

**June 5, 2018
Board Room 3
10:00 a.m.**

Call to Order – A. Tucker Gleason, Ph.D., Chair

- Welcome
- Emergency Egress Procedures

Ordering of Agenda – Dr. Gleason

Public Comment – Dr. Gleason

The Board will receive all public comment related to agenda items at this time. The Board will not receive comment on any regulatory process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Approval of Minutes – Dr. Gleason
February 13, 2018, Full Board Meeting

Pages 3-6

Agency Director’s Report - David Brown, DC

Regulatory Report – Elaine Yeatts

- Renewal fee reduction/change of date in 2020 – effective 5/2/2018
- Endorsement requirements (fast track action) – Governor’s office review

Discussion Items – Leslie Knachel

- Healthcare Workforce Data Survey – **Elizabeth Carter**
- Follow-up on Accreditation Commission for Audiology Education
- Guidance Document Review
 - 30-1 Sanctioning Reference Points; Instruction Manual
 - 30-2 By-Laws of the Board of Audiology and Speech-Language Pathology
 - 30-4 Board guidance for process of delegation of informal fact-finding to an agency subordinate
 - 30-10 Disposition of disciplinary cases for practicing on expired licenses
- Update on continuing education audit

Pages 7-67

Pages 68-69

Pages 70-77

Board Counsel Report – Charis Mitchell

President’s Report – Dr. Gleason

Board of Health Professions’ Report – Laura P. Verdun, M.A., CCC-SLP

Staff Reports

Pages 78-79

- Executive Director’s Report – **Leslie Knachel**
- Discipline Report and Training – **Amanda Blount**

New Business

Board Elections

Next Meeting – June 5, 2018

Meeting Adjournment – Dr. Gleason

This information is in **DRAFT** form and is subject to change.

**BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY
MEETING MINUTES
FEBRUARY 13, 2018**

- TIME AND PLACE:** The Board of Audiology and Speech-Language Pathology (Board) meeting was called to order at 10:00 a.m. on Tuesday, February 13, 2018, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 3, Henrico, Virginia.
- PRESIDING OFFICER:** A. Tucker Gleason, Ph.D., CCC-A
- MEMBERS PRESENT:** Lillian B. Beahm, Au. D, CCC-A
Kyttra Burge, Citizen Member
Corliss V. Booker, Ph.D., APRN, FNP-BC
Bradley W. Kesser, M.D.
Angela W. Moss, MA, CCC-SLP
Laura Purcell Verdun, MA, CCC-SLP
- MEMBERS NOT PRESENT:** All members were present.
- QUORUM:** With all members of the Board present, a quorum was established.
- STAFF PRESENT:** Leslie L. Knachel, Executive Director
Elaine Yeatts, Senior Policy Analyst
Chari Mitchell, Assistant Attorney General, Board Counsel
Diane Powers, Director of Communications
Carol Stamey, Operations Manager
David E. Brown, D.C., DHP Director
- OTHERS PRESENT:** Marie Ireland, Department of Education (DOE)
Jessica Kelly, Administrative Processing Division
- ORDERING OF AGENDA:** It was noted that Dr. Brown and Ms. Yeatts were attending concurrent meetings and the agenda would be adjusted to receive their reports based upon their availability. Additionally, a presentation by Diane Powers was added to the agenda.
- PUBLIC COMMENT:** No public comment was presented.
- APPROVAL OF MINUTES:** Ms. Moss moved to approve the July 11, 2017, meeting minutes as presented. The motion was seconded and carried.
- AGENCY LOGO:** Ms. Powers reported that a team made up of DHP employees, VCU design team and board members had been tasked with designing a new agency logo to increase and strengthen visibility. Ms. Powers presented the new agency logo for the Board's review and comment.
- DIRECTOR'S REPORT:** Dr. Brown reported on the following items:
- New administration/reappointments;
 - Appointed positions in the agency;
 - Announcement of Lisa Hahn as the new agency Chief Operating Officer;
 - Upcoming relocation of the business operations of the agency;

- New agency logo;
- Online complaint system; and
- Legislative session.

DISCUSSION ITEMS:

Update on Continuing Education (CE) Audit

Ms. Knachel reported that the CE audit for 2017 would begin at the end of February.

Letter from American Academy of Audiology – Consideration of request for Approval of Accrediting Body

Ms. Knachel reported that the American Academy of Audiology had submitted a request to the Board seeking recognition as an accrediting body of audiology programs. The Board discussed the request.

Ms. Moss moved to accept the American Academy of Audiology as an accrediting body; however, withdrew her motion.

Dr. Booker moved that additional information be collected and reported back to the Board at its next meeting. The motion was seconded and carried with five voting “yes” and two voting “no.”

LEGISLATIVE/REGULATORY UPDATE:

2018 Regulatory Update

Ms. Yeatts presented an overview of the 2018 legislative session.

Licensure by Endorsement (18VAC30-21-80) – Consideration of Change in Licensure Process

Ms. Yeatts stated that this topic would be covered by Ms. Knachel following the discussion about the cash balance.

Revenue, Expenditure and Cash Balance Analysis – Consideration of Change of Renewal Date

Ms. Yeatts apprised the Board that a biennial analysis of the Board’s revenues and expenditures revealed the need for a fee reduction. She presented the following options to the Board for consideration:

- Consideration of change of renewal date: A license expiring on 12/31/18 would be renewed with an extended expiration date to a board-approved month in 2020. All subsequent expiration dates would be at the end of approved month;
- Approve a one-time fee reduction at the 2018 renewal; or
- Approve a one-time fee reduction at the 2018 renewal and combine with an extension and change of the renewal date

Ms. Knachel explained that the current expiration date of December 31 is difficult because of the state holiday schedules, mailing issues due to holiday mail and staff resources issues.

The Board discussed the best month for renewal. Dr. Gleason asked Ms. Ireland if she had any comments regarding the expiration month. Ms. Ireland stated that a majority of the speech-language pathologists work for local school districts and suggested that a June 30th expiration date would work well with the school year contract structure.

Ms. Burge moved to accept the option of a 25% one-time fee reduction for 2018 and move the next expiration date to June 30, 2020, with all subsequent renewal dates changed to June 30th of each year. The motion was seconded and carried.

Licensure by Endorsement (18VAC30-21-80) – Consideration of Change in Licensure Process

Ms. Knachel reviewed the draft changes for licensure qualifications by endorsement. She stated that the current qualifications for licensure do not require an applicant who has been licensed in another United States jurisdiction with no active practice to apply by endorsement. Therefore, such an applicant could apply for initial licensure after being out of practice for many years. She explained that availability of a provisional licensure is the pathway that will ensure public safety for those returning to practice after an extended leave.

In addition, draft language was presented that reduced the fee for a provisional licensee to apply for a full license.

Ms. Verdun moved to accept the draft document dated February 13, 2018, as presented. The motion was seconded and carried.

**DISCUSSION ITEMS
CONTINUED:**

FEES Question – Request for Clarification of the Term “procedures” used in 18AC30-21-131(B)(2)

Ms. Knachel stated the Board received a question requesting clarification as to whether a speech-language pathologist must be observed doing the whole FEES procedure or just the passing of the scope. The Board discussed that the regulation clearly defines what an “endoscopic procedure” means and that the passing of the scope and collection of data and interpretation cannot be separated.

After review and discussion, the Board took no action because the regulation was determined to be clear.

BOARD COUNSEL REPORT:

Ms. Mitchell noted that there was no report to present.

PRESIDENT’S REPORT:

Dr. Gleason thanked staff for their expertise and hard work.

REPORT FROM DR. BOOKER:

Dr. Booker apprised the board that she had attended the National Council of State Boards of Examiners for Speech-Language Pathology and Audiology (NCSB) annual meeting in September 2017, and reported on the board’s activities.

Ms. Knachel noted that discussion of licensure compact was on the agenda at the NCSB meeting. She expressed concern about not being able to ascertain who is representing the state boards during these meetings despite asking for the information. Ms. Knachel indicated that she would continue to follow the compact issue and report to the Board.

Ms. Knachel reported that the next NCSB meeting is scheduled for October 2018 in Washington, D.C.

**BOARD OF HEALTH
PROFESSIONS' REPORT:**

Ms. Verdun reported that four boards were updating their Sanction Reference Points manuals and requesting additional training. Additionally, she noted that the art therapists were requesting a study on the need for licensure.

STAFF REPORTS:

Executive Director's Report

Ms. Knachel provided an overview of the licensure statistics.

Discipline Report

Ms. Blount provided an overview of the caseload statistics. Additionally, Ms. Blount informed the board that a training session on "Probable Cause" review would be conducted at the next board meeting.

NEXT MEETING:

The next scheduled full board meeting is June 5, 2018.

ADJOURNMENT:

The meeting adjourned at 12:18 p.m.

A. Tucker Gleason, Ph.D., CCC-A
Chair

Leslie L. Knachel, M.P.H.
Executive Director

Date

Date

DRAFT

Virginia's Audiologist Workforce: 2017

Healthcare Workforce Data Center

January 2017

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

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

421 Audiologists voluntarily participated in this survey. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Audiology & Speech-Language Pathology express our sincerest appreciation for your ongoing cooperation.

Thank You!

Virginia Department of Health Professions

David E. Brown, D.C.
Director

Lisa R. Hahn, MPA
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Dr. Elizabeth Carter, Ph.D.
Executive Director

Yetty Shobo, Ph.D.
Deputy Director

Laura Jackson
Operations Manager

Christopher Coyle
Research Assistant

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The Audiologist Workforce: At a Glance:

The Workforce

Licensees:	535
Virginia's Workforce:	410
FTEs:	365

Background

Rural Childhood:	26%
HS Degree in VA:	37%
Prof. Degree in VA:	32%

Current Employment

Employed in Prof.:	94%
Hold 1 Full time Job:	75%
Satisfied?:	98%

Survey Response Rate

All Licensees:	79%
Renewing Practitioners:	91%

Education

Au.D.:	67%
Masters:	24%

Job Turnover

Switched Jobs in 2017:	2%
Employed over 2 yrs:	71%

Demographics

Female:	91%
Diversity Index:	20%
Median Age:	46

Finances

Median Income:	\$70k-\$80k
Health Benefits:	52%
Under 40 w/ Ed debt:	61%

Primary Roles

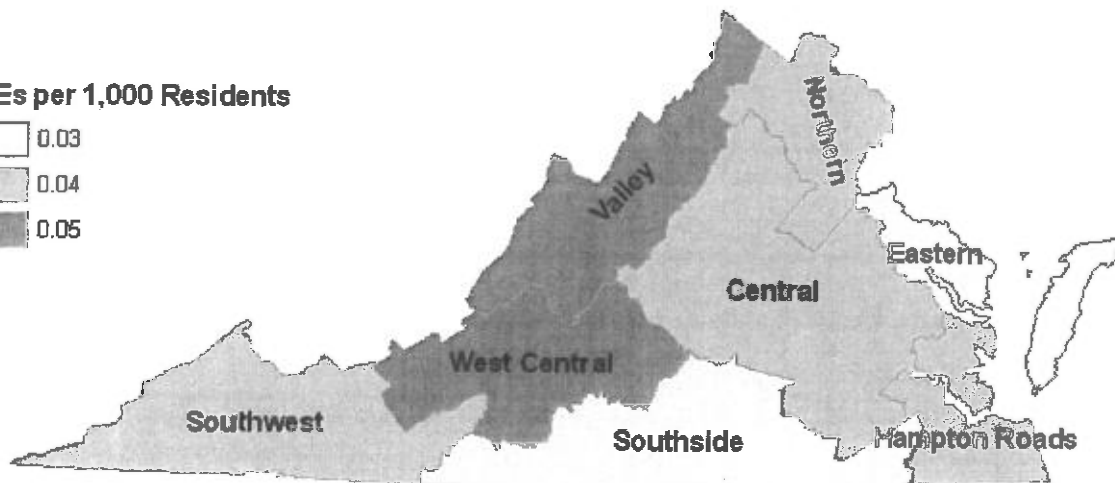
Patient Care:	80%
Administration:	3%
Other:	1%

Source: Va Healthcare Workforce Data Center

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

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



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



421 audiologists voluntarily took part in the 2017 Audiologist Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every December for audiologists. These survey respondents represent 79% of the 535 audiologists who are licensed in the state and 91% of renewing practitioners.

The HWDC estimates that 410 audiologists participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an audiologist at some point in the future. In 2017, Virginia's audiologist workforce provided 365 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off).

91% of all audiologists are female, including 99% of all audiologists under the age of 40. In a random encounter between two audiologists, there is a 20% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes Virginia's audiologist workforce less diverse than the state's overall population, where there is a 56% chance that two randomly chosen people would be of different races or ethnicities.

26% of all audiologists grew up in a rural area, but only 15% of these professionals currently work in non-Metro areas of the state. Overall, 7% of Virginia's audiologists work in non-Metro areas of the state. Meanwhile, 37% of Virginia's audiologists graduated from high school in Virginia, and 32% earned their initial professional degree in the state. In total, 45% of Virginia's audiologist workforce has some educational background in the state.

67% of all audiologists hold a Doctor of Audiology (Au.D.) as their highest professional degree, while another 24% hold a Master's degree. 30% of audiologists currently carry educational debt, including 61% of those under the age of 40. The median debt burden for those audiologists with educational debt is between \$60,000 and \$70,000.

94% of audiologists are currently employed in the profession, while just 1% are involuntarily unemployed. 75% of Virginia's audiologist workforce hold one full-time position, and another 8% hold two or more positions simultaneously. In addition, 52% work between 40 and 49 hours per week, while just 2% work at least 60 hours per week. 71% of Virginia's audiologist workforce have been at their primary work location for more than two years, while just 2% have switched jobs at some point in the past year.

The typical audiologist earned between \$70,000 and \$80,000 last year. In addition, 82% of audiologists who are compensated with either an hourly wage or salary at their primary work location also receive at least one employer-sponsored benefit, including 59% who receive health insurance. 98% of all audiologists are satisfied with their current employment situation, including 70% who indicate they are "very satisfied".

38% of all audiologists in the state work in Northern Virginia, while another 35% work in either Hampton Roads or Central Virginia. Meanwhile, 79% of audiologists work in the private sector, including 65% who work at a for-profit establishment. 20% of all audiologists in the state are employed in group private practices, while another 19% work at physician offices.

A typical audiologist spends between 70% and 80% of her time treating patients, while most of her remaining time is spent performing administrative tasks. 80% of audiologists serve a patient care role, meaning that at least 60% of their time is spent in patient care activities. In addition, the typical audiologist treats between 30 and 40 patients per week at her primary work location.

41% of audiologists expect to retire by the age of 65. Just 5% of the current workforce expect to retire in the next two years, while half of the current workforce expect to retire by 2042. Over the next two years, 8% of Virginia's audiologists plan on increasing patient care activities, and 5% expect to pursue additional education opportunities.

Summary of Trends

In 2012, there were 484 audiologists licensed in the state, and 71% of these licensees responded to the 2012 Audiology Workforce Survey. Five years later, the number of licensed audiologists in the state has increased to 535, and 79% of these licensees completed the 2017 Audiology Workforce Survey. Over the same time period, the percentage of renewing practitioners who responded to the Audiology Workforce Survey increased even more dramatically from 77% to 91%.

There was also an increase in the size of Virginia's audiology workforce. Five years ago, the Healthcare Workforce Data center estimated that 385 audiologists participated in the state's audiology workforce, and these professionals provided a total of 361 FTEs. In 2017, this estimate increased to 410 audiologists. In addition, the 2017 audiology workforce furnished 365 FTEs across the state, which represents a slight increase relative to 2012.

Virginia's audiology workforce has also undergone significant demographic changes over the past five years. In 2012, 85% of all audiologists were female, and this percentage increased to 91% in 2017. In addition, among audiologists who are under the age of 40, the percentage that is female has increased from 93% to 99% since 2012. At the same time, although the median age of Virginia's audiologists remains unchanged at 46 years, the age distribution has shifted. For instance, the percentage of audiologists who are under the age of 40 has fallen from 37% to 32% since 2012, while the percentage that are age 55 or over has increased from 25% to 31%. Finally, the state's audiology workforce has also become less diverse. The diversity index of Virginia's audiology workforce has fallen from 22% in 2012 to 20% in 2017. Among those audiologists who are under the age of 40, the decline has been even more pronounced from 24% to 18%.

There have also been some changes with respect to the background of Virginia's audiology workforce. In 2012, 25% of all audiologists in the state grew up in a rural area. Although this percentage actually increased slightly to 26% in 2017, these professionals were considerably less likely to work in non-metro areas of the state. 20% of all audiologists who grew up in a rural area worked in non-metro areas of Virginia in 2012, but only 15% did so in 2017. In total, the percentage of all audiologists who work in a non-metro area of the state has declined from 8% in 2012 to 7% in 2017.

Concerning education, audiologists today are now considerably more likely to hold a Doctorate of Audiology (Au.D). 58% of all audiologists held an Au.D as their highest professional degree in 2012, but this percentage increased to 67% in 2017. At the same time, the percentage of audiologists who hold a Master's as their highest professional degree fell from 31% to 24%. In addition, the median debt level for those audiologists who hold education debt has risen over the past five years from \$30,000-\$40,000 to \$60,000-\$70,000.

The median annual income of Virginia's audiologist workforce has also increase over the past five years. In 2012, this median income was between \$60,000 and \$70,000 per year. However, audiologists in Virginia now make between \$70,000 and \$80,000 per year. On the other hand, audiologists are also somewhat less likely to receive an employer-sponsored benefit in 2017. Whereas 81% of audiologists received at least one such benefit in 2012, only 76% received at least one additional benefit in 2017.

Regardless, the overall employment experience among Virginia's audiologists seems to be improving. In 2012, 1% of Virginia's audiologists were involuntarily unemployed, and another 1% of audiologists were underemployed. Despite these impressively low levels, they have actually fallen even further since then. Less than 1% of the 2017 audiology workforce was involuntary unemployed at some point during the year, and underemployment among these professionals was nonexistent over the same time period. In addition, the percentage of audiologists who hold one full-time job has increased from 70% in 2012 to 75% in 2017.

Although the percentage of audiologists who work in the for-profit sector has not changed in the past five years, there have been other changes with respect to the work location of these professionals. For instance, 16% of all audiologists worked for a state or local government in 2012, but only 11% do so now. Instead, more audiologists work in the non-profit sector. Whereas 9% of all audiologists worked in the non-profit sector five years ago, this percentage has increased to 15% in 2017.

A Closer Look:

Licensee Counts		
License Status	#	%
Renewing Practitioners	448	84%
New Licensees	40	7%
Non-Renewals	47	9%
All Licensees	535	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 91% of renewing audiologists submitted a survey. These represent 79% of audiologists who held a license at some point in 2017.

At a Glance:

Licensed Audiologists

Number: 535
 New: 7%
 Not Renewed: 9%

Survey Response Rates

All Licensees: 79%
 Renewing Practitioners: 91%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	421
Response Rate, all licensees	79%
Response Rate, Renewals	91%

Source: Va. Healthcare Workforce Data Center

Response Rates			
Statistic	Non Respondents	Respondent	Response Rate
By Age			
Under 30	25	17	41%
30 to 34	20	49	71%
35 to 39	13	41	76%
40 to 44	12	67	85%
45 to 49	8	56	88%
50 to 54	8	46	85%
55 to 59	10	61	86%
60 and Over	18	84	82%
Total	114	421	79%
New Licenses			
Issued in 2017	31	9	23%
Metro Status			
Non-Metro	8	24	75%
Metro	69	304	82%
Not in Virginia	37	93	72%

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. The Survey Period:** The survey was conducted in December 2017.
- 2. Target Population:** All audiologists who held a Virginia license at some point in 2017.
- 3. Survey Population:** The survey was available to those who renewed their licenses online. It was not available to those who did not renew, including some audiologists newly licensed in 2017.

