

**VIRGINIA BOARD OF NURSING**  
**BUSINESS MEETING**  
**Final Agenda**

Department of Health Professions – Perimeter Center  
9960 Mayland Drive, Conference Center 201 – **Board Room 4**  
Henrico, Virginia 23233

***DHP Mission** – the mission of the Department of Health Professions is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.*

**Tuesday, March 22, 2022 at 9:00 A.M. – Quorum of the Board**

**CALL TO ORDER:** Brandon A. Jones, MSN, RN, CEN, NEA-BC; President

**ESTABLISHMENT OF A QUORUM.**

**ANNOUNCEMENT**

**Staff Update:**

- **Kalela Braxton** accepted the Customer Care Specialist (BON Call Center) position and started on January 25, 2022.
- **Jay Schmitz** accepted the P-14 Discipline position and started on January 31, 2022.
- **Sierra Cummings** accepted the CNA Discipline Specialist position and started on February 10, 2022.
- **Adisa Vehab** accepted the Licensing Specialist Exam position and started on February 28, 2022.
- **Kimberly Glazier** accepted the Nurse Aide Program Inspector position and started on March 14, 2022.

**A. UPCOMING MEETINGS:**

- The NCSBN Inaugural ICRS Advanced Leadership Institute on April 5-7, 2022 in Washington, DC. Ms. Douglas will attend as the President of NCSBN Board of Directors (BOD).
- The NCSBN APRN Roundtable-Hybrid is scheduled for April 12, 2022 in Rosemont, IL.
- The Committee of the Joint Boards of Nursing and Medicine meeting is scheduled for Wednesday, April 20, 2022 at 9:00 am in Board Room 2.
- The Education Informal Conference Committee is scheduled for Tuesday, May 3, 2022 at 9:00 am in Board Room 3.
- The NCSBN Board of Directors (BOD) is scheduled for May 10-12, 2022 in Chicago, IL. Ms. Douglas will attend as the President of NCSBN BOD

**REVIEW OF THE AGENDA:**

- Additions, Modifications

- Adoption of a Consent Agenda

- **CONSENT AGENDA**

<b>B1</b> January 24, 2022	Formal Hearings*
<b>B2</b> January 25, 2022	Business Meeting*
<b>B3</b> January 26, 2022	BON Officer Meeting *
<b>B4</b> January 26, 2022	Panel A – Formal Hearings *
<b>B5</b> January 26, 2022	Panel B – Formal Hearings *
<b>B6</b> January 27, 2022	Formal Hearing*
<b>B7</b> February 10, 2022	Telephone Conference Call*
<b>B8</b> February 22, 2022	Telephone Conference Call*
<b>B9</b> February 28, 2022	Formal Hearing**
<b>B10</b> March 10, 2022	Telephone Conference Call***

**C1** Board of Nursing Monthly Tracking Log as of February 28, 2022\*\*

**C2** Agency Subordination Recommendation Tracking Log\*

**C4** The Committee of the Joint Boards of Nursing and Medicine DRAFT February 16, 2022 Business Minutes\*\* – **Ms. Gerardo**

**C5** The Committee of the Joint Boards of Nursing and Medicine DRAFT February 16, 2022 Informal Conferences\*\* – **Ms. Gerardo**

**C12** – Report from NCLEX Item Review Subcommittee (NIRSC) meetings from February 1-3 and March 8-10, 2022\*\*\* - **Mr. Jones**

## **DIALOGUE WITH DHP DIRECTOR OFFICE– Dr. Brown**

**B. DISPOSITION OF MINUTES** – None

## **C. REPORTS**

- **C3** Executive Director Report
  - ❖ NCSBN Opioid Regulatory Collaborative Meeting on March 8, 2022
  - ❖ Nurse Licensure Compact (NLC) Midyear Meeting on March 14, 2022
  - ❖ NCSBN Executive Officer and President Leadership Forum on March 15, 2022
  - ❖ NCSBN Midyear Meeting on March 16-17, 2022
- **C6** Board of Nursing Criminal Background Check (CBC) Report for CY2021\*\* – **Ms. Willinger**
- **C7** Board of Nursing Licensure and Discipline Statistics for CY2021\*\* – **Ms. Douglas/Ms. Vu**
- **C8** - 2021 NNAAP Pass Rates Memorandum\*\* – **Ms. Wilmoth**
- **C9** - 2021 PSI Pass Rates (Medication Aide) Memorandum\*\* – **Ms. Wilmoth**
- **C10** - 2021 NCLEX Pass Rates Memorandum\*\* – **Ms. Wilmoth**
- **C11** – Initial Faculty Exceptions Approved in 2021\*\* – **Dr. Mangrum**
- NCSBN Executive Officer and President Leadership Forum on March 15, 2022 (**verbal report**) – **Mr. Jones**
- NCSBN Midyear Meeting Report (**verbal report**)
  - Mr. Jones
  - Ms. Wilmoth

#### **D. OTHER MATTERS:**

- Board Counsel Update (**verbal report**)
- Special Conference Committee Assignments and scheduling Informal Conferences (IFC) for the second half of 2022 (**verbal report**) – **Ms. Morris**

#### **E. EDUCATION:**

- Education Update – **Ms. Wilmoth (verbal report)**
  - Nursing Education Program Updates
  - Nurse Aide Program Updates
  - Medication Aide Program Updates

#### **F. REGULATIONS/LEGISLATION– Ms. Yeatts/Ms. Barrett**

**F1** – Chart of Regulatory Actions

**F2** – Report of the 2022 General Assembly

**F3** – Nurse Aide Education Programs Petition for Rulemaking and Proposal Governing Nurse Aide Education Programs by Fast-Track Action.

**E1** March 9, 2022 Education Informal Conference Committee minutes\*\*\*

#### **10:00 A.M. – PUBLIC COMMENT**

**10:30 A.M. – POLICY FORUM** - Healthcare Workforce Data Center (HWDC) Reports – Elizabeth Carter, PhD, Executive Director and Yetty Shobo, PhD, Deputy Director

- Virginia’s Licensed Nurse Practitioner Workforce: 2021\*
- Virginia’s Licensed Nurse Practitioner Workforce: Comparison by Specialty\*
- Virginia’s Nursing Education Programs: 2020-2021 Academic Year (**REVISED version**)\*\*

#### **12:00 P.M. – LUNCH**

#### **2:30 P.M. - March 9, 2022 Education Informal Conference Committee Recommendations regarding:**

- ❖ Abingdon Manor - Medication Aide Training Program\*\*\*
- ❖ America Medical Careers Academy – Medication Aide Training Program\*\*\*
- ❖ Anytime Anykind Healthcare services, LLC – Medication Aide Training Program\*\*\*
- ❖ Apple Manor Christian Assisted Living Facility – Medication Aide Training Program\*\*\*
- ❖ Blue Ridge Pharmacy – Medication Aide Training Program\*\*\*
- ❖ Colonial Home Assisted Living – Medication Aide Training Program\*\*\*
- ❖ Continuing Care Rx CCRx – Medication Aide Training Program\*\*\*
- ❖ Dalgrow Healthcare Staffing & Training Center – Medication Aide Training Program\*\*\*
- ❖ Dominion Careers Development and Training Institute – Medication Aide Training Program\*\*\*

## CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS

1	Latrice Catina Valentine, CNA*	2	Ashley Vest, CNA*
3	Erica N. Brasuel, CNA*	4	Crystal Lynn Bickley, CNA*
5	Wanda Elizabeth Hawkins Patterson, RN*	6	Jan Marie Reinheimer, RN*
7	Angela Renae Lepak, LPN*	8	Raina Dione Peters, RN*
9	Donna L. Worrell Whitaker, LPN**	10	Whitley Oliver, CNA*
11	Dasia Ariel Johnson, RMA*	12	Joyce Ann Harrop, RMA*
13	Belinda Jane Tolbert, RMA*	14	Heather Leigh West, RN*
15	Britni N. Reibold, CNA**	16	Shana Karol Widener, CNA**
17	Gina L. Henry, CNA**	18	Amy Austin Dickenson, RN**
19	Michaela M. Olsen, CNA**	20	Sara Lynn Laney, RN**
21	Susan Cassidy Gerardo-Stewart, LPN**	22	Elizabeth A. Bowman, LPN**
23	Amy Elizabeth Kubler, RN***		

## CONSIDERATION OF CONSENT ORDERS

G1 – Myra Jo Easter, RN, Reinstatement Applicant\*

G2 – Musa Abdur-Rahman Vass, CNA\*

## 3:00 P.M. – POSSIBLE SUMMARY SUSPENSION CONSIDERATION

### MEETING DEBRIEF

- ❖ What went well
- ❖ What need improvement

### ADJOURNMENT

(\* mailed 3/2) (\*\* mailed 3/10) (\*\*\*)mailed 3/16)

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
January 24, 2022**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 1:07 P.M., on January 24, 2022 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS  
PRESENT:**

Brandon A. Jones, MSN, RN, CEN, NEA-BC; President  
Felisa A. Smith, PhD, MSA, RN, CNE; Second Vice President  
Ann T. Gleason, PhD, Citizen Member  
James L. Hermansen-Parker, MSN, RN, PCCN-K  
Dixie L. McElfresh, LPN  
Jennifer Phelps, BS, LPN, QMHP-A, CSAC

**STAFF PRESENT:**

Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advance Practice  
Claire Morris, RN, LNHA, Deputy Executive Director  
Patricia Dewey, RN, BSN, Discipline Case Manager  
Francesca Iyengar, MSN, RN, Discipline Case Manager  
Lakisha Goode, Discipline Team Coordinator

**OTHERS PRESENT:**

Charis Mitchell, Assistant Attorney General, Board Counsel  
Kim Taylor, Court Reporter with Farnsworth & Taylor Reporting  
Julia Bennett, Administrative Proceedings Division  
Anthony Morales, Licensing Manager for Board of Nursing

**ESTABLISHMENT OF  
A PANEL:**

With six members of the Board present, a panel was established.

**FORMAL HEARINGS:**

**Tamara Danielle Winston, CNA Reinstatement, LPN Applicant  
1401-123838**

Ms. Winston appeared.

Rebecca Ribley, Adjudication Consultant, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Kim Taylor, court reporter with Farnsworth & Taylor Reporting recorded the proceedings.

Gayle Miller, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Ms. McElfresh moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:49 P.M., for the purpose of deliberation to reach a decision in the matter of **Tamara Danielle Winston**. Additionally, Ms. McElfresh moved that Dr. Hills, Ms. Morris, Ms. Goode, Mr. Morales and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:11 P.M.

Dr. Gleason moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

ACTION: Dr. Gleason moved that the Board of Nursing reprimand and reinstate the certificate of Tamara **Danielle Winston** to practice as a certified nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Dr. Gleason moved that the Board of Nursing approve the application of Tamara **Danielle Winston** to practice as a licensed practical nurse in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 2:13 P.M.

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Claire Morris, RN, LNHA  
Deputy Executive Director

**VIRGINIA BOARD OF NURSING  
BUSINESS MEETING MINUTES  
January 25, 2022**

- TIME AND PLACE:** The meeting of the Board of Nursing was called to order at 9:00 A.M. on January 25, 2022, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
- PRESIDING:** Brandon A. Jones, MSN, RN, CEN, NEA-BC; President
- BOARD MEMBERS PRESENT:**  
Cynthia M. Swineford, RN, MSN, CNE; First Vice-President  
Felisa A. Smith, PhD, MSA, RN, CNE; Second Vice-President  
Teri Crawford Brown, RNC, MSN  
Laurie Buchwald, MSN, WHNP, FNP  
Yvette L. Dorsey, DNP, RN  
Margaret J. Friedenberg, Citizen Member  
Ann Tucker Gleason, PhD, Citizen Member  
James L. Hermansen-Parker, MSN, RN, PCCN-K  
Dixie L. McElfresh, LPN – **joined at 9:05 A.M.**  
Mark D. Monson, Citizen Member  
Jennifer Phelps, BS, LPN, QMHP-A, CSAC
- MEMBERS ABSENT:** Marie Gerardo, MS, RN, ANP-BC  
Meenakshi Shah, BA, RN
- STAFF PRESENT:** Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director  
Lelia Claire Morris, RN, LNHA; Deputy Executive Director  
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Jacquelyn Wilmoth; Deputy Executive Director for Education  
Stephanie Willinger; Deputy Executive Director for Licensing  
Christine Smith, RN, MSN; Nurse Aide/RMA Education Program Manager  
Patricia Dewey, RN, BSN, Discipline Case Manager  
Francesca Iyengar, MSN, RN, Discipline Case Manager  
Huong Vu, Executive Assistant
- OTHERS PRESENT:** Charis Mitchell, Assistant Attorney General, Board Counsel  
Barbara Allison-Bryan, MD, DHP Chief Deputy  
Elaine Yeatts, DHP Policy Analyst  
Erin Barrett, JD, DHP Policy Analyst
- IN THE AUDIENCE:** No public attendees
- ESTABLISHMENT OF A QUORUM:**  
Mr. Jones asked Board Members and Staff to introduce themselves. With 11 members present, a quorum was established.

ANNOUNCEMENTS: Mr. Jones acknowledged the following:

- The Board thanked Dr. Ethlyn McQueen-Gibson, DNP, MSN, RN, BC for her term of service ended September 17, 2021. Recognition for Dr. McQueen-Gibson will take place on January 25, 2022.
- Lisa Speller was appointed to the Massage Therapy Advisory Board on January 4, 2021 as Citizen Member replacing Jermaine Mincey.

