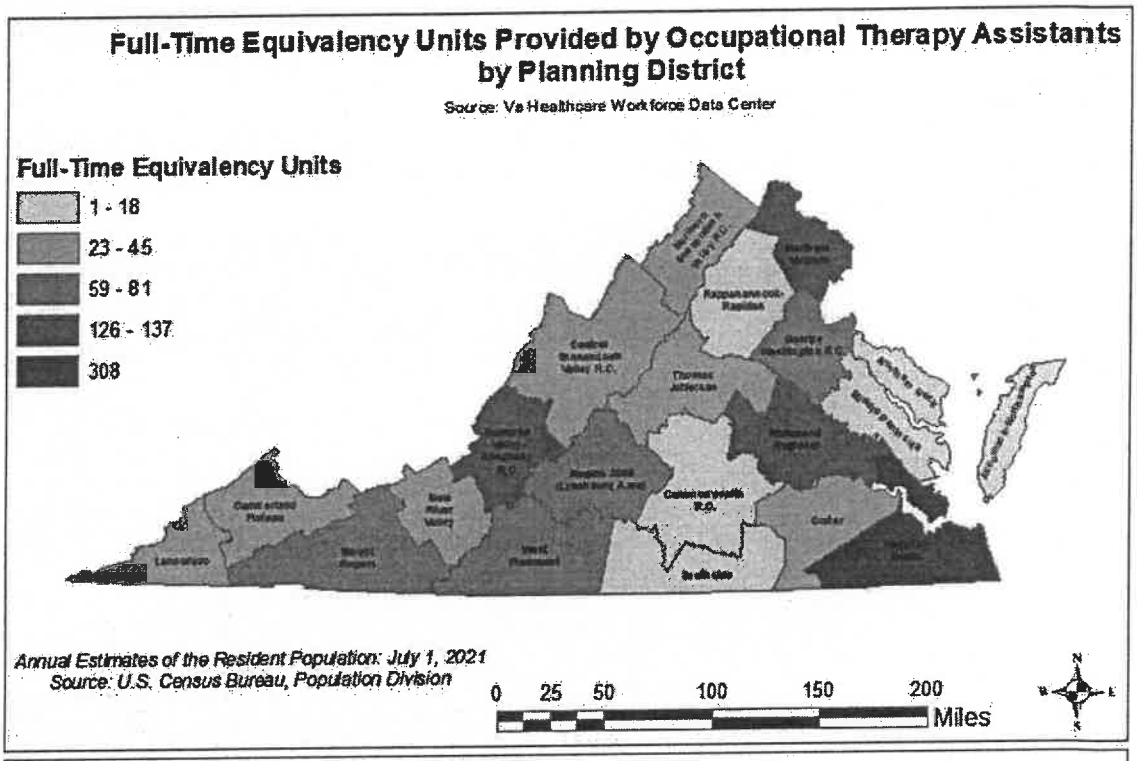


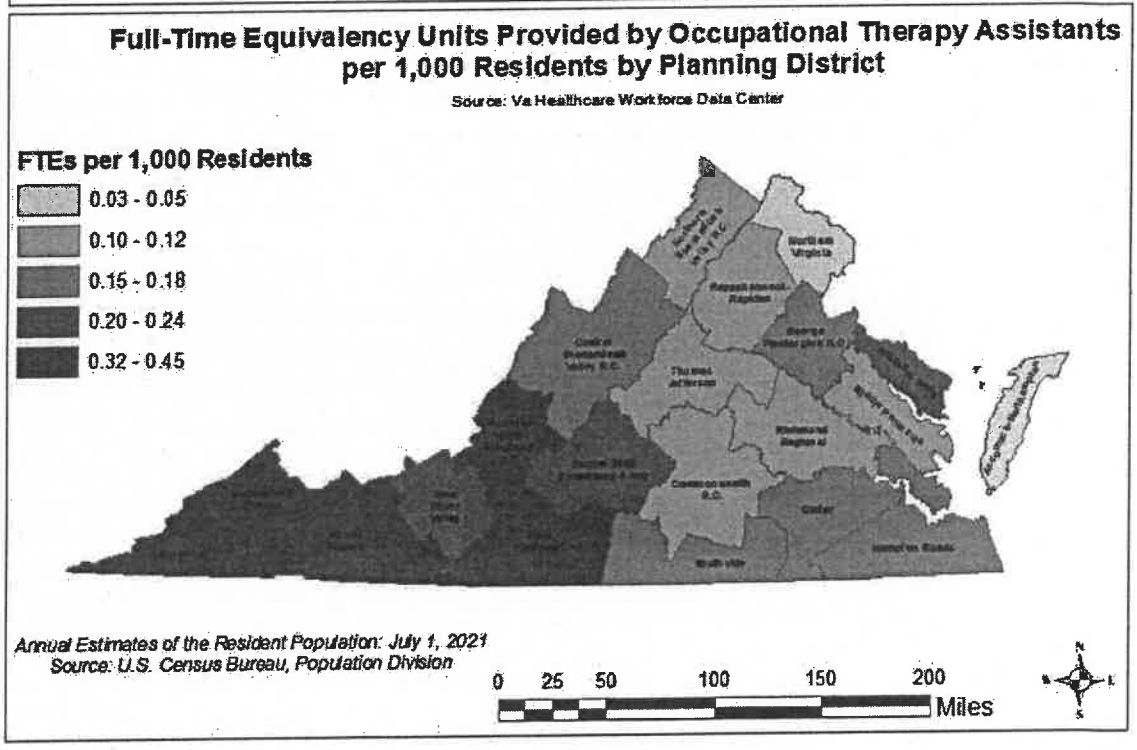
Health Services Areas





Planning Districts





Appendices

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	944	70.34%	1.422	1.226	1.791
Metro, 250,000 to 1 Million	282	74.47%	1.343	1.158	1.691
Metro, 250,000 or Less	108	77.78%	1.286	1.108	1.619
Urban, Pop. 20,000+, Metro Adj.	79	78.48%	1.274	1.098	1.605
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	87	73.56%	1.359	1.172	1.712
Urban, Pop. 2,500-19,999, Non-Adj.	122	77.87%	1.284	1.107	1.618
Rural, Metro Adj.	43	76.74%	1.303	1.123	1.641
Rural, Non-Adj.	58	74.14%	1.349	1.163	1.699
Virginia Border State/D.C.	159	56.60%	1.767	1.523	2.225
Other U.S. State	154	62.34%	1.604	1.383	2.021

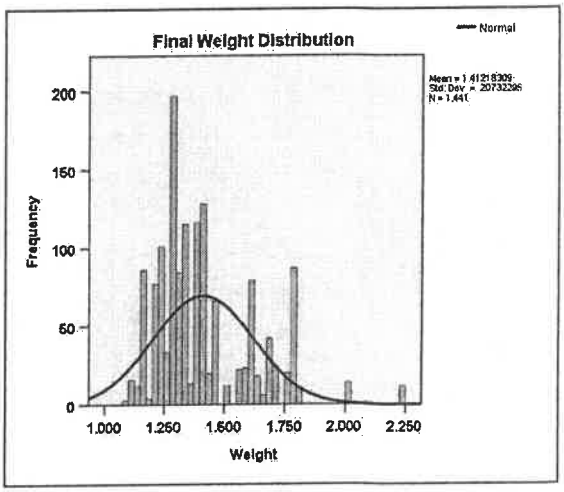
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/

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

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: 0.707760



Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	420	56.19%	1.780	1.605	2.225
30 to 34	375	70.67%	1.415	1.276	1.769
35 to 39	290	73.10%	1.368	1.234	1.710
40 to 44	215	78.60%	1.272	1.147	1.591
45 to 49	195	78.46%	1.275	1.149	1.594
50 to 54	199	74.87%	1.336	1.204	1.670
55 to 59	162	82.10%	1.218	1.098	1.523
60 and Over	180	68.89%	1.452	1.309	1.815

Source: Va. Healthcare Workforce Data Center

Board of Medicine – Advisory Board on Occupational Therapy
Current Regulatory Actions
As of May 2024

In the Governor's Office

None.

In the Secretary's Office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC85-80	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	Secretary 282 days	Periodic review changes voted on at 2022 October Board meeting

At DPB or OAG

None.

Recently effective/awaiting publication

VAC	Stage	Subject Matter	Publication date	Effective date/ next steps
18VAC85-80	Final	Implements the OT Compact	4/22/2024	5/22/2024

Agenda Item: Consideration of recommendation for fast-track regulatory action

Included in your agenda package:

- Draft changes to 18VAC85-80-10 and 18VAC85-85-80-72 to remove active practice requirement for renewal of licensure

Staff Note: This requirement is unique to OT and a significant barrier to licensure. This may keep individuals coming back from medical leave, caring for family, childbirth, or other paid work from participating in the healthcare workforce. Staff recommends removing this as a fast-track regulatory action.