At a Glance:

Workforce

2017 Audiologist Workforce: 410
 FTEs: 365

Utilization Ratios

Licenses in VA Workforce: 77%
 Licenses per FTE: 1.47
 Workers per FTE: 1.12

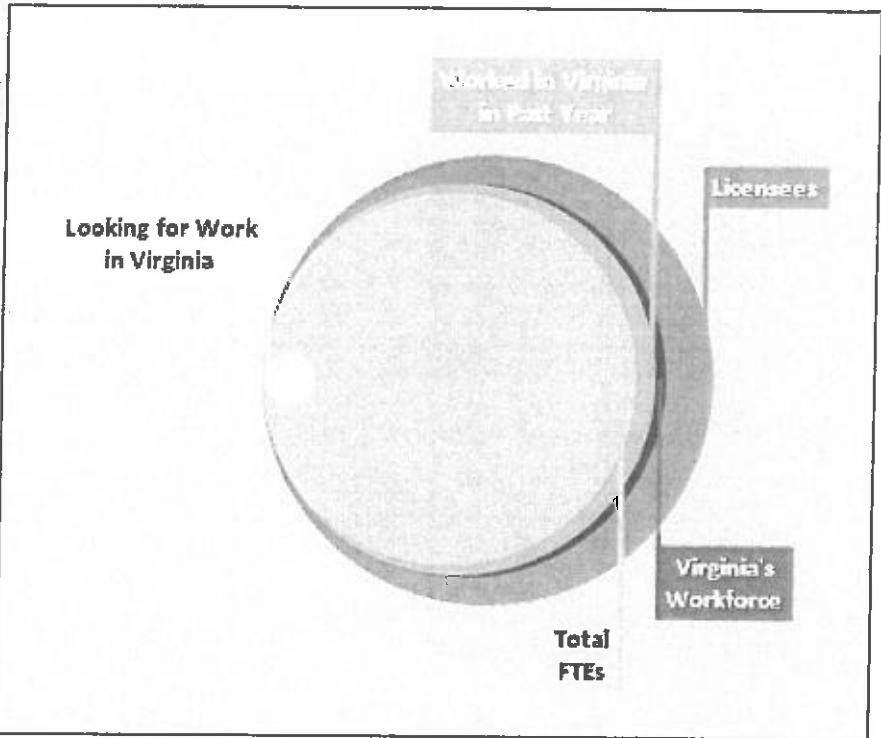
Source: Va. Healthcare Workforce Data Center

Definitions

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

Virginia's Audiologist Workforce		
Status	#	%
Worked in Virginia in Past Year	403	98%
Looking for Work in Virginia	7	2%
Virginia's Workforce	410	100%
Total FTEs	365	
Licenses	535	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

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

Demographics

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	0	0%	30	100%	30	9%
30 to 34	2	3%	47	97%	48	14%
35 to 39	0	0%	31	100%	31	9%
40 to 44	4	7%	49	93%	53	15%
45 to 49	2	5%	38	95%	40	12%
50 to 54	7	20%	29	80%	36	10%
55 to 59	9	19%	38	81%	47	14%
60 +	9	16%	50	84%	59	17%
Total	32	10%	311	91%	344	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 91%
% Under 40 Female: 99%

Age

Median Age: 46
% Under 40: 32%
% 55+: 31%

Diversity

Diversity Index: 20%
Under 40 Div. Index: 18%

Source: Va. Healthcare Workforce Data Center

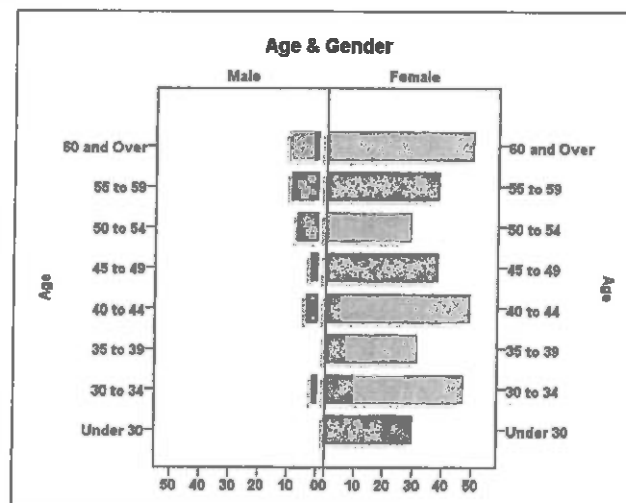
Race & Ethnicity					
Race/ Ethnicity	Virginia*	Audiologists		Audiologists Under 40	
	%	#	%	#	%
White	63%	306	89%	97	91%
Black	19%	9	3%	3	3%
Asian	6%	10	3%	3	3%
Other Race	0%	4	1%	2	2%
Two or more races	3%	4	1%	1	1%
Hispanic	9%	10	3%	1	1%
Total	100%	343	100%	107	100%

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

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two audiologists, there is a 20% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index). For Virginia's population as a whole, the comparable number is 56%.

32% of audiologists are under the age of 40, and 99% of these professionals are female. In addition, audiologists who are under the age of 40 have a diversity index of 18%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 7%
 Rural Childhood: 26%

Virginia Background

HS in Virginia: 37%
 Prof. Education in VA: 32%
 HS/Prof. Educ. in VA: 45%

Location Choice

% Rural to Non-Metro: 15%
 % Urban/Suburban to Non-Metro: 4%

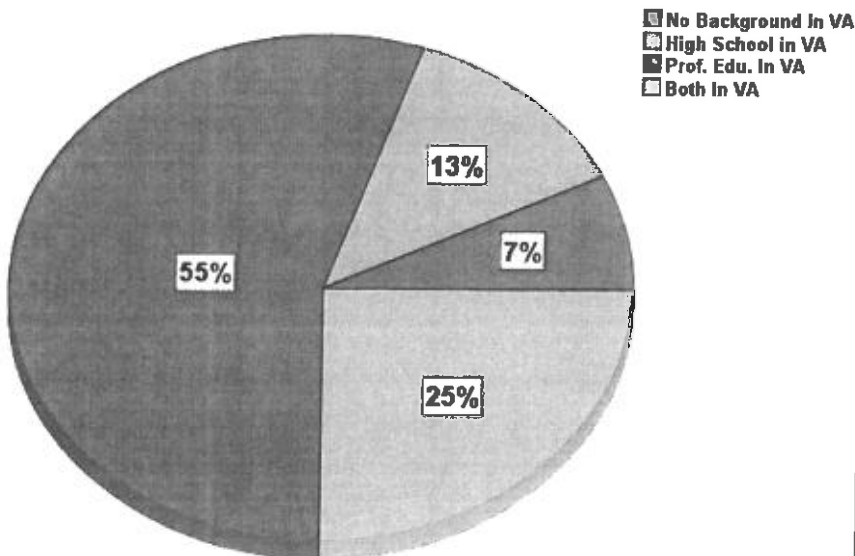
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 million+	21%	71%	8%
2	Metro, 250,000 to 1 million	29%	71%	0%
3	Metro, 250,000 or less	37%	56%	7%
Non-Metro Counties				
4	Urban pop 20,000+, Metro adj	38%	63%	0%
6	Urban pop, 2,500-19,999, Metro adj	50%	50%	0%
7	Urban pop, 2,500-19,999, nonadj	67%	33%	0%
8	Rural, Metro adj	0%	0%	0%
9	Rural, nonadj	75%	0%	25%
Overall		26%	67%	7%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



26% of audiologists grew up in self-described rural areas, and 15% of these professionals currently work in non-Metro counties. Overall, just 7% of all audiologists currently work in non-Metro counties.

Source: Va. Healthcare Workforce Data Center

Top Ten States for Audiologist Recruitment

Rank	All Professionals			
	High School	#	Professional School	#
1	Virginia	126	Virginia	108
2	Maryland	28	Tennessee	27
3	New York	23	Washington, D.C.	24
4	Pennsylvania	19	Pennsylvania	19
5	Outside U.S./Canada	14	Maryland	16
6	Ohio	14	West Virginia	15
7	West Virginia	13	New York	14
8	North Carolina	10	Ohio	14
9	Michigan	9	North Carolina	12
10	Texas	6	Florida	11

Source: Va. Healthcare Workforce Data Center

37% of licensed audiologists received their high school degree in Virginia, and 32% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Professional School	#
1	Virginia	23	Virginia	14
2	Maryland	8	Tennessee	9
3	Ohio	7	Pennsylvania	8
4	New York	6	Texas	6
5	North Carolina	5	Florida	5
6	Texas	5	Ohio	5
7	Mississippi	5	West Virginia	4
8	Florida	4	New York	4
9	Pennsylvania	4	Indiana	4
10	New Jersey	4	Maryland	4

Source: Va. Healthcare Workforce Data Center

Among audiologists who received their license in the past five years, 26% received their high school degree in Virginia, while 17% received their initial professional degree in the state.

24% of licensed audiologists did not participate in Virginia's workforce in 2017. 88% of these audiologists worked at some point in the past year, and 85% are currently employed as audiologists.

At a Glance:

Not in VA Workforce

Total:	126
% of Licensees:	24%
Federal/Military:	14%
Va Border State/DC:	26%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Master's Degree	81	24%
Au.D	223	67%
PhD	28	8%
Other Doctorate Degree	4	1%
Total	335	100%

Source: Va. Healthcare Workforce Data Center

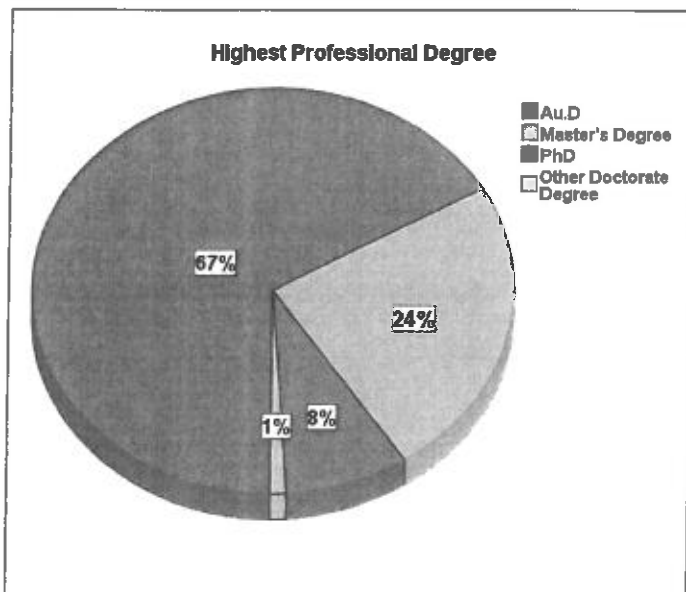
At a Glance:

Education
 Doctor of Audiology: 57%
 Master's Degree: 24%

Educational Debt
 Carry debt: 30%
 Under age 40 w/ debt: 61%
 Median debt: \$60k-\$70k

Source: Va. Healthcare Workforce Data Center

67% of all audiologists hold a Doctorate of Audiology (Au.D) as their highest professional degree.



Source: Va. Healthcare Workforce Data Center

30% of audiologists currently have educational debt, including 61% of those under the age of 40. For those with educational debt, the median outstanding balance on their loans is between \$60,000 and \$70,000.

Amount Carried	Educational Debt			
	All Audiologists		Audiologists Under 40	
	#	%	#	%
None	203	70%	36	39%
Less than \$10,000	4	1%	1	1%
\$10,000-\$19,999	8	3%	0	0%
\$20,000-\$29,999	11	4%	6	7%
\$30,000-\$39,999	4	1%	1	1%
\$40,000-\$49,999	7	2%	5	5%
\$50,000-\$59,999	6	2%	6	7%
\$60,000-\$69,999	5	2%	5	5%
\$70,000-\$79,999	5	2%	4	4%
\$80,000-\$89,999	7	2%	5	5%
\$90,000-\$99,999	2	1%	2	2%
\$100,000 or more	26	9%	21	23%
Total	290	100%	92	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Top Specialties

Hearing Aids/Devices:	55%
Pediatrics:	27%
Geriatrics:	22%

Top Credentials

CCC-A Audiology:	68%
Hearing Aid Disp. License:	51%
F-AAA Fellow:	37%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Self-Designated Specialties		
Specialty	#	% of Workforce
Hearing Aids/Devices	225	55%
Pediatrics	109	27%
Geriatrics	90	22%
Vestibular	65	16%
Educational	50	12%
Occupational Hearing Conservation	36	9%
Cochlear Implants	35	9%
Intraoperative Monitoring	5	1%
Other	29	7%
At Least One Specialty	281	69%

Source: Va. Healthcare Workforce Data Center

Credentials

Credential	#	% of Workforce
CCC-A: Audiology	277	68%
Hearing Aid Dispenser License	208	51%
F-AAA Fellow	153	37%
ABA Certification	21	5%
CCC-SLP: Speech-Language Pathology	7	2%
PASC: Pediatric Audiology	4	1%
Other	8	2%
At Least One Credential	329	80%

Source: Va. Healthcare Workforce Data Center

69% of all audiologists have at least one self-designated specialty, while 80% have at least one credential as well.

At a Glance:

Employment

Employed in Profession: 94%
 Involuntarily Unemployed: 1%

Positions Held

1 Full-time: 75%
 2 or More Positions: 8%

Weekly Hours:

40 to 49: 52%
 60 or more: 2%
 Less than 30: 12%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	2	1%
Employed in an audiologist-related capacity	316	94%
Employed, NOT in an audiologist-related capacity	7	2%
Not working, reason unknown	0	0%
Involuntarily unemployed	2	1%
Voluntarily unemployed	4	1%
Retired	5	1%
Total	336	100%

Source: Va. Healthcare Workforce Data Center

94% of Virginia's audiologists are currently employed in the profession. 75% have one full-time job, and 52% work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	11	3%
One Part-Time Position	47	14%
Two Part-Time Positions	9	3%
One Full-Time Position	245	75%
One Full-Time Position & One Part-Time Position	13	4%
Two Full-Time Positions	2	1%
More than Two Positions	1	< 1%
Total	328	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	11	3%
1 to 9 hours	7	2%
10 to 19 hours	10	3%
20 to 29 hours	22	7%
30 to 39 hours	67	20%
40 to 49 hours	172	52%
50 to 59 hours	36	11%
60 to 69 hours	4	1%
70 to 79 hours	0	0%
80 or more hours	1	< 1%
Total	330	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	1	1%
Less than \$20,000	4	1%
\$20,000-\$29,999	6	2%
\$30,000-\$39,999	10	4%
\$40,000-\$49,999	12	5%
\$50,000-\$59,999	18	7%
\$60,000-\$69,999	42	16%
\$70,000-\$79,999	43	17%
\$80,000-\$89,999	54	21%
\$90,000-\$99,999	24	9%
\$100,000-\$109,999	15	6%
\$110,000-\$119,999	6	2%
\$120,000 or more	25	10%
Total	257	100%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	226	70%
Somewhat Satisfied	91	28%
Somewhat Dissatisfied	7	2%
Very Dissatisfied	1	< 1%
Total	325	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Hourly Earnings
Median Income: \$70k-80k

Benefits
Health Insurance: 52%
Retirement: 59%

Satisfaction
Satisfied: 98%
Very Satisfied: 70%

Source: Va. Healthcare Workforce Data Center

The typical audiologist earns between \$70,000 and \$80,000 per year. Among audiologists who receive either an hourly wage or a salary as compensation at their primary work location, 64% have an employer-sponsored retirement plan and 59% receive health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	218	69%	75%
Paid Sick Leave	192	61%	63%
Retirement	187	59%	64%
Health Insurance	165	52%	59%
Dental Insurance	130	41%	49%
Group Life Insurance	95	30%	36%
Signing/Retention Bonus	18	6%	8%
At Least One Benefit	240	76%	82%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Underemployment in Past Year		
In the past year did you ...?	#	%
Experience Involuntary Unemployment?	1	< 1%
Experience Voluntary Unemployment?	9	2%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	0	0%
Work two or more positions at the same time?	27	7%
Switch employers or practices?	9	2%
Experienced at least one	44	11%

Source: Va. Healthcare Workforce Data Center

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

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	5	2%	1	2%
Less than 6 Months	4	1%	4	6%
6 Months to 1 Year	17	5%	5	8%
1 to 2 Years	66	21%	15	23%
3 to 5 Years	57	18%	15	23%
6 to 10 Years	64	20%	8	12%
More than 10 Years	102	32%	16	25%
Subtotal	315	100%	65	100%
Did not have location	9		342	
Item Missing	86		3	
Total	410		410	

Source: Va. Healthcare Workforce Data Center

64% of audiologists receive a salary or commission at their primary work location, while 19% receive an hourly wage.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: < 1%
Underemployed: 0%

Turnover & Tenure

Switched: 2%
New Location: 10%
Over 2 years: 71%
Over 2 yrs, 2nd location: 60%

Employment Type

Salary/Commission: 64%
Hourly Wage: 19%

Source: Va. Healthcare Workforce Data Center

71% of audiologists have worked at their primary location for more than 2 years—the job tenure normally required to get a conventional mortgage loan.

Employment Type		
Primary Work Site	#	%
Salary/Commission	164	64%
Hourly Wage	49	19%
Business/Practice Income	42	16%
By Contract/Per Diem	2	1%
Unpaid	0	0%
Subtotal	258	100%

Source: Va. Healthcare Workforce Data Center

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

At a Glance:

Concentration

Top Region:	38%
Top 3 Regions:	72%
Lowest Region:	2%

Locations

2 or more (2017):	21%
2 or more (Now*):	20%

Source: Va. Healthcare Workforce Data Center

38% of audiologists work in Northern Virginia, the most of any region in the state. In addition, another 18% of audiologists work in Hampton Roads, while 17% work in Central Virginia.

A Closer Look:

Regional Distribution of Work Locations				
COVF Region ²	Primary Location		Secondary Location	
	#	%	#	%
Central	55	17%	6	9%
Eastern	5	2%	0	0%
Hampton Roads	56	18%	17	25%
Northern	120	38%	25	37%
Southside	10	3%	1	1%
Southwest	17	5%	5	7%
Valley	18	6%	3	4%
West Central	32	10%	5	7%
Virginia Border State/DC	5	2%	5	7%
Other US State	1	< 1%	0	0%
Outside of the US	0	0%	0	0%
Total	319	100%	67	100%
Item Missing	83		1	

Source: Va. Healthcare Workforce Data Center

Council On Virginia's Future Regions



20% of audiologists currently have multiple work locations, while 21% have also had multiple work locations in 2017.

Locations	Number of Work Locations			
	Work Locations in 2017		Work Locations Now*	
	#	%	#	%
0	7	2%	11	3%
1	247	77%	248	77%
2	44	14%	41	13%
3	16	5%	17	5%
4	7	2%	5	1%
5	0	0%	0	0%
6 or More	1	0%	1	0%
Total	323	100%	323	100%

*At the time of survey completion, December 2017.

Source: Va. Healthcare Workforce Data Center

² These are now referred to as VA Perform's regions: <http://vaperforms.virginia.gov/Regions/regionalScorecards.php>

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	192	65%	51	78%
Non-Profit	44	15%	6	9%
State/Local Government	33	11%	2	3%
Veterans Administration	16	5%	3	5%
U.S. Military	11	4%	0	0%
Other Federal Gov't	1	< 1%	3	5%
Total	297	100%	65	100%
Did not have location	9		342	
Item Missing	104		4	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

For Profit: 65%

Federal: 9%

Top Establishments

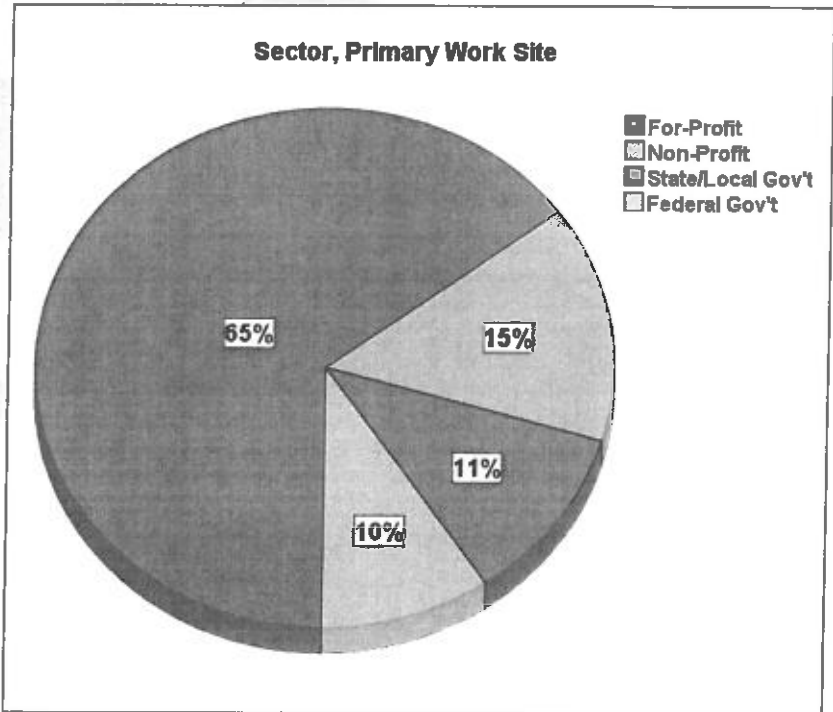
Private Practice (Group): 20%

Physician's Office: 19%

Hospital (Outpatient): 17%

Source: Va. Healthcare Workforce Data Center

79% of audiologists work in the private sector, including 65% who work at for-profit establishments. Another 9% of Virginia's audiologists work for the federal government.



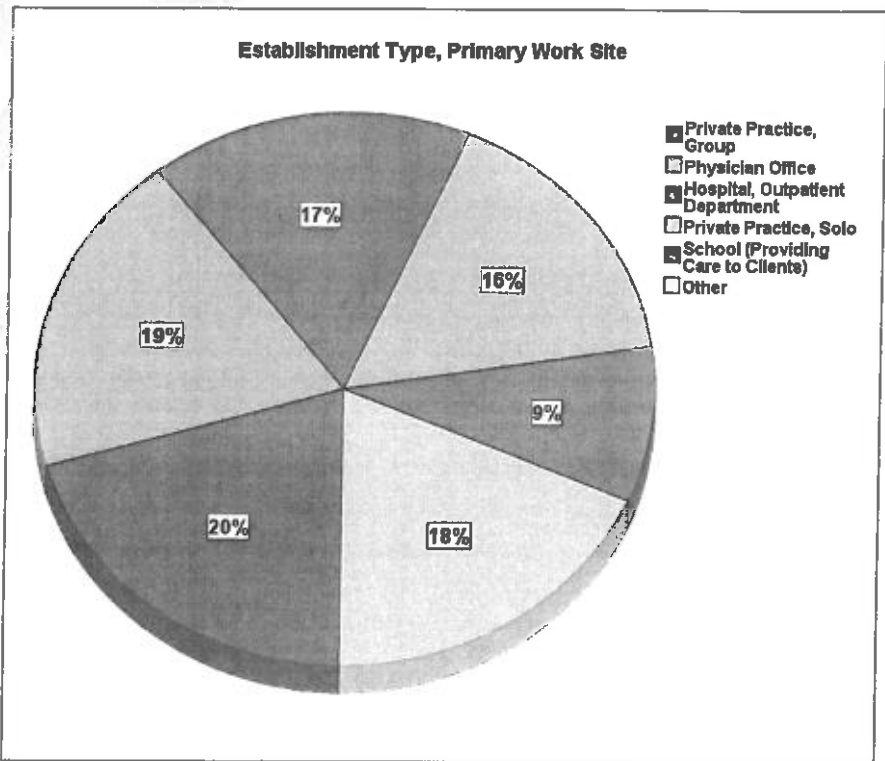
Source: Va. Healthcare Workforce Data Center

Top 10 Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Group	59	20%	14	23%
Physician Office	54	19%	18	30%
Hospital, Outpatient Department	49	17%	8	13%
Private Practice, Solo	46	16%	8	13%
School (Providing Care to Clients)	26	9%	1	2%
Community-Based Clinic or Health Center	13	5%	6	10%
Administrative/Business Organization	9	3%	1	2%
Academic Institution (Teaching Health Professions Students or Research)	8	3%	2	3%
Hospital, Inpatient Department	4	1%	1	2%
Outpatient Surgical Center	2	1%	0	0%
Rehabilitation Facility	1	< 1%	0	0%
Other	17	6%	2	3%
Total	288	100%	61	100%
Did Not Have a Location	9		342	

20% of all audiologists in the state work in group private practices. Another 19% work in physician offices.

