

Advisory Board on Surgical Assisting

Virginia Board of Medicine

June 20, 2023

10:00 a.m.

Advisory Board on Surgical Assisting

Board of Medicine

Tuesday, June 20, 2023 @ 10:00 a.m.

9960 Mayland Drive, Suite 201,

Henrico, VA

	Page
Call to Order – Jessica Wilhelm, LSA, Chair	
Emergency Egress Procedures – William Harp, MD	i
Roll Call – Roslyn Nickens	
Approval of Minutes of February 13, 2023	1 - 3
Adoption of the Agenda	
Public Comment on Agenda Items (15 minutes)	
New Business	
1. Report on Status of Regulatory/Policy Actions Erin Barrett	4
2. Consider Recommendation of Approved Surgical Technologist Training Programs Erin Barrett	5 - 38
3. Discuss Surgical Technologist Accredited Program Requirement and Apprenticeships in HB2222 Jessica Wilhelm	
4. Discuss Regulations for Reactivation of Inactive Licensure Jessica Wilhelm	39 - 40
5. Discuss Licensure Requirements for Temporary Traveling Surgical Assistants Jessica Wilhelm	41 - 43
6. Discuss Practice Prior to Licensure for Surgical Assistants Jessica Wilhelm	

Announcements:

Next Scheduled Meeting: October 10, 2023 @ 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.

<< DRAFT UNAPPROVED >>

ADVISORY BOARD ON SURGICAL ASSISTING
Minutes

February 13, 2023

The Advisory Board on Surgical Assisting met on Monday, February 13, 2023 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Deborah Redmond, CSA
Jessica Wilhelm, CSA
Nicole Meredith, RN
Thomas Gochenour, CSA
Srikanth Mahavadi, MD

MEMBERS ABSENT: None

STAFF PRESENT: William L. Harp, M.D., Executive Director
Michael Sobowale, LLM, Deputy Director, Licensure
Erin Barrett, JD, Director of Legislative and Regulatory Affairs
Beulah Archer, Licensing Specialist

GUESTS PRESENT: Colanthia Morton Opher, Deputy Director for Administration
Jennifer Deschenes, Deputy Director for Discipline
Matt Novak, DHP Policy Analyst

Call to Order

Deborah Redmond called the meeting to order at 10:02 a.m.

Emergency Egress Procedures

Dr. Harp announced the emergency egress instructions.

Roll Call

Beulah Archer called the roll; a quorum was declared.

Approval of Minutes from May 31, 2022

Dr. Mahavadi moved to approve the May 31, 2022 minutes as presented. The motion was seconded by Jessica Wilhelm and carried unanimously.

Adoption of Agenda

Thomas Gochenour moved to adopt the agenda as presented. The motion was seconded by Nicole Meredith and carried unanimously.

Public Comment on Agenda Items

There was no public comment.

NEW BUSINESS

1. Legislative Update from the 2023 General Assembly

Erin Barrett discussed several bills of interest for the Advisory Board. This was for informational purposes only and did not require any action.

2. Update on Regulatory Actions:

Ms. Barrett reviewed the status of the Advisory Board's regulatory actions and noted that other than an update on the number days in the Secretary's office, there were no other changes to report. This was for informational purposes only and did not require any action.

3. Review of Bylaws for the Advisory Board

Ms. Barrett explained that the Bylaws for the 11 advisories differ only by the statute for each profession. So instead of maintaining documents for each the Board, they have been combined into one. This was for informational purposes only and did not require any action.

4. Discuss Certification Requirement re: Surgical Assistant Working as Surgical Technologist; Discuss Inactive Certification and Reinstatement Requirements for Surgical Technologists

Deborah Redmond asked for direction when scope of practice queries arise for Surgical Assistants. Dr. Harp reviewed statute § 54.1-2956.12, from the Code of Virginia which provides title protection for Surgical Technologists. No person can hold himself out to be a surgical technologist or assume the title or abbreviations indicating such. RN's, Surgical Assistants, and others cannot call themselves Surgical Technologists or practice the profession of Surgical Technology, but they can perform "tasks" that may fall into their scope and the scope for Surgical Technology. It was suggested that hospital and practice attorneys familiarize themselves with this law and consider their specific circumstances and how the law applies.

5. Approval of 2023 Meeting Calendar

After acknowledging the change in the June meeting date to June 20, 2023, the calendar was accepted.

6. Election of Officers

After the floor was opened for nominations, Ms. Redmond nominated Ms. Wilhelm for Chair. Ms. Meredith seconded the motion which carried unanimously.

Ms. Redmond then nominated Mr. Gochenour for Vice-Chair. Ms. Wilhelm seconded the motion which carried unanimously.

Announcements

Beulah Baptist Archer provided the following licensure totals for surgical assistants and surgical technologists.

Licensed Surgical Assistants		Surgical Technologist	
Current active in Virginia	530	Current active in Virginia	1424
Current Active out of state	127	Current active out of state	487
Total	536		1911

Licensure totals during the extended grandfathering period from January 1, 2022 until January 1, 2023

Licensed Surgical Assistant	Surgical Technologist
193	1,250

Ms. Archer was given a standing ovation for her efficiency and dedication to the licensing of surgical technologists and surgical assistants.

Next Scheduled Meeting: June 20, 2023, at 10:00.

Adjournment

With no other business to conduct, the meeting adjourned at 10:40 a.m.

William L. Harp, MD, Executive Director

Board of Medicine
Advisory Board on Surgical Assisting
Current Regulatory Actions
As of May 31, 2023

In the Governor's Office

None.

In the Secretary's Office

VAC	Stage	Subject Matter	Date submitted*	Time in office	Notes
18VAC85-160	Final	Changes consistent with a licensed profession	7/5/2022	330 days	Proposed regulations consistent with surgical assistants changing from certification to licensure
18VAC85-160	Fast-track	Reinstatement as a surgical technologist	8/30/2022	274 days	Action to allow certified surgical technologists to voluntarily request inactive status, and for surgical technologists to reinstate certification from inactive status or from suspension or revocation following disciplinary action.

* Date submitted to current location

At DPB or OAG

None.

Recently effective/awaiting publication

None.

Agenda Item: Consider recommendation of approved surgical technologist training programs for recognition by Board of Medicine.

Included in your agenda package are:

- Chapter 792 of the 2023 Acts of Assembly (HB2222);
- Request by National Center for Competency Testing (“NCCT”) to be approved as a surgical technologist training program;
- Documents related to NCCT;
- Letters in support of Board recognition of NCCT;
- Association of Surgical Technologists recommendation and associated documents.

Staff notes: NCCT submitted a copy of comments provided on Town Hall supporting recognition of NCCT which were posted in response to the Board’s notice of a periodic review of Chapter 160. In the interest of space and because those comments were posted in response to a specific filing on Town Hall, the staff notes here that only 1 of the 53 comments posted to the periodic review did not support the recognition of NCCT. The remaining 52 supported recognition of NCCT.

The advisory board may make a recommendation to the Board of Medicine or may decline to make a recommendation. The Board of Medicine may accept any recommendation of the advisory board or may reject any recommendation.

Action:

- Motion to make a recommendation to the Board of Medicine regarding acceptance of training programs; or
- Decline to make a recommendation to the Board of Medicine.

VIRGINIA ACTS OF ASSEMBLY -- 2023 RECONVENED SESSION

CHAPTER 792

An Act to amend and reenact §§ 54.1-2956.12 and 54.1-2956.13 of the Code of Virginia, relating to surgical technologists and surgical assistants; practice prior to certification of licensure.

[H 2222]

Approved April 12, 2023

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2956.12 and 54.1-2956.13 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-2956.12. Registered surgical technologist; use of title; registration.

A. No person shall hold himself out to be a surgical technologist or use or assume the title of "surgical technologist" or "certified surgical technologist," or use the designation "S.T." or any variation thereof, unless such person is certified by the Board. No person shall use the designation "C.S.T." or any variation thereof unless such person (i) is certified by the Board and (ii) has successfully completed an accredited surgical technologist training program and holds a current credential as a certified surgical technologist from the National Board of Surgical Technology and Surgical Assisting or its successor.

B. The Board shall certify as a surgical technologist any applicant who presents satisfactory evidence that he (i) has successfully completed an accredited surgical technologist training program and holds a current credential as a certified surgical technologist from the National Board of Surgical Technology and Surgical Assisting or its successor, (ii) has successfully completed a training program for surgical technology during the person's service as a member of any branch of the armed forces of the United States, ~~or~~ (iii) *has successfully completed a surgical technologist apprenticeship program registered with the U.S. Department of Labor, (iv) has successfully completed a hospital-based surgical technologist training program approved by the Board, (v) has successfully completed a surgical technologist training program through an institution or program accredited by a nationally recognized accreditation organization and holds a current credential as a surgical technologist from an entity approved by the Board, or (vi) has practiced as a surgical technologist or attended a surgical technologist training program at any time prior to October 1, 2022, provided he registers with the Board by December 31, 2022 2023.*

§ 54.1-2956.13. Licensure of surgical assistant; practice of surgical assisting; use of title.

A. No person shall engage in the practice of surgical assisting or use or assume the title "surgical assistant" unless such person holds a license as a surgical assistant issued by the Board. Nothing in this section shall be construed as prohibiting any professional licensed, certified, or registered by a health regulatory board from acting within the scope of his practice.

B. The Board shall establish criteria for licensure as a surgical assistant, which shall include evidence that the applicant:

1. Holds a current credential as a surgical assistant or surgical first assistant issued by the National Board of Surgical Technology and Surgical Assisting, or the National Commission for Certification of Surgical Assistants or their successors;

2. Has successfully completed a surgical assistant training program during the person's service as a member of any branch of the armed forces of the United States; or

3. Has practiced as a surgical assistant in the Commonwealth at any time in the six months immediately prior to July 1, 2020.

C. For renewal of a license, a surgical assistant who was licensed based on a credential as a surgical assistant or surgical first assistant issued by the National Board of Surgical Technology and Surgical Assisting, or the National Commission for the Certification of Surgical Assistants or their successors shall attest that the credential is current at the time of renewal.

D. *Notwithstanding the provisions of subsection A, a person who has graduated from a surgical assistant training program and is required to take a national certification examination given by any entity listed in subdivision B 1 may practice with the title "surgical assistant, license applicant" until he has received a failing score on the national certification examination or six months from the date of graduation, whichever occurs sooner. Any person practicing pursuant to this subsection shall be identified with the title "surgical assistant, license applicant" on any identification issued by an employer and in conjunction with any signature in the course of his practice.*

2. That the Board of Medicine shall communicate to stakeholders, including hospitals and related practitioner organizations, the availability of the certification grandfathering process for surgical technologists that have practiced as a surgical technologist or attended a surgical technologist training program at any time prior to October 1, 2022.