### Staff Update

- **Louise Hershkowitz, CRNA, MSHA**, accepted the P-14 Agency Subordinate/Probable Cause Reviewer position and started on December 6, 2021. Ms. Hershkowitz recently completed two terms as a Board of Nursing Member.
- **Candis Stoll** accepted the position of Discipline Specialist and started on December 10, 2021.
- **Nicole Corley** accepted the Licensing Specialist (RN/LPN) by Examination position and started on January 10, 2022.
- **Anthony Morales** accepted the position as Licensing Manager for CNA and RMA programs and started on January 10, 2022.
- **Anne Hardy** accepted the position as Compliance & Case Adjudication Manager and starts on January 25, 2022.
- **Jay Schmitz** accepted the P-14 Discipline position and will start on January 31, 2022.
- **Ann Tiller**, Compliance Manager, will be retiring as of February 1, 2022.

UPCOMING MEETINGS: The upcoming meetings listed on the agenda:

- The NCSBN Board of Directors (BOD) *VIRTUAL* meeting is scheduled for February 8, 2022.
- The Committee of the Joint Boards of Nursing and Medicine meeting is scheduled for Wednesday, February 16, 2022 at 9:00 am in Board Room 2.
- The Education Informal Conference Committee is scheduled for Wednesday, March 9, 2022 at 9:00 am in Board Room 3.
- The NLC Commission meeting is scheduled for March 14, 2022 in Chicago, IL. Ms. Douglas will attend as the Commissioner.



- The NCSBN Hybrid Midyear meeting is scheduled for March 15-17, 2022 in Chicago, IL. The registration fee is complimentary for virtual attendees. Ms. Douglas will attend in-person as the President of NCSBN Board of Directors (BOD). Mr. Jones will attend in-person as President of the Virginia Board of Nursing.

Ms. Douglas noted that it is possible that the meeting will be all virtual, for members only and encouraged Board Members to participate.

Mr. Jones said that he attended last year and it was very beneficial.

Ms. McElfresh joined the meeting at 9:05 A.M.

**ORDERING OF AGENDA:** Mr. Jones asked staff to provide updates to the Agenda.

There were no updates noted.

**CONSENT AGENDA:** The Board removed the following item from the consent agenda for discussion:

- Ms. Douglas removed **C4**, Executive Director Report

Mr. Monson moved to accept the remaining items on consent agenda listed below as presented. The motion was seconded by Dr. Smith and carried unanimously.

#### **Consent Agenda**

<b>B1</b> November 15, 2021	Formal Hearings
<b>B2</b> November 16, 2021	Business Meeting
<b>B3</b> November 17, 2021	Panel A – Formal Hearings
<b>B4</b> November 17, 2021	Panel B – Formal Hearings
<b>B5</b> November 18, 2021	Formal Hearing
<b>B6</b> December 16, 2021	Telephone Conference Call
<b>B7</b> January 6, 2022	Telephone Conference Call

- C1** Board of Nursing Monthly Tracking Log as of December 31, 2021
- C2** Agency Subordination Recommendation Tracking Log
- C3** HPMP Quarterly Report as of December 31, 2021

Healthcare Workforce Data Center (HWDC) Reports:

- Virginia’s Certified Nurse Aide Workforce: 2021
- Virginia’s Licensed Practical Nurse Workforce: 2021
- Virginia’s Registered Nurse Workforce: 2021

**DIALOGUE WITH DHP  
DIRECTOR OFFICE:**

Dr. Allison-Bryan noted that Dr. Brown is at the General Assembly. Dr. Allison-Bryan then reported the following:

- DHP is following 93 bills. One is a bill permitting select meetings to be conducted virtually in a similar manner as was done to facilitate meetings during the COVID emergency. The bill is intended for Committee meetings, not full board meetings.
- 11 Executive Orders have been issued under the new administration.
- COVID vaccine update – 90% of Virginia adults, 18 and over, have received at least one dose of the vaccine which places Virginia 10<sup>th</sup> in the nation and 1<sup>st</sup> in the southern states. Virginia peaked at a 38% positivity rate and has the lowest death rate per capita in the nation at 9.7/day or 0.11 per 100,000.

Dr. Gleason asked if the death rate separates those died “with” COVID vs. “from” COVID. Dr. Allison-Bryan replied that the death rate is “from” COVID.

Mr. Monson thanked all the nurses for their efforts during COVID.

Mr. Jones thanked Dr. Allison-Bryan for the information.

DISPOSITION OF  
MINUTES:

None

REPORTS:

**Virginia Proprietary Registered Nursing Education Programs: 2019-2020 Academic Year**

Mr. Jones noted that the Board requested an additional report regarding RN program breakdown including a category of Proprietary Programs with specific indicators:

- Program type breakout of Proprietary RN Programs
- Number of students enrolled in Proprietary RN Programs
- Attrition and graduation rates of Proprietary RN Programs
- Use of Comprehensive Exams in these programs, including:
  - Number of students who did not graduate after failing the exam
  - Allowing students multiple exam attempts
- Faculty appointments and resignations

Mr. Jones invited Ms. Wilmoth to proceed with the report.

Ms. Wilmoth stated that the Board requested the additional data which were not included in the annual report for consideration to determine the usefulness of the information and whether or not to pursue this line of inquiry moving forward. Ms. Wilmoth asked if the Board Members have any questions regarding the report.

Mr. Monson asked how the attrition rate was calculated. Dr. Allison-Bryan replied that it is the dropout rate during the first semester.

Ms. Douglas expressed concern that the regular collection of this program type-specific data could be perceived as biased on the part of the Board, and therefore encouraged the Board to carefully weigh the value added against the insight gained.

The Board discussed and noted the following:

- The information provided in the report is interesting but regular data collection is not warranted
- The quality of the report is appreciated and data collection can be requested as needed
- None of the data points included in this report should be incorporated into the annual report

Ms. Buchwald asked whether this data collection was time intensive. Dr. Allison-Bryan replied that it took two HWDC staff members approximately 10 days to complete the data collection and prepare the report.

Ms. Phelps moved to make this report a one-time request. Mr. Monson asked for a modification of the motion in order to rename it as an Ad-Hoc report that can be requested as needed and then seconded it. The modified motion passed unanimously.

Mr. Monson moved to accept the report as presented. The motion was seconded by Mr. Hermansen-Parker and passed unanimously.

**OTHER MATTERS:**

**Board Counsel Update:**

Ms. Mitchell stated that the Board has no pending cases at the court.

Ms. Mitchell noted she and Mr. Rutkowski are now assisting the Board with Ms. Barrett now serving as DHP Policy Analyst. Ms. Mitchell added that the Office of the Attorney General is in the process of filling the position recently vacated by Ms. Barrett.

Mr. Jones thanked Ms. Barrett for her service to the Board as Board Counsel.

**D1 – January – June 2022 Informal Conference (IFC) Dates**

Ms. Morris said that the schedule is now complete with one change that on February 7, 2022, Dr. Gleason has agreed to chair the Special Conference Committee G (SCC-G) in place of Ms. Shah.

**Committee Appointments: Education Regulatory Review and Discipline**

Mr. Jones stated that volunteers are needed to serve on the Education Regulatory Review Committee. He noted that the dates have been set and asked interested Board Members to notify Ms. Wilmoth of their availability.

Mr. Jones invited Ms. Douglas to explain the role of Discipline Committee. Ms. Douglas advised that three volunteers are needed to serve on the Discipline Committee and no dates have been set yet. Ms. Douglas added that the Committee analyzes issues, processes, and trends to inform the crafting of guidance documents, and make recommendations to the full board.

Mr. Jones asked Board Members to notify Ms. Vu if they are interested to serve on the Disciplinary Committee.

Ms. Buchwald asked if the meetings for these Committees would be in person. Ms. Douglas replied it could be virtual if the legislation is passed. Ms. Douglas added that historically the Discipline Committee is scheduled on the same day as Board business meeting.

**Board Member participation in NCSBN ICRS courses**

Mr. Jones encouraged Board Members to enroll in the ICRS courses such as: *Parliamentary Procedure, Principles of Nursing Board Governance, and Role of the Board Member.*

Mr. Jones added that he will have Ms. Vu send the link to Board Members after the meeting.

**Nurse Aide Application Process Update**

Ms. Douglas stated that Ms. Bargdill oversees the licensing and discipline of the certified nurse aides (CNAs), registered medication aides (RMAs), and license massage therapists (LMTs). Ms. Douglas added that Ms. Wilmoth and Ms. Christine Smith oversee nurse aide education.

Ms. Douglas noted that the federal requirement for nurse aide education and certification has been in place unchanged since 1989.

Ms. Douglas added that Credentia™ is taking over both the written and practical components of nurse aide testing from PearsonVue™ and is moving the written component to an online proctored platform.

Ms. Wilmoth stated that Credentia365 is the new system in which the student sets up their own account to test. Ms. Wilmoth noted that there is a black out period from January 27 through February 13, 2022 to facilitate the migration process to Credentia365 returning to online availability on February 14,

2022. Ms. Wilmoth stated that skill portion of testing will continue to be in person but NCSBN is in the process of developing virtual skill testing.

Dr. Felisa Smith inquired whether or not programs were advised in sufficient time to prepare students for the new format and if dates/times for online proctored written testing will differ from skills testing. Ms. Douglas and Ms. Wilmoth replied yes to both inquiries. Ms. Douglas added that tutorial videos are available to programs.

PUBLIC COMMENT: There was no public comment received.

RECESS: The Board recessed at 10:02 A.M.

RECONVENTION: The Board reconvened at 10:13 A.M.

**Agency Subordinate Recommendations Tracking Log Update**

Ms. Morris queried the Board whether the columns with incomplete data for 2010 to 2013 on the Agency Subordinate Recommendation Tracking Log (C2) are necessary moving forward.

Mr. Monson suggested that five years of data is sufficient.

Ms. Phelps commented that the log is helpful, especially for new Board Members.

Dr. Smith noted that data before 2014 only indicated quantitative affirmation.

Dr. Gleason commented that including data of more than five years is not needed.

Mr. Hermansen-Parker inquired as to the background of the Agency Subordinates who makes the recommendations.

Ms. Douglas advised that Agency Subordinates are former Board Members who conduct informal conferences and make recommendations to the Board for consideration. Ms. Douglas added that utilization of the Agency Subordinates cuts down on Board Members' time conducting informal conferences and there is a plan to provide and update of the agency subordinate process at an upcoming Board meeting.

Ms. Mitchell noted that it should not matter who the Agency Subordinates are and the recommendations need to speak for themselves.

Mr. Monson moved to keep the Agency Subordinate Recommendation Tracking Log with five-year data. The motion was seconded by Ms. McElfresh and carried unanimously.

Mr. Jones reminded Board Members to send topics for training to Ms. Vu.

**SRP WORKSHEET PRESENTATION – by Neal Kauder and Kim Small, VisualResearch**

- Consideration of Revised Sanctioning Reference Points for LMTs
- DRAFT Massage Therapy Advisory Board December 1, 2021 Meeting minutes

Mr. Jones thanked Mr. Kauder and Ms. Small for their work on this worksheet and invited them to proceed.

Mr. Kauder provided the revised worksheet that was presented to the Massage Therapy (MT) Advisory Board for input on December 1, 2021; the Advisory Board's recommendations are as follows:

- Under Case Type Score → **item d (Standard of Care)** has been added
- Under Offense and Respondent Score → **item j (Patient Physical injury)** has been added

Ms. Phelps moved to accept the revised worksheet as presented. The motion was seconded by Mr. Monson and carried unanimously.

Mr. Monson moved to accept the Massage Therapy Advisory Board Meeting DRAFT December 1, 2021 minutes as presented. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

**Discussion of item removed from the Consent Agenda**

**C4 – Executive Director Report**

Ms. Douglas noted that she pulled the report to add the following information:

**Waivers**

- The waivers, although fewer, are identical to the ones that went into place under Governor Northam.
- HR departments are preventing new graduates from practicing during the 90-day authorization to practice prior to testing period despite the waiver.
- There has also been an increase in new graduates serving as travel nurses which is concerning related to patient safety.

**Executive Order (EO)** - There is an Executive Order regarding human trafficking from the new Administration. A meeting to include regulatory boards is in the planning stages.

**Board Staff** – Many Board staff are working remotely. Licensing staff has been working remotely since the beginning of the pandemic. Ms. Tamayo-Suijk has been on medical leave since July, 2021. DHP is moving toward a hybrid working style for staff.

Dr. Gleason and Mr. Monson thanked board staff for their resilience during the pandemic.

EDUCATION:

**E1 – January 12, 2022 Education Informal Conference Committee minutes and recommendations**

Mr. Monson moved to accept the January 12, 2022 Education Information Conference Committee minutes as presented. The motion was seconded by Ms. McElfresh and carried unanimously.

Ms. Douglas noted that there is a Petition for Rulemaking regarding Regulations for Nurse Aide Education Programs received on December 14, 2021. The request for public comments has been published and the comment period ends on February 20, 2022.

Ms. Douglas added that the Board will consider a Notice of Intended Regulatory Action (NOIRA) regarding Regulations for Nurse Aide Education Programs at its March meeting.