Source: Va. Healthcare Workforce Data Center

Among those audiologists who also have a secondary work location, 30% work in physician offices, while 23% work in group private practices.



Source: Va. Healthcare Workforce Data Center

Time Allocation

At a Glance: (Primary Locations)

Typical Time Allocation

Client Care: 70%-79%
Administration: 10% 19%

Roles

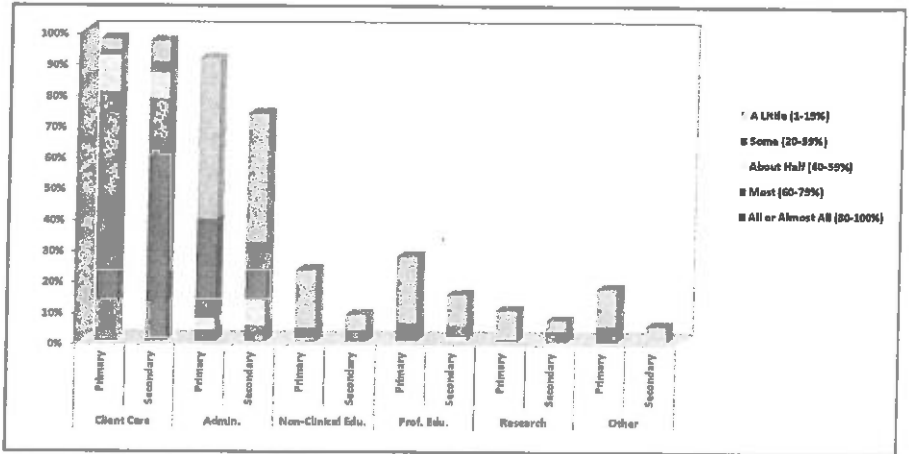
Patient Care: 80%
Administration: 3%
Other: 1%

Patient Care Audiologists

Median Admin Time: 10%-19%
Ave. Admin Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

A typical audiologist spends most of her time in client care activities. 80% of audiologists fill a client care role, defined as spending at least 60% of their time in that activity.

Time Allocation

Time Spent	Client Care		Admin.		Non-Clinical Education		Professional Education		Research		Other	
	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site
All or Almost All (80-100%)	46%	62%	3%	3%	0%	2%	0%	0%	0%	2%	1%	0%
Most (60-79%)	34%	15%	0%	2%	0%	0%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	12%	8%	4%	8%	1%	0%	0%	2%	0%	0%	0%	0%
Some (20-39%)	2%	3%	32%	18%	3%	2%	6%	3%	0%	2%	4%	0%
A Little (1-20%)	3%	7%	51%	42%	19%	5%	22%	10%	9%	3%	12%	5%
None (0%)	3%	3%	9%	27%	77%	90%	73%	85%	90%	92%	83%	95%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Weekly Session Totals

(Median)

Primary Location: 30-39

Secondary Location: 10-19

Total: 30-39

% with Group Sessions

Primary Location: 8%

Secondary Location: 2%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Client Sessions / Week	Primary Work Location		Secondary Work Location		Total ³	
	#	%	#	%	#	%
None	15	5%	9	14%	12	4%
1-9	23	8%	20	31%	20	7%
10-19	43	14%	21	32%	32	11%
20-29	52	17%	8	12%	50	17%
30-39	67	22%	6	9%	65	22%
40-49	41	14%	0	0%	49	16%
50-59	29	10%	0	0%	28	9%
60-69	4	1%	0	0%	9	3%
70-79	6	2%	1	2%	12	4%
80 or more	20	7%	0	0%	24	8%
Total	300	100%	65	100%	301	100%

Source: Va. Healthcare Workforce Data Center

The typical audiologist has between 30 and 39 client sessions per week at her primary work location. In addition, audiologists who also have a secondary work location conduct an additional 10 to 19 client sessions per week.

# of Weekly Sessions	Primary Work Location				Secondary Work Location			
	Individual Sessions		Group Sessions		Individual Sessions		Group Sessions	
	#	%	#	%	#	%	#	%
None	14	5%	270	91%	7	11%	62	98%
1-9	27	9%	21	7%	21	34%	0	0%
10-19	50	17%	0	0%	21	34%	0	0%
20-29	52	17%	2	1%	8	13%	0	0%
30-39	65	22%	1	< 1%	6	10%	1	2%
40-49	42	14%	0	0%	0	0%	0	0%
50-59	29	10%	0	0%	0	0%	0	0%
60-69	4	1%	1	< 1%	0	0%	0	0%
70-79	4	1%	0	0%	0	0%	0	0%
80 or more	14	5%	0	0%	0	0%	0	0%
Total	300	100%	296	100%	62	100%	63	100%

Source: Va. Healthcare Workforce Data Center

³ This column estimates the total number of client sessions across both primary and secondary work locations.

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All		Over 50	
	#	%	#	%
Under age 50	5	2%	-	-
50 to 54	8	3%	1	1%
55 to 59	28	10%	3	3%
60 to 64	73	26%	25	23%
65 to 69	107	39%	43	39%
70 to 74	30	11%	22	20%
75 to 79	8	3%	5	5%
80 or over	4	1%	1	1%
I do not intend to retire	15	5%	11	10%
Total	277	100%	111	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All Audiologists	
Under 65:	41%
Under 60:	15%
Audiologists 50 and over	
Under 65:	26%
Under 60:	4%

Time until Retirement

Within 2 years:	5%
Within 10 years:	23%
Half the workforce:	by 2042

Source: Va. Healthcare Workforce Data Center

41% of all audiologists expect to retire by the age of 65, including 26% of those who are already age 50 or over. Another 21% of all audiologists do not expect to retire until at least age 70.

Within the next two years, 8% of audiologists expect to increase their client care hours. In addition, 5% of audiologists also plan to pursue additional educational opportunities.

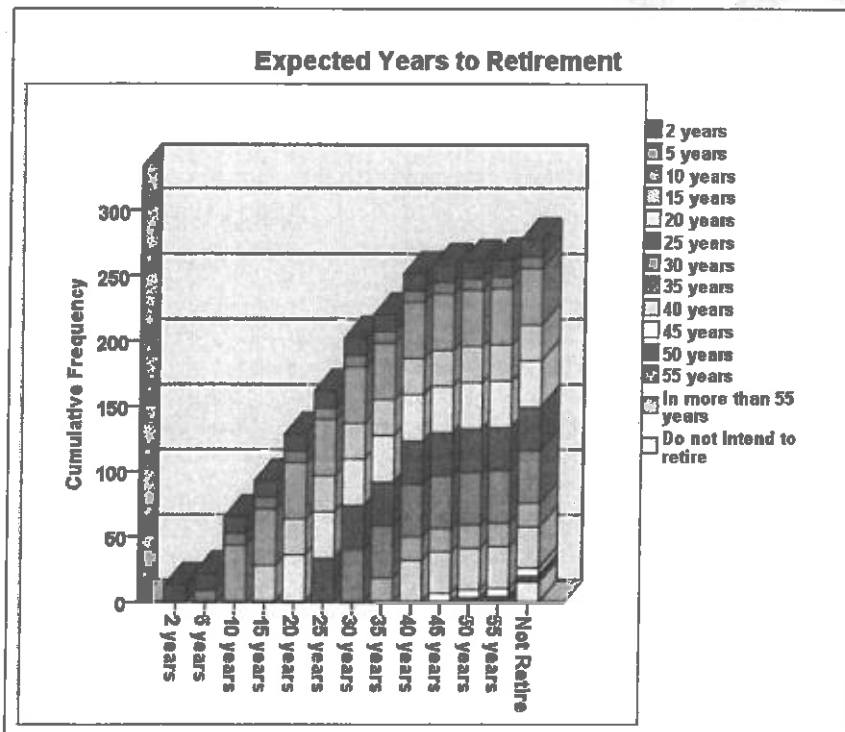
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	6	1%
Leave Virginia	9	2%
Decrease Client Care Hours	17	4%
Decrease Teaching Hours	3	1%
Increase Participation		
Increase Client Care Hours	31	8%
Increase Teaching Hours	10	2%
Pursue Additional Education	19	5%
Return to Virginia's Workforce	2	0%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for audiologists. Only 5% of audiologists plan on retiring in the next two years, while 23% plan on retiring in the next ten years. Half of the current audiologist workforce expects to be retired by 2042.

Time to Retirement			
Expect to retire within...	#	%	Cumulative %
2 years	13	5%	5%
5 years	9	3%	8%
10 years	43	16%	23%
15 years	28	10%	34%
20 years	36	13%	47%
25 years	33	12%	58%
30 years	40	14%	73%
35 years	18	6%	79%
40 years	32	12%	91%
45 years	6	2%	93%
50 years	3	1%	94%
55 years	1	0%	95%
In more than 55 years	0	0%	95%
Do not intend to retire	15	5%	100%
Total	277	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach 10% of the current workforce every five years starting in 2027. Retirements will peak at 16% of the current workforce at the same time before declining to under 10% of the current workforce again around 2062.

At a Glance:

FTEs

Total: 365
 FTEs/1,000 Residents: 0.044
 Average: 0.91

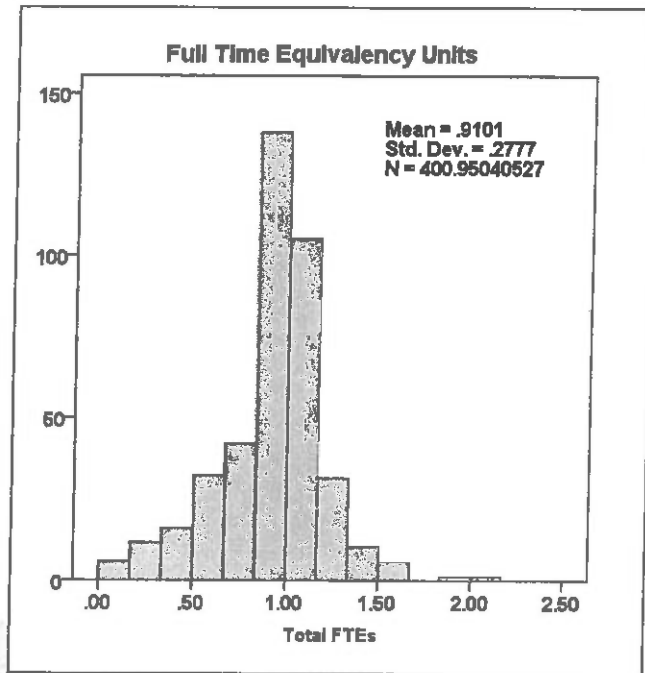
Age & Gender Effect

Age, Partial Eta²: Medium
 Gender, Partial Eta²: Medium

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

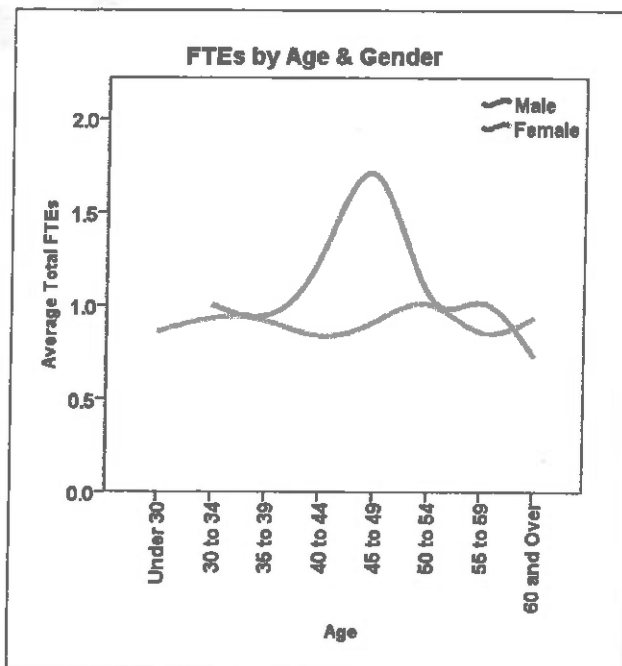


Source: Va. Healthcare Workforce Data Center

The typical audiologist provided 0.91 FTEs in 2017, or about 36 hours per week for 50 weeks. Although FTEs appear to vary by both age and gender, statistical tests did not verify that a difference exists.⁴

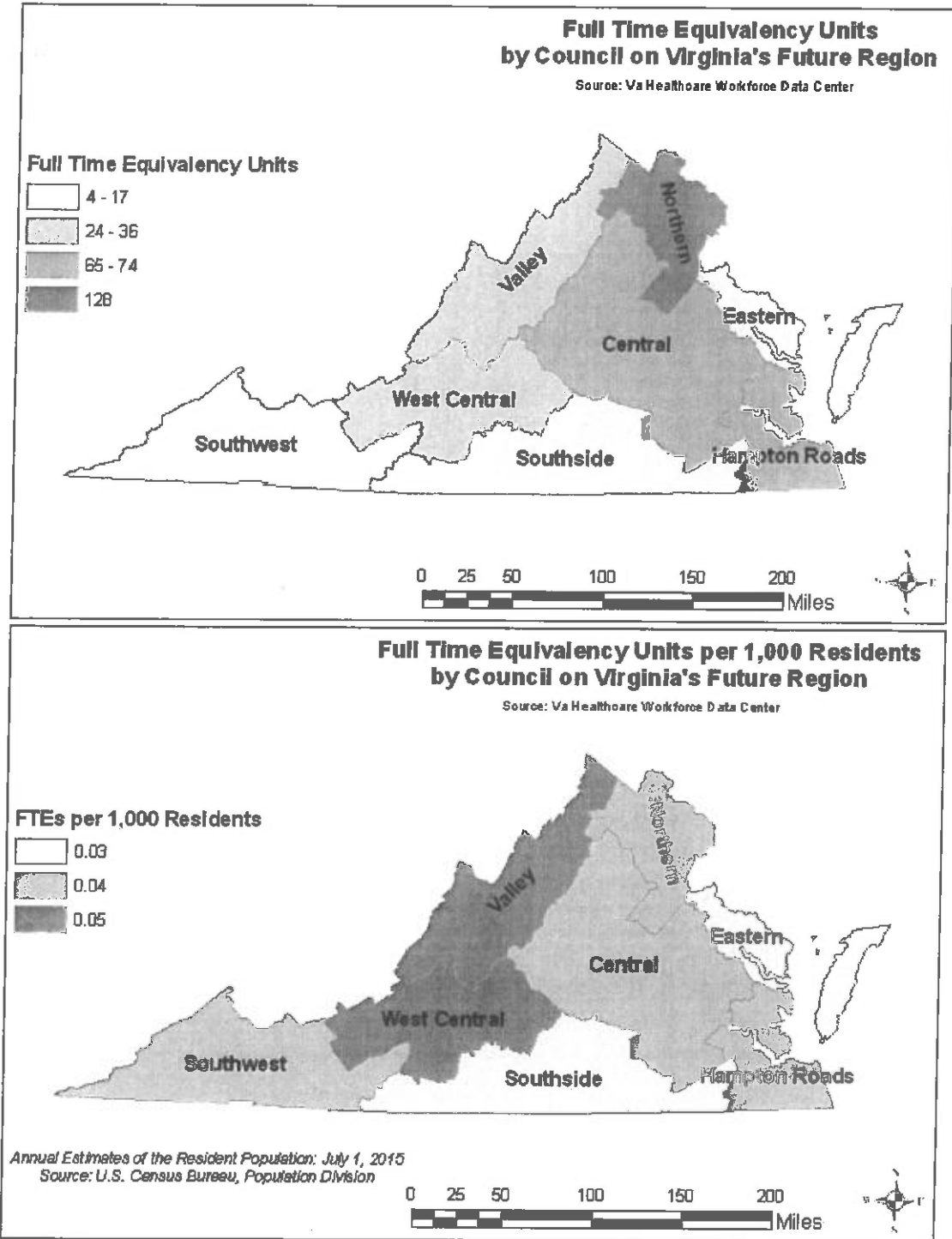
Full-Time Equivalency Units		
	Average	Median
Age		
Under 30	0.86	0.91
30 to 34	0.93	0.94
35 to 39	0.97	1.03
40 to 44	0.88	0.87
45 to 49	0.94	0.89
50 to 54	0.99	1.03
55 to 59	0.89	0.87
60 and Over	0.87	0.93
Gender		
Male	1.01	1.05
Female	0.91	0.94

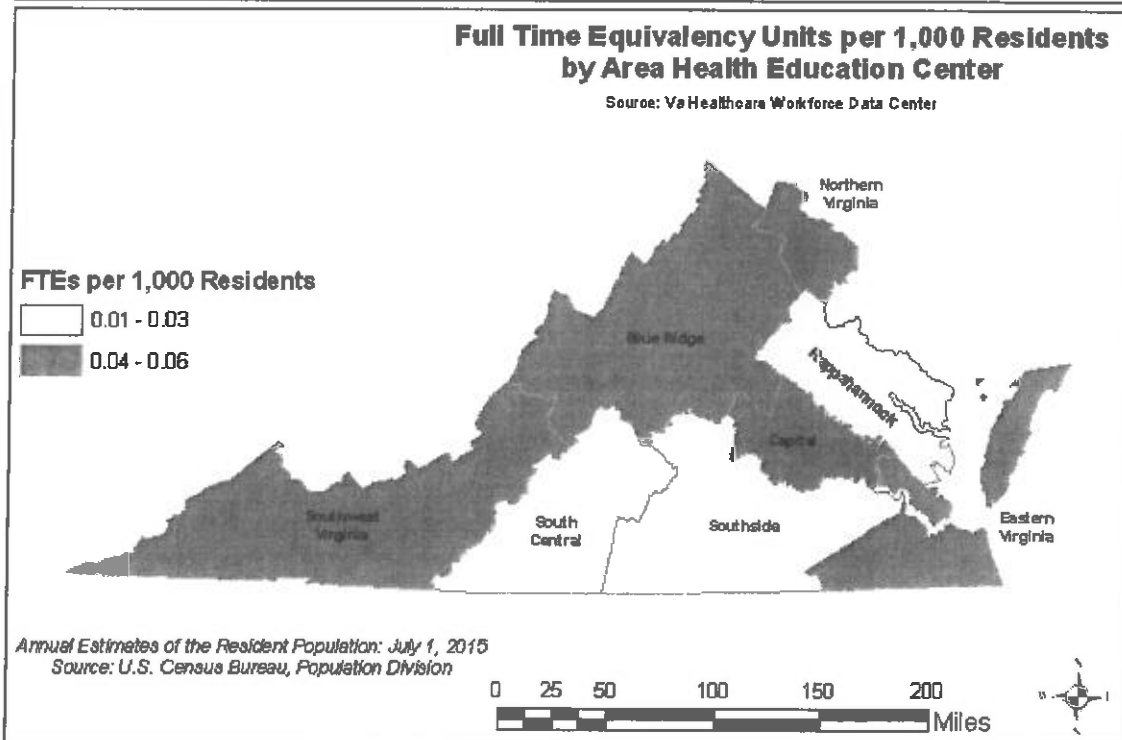
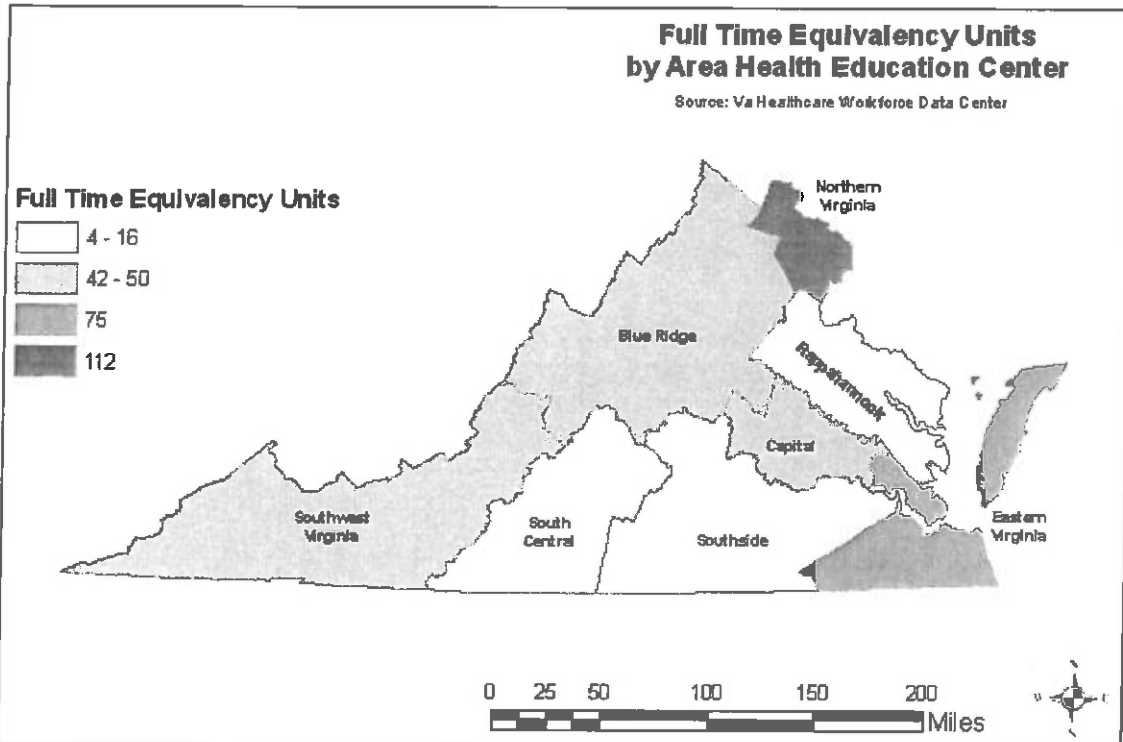
Source: Va. Healthcare Workforce Data Center