June 7, 2023

William L. Harp, M.D.
Executive Director
Board of Medicine
9960 Mayland Drive Suite 300
Henrico, Virginia 23233

RE: Request for the Virginia Board of Medicine to approve and recognize National Center for Competency Testing (NCCT) - Tech In Surgery (TS-C) Certification for the Surgical Technologist Registration Application

Dear Dr. Harp,

Thank you for the opportunity to provide information and remarks; your extension of courtesy is not lost on us. I am Dana Van Laeys, SVP of Education Success and Government Affairs for the National Center for Competency Testing (NCCT). On behalf of NCCT and the stakeholders in the Commonwealth of Virginia that are affected by a healthcare workforce shortage of competent and qualified surgical technologists that has been exacerbated by restrictive legislation and regulations, we respectfully request that you consider that there are multiple ways to become a competent and qualified surgical technologist and that there are two equally accredited credentials for the field.

This correspondence is accompanied with the highest regard for everything you do for the people of the Commonwealth of Virginia and with the belief that you honorably serve with the best of intentions. Dr. Harp, thank you for personally answering my question last year about the 18 VAC 85-160 public comment forum, as you mentioned that the Board was not authorized to incorporate NCCT into regulations unless the law was changed. We certainly understand that the Board of Medicine has been limited by the Code dictating a single certification provider and we are now very thankful that HB 2222 gives you the authority to make changes to help eliminate barriers to entry for the profession and recognize and accept all pertinent legitimate credentials.

Included with this letter are comments from last year's public forum in which you will find a variety of stakeholders on record officially supporting the same requests we are making here.

NCCT submits this letter to the Virginia Board of Medicine to express its support for House Bill 2222 that was enacted authorizing the Board of Medicine to approve hospital-based surgical technologist training programs and surgical technologist credentialing entities. We support the addition of the TS-C (NCCT) certification as a recognized certification for surgical technologists in the Commonwealth of Virginia.

The National Commission for Certifying Agencies (NCCA), which is the **benchmark** of the national credentialing industry, has determined that the surgical technology certification programs

of both NCCT and NBSTSA meet the same standards. NCCA accredits certification programs based on eligibility standards, exam development, recertification policies, and more. There are two NCCA accredited surgical technologist certifications in the United States today - the CST by the National Board of Surgical Technology and Surgical Assisting (NBSTSA) and the TS-C by the National Center for Competency Testing (NCCT). To date, Virginia has only allowed for the CST certification to be recognized. Both credentials require extensive practical skill documentation and successful completion of a certification examination covering a content domain specified by a formal job analysis study.

In addition to formal traditional training, NCCT's certification program provides pathways for surgical technologists to qualify to sit for the exam via work experience, graduation from approved and USDOL registered apprenticeship training programs, as well as military training.

- Certification examination programs are **designed to assess** whether examinees meet **defined**, entry level standards based upon a formal job analysis. A certification exam has to be a psychometrically sound and valid measure of surgical technologist job tasks and responsibilities.

The certification programs of both NCCT and NBSTSA are **equally** accredited by the same accrediting agency.

Why does that matter? Qualification routes to sit for an exam are addressed within those standards.

“The NCCA’s Standards for the Accreditation of Certification Programs were the first standards developed by the credentialing industry for professional certification programs. The NCCA Standards were **developed** to help ensure the **health, welfare, and safety of the public**. They highlight the essential elements of a high-quality program.”

<https://www.credentialingexcellence.org/Accreditation/Earn-Accreditation/NCCA>

- For example, whether exam candidates learned surgical technology in a traditional educational program or an apprenticeship, **All** candidates have to pass the **same** cognitive examination (in addition to completing the requisite scrubs and case mix).
- It’s a worthy consideration that the focus could be more aptly placed on the **accredited, psychometrically sound and valid** outcome measure that is designed to ascertain whether or not a candidate has the necessary knowledge, skills and abilities (as determined via exam and credentialing requirements) to serve in that role rather than on dictating the path to learning.

Included with this letter is information demonstrating how both certifications meet the industry and accreditation standards related to all aspects of program policies and procedures for surgical technologists currently recognized by the Board of Medicine. As you review this packet, please keep in mind the following:

- Military training has not always been conducted in ‘accredited’ surgical technology programs.

- Many high quality, successful and legitimate surgical technology programs operate in facilities with institutional or regional accreditation (in lieu of programmatic accreditation). CHEA and USDE are 'national' organizations that 'recognize' accreditors.

<https://www.chea.org/chea-and-usde-recognized-accrediting-organizations>

- Apprenticeship programs are valid, legitimate, effective, and common training methods but 'accreditation' is unattainable because the only two programmatic accreditors for surgical technology programs require the program to be Associate's Degree bearing, among other specifications.
- Hospitals and medical facilities have provided safe and effective on the job training for years. Some practicing surgical technologists were trained on the job and continue to serve as qualified, safe, and competent members of surgical teams in Virginia's operating rooms. If these techs are considered safe enough to be grandfathered in as practitioners already serving in that role, then that same logic would be applied to keep that pathway open.
- Ongoing staffing situations require many surgical providers to hire traveling surgical technologists. These technologists often reside in other states with varying regulations. The Board has the opportunity to keep from exacerbating existing staffing shortages by eliminating current roadblocks for employers to recruit and adequately staff their operating rooms. Accepting all legitimate credentials and training pathways will help keep qualified and competent surgical technologists as contributing members of Virginia's healthcare workforce.

Thank you for your time and for thoughtfully considering this information as you proceed with policy development regarding HB 2222. I understand that you aim to make the best decisions for all stakeholders. There are many nuances in the certification and accreditation industries (specifically regarding both certification programs and training programs), and I know this can be challenging to even the most savvy medical minds. I would graciously welcome any questions you may have so please feel free to reach out if you need clarification.

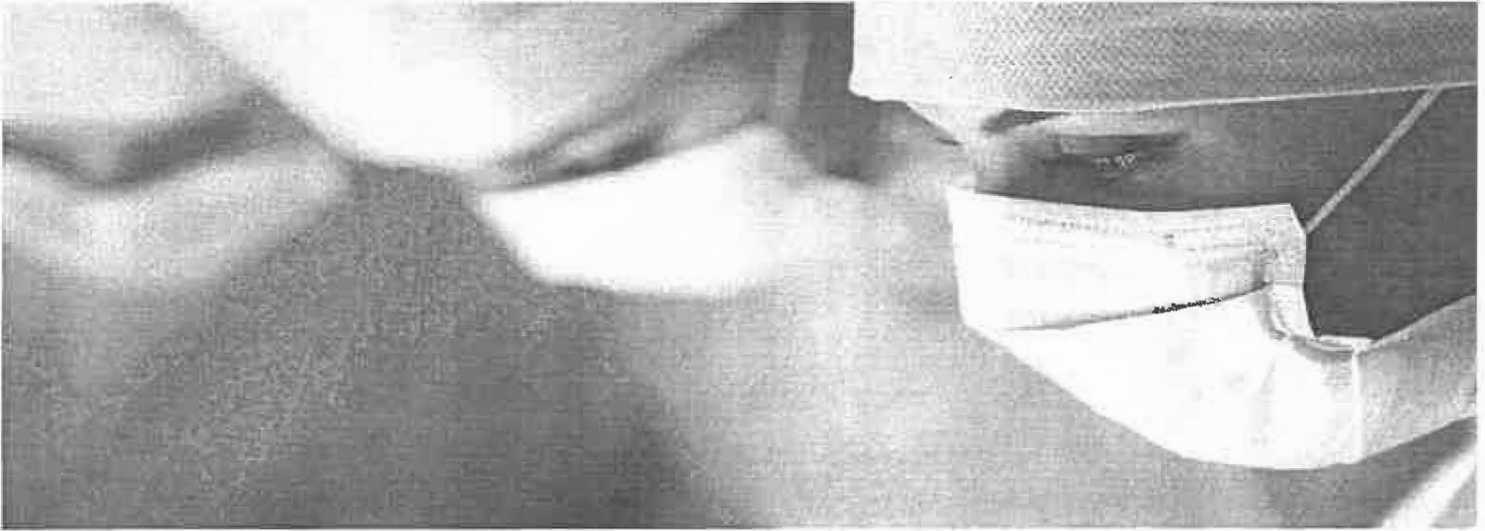
Respectfully,

Dana Van Laeys, MA Ed, MLS(ASCP)^{CM}MB^{CM}, CLS

Sr. Vice President, Education Success and Government Affairs

National Center for Competency Testing

dana@ncctinc.com



SURGICAL TECHNOLOGISTS

CERTIFICATION OPTIONS

When a surgical technologist holds and maintains a certification issued by a program accredited by the **National Commission for Certifying Agencies (NCCA)**, employers and the public can be assured that the individual has met nationally recognized industry standards. The NCCA accredits certification programs based on eligibility standards, exam development, recertification policies, and more. There are two NCCA accredited surgical technologist certifications in the U.S. today - the CST (NBSTSA) and the TS-C (NCCT). Both credentials require extensive practical skill documentation and successful completion of a certification examination covering a content domain specified by a formal job analysis study.

CST (NBSTSA)

ACCREDITED BY:

National Commission for Certifying Agencies (NCCA)

ALL CANDIDATES

Must Pass Exam

ALL CANDIDATES

Must Meet Practical Requirements

ALL CANDIDATES

Will earn a credential from a Certification Program that has met industry & accreditation standards related to all aspects of program policies and procedures.

TS-C (NCCT)

ACCREDITED BY:

National Commission for Certifying Agencies (NCCA)

ALL CANDIDATES

Must Pass Exam

ALL CANDIDATES

Must Meet Practical Requirements

ALL CANDIDATES

Will earn a credential from a Certification Program that has met industry & accreditation standards related to all aspects of program policies and procedures.

* Pricing, policy, and other data were obtained from publicly available information on the NBSTSA website, accessed 4/12/2022.