Action needed:

- Discussion and potential recommendation to the full Board to adopt these regulatory changes as a fast-track regulatory action.

Draft potential changes to eliminate active practice for renewal

18VAC85-80-10. 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"

"Occupational therapy assistant"

"Practice of occupational therapy"

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

"ACOTE" means the Accreditation Council for Occupational Therapy Education.

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

"Advisory board" means the Advisory Board of Occupational Therapy.

"Contact hour" means 60 minutes of time spent in continued learning activity.

"NBCOT" means the National Board for Certification in Occupational Therapy, under which the national examination for certification is developed and implemented.

"National examination" means the examination prescribed by NBCOT for certification as an occupational therapist or an occupational therapy assistant and approved for licensure in Virginia.

"Occupational therapy personnel" means appropriately trained individuals who provide occupational therapy services under the supervision of a licensed occupational therapist.

18VAC85-80-70. Biennial renewal of licensure.

A. An occupational therapist or an occupational therapy assistant shall renew his license biennially during his birth month in each even-numbered year by:

1. Paying to the board the renewal fee prescribed in 18VAC85-80-26; and

2. ~~Indicating that he has been engaged in the active practice of occupational therapy as defined in 18VAC85-80-10; and~~

~~3.~~ Attesting to completion of continued competency requirements as prescribed in 18VAC85-80-71.

B. An occupational therapist or an occupational therapy assistant whose license has not been renewed by the first day of the month following the month in which renewal is required shall pay an additional fee as prescribed in 18VAC85-80-26.

Agenda Item: Update on Implementation of the Occupational Therapy Licensure Compact

Staff Note: Information on latest developments on implementation of the interstate occupational therapy licensure compact will be provided.

Action: None Anticipated.

Occupational Therapy Compact (OT Compact)

OT Compact Commission

Title of Rule: Rule on Definitions

Drafted: March 28, 2023

Meeting at which Rule will be discussed and voted on: January 11, 2024 @ 11:00a.m. CST

Public comment: Interested persons may electronically submit written comments on the proposed rule to amanda@asmii.net with the subject line "OTCC rule comment" or by attending the meeting at which the rule will be discussed and voted on. Written comments on the proposed rule must be submitted by 2 pm ET the day before the meeting.

Effective: TBD (30 days from full commission approval)

History for Rule: March 28, 2023: Rule Introduced at Rules Committee Meeting.

April 18, 2023: Rule Approved as Amended at Rules Committee Meeting. Sent to Executive Committee for consideration.

May 1, 2023: Rule Introduced at Executive Committee Meeting.

May 8, 2023: Rule reviewed and approved by EC for vote by full commission

November 8 – December 8, 2023: draft rule posted for public comment

December 19, 2023: OTCC Rules Committee drafted a response to the public comments received; Rules Committee voted to approve the response and post it publicly; no substantial changes made to this rule.

March 20, 2024: approved by OTCC with majority vote

Chapter 1: Rulemaking on Definitions

Authority: Section 2: Definitions, Subsections F and H

Section 8: Establishment of the OT Compact Commission

Section 10: Rulemaking

1.0 Purpose: **Pursuant to Section 8.C.6 and Section 10**, the OT Compact Commission shall promulgate reasonable and lawful uniform rules to facilitate and coordinate implementation and administration of the OT Compact. This

rule will become effective upon passage by the OT Compact Commission as provided in Section 10 of the OT Compact.

1.1 Definition(s):

(a) "Home State License" as distinguished from a single-state license means an active license issued without any encumbrance by the primary state of residence which allows the licensee to be eligible to become authorized to practice in all compact member states.

(b) "Initial Privilege to Practice" means the eligibility of an Occupational Therapist (OT) or Occupational Therapy Assistant (OTA) to become authorized to practice in all member states upon the issuance of an unencumbered home state license in a state which is a member of the compact.

(c) "Minor Infraction" means an infraction not related to the practice of occupational therapy as determined by each state's regulatory authority which will not prevent a licensee from retaining or renewing a home state license or privilege to practice and which does not result in an encumbered license or is not reportable to the National Practitioners Data Bank.

(d) "Unencumbered License" means a license issued to an Occupational Therapist (OT) or Occupational Therapy Assistant (OTA) that is currently in good standing and not restricted by any terms, conditions, limitations, or sanctions attached to it or imposed by a state licensing board or authority. "Encumbered License" is defined in the OT Compact Model Legislation, Section 2.H.

Occupational Therapy Compact

Title of Rule: Rule on Data System Reporting Requirements

Drafted: March 2023

Meeting at which Rule will be discussed and voted on: January 11, 2024 @ 11:00a.m. CST

Public comment: Interested persons may electronically submit written comments on the proposed rule to amanda@asmii.net with the subject line "OTCC rule comment" or by attending the meeting at which the rule will be discussed and voted on. Written comments on the proposed rule must be submitted by 2 pm ET the day before the meeting.

Effective: TBD (30 days after full commission approval)

Reason for Rule: To further define terms pursuant to Section 8.C.6, Section 9 and 10 of the OT Compact.

History for Rule: March 28, 2023: Rule Introduced at Rules Committee Meeting.

April 18, 2023: Rule Approved as Amended at Rules Committee Meeting. Sent to Executive Committee for consideration.

May 1, 2023: Rule Introduced at Executive Committee Meeting.

May 8, 2023: Rule reviewed at Executive Committee meeting and EC voted to return to Rules Committee for further consideration and revisions.

May 16, 2023: Rule revised at Rules Committee meeting and approved as further amended to be sent to Executive Committee for reconsideration.

June 12, 2023: Rule, as further amended, reintroduced to Executive Committee and Executive Committee voted to return to Rules Committee for further revisions.

June 27, 2023: Rule revised at Rules Committee meeting and approved as further amended to be returned to Executive Committee for consideration.

October 12, 2023: Rule, as further amended, introduced at Executive Committee, and approved by the OTCC Executive Committee for vote by full Commission.

November 8 – December 8, 2023: draft rule posted for public comment

January 16, 2024: OTCC Rules Committee drafted and approved a response to the public comments received; no substantial changes made to this rule.

March 20, 2024: approved by OTCC with majority vote

Chapter 2: Rulemaking on Data System Reporting Requirements

Authority: Section 8: Establishment of the Occupational Therapy Interstate Compact Commission

Section 9: Data System

Section 10: Rulemaking

2.0 Purpose: **Pursuant to Section 8.C.6 and Section 10**, the Occupational Therapy Compact Commission shall promulgate reasonable and lawful uniform rules to facilitate and coordinate implementation and administration of the Occupational Therapy Compact. This rule will become effective upon passage by the Occupational Therapy Compact Commission as provided in Section 10 of the Occupational Therapy Compact.

2.1 Uniform Data Set and Levels of Access:

A. The Commission shall provide for the development, maintenance, and utilization of a coordinated database and reporting system containing licensure, adverse action, and investigative information on all licensed individuals in member states.

B. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the data system on all individuals to whom this Compact is applicable as required by the rules of the Commission, including but not limited to:

1. Identifying information – including but not limited to:
   a. first name
   b. middle name
   c. last name
   d. suffix, if applicable
   e. birth date (mm/dd/yyyy)
   f. United States' Social Security Number or NBCOT certification number or other unique identifier(s) as approved by the Commission
   g. Home state address
2. Licensure data – including but not limited to:
   a. jurisdiction of licensure
   b. license type (occupational therapist or occupational therapy assistant)
   c. license number
   d. initial issuance date
   e. most recent renewal date
   f. expiration date
   g. license status

3. Adverse action(s) against a license or compact privilege to practice including but not limited to:
   a. type of adverse action
   b. status and change in status of adverse action
   c. effective dates of adverse action
   d. the existence of current significant investigative information
   e. summary suspension and final disciplinary actions, as defined by the member state authority
   f. non-confidential information related to alternative program participation including but not limited to current participation by the occupational therapist or occupational therapy assistant in an alternative program
   g. any denial of application for licensure, and the reason(s) for denial
   h. other information that may facilitate the administration of this Compact, as determined by the rules of the Commission including but not limited to a correction to a licensee's data.

C. The member states shall have access, via the data system, to information including but not limited to the verification of compact privilege(s) to practice held by eligible licensees.

D. The public shall have access, via the Commission's website, to information limited to the verification of compact privilege(s) held by individuals.

E. The home state shall be responsible for verification of uniform requirements for participation as described in sections 3 and 4 of the Compact.

F. Current significant investigative information pertaining to a licensee in any member state shall only be available to other member states.