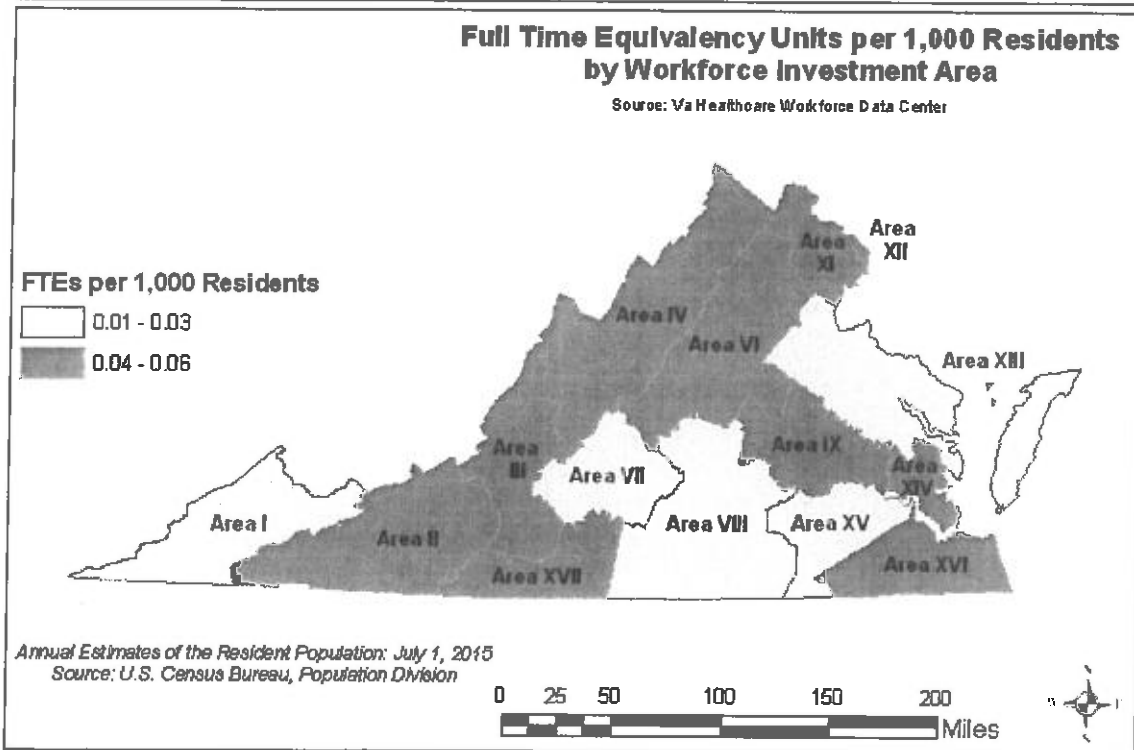
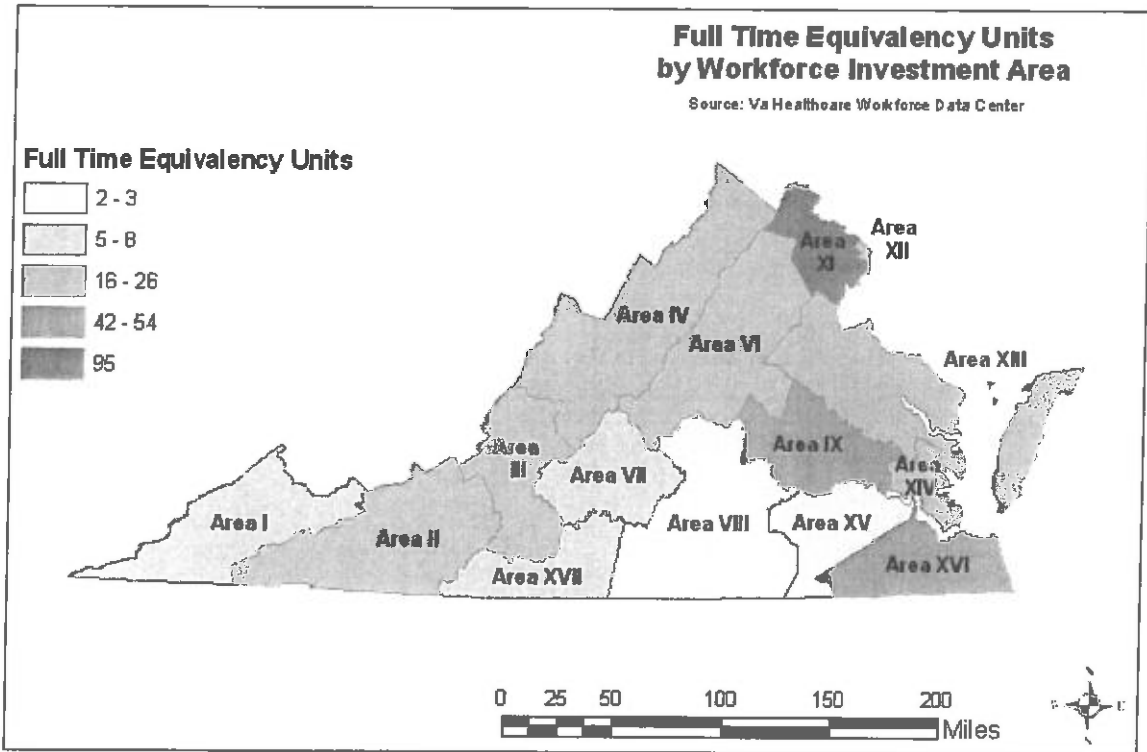


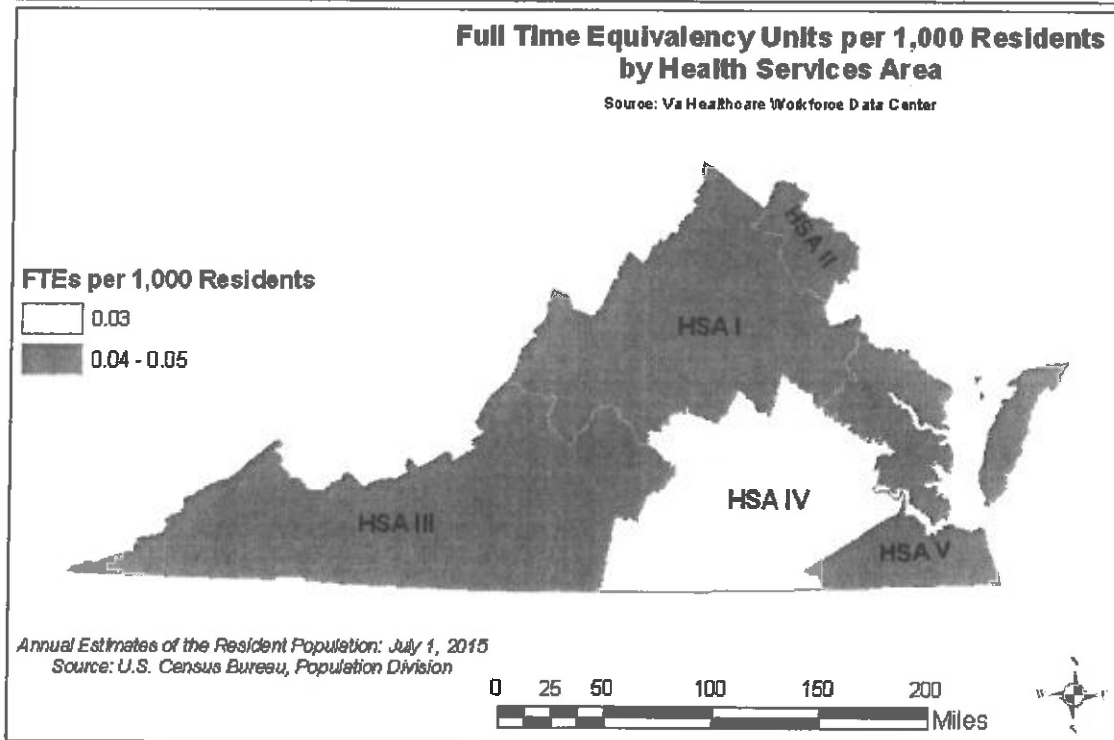
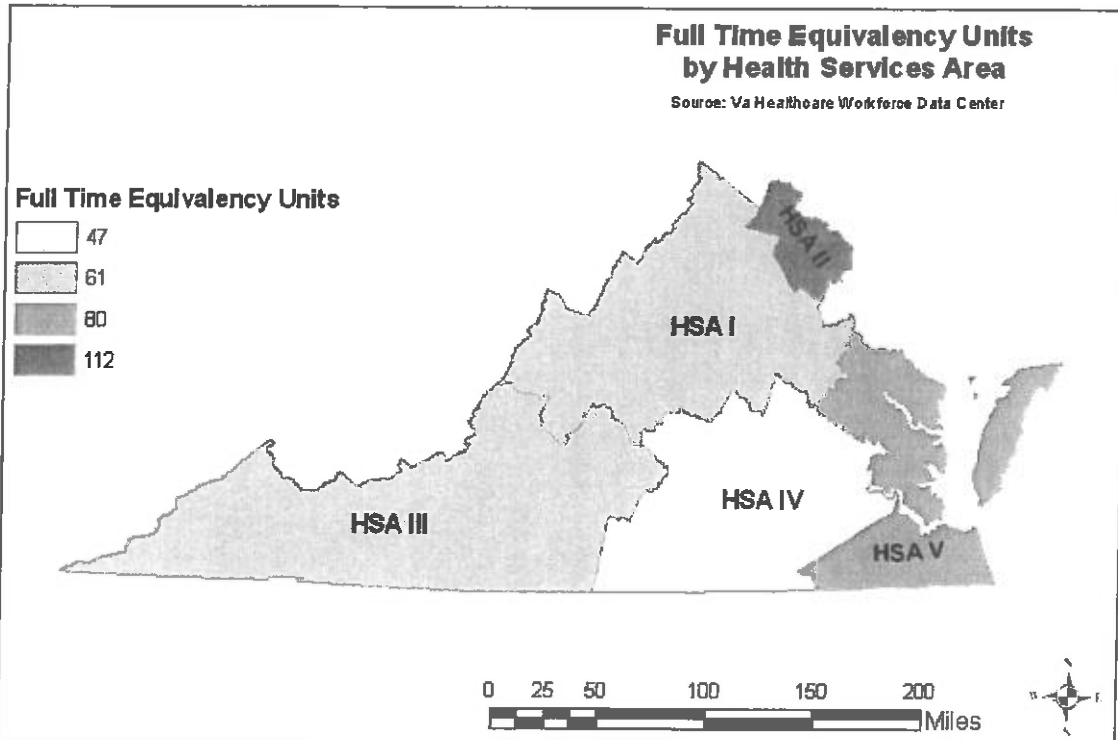
Source: Va. Healthcare Workforce Data Center

⁴ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect are significant).









Appendix

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	276	80.07%	1.248869	1.12315	2.42798
Metro, 250,000 to 1 million	37	75.68%	1.321429	1.1884	2.56905
Metro, 250,000 or less	60	91.67%	1.090909	0.98109	1.20884
Urban pop 20,000+, Metro adj	8	37.50%	2.666667	2.46339	2.7638
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	10	90.00%	1.111111	1.01769	1.06171
Urban pop, 2,500-19,999, nonadj	8	87.50%	1.142857	1.04676	1.18449
Rural, Metro adj	3	66.67%	1.5	1.39178	1.43331
Rural, nonadj	3	100.00%	1	0.92786	0.95554
Virginia border state/DC	93	73.12%	1.367647	1.22997	2.6589
Other US State	37	67.57%	1.48	1.33101	2.87734

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	42	40.48%	2.470588	2.42798	2.87734
30 to 34	69	71.01%	1.408163	1.20884	1.64
35 to 39	54	75.93%	1.317073	1.13065	2.7638
40 to 44	79	84.81%	1.179104	0.92786	1.39178
45 to 49	64	87.50%	1.142857	0.98109	1.33101
50 to 54	54	85.19%	1.173913	1.00775	2.46339
55 to 59	71	85.92%	1.163934	0.99918	1.35556
60 and Over	102	82.35%	1.214286	0.95554	1.43331

Source: Va. Healthcare Workforce Data Center

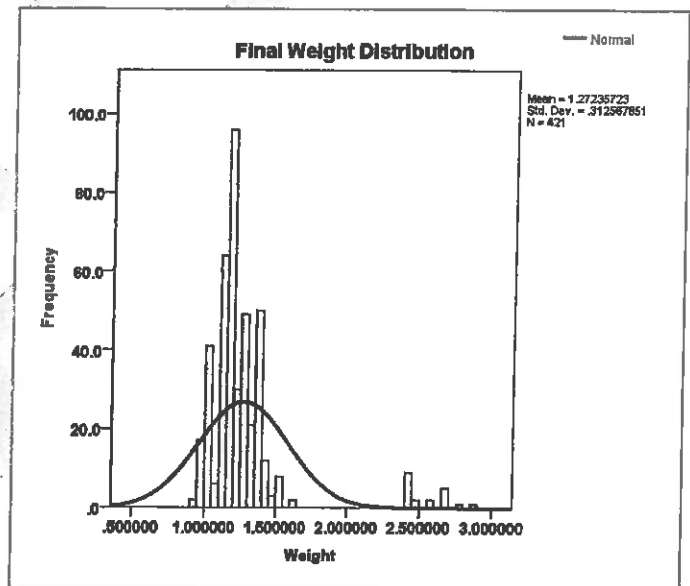
See the Methods section on the HWDC website for details on HWDC Methods:

www.dhs.virginia.gov/hwdc/

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

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

Overall Response Rate: 0.786916



Source: Va. Healthcare Workforce Data Center

Virginia's Speech-Language Pathology Workforce: 2017

Healthcare Workforce Data Center

March 2018

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

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

3,538 Speech-Language Pathologists voluntarily participated in this survey. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Audiology & Speech-Language Pathology express our sincerest appreciation for your ongoing cooperation.

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Dr. Elizabeth Carter, PhD
Executive Director

Yetty Shobo, PhD
Deputy Director

Laura Jackson
Operations Manager

Christopher Coyle
Research Assistant

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Roanoke

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Henrico

Kyttra L. Burge
Manassas

Executive Director

Leslie L. Knachel

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The Speech-Language Pathology Workforce: At a Glance:

The Workforce

Licensees:	4,398
Virginia's Workforce:	3,807
FTEs:	2,821

Background

Rural Childhood:	28%
HS Degree in VA:	44%
Prof. Degree in VA:	46%

Current Employment

Employed in Prof.:	93%
Hold 1 Full-time Job:	58%
Satisfied?:	96%

Survey Response Rate

All Licensees:	80%
Renewing Practitioners:	89%

Education

Masters:	98%
Doctorate:	2%

Job Turnover

Switched Jobs in 2017:	7%
Employed over 2 yrs:	64%

Demographics

Female:	97%
Diversity Index:	24%
Median Age:	40

Finances

Median Inc.:	\$60k-\$70k
Health Benefits:	58%
Under 40 w/ Ed debt:	59%

Time Allocation

Client Care:	70%-79%
Administration:	10%-19%
Client Care Role:	76%

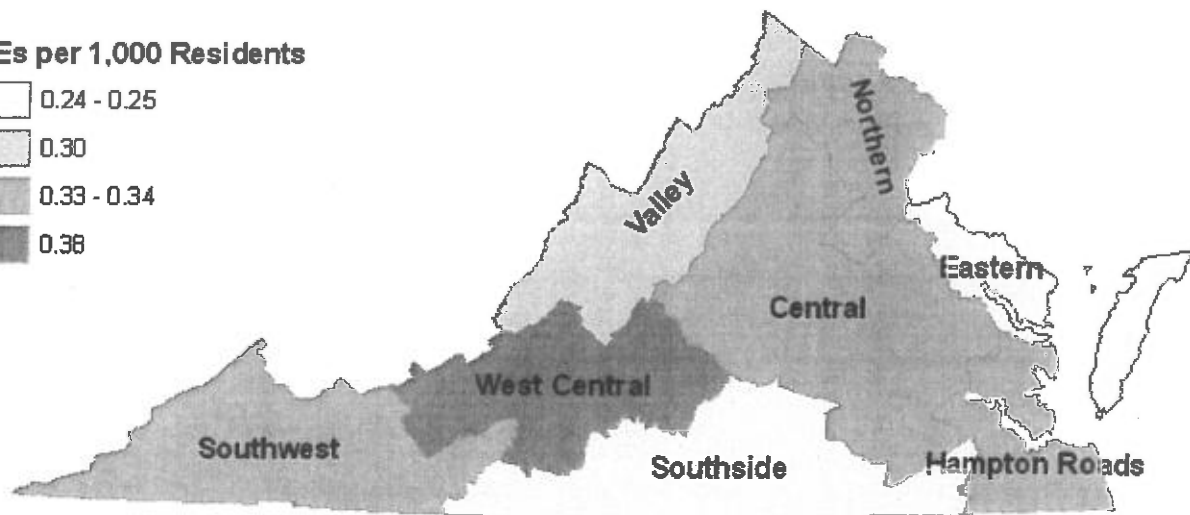
Source: Va Healthcare Workforce Data Center

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

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents

	0.24 - 0.25
	0.30
	0.33 - 0.34
	0.36



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



3,538 speech-language pathologists (SLPs) voluntarily took part in the 2017 Speech-Language Pathologist Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every December for SLPs. These survey respondents represent 80% of the 4,398 SLPs who are licensed in the state and 89% of renewing practitioners.

The HWDC estimates that 3,807 SLPs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as a SLP at some point in the future. In 2017, Virginia's SLP workforce provided 2,821 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off).

97% of all SLPs are female, including 98% of those SLPs who are under the age of 40. Overall, the median age for Virginia's SLPs is 40 years. In a random encounter between two SLPs, there is a 24% chance that they would be of different races or ethnicities, a measure known as the diversity index. This percentage actually increases slightly to 25% for those SLPs who are under the age of 40. However, Virginia's SLP workforce is still considerably less diverse than the statewide population, which currently has a diversity index of 56%.

28% of SLPs grew up in a rural area, and 21% of these professionals currently work in non-metro areas of the state. Overall, 9% of Virginia's SLPs currently work in a non-metro area of the state. 44% of Virginia's SLPs graduated from high school in Virginia, while 46% earned their initial professional degree in the state. In total, 55% of SLPs have some form of educational background in the state.

98% of all SLPs have a Master's degree as their highest professional degree. In addition, 28% of all SLPs in the state have a specialization in swallowing and swallowing disorders, while another 27% specialize in child language. 40% of SLPs currently carry education debt, including 59% of those under the age of 40. The median debt burden for those SLPs with educational debt is between \$40,000 and \$50,000.

93% of all SLPs are currently employed in the profession. 58% of all SLPs hold one full-time position, while 20% hold two or more positions simultaneously. Over the past year, 1% of SLPs have been involuntarily unemployed, while another 3% of Virginia's SLP workforce has been underemployed. In addition, 7% of Virginia's SLP workforce has switched jobs. On the other hand, 64% have stayed at their primary work location for at least two years.

The typical SLP earned between \$60,000 and \$70,000 in 2017. 56% of all SLPs receive this income in the form of a salary at their primary work location, while another 33% earn an hourly wage. Among those SLPs who earn either a salary or an hourly wage at their primary work location, 80% receive at least one employer-sponsored benefit, including 62% who receive health insurance and 65% who have access to a retirement plan. 96% of all SLPs are satisfied with their current employment situation, including 60% who indicate they are "very satisfied".

35% of Virginia's SLPs work in Northern Virginia, while another 20% work in Central Virginia. 39% of Virginia's SLP workforce is employed in either a state or local government. The same percentage is also employed in the for-profit sector. Meanwhile, schools that provide care to clients are by far the most common establishment type among Virginia's SLP workforce. In 2017, 40% of all SLPs were employed there.

A typical SLP spends approximately three-quarters of her time taking care of patients. In addition, the typical SLP spends between 10% and 20% of her time on administrative tasks. 76% of SLPs serve a patient care role, meaning that at least 60% of their time is spent in patient care activities. Another 6% of SLPs serve an administrative role. The typical SLP will treat between 30 and 39 patients per week at her primary work location, and 48% have group sessions.