FEES & POLICIES

CST (NBSTSA)

CERTIFICATION	FEES
Association of Surgical Technologists (AST) Member	\$190 + AST dues
Non-AST Members	\$290
RECERTIFICATION	APPROVAL
Who approves, processes, and maintains Continuing Education (CE) credits for NBSTSA?	AST
Who is the responsible authority for renewal requirements and renewal fees?	NBSTSA
RECERTIFICATION OPTIONS	FEES
Recertify by CE: AST members with AST approved or provided CE offerings	\$25 every 2 yrs + \$80 AST membership fee per year
AST or non-AST members seeking credit for commercial CE	Additional CE credit fees \$15-\$90 (AST)
Recertification by Exam: AST members Non-AST members Note: Both include \$25 renewal fees.	\$299 \$399
CONTINUING EDUCATION	FEES
Does AST charge a fee for processing non-commercial CE for individuals who choose not to join AST?	\$400 (per certification cycle)
LOCATIONS	
AST 6 West Dry Creek Circle, Suite 200 Littleton, CO 80120 www.ast.org	800.637.7433
NBSTSA 6 West Dry Creek Circle, Suite 100 Littleton, CO 80120 www.nbstsa.org	800.707.0057
	NBSTSA updated address 3 West Dry Creek Circle Littleton, CO 80120

TS-C (NCCT)

CERTIFICATION	FEES
Route 1: Student/Recent Graduates Route 3: Military/Veterans	\$199
Route 2: Experiential Candidates	\$199
RECERTIFICATION	APPROVAL
Who approves, processes, and maintains Continuing Education (CE) credits for NCCT?	NCCT
Who is the responsible authority for renewal requirements and renewal fees?	NCCT Board of Testing
RECERTIFICATION OPTIONS	FEES
Recertify by CE: Active certificants who use NCCT online CE offerings	\$77 per year
NCCT certificants seeking credit for commercial CE	No fee
Recertification by Exam: Only offered to certificants with expired certification, who must re-qualify.	\$199 (Route 2)
CONTINUING EDUCATION	FEES
Does NCCT charge a fee for processing any type of outside CE submitted for consideration in recertification?	No fee
LOCATIONS	
NCCT 11020 King Street, Suite 400 Overland Park, KS 66210 www.ncctinc.com	800.875.4404

*Pricing, policy, and other data were obtained from publicly available information on the NBSTSA website, accessed 4/12/2022. AST Continuing Education Policies accessed via the "AST Continuing Education Policies for the CST and CSFA" revised January 2020 and accessed 4/12/2022.

COMPARISON: EXAM ELIGIBILITY PATHS

CST (NBSTSA) EDUCATION/TRAINING ROUTES

Graduate of a CAAHEP or ABHES accredited Associate Degree ST program.

Graduate of a military training ST program before, during, or after having CAAHEP accreditation.

Not recognized.

Not recognized.

Not recognized.

Not recognized.

Not recognized.

Not recognized.

TS-C (NEGT) EDUCATION/TRAINING ROUTES

Graduate of a CAAHEP or ABHES accredited ST program.

Graduate of a military training ST program. No requirement or need to seek CAAHEP accreditation.

Graduate of an ST program sponsored by an institution of higher learning accredited by a CHEA recognized accrediting body.

Graduate of an ST program sponsored by an institution of higher learning accredited by a US DOE recognized accrediting body.

Graduate of an ST Apprenticeship program meeting US Department of Labor (DOL) requirements.

Graduate of a State approved/recognized ST program (Example: Workforce Development).

Three years ST work experience in the service of the US Military within the past five years.

Three years ST experience in a civilian position (Example: Hospital, medical center, surgical center) within past five years.

THE EQUALIZER: HOW IS KNOWLEDGE OF THE JOB ASSESSED AS SUFFICIENT FOR ANY AND EVERY CANDIDATE?

National Certification Examination

Developed by a Certification Program awarded accreditation by the National Commission for Certifying Agencies (NCCA).

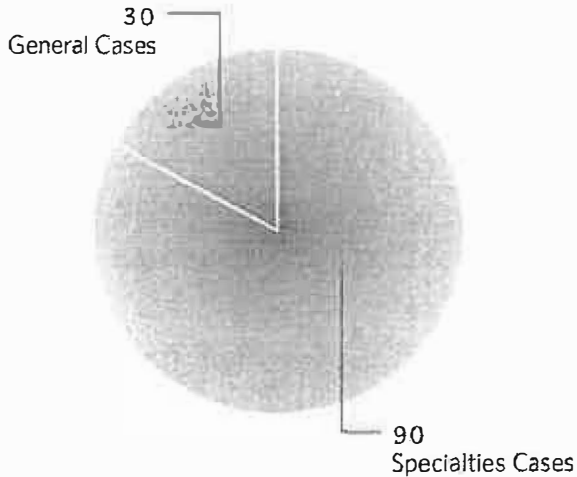
Why deny candidates the ability to demonstrate their knowledge by examination simply because they chose a different type of educational program?

Why deny candidates the ability to demonstrate their knowledge by examination simply because they learned it while working or serving our country?

** Pricing, policy, and other data were obtained from publicly available information on the NBSTSA website, accessed 4/12/2022.*

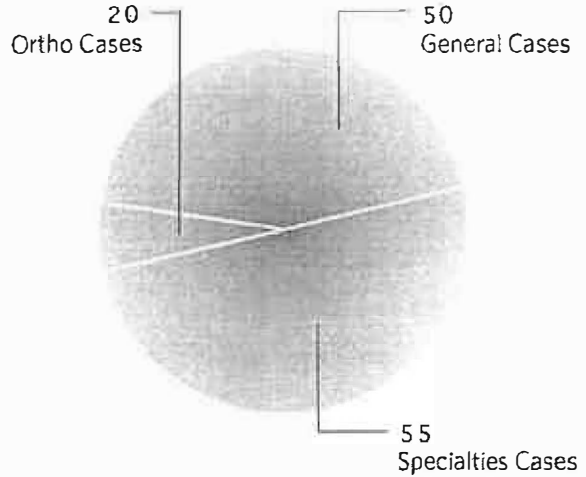
PRACTICAL SKILL REQUIREMENTS

CST (NBSTSA)



SURG SCRUBS TOTALS: 120

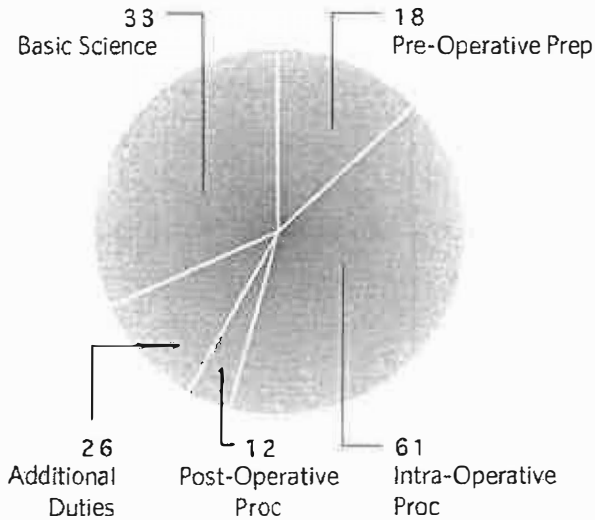
TS-C (NCCP)



SURG SCRUBS TOTALS: 125

COGNITIVE SKILL ASSESSMENT

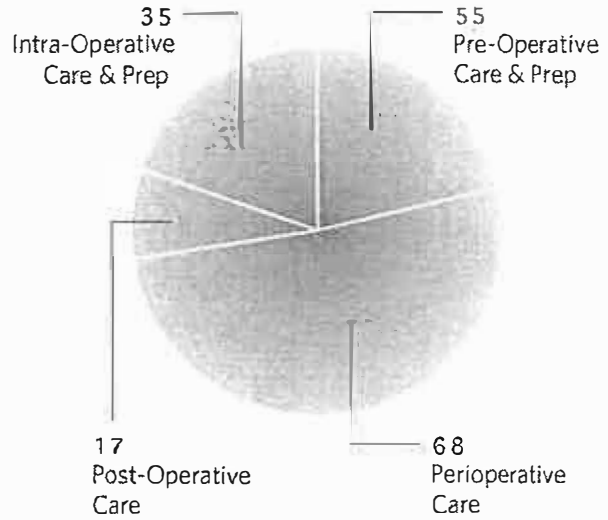
CST (NBSTSA)



TOTALS:

150 Scored Test Items (+25 Unscored Pretest Items)

TS-C (NCCP)



TOTALS:

175 Scored Test Items (+25 Unscored Pretest Items)

* *Basic Science* - Incorporated into test items throughout.

* Pricing, policy, and other data were obtained from publicly available information on the NBSTSA website, accessed 4/12/2022.

National Commission for Certifying Agencies (NCCA)
The nationally recognized authority on healthcare certification

The National Commission for Certifying Agencies (NCCA) grants [re]accreditation to an organization's program for demonstrating compliance with the *NCCA Standards for the Accreditation of Certification Programs*. NCCA is the accrediting body of the Institute for Credentialing Excellence. The NCCA Standards were created in 1977 and updated in 2016 to ensure certification programs adhere to modern standards of practice for the certification industry. This is an elite group of more than 130 organizations representing over 315 programs that have received and maintained NCCA accreditation.

More information on the NCCA is available online at <https://www.credentialingexcellence.org/Accreditation/Earn-Accreditation/NCCA>

The National Commission of Certifying Agencies (NCCA) is the accrediting arm of the Institute for Credentialing Excellence (ICE).



There are numerous standards that have to be met before earning NCCA accreditation. In short, a certification program encompasses many essential elements around a credential, not just the exam. In addition to the exam, other essential elements address aspects such as:

defining who qualifies to sit for the exam, Subject Matter Expert selection/involvement/qualification, formal Job Task Analysis and survey to determine critical job competencies, exam development, validation, psychometric analysis, cut score determination, etc., all the way to and through credential maintenance.

Accreditation is viewed as an independent indicator of quality since the standards, by design, highlight the essential elements of a high-quality program.

The TS-C(NCCT) and the CST(NBSTSA) demonstrate compliance with the same essential elements in the same standards, thus they are accredited equivalents.

Each organization is required to provide ongoing evidence of compliance to the standards with policies, procedures, reports, and other forms of verification and documentation. In addition to maintenance confirmation, organizations periodically go through the full development cycle and repeat a rigorous and lengthy process for reaccreditation.

Below are excerpts directly from the ICE website accessed 6/7/23 @

<https://www.credentialingexcellence.org/Accreditation/Earn-Accreditation/NCCA>

In 1977, in cooperation with the federal government, the National Commission for Health Certifying Agencies (NCHCA) was formed to develop standards of excellence for voluntary certification programs in healthcare. In 1989 the name was changed to the National Commission for Certifying Agencies (NCCA) to accommodate all professions and industries.

The NCCA's Standards for the Accreditation of Certification Programs were the first standards developed by the credentialing industry for professional certification programs. The NCCA Standards were developed to help ensure the health, welfare, and safety of the public. They highlight the essential elements of a high-quality program. The 2021 NCCA Standards are implemented for the accreditation of certification programs.

The NCCA standards are consistent with The Standards for Educational and Psychological Testing (AERA, APA, & NCME, 1999) and are applicable to all professions and industries. NCCA accredited programs certify individuals in a wide range of professions and occupations including nurses, automotive professionals, respiratory therapists, counselors, emergency technicians, crane operators and more. To date, NCCA has accredited more than 315 programs from more than 130 organizations.

Accreditation for professional or personnel certification programs provides impartial, third-party validation that your program has met recognized national and international credentialing industry standards for development, implementation, and maintenance of certification programs.