**Mary Marshall Scholarship Update**

Ms. Wilmoth reported the following:

- The funds were disbursed to 32 nursing students (RN and PN)
- Virginia Department of Health (VDH) selected an additional 15 students to receive funds
- The increased amount received approval and is in the process of being distributed to the awardees, which will be a total of \$94,000 awarded to nursing students
- Ms. Douglas noted that there has been legislator interest in including refugee status to the eligibility requirements

**Education Update:**

Ms. Wilmoth reported the following:

**Nursing Education Program Updates**

- ❖ The 2021 NSCBN Annual Survey was distributed to programs for completion January 10, 2022 with a completion deadline of February 14<sup>th</sup>.
- ❖ Aggregate data from the 2020 NCSBN Annual Survey is anticipated to be distributed in June
- ❖ The required 2021 Virginia regulatory annual report closed on January 5<sup>th</sup> with all active programs submitting reports. The Healthcare Workforce

Data Center (HWDC) will compile results and present to the Board at a future meeting.

- ❖ 2021 NCLEX results have been received. A more detailed report will be provided in March. However, at first glance 32 practical nursing (PN) and 31 registered nursing (RN) programs had pass rates < 80% in 2021.
- ❖ Active Applications: There are three PN and two BSN active applications.
- ❖ New programs in 2021: There were 5 new programs to receive initial approval in 2021 – 1 PN and 4 BSN
- ❖ Total Number of programs - 56 PN and 167 RN Programs (83 BSN, 82 Associate Degree Programs and 2 Masters)
- ❖ Faculty Exceptions: In 2021, there were 60 initial Faculty Exceptions (51 for BSN programs, 7 for ADN programs, and 2 for PN programs) approved. There were 23 continuing Faculty Exceptions (all BSN programs) approved.
- ❖ Education Seminars: the next seminar is scheduled in person at DHP on February 16<sup>th</sup>.
- ❖ Site visits scheduled this year: There are 17 continuing approval site visits (1 BSN, 1 ADN and 15 PN) scheduled.
- ❖ The deadline to register to review the Next Generation NCLEX exam is February 11, 2022, and the reviewing dates are in May.

### **Nurse Aide Education Programs Update**

- ❖ Applications for the Mary Marshall Scholarship are currently being accepted for Nurse Aide with a plan to select recipients and funds to be disbursed by April 2022. Each recipient will receive up to \$1000 based on program cost.
- ❖ Nurse Aide testing is transitioning from PearsonVUE to Credentia. As part of this transition, there will be a **NO TESTING** period from January 27, 2022 to February 13, 2022. When testing resumes the written portion will **ONLY** be offered in an **ONLINE** format while the skills portion will remain in-person. Prior to the testing halt and immediately following, there will be an increase in testing availability to assist in accommodating programs and their graduates. Programs were notified by Credentia. Skills testing will remain in an in-person environment for the foreseeable future. Staff attended a live virtual training session sponsored by Credentia to review the new nurse aide testing process and online platform.
- ❖ Active Applications: 10
- ❖ New programs in 2021: 22
- ❖ Total Number of programs: 244 with 33 of those inactive
- ❖ Instructional Personnel Exceptions: 2



- ❖ Education Seminar to review nurse aide education program regulatory requirements scheduled for February 10, 2022 in a virtual environment with greater than 115 registered.
- ❖ Survey visits scheduled this spring: 52

### **Medication Aide Program Updates**

- ❖ Curriculum revisions to the updated template continue. Once complete, the Committee will meet to finalize the changes and the curriculum will be brought to the Board for consideration.
- ❖ Regulations governing medication aide programs are due for periodic review this year.
- ❖ Program contact attempt:
  - Letters were sent to ALL 68-hour RMA programs
  - As of today, staff have been unable to contact 21 programs via mail, certified mail, email, and phone. These programs will be scheduled for an IFC
  - There are 81 programs remaining to contact via phone
  - The Board has closed 46 programs per program request
  - There are 81 current programs—some of which are not actively holding classes but want to remain open
- ❖ Active Applications: 9
- ❖ New programs in 2021: 13
- ❖ Total Number of programs: 294

RECESS: The Board recessed at 11:26 A.M.

RECONVENTION: The Board reconvened at 11:35 A.M.

LEGISLATION/  
REGULATION: Ms. Yeatts reported the following:

### **F1 Chart of Regulatory Action as of January 6, 2022:**

Ms. Yeatts provided an overview of the regulatory actions found in the chart noting the new profession of Certified Midwife which was passed by the 2021 General Assembly.

Ms. Yeatts noted that she will be retiring as of April 1, 2022, and Ms. Barrett has accepted the DHP Policy Analyst position.

### **Report of the 2022 General Assembly (GA)**

Ms. Yeatts reviewed the handout of the 2022 GA noting that there is a two-fold increase in the number of bills that impact DHP.

**Massage Therapy Advisory Board Meeting DRAFT December 1, 2021  
minutes**

Mr. Monson moved to accept the minutes as presented. The motion was seconded and passed unanimously.

RECESS: The Board recessed at 12:14 P.M.

RECONVENTION: The Board reconvened at 1:30 P.M.

**CONSIDERATION OF CONSENT ORDERS:**

**G1 Hongling Zheng, LMT 0019-015355**

Ms. McElfresh moved to accept the consent order for voluntary surrender for indefinite suspension of **Hongling Zheng**'s license to practice massage therapy in the Commonwealth of Virginia. The motion was seconded by Mr. Monson and carried unanimously.

**G2 Xiuting Cui, LMT 0019-015875**

Ms. McElfresh moved to accept the consent order for voluntary surrender for indefinite suspension of **Xiuting Cui**'s license to practice massage therapy in the Commonwealth of Virginia. The motion was seconded by Mr. Monson and carried unanimously.

**G3 Hongsub Song, LMT 0019-005420**

Ms. McElfresh moved to accept the consent order to suspend the license of **Hongsub Song** to practice massage therapy in the Commonwealth of Virginia for a period of not less than two years from the date of entry of the Board Order. The motion was seconded by Mr. Monson and carried unanimously.

**G5 Kristine Loeffelbein, RN 0001-295833**

Ms. McElfresh moved to accept the consent order to indefinitely suspend the license of **Kristine Loeffelbein** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of **Ms. Loeffelbein**'s entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) or Ms. Loeffelbein's entry into an alternative program in another state deemed by the Board to be substantially equivalent to the HPMP and remain in compliance with all terms and conditions of the HPMP for the period specified by the HPMP or all terms and conditions of

the alternative program. The motion was seconded by Mr. Monson and carried unanimously.

**G7 Kaitlyn Nicole Cornell, RN**

**0001-260627**

Ms. McElfresh moved to accept the consent order to indefinitely suspend the license of **Kaitlyn Nicole Cornell** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of **Ms. Cornell**'s entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and remain in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Mr. Monson and carried unanimously.

CLOSED MEETING:

Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 1:34 P.M. for the purpose of considering the Consent Orders of **Melanie Hope Leonhart Jones, RN (G4)** and of **Talbott Smith, LMT (G6)**. Additionally, Mr. Hermansen-Parker moved that Ms. Douglas, Dr. Hills, Ms. Morris, Ms. Willinger, Ms. Wilmoth, Ms. Iyengar, Ms. Dewey, Ms. Christine Smith, Ms. Vu, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Dr. Gleason and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 1:42 P.M.

Mr. Hermansen-Parker moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was properly seconded by Dr. Gleason and carried unanimously.

**G4 Melanie Hope Leonhart Jones, RN**

**0001-178815**

Mr. Monson moved to accept the consent order to suspend the right of **Melanie Hope Leonhart Jones** to renew her license to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of **Ms. Jones**' entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and remain in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Ms. Swineford and carried unanimously.

**G6 Talbott Smith, LMT**

**0019-016487**

Mr. Monson moved to accept the consent order for voluntary surrender for revocation of **Talbott Smith**'s license to practice massage therapy in the Commonwealth of Virginia. The motion was seconded by Dr. Smith and carried unanimously.

RECESS: The Board recessed at 1:49 P.M.

RECONVENTION: The Board reconvened at 2:32 P.M.

**CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:**

**#1 - Jordan L. Banks, CNA**

**1401-199443**

Ms. Banks did not appear.

Ms. Phelps moved that the Board of Nursing accept the recommended decision of the agency subordinate to take no action at this time, contingent upon Ms. Banks' entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) within 60 days of the date of the entry of the Board Order and remain in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Mr. Monson and carried unanimously.

**#3 - Syble Elaine Craig Hallstrom, RN**

**0001-088152**

Ms. Hallstrom did not appear.

Ms. Phelps moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Syble Elaine Craig Hallstrom** and assess a monetary penalty of \$300.00 to be paid to the Board within 60 days from the date of entry of the Board Order. The motion was seconded by Mr. Monson and carried unanimously.

**#4 - Penny Jewell Thompson-Cozart Everett, LPN**

**0002-062296**

Ms. Everett did not appear.

Ms. Phelps moved that the Board of Nursing accept the recommended decision of the agency subordinate to place **Penny Jewell Thompson-Cozart Everett** on indefinitely probation with terms and conditions. The motion was seconded by Mr. Monson and carried unanimously.

**#5 - Aimee J. Pierson, LPN**

**0002-094258**

Ms. Peirson did not appear.

Ms. Phelps moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Aimee J. Pierson** and within 90 days from the date of entry of the Board Order, Ms. Pierson shall provide written proof satisfactory to the Board of successful completion of Board-approved course of at least three (3) contact hours each in the subjects of 1) *ethics and professionalism in nursing* and 2) *professional accountability & legal liability for nurses*. The motion was seconded by Mr. Monson and carried unanimously.

**#7 - Rodgie Lee Knight, Jr., CNA**

**1401-194055**

Mr. Knight did not appear.

Ms. Phelps moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Rodgie Lee Knight, Jr.**, to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Abuse against Mr. Knight in the Virginia Nurse Aide Registry. The motion was seconded by Mr. Monson and carried unanimously.

**#8 - Leanne Renee Wood, LPN**

**0002-082773**

Ms. Wood did not appear.

Ms. Phelps moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Leanne Renee Wood** and to indefinitely suspend her right to renew her license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Mr. Monson and carried unanimously.

**#9 - Leigh Anne Miller, RN**

**0001-143147**

Ms. Miller did not appear.

Ms. Phelps moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Leigh Anne Miller** and to suspend her right to renew her license to practice professional nursing in the Commonwealth of Virginia for a period of not less than one year from the entry of the Board Order. The motion was seconded by Mr. Monson and carried unanimously.

**#14 - Tonya Elaine Deane-Lamb, LPN**

**0002-061935**

Ms. Deane-Lamb did not appear.

Ms. Phelps moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Tonya Elaine Deane-Lamb**

and to indefinitely suspend her right to renew her license to practice practical nursing in the Commonwealth of Virginia for a period of not less than two years from the date of entry of the Board Order. The motion was seconded by Mr. Monson and carried unanimously.

Ms. Iyengar left the meeting at 2:36 P.M.

CLOSED MEETING:

Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:36 P.M. for the purpose of considering the remaining agency subordinate recommendations. Additionally, Mr. Hermansen-Parker moved that Ms. Douglas, Dr. Hills, Ms. Morris, Ms. Willinger, Ms. Wilmoth, Ms. Dewey, Ms. Christine Smith, Ms. Vu, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Mr. Monson and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 3:18 P.M.

Mr. Hermansen-Parker moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was properly seconded by Mr. Monson and carried unanimously.

**#2 - Karen Kelly Fontaine Smith, LPN**

**0002-045779**

Ms. Smith did not appear.

Mr. Monson moved that the Board of Nursing delete Findings of Fact and Conclusions of Law 2e, and to accept the recommended decision of the agency subordinate to reprimand **Karen Kelly Fontaine Smith** and to suspend her license to practice practical nursing in the Commonwealth of Virginia for a period of not less than one year from the date of entry of the Board Order. The motion was seconded by Ms. McElfresh and carried unanimously.

**#6 - Kelly Eileen Cramer, RN**

**0001-120556**

Ms. Cramer did not appear.

Dr. Gleason moved that the Board of Nursing amend the recommended decision of the agency subordinate to indefinitely suspend the right of **Kelly Eileen Cramer** to renew her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Smith and carried unanimously.

**#10 - Laura Murphy, LPN**

**Tennessee License # 57152  
With Multistate Privilege**

Ms. Murphy did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Laura Murphy** and to assess a monetary penalty of \$1,000.00 to be paid to the Board within 90 days from the date of entry of the Board Order. The motion was seconded by Dr. Gleason and carried unanimously.

**#11 - Yvettrise Marquitta Hoskie, CNA**

**1401-071854**

Ms. Hoskie did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Yvettrise Marquitta Hoskie**. The motion was seconded by Ms. McElfresh and carried unanimously.

**#12 - Christine Tice, LPN**

**0002-070202**

Ms. Tice did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to place **Christine Tice** on probation for a period of not less than one year with terms and conditions. The motion was seconded by Ms. McElfresh and carried unanimously.

**#13 - Betty S. Delesdernier, RN**

**0001-062756**

Ms. Delesdernier did not appear.

Mr. Monson moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Betty S. Delesdernier**. The motion was seconded by Ms. Swineford and carried with eight (8) votes in favor of the motion. Dr. Gleason, Ms. Friedenberg, Ms. Phelps and Dr. Smith opposed the motion.

**#15 - Ivy Lee Morris Hutt, RN**

**0001-105575**

Ms. Hutt did not appear.

Mr. Monson moved that the Board of Nursing delete Findings of Fact and Conclusion of Law 4, and accept the recommended decision of the agency subordinate to reprimand **Ivy Lee Morris Hutt**, and to indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia for a period of not less than two years from the date of entry of the Board Order. The motion was seconded by Ms. McElfresh and carried unanimously.

**#16 - Jamie Denice Loy Pound, CNA**

**1401-082611**

Ms. Pound did not appear.