G. If a member state takes adverse action, it shall notify the administrator of the data system within ten business days of the date action was taken. The administrator of the data system shall notify the home state of any adverse actions by remote states.

H. Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.

I. In the event an occupational therapist or occupational therapy assistant asserts that any coordinated licensure information system data is inaccurate, the burden shall be upon the occupational therapist or occupational therapy assistant to provide evidence in a manner determined by the member state that substantiates such claim.

J. Member states shall submit the data system information required above to the Commission at least one time per week.

K. Any information submitted to the data system that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the data system.

Occupational Therapy Interstate Compact (OT Compact)

Occupational Therapy Interstate Compact Commission

Title of Rule:	Rule on Rulemaking
History of Rule:	Drafted June 9, 2022
	Adopted at public meeting on August 3, 2022
Reason for Rule:	To further outline and clarify the rule promulgation process of the OT Compact Commission.
Effective Date:	September 2, 2022

Chapter 1:	Rulemaking
Authority:	Section 12: Date of Implementation of the Interstate Commission for Occupational Therapy Practice and Associated Rules, Withdrawal, and Amendment
	Section 8: Establishment of the Occupational Therapy Interstate Compact Commission
	Section 10: Rulemaking
1.0 Purpose:	**Pursuant to Section 10**, the Occupational Therapy Interstate Compact Commission shall promulgate reasonable and lawful uniform rules to facilitate and coordinate implementation and administration of the Occupational Therapy Interstate Compact. This rule will become effective upon passage by the Occupational Interstate Compact Commission as provided in Section 10 of the Occupational Therapy Interstate Compact.
1.1 Definition(s):	(a) **"Commission"** means: the Occupational Therapy Interstate Compact Commission, which is the national administrative body whose membership consists of all states that have enacted the Compact.
	(b) **"Compact"** means: Occupational Therapy Interstate Compact (OT Compact).
	(c) **"Delegate"** means: the appointed delegate from each state as described in Section 8 of the Compact and further rules promulgated by the Commission pursuant to the criteria set forth in Section 10.

(d) "**Member state**" means a state, the District of Columbia, or United States territory that has enacted this Compact legislation and which has not withdrawn pursuant to Section 12 or has not been discharged pursuant to Section 11 due to non-compliance with the provisions of Section 3.

(d) **"Rule"** means: a regulation, principle or directive promulgated by the Commission pursuant to the criteria set forth in Section 10 that has the force and effect of statutory law in a Member State and includes the amendment, repeal, or suspension of an existing rule.

(e) "**Rules Committee**" means: a committee that is established as a standing committee to develop reasonable and lawful uniform rules for consideration by the Commission and subsequent implementation by the states and to review existing rules and recommend necessary changes to the Commission for consideration.

(f) **"Scope of Practice"** Scope of Practice" means: the procedures, actions, and processes an Occupational Therapist or Occupational Therapy Assistant licensed in a state is permitted to undertake in that state and the circumstances under which the Occupational Therapist or Occupational Therapy Assistant is permitted to undertake those procedures, actions and processes. Such procedures, actions and processes and the circumstances under which they may be undertaken may be established through official means, including, but not limited to, statute, rules and regulations, case law, and other processes available to the State Regulatory Authority or other government agency.

(g) **"State"** means: any state, commonwealth, territory, or possession of the United States, the District of Columbia.

1.2 Proposed rules or amendments: rules shall be adopted by majority vote of the Member States of the Commission pursuant to the criteria set forth in Section 10 and in the following manner:

(a) New rules and amendments to existing rules proposed pursuant to Section 8 and Section 10 and the Commission Bylaws shall be submitted to the Commission office for referral to the Rules Committee as follows:

(1) Any Delegate may submit a proposed rule or rule amendment for referral to the Rules Committee during the next scheduled Commission meeting. or
(2) Standing Committees of the Commission may propose rules or rule amendments by majority vote of that Committee.
(3) The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period

of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing and delivered to the Chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

1.3 The Rules Committee: shall prepare a draft of all proposed rules and provide the draft to the Executive Committee to provide to all Delegates for review and comments. Based on the comments made by the Delegates the Rules Committee shall prepare a final draft of the proposed rule(s) or amendments for consideration by the Commission not later than thirty (30) days prior to the next Commission meeting.

1.4 Prior to promulgation and adoption of a final rule: In accordance with Section 10 of the Compact, the Commission shall publish the text of the proposed rule or amendment prepared by the Rules Committee not later than thirty (30) days prior to the meeting at which the vote is scheduled, on the official web site of the Commission and on the website of each member state licensing board or other publicly accessible platform or the publication in which each state would otherwise publish proposed rules. All written comments received by the Rules Committee on proposed rules shall be made available to the public upon request. In addition to the text of the proposed rule or amendment, the reason for the proposed rule shall be provided.

1.5 The Notice of Proposed Rulemaking shall include:

(a) The proposed time, date and location of the meeting in which the rule shall be considered and voted upon,

(b) The text of the proposed rule or amendment and the reason for the proposed rule.

(c) A request for comments on the proposed rule from any interested person; and

(d) The manner in which interested persons may submit notice to the Commission of their intention to attend the public meeting and any written comments.

1.6 Public Hearings: The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

1. At least twenty-five (25) persons;
2. A state or federal governmental subdivision or agency; or
3. An association having at least twenty-five (25) members.

If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.

If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing. If the hearing is held via electronic means, the Commission shall publish the mechanism for access to the electronic hearing.

1. All persons wishing to be heard at the hearing shall notify the executive director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.
2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.
3. All hearings shall be recorded. A copy of the recording shall be made available on request.
4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

1.7 Final adoption of rule: The Commission shall, by majority vote of all Member States, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

1. If a majority of the legislatures of the Member States rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact within 4 years of the date of adoption of the rule, the rule shall have no further force and effect in any member state.
2. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.

1.8 Status of Rules upon adoption of Compact additional member states and applicability: Any state that joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.

No Member State's rulemaking requirements shall apply under this compact.

The Rules of the Commission shall have the force of law in each Member State, provided however that where the Rules of the Commission conflict with the laws of the Member State that establish the Member State's Scope of Practice as held by a court of competent jurisdiction, the Rules of the Commission shall be ineffective in that State to the extent of the conflict.

1.9 Emergency Rulemaking: Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later

than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

1. Meet an imminent threat to public health, safety, or welfare,
2. Prevent a loss of Commission or member state funds; or
3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule.

2.0 Non-substantive Rule Revisions: The Commission or an authorized committee of the Commission may direct revisions to a previously adopted Rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a Rule. A challenge shall be made in writing and delivered to the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in Section 10 of the Compact and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

OCCUPATIONAL THERAPY COMPACT COMMISSION BYLAWS – 2024

OCCUPATIONAL THERAPY COMPACT COMMISSION 201 Park Washington Ct – Falls Church, VA 22046

TABLE OF CONTENTS

I. ARTICLE I: COMMISSION PURPOSE, FUNCTION, & BYLAWS 3
Section 1: Purpose 3
Section 2: Functions 3
Section 3: Bylaws 3
II. ARTICLE II: MEMBERSHIP 3
Section 1: Membership Defined 3
III. ARTICLE III: EXECUTIVE COMMITTEE 4
Section 1: Composition 4
Section 2: Duties And Qualifications 5
Section 3: Removal Of Executive Committee Members 5
Section 4: Vacancies And Elections 6
IV. ARTICLE IV: COMMISSION PERSONNEL 6
Section 1: Duties of the Executive Director 6
V. ARTICLE V: MEETINGS OF THE FULL COMMISSION 7
Section 1: Meetings and Notice 7
Section 2: Quorum 7
Section 3: Voting 7
Section 4: Procedure 8
Section 5: Public Participation in Meetings 8
VI. ARTICLE VI: COMMITTEES OTHER THAN THE EXECUTIVE COMMITTEE 8
Section 1: Creation Of Committees 8
Section 2: Appointment of Committee Members: 8
Section 3: Terms of Appointment 8
Section 4: Standing Committees 9
VII. ARTICLE VII: FINANCE 10
Section 1: Fiscal Year 10
Section 2: Budget 10
Section 3: Accounting And Audit 10
Section 4: Costs And Expense Reimbursement 10
VIII. ARTICLE VIII: ADOPTION AND AMENDMENT OF BYLAWS 11
Section 1: Process 11
IX. ARTICLE IX: QUALIFIED IMMUNITY, DEFENSE, AND INDEMNIFICATION 11
Section 1: Immunity 11

Section 2: Defense 11
Section 3: Indemnification 12
X. ARTICLE X: WITHDRAWAL 12
Section 1: Withdrawal According to the Compact 12
XI. ARTICLE XI: DISSOLUTION OF THE COMMISSION 12
Section 1: Commission Dissolution 12

ARTICLE I: COMMISSION PURPOSE, FUNCTION, & BYLAWS

Section 1: Purpose

Pursuant to the terms of the Occupational Therapy Interstate Compact, (the "Compact"), the Occupational Therapy Compact Commission (the "Commission") is established as a joint government agency of the member states to fulfill the Compact objectives through a means of joint cooperative action among the member states. This is accomplished by developing a comprehensive process that facilitates the exchange of information in the areas of licensure and investigative authority of member state Occupational Therapy Licensing Boards and providing for mutual recognition of Occupational Therapy and Occupational Therapy Assistant licenses by all member states, under the terms of the Compact and through the issuance of privileges to practice, thereby enhancing the portability and mobility of licenses and ensuring and promoting public protection.