Only Two NCCA Accredited Certification Programs for Surgical Technology

In the industry for over 30 years, the National Center for Competency Testing (NCCT) is a certifying body that has NCCA-accredited certification programs in multiple allied health disciplines, including surgical technology.

The TS-C (NCCT) is the Tech in Surgery-Certified (NCCT) credential administered by the National Center for Competency Testing [www.ncctinc.com]. This NCCT certification program holds the same NCCA accreditation as does the CST(NBSTSA), thereby making it an accredited equivalent.

Find the link to the listing here and search thusly:

NCCA accredited programs [Organization: _____; Accreditation: NCCA; click the "I'm not a robot" box; click Filter]

Organization : Accreditation : Program Acronym :

Industry : Program Name :

Clear

Showing Records 1 to 7 of 7

Organization	Program Acronym	Program Name	Accreditation	Accredited through / Verification	Website	Industry
National Center for Competency Testing	NCMA	National Certified Medical Assistant	NCCA	Accredited through 11/30/2025	http://www.ncctinc.com	Healthcare: Medical Assistant/Technician Healthcare: Other
National Center for Competency Testing	NCPT	Nationally Certified Phlebotomy Technician	NCCA	Accredited through 11/30/2025	http://www.ncctinc.com	Healthcare: Medical Assistant/Technician Healthcare: Other
National Center for Competency Testing	TS-C (NCCT)	Tech in Surgery - Certified (NCCT)	NCCA	Accredited through 5/31/2025	http://www.ncctinc.com	Healthcare: Medical Assistant/Technician Healthcare: Other
National Center for Competency Testing	NCET	ECG Technician	NCCA	Accredited through 11/30/2025	http://www.ncctinc.com	Healthcare: Medical Assistant/Technician Healthcare: Other
National Center for Competency Testing	NCMOA	Medical Office Assistant	NCCA	Accredited through 11/30/2025	http://www.ncctinc.com	Healthcare: Medical Assistant/Technician Healthcare: Other
National Center for Competency Testing	NCICS	National Certified Insurance and Coding Specialist	NCCA	Accredited through 10/31/2026	http://www.ncctinc.com	Healthcare: Medical Assistant/Technician Healthcare: Other
National Center for Competency Testing	NCPT	National Certified Patient Care Technician	NCCA	Accredited through 10/31/2026	http://www.ncctinc.com	Healthcare: Medical Assistant/Technician Healthcare: Other

Showing Records 1 to 1 of 1

Organization	Program Acronym	Program Name	Accreditation	Accredited through / Verification	Website	Industry
National Board of Surgical Technology and Surgical Assisting	CST	Certified Surgical Technologist	NCCA	Accredited through 4/30/2025	http://www.nbstsa.org	Healthcare: Other



Department of Peroperative Services

1250 East Marshall Street
Box 980039
Richmond, Virginia 23298-0039

Ambulatory Surgery Center
Box 980002
Richmond, Virginia 23298-0002
804-828-8441 Fax: 804-628-8252

Ambulatory Surgery Center
Preop / Post-Op Box 980002
Richmond, Virginia 23298-0002
804-828-1879 Fax: 804-628-4588

Children's Hospital of Richmond
Pavilion OR
1000 East Broad Street
Richmond, Virginia 23298-1930
804-628-9705 Fax: 804-628-9708

Children's Hospital of Richmond
Pavilion Pre-Op / Recovery
1000 East Broad Street
Richmond, Virginia 23298-1930
804-628-9700 Fax: 804-628-9742

Children's Peroperative Unit
Box 986882
Richmond, Virginia 23298-5882
804-628-5555 Fax: 804-628-6428

Main OR Box 980039
Richmond, Virginia 23298-0039
804-628-6850 Fax: 804-628-6860

Periop Assessment
Communication & Education
(PACE Clinic) Box 980148
Richmond, Virginia 23298-0148
804-828-4396 Fax: 804-628-0463

Peri-Surgical Unit Box 985882
Richmond, Virginia 23298-5882
804-628-5341 Fax: 804-628-6428

Post-Anesthesia Care Unit
Box 980039
Richmond, Virginia 23298-0039
804-628-6935 Fax: 804-628-6860

Sterile Processing Department
Box 980438
Richmond, Virginia 23298-0438
804-828-0327 Fax: 804-628-3654

May 31, 2023

William L. Harp, M.D.
Executive Director
Board of Medicine
9960 Mayland Drive Suite 300
Henrico, Virginia 23233

RE: Request to the Virginia Board of Medicine to approve and recognize National Center for Competency Testing (NCCT) - Tech In Surgery (TS-C) Certification for the Surgical Technologist Registration Application

Dear Dr. Harp,

My name is Debbie Walton and I am a Nursing Director for Perioperative Services at VCU Health, Main Hospital Campus. I am responsible for assuring that our Operating Rooms are adequately staffed with competent Registered Nurses and Surgical Technologists. VCU Health has been a leader in Central Virginia by requiring certification for all team members in the Surgical Tech role for over 5 years. When establishing job description criteria for the Surgical Technologist role, we referred to national recognized industry standards established by the American College of Surgeons and Association of Perioperative Registered Nurses. The American College of Surgeons recognizes that there are a variety of ways surgical technology education can be obtained: community and junior colleges, vocational and technical schools, the military, universities, and structured hospital programs. In addition to adequate training, they support examination for certification.

I would like to submit this letter to the Virginia Board of Medicine to express my support for House Bill 2222. This bill authorizes the Board of Medicine to approve hospital-based surgical technologist training programs and surgical technologist credentialing entities. I support the addition of the TS-C certification as a recognized certification for surgical technologists in the Commonwealth of Virginia.

The National Commission for Certifying Agencies (NCCA) accredits certification programs based on eligibility standards, exam development, and recertification policies. This assures that candidates for certification have met nationally recognized industry standards. There are two NCCA accredited surgical technologist certifications in the United States today - the CST by the National Board of Surgical Technology and Surgical Assisting (NBSTSA)

and the TS-C by the National Center for Competency Testing (NCCT). Both agencies require extensive practical skill documentation and successful completion of a NCCA accredited certification examination covering a content domain specified by a formal job analysis study. To date, Virginia has only recognized the NBSTSA - CST certification.

Included with this letter is a comparison document demonstrating that the TS-C certification is equal to the industry and accreditation standards related to all aspects of program policies and procedures for surgical technologists currently recognized by the Board of Medicine.

Thank you for your thoughtful review of these any materials. If you have any follow up questions, please do not hesitate to contact me.

Kind regards,



Debbie Walton, MPH, BSN, RN, CNOR
Nursing Director
VCU Health
Department of Perioperative Services
O 804.827.5617
C 804.814.9378
debbie.walton@vcuhealth.org



6/1/2023

William L. Harp, M.D.
Executive Director
Board of Medicine
9960 Mayland Drive Suite 300
Henrico, Virginia 23233

RE: Request to the Virginia Board of Medicine to approve and recognize National Center for Competency Testing (NCCT) - Tech In Surgery (TS-C) Certification for the Surgical Technologist Registration Application

Dear Dr. Harp,

My name is Lou Alexander. I have been a registered nurse in the Main5 Operating rooms at VCU Health for the last 27 years.

I would like to submit this letter to the Virginia Board of Medicine to express its support for House Bill 2222 that was enacted authorizing the Board of Medicine to approve hospital-based surgical technologist training programs and surgical technologist credentialing entities. We support the addition of the TS-C certification as a recognized certification for surgical technologists in the Commonwealth of Virginia.

As I am sure you are aware, VCU Health is a very busy, Level 1 trauma center in Richmond. We take care of the most complex patients in the area and in the State. Having worked closely with surgical techs in my 27 years, there is no way we could continue to operate and care for our patients without their expertise. I feel that limiting the avenues for CST certification will lead to an unfair need to terminate many experienced and highly valued surgical technologists. I have worked with several surgical technologists with military training and would not think to deny or diminish their abilities based solely on being graduated from an accredited surgical technology program. I would also like to point out the current state of staffing affairs. Right now, there is a national shortage of both nurses and surgical technologists. By not having another way to become certified, it will further limit the pool of applicants.

The National Commission for Certifying Agencies (NCCA) accredits certification programs based on eligibility standards, exam development, recertification policies, and more. There are two NCCA accredited surgical technologist certifications in the United States today - the CST by the National Board of Surgical Technology and Surgical Assisting (NBSTSA) and the TS-C by the National Center for Competency Testing (NCCT). To date, Virginia has only allowed for the NBSTSA - CST certification to be recognized. Both credentials require extensive practical skill documentation and successful completion of a NCCA accredited certification examination covering a content domain specified by a formal job analysis study.

Included with this letter is a comparison document demonstrating that the TS-C certification is equal to and compares favorably with the industry and accreditation standards related to all aspects of program policies and procedures for surgical technologists currently recognized by the Board of Medicine.

Thank you for your thoughtful review of these any materials. If you have any follow up questions, please do not hesitate to reach out to me through contact information below.

Sincerely,

Lou Alexander

Lou Alexander, RN BSN CLIN IV

c> 804-731-7552

w> 804-628-0395

lou.alexander@vcuhelath.org

June 01, 2023

William L. Harp, M.D.
Executive Director
Virginia Board of Medicine
9960 Mayland Drive Suite 300
Henrico, Virginia 23233

RE: Request to the Virginia Board of Medicine to approve and recognize National Center for Competency Testing (NCCT) - Tech In Surgery (TS-C) Certification for the Surgical Technologist Registration Application

Dear Dr. Harp,

My name is Ron Passmore and I have 38 years of experience as a Surgical Technologist and 36 years of experience as a Nationally Registered Paramedic. I currently practice within the Commonwealth in both capacities.

I submit this letter to the Virginia Board of Medicine to express my support for House Bill 2222 that was enacted authorizing the Board of Medicine to approve hospital-based surgical technologist training programs and surgical technologist credentialing entities. I support and request the addition of the National Center for Competency Testing (NCCT) Tech in Surgery (TS-C) certification as a recognized certification for surgical technologists in the Commonwealth of Virginia.

I began my career in surgical technology in 1985 prior to a formal post-secondary surgical technology program being available. I enrolled in a 3-year health occupational program, while in high school, that involved didactic and psychomotor (clinical) training in partnership with the local hospital and my high school, where I received my initial Surgical Technology education and experience.

I joined the surgical team with VCU Health in 2018 as a Surgical Technologist with 33 years of experience, however, I did not hold a "certification". VCU Health afforded me 24 months to obtain Certification as a Surgical Technologist. NCCT is the only certifying body that afforded me an experience-based pathway to certification.