48% of all SLPs expect to retire by the age of 65. 5% of the current workforce expects to retire in the next two years, while half of the current workforce expects to retire by 2047. Over the next two years, 12% of SLPs plan on pursuing additional education opportunities, and 10% plan on increasing patient care activities.

Over the past five years, the number of licensed SLPs in the state has increased considerably. In 2012, there were 3,412 licensed SLPs in Virginia. Five years later, the number of licensed SLPs increased to 4,398. At the same time, Virginia's SLPs were more likely to participate in Virginia's SLP workforce survey. 73% of all licensees took part in the 2012 survey, but this percentage increased to 80% for the 2017 survey.

There has also been considerable growth in the size of Virginia's SLP workforce. Since 2012, the size of Virginia's SLP workforce has increased from 3,015 to 3,807. In addition, these SLPs have been providing more FTEs throughout the state. In 2012, Virginia's SLP workforce furnished a total of 2,280 FTEs. However, the 2017 SLP workforce supplied 2,821 FTEs.

Although the size of Virginia's SLP workforce has grown over the past five years, the background of these SLPs has not changed much. The percentage of SLPs who grew up in an urban area fell from 11% in 2012 to 9% in 2017, but there was no change over the same time period in the percentage of SLPs who grew in a rural area, which has remained at 28%. In addition, these SLPs who grew up in a rural area were no more likely to work in a non-metro area of the state. 21% of all SLPs who grew up in a rural area worked in a non-metro area of Virginia in 2012, and this percentage remained the same in 2017.

Virginia's SLP workforce has seen its median annual income increase over the past five years. In 2012, the typical SLP earned between \$50,000 and \$60,000 per year. But in 2017, the median annual income of Virginia's SLP workforce increased to between \$60,000 and \$70,000. On the other hand, these SLPs were less likely to receive additional employer-sponsored benefits. Although 81% of all SLPs received at least one employer-sponsored benefit in 2012, only 75% received at least one such benefit in 2017. In addition, the percentage of SLPs who carry educational debt has increased from 38% to 40%, and the median debt burden among these SLPs has increased. In 2012, the typical SLP with education debt held between \$30,000 and \$40,000 of such debt. In 2017, this debt burden increased to between \$40,000 and \$50,000.

Meanwhile, the labor market for Virginia's SLPs has improved since 2012. Five years ago, 2% of Virginia's SLP workforce was involuntarily unemployed, and 4% were underemployed. However, in 2017, just 1% of Virginia's SLPs were involuntarily unemployed, while 3% were underemployed. At the same time, the percentage of SLPs who have worked at their primary work location for over two years has increased from 62% in 2012 to 64% in 2017. In addition, the percentage of SLPs who are holding one full-time job has increased from 55% to 58%. Finally, Virginia's SLPs were considerably more likely to receive their income as a salary as opposed to an hourly wage. 49% of all SLPs received a salary in 2012, but this percentage increased to 56% in 2017. On the other hand, the percentage of SLPs who received their income as an hourly wage has decreased from 41% to 33%.

There have also been some signs of concentration with respect to the work location distribution of Virginia's SLP workforce. 31% of all SLPs worked in Northern Virginia in 2012, thereby making it the largest region in terms of SLP employment. In 2017, this percentage increased to 35%. In addition, the top three regions of the state in terms of SLP employment, Northern Virginia, Central Virginia, and Hampton Roads, increased their SLP employment share from 72% in 2012 to 74% in 2017.

There were also significant changes in the work sectors and establishment types of Virginia's SLP workforce. 43% of all SLPs worked in the for-profit sector in 2012, but only 39% did so in 2017. Instead, Virginia's SLPs were more likely to work in state/local governments and the non-profit sector. The percentage of SLPs who worked in state and local governments has increased from 36% in 2012 to 39% in 2017, while those who worked in the non-profit sector has increased from 19% to 21%. Meanwhile, schools who provide care to clients have remained the most common establishment type among Virginia's SLPs, and the percentage who are employed there has increased from 34% in 2012 to 40% in 2017. At the same time, the percentage of SLPs who are employed at skilled nursing facilities, the second most common establishment type among Virginia's SLPs, has decreased from 15% to 10%.

Survey Response Rates

A Closer Look:

Licensee Counts		
License Status	#	%
Renewing Practitioners	3,777	86%
New Licensees	313	7%
Non-Renewals	308	7%
All Licensees	4,398	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 80% of renewing SLPs submitted a survey. These represent 89% of SLPs who held a license at some point in 2017.

At a Glance:

Licensed SLPs

Number:	4,398
New:	7%
Not Renewed:	7%

Survey Response Rates

All Licensees:	80%
Renewing Practitioners:	89%

Source: Va. Healthcare Workforce Data Center

Response Rates

Completed Surveys	3,538
Response Rate, all licensees	80%
Response Rate, Renewals	89%

Source: Va. Healthcare Workforce Data Center

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
By Age			
Under 30	348	423	55%
30 to 34	116	588	84%
35 to 39	86	529	86%
40 to 44	71	506	88%
45 to 49	44	451	91%
50 to 54	42	311	88%
55 to 59	45	281	86%
60 and Over	108	449	81%
Total	860	3,538	80%
New Licenses			
Issued in 2017	242	71	23%
Metro Status			
Non-Metro	43	263	86%
Metro	585	2,804	83%
Not in Virginia	232	471	67%

Source: Va. Healthcare Workforce Data Center

Definitions

- The Survey Period:** The survey was conducted in December 2017.
- Target Population:** All SLPs who held a Virginia license at some point in 2017.
- Survey Population:** The survey was available to those who renewed their licenses online. It was not available to those who did not renew, including some SLPs newly licensed in 2017.

At a Glance:

Workforce

2017 SLP Workforce: 3,807
 FTEs: 2,821

Utilization Ratios

Licenses in VA Workforce: 87%
 Licenses per FTE: 1.56
 Workers per FTE: 1.35

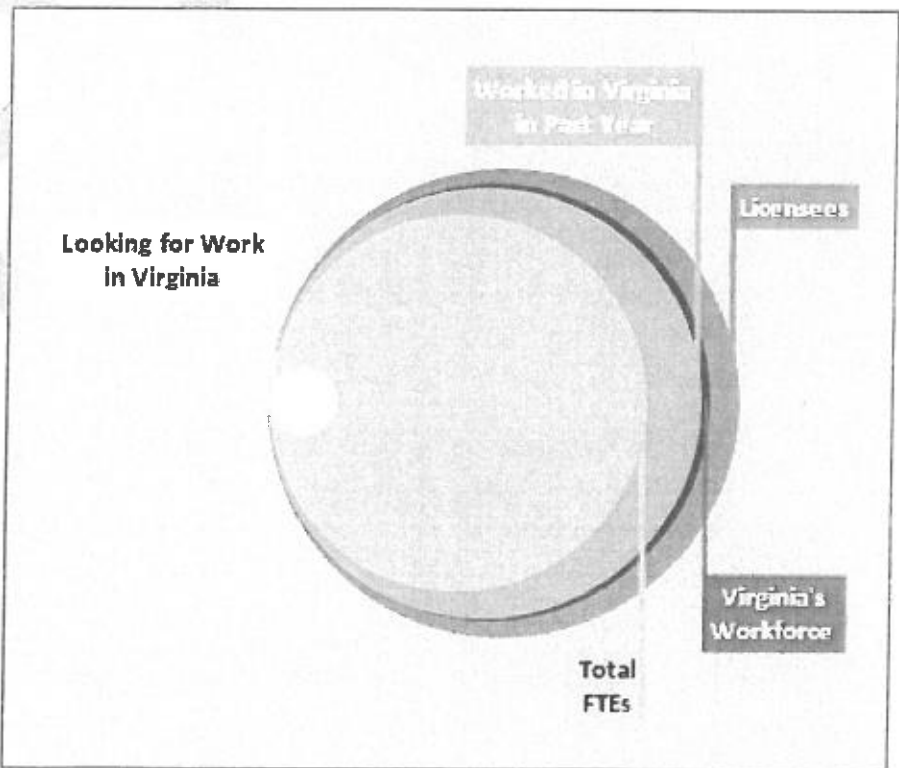
Source: Va. Healthcare Workforce Data Center

Definitions

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

Virginia's SLP Workforce		
Status	#	%
Worked in Virginia in Past Year	3,715	98%
Looking for Work in Virginia	92	2%
Virginia's Workforce	3,807	100%
Total FTEs	2,821	
Licenses	4,398	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

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

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	16	2%	645	98%	661	19%
30 to 34	12	2%	557	98%	569	17%
35 to 39	11	2%	480	98%	491	14%
40 to 44	15	3%	416	97%	430	13%
45 to 49	4	1%	375	99%	379	11%
50 to 54	9	3%	257	97%	266	8%
55 to 59	9	4%	231	96%	239	7%
60 +	22	6%	363	94%	385	11%
Total	97	3%	3,323	97%	3,420	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 97%
% Under 40 Female: 98%

Age

Median Age: 40
% Under 40: 50%
% 55+: 18%

Diversity

Diversity Index: 24%
Under 40 Div. Index: 25%

Source: Va. Healthcare Workforce Data Center

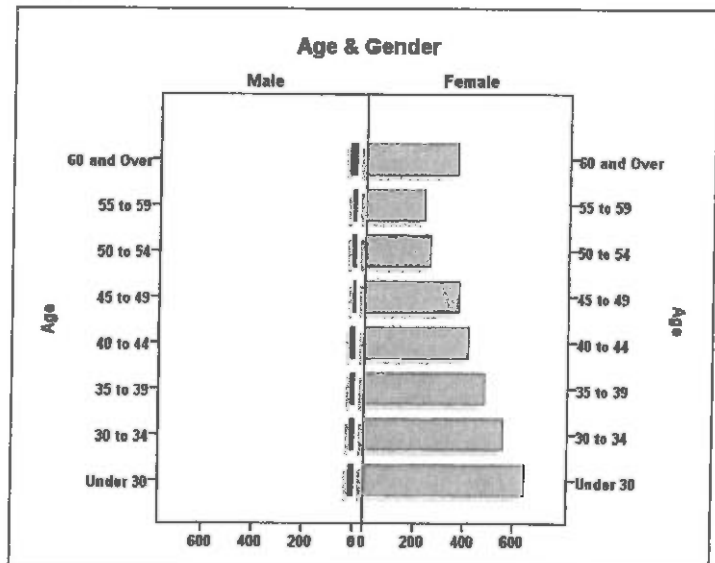
Race & Ethnicity					
Race/ Ethnicity	Virginia*	SLPs		SLPs Under 40	
	%	#	%	#	%
White	63%	2,965	87%	1,480	86%
Black	19%	220	6%	106	6%
Asian	6%	67	2%	42	2%
Other Race	0%	18	1%	11	1%
Two or more races	3%	46	1%	21	1%
Hispanic	9%	105	3%	52	3%
Total	100%	3,421	100%	1,712	100%

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

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two SLPs, there is a 24% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index). For Virginia's population as a whole, the diversity index is at 56%.

50% of SLPs are under the age of 40, and 98% of these professionals are female. In addition, the diversity index among SLPs who are under the age of 40 is 25%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 9%
 Rural Childhood: 28%

Virginia Background

HS in Virginia: 44%
 Prof. Education in VA: 46%
 HS/Prof. Educ. in VA: 55%

Location Choice

% Rural to Non-Metro: 21%
 % Urban/Suburban to Non-Metro: 5%

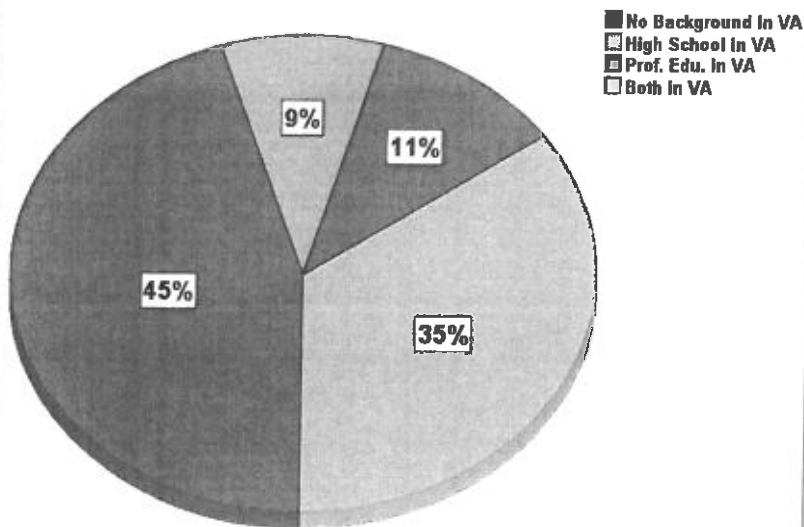
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 million+	21%	70%	10%
2	Metro, 250,000 to 1 million	44%	48%	8%
3	Metro, 250,000 or less	34%	59%	7%
Non-Metro Counties				
4	Urban pop 20,000+, Metro adj	54%	42%	4%
6	Urban pop, 2,500-19,999, Metro adj	60%	33%	7%
7	Urban pop, 2,500-19,999, nonadj	79%	15%	7%
8	Rural, Metro adj	61%	38%	2%
9	Rural, nonadj	64%	29%	7%
Overall		28%	63%	9%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

28% of SLPs grew up in self-described rural areas, and 21% of these professionals currently work in non-metro counties. Overall, 9% of Virginia's SLP workforce currently works in non-metro counties.

Top Ten States for SLP Recruitment

Rank	All Professionals			
	High School	#	Professional School	#
1	Virginia	1,497	Virginia	1,550
2	New York	239	Washington, D.C.	197
3	Pennsylvania	237	New York	179
4	Maryland	145	Pennsylvania	166
5	New Jersey	127	North Carolina	153
6	North Carolina	109	Tennessee	138
7	Florida	95	Maryland	109
8	West Virginia	90	Florida	104
9	Ohio	81	Ohio	79
10	Outside U.S./Canada	65	West Virginia	58

44% of Virginia's SLPs received their high school degree in Virginia, and 46% received their initial professional degree in the state.

Source: Va. Healthcare Workforce Data Center

Among SLPs who have been licensed in the past five years, 36% received their high school degree in Virginia, and 40% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Professional School	#
1	Virginia	427	Virginia	475
2	Pennsylvania	114	New York	75
3	New York	75	Pennsylvania	73
4	Maryland	60	North Carolina	67
5	New Jersey	53	Washington, D.C.	64
6	North Carolina	52	Maryland	57
7	Florida	36	Tennessee	43
8	Ohio	30	Florida	41
9	West Virginia	24	Ohio	24
10	Illinois	23	Massachusetts	22

Source: Va. Healthcare Workforce Data Center

14% of licensed SLPs did not participate in Virginia's workforce in 2017. 85% of these professionals worked at some point in the past year, including 77% who currently work as SLPs.

At a Glance:

Not in VA Workforce

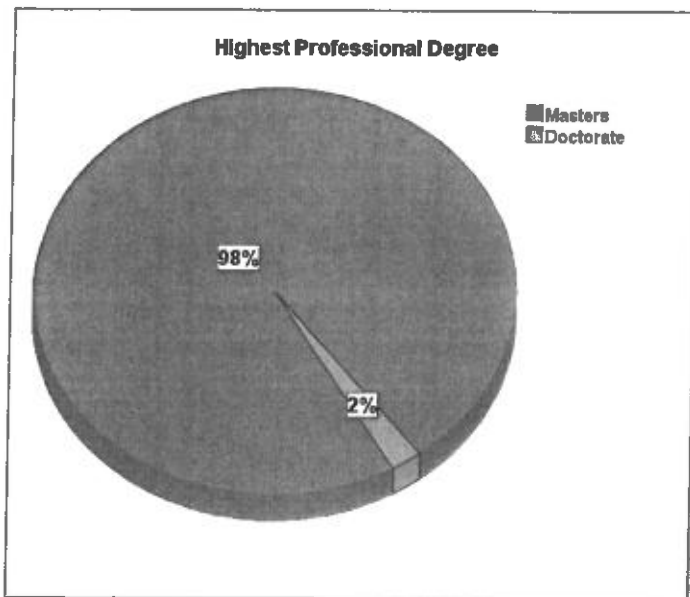
Total:	594
% of Licensees:	14%
Federal/Military:	6%
Va Border State/DC:	26%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Masters Degree	3,306	98%
Doctorate - SLP	56	2%
Other Doctorate	16	< 1%
Total	3,378	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

40% of SLPs currently have educational debt, including 59% of those under the age of 40. For those with educational debt, the median debt amount is between \$40,000 and \$50,000.

At a Glance:

Education

Masters: 98%

Doctorate: 2%

Educational Debt

Carry debt: 40%

Under age 40 w/ debt: 59%

Median debt: \$40k-\$50k

Source: Va. Healthcare Workforce Data Center

98% of all SLPs hold a Masters degree as their highest professional degree.

Amount Carried	All SLPs		SLPs Under 40	
	#	%	#	%
None	1,813	60%	624	41%
Less than \$10,000	141	5%	92	6%
\$10,000-\$19,999	150	5%	105	7%
\$20,000-\$29,999	152	5%	106	7%
\$30,000-\$39,999	143	5%	109	7%
\$40,000-\$49,999	115	4%	84	5%
\$50,000-\$59,999	94	3%	71	5%
\$60,000-\$69,999	85	3%	69	5%
\$70,000-\$79,999	81	3%	64	4%
\$80,000-\$89,999	58	2%	47	3%
\$90,000-\$99,999	56	2%	47	3%
\$100,000 or More	147	5%	117	8%
Total	3,035	100%	1,533	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Top Specialties

Swallowing:	28%
Child Language:	27%
School/Pediatrics:	25%

Top Credentials

CCC-SLP:	81%
VitalStim Certified:	13%
DOE Endorsement:	1%

Source: Va. Healthcare Workforce Data Center

81% of all SLPs hold a CCC-SLP credential, while 13% are VitalStim certified.

A Closer Look:

Credentials		
Credential	#	% of Workforce
CCC-SLP: Speech-Language Pathology	3,091	81%
VitalStim Certified	494	13%
DOE Endorsement	54	1%
CBIS - Certified Brain Injury Specialist	27	1%
CF-SLP: Fellowship	19	< 1%
CCC-A: Audiology	8	< 1%
BRS-S: Swallowing	5	< 1%
BRS-FD: Fluency Disorders	3	< 1%
BRS-CL: Child Language	2	< 1%
Other	152	4%
At Least One Credential	3,163	83%

Source: Va. Healthcare Workforce Data Center

Self-Designated Specialties

Specialty	#	% of Workforce
Swallowing & Swallowing Disorders	1,052	28%
Child Language	1,030	27%
School/Pediatrics	945	25%
Autism	869	23%
Child/Infant	601	16%
Geriatrics	524	14%
Medical	453	12%
Brain Injury	376	10%
Voice	279	7%
Fluency Disorders	257	7%
Deaf and Hard of Hearing	162	4%
Other	295	8%
At Least One Specialty	2,473	65%

Source: Va. Healthcare Workforce Data Center

28% of all SLPs have a self-designated specialty in Swallowing & Swallowing Disorders. Meanwhile, 27% have a specialty in Child Language, and 25% have a specialty in School/Pediatrics.

At a Glance:

Employment

Employed in Profession: 93%
 Involuntarily Unemployed: < 1%

Positions Held

1 Full-time: 58%
 2 or More Positions: 20%

Weekly Hours:

40 to 49: 43%
 60 or more: 2%
 Less than 30: 19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	5	< 1%
Employed in a SLP-related capacity	3,181	93%
Employed, NOT in a SLP-related capacity	68	2%
Not working, reason unknown	0	0%
Involuntarily unemployed	3	< 1%
Voluntarily unemployed	105	3%
Retired	45	1%
Total	3,406	100%

Source: Va. Healthcare Workforce Data Center

*93% of licensed SLPs are currently employed in the profession.
 58% of SLPs have one full-time job, and 43% of SLPs work
 between 40 and 49 hours per week.*

Current Positions		
Positions	#	%
No Positions	153	5%
One Part-Time Position	595	18%
Two Part-Time Positions	170	5%
One Full-Time Position	1,944	58%
One Full-Time Position & One Part-Time Position	434	13%
Two Full-Time Positions	2	< 1%
More than Two Positions	74	2%
Total	3,372	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	153	5%
1 to 9 hours	130	4%
10 to 19 hours	210	6%
20 to 29 hours	296	9%
30 to 39 hours	821	25%
40 to 49 hours	1,441	43%
50 to 59 hours	215	6%
60 to 69 hours	51	2%
70 to 79 hours	12	< 1%
80 or more hours	5	< 1%
Total	3,334	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	24	1%
Less than \$20,000	146	5%
\$20,000-\$29,999	118	4%
\$30,000-\$39,999	164	6%
\$40,000-\$49,999	325	12%
\$50,000-\$59,999	518	19%
\$60,000-\$69,999	536	19%
\$70,000-\$79,999	357	13%
\$80,000-\$89,999	282	10%
\$90,000-\$99,999	165	6%
\$100,000-\$109,999	82	3%
\$110,000-\$119,999	40	1%
\$120,000 or More	28	1%
Total	2,786	100%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	1,945	60%
Somewhat Satisfied	1,171	36%
Somewhat Dissatisfied	111	3%
Very Dissatisfied	32	1%
Total	3,258	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Hourly Earnings

Median Income: \$60k-\$70k

Benefits

Employer Health Ins.: 58%

Employer Retirement: 60%

Satisfaction

Satisfied: 96%

Very Satisfied: 60%

Source: Va. Healthcare Workforce Data Center

The typical SLP earned between \$60,000 and \$70,000 in 2017. In addition, 80% of wage and salaried SLPs also received at least one employer-sponsored benefit, including 62% who had access to a health insurance plan.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Retirement	1,909	60%	65%
Paid Sick Leave	1,866	59%	64%
Health Insurance	1,832	58%	62%
Dental Insurance	1,727	54%	59%
Paid Vacation	1,716	54%	59%
Group Life Insurance	1,166	37%	40%
Signing/Retention Bonus	159	5%	5%
Receive At Least One Benefit	2,381	75%	80%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Underemployment in Past Year		
In the past year did you ...?	#	%
Experience Involuntary Unemployment?	33	1%
Experience Voluntary Unemployment?	227	6%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	100	3%
Work two or more positions at the same time?	795	21%
Switch employers or practices?	282	7%
Experienced at least one	1,182	31%

Source: Va. Healthcare Workforce Data Center

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

Tenure	Location Tenure			
	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	85	3%	64	7%
Less than 6 Months	310	10%	140	16%
6 Months to 1 Year	172	5%	109	12%
1 to 2 Years	598	19%	214	24%
3 to 5 Years	754	23%	183	20%
6 to 10 Years	528	16%	101	11%
More than 10 Years	763	24%	84	9%
Subtotal	3,210	100%	895	100%
Did not have location	111		2,886	
Item Missing	485		26	
Total	3,807		3,807	

Source: Va. Healthcare Workforce Data Center

56% of SLPs receive a salary or commission at their primary work location, while 33% receive an hourly wage.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 3%

Stability

Switched: 7%
New Location: 23%
Over 2 years: 64%
Over 2 yrs, 2nd location: 41%

Employment Type

Salary/Commission: 56%
Hourly Wage: 33%

Source: Va. Healthcare Workforce Data Center

64% of SLPs have worked at their primary location for more than 2 years—the job tenure normally required to get a conventional mortgage loan.