Mr. Monson moved that the Board of Nursing reject the recommended decision of the agency subordinate regarding **Jamie Denice Loy Pound** and refer the matter to the formal hearing. The motion was seconded by Ms. McElfresh and carried unanimously.

**#17 - Kenneth Earl Greene, LPN**

**0002-067228**

Mr. Greene did not appear.

Mr. Monson moved that the Board of Nursing delete the last sentence of Findings of Fact and Conclusions of Law 4, and accept the recommended decision of the agency subordinate to reprimand **Kenneth Earl Greene** and to indefinitely suspend his right to renew his license to practice practical nursing in the Commonwealth of Virginia for a period of not less than two years from the date of entry of the Board Order. The motion was seconded by Ms. McElfresh and carried unanimously.

Ms. Iyengar re-joined the meeting at 3:22 P.M.

**MEETING DEBRIEF:**

**Board Members listed the following positive aspects of the meeting:**

- Great participation of Board Members
- Great job in chairing the meeting the first time
- Appreciated legislation updates by Ms. Yeatts
- SRP presentation was thoughtful and thorough

**Board Members made the following suggestions for improvement:**

- Glossary of terms for new Board Members

**ADJOURNMENT:**

The Board adjourned at 3:28 P.M.

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Brandon A. Jones, MSN, RN, CEN, NEA-BC  
President



## Virginia Board of Nursing OFFICER MEETING

### January 26, 2022 Minutes

**Time and Place:** The Board of Nursing Officer meeting was convened at 8:00 A.M. on January 26, 2022 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**Board Members Present:** Brandon Jones, MSN, RN, CNE, NEA-BC; President, Chairperson  
Cynthia Swineford, RN, MSN, SNE; First Vice-President  
Felisa Smith, PhD, MSA, RN, CNE; Second Vice-President

**Staff Members Present:** Jay P. Douglas, RN, MSM, CSAC, FRE

1. Board of Nursing Officers' roles and development needs.
  - Brandon Jones; President, informed officers of the placement of the DHP mission on agendas and the importance of helping Board members focus on the mission of public protection. Mr. Jones and Ms. Swineford noted their appreciation for having hearing scripts ahead of time to assist in their preparation.
  - General Discussion regarding best practices and tips related to ensuring participation of all Board members in meetings and hearings. The content of the Board of Nursing officer roles document provided during elections was referenced.
  - Mr. Jones stated that he thought it would be beneficial if the Board had a better understanding of both the staff work that occurs behind the scenes and the various Deputy roles. This could be included in the future training opportunities.
  - Ms. Douglas suggested that Dr. Smith, Second Vice President, be scheduled to preside over a formal hearing in the near future so that she gains some experience in the event there is a need for her to serve as a presiding officer.
2. Discussion of possible topics for 2022 Board Member Training session

The officers brainstormed topics that they thought would be beneficial to the board members with the following possibilities:

- Probable cause review
- Agency Subordinate process
- Board counsel hearing training
- Licensure overview
- Compliance overview

Virginia Board of Nursing  
Officer Meeting Minutes  
January 26, 2022

Board Members agreed that conducting Board member training sessions and committee meetings on a Tuesday after the business agenda was a preferable time for such activities.

There was an agreement that there would not be any training at the March meeting as this will be considered the Boards Annual business meeting and an in depth review of annual reports would be conducted at this meetings.

Ms. Douglas was directed to ask Ms. Mitchell, Board Counsel, if she would provide training at the May 2022 meeting.

The meeting was adjourned at 9:00 A.M.

DRAFT

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
PANEL A  
January 26, 2021**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 9:05 A.M., on January 26, 2021 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS PRESENT:** Cynthia M. Swineford, MSN, RN, CNE; First Vice-President  
Laurie Buchwald, MSN, WHNP, FNP  
Ann. T Gleason, PhD, Citizen Member  
James L. Hermasen-Parker, MSN, RN, PCCN-K  
Dixie L. McElfresh, LPN  
Mark Monson, Citizen Member  
Erin C. Osiol, MSW, **LMT Case only**

**STAFF PRESENT:** Jay Douglas, MSM, RN, CSAC, FRE, Executive Director  
Claire Morris, RN, LNHA, Deputy Executive Director  
Cathy Hanchey, Senior Licensing/Discipline Specialist  
Francesca Iyengar, MSN, RN; Discipline Case Manager

**OTHERS PRESENT:** James Rutkowski, Assistant Attorney General, Board Counsel  
Julia Bennett, Deputy Executive Director, Administrative Proceedings Division (APD)  
David Robinson, Adjudication Specialist, APD  
Grace Stewart Adjudication Specialist, APD  
Hailey Gibson - **joined at 10:20 A.M**  
Tony Gedeller - **joined at 11:35 A.M.**

**ESTABLISHMENT OF A PANEL:** With six members of the Board present, a panel was established.

**FORMAL HEARING:** **Marry Ann McCloud, RN** **0001-265271**  
Ms. McCloud appeared.  
Tammie Jones, Adjudication Consultant, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. L. Kim Taylor, Farnsworth and Taylor Reporting, LLC, recorded the proceedings.  
Tonya James, Board of Nursing Compliance Case Manager, was present and testified.

CLOSED MEETING: Mr. Hermasen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 9:35 A.M., for the purpose of deliberation to reach a decision in the matter of **Marry Ann McCloud**. Additionally, Mr. Hermasen Parker moved that Ms. Douglas, Ms. Morris, Ms. Hanchey, Ms. Iyengar and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Monson and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:03 A.M.

Mr. Hermasen-Parker moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. McElfresh and carried unanimously.

ACTION: Ms. Buchwald moved that the Board of Nursing reprimand **Marty Ann McCloud** and to require her to undergo a physiological mental health evaluation, a substance misuse and neurological evaluation within 120 days. The motion was seconded by Dr. Gleason. This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

FORMAL HEARING: **Timothy Shane Hess, LMT** **0019-010829**

Mr. Hess appeared, represented by Tony Bramble, Esq and Johnny Feliciano, Legal Assistant. Mr. Hess was accompanied by Lisa Russel.

Rebecca Ripley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. L. Kim Taylor, court reporter with Farnsworth and Taylor Reporting, LLC, recorded the proceedings.

Monique Davis, Senior Investigator, Enforcement Division, Client B, Client A and Lisa Michelle Russell, LMT were present and testified.

RECESS: The Board recessed at 12:13 P.M.

RECONVENTION: The Board reconvened at 12:21 P.M.

Mr. Robinson left the meeting at 12:45 P.M.

CLOSED MEETING: Mr. Hermasen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:20 P.M., for the purpose of deliberation to reach a decision in the matter of **Timothy Shane Hess**. Additionally, Mr. Hermasen-Parker moved that Ms. Douglas, Ms. Morris, Ms. Hanchey and Ms. Iyengar and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Monson and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:21 P.M.

Mr. Hermasen Parker moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Monson and carried unanimously.

ACTION: Mr. Monson moved that the Board of Nursing reinstate the license of **Timothy Shane Hess** to practice massage therapy in the Commonwealth of Virginia contingent upon Mr. Hess' completion of NCBTMB approved courses in ethics and boundaries, draping, informed consent and communication, three contact hours for each course and for a total of 12 hours. The motion was seconded by Ms. McElfresh and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

RECESS: The Board recessed at 3:23 P.M.

RECONVENTION: The Board reconvened at 3:53 P.M.

FORMAL HEARING: **Angelica Tucker Franklin,RN** **0001-258041**

Ms. Franklin did not appear.

James Schliesmann, Assistant Attorney General, and Claire Foley Adjudication Specialist, Administrative Proceedings Division, represented

the Commonwealth. Mr. Rutkowski was legal counsel for the Board. L Kim Taylor, court reporter with Farnsworth and Taylor Reporting, LLC, recorded the proceedings.

Kimberly Lynch, Senior Investigator, Enforcement Division, Shannon Aronson, RN, Director of Nursing at Swift Creek Emergency Room, and Patrick J. Connor, DSA Special Agent, were present and testified.

CLOSED MEETING: Ms. Buchwald moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:59 P.M., for the purpose of deliberation to reach a decision in the matter of **Angelica Tucker Franklin**. Additionally, Ms. Buchwald moved that Ms. Douglas, Ms. Morris, Ms. Hanchy and Ms. Iyengar and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Monson and carried unanimously.

RECONVENTION: The Board reconvened in open session at 5:20 P.M.

Ms. Buchwald moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Monson and carried unanimously.

ACTION: Mr. Monson moved that the Board of Nursing revoke the certificate of **Angelica Franklin Tucker** to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. Buchwald and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 5:21 P.M.

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Claire Morris, RN, LNHA  
Deputy Executive Director



moved that Dr. Hills, Ms. Wilmoth, Ms. Dewey, Ms. Goode and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Smith and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:09 P.M.

Dr. Dorsey moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by and carried unanimously.

ACTION: Dr. Dorsey moved that the Board of Nursing dismiss cases against **Octavia Briana-Alexis Williams**. The motion was seconded by Dr. Smith and passed with five votes in favor of the motion. Ms. Friedenberg opposed the motion.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

RECESS: The board recessed at 12:05 P.M.

RECONVENED: The board reconvened at 1:04 P.M.

FORMAL HEARINGS: **Yvette Patrice Bridges, RMA** **0031-011557**

Mandy Wilson Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Mitchell was legal counsel for the Board. Marie Whisenand, court reporter, Farnsworth and Taylor Reporting, LLC, recorded the proceedings.

Shawn Ledger, Senior Investigator, Enforcement Division, Teri Yount, RMA, Reuben Canty, LPN and Nancy Meece, LPN were present and testified.

CLOSED MEETING: Ms. Crawford Brown moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:32 P.M., for the purpose of deliberation to reach a decision in the matter of



**Yvette Patrice Bridges** Additionally, Ms. Crawford Brown moved that Dr. Hills, Ms. Wilmoth, Ms. Dewey, Ms. Goode and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Smith and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:45 P.M.

Ms. Crawford Brown moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Smith and carried unanimously.

Ms. Bridges joined the hearing at 2:45 pm. Ms. Bridges testified.

CLOSED MEETING:

Ms. Crawford Brown moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:18 P.M., for the purpose of deliberation to reach a decision in the matter of **Yvette Patrice Bridges** Additionally, Ms. Crawford Brown moved that Dr. Hills, Ms. Wilmoth, Ms. Dewey, Ms. Goode and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Smith and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 3:58 P.M.

Ms. Crawford Brown moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Smith and carried unanimously.

ACTION:

Dr. Dorsey moved that the Board of Nursing indefinitely suspend the registration of **Yvette Patrice Bridges** to practice as medication aide in the Commonwealth of Virginia for a period of not less than two years. The motion was seconded by Dr. Smith with five votes in favor of the motion. Ms. Phelps opposed the motion.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT:                   The Board Adjourned at 3:59 P.M.

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Robin Hills, DNP, RN, WHNP  
Deputy Executive Director

DRAFT

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
January 27, 2022**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 1:03 P.M., on January 27, 2022 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS PRESENT:** Cynthia Swineford, MSN, RN, CNE; First Vice President  
Terri Crawford Brown, RNC, MSN  
Laurie Buchwald, MSN, WHNP, FNP  
Yvette L. Dorsey, DNP, RN  
Margaret J. Friedenberg, Citizen Member  
Mark Monson, Citizen Member

**STAFF PRESENT:** Jay P. Douglas, MSM, RN, CSAC, FRE, Executive Director  
Robin Hills DNP, RN, WHNP, Deputy Executive Director for Advanced Practice  
Francesca Iyengar, MSN, RN; Discipline Case Manager  
Cathy Hanchey, Senior Licensing/Discipline Specialist

**OTHERS PRESENT:** Charis Mitchell, Assistant Attorney General, Board Counsel

**ESTABLISHMENT OF A PANEL:** With six members of the Board present, a panel was established.

**FORMAL HEARINGS:** **Michelle Denise Prince Turner, RN** **0001-168712**

Ms. Turner appeared and was accompanied by Rosemary Prince.

Julia Bennett, Deputy Executive Director, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. L. Kim Taylor, court reporter with Farnsworth and Taylor Reporting, LLC, recorded the proceedings.

Kim Martin, RN, Senior Investigator, Enforcement Division, Amy Ressler, Health Practitioners' Monitoring Program (HPMP) Administrative Director, and Rosemary Prince were present and testified.

**CLOSED MEETING:** Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:35 P.M., for the purpose of deliberation to reach a decision in the matter of **Michelle Denise Prince Turner**. Additionally, Mr. Monson moved that Ms.

Douglas, Dr. Hills, Ms. Iyengar, Ms. Hanchey and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Buchwald and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:04 P.M.

Mr. Monson moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Buchwald and carried unanimously.

ACTION: Dr. Dorsey moved that the Board of Nursing approve the application of **Michelle Denise Prince Turner** for reinstatement to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Mr. Monson and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

RECESS: The Board recessed at 3:05 P.M.

RECONVENTION: The Board reconvened at 3:15 P.M.

FORMAL HEARINGS: **Paris Kevona Sire-Pugh, CNA** **1401-120075**

Ms. Turner appeared.

Tammie, Adjudication Consultant, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. L. Kim Taylor, court reporter with Farnsworth and Taylor Reporting, LLC, recorded the proceedings.

Robin Carroll, Senior Investigator, Enforcement Division, and Amy Ressler, HPMP Administrative Director, were present and testified.

RECESS: The Board recessed at 3:53 P.M.