The National Commission for Certifying Agencies (NCCA) accredits certification programs based on eligibility standards, exam development, recertification policies, and more. There are two NCCA accredited surgical technologist certifications in the United States today - the CST by the National Board of Surgical Technology and Surgical Assisting (NBSTSA) and the TS-C by the National Center for Competency Testing (NCCT). To date, Virginia has only allowed for the NBSTSA - CST certification to be recognized. Both credentials require extensive practical skill documentation and successful completion of a NCCA accredited certification examination covering a content domain specified by a formal job analysis study.

Included with this letter is a comparison document demonstrating that the TS-C certification is equal to and compares favorably with the industry and accreditation standards related to all aspects of program policies and procedures for surgical technologists currently recognized by the Board of Medicine.

Without the Virginia Board of Medicine providing equal recognition to the NCCT, TS-C certification, I would not be eligible to practice and utilize my 38 years of experience to care for some of central Virginia's most sick and injured patients, at the Level I Trauma Center in downtown Richmond.

Likewise, many of my co-workers at VCU Health who were trained years before surgical technology programs were available, and others who trained while serving our country, in the US Military, would not be eligible for employment. Also, many graduates of Surgical Technology programs across the United States certify with NCCT. Therefore, not recognizing NCCT certification will exacerbate the current shortage of healthcare providers and limit the pool of experienced candidates for employment within the Commonwealth.

NBSTSA only offers one pathway to certification.

1. Graduation from an accredited Surgical Technology program.

NCCT offers 3 different pathways to certification.

1. Graduation from an accredited Surgical Technology program
2. Experience
3. Military training.

The Experience Pathway requires the following to be eligible to sit for the cognitive (written) certification exam:

1. Demonstrate psychomotor competency by providing verification of a minimum of 3 years of full-time employment (no less than 6,240 hours) in the past 5 years as a Surgical Technologist under the direct supervision of a licensed physician, primary care provider, and or Registered Nurse; and
2. Documentation of a minimum of 125 surgical cases where you functioned in the primary 1st scrub role.
 - a. >50 general surgery procedures, and
 - b. >20 orthopedic procedures, and
 - c. >55 to include GYN – Urology – Cardiovascular – Neuro – OB – Thoracic – Peripheral Vascular – Ophthalmology – ENT – Plastics.

It is with this information that I humbly request the Virginia Board of Medicine to give strong consideration of including both NCAA accredited certifications (NBSTSA and NCCT) as a requirement for Registration as a Surgical Technologist with the Commonwealth of Virginia - Board of Medicine.

Thank you for your thoughtful review of this information and materials. Should you have any follow up questions, please do not hesitate to contact me at 276-233-0334.

With Kind Regards, I am,

Ronald D. Passmore

Ronald D. Passmore, NRP, TS-C
Ron.PassmoreNRP@gmail.com



June 1, 2023

To whom it may concern:

I have the privilege of working with Ronald Passmore since 2018. My relationship with him has been one of mutual professional respect. My role as the Surgical Tech Educator for Perioperative Surgical Services has been the impetus for the relationship, but the partnership exists because of a deep level of trust and respect.

Over the years, Ron has been a vital part of the growth of the surgical tech profession and our scope of practice. He is a highly competent senior surgical tech, with expert level performance and leadership skills. He consistently gives accurate information and guides our employees through their clinical rotation process while ensuring they know all safety requirements, policies and procedures, and considerations for emergent situations needed for the best quality care and impactful patient outcomes.

I fully support this initiative to enhance the current law to include a substantial portion of our workforce needed for our specialized field.

I have no reservations in strongly supporting the National Center for Competency Testing (NCCT) Tech in Surgery (TS-C) certification as a recognized certification for surgical technologists in the Commonwealth of Virginia. Utilizing both NCAA accredited certifications (NBSTSA and NCCT) as a requirement for Registration as a Surgical Technologist with the Commonwealth of Virginia - Board of Medicine would enable many of our competent and highly trained staff to be regulated, monitored, and available for employment in our field.

Please do not hesitate to contact me for any further questions.

Sincerely,
Tonya A. Smith, BHA CST
Surgical Tech Educator for Perioperative Surgical Services
VCU Health
1250 East Marshall Street
PO BOX 980039 Richmond VA 232298
(804)617-4524
tonya.smith@vcuhealth.org

Perioperative Surgical Services Administration

Main Hospital, 5th Floor
1250 East Marshall Street
P.O. Box 980039
Richmond, Virginia 23298-0148

804 628-6946
Fax: 628-6932
TDD: 1-800-828-1120

Main Operating Room
P.O. Box 980039
Richmond, Virginia 23298-0039
804-628-6850
Fax: 804528-6860

Preoperative Assessment
Communication Education Center
P.O. Box 980148
Richmond, Virginia 23298-0148
804 828-3453
Fax 804 828-2351

Ambulatory Surgery Center
P.O. Box 980002
Richmond, Virginia 23298-0002
804 828-1875
Fax 828-4586

Anesthesia Administration
P.O. Box 980541
Richmond, Virginia 23298-0541
804 628-6979
Fax 804 628-6932

Post-Anesthesia Care Unit
P.O. Box 980039
Richmond, Virginia 23298-0039
804 628-5341
Fax 804 828-8428

Peri-Surgical Unit
P.O. Box 985882
Richmond, Virginia 23298-5882
804 628-5341

Perioperative Education Center
600 East Broad Street, Suite 610
Richmond, Virginia 23219-1868
804 628-7066
Fax: 804 628-0680

Virginia
Ambulatory
Surgery
Association

June 6, 2023

William L. Harp, M.D.
Executive Director
Board of Medicine
9960 Mayland Drive Suite 300
Henrico, Virginia 23233

RE: Request to the Virginia Board of Medicine to approve and recognize National Center for Competency Testing (NCCT) - Tech In Surgery (TS-C) Certification for the Surgical Technologist Registration Application

Dear Dr. Harp,

I am writing to you as the President of, and on behalf of, the Virginia Ambulatory Surgery Association (VASA) and the 61 CMS-certified ambulatory surgery centers in Virginia. I wanted to share our position on HB 2222, specifically regarding surgical technologist certifications.

Virginia Ambulatory Surgery Association submits this letter to the Virginia Board of Medicine to express its support for House Bill 2222 that was enacted authorizing the Board of Medicine to approve hospital-based surgical technologist training programs and surgical technologist credentialing entities. VASA fully supports the addition of the TS-C certification as a recognized certification for surgical technologists in the Commonwealth of Virginia.

Healthcare workforce shortages are being called the nation's top patient safety concern. Labor shortages in healthcare are expected to rise as demand grows. The US health care industry is facing unprecedented staffing shortages. Healthcare staffing challenges are projected in key segments of the healthcare workforce. Recruiting and retaining surgical technologists is a major issue for healthcare and patient safety. Policies that impede the pathway to registration and limit the ability of fully qualified surgical technologists to join or be retained in the workforce add unmerited roadblocks to providing surgical care in already struggling surgical centers. It is important that the Board recognize both legitimate surgical technologist credentials and pathways to career entry to keep from further exacerbating this issue. As you make regulations and policies that determine who can practice in Virginia's operating rooms, please keep in mind that there are multiple ways to becoming a trained and competent surgical technologist.

The National Commission for Certifying Agencies (NCCA) accredits certification programs based on eligibility standards, exam development, recertification policies, and more. There are two NCCA accredited surgical technologist certifications in the United States today - the CST by the National Board of Surgical Technology and Surgical Assisting (NBSTSA) and the TS-C by the National Center for Competency Testing (NCCT). To date, Virginia has only allowed for the CST certification to be recognized. Both credentials require extensive practical skill documentation and successful completion of a certification examination covering a content domain specified by a formal job analysis study.

Included with this letter is a comparison chart demonstrating that the TS-C certification is equal the industry and accreditation standards related to all aspects of program policies and procedures for surgical technologists currently recognized by the Board of Medicine.

Thank you for your thoughtful review of these any materials. If you have any follow up questions, please do not hesitate to contact me at (843-267-3416).

Sincerely,

Shane Stanford
President
Virginia Ambulatory Surgery Association
4897 Bennetts Pasture Rd.
P.O. Box 5144 Suffolk, VA 23435
ssanford@uspi.com



June 6, 2023

William L. Harp, M.D.
Executive Director
Board of Medicine
9960 Mayland Drive Suite 300
Henrico, Virginia 23233

RE: Request to the Virginia Board of Medicine to approve and recognize National Center for Competency Testing (NCCT) - Tech In Surgery (TS-C) Certification

Dear Dr. Harp,

Chester Career College submits this letter to the Virginia Board of Medicine in support of House Bill 2222 that was enacted authorizing the Board of Medicine to approve surgical technologist credentialing entities. We support the addition of the TS-C (NCCT) certification as a recognized certification for Surgical Technologists in the Commonwealth of Virginia.

Chester Career College (CCC) is *accredited* by the Council on Occupational Education (COE) and Certified to Operate by SCHEV (State Council of Higher Education for Virginia). Chester Career College has successfully trained *A.A.S. Degree Surgical Technology* students for more than sixteen years. In 2022 alone, CCC graduated sixteen Surgical Technology students, and *all* have entered the workforce in the Commonwealth of Virginia as Surgical Technologists. A few have since chosen to pursue additional training to become Surgical Assistants.

Currently there are two NCCA (National Commission for Certifying Agencies) accredited surgical technologist certifications in the United States - the CST by the National Board of Surgical Technology and Surgical Assisting (NBSTSA) and the TS-C by the National Center for Competency Testing (NCCT). To date, Virginia has authorized only one, the CST certification, to be recognized. Both credentials require extensive practical skill evidence and successful completion of a certification examination covering a content domain specified by a formal job analysis study. The National Commission for Certifying Agencies (NCCA) accredits both of these certification programs who have met the requirements to offer certifications for Surgical Technologists.

We ask the Board to approve the TS-C (NCCT) exam and give both of these organizations equal opportunity to support the college students of Virginia who have trained and desire to have credentialing qualifications to work as Surgical Technologists in the Commonwealth.

Thank you for your dedication to providing quality healthcare to patients and for providing greater opportunities to college students of Virginia.

Respectfully Submitted,

Debbie Harris
School Director
Chester Career College

May 31, 2023

William L. Harp, M.D.
Executive Director
Board of Medicine
9960 Mayland Drive Suite 300
Henrico, Virginia 23233

RE: Request to the Virginia Board of Medicine to approve and recognize National Center for Competency Testing (NCCT) - Tech In Surgery (TS-C) Certification for the Surgical Technologist Registration Application

Dear Dr. Harp,

My name is Hillel Deppen. I have been working as a Surgical Technologist in Operating Rooms for over eleven years, and traveling to different states to help alleviate staffing shortages for the past two years. On behalf of my fellow TS-C (NCCT) certified Surgical Technologists and myself, I ask that you recognize my certification and expertise in my field of practice.