Employment Type		
Primary Work Site	#	%
Salary/Commission	1,447	56%
Hourly Wage	855	33%
By Contract/Per Diem	235	9%
Business/Practice Income	59	2%
Unpaid	4	< 1%
Subtotal	2,600	100%

Source: Va. Healthcare Workforce Data Center

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

At a Glance:

Concentration

Top Region:	35%
Top 3 Regions:	74%
Lowest Region:	1%

Locations

2 or more (2017):	28%
2 or more (Now*):	25%

Source: Va. Healthcare Workforce Data Center

74% of all SLPs work in Northern Virginia, Central Virginia, and Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations				
COVF Region ²	Primary Location		Secondary Location	
	#	%	#	%
Central	643	20%	168	19%
Eastern	47	1%	11	1%
Hampton Roads	621	19%	161	18%
Northern	1,117	35%	286	32%
Southside	103	3%	35	4%
Southwest	141	4%	44	5%
Valley	181	6%	33	4%
West Central	298	9%	85	9%
Virginia Border State/DC	38	1%	26	3%
Other US State	27	1%	51	6%
Outside of the US	0	0%	1	< 1%
Total	3,216	100%	901	100%
Item Missing	480		20	

Source: Va. Healthcare Workforce Data Center

Council On Virginia's Future Regions



Locations	Number of Work Locations			
	Work Locations in 2017		Work Locations Now*	
	#	%	#	%
0	92	3%	153	5%
1	2,286	69%	2,311	70%
2	497	15%	476	14%
3	285	9%	283	9%
4	58	2%	40	1%
5	23	1%	7	< 1%
6 or More	53	2%	24	1%
Total	3,294	100%	3,294	100%

25% of SLPs currently have multiple work locations, while 28% of SLPs had at least two work locations in the past year.

*At the time of survey completion, December 2017.

Source: Va. Healthcare Workforce Data Center

² These are now referred to as VA Perform's regions: <http://vaperforms.virginia.gov/Regions/regionalScorecards.php>.

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	1,189	39%	546	63%
Non-Profit	643	21%	163	19%
State/Local Government	1,192	39%	155	18%
Veterans Administration	15	< 1%	0	0%
U.S. Military	10	< 1%	0	0%
Other Federal Gov't	12	< 1%	3	< 1%
Total	3,061	100%	867	100%
Did not have location	111		2,886	
Item Missing	635		54	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

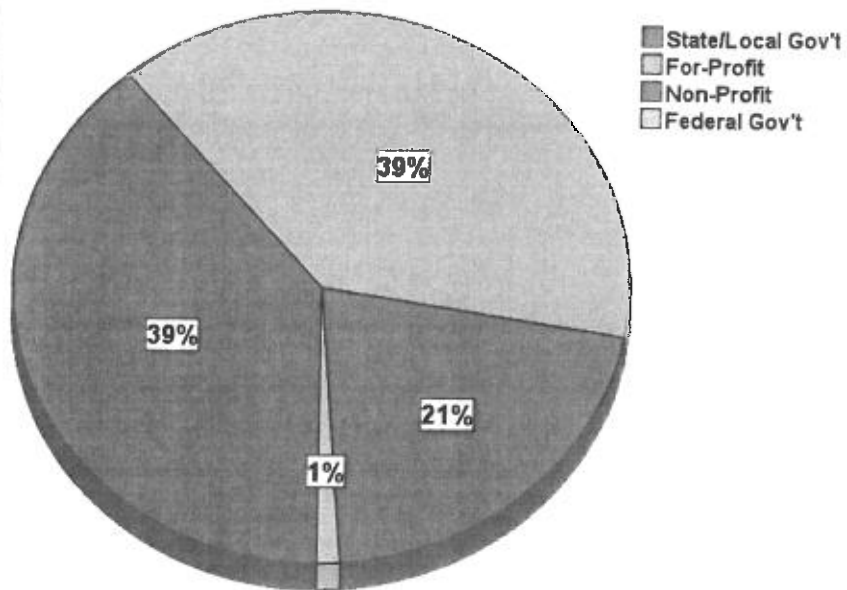
For Profit: 39%
Federal: 1%

Top Establishments

School (Providing Care To Clients): 40%
Skilled Nursing Facility: 10%
Private Practice (Group): 8%

Source: Va. Healthcare Workforce Data Center

Sector, Primary Work Site



Source: Va. Healthcare Workforce Data Center

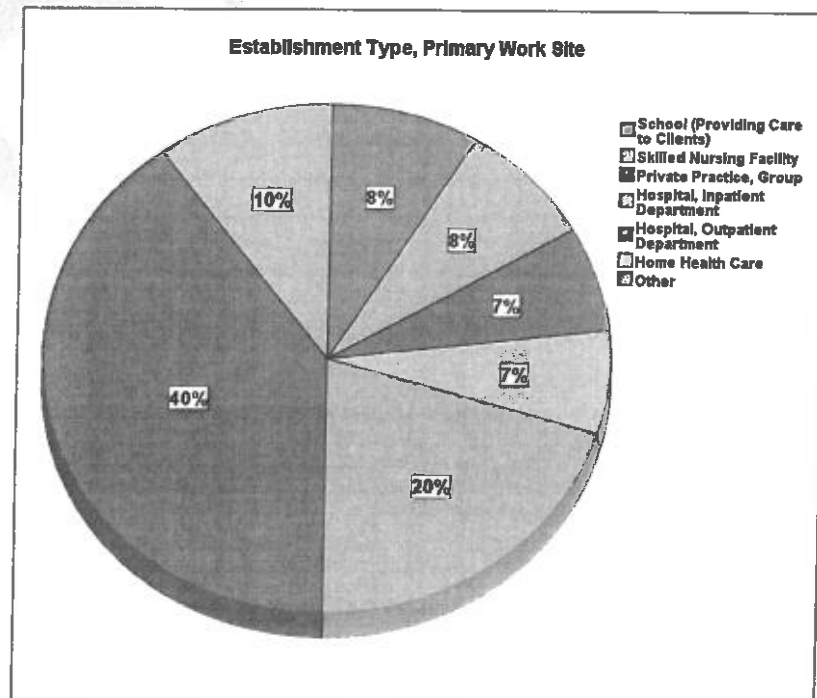
39% of all SLPs work for a state or local government. The same percentage also works in the for-profit sector.

Top 10 Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
School (Providing Care to Clients)	1,182	40%	104	12%
Skilled Nursing Facility	297	10%	131	16%
Private Practice, Group	248	8%	85	10%
Hospital, Inpatient Department	235	8%	113	13%
Hospital, Outpatient Department	198	7%	28	3%
Home Health Care	193	7%	118	14%
Private Practice, Solo	129	4%	66	8%
Rehabilitation Facility	129	4%	66	8%
Academic Institution (Teaching Health Professions Students or Research)	94	3%	30	4%
Community-Based Clinic or Health Center	59	2%	9	1%
Residential Facility/Group Home	23	1%	23	3%
Administrative/Business Organization	15	1%	11	1%
Child Day Care	12	< 1%	3	< 1%
Outpatient Surgical Center	2	< 1%	0	0%
Physician Office	1	< 1%	0	0%
Other	138	5%	52	6%
Total	2,955	100%	839	100%
Did Not Have a Location	111		2,886	

Schools that provide care to clients are the most common establishment type among SLPs with a primary work location, employing 40% of Virginia's SLP workforce.

Source: Va. Healthcare Workforce Data Center

Among SLPs who also have a secondary work location, skilled nursing facilities are the most common establishment type, employing 16% of the state's SLP workforce.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

Client Care: 70%-79%
Administration: 10% 19%

Roles

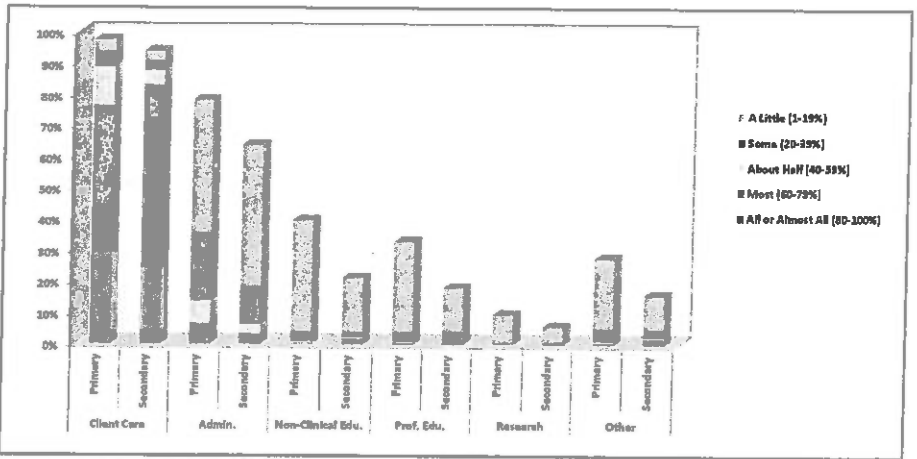
Client Care: 76%
Administration: 6%

Patient Care SLPs

Median Admin. Time: 1%-9%
Ave. Admin. Time: 10% 19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

The typical SLP spends around three-quarters of her time treating patients. In fact, 76% of SLPs fill a client care role, defined as spending 60% or more of their time in that activity.

Time Allocation

Time Spent	Client Care		Admin.		Non-Clinical Education		Professional Education		Research		Other	
	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site	Prim Site	Sec. Site
All or Almost All (80-100%)	44%	68%	4%	2%	0%	2%	0%	1%	0%	0%	0%	1%
Most (60-79%)	33%	15%	3%	1%	0%	0%	0%	1%	0%	0%	0%	0%
About Half (40-59%)	13%	5%	7%	3%	1%	1%	0%	0%	0%	0%	1%	1%
Some (20-39%)	5%	3%	22%	12%	3%	2%	3%	2%	0%	1%	4%	2%
A Little (1-19%)	4%	3%	43%	45%	36%	17%	29%	14%	9%	5%	22%	11%
None (0%)	2%	6%	22%	36%	60%	79%	67%	82%	91%	94%	73%	84%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

Weekly Session Totals
(Median)
Primary Location: 30-39
Secondary Location: 1-9
Total: 30-39

% with Group Sessions
Primary Location: 48%
Secondary Location: 19%

Source: Va. Healthcare Workforce Data Center

Client Sessions / Week	Primary Work Location		Secondary Work Location		Total ³	
	#	%	#	%	#	%
None	142	5%	81	9%	118	4%
1-9	469	15%	510	58%	339	11%
10-19	437	14%	85	10%	415	13%
20-29	391	13%	76	9%	405	13%
30-39	293	9%	33	4%	335	11%
40-49	169	5%	20	2%	190	6%
50-59	259	8%	28	3%	265	9%
60-69	129	4%	10	1%	134	4%
70-79	42	1%	1	< 1%	69	2%
80-89	238	8%	12	1%	227	7%
90-99	80	3%	5	1%	82	3%
100 or More	454	15%	22	2%	525	17%
Total	3,103	100%	883	100%	3,104	100%

Source: Va. Healthcare Workforce Data Center

A typical SLP has approximately 30 to 39 client sessions per week across both their primary and secondary work locations

# of Weekly Sessions	Primary Work Location				Secondary Work Location			
	Individual Sessions		Group Sessions		Individual Sessions		Group Sessions	
	#	%	#	%	#	%	#	%
None	161	5%	1,592	52%	86	10%	708	81%
1-9	1,255	41%	428	14%	607	69%	112	13%
10-19	734	24%	375	12%	114	13%	29	3%
20-29	435	14%	362	12%	29	3%	9	1%
30-39	285	9%	189	6%	20	2%	8	1%
40-49	104	3%	57	2%	3	< 1%	6	1%
50-59	69	2%	43	1%	5	1%	0	0%
60-69	24	1%	8	< 1%	4	< 1%	0	0%
70-79	2	< 1%	3	< 1%	1	< 1%	1	< 1%
80 or more	22	1%	4	< 1%	9	1%	0	0%
Total	3,091	100%	3,061	100%	878	100%	873	100%

Source: Va. Healthcare Workforce Data Center

³ This column estimates the total number of client sessions across both primary and secondary work locations.

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All		Over 50	
	#	%	#	%
Under age 50	46	2%	-	-
50 to 54	113	4%	4	1%
55 to 59	369	13%	55	8%
60 to 64	823	29%	196	27%
65 to 69	1,022	36%	308	42%
70 to 74	276	10%	99	14%
75 to 79	48	2%	22	3%
80 or over	27	1%	8	1%
I do not intend to retire	102	4%	40	5%
Total	2,827	100%	732	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All SLPs

Under 65: 48%

Under 60: 19%

SLPs 50 and over

Under 65: 35%

Under 60: 8%

Time until Retirement

Within 2 years: 5%

Within 10 years: 15%

Half the workforce: By 2047

Source: Va. Healthcare Workforce Data Center

48% of SLPs expect to retire before the age of 65, including 19% who plan on retiring no later than the age of 60. Among SLPs who are age 50 and over, 35% plan on retiring by age 65.

Within the next two years, 12% of SLPs plan on pursuing additional education, and 10% also plan to increase their client care hours.

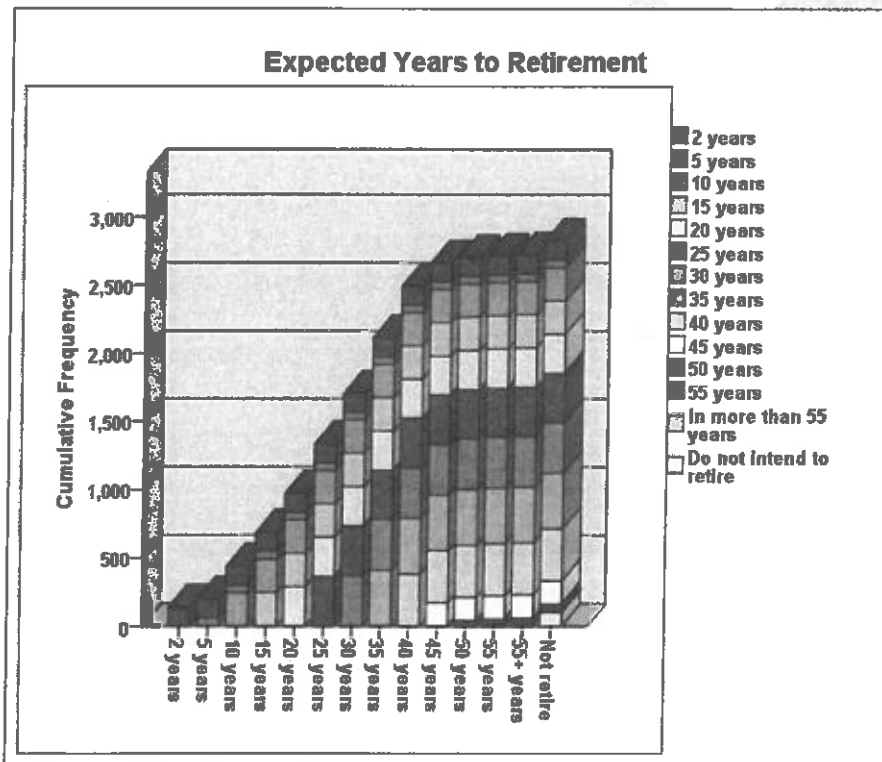
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	69	2%
Leave Virginia	171	4%
Decrease Client Care Hours	222	6%
Decrease Teaching Hours	32	1%
Increase Participation		
Increase Client Care Hours	371	10%
Increase Teaching Hours	112	3%
Pursue Additional Education	451	12%
Return to Virginia's Workforce	35	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for SLPs. Only 5% of SLPs plan on retiring in the next two years, while 15% plan on retiring in the next ten years. Half of the current SLP workforce expect to be retired by 2047.

Time to Retirement			
Expect to retire within . . .	#	%	Cumulative %
2 years	137	5%	5%
5 years	58	2%	7%
10 years	243	9%	15%
15 years	246	9%	24%
20 years	287	10%	34%
25 years	362	13%	47%
30 years	372	13%	60%
35 years	409	14%	75%
40 years	381	13%	88%
45 years	171	6%	94%
50 years	40	1%	96%
55 years	12	< 1%	96%
In more than 55 years	8	< 1%	96%
Do not intend to retire	102	4%	100%
Total	2,827	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach 10% of the current workforce starting in 2037. Retirements will peak at 14% of the current workforce around 2052 before declining to under 10% of the current workforce again around 2062.

At a Glance:

FTEs

Total: 2,821
 FTEs/1,000 Residents: 0.336
 Average: 0.76

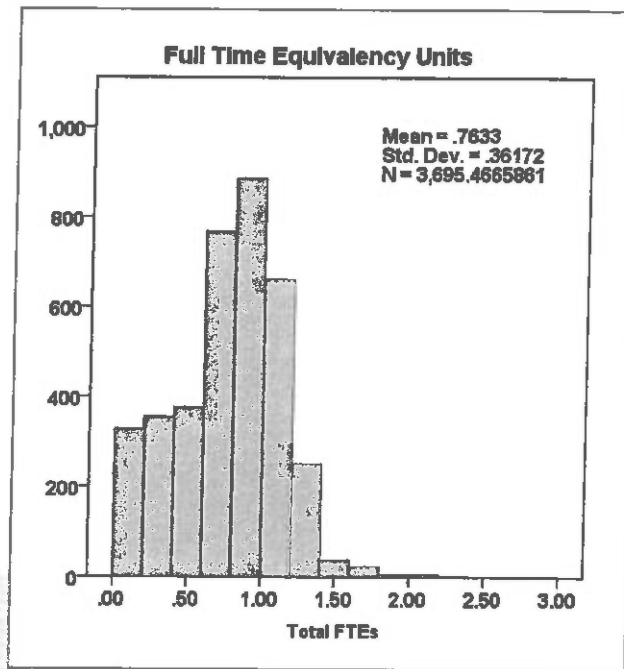
Age & Gender Effect

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

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

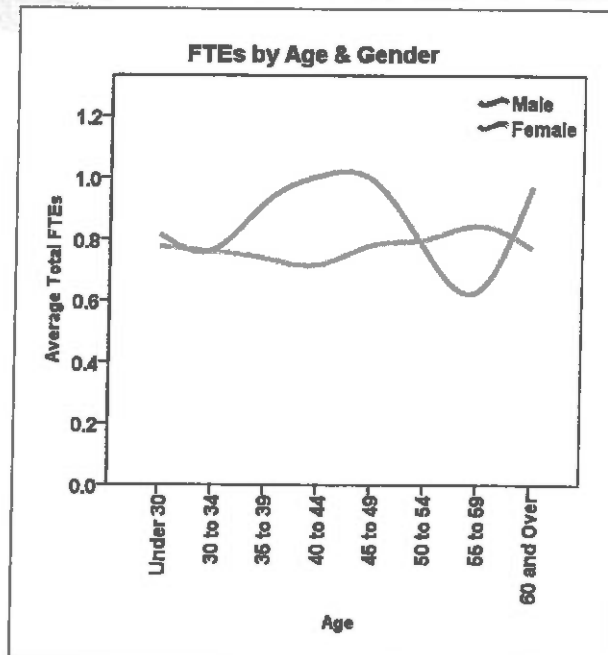


Source: Va. Healthcare Workforce Data Center

The typical SLP provided 0.80 FTEs in 2017, or approximately 32 hours per week for 50 weeks. Although FTEs appear to vary by gender, statistical tests did not verify that a difference exists.⁴