RECONVENTION: The Board reconvened at 4:15 P.M.

CLOSED MEETING: Ms. Crawford Brown moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:15 P.M., for the purpose of deliberation to reach a decision in the matter of **Michelle Denise Prince Turner**. Additionally, Mr. Monson moved that Ms. Douglas, Dr. Hills, Ms. Iyengar, Ms. Hanchey and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Monson and carried unanimously.

RECONVENTION: The Board reconvened in open session at 5:00 P.M.

Ms. Crawford Brown moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Monson and carried unanimously.

ACTION: Mr. Monson moved that the Board of Nursing reprimand **Paris Kevona Sire-Pugh**, approve the application for reinstatement of her certificate to practice as a nurse aide in the Commonwealth of Virginia, and place Ms. Sire-Pugh on probation for six months with terms. The motion was seconded by Dr. Dorsey and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 5:01 P.M.

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Robin Hills, DNP, RN, WHNP  
Deputy Executive Director for Advanced Practice

**VIRGINIA BOARD OF NURSING  
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL  
February 10, 2022**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held February 10, 2022 at 3:31 P.M.

**The Board of Nursing members participating in the call were:**

Brandon Jones, MSN, RN, CEN, NEA-BC, President (**Chair**)  
Cynthia Swineford, RN, MSN, CNE, First Vice-President  
Laurie Buchwald, MSN, WHNP, FNP  
Teri Crawford Brown, RNC, MSN  
Margaret Fridenberg, Citizen Member  
Marie Gerardo, MS, RN, ANP-BC  
James Hermansen-Parker, MSN, RN, PCCN-K  
Dixie McElfresh, LPN  
Jennifer Phelps, BS, LPN, QMHP-A, CSAC

**Others participating in the meeting were:**

Charis Mitchell, Assistant Attorney General, Board Counsel  
Erin Weaver, Assistant Attorney General  
Tammie Jones, Adjudication Consultant, Administrative Proceedings Division  
Jay Douglas, RN, MSM, CSAC, FRE; Executive Director  
Claire Morris, RN, LNHA; Deputy Executive Director  
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director  
Francesca Iyengar, MSN, RN; Discipline Case Manager  
Patricia L. Dewey, RN, BSN; Discipline Case Manager  
Huong Vu, Operations Manager  
Breana Renick, Administrative Assistant  
Lakisha Goode, Discipline Team Coordinator

The meeting was called to order by Mr. Jones. With nine members of the Board of Nursing participating, a quorum was established.

Assistant Attorney General, Erin Weaver, presented evidence that the continued practice of nursing by **Angela Charleen Meadwell, RN (0001-120178)** may present a substantial danger to the health and safety of the public.

Ms. Swineford moved to summarily suspend the professional nursing license of **Angela Charleen Meadwell** pending a formal administrative hearing and to offer a consent order for indefinite suspension of her license in lieu of a formal hearing. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

Virginia Board of Nursing  
Telephone Conference Call  
February, 10 2022

The meeting was adjourned at 3:49 P.M.

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Jay Douglas, RN, MSM, CSAC, FRE;  
Executive Director

DRAFT

**VIRGINIA BOARD OF NURSING**  
**POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL**  
**February 22, 2022**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held February 22, 2022 at 4:33 P.M.

**The Board of Nursing members participating in the call were:**

Brandon Jones, MSN, RN, CEN, NEA-BC, President (**Chair**)  
Cynthia Swineford, RN, MSN, CNE, First Vice-President  
Teri Crawford Brown, RNC, MSN  
Margaret Fridenberg, Citizen Member  
Marie Gerardo, MS, RN, ANP-BC  
A Tucker Gleason, PhD, Citizen Member  
James Hermansen-Parker, MSN, RN, PCCN-K  
Dixie McElfresh, LPN  
Jennifer Phelps, BS, LPN, QMHP-A, CSAC

**Others participating in the meeting were:**

Charis Mitchell, Assistant Attorney General, Board Counsel  
Erin Weaver, Assistant Attorney General  
Amanda Wilson, Adjudication Specialist, Administrative Proceedings Division  
Jay Douglas, RN, MSM, CSAC, FRE; Executive Director  
Claire Morris, RN, LNHA; Deputy Executive Director  
Christina Bargdill, BSN, MHS; Deputy Executive Director  
Patricia Dewey, RN, BSN; Discipline Case Manager  
Francesca Iyengar, MSN, RN; Discipline Case Manager  
Sylvia Tamayo-Syujk, Senior Discipline Specialist  
Huong Vu, Operations Manager  
Breana Renick, Administrative Assistant  
Lakisha Goode, Discipline Team Coordinator

The meeting was called to order by Mr. Jones. With nine members of the Board of Nursing participating, a quorum was established.

Assistant Attorney General, Erin Weaver, presented evidence that the continued practice of professional nursing by **Kimberly Janai Smith, RN (0001-288996)** may present a substantial danger to the health and safety of the public.

Mr. Hermansen-Parker moved to summarily suspend the professional nursing license of **Kimberly Janai Smith**, pending a formal administrative hearing and to offer a consent order for revocation of her license in lieu of a formal hearing. The motion was seconded by Ms. Crawford Brown and carried with six votes in favor of the motion. Ms. Gerardo, Dr. Gleason, and Ms. Phelps opposed the motion.



Virginia Board of Nursing  
Telephone Conference Call  
February 22, 2022

The meeting was adjourned at 4:44 P.M.

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Jay Douglas, RN, MSM, CSAC, FRE  
Executive Director

DRAFT

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
February 28, 2022**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 9:49 A.M., on February 28, 2022 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS PRESENT:** Marie Gerardo, MS, RN, ANP-BC; **Chair**  
Felisa A. Smith, PhD, MSA, RN, CNE, Second Vice President  
Margaret Friedenberg, Citizen Member  
James Hermansen-Parker, MSN, RN, PCCN-K  
Meenakshi Shah, BA, RN

**STAFF PRESENT:** Lelia Claire Morris, RN, LNHA; Deputy Executive Director  
Randall Mangrum, DNP, RN; Nursing Education Program Manager  
Lakisha Goode, Discipline Team Coordinator

**OTHERS PRESENT:** Charis Mitchell, Assistant Attorney General, Board Counsel  
Jay Douglas, MSM, RN, CSAC, FRE; Executive Director  
Jacquelyn Wilmoth, Deputy Executive Director for Education  
Kathleen Kincheloe, the State Council of Higher Education for Virginia (SCHEV)

**ESTABLISHMENT OF A PANEL:** With five members of the Board present, a panel was established.

**FORMAL HEARING:** **Medical Learning Center Practical Nursing (MLC-PN) Education Program (US28110500)**  
  
Representative from Medical Learning Center Practical Nursing Education Program did not appear.  
  
Sean Murphy, Assistant Attorney General, and Grace Stewart, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Wanda Blanks, Farnsworth & Taylor Reporting, recorded the proceedings.  
  
Patricia Dewey, RN, BSN, Discipline Case Manager, and Charlette Ridout, RN, MS, CNE, Board of Nursing staff, were present and testified.

**CLOSED MEETING:** Dr. Smith moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 10:18 A.M., for the purpose of deliberation to reach a decision in the matter of Medical

Learning Center Practical Nursing Education Program. Additionally, Dr. Smith moved that Ms. Morris, Dr. Mangrum, Ms. Goode and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 12:06 P.M.

Dr. Smith moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Shah and carried unanimously.

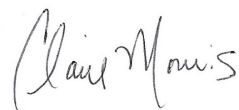
ACTION:

Dr. Smith moved that the Board of Nursing continue Medical Learning Center Practical Nursing Education Program on initial approval with terms and conditions. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT:

The Board adjourned at 12:08 P.M.



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Lelia Claire Morris, RN, LNHA  
Deputy Executive Director

**VIRGINIA BOARD OF NURSING**  
**POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL**  
**March 10, 2022**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held March 10, 2022 at 4:30 P.M.

**The Board of Nursing members participating in the call were:**

Brandon Jones, MSN, RN, CEN, NEA-BC; **Chair**  
Laurie Buchwald, RNC, WHNP, FNP  
Margaret Friedenber, Citizen Member  
Marie Gerardo, MS, RN, ANP-BC  
Tucker Gleason, PhD, Citizen Member  
James Hermansen-Parker, MSN, RN, PCCN-K  
Dixie L. McElfresh, LPN  
Mark Monson, Citizen Member  
Jennifer Phelps, BS, LPN, QMHP-A, CSAC  
Meenakshi Shah, BA, RN  
Felisa A. Smith, PhD, MSA, RN, CNE

**Others participating in the meeting were:**

Charis Mitchell, Assistant Attorney General, Board Counsel  
James Schliessmann, Assistant Attorney General  
Jay Douglas, MSM, RN, CSAC, FRE; Executive Director  
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Christina Bargdill BSN, MHS; Deputy Executive Director  
Claire Morris, RN, LNHA; Deputy Executive Director  
Patricia Dewey, RN, BSN; Discipline Case Manager  
Francesca Iyengar, MSN, RN, Discipline Case Manager  
Sylvia Tamayo-Syujk, Senior Discipline Specialist  
Huong Vu, Operations Manager  
Breana Renick, Administrative Support Specialist  
Lakisha Goode, Discipline Team Coordinator  
David Kazzie, Adjudication Specialist; Administrative Proceedings Division

The meeting was called to order by Mr. Jones. With 11 members of the Board of Nursing participating, a quorum was established.

James Schliessmann, Assistant Attorney General, presented evidence that the continue practice of massage therapy by **Keron Williams, LMT (0019-017344)** may present a substantial danger to the health and safety of the public.

**CLOSED MEETING:** Dr. Smith moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:43 P.M., for the purpose of deliberation to reach a decision in the matter of **Keron Williams, LMT** . Additionally, Dr. Smith moved that Ms. Douglas, Dr. Hills, Ms.

Virginia Board of Nursing  
Possible Summary Suspension Telephone Conference Call  
March 10, 2022

Morris, Ms. Bargdill, Ms. Vu and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Monson and carried unanimously.

**RECONVENTION:** The Board reconvened in open session at 5:07 P.M.

Dr. Smith moved that the Board of Nursing certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Mr. Monson and carried unanimously.

Ms. Gleason moved to summarily suspend the license of **Keron Williams** to practice massage therapy pending a formal administrative hearing and to offer a consent order for indefinite suspension of his license in lieu of a formal hearing. The motion was seconded by Mr. Monson and carried unanimously.

The meeting was adjourned at 5:08 P.M.

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Jay Douglas, MSM, RN, CSAC, FRE  
Executive Director

<i>License Count</i>	22-Jan	22-Feb	22-Mar	22-Apr	22-May	22-Jun	22-Jul	22-Aug	22-Sep	22-Oct	22-Nov	22-Dec
<b>Nursing</b>												
Practical Nurse	27,854	27,836										
Registered Nurse	115,278	115,835										
Massage Therapy	8,264	8,227										
Medication Aide	6,679	6,672										
Nurse Practitioner Total	15,921	16,129										
Autonomous Practice - NP	1,931	2,039										
Clinical Nurse Specialist - NP	395	397										
Certified Nurse Midwife - NP	421	428										
Certified Registered Nurse Anesthetist - NP	2,259	2,267										
Other Nurse Practitioners	10915	10998										
<b>Total for Nursing</b>	<b>176743</b>	<b>177563</b>	0	0	0	0	0	0	0	0	0	0

<b>Nurse Aide</b>	<b>49,042</b>	<b>48,937</b>										
Advanced Nurse Aide	29	26										
<b>Total for Nurse Aide</b>	<b>49071</b>	<b>48963</b>	0	0	0	0	0	0	0	0	0	0
<b>License Count Grand Total</b>	<b>225814</b>	<b>226526</b>	0	0	0	0	0	0	0	0	0	0
<b>Open Cases Count</b>	<b>22-Jan</b>	<b>22-Feb</b>	<b>22-Mar</b>	<b>22-Apr</b>	<b>22-May</b>	<b>22-Jun</b>	<b>22-Jul</b>	<b>22-Aug</b>	<b>22-Sep</b>	<b>22-Oct</b>	<b>22-Nov</b>	<b>22-Dec</b>
Nursing	1337	1260										
Nurse Aide	473	435										
<b>Open Cases Total</b>	<b>1810</b>	<b>1695</b>	0	0	0	0	0	0	0	0	0	0

Case Count by Occupation

Total



# Agency Subordinate Recommendation Tracking Trend Log - 2017 to Present – Board of Nursing

C2

Considered		Accepted		Modified*					Rejected					Final Outcome:** Difference from Recommendation				
Date	Total	Total	Total %	Total	Total %	# present	# ↑	# ↓	Total	Total %	# present	# Ref to FH	# Dis-missed	↑	↓	Same	Pend-ing	N/A
<i>Total to Date:</i>	718	653	90.9%	56	7.8%	9	40	13	11	1.5%	2	9	2	13	18	15	0	
<i>CY2022 to Date:</i>	17	15	88.2%	1	5.9%	0	0	1	1	5.9%	0	1	0	0	0	0	0	
Jan-22	17	15	88.2%	1	5.9%	0	0	1	1	5.9%	0	1	0	0	0	0	0	
<i>Annual Totals:</i>																		
Total 2021	51	48	94.1%	5	9.8%	0	2	0	0	0.0%	0	0	0	3	4	1	0	
Total 2020	77	69	89.6%	6	7.8%	5	6	0	2	2.6%	0	2	0	4	0	0	N/A	
Total 2019	143	129	90.2%	12	8.4%	0	10	2	2	1.4%	2	0	2	0	0	1	N/A	
Total 2018	200	172	86.0%	24	12.0%	4	17	7	4	2.0%	0	4	0	4	10	7	N/A	
Total 2017	230	220	95.7%	8	3.5%	0	5	3	2	0.9%	0	2	0	2	4	6	N/A	

\* Modified = Sanction changed in some way (does not include editorial changes to Findings of Fact or Conclusions of Law). ↑ = additional terms or more severe sanction. ↓ = lesser sanction or impose no sanction.