I've worked in top quality healthcare systems and training facilities, including Yale New Haven Hospital, Sibley Memorial Hospital/Johns Hopkins, Phoenix Children's Hospital, Children's National in Washington DC, and others throughout my career as a Surgical Technologist. I am also a preceptor for Surgical Technologists that are interning as students in the OR.

I currently live in Columbia, Maryland with my wife and children. It is a short drive over to Virginia hospitals and operating facilities to help them as they are in need of my skills. I, as well as my TS-C (NCCT) certified colleagues, am qualified, competent, ready and willing to share our skills and expertise in Virginia if the Board of Medicine will recognize and accept our legitimate credentials.

Earlier this year, I applied for licensure in the Commonwealth and the Virginia Board of Medicine (SurvTech-Medbd@dhp.virginia.gov) wrote back:

"Good morning,
NCCT card is not acceptable in the Commonwealth of Virginia. Please submit the NBSTSA or NCCSA certification.
Regards,
Medicine/pg
Virginia Board of Medicine"

Therefore, I am submitting this letter to the Virginia Board of Medicine to express support for House Bill 2222 that as enacted gives the Board of Medicine the authority to approve hospital-based surgical technologist training programs and surgical technologist credentialing entities. I support and respectfully request the addition of the TS-C (NCCT) certification as a recognized certification for Surgical Technologists in the Commonwealth of Virginia.

As you well know, the demand is high for professional Surgical Technologists in Virginia hospitals and surgery centers as there is a nationwide healthcare personnel shortage.

The National Commission for Certifying Agencies (NCCA) accredits certification programs based on eligibility standards, exam development, recertification policies, and more. There are two NCCA accredited surgical technologist certifications in the United States today - the CST by the National Board of Surgical Technology and Surgical Assisting (NBSTSA) and the TS-C by the National Center for Competency Testing (NCCT). To date, Virginia has only allowed for the NBSTSA - CST certification to be recognized. Both credentials require extensive practical skill documentation and successful completion of a NCCA accredited certification examination covering a content domain specified by a formal job analysis study.

Included with this letter is a comparison document demonstrating that the TS-C (NCCT) certification is equal to and compares favorably with the industry and accreditation standards related to all aspects of program policies and procedures for Surgical Technologists currently recognized by the Board of Medicine.

Thank you for your time and for considering my request, as I am all set to obtain my license and join Virginia's healthcare workforce once you grant me the opportunity to do so as a TS-C (NCCT). If you have any follow up questions, please do not hesitate to contact me.

Sincerely,

Hillel Deppen, TS-C (NCCT)

hillelp1@yahoo.com



Recommendations for House Bill 2222
Surgical Technology Rules
by the Virginia Commonwealth Assembly of the
Association of Surgical Technologists and the
Association of Surgical Technologists



The Virginia Department of Health Professions Advisory Board on Surgical Assisting has three main tasks:

1. **Determine the meaning of an accredited program.**
 - a. *Recommendation:* Define programmatic accreditation as CAAHEP and ABHES.
2. **Determine whether to accept additional surgical technology credentials (NCCT's TS-C).**
 - a. *Recommendation:* Accept credentials that protect Virginia patients and validate crucial skills.
3. **Determine how the Virginia Department of Health Professions approves hospital programs.**
 - a. *Recommendation:* AST and all other surgical professional organizations have always recommended hospital programs be partnered with CAAHEP- and ABHES- accredited programs. However, since Governor Youngkin clearly wants new pathways besides graduation from accredited programs, AST recommends that Virginia, instead, requires programs to align with AST Core Curriculum 7th edition, including didactic education and skills lab, like the State of Oregon.

I. **Determine the Meaning of an Accredited Program**

The Virginia surgical technology law refers to the accreditation of education in two places:

“(i) has successfully completed an accredited surgical technologist training program and holds a current credential as a certified surgical technologist from the National Board of Surgical Technology and Surgical Assisting or its successor,

(v) has successfully completed a surgical technologist training program through an institution or program accredited by a nationally recognized accreditation organization and holds a current credential as a surgical technologist from an entity approved by the Board, or...”

The U.S. Department of Education recognizes the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Accrediting Bureau of Health Education Schools (ABHES) for accrediting surgical technology programs. **The Virginia Commonwealth of the Association of Surgical Technologists and the Association of Surgical Technologists recommend the Virginia Department of Health Professions clarify that an accredited program means CAAHEP- or ABHES- accredited.**

Virginia’s Surgical Technology Programs are CAAHEP- and/or ABHES-accredited or Seeking ABHES Accreditation

1. Fortis College Richmond, Richmond (CAAHEP and ABHES accredited)
2. Laurel Ridge Community College, Middletown (CAAHEP accredited)

3. Piedmont Virginia Community College, Charlottesville (CAAHEP accredited)
4. Radford University Carilion, Roanoke (CAAHEP accredited)
5. Riverside College of Health Careers, Newport News (CAAHEP and ABHES accredited)
6. Sentara College of Health Sciences, Chesapeake (CAAHEP and ABHES accredited)
7. Southern West Virginia Community & Technical College, Mount Gay (CAAHEP accredited)
8. ECPI University (ABHES accredited)

Chester College is seeking ABHES accreditation.

Surgeons, Anesthesiologists, Physician Assistants, Nurse Anesthesiologists, and Surgical Technologist Associations Recommend Graduation from an Accredited Program

The Association of Surgical Technologists' Recommended Standards of Practice urges that any individual employed as a surgical technologist graduate from an accredited surgical technology program. The American College of Surgeons, American Society of Anesthesiologists, American Association of Surgical Physician Assistants, and American Association of Nurse Anesthesiologists support graduation from an accredited program.

CAAHEP- and ABHES-accredited Education Is a Cornerstone of Surgical Technology Policy

Clarifying CAAHP- and ABHES-accreditation would align with other states that set minimum standards for surgical technology. All states that set minimum standards for surgical technologists require graduation from a CAAHEP- or ABHES-accredited surgical technology program or a credential that requires graduation from an accredited program, except Oregon. Oregon requires graduation from a CAAHEP- or ABHES-accredited program or state-approved hospital-based apprenticeship program. In Oregon, all hospital programs must be approved by the state in alignment with the Association of Surgical Technologist's Core Curriculum 7th edition.

- Idaho: Requires CAAHEP program or CST credential (requires CAAHEP or ABHES accredited education).
- Indiana: Requires CST credential (which requires CAAHEP or ABHES accredited education).
- Massachusetts: Requires CAAHEP- or ABHES-accredited program and CST credential by NBSTSA.
- Nevada: Requires CAAHEP- or ABHES-accredited program and CST credential by NBSTSA.
- New Jersey: Requires accredited program or credential.
- New York: Requires CAAHEP or ABHES-accredited program and credential.
- Oregon: Requires program accredited by a national accreditation organization approved by the Oregon Health Authority by rule (rule recognizes CAAHEP and ABHES) or BOLI-approved education in apprenticeship (rule recognizes AST's 7th Edition Core Curriculum).
- Pennsylvania: Regulations pending.
- South Carolina: Requires CAAHEP- or ABHES- accredited program and CST.
- Tennessee: Requires CST or CAAHEP-accredited program.
- Texas: Requires CAAHEP- or ABHES-accredited program and certification.

Accreditation of Education- What It Means

Specialized accreditation of a surgical technology program involves a thorough review of the program's resources, including faculty, student/faculty ratio, financial resources, physical resources, learning resources, admissions policies, student records, curriculum, student evaluation methods, and programmatic outcomes.

CAAHEP and ABHES accredit education. CAAHEP accredits more than 300 surgical technology programs nationwide. ABHES accredits about 50 surgical technology programs.

The NBSTSA and NCCT do **not** accredit education.

"Basic Adult Learning Principles" Does Not Mean Tests Replace Education or Validation of Clinical Skills. Tests validate knowledge but not clinical skills.

Groups advocating against accredited education use the term "adult education principles" to state a test is an adequate measure of education and hands-on training. Basic adult learning principles do not mean a test is a good measure of education or hands-on training. "Adult learning principles" are "self-direction, transformation, experience, mentorship, mental orientation, motivation, and readiness to learn."

Doctors and nurses would never get a test to replace education, and the same applies to surgical technologists. Tests validate knowledge but not clinical skills.

Examples- Credentialing Organizations Are Not Educational Accreditors

Of note, NCCA, NBSTSA, and NCCT are not educational accreditors. In surgical technology, NCCA accredits surgical technology credentials. The NBSTSA and NCCT offer surgical technology credentials. CAAHEP and ABHES are the educational accreditors.

Examples of Educational Accreditors Not Being the Credentialing Organization

	Educational Accreditors	Credentialing Organization
Surgical Technology	CAAHEP, ABHES	National Board of Surgical Technology and Surgical Assisting (NBSTSA), National Center Competency Testing (NCCT)
Emergency Medical Services-Paramedic	CAAHEP (several hundred)	National Registry of Emergency Medical Technicians
Radiographers	The Joint Review Committee on Education in Radiologic Technology	American Registry of Radiologic Technologists
Perfusion	CAAHEP (Accreditation Committee for Perfusion Education)	American Board of Cardiovascular Perfusion
Diagnostic Medical Sonography	CAAHEP (Joint Review Committee on Education in Diagnostic Medical Sonography) (670 programs)	American Registry for Diagnostic Medical Sonography
Respiratory Therapists	Commission on Accreditation for Respiratory Care (456 programs)	National Board for Respiratory Care

Graduation from an accredited program aims to ensure that surgical technologists are ready for the intense and demanding environment of the OR.

A high level of performance is needed from day one for patient safety, surgical outcomes, their own safety, and the safety of their colleagues. Surgical technologists can be placed in complex cases during their first

weeks on the job. Operating rooms do not coddle anyone. Surgical technologists do not start small and work their way up. Immediately on the job, surgical technologists can be placed with preparing for complex neurospine surgeries, big cancer cases, and setting up for traumas.

Four Pathways in the New Law Besides Accredited Programs

The Virginia surgical technology law has four pathways besides accredited programs:

1. Completion of the U.S. Armed Forces surgical technology program, or
2. Completion of a surgical technologist apprenticeship program registered with the U.S. Department of Labor,
3. Completion of a hospital-based surgical technologist training program approved by the Board,
4. Has practiced as a surgical technologist or attended a surgical technologist training program at any time prior to October 1, 2022, provided he registers with the Board by December 31, 2023.

Summary- Accredited Program Recommendation

In summary, CAAHEP and ABHES should be named in rule because the U.S. Department of Education recognizes them, all Virginia surgical technology programs are CAAHEP- or ABHES- accredited, all surgical professional organizations recommend graduation from an accredited program, and CAAHEP- and ABHES-accredited education is a cornerstone of surgical technology policy nationally. Also, accreditation has a specific meaning, and it must be clarified that NBSTSA and NCCT do not accredit programs since credentialing organizations are not educational accreditors. Graduation from an accredited program aims to ensure that surgical technologists are ready for the intense and demanding environment of the OR. There are four pathways in the new law besides accredited programs.