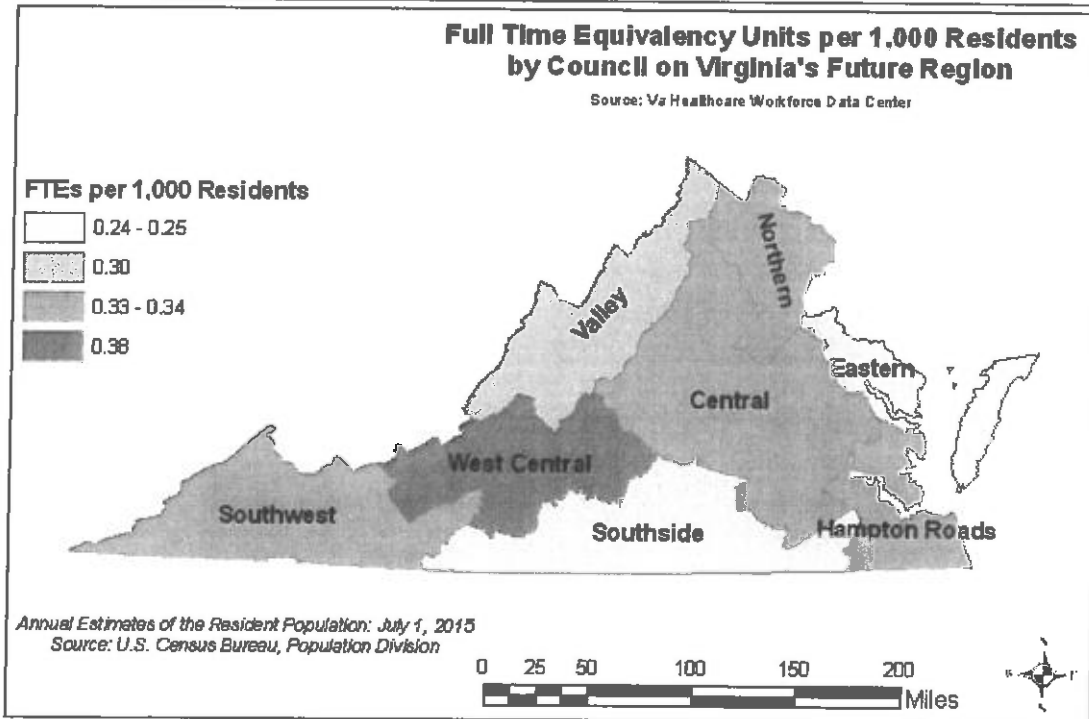
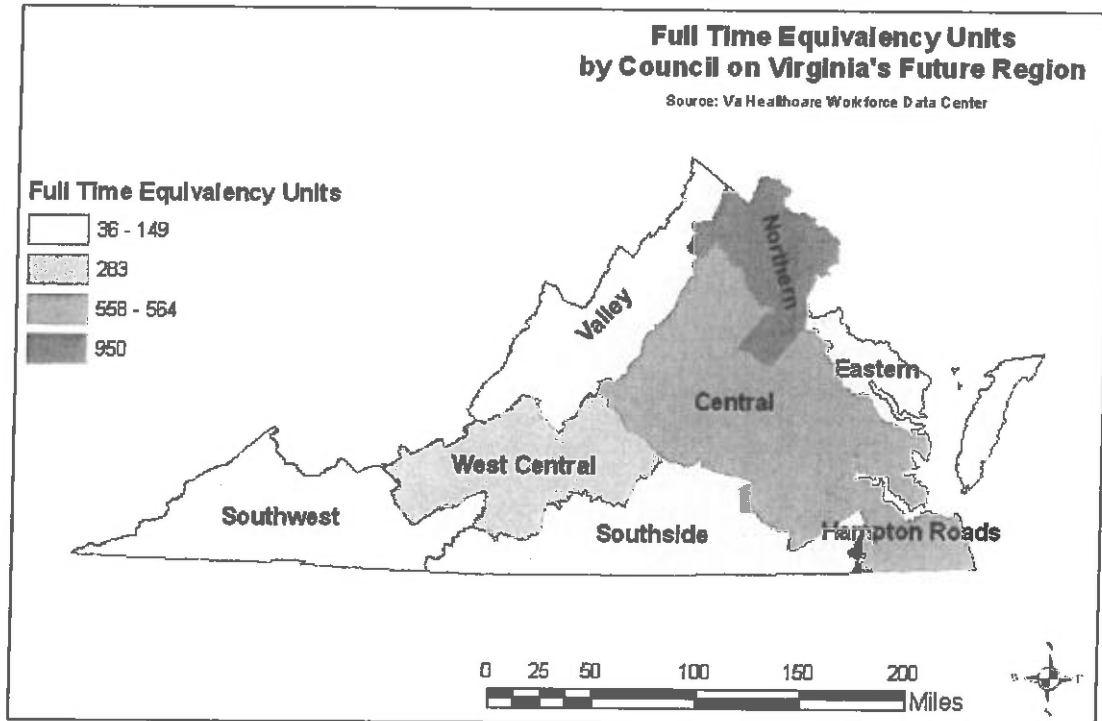
Full-Time Equivalency Units		
	Average	Median
Age		
Under 30	0.77	0.80
30 to 34	0.76	0.80
35 to 39	0.75	0.83
40 to 44	0.65	0.74
45 to 49	0.78	0.74
50 to 54	0.73	0.80
55 to 59	0.83	0.80
60 and Over	0.86	0.84
Gender		
Male	0.87	0.95
Female	0.77	0.80

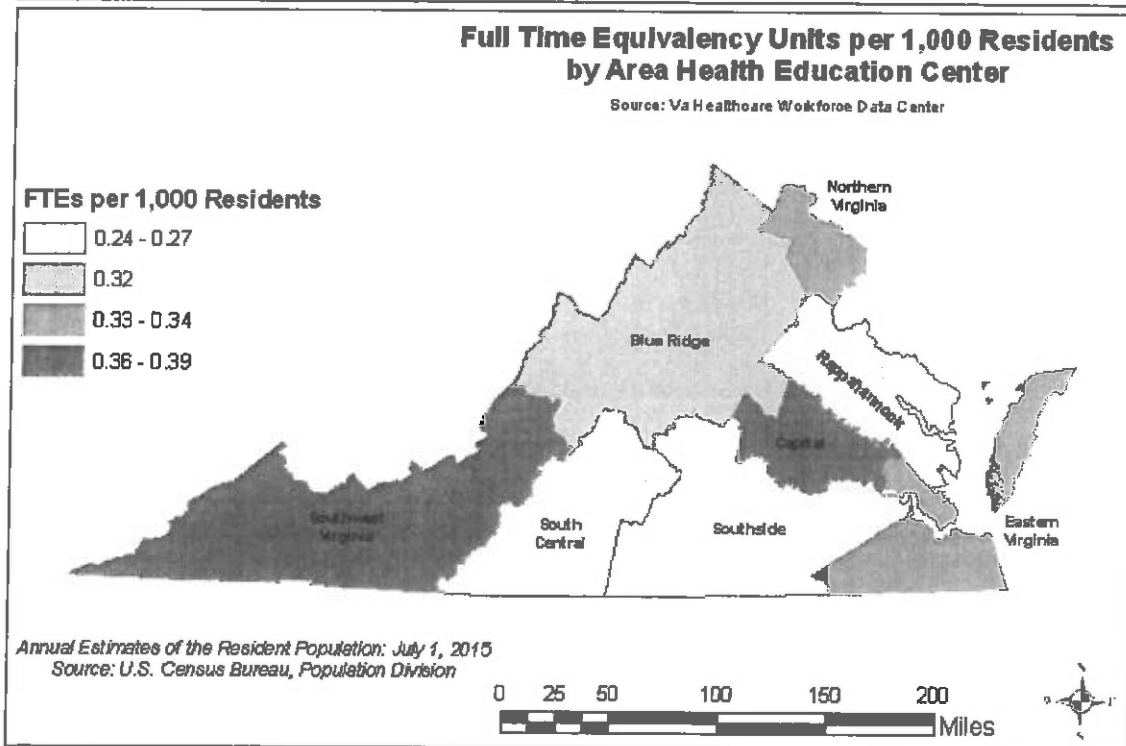
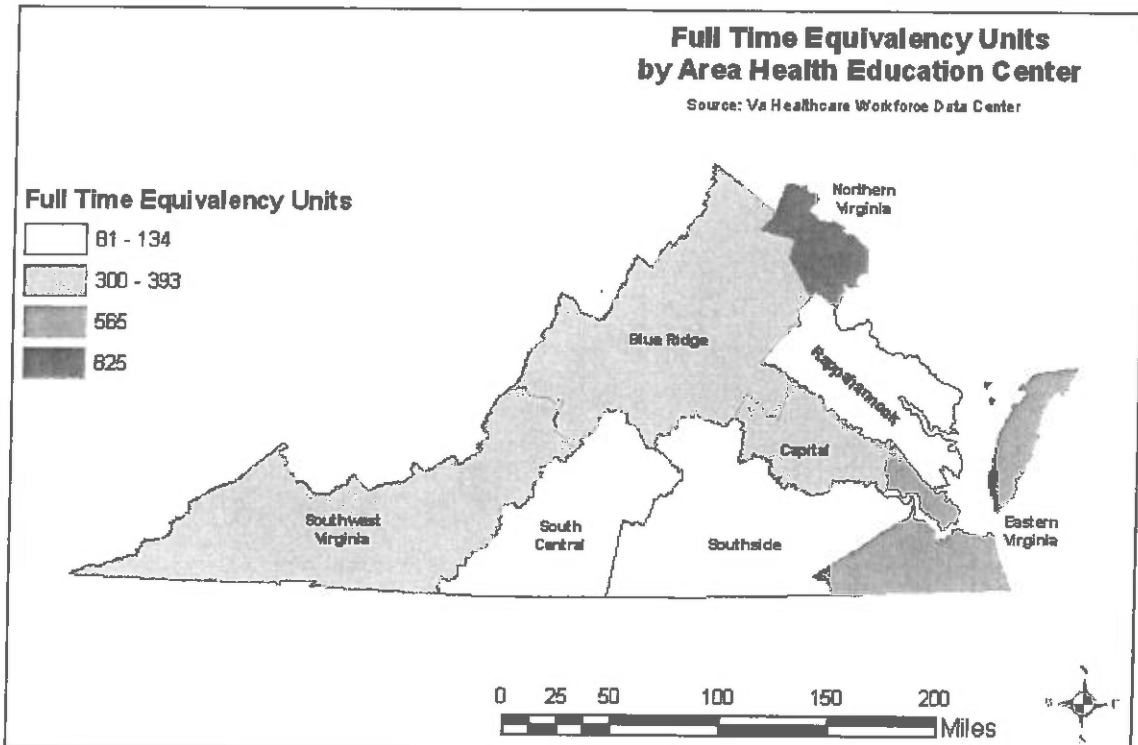
Source: Va. Healthcare Workforce Data Center

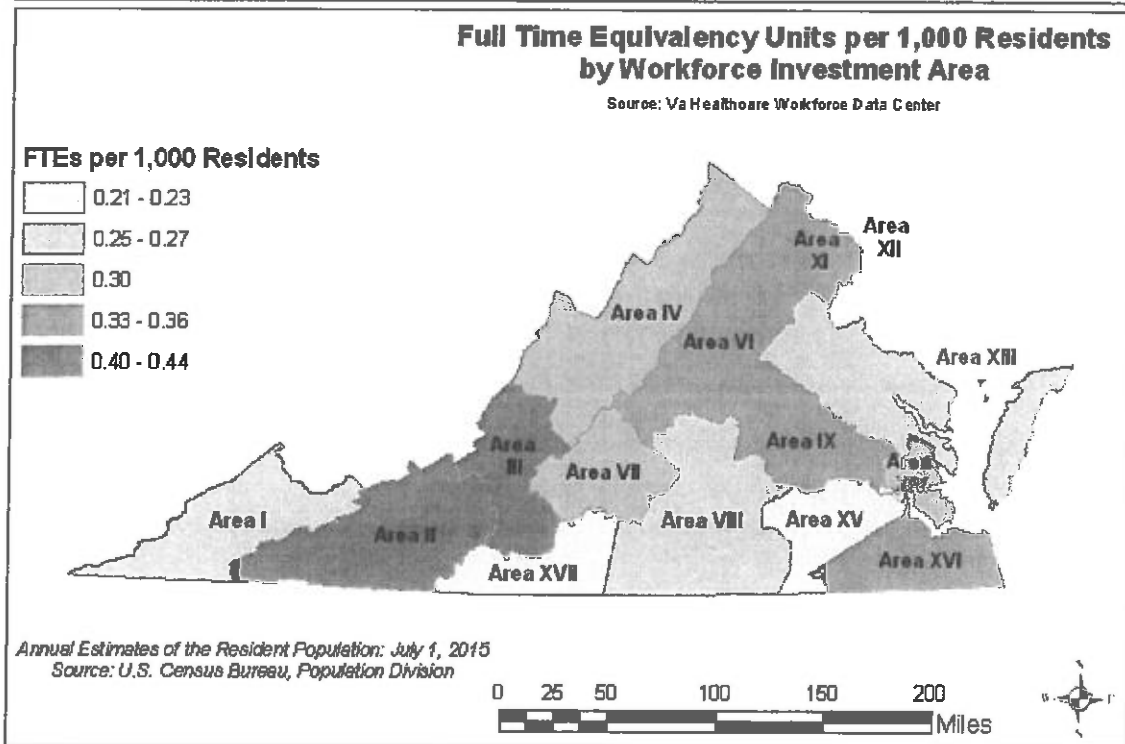
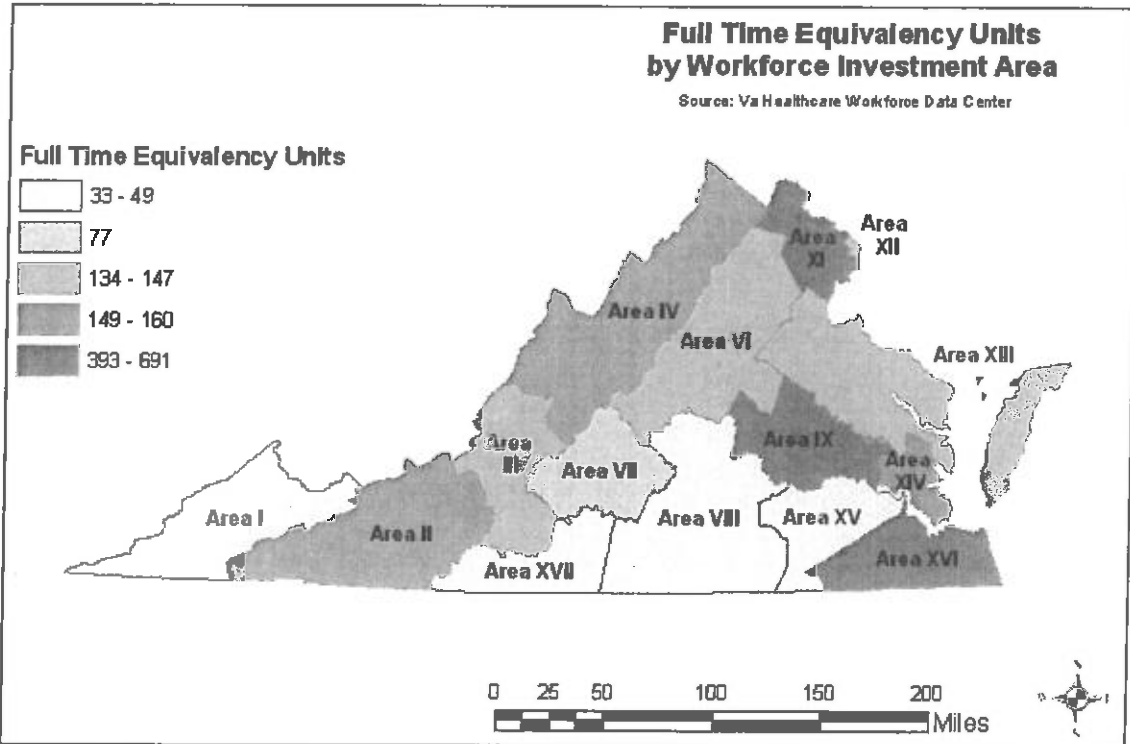


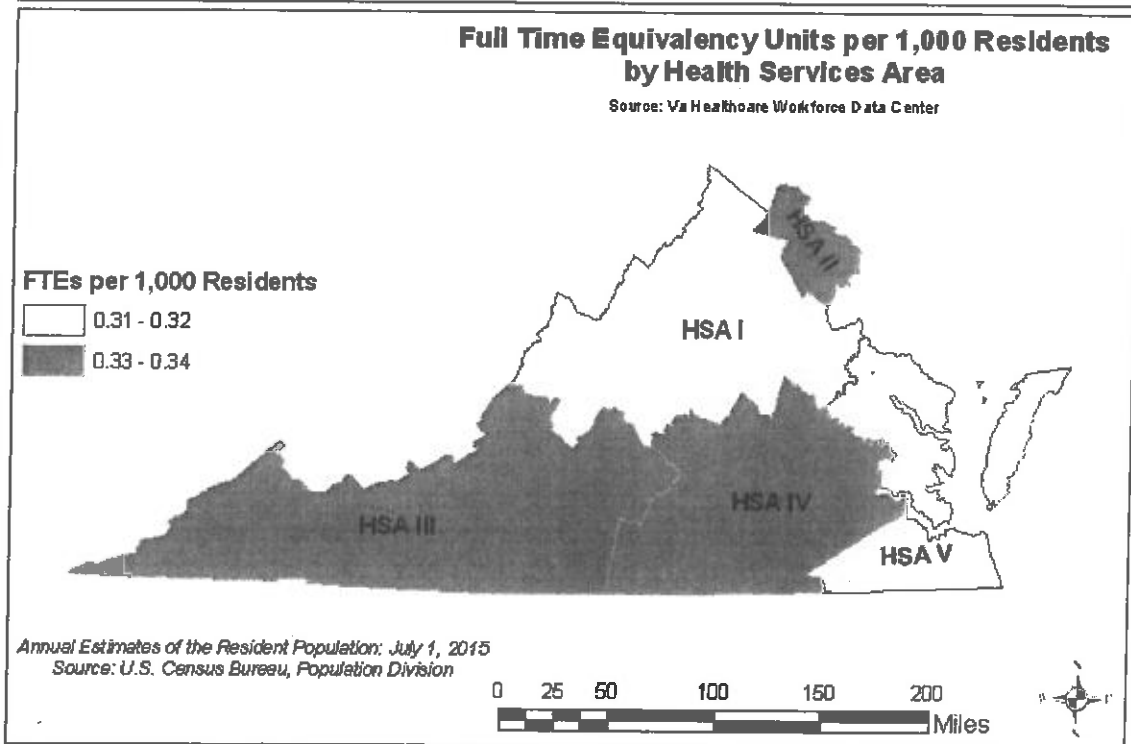
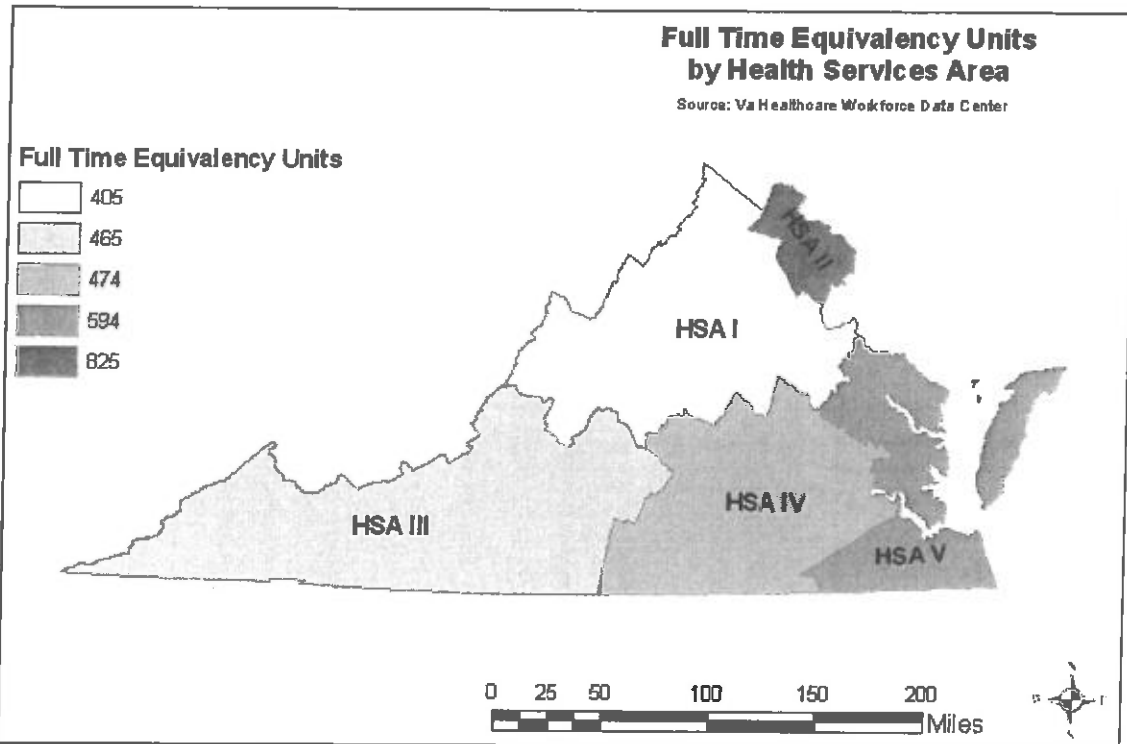
Source: Va. Healthcare Workforce Data Center

⁴ Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).