\*\* Final Outcome Difference = Final Board action/ sanction after FH compared to original Agency Subordinate Recommendation that was modified (then appealed by respondent to FH) or was Rejected by Board (↔ referred to FH).



## Virginia Board of Nursing

### Executive Director Report

March 22, 2022

#### 1 Presentations

- On February 10 2022 – Jacquelyn Wilmoth, Deputy Executive Director for Education, and Christine Smith, Nurse Aide/RMA Education Program Manager, hosted a live virtual Nurse Aide Education Regulatory Seminar with 112 participants.
- On February 11, 2022 – Jacquelyn Wilmoth, Deputy Executive Director for Education, assisted in a presentation regarding academic practice partnership between Germanna Community College and Mary Washington hospital to American Organization of Nurse Leadership.
- On February 16, 2022, Randall Mangrum, Nursing Education Program Manager, presented 2 educational seminars in the conference center at DHP “Orientation on Establishment of a PN or RN Pre-Licensure Nursing Program” and “Preparation and Regulation Review for Program Directors and Faculty of PN and RN Pre-Licensure Nursing Programs”. 19 attendees at the Regulatory Updates session, representing 11 programs. 18 attendees at the Establishing a Nursing Program session, representing 15 potential new programs. 3 DHP Inspectors were also in attendance for both sessions.
- On February 16, 2022, Jacquelyn Wilmoth, Deputy Executive Director for Education, provided a presentation to Riverside College Residency program regarding licensure requirements and the role of the Board of Nursing
- On February 17, 2022, Jay Douglas, Executive Director, and Claire Morris, Deputy Executive Director presented at the Mary Washington Healthcare Nursing Leadership Council monthly meeting. The presentation focused on educating Nurse Managers and Assistant Nurse Managers regarding the “why” behind controlled substance processes. Our efforts were to assist the group in understanding the signs of diversion, why professionals divert, risk factors and the processes of the Board in dealing with such cases to include an overview of the intake, probable cause review, proceedings, board orders and HPMP.
- On March 4, 2022, Robin Hills, Deputy Executive Director for Advanced Practice, provided a presentation during the Leslie Herdegen Rohrer Memorial Session of the Virginia Council of Nurse Practitioners (VCNP) 2022 Annual Conference in Hot Springs, Virginia entitled “**Professional Issues: NP Regulatory Update**”.

## **2 Meetings attended**

### **Nurse Aide PersonVue/Credentia Transition**

- Credentia is migrating CNA testing information from the Pearson Vue system to Credentia365. There was a black out period from 1/27/2022 through 2/13/2022 to facilitate the migration process.
- Credentia365 will be online 2/14/2022 to open up the ability to schedule online tests. Candidates will have access to the new application system and can schedule and take online Written/Oral exams on that day, which will replace the pencil and paper exams previously used.
- The following staff: Jay Douglas, Executive Director, Jacquelyn Wilmoth, Deputy Executive Director for Education, Christina Bargdill, Deputy Executive Director, Christine Smith, Nurse Aide and Medication Aide Program Manager, Anthony Morales, Licensing Manager, Ofelia Solomon, Nurse Aide Licensing Specialist and Francine Greer, CNA Licensing Specialist, met on a weekly basis with Credentia leadership to work through system issues identified during transition from PearsonVue to Credentia365 regarding application and program issues.
- On March 1, 2022, an email was sent to all nurse aide education programs regarding the need to activate Credentia CNA365 accounts, updates on accurate contact emails and phone numbers, and links for CNA365 training and the candidate application process.

### **Innovative Clinical Group**

- On January 28, 2022, Jacquelyn Wilmoth, Deputy Executive Director for Education, attended a clinical innovation meeting where discussion ensued regarding academic practice partnerships and how to expand the utilization of them for Nursing Education programs.
- February 25, 2022 - Jay Douglas, Executive Director, and Jacquelyn Wilmoth, Deputy Executive Director for Education, attended the Innovative Clinical Group virtual meeting where the discussion occurred regarding academic practice partnerships and development of a consortium in the state to assist programs with implementation of this type of innovative clinical experience.

### **Other Meetings**

- On February 1, 2022, Jay Douglas, Executive Director, participated in the virtual VNA Board of Directors meeting and provided Board of Nursing updates.
- On February 8, 2022, Jay Douglas, Executive Director, attended the NCSBN Board of Directors (BOD) meeting virtually as the President of NCSBN BOD. Agenda items of interest included a research report regarding the number of times an applicant takes the NCLEX and how this relates to rates of discipline, impacts of the pandemic on nursing regulation, innovative regulation/practice partnerships for international applicants, FBI investigations related to applicant and nursing education fraud and plans for the March Midyear Meeting.

- On February 8 2022—Jacquelyn Wilmoth, Deputy Executive Director and Randall Mangrum, Nursing Education Program Manager attended the NCSBN Primary Education Consultants meeting. Jacquelyn presented on the academic practice partnership initiative that Germanna Community College and Mary Washington hospital have been utilizing.
- On February 14, 2022, Jay Douglas, Executive Director, and Jacquelyn Wilmoth, Deputy Executive Director for Education, met with Dr. Kathryn Wilhoit, Director of the Appalachian Highlands Center for Nursing Advancement, East Tennessee State University virtually at her request. Ballad Health care is funding the establishment of the Appalachian Highlands Center for Nursing Advancement in collaboration with East Tennessee State University. Dr. Wilhoit is the first appointed director. They are planning to develop this center with the collaboration of all of the colleges and universities in the Southwest Virginia and Northeast Tennessee region as well as collaborate with the Tennessee Board of Nursing and the Virginia Board of Nursing. The purpose of the meeting was to discuss this new initiative and discuss developing a relationship with the Board of Nursing and the DHP HCWFDC with the goal of increasing the number of nurses in the VA/TN region. Subsequent to this meeting the Board connected Dr. Wilhoit with Dr. Elizabeth Carter.
- On February 17, 2022, Claire Morris, Deputy Executive Director, Jay Douglas, Executive Director, and Lucy Smith, Education Program Inspector, attended the Virginia Nurses Foundation Mental Health Roundtable meeting focused on Brain Health. The primary speaker was Rebekah Dailey, DNP,RN, CEN,CPEN who is the AARP Virginia Community Ambassador. She gave a wonderfully informative presentation on the Six Pillars of Brain Health. The Virginia Nurses Foundation is planning on encouraging access to this program by nurses in an effort to address wellness issues.
- On February 22, 2022, Jay Douglas, Executive Director, attended a Virginia Nurses Association (VNA) meeting convened to discuss possible solutions to staffing shortages. The meeting included representatives of Practice, Education and Regulation. Short term and long term solutions were discussed. VNA will convene a follow up meeting for the purposes of responding to ideas generated and to set future direction.
- February 23, 2022 - Jay Douglas, Executive Director, attended the Tri-Regulatory Collaborative virtual meeting. This meeting of the Leaderships of the National Council State Boards of Nursing (NCSBN), National Association Boards of Pharmacy and the Federation of State Medical Boards. The agenda for this meeting included planning for Opioid Regulatory Collaborative meeting and a presentation by FDA regarding their concerns about “Infusion Clinics”.
- On March 7 and 8, 2022, Jay Douglas, Executive Director, attended the Opioid Regulatory Collaborative (ORC) in Washington, DC, as the NCSBN Board of Directors President. The ORC was established by the regulatory boards that license U.S. physicians, physician assistants, nurses and dentists in an effort to bring new resources and strategies to the nation’s opioid epidemic. Composed of leaders from the American Association of Dental Boards (AADB), the Federation of State Medical Boards (FSMB), the National Association of Boards of Pharmacy (NABP) and the National Council of State Boards of Nursing (NCSBN). The Collaborative aims to reduce opioid

substance use disorder among the public as well as health care practitioners. Discussion included trends, developments and strategies in the nation's effort to address this public health crisis. Monitoring programs and the use of medication assisted treatment were also discussed.

- On March 10, 2022, Jay Douglas, Executive Director, attended a virtual meeting of the Tri-Council. The Tri-Council is composed of National Council State Boards of Nursing (NCSBN), American Association of Colleges of Nursing (AACN), American Nurses Association (ANA), American Organization of Nursing Leadership (AONL) and the National League for Nursing (NLN) all national nursing organizations who come together on a regular basis to discuss and take action on issues of mutual concern regarding nursing practice, education and regulation. The agenda for this meeting included individual organization reports, government affairs updates, ANA's racism in nursing initiative and development of a communication strategy to all members regarding the work of the Council.
- On March 16-17, 2022, Jay Douglas, Executive Director, attended and presented at the NCSBN Midyear meeting as President of the NCSBN Board of Directors. Brandon Jones, Board President, and Jacquelyn Wilmoth, Deputy Executive Directors, also attended the meeting in person to represent Virginia Board of Nursing. In addition, several Board staff attended the meeting virtually. Agenda items included NCSBN Strategic Initiatives, Legislative Updates, Remote Test Proctoring, NCLEX RN and LPN Test Plans, Discipline Efficiency Study, COVID Vaccine Mandates, Health Care Professionals Providing COVID Misinformation and related Discipline by Nursing Regulatory Bodies and Analysis of the NCLEX Test-Taker.
- On March 18, 2022, Jacquelyn Wilmoth, Deputy Executive Director, met with Susi Mattheisen and Steve Partridge from Northern Virginia Community College regarding an upcoming grant they will be applying for. This grant, if awarded, will help fund a stackable career path for nurses.

**VIRGINIA BOARD OF NURSING  
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE  
BUSINESS MEETING MINUTES  
February 16, 2022**

- TIME AND PLACE:** The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:00 A.M., February 16, 2022 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
- MEMBERS PRESENT:** Marie Gerardo, MS, RN, ANP-BC; Board of Nursing - Chair  
Laurie Buchwald, MSN, WHNP, FNP; Board of Nursing  
Ann Tucker Gleason, PhD; Board of Nursing  
Blanton Marchese, Board of Medicine  
David Archer, MD; Board of Medicine  
Ryan Williams, MD; Board of Medicine
- MEMBERS ABSENT:** None
- ADVISORY COMMITTEE MEMBERS PRESENT:** Kevin E. Brigle, RN, NP  
Mark Coles, RN, BA, MSN, NP-C  
Komkwuan P. Parachabutr, DNP, FNP-BC, WHNP-BC, CNM
- STAFF PRESENT:** Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director; Board of Nursing  
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice; Board of Nursing  
Huong Vu, Operations Manager; Board of Nursing  
Breana Renick, Administrative Support Specialist
- OTHERS PRESENT:** Charis Mitchell, Assistant Attorney General; Board Counsel  
Barbara Allison-Bryan, MD, Department of Health Professions Chief Deputy  
William L. Harp, MD, Executive Director; Board of Medicine  
Elaine Yeatts, DHP Policy Analyst  
Erin Barrett, DHP Policy Analyst
- IN THE AUDIENCE:** None
- INTRODUCTIONS:** Committee members, Advisory Committee members and staff members introduced themselves.
- ESTABLISHMENT OF A QUORUM:** Ms. Gerardo called the meeting to order and established that a quorum was present.
- ANNOUNCEMENT:** Ms. Gerardo noted the announcement as presented on the Agenda:  
**Laurie Buchwald, MSN, WHNP, FNP**, was appointed to the Board of Nursing on September 17, 2021 to replace Louise Hershkowitz. Ms.

Virginia Board of Nursing  
Committee of the Joint Boards of Nursing and Medicine – Business Meeting  
February 16, 2022

Buchwald’s first term will expire on June 30, 2025. Ms. Buchwald was appointed by Ms. Gerardo, Board of Nursing President, to the Committee of the Joint Boards of Nursing and Medicine as a nurse practitioner Committee Member on September 20, 2021.

Ms. Buchwald shared her professional background and stated her appreciation to serve on the Committee.

**REVIEW OF MINUTES:** The minutes of the June 16, 2021 Business Meeting, August 6, 2021 Summary Suspension Telephone Conference Call, and the October 13, 2021 Formal Hearing were reviewed. Dr. Archer moved to accept the minutes as presented. The motion was seconded by Dr. Williams and passed unanimously.

**DIALOGUE WITH AGENCY DIRECTOR:** Dr. Allison-Bryan noted that Dr. Brown is at the General Assembly and then reported the following:

**COVID Update**

- Cases fell 42% nationwide and 30% in Virginia past week.
- Cases fell 70% in Virginia over the past month
- Hybrid immunity seems to be more beneficial than natural immunity or vaccine alone
- The positive testing rate was at 38% and has now decreased to 11%
- 90% of adults are fully vaccinated of which 50% are boosted
- 60% of 5-17 year olds have been vaccinated

**General Assembly**

- So far it has been a dynamic session with many bills that affect DHP being considered
- Delegate Adams presented two (2) opposing bills:
  - ❖ **HB243** – increasing duration of physician postgraduate training from 12 months to 36 months AND requiring physicians to obtain professional liability insurance
  - ❖ **HB896** – giving autonomous NPs to serve as a patient care team provider allowing them to enter into a practice agreement with new grads AND eliminating professional liability insurance requirement for autonomous NPs.