Section 2: Functions

In pursuit of the fundamental objectives set forth in the Compact, the Commission shall, as necessary or required, exercise all the powers and fulfill all the duties delegated to it by the member states. The Commission's activities shall include but are not limited to all powers and duties as outlined in Section 8.C. of the Compact and as otherwise provided by the Compact, or as determined by the Commission to be warranted by, and consistent with, the objectives and intent of the Compact. The provisions of the Compact shall be reasonably and liberally construed to accomplish the purposes of the Compact.

Section 3: Bylaws

As required by the Compact, these Bylaws shall govern the management and operations of the Commission. As adopted and subsequently amended, these Bylaws shall remain subject to the terms of the Compact.

ARTICLE II: MEMBERSHIP

Section 1: Membership Defined

The Commission membership shall be comprised as provided by the Compact. Each member state shall have and be limited to one delegate selected by that member state's Licensing Board. The delegate shall be a current member of the Licensing Board, who is an Occupational Therapist or Occupational Therapy Assistant or public member of the Licensing Board or an Administrator of the Licensing Board. Each member state shall forward the names of its delegate and alternate delegate to the Chair of the Commission or designee by executing the nomination form which affirms that they are the appropriate appointing authority. The delegate and alternate delegate must execute the Code of Conduct Form and have it on file with the OTCC before voting on any Commission business.

A state may designate a person to serve in place of the appointed delegate as his or her alternate delegate with respect to Commission business, including attending Commission meetings and voting. The appointed delegate or the properly appointed alternate delegate must notify the Chair of the Commission or designee of the identity of the alternate delegate and the scope and duration of the representation, prior to each meeting wherein the alternate delegate will be serving on behalf of the delegate.

The alternate delegate's service must be limited in scope and the Commission may determine the number of meetings at which the delegate may have an excused absence during their term.

The Chair of the Commission shall promptly advise the member state of the need to appoint a new delegate whenever a vacancy occurs. Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed. The member state board shall fill any vacancy occurring on the Commission with a successor delegate who is a current member or administrator of a Licensing Board, within 90 days of a vacancy.

ARTICLE III: EXECUTIVE COMMITTEE

Section 1: Composition

The Commission shall establish an Executive Committee, which shall be empowered to act on behalf of the Commission between Commission meetings, except for rulemaking or amendment of the Compact. The power of the Executive Committee to act on behalf of the Commission shall be subject to the Bylaws, Rules, and provisions of the Compact.

The Executive Committee shall consist of seven (7) voting members who are elected by the Commission from the current membership of the Commission and two (2) ex-officios, consisting of one nonvoting member from a recognized national Occupational Therapy professional association and one nonvoting member from a recognized national Occupational Therapy certification organization. The ex-officio members shall be selected by their respective organizations. Of the seven (7) voting members elected to the Executive Committee, four (4) members shall be designated as Chair, Vice-Chair, Secretary and Treasurer of the Commission. Members of the Executive Committee shall serve a term of two years or until a successor is elected. No person shall serve more than two (2) terms consecutively in the same office. Three (3) remaining voting members of the Executive Committee shall be members-at-large chosen from the current membership of the Commission and elected by the Commission.

The election of the Executive Committee shall be as follows:

1. *Chair*: The chair shall be elected in odd numbered years.
2. *Vice Chair*: The vice chair shall be elected in even numbered years.
3. *Treasurer*: The treasurer shall be elected in even numbered years.
4. *Secretary*: The secretary shall be elected in odd numbered years.
5. *Members-at-Large (3 positions)*: The members-at-large shall be two members elected in even numbered years; one member elected in odd numbered years.

The Executive Committee shall give seven (7) days' notice of its meetings, posted on the Commission website and as otherwise determined by the Commission to provide notice to persons interested in the business of the Commission. Special meetings of the Executive Committee may be called at the discretion of the Chair without seven (7) days' notice if a majority of the committee members vote to waive the seven (7) day notice period during the special meeting.

Appointed alternate delegates may not vote on behalf of the elected delegate during Executive Committee meetings.

Section 2: Duties And Qualifications

The Commission's officers shall perform all duties of their respective offices as the Compact and these Bylaws provide. Their duties shall include, but are not limited to, the following:

1. *Chair*: The Chair shall call and preside over Commission and Executive Committee meetings; prepare agendas for the meetings; act on Commission's behalf between Commission meetings.
2. *Vice Chair*: The Vice Chair shall perform the duties of the Chair in their absence or at the Chair's direction. In the event of a vacancy in the Chair's office, the Vice Chair shall serve until the Commission elects a new Chair.
3. *Treasurer*: The Treasurer, with the assistance of the Executive Director of the Compact, shall monitor the Commission's fiscal policies and procedures and serve as chair of the Finance Committee.
4. *Secretary*: The Secretary, with the assistance of the Executive Director of the Compact, shall keep minutes of all Commission meetings and shall act as the custodian of all documents and records pertaining to the status of the Compact and business of the Commission. The Commission may allow the Executive Director to serve as Secretary of the Commission provided that the Executive Director will not be a member of the Commission.

The Executive Committee shall:

a. Recommend to the entire Commission changes to the rules or bylaws, changes to this Compact legislation, fees paid by Compact member states such as annual dues, and any commission Compact fee charged to licensees for the compact privilege.
b. Ensure Compact administration services are appropriately provided, contractual or otherwise.
c. Approve a budget as prepared and recommended by the Finance Committee.
d. Maintain financial records on behalf of the Commission.
e. Monitor Compact compliance of member states and provide compliance reports to the Commission.
f. Establish additional committees as necessary.
g. Perform other duties as provided in rules or bylaws and administer the affairs of the Commission in a manner consistent with the Bylaws and purpose of the Commission; and
h. Hold meetings in person, virtually, or via hybrid means as necessary.

Section 3: Removal Of Executive Committee Members

Any Executive Committee member may be removed from office for good cause by a two-third (2/3rd) majority vote of the Commission.

Section 4: Vacancies And Elections

Upon the resignation, removal, or death of a member of the Executive Committee, such vacancy shall be announced to the Commission by the Chair or designee.

An Elections Committee shall send a call for nominations 30 days prior to the election, shall announce a slate of candidates to the Commission 20 days prior to the election, shall announce voting by electronic ballot 10 days prior to the election and shall verify and report the results of the election to the Commission.

Any election resulting in a tie vote will be decided by a runoff election between the Delegates with the highest votes. No Commissioner shall be nominated or eligible to serve on the Executive Committee if from a member state in default of its obligations under the Compact.

ARTICLE IV: COMMISSION PERSONNEL

Section 1: Duties of the Executive Director

The Commission, through its Executive Committee, may contract for an Executive Director of the Compact. As the Commission's principal administrator, the Executive Director shall also perform such other duties as may be delegated by the Commission, the Executive Committee or required by the Compact and the Bylaws, including, but not limited to, the following:

a. Serve at its discretion and act as Secretary to the Commission but shall not be a Member of the Commission.
b. Hire and supervise such other staff as may be authorized by the Commission.
c. Establish and manage the Commission's office or offices as determined by the Commission.
d. Report to the Executive Committee actions of the Secretariat taken on behalf of the Commission.
e. Recommend general policies and program initiatives for the Commission's consideration.
f. Recommend for the Commission's consideration administrative personnel policies governing the recruitment, hiring, management, compensation, and dismissal of Commission staff.
g. Implement and monitor administration of all policies, programs, and initiatives adopted by the Commission.
h. Prepare draft annual budgets, in consultation with the Treasurer, for the Commission's consideration.
i. Monitor the Commission's financial performance for compliance with approved budgets and policies and maintain accurate records of the Commission's financial account(s).
j. Execute contracts on behalf of the Commission as directed.
k. Receive service of process on behalf of the Commission.
l. Prepare and disseminate all required reports and notices directed by the Commission.
m. Assist the members of the Executive Committee in the performance of its duties.

n. Speak on behalf and represent the Commission.
o. In collaboration with legal counsel, ensure the legal integrity of the Commission; and
p. Report about policy, regulatory, political, legal, or other developments of relevance to the Commission's operation.