II. Determine whether to accept additional surgical technology credentials (NCCT's TS-C).

In 2013, the Virginia Department of Health Professions formally reviewed the NBSTSA's CST and the NCCT's TS-C for surgical technology credentials. ***The Virginia Department of Health Professions recommended only the NBSTSA surgical technology credential after examining the NBSTSA and NCCT.***

The current law recognizes the Certified Surgical Technologist (CST) credential by the National Board of Surgical Technology and Surgical Assisting (NBSTSA).

The National Center for Competency Testing (TS-C) seeks recognition for its surgical technology credential.

Note: All states that recognize the National Center for Competency Testing (NCCT) also require graduation from a CAAHEP- or ABHES-accredited surgical technology program or, for Oregon's hospital-based apprenticeship programs, for apprenticeship education to be approved by the state in alignment with the Association of Surgical Technologist's Core Curriculum 7th edition; these requirements are written in law and rule.

Even if NCCT is not approved, the law provides many additional, new pathways to increase the workforce, such as apprenticeships, hospital programs, and grandfathering.

Both credentials are NCCA-accredited. NCCA accredits *hundreds* of credentials based on psychometrics. NCCA, as an organization, is not an expert in hundreds of fields. A psychometrically sound exam ensures questions are reliable and valid. NCCA does **not** validate education or clinical experience.

The NBSTSA requires graduation from a CAAHEP- or ABHES- accredited program to test. Thus, clinical experience is verified by the program directors. Test answers are not publicly available. The NBSTSA is a non-profit 501(c)(6) accountable to a Board of Directors comprised of 90% surgical professionals and 10% members of the public. The CST Examination Review Committee is comprised of an M.D. and Certified Surgical Technologists. **The NBSTSA was founded with the support of the American College of Surgeons, the American Medical Association, and the American Hospital Association.** The NBSTSA certifies more than 88,000 CSTs and is recognized by the **American College of Surgeons, Association of Surgical Technologists, American Society of Anesthesiologists, American Association of Surgical Physician Assistants, and the American Association of Nurse Anesthesiologists.**

III. Determine how the Virginia Department of Health Professions approves hospital programs.

The Virginia Commonwealth Assembly of the Association of Surgical Technologists recommends that the Virginia Department of Health Professions requires hospital programs to use AST Core Curriculum 7th edition, *including a requirement for didactic education and a skills lab before entering the operating room.* Education with skills lab is an appropriate minimum standard for surgical technology and patient safety.

Hospital programs should have a strong didactic education foundation and skills lab component because education and skills lab are necessary for surgical technologists and all operating room professionals. Even new operating room registered nurses with bachelor's degrees who have already taken anatomy, physiology, and other sciences and have learned many clinical and patient care skills in clinicals receive didactic education and skills lab when they are new to the operating room. For example, Sutter Health has 6-month training programs for new R.N.s that include classroom didactic education, and the nurses don't train in the surgical technologist role (it's a lot less to learn). Thus, with a bachelor's degree that includes a very strong scientific foundation and in-person clinical rotations, R.N.s still get six months of training in the operating room before being independent.

Hospital programs should have a strong didactic education foundation and skills lab component because all states that set minimum standards for surgical technology require graduation from a CAAHEP- or ABHES-accredited surgical technology program or, for Oregon's hospital-based apprenticeship programs for apprenticeship education to be approved by the state in alignment with the Association of Surgical Technologist's Core Curriculum 7th edition; these requirements are written in law and rule.

Hospital programs should have a solid didactic education foundation and skills lab component because history has proven that the appropriate level of education for surgical technologists is a college-based or technical-school-based education, skills lab, and clinical rotations to be prepared for the very high-tech, fast-paced, high-stakes, high-pressure, and diverse world that is the operating room. Accredited surgical technology educational programs appropriately reflect the time it takes to learn surgical technology, protect patients, protect themselves, and protect other staff members.

Hospital programs should have a strong didactic education foundation and skills lab component because, **according to the Bureau of Labor Statistics, the current number of working surgical technologists are at 2019 levels.** The same number of surgical technologists as 2019 is not a crisis worth compromising patient safety and hurting the morale of the current workforce.

Hospital programs should have a solid didactic education foundation and skills lab component because employers drove the structure of surgical technology education: education/skills lab/clinical because it's all needed to prepare surgical technologists for the operating room.

Hospital programs should have a strong didactic education foundation and skills lab component because surgical technologists have a life-saving role in the operating room. Surgical Technologists not only serve as the surgeon's co-pilot and provide instruments and supplies to the surgeon, but they prevent patient death and harm related to medication, surgical fires, instruments and implants, cancer specimens, infection, and bleeding. Surgical technologists are the surgical team member that maintains the sterile surgical field to ensure members of the surgical team adhere to sterile technique to prevent surgical site infections.

- **As essential surgical team members, surgical technologists must perform very effectively to prevent “never events,” including medication errors, surgical implant errors, unintended retained surgical items, patient burns, and incorrect site surgery.**
- **Surgical technologists ensure the presence of instrumentation needed for surgery.** The surgical technologist sets up the room, not the surgeon. This requires a deep understanding of thousands of instruments in various specialties. Surgeons often enter the room after the patient is asleep. *Adverse events happen when surgical technologists don't have all the needed instrumentation in the room before surgery.* For example, some spine surgeries have two different approaches and require two completely different sets of instruments. Another example is a surgical technologist might only get the information that the case is an “EEA.” Based on that information, they must know it's a neuro and an ENT case, what neuro trays to grab, and which ENT trays to ensure are available. There are preference cards, but they are often wrong and not specific to the actual case. New technologies like navigation and robots have also added complexity to case set-up, especially if the robotic case is only partially robotic.
- **Surgical technologist errors in medication safety can cause patient harm and death.** Three very prevalent medications in surgery are heparinized-saline, lidocaine, and epinephrine. Surgical patients have coded when the surgical technologist accidentally hands topical epinephrine to the surgeon for injection. Similarly, patients have coded when a surgical technologist mixes up heparinized saline with lidocaine. Didactic education and skills lab teach surgical medication and medication safety before students enter the operating room.
- **Surgical technologists prevent surgical fires.** One study demonstrated that a quarter of surgeons had witnessed a surgical fire. Surgery creates a high fire risk because supplemental oxygen is often present near ignition sources which are very common in surgery, such as electric cautery. Surgical technologists also play a critical role in preventing surgical fires because they manage electrocautery and lights. A recent study demonstrated that 78% of surgical fires were due to electrocautery (Day et al., 2018).

- **Surgical technologists prevent patient harm related to instruments and implants.** The surgical technologist manages instruments and implants that can harm patients during surgery. For example, in neurosurgery cases, the surgical technologist assembles drills that go into the patient's brain. The surgical technologist ensures all equipment is correctly assembled to prevent serious surgical errors. Surgeons don't check for correct drill assembly. Surgeons expect surgical technologists to get it right. The surgical technologist also prepares surgical implants like heart valves, artificial hips, knees, and spine implants. Patients have died, for example, when a surgical technologist has mixed the bone cement incorrectly for a knee replacement. It takes a team to make an error like this; it also takes a team to prevent one.
- **Surgical technologists prevent patient harm and death related to cancer specimens.** The surgical technologist's ability to manage cancer specimens quickly and accurately can be life or death to the patient, as a mix-up can lead to the wrong cancer treatment. This requires not only mechanical automaticity but also knowledge of medical terminology. Surgeons place cancer specimens on the surgical technologist's sterile table (the mayo) at a breakneck pace. Nurses are not in the sterile field and absolutely rely on surgical technologists to quickly and accurately track and label specimens. Each specialty has about a hundred different names of specimens. It is truly a nightmare when a surgical technologist gets befuddled during cancer specimen cases. The surgeon's visual focus is on the cancer itself, so looking away from the field and helping the surgical technologist compromises care. Also, at this point, the surgical technologist has often already confused specimens.
- **Surgical technologists prevent patient harm and death related to sterile technique.** Surgical technologists maintain the sterile surgical field to ensure surgical team members adhere to sterile technique. Sterile technique quickly becomes very complex, such as breast cancer cases with one healthy breast removed prophylactically, bowel cases, and combined ENT/brain surgeries in which a tumor crosses a boundary. In its *Action Plan to Prevent Healthcare-Associated Infections*, the US Department of Health and Human Services cited that surgical site infections result in an estimated 13,088 deaths annually and cost hospitals approximately \$25,546 per infection.
- **Surgical technologists prevent patient harm and death related to bleeding.** Automatic reflexes are built with practice during skills lab and clinicals. *The pace and skill of the surgical technologist are vital to patient outcomes during cases with rapid bleeding.*
- **Surgical technologists set the pace of surgery.** They serve as the surgeon's co-pilot and provide instruments and supplies to the surgeon during surgery, and they must constantly anticipate the surgeon's needs.
- **No one directly supervises the surgical technologist before or during surgery.** The surgeon is not in the room before surgery. Circulating nurses are busy seeing the patient before surgery. During surgery, the surgeons' eyes are on the surgical site. Circulating nurses do not have time to watch surgical technologists. They are busy helping get the patient under anesthesia, setting up surgical equipment, charting, tracking countable items, and preparing for the next case.

- **Surgeons are not near the sterile field or patient during robotic surgery.** During robotic surgery, the surgeon is in the robotic console and has no line of sight to the sterile field or patient.
- **Surgical technologists greatly impact healthcare costs.** Surgical technologists significantly affect healthcare facility costs. For example, the Hospital-Acquired Condition Reduction Program incentivizes hospitals to reduce hospital-acquired conditions. If a hospital falls into the top 25% of hospital-acquired conditions for the previous year, then the hospital faces an additional 1% reduction in Medicare reimbursement payments. Many CMS hospital-acquired conditions are surgery related, such as surgical site infections and a foreign object retained after surgery. Surgical technologists also save or cost facilities money by preventing or causing long delays and not throwing away expensive equipment. A single mistake of accidentally throwing away equipment, such as robotic equipment, can cost more than a car. Many non-disposable surgical items look disposable to the untrained eye.
- **Hospital programs should have a strong didactic educational foundation and skills lab component because the American College of Surgeons (and many more) supports accredited hospital education for surgical technologists.** Hospital programs that align with AST Core Curriculum will help the program be on par with accredited programs and meet surgeon standards. Accreditation of surgical technology began in 1972. The American College of Surgeons, in their "Statement on Surgical Technology Training and Certification," states their support for accredited programs in hospitals. The American Society of Anesthesiologists, the American Association of Surgical Physician Assistants, and the American Association of Nurse Anesthesiologists approved this statement.
- **Hospital programs should have a solid didactic educational foundation and skills lab component because the current workforce is a more significant part of the workforce equation than newly-trained surgical technologists.** Core Curriculum standards will help retain the existing workforce and keep surgical technology education program doors open. This will have a much more significant impact on the number of surgical technologists working in the field than lower standard on-the-job training programs, which have an abysmal track record in Virginia and nationally.
- **Hospital programs should have a solid didactic education foundation and skills lab component because preserving existing education is more critical for the workforce than new pathways.** The intent of the law is all about increasing the workforce. Rules should aim to create equal education to ensure hospital programs do not undermine current Virginia surgical technology programs. Existing education has a 50-year track record in providing an appropriate education for surgical technologists.