**Transition within DHP**

Both Drs. Brown and Allison-Bryan received 120 days letter from the new Administration requesting that they both continue serving at DHP while the new Administration makes its decision.

Dr. Allison-Bryan noted that Dr. Brown has expressed his interest in remaining in the DHP Director position.

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Dr. Allison-Bryan stated that she started at DHP on March 1, 2018 and will retire as of March 1, 2022.

Dr. Allison-Bryan added that the new sound system will be replaced by summer of 2022.

Ms. Gerardo thanked Dr. Allison-Bryan for her service to DHP.

PUBLIC COMMENT: No public comments were received.

LEGISLATION/  
REGULATIONS:

**B1 Chart of Regulatory Actions:**

Ms. Yeatts reviewed the Chart provided in the agenda noting that the new certified midwife profession will be regulated by the Committee of the Joint Boards. Ms. Yeatts added that the proposed regulations will be considered by the Committee of the Joint Boards at its April 20, 2022 meeting, by the Board of Nursing at its May 17, 2022 meeting, and by the Board of Medicine at its June 16, 2022 meeting.

Yetty Shobo, PhD, Deputy Executive Director, Healthcare Workforce Data Center, joined the meeting at 9:30 AM

**B2 Report of the 2022 General Assembly (GA):**

Ms. Yeatts reviewed the 2021 GA report provided in the agenda.

Ms. Yeatts stated that she will be retiring as of April 1, 2022 and Ms. Barrett has been hired as her replacement.

Dr. Archer thanked Ms. Yeatts for the report and asked if she perceived an increase in regulatory actions regarding healthcare professionals.

Ms. Yeatts replied that she did not think so and added that members of the GA are more receptive to allow practitioners to practice to the full extent of the education and training.

Ms. Gerardo thanked Ms. Yeatts for her services to the Boards.

NEW BUSINESS:

**Healthcare Workforce Data Center (HWDC) Reports**

Dr. Yetty Shobo presented on the nurse practitioner survey reports. She stated that the Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each licensee.

Dr. Shobo provided key findings of the 2021 reports which will be posted on the DHP website upon approval:

Virginia Board of Nursing  
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February 16, 2022

- ❖ Virginia’s Licensed Nurse Practitioner Workforce: 2021
  - Trends in the NP Workforce
  - Trends in Age and Gender
  - Trends in Educational Attainment
  - Trends in Work Locations
  - Trends in Retirement Intentions
  
- ❖ Virginia’s Licensed Nurse Practitioner Workforce: Comparison by Specialty
  - NP Workforce by Specialty
  - Age and Gender Distribution
  - Education and Debt
  - Median Income
  - Primary Employment Sector
  - Top Establishments
  - Future Plans

Dr. Williams asked if there are data on pre-licensure income and debt level for all the specialties. Dr. Shobo replied that it was not part of the survey.

Mr. Marchese asked how many NP programs started in the last 10 years. Ms. Douglas stated that the Board does not regulate NP programs but estimated that there are 10-15 Schools/Colleges of Nursing that offer NP programs in Virginia.

Dr. Gleason asked if there is plan to increase access to care to rural areas. Dr. Allison-Bryan encouraged Committee members to review the HB793 report available on HWDC website, which includes the distribution of the NP workforce per capita throughout the Commonwealth.

Mr. Marchese asked how mobile the NP workforce is. Dr. Shobo replied the NP workforce is very mobile.

Dr. Williams moved to accept the reports as presented. The motion was seconded by Ms. Buchwald and passed unanimously.

RECESS:

The Committee recessed at 10:35 A.M.

Ms. Yeatts, Ms. Barrett, and Dr. Allison-Bryan left the meeting at 10:35 A.M.

RECONVENTION:

The Committee reconvened at 10:49 A.M.



**Members of Advisory Appointment:**

- ❖ Thokizeni Lipato, MD (1<sup>st</sup> term ended 2021)
- ❖ Janet L. Setnor, CRNA (1<sup>st</sup> term ended 2021)

Ms. Gerardo invited Ms. Douglas to proceed with the recommendations for filling these 2 open advisory committee positions.

Ms. Douglas stated that Dr. Olivia Mansilla's CV is presented for the Committee's consideration and action for the physician position on the Advisory Committee to replace Dr. Lipato.

Ms. Douglas stated that Dr. Jean Snyder's CV is presented for the Committee's consideration and action for the CRNA position on the Advisory Committee to replace Ms. Setnor.

Ms. Douglas noted that the recommendation for Jean Snyder was from Adrienne Hartgerink, DNP, MSN, CRNA, Virginia Association of Nurse Anesthetists (VANA) President. Ms. Douglas added that Dr. Snyder provided expert witness service to the Board of Nursing from time to time.

Mr. Marchese moved to accept the appointment of Dr. Mansilla for the physician position on the Advisory Committee. The motion was seconded by Ms. Buchwald and passed unanimously.

Mr. Marchese moved to accept the appointment of Dr. Snyder for the CRNA position on the Advisory Committee. The motion was seconded by Dr. Archer and passed unanimously.

**ENVIRONMENTAL SCAN – ADVISORY COMMITTEE MEMBERS**

Ms. Gerardo asked for the updates from the Advisory Committee Members.

Mr. Coles noted that HB1245, which repeals the sunset provision on the bill that was passed in 2021, is hopeful in keeping with the trend.

Mr. Brigle shared that the credentialing process at VCU has been streamlined due to NPs acquiring the autonomous practice designation.

Dr. Archer noted that nurses are leaving hospital at a high speed and asked if that is also going on across the Commonwealth. Mr. Coles noted that at Sentara where he is employed, there has been a high turnover of nurses due in no small part to the recruitment by companies, particularly travel nursing companies, offering significant pay increases.

Ms. Douglas agreed that it is a trend in Virginia and nationally. She also noted that due to this recruitment of seasoned nurses and other factors, the

health systems are experiencing a significant experience gap with the high rate of employment of novice nurses.

Ms. Gerardo thanked Advisory Committee Members for their participation.

The Members of the Advisory Committee and Dr. Harp left the meeting at 11:00 A.M.

**AGENCY SUBORDINATE RECOMMENDATION CONSIDERATION**

Dr. Hills left the meeting at 11:05 AM

CLOSED MEETING: Dr. Gleason moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:05 A.M., for the purpose of consideration of the agency subordinate recommendations. Additionally, Dr. Gleason moved that Ms. Douglas, Ms. Vu, Ms. Renick and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Marchese and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:23 A.M.

Dr. Gleason moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

**Daphne Carol Jenkins, LNP**

**0024-164470**

Ms. Jenkins did not appear.

Dr. Gleason moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to reprimand **Daphne Carol Jenkins** and to assess a monetary penalty of \$4,000.00 to be paid to the Board within 120 days from the date of entry of the Order. The motion was seconded by Dr. Williams and carried unanimously.

**Vickie Lynn Boyd Stevens, LNP**

**0024-175507**

Ms. Stevens did not appear but submitted a written response.

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Dr. Archer moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to reprimand **Vickie Lynn Boyd Stevens**, to require Ms. Stevens to complete approved courses of at least five credit hours each in the subjects of chronic pain management, prescribing of opioids, and medical recordkeeping within 90 days from the date of entry of the Order, and to read and provide a written summary of Drug Laws for Practitioners and Regulations for Prescriptive Authority for Nurse Practitioners: Part VI Management of Chronic Pain (18VAC90-40-180 through -240) within 90 days from the date of entry of the Order. The motion was seconded by Ms. Buchwald and carried unanimously.

**Maria Theresa Lee, LNP** **0024-174900**  
Ms. Lee did not appear.

Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to take no sanction against **Maria Theresa Lee**. The motion was seconded by Dr. Williams and carried unanimously.

**Oluwakemi Olubunmi Osidele, LNP** **0024-172973**  
Ms. Osidele did not appear.

Dr. Williams moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to reprimand **Oluwakemi Olubunmi Osidele**. The motion was seconded by Ms. Buchwald and carried unanimously.

Ms. Gerardo noted the next meeting is on Wednesday, April 20, 2022, in Board Room 2.

Ms. Gerardo added that the Committee will conduct informal conferences scheduled at 1:00 pm and the Committee Members are Ms. Gerardo, Ms. Buchwald and Dr. Williams.

ADJOURNMENT: As there was no additional business, the meeting was adjourned at 11:26 A.M.

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Jay P. Douglas, MSM, RN, CSAC, FRE  
Executive Director

**COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE**  
**SPECIAL CONFERENCE COMMITTEE**  
**February 16, 2022**

**TIME AND PLACE:** The meeting of the Special Conference Committee of the Committee of the Joint Boards of Nursing and Medicine was convened at 1:02 P.M., on February 16, 2022 in Board Room 2, Suite 201, Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia.

**MEMBERS PRESENT:** Marie Gerardo, MS, RN, ANP-BC – Chairperson  
Laurie Buchwald, MSN, RN, WHNP, FNP  
Ryan Williams, MD

**STAFF PRESENT:** Robin Hills, D.N.P., R.N., W.H.N.P.-B.C.  
Deputy Executive Director for Advanced Practice

**OTHERS PRESENT:** Tammie Jones, Adjudication Consultant for Charles Brown, Jr, LNP  
David Kazzie, Adjudication Consultant for Tina Richardson, LNP Applicant  
Crystal Miller-Williams, DNP for Charles Brown, Jr, LNP case only

**CONFERENCES**

**SCHEDULED:** **Charles Brown, Jr. LNP Reinstatement Applicant 0024-167094**  
Mr. Brown appeared, accompanied by his attorney, Harrison Gibbs and Crystal Miller-Williams, DNP.

**CLOSED MEETING:** Ms. Buchwald moved that the Special Conference Committee of the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to Section 2.2-3711(A)(16) of the *Code of Virginia* at 1:30 P.M. for the purpose of deliberation to reach a decision in the matter of Mr. Brown. Additionally, Ms. Buchwald moved that Dr. Hills and Ms. Jones attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Committee in its deliberations. The motion was seconded and carried unanimously.

**RECONVENTION:** The Committee reconvened in open session at 1:40 P.M.

Ms. Buchwald moved that the Special Conference of the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

**ACTION:** Dr. Williams moved to issue an issue an Order to Approve the Application of Charles Brown, Jr. for Reinstatement for licensure as a Nurse Practitioner and issue an unrestricted license. The basis of this decision will be set forth in an Order which will be mailed to Charles Brown, Jr. at his address of record with the Committee. The motion was seconded and carried unanimously.

An Order will be entered. As provided by law, this decision shall become a Final Order thirty days after service of such order on Charles Brown, Jr. unless a written request to the Committee for a formal hearing on the allegations made

against him is received from Mr. Brown within such time. If service of the order is made by mail, three additional days shall be added to that period. Upon such timely request for a formal hearing, the Order shall be vacated.

CONFERENCES

SCHEDULED:

**Tina Richardson, LNP Applicant**

Ms. Richardson appeared, accompanied by her attorney, Nathan Mortier.

CLOSED MEETING:

Ms. Buchwald moved that the Special Conference Committee of the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to Section 2.2-3711(A)(16) of the *Code of Virginia* at 2:29 P.M. for the purpose of deliberation to reach a decision in the matter of Ms. Richardson. Additionally, Ms. Buchwald moved that Dr. Hills and Mr. Kazzie attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Committee in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Committee reconvened in open session at 3:02 P.M.

Ms. Buchwald moved that the Special Conference of the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

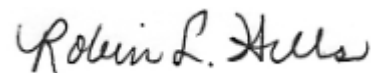
ACTION:

Dr. Williams moved to issue an issue an Order to Approve the Application of Tina Richardson for licensure as a Nurse Practitioner with terms. The basis of this decision will be set forth in an Order which will be mailed to Tina Richardson at his address of record with the Committee. The motion was seconded and carried unanimously.

An Order will be entered. As provided by law, this decision shall become a Final Order thirty days after service of such order on Tina Richardson unless a written request to the Committee for a formal hearing on the allegations made against her is received from Ms. Richardson within such time. If service of the order is made by mail, three additional days shall be added to that period. Upon such timely request for a formal hearing, the Order shall be vacated.

ADJOURNMENT:

The Committee of the Joint Boards adjourned at 3:05 P.M.