ARTICLE V: MEETINGS OF THE FULL COMMISSION

Section 1: Meetings and Notice

The full Commission shall meet at least once a year at a time and place as determined by the Commission. Additional meetings shall be held as determined by the Executive Committee. Members may participate in meetings in person or by electronic means as is necessary. Special meetings of the full Commission may be scheduled at the discretion of the Chair or shall be called upon at the request of a majority of Delegates.

All Delegates shall be given notice of full Commission meetings at least thirty (30) days prior to the scheduled date. Agendas shall be provided to all Delegates no later than seven (7) days prior to any meeting of the full Commission. If an amendment to an agenda is made after an agenda has been noticed, but forty-eight (48) hours prior to a regular meeting, or twenty-four (24) hours prior to a special meeting, then the agenda is amended upon the posting of the amended agenda. The full Commission or any Committee of the Commission may vote to accept an agenda as amended.

All Commission meetings shall be open to the public, except as set forth in Commission Rules or as otherwise provided by the Compact. Prior public notice of full Commission meetings shall be as follows: publication of notice of each meeting of the full Commission will be posted at least thirty (30) days prior to the meeting on the Commission website or another website designated by the Commission and distribution by e-mail to interested parties who have requested in writing to receive such meeting notices. A meeting may be closed to the public if the Commission determines by a majority vote of the Delegates that there exists at least one of the conditions for closing a meeting, as provided by the Compact or authorized Rules or as certified by legal counsel to the Commission.

Section 2: Quorum

A majority of Delegates shall constitute a quorum for the transaction of business, except as otherwise required in these Bylaws. The presence of a quorum must be established before any vote of the Commission can be taken.

Section 3: Voting

Each Delegate is entitled to one vote. A Delegate shall vote on their own behalf and shall not delegate the vote to another Delegate, except as permitted by a designation allowed under Article II. Any question submitted for a vote of the Commission shall be determined by a simple majority, except as otherwise required by the Compact or the Bylaws.

Section 4: Procedure

The rules contained in the then current edition of Robert's Rules of Order Newly Revised shall govern the parliamentary procedures of the commission and its committees in all cases not provided for in these Bylaws or in any policies and procedures or any special rules of order which are duly adopted by the Commission.

Section 5: Public Participation in Meetings

Upon prior written request to the Commission, any person who desires to present a statement on a matter on the agenda shall be afforded an opportunity to present an oral statement at an open meeting. The Chair may, depending on the circumstances, allow any person who desires an opportunity to present a statement on a matter that is on the agenda even in the absence of a prior written request to the Commission. The Chair may limit the time and manner of public statements at any open meeting.

ARTICLE VI: COMMITTEES OTHER THAN THE EXECUTIVE COMMITTEE

Section 1: Creation Of Committees

1. The Executive Committee shall determine the need for the creation of a committee and appointment of its members as needed and provide a list of charges to the committee.
2. A committee shall be designated as either Ad Hoc or Standing.
3. The addition of a standing committee requires a Bylaws amendment.

Section 2: Appointment of Committee Members:

1. The Executive Committee shall direct the Executive Director to request volunteers from member states to serve as committee members. Only appointed delegates or officially appointed alternate delegates may vote.
2. The Executive Committee shall appoint chairs, vice-chairs, and members to committees to provide the expertise needed to fulfill committee charges.
    a. Volunteers for committee membership shall be required to provide personal bios and all relevant experience and interest with respect to the committee position and duties.
3. The Executive Director shall staff the committee and shall appoint other staff or consultants as needed to provide support and expertise.
4. The chair or designee will be responsible for reporting on the progress and/or recommendations of the committee at the Executive Committee and full Commission meetings, as requested by the Executive Committee.

Section 3: Terms of Appointment

1. Chairs and members will be appointed to a two-year term, which can be renewed once or for the duration of the committee, whichever comes first.

a. Members who do not wish to be reappointed must notify the Executive Director as soon as possible; and
b. Committee members, other than Executive Committee members, term limits may be extended by the Executive Committee up to two additional terms as deemed necessary to achieve the purposes of the Compact.

2. A vacancy on a committee may be filled by the Executive Committee at its discretion.
3. The member state shall notify the Executive Director when committee members are no longer affiliated with their member state.
4. The Executive Committee shall make all reasonable efforts to ensure diversity of membership among Committee members.

Section 4: Standing Committees

1. *Rules Committee*: A Rules Committee shall be established as a standing committee to develop uniform Compact rules and bylaw amendments and policies for consideration by the Commission and concurrent implementation by the states and to review existing rules and recommend necessary changes to the Commission for consideration.
2. *Compliance Committee*: A Compliance Committee shall be established as a standing committee to monitor a member state's compliance with the terms of the Compact and its authorized rules.
3. *Finance Committee*: A Finance Committee shall be established as a standing committee to provide financial oversight and ensure the Commission is operating within its budget and is developing financial resources to achieve its purposes.
4. *Elections Committee*: An Elections Committee shall be established as a standing committee to:
    a. Inform the Commissioners on the responsibilities of the office.
    b. Encourage participation by the Commissioners in the elections process.
    c. Announce nominations deadline and anticipated vacancies of the Executive Committee of the Commission.
    d. Communicate with incumbents to determine if they wish to run for re- election.
    e. Accept qualified nominees and prepare a slate of candidates for the election of the officers or members at large of the Executive Committee.
    f. Present a list of candidates to the Commission including the terms of office expiration dates; and
    g. Tally/verify the election results and report to the Commission.
5. *Public Relations Committee*: A Public Relations Committee shall be established as a standing committee to:
    a. Collaborate with the Executive Director to create an onboarding process and materials for new member state delegates and administrative staff.
    b. Create press releases; Develop a marketing plan to promote the benefits and utilization of the Compact.
    c. Suggest updates to the website and informational items to media sources; and
    d. Create additional public relations documents and provide presentations regarding the work of the Commission.

Other standing and ad hoc committees may be created by the Commission as they are determined to be necessary by the Commission by 2/3 vote. The composition, procedures, duties, budget, and tenure of all committees (if not outlined in bylaws) shall be determined through policies approved by the Commission. The Commission may dissolve any committee it determines is no longer needed.

After review of the bios of the eligible, interested candidates, the Executive Committee shall appoint the chair and vice chair of each committee and establish the composition of each committee, except that the Treasurer shall serve as the chair of the Finance Committee and the Chair of the Commission shall chair the Executive Committee. The chairperson, vice-chairperson, and executive director of the commission shall be considered ex-officio members of each established committee. The Executive Committee may establish or appoint Committees and determine duties of Committees on behalf of the Commission and in accordance with the Compact and Bylaws. The Commission may dissolve any committee it determines is no longer needed.

All Committees shall give seven (7) days' notice of their meetings, posted on their website, and as otherwise determined by the Commission to provide notice to persons interested in the business of the Commission. Special meetings of Committees may be called at the discretion of the Chair without seven (7) days' notice if a majority of the committee members vote to waive the seven (7) day notice period during the special meeting. Meetings may be held in person, virtually, or via hybrid means as necessary.

These committees are not subject to the requirements of Section 8. E. 1. of the OT Compact and Article V of these Bylaws.

ARTICLE VII: FINANCE

Section 1: Fiscal Year

The Commission's fiscal year shall begin on October 1 and end on September 30. Membership fees, in an amount to be determined by the Commission, are payable by October 1 of each year.

Section 2: Budget

The Commission shall operate on an annual budget cycle and shall, in any given year, adopt budgets for the following fiscal year or years as provided by the Compact.

Section 3: Accounting And Audit

The Commission, with the assistance of the Executive Director, shall keep accurate and timely accounts of its internal receipts and disbursements of the Commission funds. The receipts and disbursements of Commission funds are to be audited annually by an independent certified or licensed accountant. The independent audit report shall be made available to the public.

Section 4: Costs And Expense Reimbursement

Unless expenses are otherwise covered, subject to the availability of budgeted funds and the pre-approval by Executive Director in consultation with Treasurer, delegates shall be reimbursed for any actual and necessary expenses incurred pursuant to their attendance at a convened meeting of the Commission or its committees as provided by the Compact in accordance with U.S. General Services Administration (GSA) Travel Management Policy. (https://www.gsa.gov/policy-regulations/policy/travel-management-policy)

Reimbursement for items and occurrences not addressed by GSA's Travel Management Policy will be determined by the Executive Director in consultation with the Commission's Treasurer.