Appendix

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	2,660	82.67%	1.209641	1.06804	1.773671
Metro, 250,000 to 1 million	307	86.97%	1.149813	1.015216	1.685946
Metro, 250,000 or less	422	80.09%	1.248521	1.102369	1.83068
Urban pop 20,000+, Metro adj	47	80.85%	1.236842	1.092058	1.813556
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	116	91.38%	1.09434	0.966236	1.604607
Urban pop, 2,500-19,999, nonadj	70	80.00%	1.25	1.103675	1.832849
Rural, Metro adj	51	84.31%	1.186047	1.047208	1.739075
Rural, nonadj	22	90.91%	1.1	0.971234	1.612907
Virginia border state/DC	417	69.78%	1.43299	1.265244	2.101163
Other US State	286	62.94%	1.588889	1.402894	2.329754

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	771	54.86%	1.822695	1.604607	2.329754
30 to 34	704	83.52%	1.197279	1.054023	1.530352
35 to 39	615	86.02%	1.162571	1.023468	1.485989
40 to 44	577	87.69%	1.140316	1.003876	1.457543
45 to 49	495	91.11%	1.097561	0.966236	1.402894
50 to 54	353	88.10%	1.135048	0.999238	1.45081
55 to 59	326	86.20%	1.160142	1.02133	1.482885
60 and Over	557	80.61%	1.240535	1.092103	1.585641

Source: Va. Healthcare Workforce Data Center

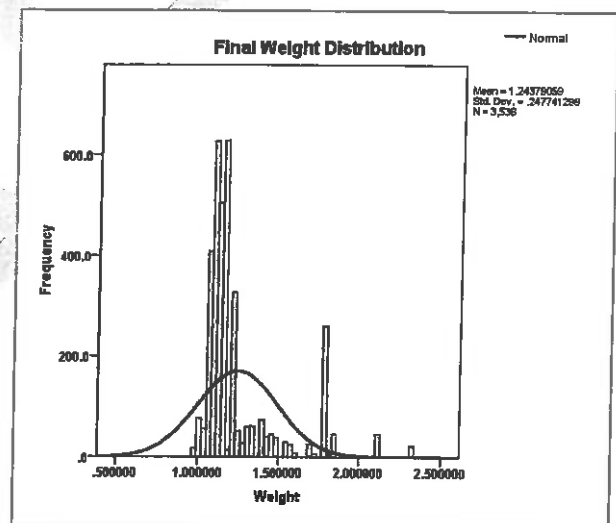
See the Methods section on the HWDC website for details on HWDC Methods:

www.dhs.virginia.gov/hwdc/

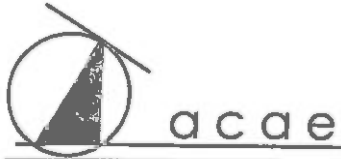
Final weights are calculated by multiplying the two weights and the overall response rate:

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

Overall Response Rate: 0.804457



Source: Va. Healthcare Workforce Data Center



JUL 18 2017

DHP

11480 Commerce Park Drive, Suite 220 • Reston, VA 20191

July 12, 2017

A. Tucker Gleason, Audiology Chair
Virginia Boards of Audiology and Speech-Language Pathology
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Chairperson Gleason:

The Accreditation Commission for Audiology Education (ACAIE) strives to serve the public by establishing, maintaining, and applying educational standards to ensure the academic quality and continuous improvement of audiology education. We pride ourselves on our efforts to recognize and promote exceptional performance in AuD educational programs including a rigorous verification process. The ACAIE has been supported and sanctioned by the American Academy of Audiology (AAA) since it was established as the accreditor exclusively devoted to audiology in 2003. ACAIE also is recognized by the Council on Higher Education Accreditation (CHEA) for meeting standards and processes that are consistent with the academic quality, improvement, and accountability expectations that CHEA has established (see attached letter).

It is out of ACAIE's desire to engage and pursue the highest standards and recognition of the high-achieving AuD programs that we are writing to you today. We are in the process of clarifying licensure requirements across states for new audiology graduates. Our review of accreditation requirements has found that the language in your statutes and regulations is broad relative to audiology licensure, seemingly leaving determinations to the purview of the state board of examiners.

The ACAIE is seeking to verify that the Virginia Boards of Audiology and Speech-Language Pathology formally recognizes the ACAIE as an accrediting body for the purposes of accrediting audiology programs from which potential licensees may graduate. ACAIE is committed to producing AuD programs that will prepare graduates who are qualified as doctoral-level and independent practicing audiologists, and that students graduating from ACAIE accredited programs face no barriers to state-recognized licensure.

We respectfully request that you issue a response by August 12 affirming ACAIE's status as a recognized accrediting body of audiology programs. You can return your response via e-mail to rwest@audiology.org or to our attention at the address listed above. Should you have any questions, do not hesitate to contact the ACAIE office at (202) 986-9500.

For more information on ACAIE's mission, standards, and programs, please visit <http://www.acaieaccred.org>. Thank you for your anticipated assistance, and we look forward to your response.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Doris Gordon'.

Doris Gordon
Executive Director
Accreditation Commission for Audiology Education

A handwritten signature in cursive script, appearing to read 'Tanya K. Tolpegin'.

Tanya K. Tolpegin, MBA, CAE
Executive Director
American Academy of Audiology

June 26, 2017
(via email only)

Dr. Doris Gordon
Executive Director
Accreditation Commission for Audiology Education
1718 M Street NW, Suite 297
Washington, DC 20036

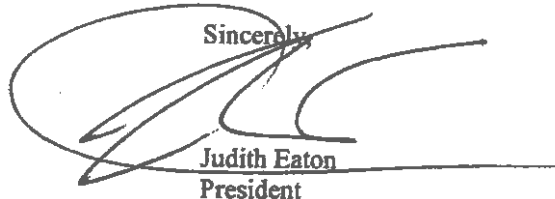
Dear Doris:

This is in response to your request regarding the Council for Higher Education Accreditation (CHEA) and its recognition.

CHEA recognizes approximately 60 accrediting organizations, including programmatic accreditors. The Accreditation Commission for Audiology Education (ACAE) and the Council on Academic Accreditation in Audiology and Speech-Language Pathology American Speech-Language-Hearing Association (CAA-ASHA) are two such programmatic accreditors. Recognition by CHEA, per the *2010 CHEA Recognition of Accrediting Organizations Policy and Procedures*, affirms that standards and processes of its accrediting organizations are consistent with quality, improvement, and accountability expectations that CHEA has established.

For a complete listing of CHEA-recognized accrediting organizations, please visit our website at <http://www.chea.org/userfiles/Recognition/directory-CHEA-recognized-orgs.pdf>.

Sincerely,



Judith Eaton
President

BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

Copies of the following documents may be viewed during regular work days from 8:15 a.m. until 5 p.m. at the offices of the Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, VA 23233. Copies may also be downloaded from the board's webpage at <http://www.dhp.virginia.gov/aud> and the Regulatory Town Hall at <http://www.townhall.virginia.gov> or requested by email at audbd@dhp.virginia.gov. Questions regarding interpretation or implementation of these documents or requests for copies may be directed to Leslie L. Knachel, Executive Director of the Board, at the address above or by telephone at (804) 367-4630. Copies are free of charge.

Guidance Documents:

http://www.dhp.virginia.gov/aud/aud_guidelines.htm

- 30-1, Sanctioning Reference Points; Instruction manual, revised November 3, 2011
- 30-2, By-Laws of the Board of Audiology and Speech-Language Pathology, revised March 13, 2014
- 30-3, Board guidance on use of confidential consent agreements, re-adopted October 9, 2008
- 30-4, Board guidance for process of delegation of informal fact-finding to an agency subordinate, revised September 2010
- 30-6, Board guidance on interpretation of active practice, revised September 8, 2016
- 30-8, Practice and the need for licensure as a speech-language pathologist, revised September 8, 2016
- 30-9, Continuing education audits and sanctions for failure to comply, revised July 11, 2017
- 30-10, Disposition of disciplinary cases for practicing on expired licenses, adopted November 3, 2011
- 30-11, Guidelines for processing applications, revised September 8, 2016

VIRGINIA BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY BYLAWS

ARTICLE I: GENERAL

The organizational year for the Board shall be from July 1st through June 30th. At the first board meeting of the organizational year, the Board shall elect from its members a Chair and Vice-Chair with an effective date of the next regularly scheduled board meeting. The term of office shall be one year.

For purposes of these Bylaws, the Board schedules full board meetings to take place during each quarter, with the right to change the date or cancel any board meeting, with the exception that a minimum of one meeting shall take place annually. Board members shall attend all board meetings in person, unless prevented by illness or similar unavoidable cause. A majority of the members of the Board shall constitute a quorum for the transaction of business. The current edition of Robert's Rules of Order, revised, shall apply unless overruled by these bylaws or when otherwise agreed.

Members shall attend all scheduled meetings of the Board and committee to which they serve. In the event of two consecutive unexcused absences at any meeting of the Board or its committees, the Chair shall make a recommendation to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.

ARTICLE II: OFFICERS OF THE BOARD

1. The Chair presides at all meetings and formal administrative hearings in accordance with parliamentary rules and the Administrative Process Act, and requires adherence of it on the part of the board members. The Chair shall appoint all committees and committee chairpersons unless otherwise ordered by the Board.
2. The Vice-Chair shall act as Chair in the absence of the Chair.
3. In the absence of both the Chair and Vice-Chair, the Chair shall appoint another board member to preside at the meeting and/or formal administrative hearing.
4. The Executive Director shall be the custodian of all Board records and all papers of value. She/He shall preserve a correct list of all applicants and licensees. She/He shall manage the correspondence of the Board and shall perform all such other duties as naturally pertain to this position.

Board; the drafting of Board responses to public comment as required in conjunction with rulemaking; conducting the required review of all existing regulations as required by the Board's Public Participation Guidelines and any Executive Order of the Governor, and other required tasks related to regulations. In accordance with the Administrative Process Act, any proposed draft regulation and response to public comment shall be reviewed and approved by the full Board prior to publication.

4. **Continuing Education Committee.** This committee shall consist of at least two board members who shall review applicants for approval of continuing audiology and/or speech-language pathology education programs and other matters related to continuing education. The Board delegates the approval of continuing audiology and/or speech-language pathology education programs to this committee.

B. Ad Hoc Committees

There may be **Ad Hoc Committees**, appointed as needed, each of which shall consist of at least two persons appointed by the Board who are knowledgeable in the particular area of practice or education under consideration by the Board. The committee shall review matters as requested by the Board and advise the Board relative to the matters or make recommendations for consideration by the Board.

ARTICLE V: GENERAL DELEGATION OF AUTHORITY

1. The Board delegates to Board staff the authority to issue and renew licenses where minimum statutory and regulatory qualifications have been met.
2. The Board delegates to the Executive Director the authority to reinstate licenses when the reinstatement is due to the lapse of the license and not due to previous Board disciplinary action ,unless specified in the Board Order.
3. The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of the Board business, to include, but not limited to, licensure applications, renewal forms and documents used in the disciplinary process.
4. The Board delegates authority to the Executive Director to negotiate a Consent Order in consultation with the chair of a Special Conference Committee or formal hearing.
5. The Board delegates to the Executive Director the authority to sign as entered any Order or Consent Order resulting from the disciplinary process or other administrative proceeding.

Proposed amendments to these bylaws shall be presented in writing to all Board members, the Executive Director of the Board and the Board's legal counsel prior to any regularly scheduled meeting of the Board. Amendments to the bylaws shall become effective with a favorable vote of at least two-thirds of the board members present at that regular meeting.

Effective Date: May 20, 1999
Revision Date: March 13, 2014

Chair
Board of Audiology and Speech-Language Pathology

CONFIDENTIAL CONSENT AGREEMENTS

Adopted May 20, 2004

Re-adopted October 9, 2008

Legislation enacted in 2003 authorizes the health regulatory boards to resolve certain allegations of practitioner misconduct by means of a *Confidential Consent Agreement* ("CCA"). This agreement may be used by a board in lieu of public discipline, but only in cases involving minor misconduct and non-practice related infractions, where there is little or no injury to a patient or the public, and little likelihood of repetition by the practitioner.

A CCA shall not be used if the board determines there is probable cause to believe the practitioner has (i) demonstrated gross negligence or intentional misconduct in the care of patients, or (ii) conducted his/her practice in a manner as to be a danger to patients or the public.

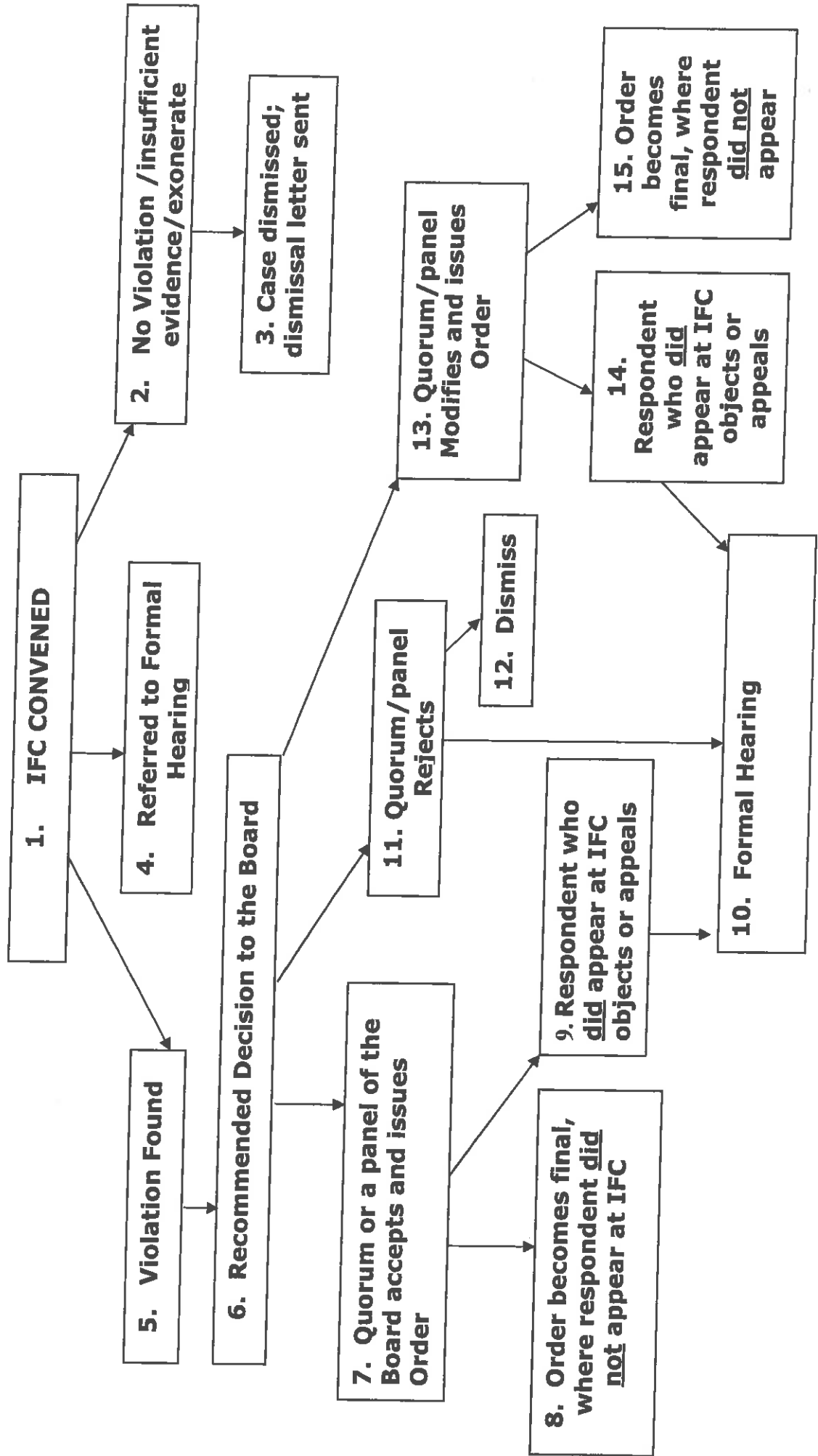
A CCA shall be considered neither a notice nor an order of a health regulatory board, both of which are public documents. The acceptance and content of a CCA shall not be disclosed by either the board or the practitioner who is the subject of the agreement.

A CCA may be offered and accepted any time prior to the issuance of a notice of informal conference by the board. By law, the agreement document must include findings of fact and may include an admission or a finding of a violation. The entry of a CCA in the past may be considered by a board in future disciplinary proceedings. A practitioner may only enter into only two confidential consent agreements involving a standard of care violation within a 10-year period. The practitioner shall receive public discipline for any subsequent violation within the 10-year period, unless the board finds there are sufficient facts and circumstances to rebut the presumption that such further disciplinary action should be made public.

Confidential Consent Agreements Board of Audiology and Speech-Language Pathology

The Board voted unanimously to adopt guidelines for possible uses of Confidential Consent Agreements. These guidelines were taken from recommendations resulting from work done on this issue by the Special Conference Committee of the Board of Audiology and Speech-Language Pathology of the Department of Health Professions.

Guidance for Conduct of an Informal Conference by an Agency Subordinate of a Health Regulatory Board at the Department of Health Professions



formal hearing before the board. A case referred to a formal hearing proceeds in the same manner as cases considered by special conference committees convened pursuant to Va. Code § 54.1-2400(10). If the respondent who appeared at the IFC does not request a formal hearing, the order becomes final after a specified timeframe.

11. A quorum or panel of the board may reject the recommended decision of the subordinate, in which case:

The quorum/panel may decide to refer the case for a formal hearing (10); or the quorum/panel may decide to dismiss the case and a dismissal letter is issued to the respondent notifying him of the decision of the board (12).

13. A quorum or panel of the board may modify the subordinate's recommended decision and issue an order reflecting the modified decision to the respondent.

15. If the respondent did not appear at the informal conference, then the board's decision becomes a final order that can only be appealed to a circuit court.

14-10. If the respondent did appear at the informal conference and objects to and appeals the order, he may request a formal hearing before the board. A case referred to a formal hearing proceeds in the same manner as cases considered by special conference committees convened pursuant to Va. Code § 54.1-2400(10). If the respondent who appeared at the IFC does not request a formal hearing, the order becomes final after a specified timeframe.

**VIRGINIA BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE
PATHOLOGY**

**DISPOSITION OF DISCIPLINARY CASES FOR AUDIOLOGISTS AND SPEECH-
LANGUAGE PATHOLOGISTS PRACTICING ON EXPIRED LICENSES**

The Board of Audiology and Speech-Language Pathology (Board) voted on November 3, 2011, to delegate to the Executive Director for the Board the authority to offer a prehearing consent order to resolve disciplinary cases in which an Audiologist or Speech-Language Pathologist has been found to be practicing with an expired license.

Disciplinary Action for Practicing with an Expired License

The Board adopted the following guidelines for resolution of cases of practicing with an expired license:

Cause	Possible Action
First offense; 90 days or less	Confidential Consent Agreement
First offense; 91 days to two years	Consent Order; Monetary Penalty of \$500
First offense; more than two years	Consent Order; Monetary Penalty of \$1000
Second offense	Consent Order; Monetary Penalty of \$1500

Criteria for this report:

License Status = Current Active, Current Inactive, Probation - Current Active, Adverse Findings - Current Active, Current Active-RN Privilege and Expiration Date >= Today or is null.

License Count Report for Speech Pathology/Audiology

Board	Occupation	State	License Status	License Count
Speech Pathology/Audiology				
Audiologist				
	Audiologist	Virginia	Current Active	379
	Audiologist	Virginia	Current Inactive	9
	Audiologist	Out of state	Current Active	111
	Audiologist	Out of state	Current Inactive	6
	Total for Audiologist			505
Continuing Education Sponsor				
	Continuing Education Sponsor	Virginia	Current Active	10
	Continuing Education Sponsor	Out of state	Current Active	5
	Total for Continuing Education Sponsor			15
School Speech-Language Pathologist				
	School Speech-Language Pathologist	Virginia	Current Active	400
	School Speech-Language Pathologist	Virginia	Current Inactive	5
	School Speech-Language Pathologist	Out of state	Current Active	27
	School Speech-Language Pathologist	Out of state	Current Inactive	2
	Total for School Speech-Language Pathologist			434
Speech-Language Pathologist				
	Speech-Language Pathologist	Virginia	Current Active	3,412
	Speech-Language Pathologist	Virginia	Current Inactive	34
	Speech-Language Pathologist	Out of state	Current Active	600
	Speech-Language Pathologist	Out of state	Current Inactive	45
	Total for Speech-Language Pathologist			4,091
Total for Speech Pathology/Audiology				5,045

CURRENT ACTIVE & INACTIVE LICENSES BY BOARD AND OCCUPATION AS OF THE LAST DAY OF THE PERIOD SPECIFIED						
License Type	2013	2015	FY2016	FY2017	Feb-18	May-18
Audiologist	465	497	513	503	494	505
Continuing Education Provider	9	14	deleted	NA	NA	NA
School Speech-Language Pathologist	116	466	497	479	429	434
Speech-Language Pathologist	3110	3812	3868	3974	3963	4091
Total	3700	4789	4878	4971	4886	5045

Virginia Department of Health Professions
Cash Balance
As of April 30, 2018

	115- Audiology and Speech Lang
Board Cash Balance as June 30, 2017	\$ 560,352
YTD FY18 Revenue	395,735
Less: YTD FY18 Direct and Allocated Expenditures	299,674
Board Cash Balance as April 30, 2018	<u>656,413</u>

Virginia Department of Health Professions
Cash Balance
As of June 30, 2017

	115- Audiology and Speech Lang
Board Cash Balance as of June 30, 2016	\$ 502,397
YTD FY17 Revenue	398,025
Less: YTD FY17 Direct and In-Direct Expenditures	340,070
Board Cash Balance as June 30, 2017	<u>560,352</u>