Hospitals have shut down thousands of on-the-job training programs over the past five decades because they realized surgical technologists need school-based education.

A key concern is what happens to Virginia's eight community colleges- all CAAHEP and ABHES accredited- if lower standards are set for hospital programs. The Commonwealth of Virginia has invested in Virginia surgical technology programs and many skills labs.

Due to demographic shifts, programs are already seeing lower enrollment. A survey of Virginia Community College surgical technology programs revealed programs are 1/3 full and ½ full even

before the passage of this law. Full classrooms mean program sustainability. ***What if unequal pathways in Virginia prevent these programs from reaching a critical mass of enrollment and shutting down? Then Virginia is left with on-the-job training, programs that we know have failed in the past.***

- **Hospital programs should have a strong didactic educational foundation and skills lab component because requiring education in alignment with AST's Core Curriculum 7th edition allows the department flexibility like Oregon.** In Oregon, the requirement for apprenticeships to align with AST's Core Curriculum gave regulators time and flexibility to set forth more details about hospital education requirements in the future and change them as needed.
- **Hospital programs should have a strong didactic education foundation and skills lab because hospital programs with AST's Core Curriculum would align with the training in the current workforce.** Surgical technologists entering the workforce in the last few decades are graduates of accredited programs. *The federal Bureau of Labor Statistics estimates 1,850 surgical technologists work in Virginia. The number of graduates of accredited surgical technology education programs who live in Virginia is about 1,828.* Virginia's surgical technologist workforce is primarily comprised of people who have met the standard of graduating from a CAAHEP- or ABHES- accredited educational program. On-the-job trained surgical technologists are rare. On-the-job trained surgical technologists have usually been surgical technologists for decades.
- **Hospital programs should have a solid didactic education foundation and skills lab because Core Curriculum standards for hospital-based programs will help retain the current workforce. Many surgical technologists being asked to train others on-the-job are leaving that hospital because it's too stressful** to train completely green trainees with zero foundation in anatomy, physiology, sterile technique, instrumentation, and about thirty other topics before entering the operating room. Certified Surgical Technologists are appalled and terrified that trainees have not had a chance to practice hands-on skills before having a patient present. Trainees entering operating rooms need a solid educational foundation before setting foot in operating rooms. ***The teaching burden mustn't be placed on current Certified Surgical Technologists in rooms with actual patients and real surgeons expected to work very quickly. It is not at all possible to teach everything during real surgeries!*** There isn't time during an actual surgery to lay the foundation for new trainees. ***Being placed in an operating room with an ill-prepared trainee is unsafe, incredibly stressful, and unsustainable.***

These new pathways may create a few new surgical technologists per year. Meanwhile, 1,800+ surgical technologists need to be retained. Retention is a real problem at hospitals.

Minimum standards for hospital training programs that require hospitals to lay a foundation for trainees will help with workforce retention.

- **Core Curriculum standards would help weed out illegitimate online programs (and support high-quality programs).** Many illegitimate online programs with inadequate curricula, often not even written by people in the field, claim to teach surgical technology. These fly-by-night programs are selling themselves to hospitals to pair with on-the-job training. A Core Curriculum minimum standard will allow for such programs if they have a decent minimum quality.

Summary – Support Hospital Programs and Core Curriculum with Didactic Education and Skills Lab

All states that set minimum standards for surgical technologists require graduation from a CAAHEP- or ABHES-accredited surgical technology program or, for Oregon's hospital-based apprenticeship programs, for education to be approved by the state in alignment with the Association of Surgical Technologist's Core Curriculum 7th edition; requirements written in law and rule. Workforce levels at 2019 levels is not a crisis worth lowering standards too far. Equal curriculum standards for hospital programs would aim not to undermine the professionals working in the field, not undermine Virginia's community colleges, and allow flexibility for regulators. While Virginia surgical technologist recognizes workforce is an issue in many industries right now, retention of the current workforce and keeping surgical technology education program doors open will have a much more significant impact on the number of surgical technologists working in the field and lowering the bar too far for on-the-job training programs will have an overall adverse effect on the workforce.

References

1. Day, A., Rivera, E., Farlow, J. Gourin, C, & Nussenbaum, B. (2018). Surgical fires in otolaryngology: A systematic and narrative review. *Otolaryngology-Head and Neck Surgery*, 158(4), 598-616. <https://pubmed.ncbi.nlm.nih.gov/29359618/>



COUNCIL ON SURGICAL & PERIOPERATIVE SAFETY

MISSION: THE CSPS PROMOTES EXCELLENCE IN PATIENT SAFETY IN THE SURGICAL AND PERIOPERATIVE ENVIRONMENT

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MEMBER ORGANIZATIONS

American Association of Nurse Anesthetists

American Association of Surgical Physician Assistants

American College of Surgeons

American Society of Anesthesiologists

American Society of PeriAnesthesia Nurses

Association of periOperative Registered Nurses

Association of Surgical Technologists

CSPS Surgical Team Member Role Partner Organizations and Credentials

The Council on Surgical and Perioperative Safety recognizes below the various perioperative surgical team members and their credentials for an optimal safe surgery team. All team members are educated in accredited programs, appropriately credentialed by state license, national certification, and/or board certification. In addition, the safe surgery team members participate in continuing education to help ensure the highest possible level of patient safety.

The Council on Surgical & Perioperative Safety is a multidisciplinary coalition of professional organizations whose members are involved in the care of surgical patients.

Surgical Team Member Role	Organization	Credential
Surgeon	ACS	{Fellow ACS} Board Certification {ABMS}
Operating Room Nurse	AORN	Certified Nurse Operating Room {CNOR}
Anesthesiologist	ASA	Board Certification { ABMS}
Nurse Anesthetist	AANA	Certified Registered Nurse Anesthetist {CRNA}
Physician Assistant	AASPA	Physician Assistant Certified {PA-C}
Surgical Technologist	AST	Certified Surgical Technologist {CST}
Peri-Anesthesia Nurse	ASPAN	Certified Post Anesthesia Nurse {CPAN}, Certified Ambulatory Perianesthesia Nurse{CAPA}

Joe Charleman, CSPS Chair
July 10, 2019

Agenda Item: Discuss Regulations for Reactivation of Inactive Licensure

Note: Proposed text of fast-track regulations to be added for reinstatement or reactivation of surgical technologist certification is found on page 40 in the agenda package. Proposed regulations are currently in review at the Office of Secretary for Health and Human Resources.

Action: None Anticipated.

**Proposed Text****highlight****Action:** Reinstatement of certification as a surgical technologist**Stage:** Fast-Track

6/17/22 9:52 AM

18VAC85-160-75 Reinstatement or reactivation of surgical technologist certification

A. A certified surgical technologist who holds a current, unrestricted certificate in Virginia shall, upon a request on the renewal application and submission of the required fee, be issued an inactive certificate. The holder of an inactive certificate shall not be entitled to perform any act requiring a certification to practice surgical technology in Virginia.

B. An inactive certificate holder may reactivate his certificate upon submission of the following:

1. An application as required by the board;

2. A payment of the difference between the current renewal fee for inactive certification and the renewal fee for active certification; and

3. Documentation of completed continued competency hours as required by 18VAC85-160-65.

C. A surgical technologist who allows his certificate to lapse for a period of two years or more and chooses to resume his practice shall submit a reinstatement application to the board and information on any practice and licensure or certification in other jurisdictions during the period in which the certificate was lapsed and shall pay the fee for reinstatement of certification as prescribed in 18VAC85-160-40.

D. The board reserves the right to deny a request for reactivation or reinstatement to any certificate holder who has been determined to have committed an act in violation of § 54.1-2915 of the Code of Virginia or any provisions of this chapter.

E. A surgical technologist whose certificate has been revoked by the board and who wishes to be reinstated shall make a new application to the board and payment of the fee for reinstatement of his certificate as prescribed in 18VAC85-160-40 pursuant to § 54.1-2408.2 of the Code of Virginia.

Agenda Item: Licensure Requirements for Temporary Traveling Surgical Assistants

Note: Discuss licensure requirements, if any, for temporary traveling Surgical Assistants in Virginia.

Action: None Anticipated.

Code of Virginia

Title 54.1. Professions and Occupations

Subtitle III. Professions and Occupations Regulated by Boards within the Department of Health Professions

Chapter 24. General Provisions

§ 54.1-2408.4. Temporary authorization to practice

A. A health care practitioner licensed, certified, or registered in another state or the District of Columbia may temporarily practice for one 90-day period, provided that the following conditions are met:

1. The practitioner is contracted by or has received an offer of employment in the Commonwealth from a licensed hospital, a nursing home, a dialysis facility, the Department of Health, or a local health department;
2. The employer or contractor verifies that the out-of-state health care provider possesses an active and unencumbered license, certification, or registration for the profession in which he will be employed or contracted in another state or the District of Columbia;
3. The employer or contractor obtains a report from the National Practitioner Data Bank if the applicant is subject to reporting; and
4. Prior to the out-of-state health care practitioner's practicing, the employer or contractor notifies the appropriate health regulatory board that the out-of-state health care practitioner is employed or under contract and will practice under the temporary authorization. This notice shall include the out-of-state health care practitioner's out-of-state license, certification, or registration number and a statement that such practitioner meets all of the requirements set forth in this section.

B. If the health care practitioner practicing with a temporary authorization has submitted an application for licensure, certification, or registration, the applicable health regulatory board shall expedite such applications for out-of-state health care practitioners practicing pursuant to this section. If licensure, certification, or registration remains pending after the initial 90-day temporary authorization, the authorization may be extended for an additional 60 days, provided that the employer or contractor submits notice to the applicable health regulatory board.

C. Out-of-state health care practitioners practicing pursuant to this section shall be subject to the laws and regulations of the Commonwealth and shall be subject to disciplinary action by the applicable health regulatory board.

D. The Department of Health Professions shall, beginning July 1, 2023, annually report to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions the number of out-of-state health care practitioners who have utilized the temporary authorization to practice pending licensure and have not subsequently been issued full licensure.

2022, cc. 463, 464.

The chapters of the acts of assembly referenced in the historical citation at the end of this section(s) may not constitute a comprehensive list of such chapters and may exclude chapters

whose provisions have expired.