ARTICLE VIII: ADOPTION AND AMENDMENT OF BYLAWS

Section 1: Process

Any Bylaw may be adopted, amended, or repealed by a majority vote of the Delegates, provided that written notice and the full text of the proposed action is provided to all Delegates at least thirty (30) days prior to the meeting at which the action is to be considered. Failing the required notice, a two-third (2/3rd) majority vote of the Delegates shall be required for such action.

ARTICLE IX: QUALIFIED IMMUNITY, DEFENSE, AND INDEMNIFICATION

Section 1: Immunity

The Commission, its Delegates, officers, Executive Director, and employees shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused or arising out of or relating to any actual or alleged act, error, or omission that occurred, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided, that any such person shall not be protected from suit or liability, or both, for any damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of any such person.

Section 2: Defense

Subject to the provisions of the Compact and Rules promulgated thereunder, the Commission shall defend the Delegate of a Member State, his or her representatives or employees, or the Commission, and its representatives or employees in any civil action seeking to impose liability against such person arising out of or relating to any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties, or responsibilities or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided, that the actual or alleged act, error, or omission did not result from gross negligence or intentional wrongdoing on the part of such person.

Section 3: Indemnification

The Commission shall indemnify and hold the Delegate of a Member State, his or her representatives or employees, or the Commission, and its representatives or employees, harmless in the amount of any settlement or judgement obtained against such person arising out of or relating to any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided, that the actual or alleged act, error, or omission did not result from gross negligence or intentional wrongdoing on the part if such person.

The Commission shall not bear any costs related to a State that is found to be in default or that has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting State.

ARTICLE X: WITHDRAWAL

Section 1: Withdrawal According to the Compact

Member states may withdraw from the Compact only as provided by the Compact.

ARTICLE XI: DISSOLUTION OF THE COMMISSION

Section 1: Commission Dissolution

The Compact shall dissolve effective upon the date of the withdrawal or the termination by default of a member state, which reduces membership in the Compact to one member state as provided by the Compact.

Upon dissolution, the Compact becomes null and void and shall be of no further force or effect, and the business and affairs of the Commission shall be concluded in an orderly manner and according to applicable laws.

Orientation to the Board of Medicine & Your Advisory Board

June 2024

Executive Branch

- Governor Glenn Youngkin
- Secretary of Health and Human Resources – John Littel
- DHP Director – Arne Owens
- Board of Medicine President – Randy Clements, DPM
- Board members cannot speak for the Board or anyone in the Executive Branch.

Department of Health Professions

- Umbrella Agency for 13 Health Regulatory Boards
- Director Owens and Deputy Director Jenkins appointed by the Governor
- Administration, Communications, Finance, Enforcement, Administrative Proceedings, Prescription Monitoring, Health Practitioners' Monitoring, Healthcare Workforce Data Center, IT
- Medicine joined the Department in 1977

Today's Board of Medicine

18 members appointed by the Governor

1 MD from each Congressional District

1 DO

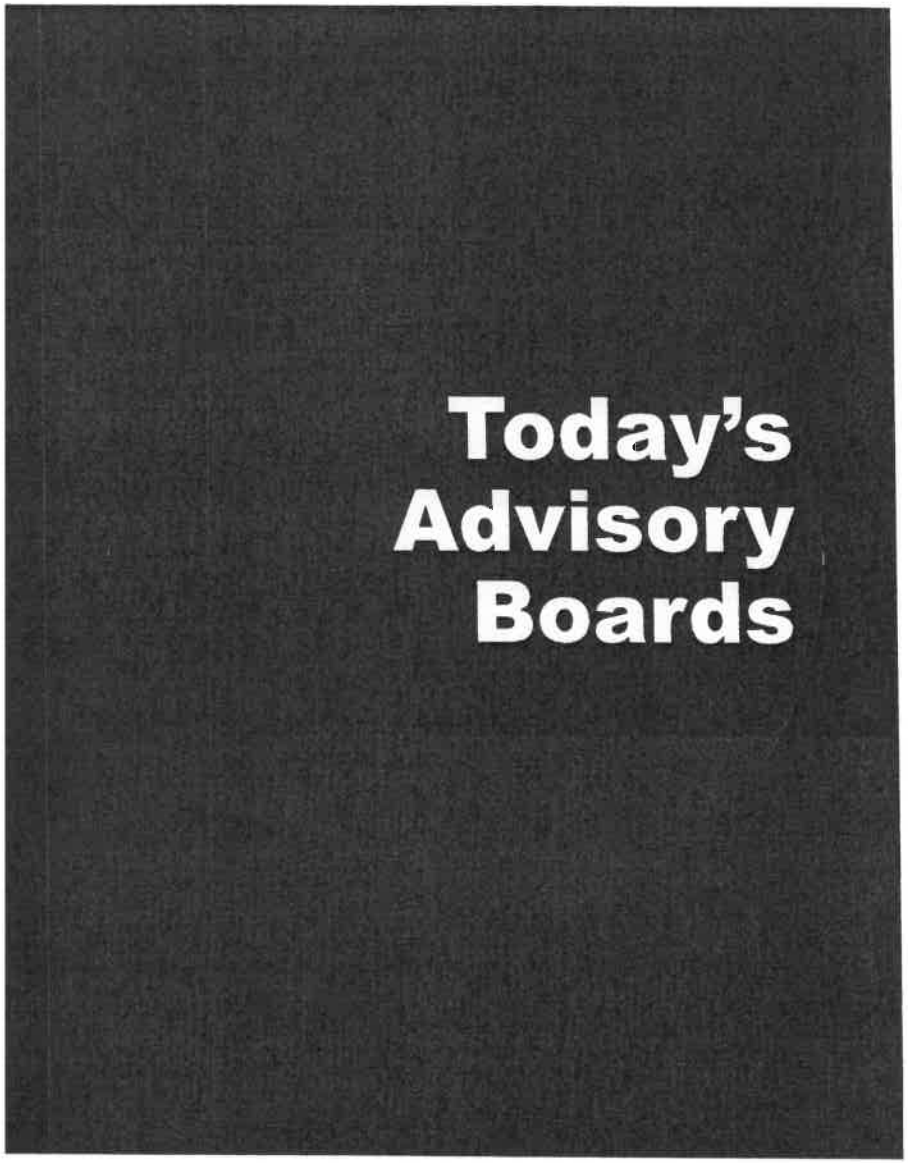
1 DPM

1 DC

4 citizen members

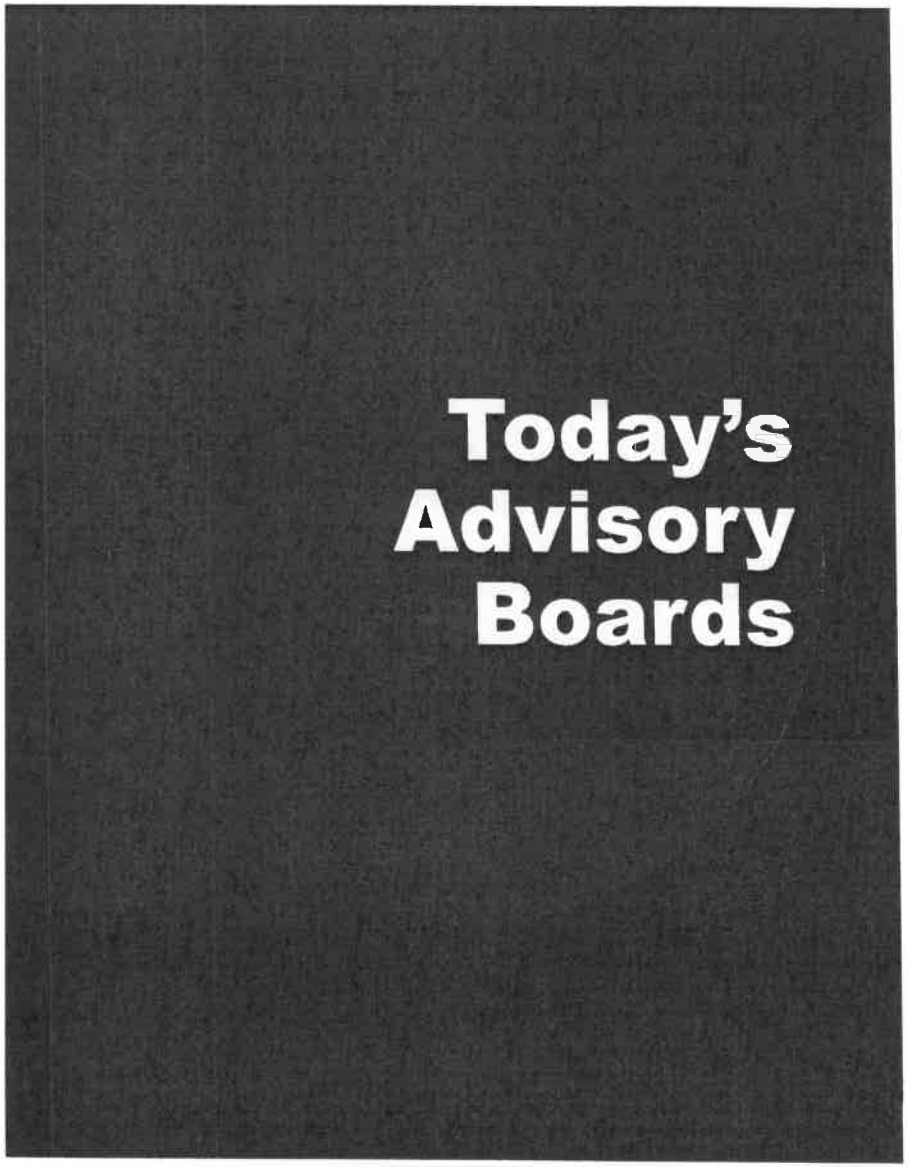
Today's Board

- Pure Board of Medicine
- Composite Board
- Doctors of Medicine, Osteopathy, Podiatry & Chiropractic
- Physician Assistants, Acupuncturists, Athletic Trainers, Licensed Midwives, Licensed Certified Midwives, Occupational Therapists, Occupational Therapy Assistants, Radiologic Technologists, Radiologic Technologists-Limited, Radiologist Assistants, Respiratory Therapists, Polysomnographic Technologists, Behavior Analysts, Assistant Behavior Analysts, Genetic Counselors, Licensed Surgical Assistants, Certified Surgical Technologists & Advanced Practice Registered Nurses



Today's Advisory Boards

- 11 Advisory Boards
- Similar structure & function
- 5 members
    - 3 of the profession
    - 1 physician
    - 1 citizen member



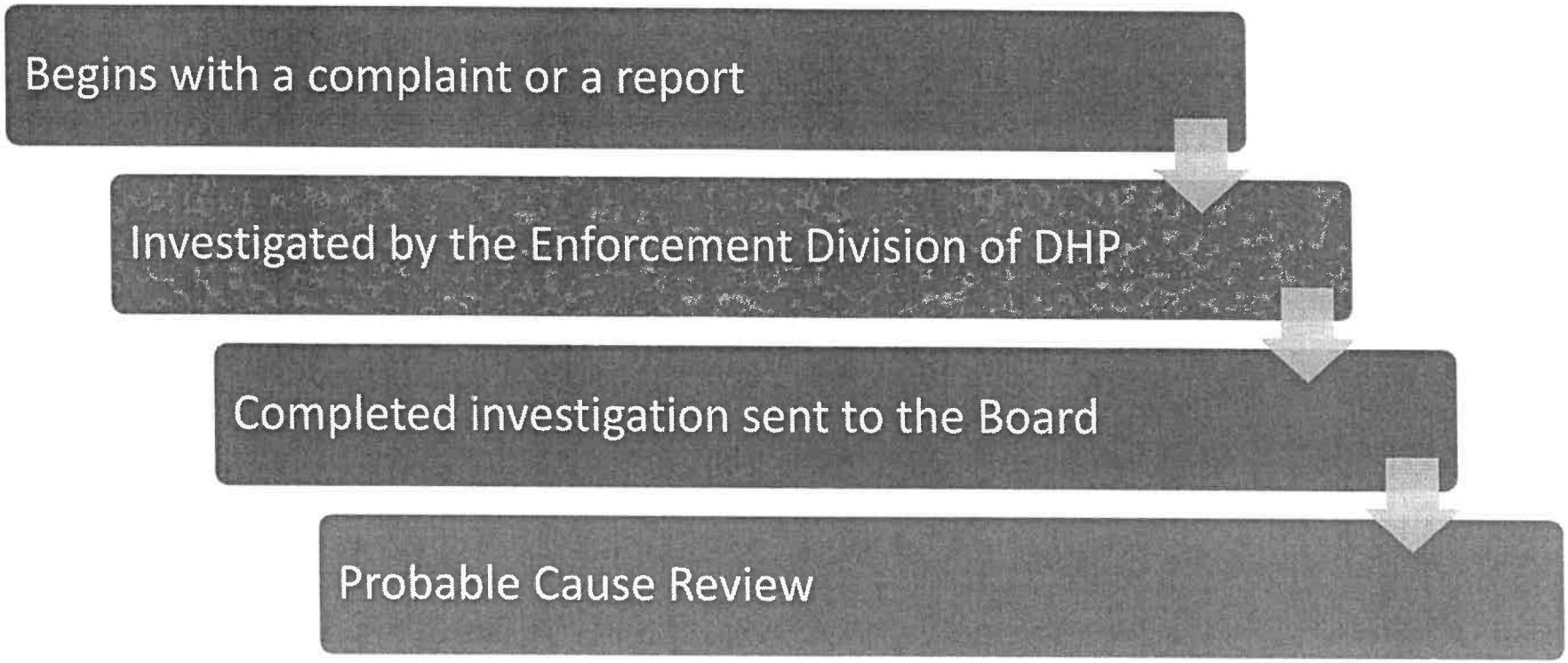
Today's Advisory Boards (cont.)

- Chair & Vice-Chair
- Meets at least once a year
- May attend 1 meeting a year virtually for good cause
- Advise the Board of Medicine on:
    - Licensing
    - Discipline
    - Regulations

THE BOARD'S MISSION

- The protection of the public
- License only qualified applicants
- Discipline for unprofessional conduct
- Promulgate regulations to implement law

THE BOARD'S DISCIPLINARY PROCESS



PROBABLE CAUSE REVIEW

- Board staff and Board members
- Review to understand what happened in the case
- Apply the law and the regulations to determine if a violation has occurred
- Two Board members must agree on standard of care
- If specialized review is required, retain an expert reviewer for the standard of care

OPTIONS FOR RESOLVING THE MATTER

- 85% are closed administratively
- Other options
  - Advisory letters
  - Confidential Consent Agreements
  - Pre-Hearing Consent Orders
  - Informal Conferences
  - Formal Hearings
  - Summary Suspensions

PRINCIPLES OF THE DISCIPLINARY PROCESS

- Confidentiality
- Protection of the public
- Due process
- Proportionate sanctions
- Strive to be fair to all parties

INVESTIGATIONS

- **Who Complains?**
  - The Public (e.g., patients, family members, anonymous, media)
  - Other licensees of the BOM (mandated reporters)
  - Employers
  - Healthcare institutions (e.g., hospital CEO = mandated reporter)
  - Medical malpractice insurance carriers

COMPLAINT PROCESS

Complaint filed and screened by Enforcement staff (must investigate any complaint that invokes the Board's jurisdiction)

Usually starts with letter from investigator

- Requests written response from licensee or meeting/interview
- Licensee may engage counsel to assist during investigation

Completed report reviewed by BOM staff/Board members

- If "probable cause" found, matter recommended for further action
- If not, closed by closure letter to licensee and source

ADVICE FOR RESPONDING TO COMPLAINTS

- Take the complaint seriously (even if you believe it to be frivolous)
- Fully cooperate w/the investigator (DHP/BOM is "health oversight agency" under HIPAA)
- You are responsible for ensuring a response and complete records are provided (not your office manager)
- Do NOT contact Board members to discuss your complaint
- Consult with an attorney (familiar with DHP/regulatory boards)

LAWS AND REGULATIONS TO KNOW

- Fraud or Dishonesty
- Substance abuse
- Negligence in practice – standard of care
- Mental or Physical Incapacity
- Aiding and Abetting Unlicensed Practice
- Ethical lapses – standards of professional conduct

LAWS AND REGULATIONS TO KNOW

- Felony convictions or misdemeanors of moral turpitude
- Any provision of the drug law
- Failure to timely sign a death certificate
- Opioid prescriptions submitted electronically
- Surprise billing
- Treating self and family
- Patient records

LAWS AND REGULATIONS TO KNOW

- Confidentiality
- Communication/Termination
- Subordinates and Disruptive Behavior
- Sexual Boundary Violations
- Reporting requirements
- Continuing Medical Education

LAWS AND REGULATIONS TO KNOW

- Office-Based Anesthesia
- Mixing, Diluting or Reconstituting
- Prescription Monitoring Program
- Health Practitioners' Monitoring Program
- Renew License every 2 years

Hearing Protocol

Virginia Board of Medicine

June 14, 2018

Panel Members at Hearings

- Purpose of disciplinary proceedings is to protect the public by regulating professional conduct and provide fair and impartial consideration of the matter before the Board
- Panel members should avoid actual conflicts and the appearance of impropriety—if you receive case material and think you have a conflict, call staff! (procedure for potential conflict at hearing)
- Strive to be fair and impartial—goal is fairness to *respondent* and *also to the public*

June 2018

Open vs. Closed Sessions

- Board business takes place in open, public forums to foster public accessibility and confidence of the public in the integrity of the regulatory process
- Any meeting of three or more members of the Board at which the members discuss *anything* related to the Board should be considered an open meeting for FOIA purposes (includes group emails).
- Closed meetings: for the Board to deliberate or receive legal advice
- Disciplinary proceedings may also close to deliberate and to protect health information of a respondent

June 2018

Formal Hearings – You are on the record!

A court reporter attends formal hearings

Your words are recorded

The transcript will be reviewed by the Circuit Court if the respondent appeals for evidence of violations of a respondent's constitutional rights, failure of the Board to observe required procedure, indications that the Board may not have had substantial evidence (Erin ex.)

June 2018

Hearings (IFC or formal)

- Cannot deviate earlier from noticed start time
- Choose your questions carefully (avoid answering questions from R)
- Hearings can be emotional; avoid engaging on emotional level (try not to be swayed by tears or manipulative behavior)
- Avoid texting board members (e.g., Loudoun meeting; FOIA Council)
- Do not state you have more knowledge than others-- or less-- based on specialty or non-MD status. All board members are experts in the matters before the board. This has been clearly stated by CAV.
- Do not give practice advice—do not want to bind the Board (especially if you are wrong)

June 2018

Hearings (IFC or formal)

- Questions should relate to facts of the case and the allegations contained in the Statement of Particulars
- Do not sermonize, do not inject personal, religious, or political beliefs
- Do not express your personal opinion (i.e.," Well, I think your record-keeping was fine.")
- Do not argue with other panel members during hearings, or make statements disparaging other members' statements or questions
- Do not argue with witnesses, respondents, or counsel for respondents – we understand it can be hard with some!

Hearings (IFC or formal)

PANEL CHAIR WILL RULE ON ISSUES RELATED TO RELEVANCE OR THE ADMISSION OF EVIDENCE (WITH BOARD COUNSEL GUIDANCE)

AVOID "ATTORNEY TESTIMONY", THIS IS YOUR OPPORTUNITY TO HEAR FROM THE LICENSEE

DELIBERATION HAPPENS IN CLOSED SESSION

DO NOT ENGAGE, INFORM, INSTRUCT ONCE PROCEEDINGS ARE OVER (STAFF WILL HANDLE; E.G. FRIENDLY ATTORNEY AND PATIENT FAMILY IN AUDIENCE)

June 2018

Procedural mysteries

Board counsel records and enters evidence

Evidence must be formally admitted even though Board members received evidence prior to hearing

Must initial and date evidence to provide record on appeal.

Procedural mysteries, cont.

- Some cases appear old when they reach the formal hearing stage
- Can be for any number of reasons (continuances prior to IFC or formal, length of investigation, etc.)
- Staff and counsel will answer procedural questions in closed session – NOT open session!

What happens in closed session?

Decision on sanction

Craft order, including findings of fact (refer to helpful notes you made during proceeding)

Review conclusions of law alleged; determine what stays

What are grounds for an appeal?

- (1) Violation of a Constitutional right, power, or privilege;
- (2) Failure to comply with statutory authority;
- (3) Failure to observe required procedure where the failure did not result in harmless error; and
- (4) Substantial evidence did not support Board decision.

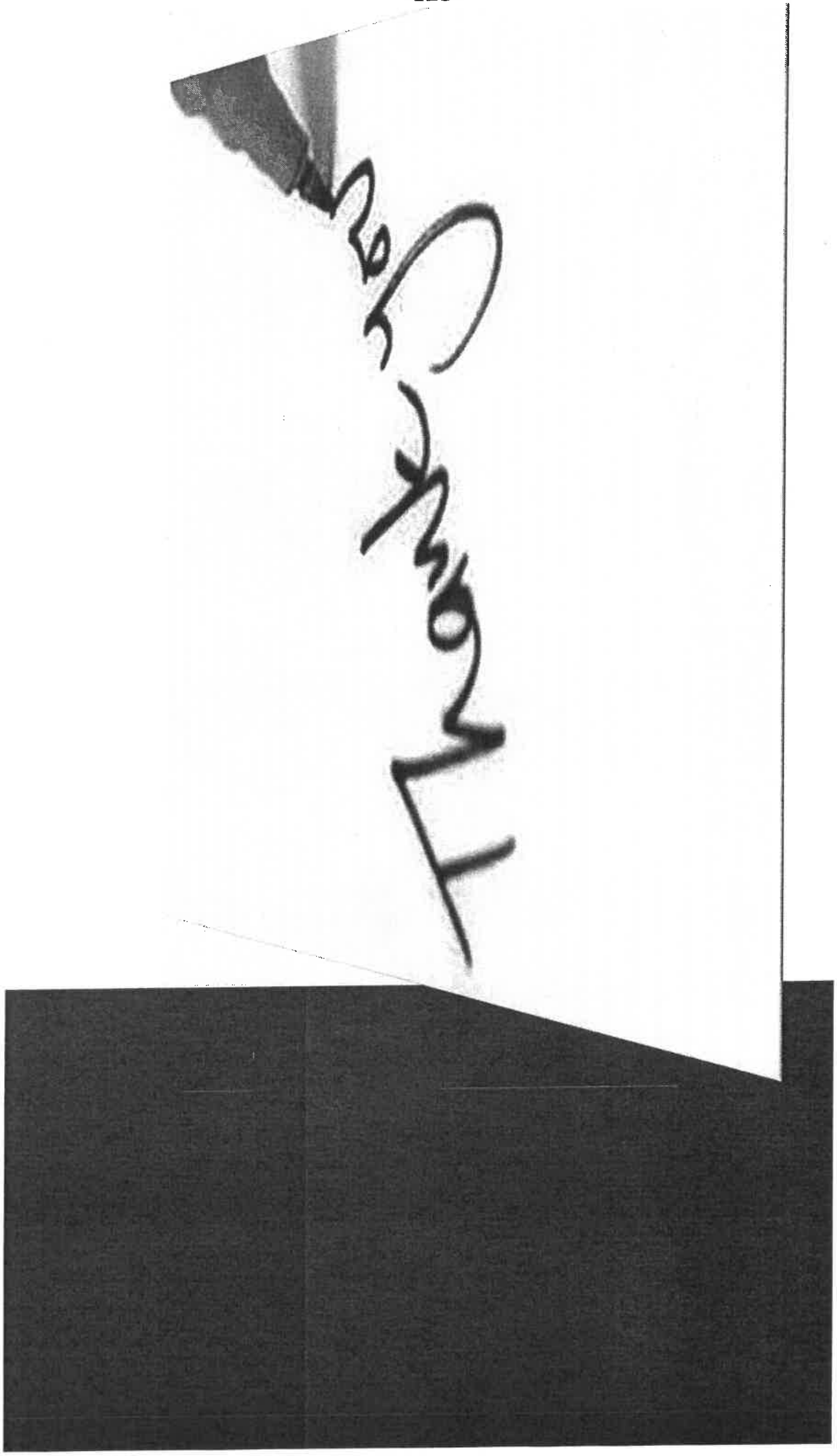
(Va. Code § 2.2-4027.)

June 2018

Helping to ensure that the Board's decisions do not get overturned

- Follow staff guidelines, procedures, and scripts for hearings.
- Ask legal questions in *closed session*. Do not state specific legal questions for board counsel on the record. This raises privilege issues.
- Only the chair of a panel may rule on motions made at a hearing.
- Avoid stating opinions on the record (i.e., "That does not sound like a standard of care issue to me.")
- Work with your fellow panel members, board counsel, and staff to craft well thought out orders.
- Be aware that any respondent can appeal.

June 2018


Thank you

2024 Board Meeting Dates

Advisory Board on:

Behavioral Analysts			**10:00 a.m.**
February 5	June 3	October 7	
Genetic Counseling			**1:00 p.m.**
February 5	June 3	October 7	
Occupational Therapy			**10:00 a.m.**
February 6	June 4	October 8	
Respiratory Care			**1:00 p.m.**
February 6	June 4	October 8	
Acupuncture			**10:00 a.m.**
February 7	June 5	October 9	
Radiological Technology			**1:00 p.m.**
February 7	June 5	October 9	
Athletic Training			**10:00 a.m.**
February 8	June 6	October 10	
Physician Assistants			**1:00 p.m.**
February 8	June 6	October 10	
Midwifery			**10:00 a.m.**
February 9	June 7	October 11	
Polysomnographic Technology			**1:00 p.m.**
February 9	June 7	October 11	
Surgical Assisting			
February 12	June 10	October 15	