Robin Hills, D.N.P., R.N., W.H.N.P.-B.C.  
Deputy Executive Director  
for Advanced Practice

## Criminal Background Check (CBC) Report for CY2021

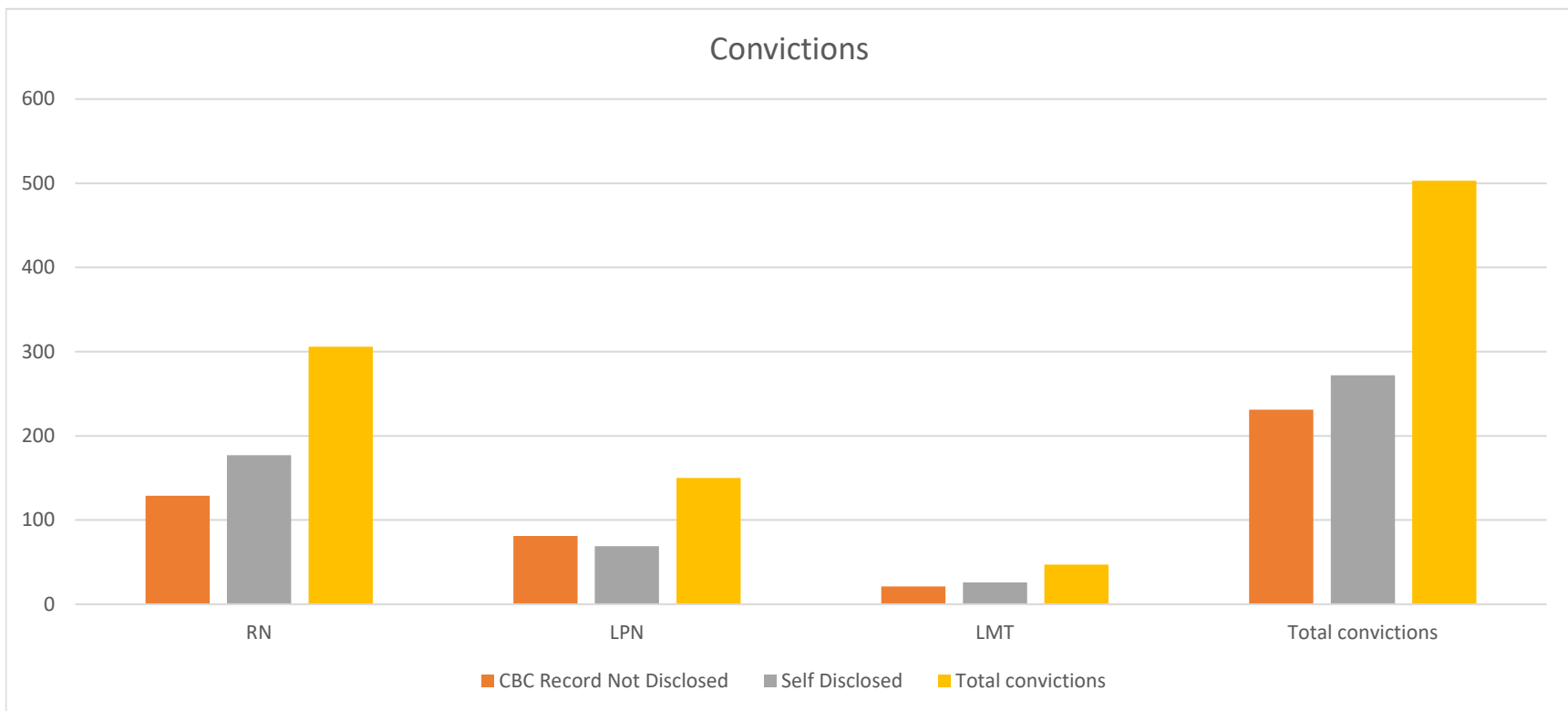
<b>2021 RN APPLICANTS</b>				
<b>Row Labels</b>	<b>RN-ENDORSEMENT</b>	<b>RN-EXAM</b>	<b>RN-REINSTATEMENT</b>	<b>Grand Total</b>
CBC Record Not Disclosed	37	81	11	129
Disposition Unknown	7	6		13
No CBC Conviction Record	116	164	19	299
Self-Disclosed	54	108	15	177
(blank)	3750	4531	424	8705
<b>Grand Total</b>	<b>3964</b>	<b>4890</b>	<b>469</b>	<b>9323</b>

<b>2021 LPN APPLICANTS</b>				
<b>Row Labels</b>	<b>LPN-ENDORSEMENT</b>	<b>LPN-EXAM</b>	<b>LPN-REINSTATEMENT</b>	<b>Grand Total</b>
CBC Record Not Disclosed	11	59	11	81
Disposition Unknown	4	3		7
No CBC Conviction Record	32	92	12	136
Self-Disclosed	15	47	7	69
(blank)	281	1022	56	1359
<b>Grand Total</b>	<b>343</b>	<b>1223</b>	<b>86</b>	<b>1652</b>

<b>2021 LMT APPLICANTS</b>				
<b>Row Labels</b>	<b>Column Labels</b>			<b>Grand Total</b>
	<b>LMT-APP</b>	<b>LMT-ENDORSEMENT</b>	<b>LMT-REINSTATEMENT</b>	
CBC Record Not Disclosed	13	6	2	21
Disposition Unknown	3	2		5
No CBC Conviction Record	25	11	2	38
Self-Disclosed	19	5	2	26
(blank)	364	103	30	497
<b>Grand Total</b>	<b>424</b>	<b>127</b>	<b>36</b>	<b>587</b>

## Criminal Background Check (CBC) Report for CY2021

	RN		LPN		LMT		Total convictions	
<b>Total Applicants</b>	<b>9323</b>		<b>1652</b>		<b>587</b>		<b>11562</b>	
<b>CBC Record Not Disclose</b>	129	1.38%	81	4.90%	21	3.58%	231	2.00%
<b>Self Disclosed</b>	177	1.90%	69	4.18%	26	4.43%	272	2.35%
<b>Total convictions</b>	306	3.28%	150	9.08%	47	8.01%	503	4.35%



## VA Board of Nursing

## Licensure Statistics

January 1 - December 31, 2021

License/Certification/Registration	Application Count <sup>1</sup> :				Issued Count :			
	INITIAL / EXAM	ENDORSED	REINSTATED <sup>2</sup>	COMBINED	INITIAL / EXAM	ENDORSED	REINSTATED <sup>2</sup>	COMBINED
Massage Therapy	490	168	51	709	406	135	34	575
Medication Aide	1,350	106	48	1,504	733	9	25	767
Nurse Practitioner	1,314	946	77	2,337	1,127	1,224	76	2,427
Practical Nurse	1,894	386	116	2,396	971	371	85	1,427
Registered Nurse	6,510	3,934	537	10,981	4,390	4,161	462	9,013
<b>Total</b>	<b>11,558</b>	<b>5,540</b>	<b>829</b>	<b>17,927</b>	<b>7,627</b>	<b>5,900</b>	<b>682</b>	<b>14,209</b>
Nurse Aide	1,928	3,814	1613	7,355	3,372	2,452	1,322	7,146
Advanced Certified Nurse Aide	231		1	232	10	-	1	
<b>Total</b>	<b>2,159</b>	<b>3,814</b>	<b>1,614</b>	<b>7,587</b>	<b>3,382</b>	<b>2,452</b>	<b>1,323</b>	<b>7,146</b>
<b>Grand Total</b>	<b>13,717</b>	<b>9,354</b>	<b>2,443</b>	<b>25,514</b>	<b>11,009</b>	<b>8,352</b>	<b>2,005</b>	<b>21,355</b>

<sup>1</sup> : Includes all applications received, but not necessarily completed or withdrawn in CY2021<sup>2</sup> : Includes reinstatement after discipline

Total License Count as of December 31, 2021 --&gt; 222,496

LNP Autonomous Practice - Issued CY2021	
Autonomous - Adult/Geriatric Acute	54
Autonomous - Adult/Geriatric Primary	72
Autonomous - Family	454
Autonomous - Neonatal	0
Autonomous - Pediatric Acute	0
Autonomous - Pediatric Primary	23
Autonomous - Psychiatric/Mental	131
Autonomous - Women's Health	20
<b>Total</b>	<b>754</b>



Cases	Case Counts:		PHCOs Proffered	Cases Resolved by:	
	RECEIVED	CLOSED		IFC	FH
<b>OCCUPATION</b>			"Mail PHCO to Resp/Atty"		
Massage Therapy	72	63			
Medication Aide	113	85	3		
Nurse Aide	585	575			
Nurse Practitioner	317	299	5		
Practical Nurse	445	567	68		
Registered Nurse	846	905	75		
<b>Total</b>	<b>2,378</b>	<b>2,494</b>	<b>151</b>	<b>221</b>	<b>108</b>
Nurse Education Program	36	25	6		
Nurse Aide Education Program	4	6			
<b>Total</b>	<b>40</b>	<b>31</b>	<b>6</b>	<b>0</b>	<b>0</b>
<b>Grand Total</b>	<b>2,418</b>	<b>2,525</b>	<b>157</b>	<b>221</b>	<b>108</b>
<i>Closure rate:</i>		104%	6%	9%	4%
<i>...of case closures</i>					



# COMMONWEALTH of VIRGINIA

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## MEMORANDUM

To: Education Informal Conference Committee  
From: Jacquelyn Wilmoth, RN, MSN  
Deputy Executive Director  
Date: February 28, 2022  
Subject: 2021 NNAAP Pass Rates

2021 NNAAP Results			
	No testers in 2021	Skills <80%	Written <80%
High School Programs	23.2% (22/95)	38.9% (37/95)	6% (6/95)
Nursing Home Programs	19.6% (9/46)	56.5% (26/46)	4% (2/46)
Hospital Programs	20% (1/5)	40% (2/5)	0% (0/5)
Community College Programs	29.3% (17/58)	43.1% (25/58)	2% (1/58)
Other Programs	31.4% (32/102)	49.0% (50/102)	15.7% (16/102)
<b>ALL Programs</b>	<b>26.5% (81/306)</b>	<b>48.4% (148/306)</b>	<b>8.2% (25/306)</b>



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## MEMORANDUM

To: Education Informal Conference Committee  
From: Jacquelyn Wilmoth, RN, MSN  
Deputy Executive Director  
Date: February 28, 2022  
Subject: 2021 PSI Pass Rates (Medication Aide)

2021 PSI Results		
	No testers in 2021	Written <80%
All Programs	72.2% (241/334)	21.6% (72/334) (all programs) 77.4% (72/93)(programs with testers)



## COMMONWEALTH of VIRGINIA

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### MEMORANDUM

To: Board Members

From: Jacquelyn Wilmoth, RN, MSN  
Deputy Executive Director

Date: February 28, 2022

Subject: 2021 NCLEX Pass Rates

#### **Practical Nursing Summary:**

- There are twelve (12) active practical nursing programs with NCLEX-PN pass rates less than 80% for one year.
- There is ten (10) active practical nursing program with NCLEX-PN pass rates less than 80% for two years.
- There is four (4) active practical nursing program with NCLEX-PN pass rates less than 80% for three years.
- Virginia's NCLEX-PN pass rates continue to trend lower than the national average.

#### **Registered Nursing Summary:**

- There are seventeen (17) active registered nursing programs with NCLEX-RN pass rates less than 80% for one year.
- There are six (6) active registered nursing program with NCLEX-RN pass rates less than 80% for two years.
- There are three (3) active registered nursing program with NCLEX-RN pass rates less than 80% for two years.
- There is one (1) active registered nursing program with NCLEX-RN pass rates less than 80% for five years.
- Virginia's NCLEX-RN pass rates continue to trend higher than the national average.

Nursing Programs **one year of NCLEX**  
First-time test taker pass rates below 80% (2021)

**Practical Nursing Programs:**

Program Name	Program code	NCLEX Pass rate %
<b>High School or Technical Center</b>		
Lee County Career and Technical School	US28100700	58.33% (7/12)
<b>Private/Proprietary Program</b>		
America School of Nursing and Allied Health	US28110100	53.66% (22/41)
Global Health Institute	US28102900	60% (3/5)
Standard Healthcare Services College of Nursing	US28108100	75.33% (113/150)
Ultimate Health School	US28205000	77.78% (49/63)
<b>Community College</b>		
Eastern Shore Community College	US28202000	70% (7/10)
J. Sargeant Reynolds Community College	US28105500	66.67% (2/3)
Lord Fairfax Community College	US28101700	70% (7/10)
Mountain Empire Community College	US28103600	78.26% (18/23)
Southside Virginia Community College (Alberta)	US28101000	78.57% (11/14)
Southwest Virginia Community College	US28103100	63.64% (14/22)
Wytheville Community College	US28101300	72.41% (21/29)
<b>Other</b>		
Special Military Equivalency	US28909400	20% (1/5)

**Registered Nursing Programs:**

Program Name	Program Code	NCLEX Pass rate %
<b>Associate Degree</b>		
<b>Private/Proprietary Program</b>		
Centra College	US28400900	64.71% (66/102)
Saint Michael College of Allied Health	US28400400	75% (6/8)
Southside College of Health Sciences	US28400700	78.26% (36/46)
Standard Healthcare Services College of Nursing	US28401400	75.47% (40/53)
<b>Community College</b>		
Dabney S. Lancaster Community College	US28406700	71.05% (27/38)
Lord Fairfax Community College	US28407500	77.88% (88/113)
Mountain Empire Community College	US28410000	73.68% (42/57)
Southside Virginia Community College (John Daniels)	US28401900	76.92% (10/13)
Southside Virginia Community College (South Boston)	US28404100	75% (12/16)
Southwest Virginia Community College	US28410100	75% (39/52)
Virginia Highlands Community College	US28410200	70.51% (55/78)
Wytheville Community College	US28407200	79.03% (49/62)
<b>Baccalaureate Degree</b>		
<b>Private/Proprietary Program</b>		
Chamberlain University – Tysons Corner	US28500600	79.87% (127/159)

**Nursing Programs one year of NCLEX**  
First-time test taker pass rates below 80% (2021)

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South University – Richmond	US28500700	78.38% (29/37)
South University – Virginia Beach	US28500900	78.79% (26/33)
Stratford University – Alexandria	US28510200	53.63% (10/19)
University of Lynchburg	US28508200	75.51% (37/49)

*Letters were sent to the program directors requesting the submission of a plan of correction as required in 18VAC90-27-210(B).*

**Nursing Programs with two years of NCLEX**  
 First-time test taker pass rates below 80% (2020 and 2021)

**Practical Nursing Programs:**

Program Name	Program Code	NCLEX Pass Rate 2020	NCLEX Pass Rate 2021
<b>High School or Technical Center</b>			
Chesterfield County Public Schools	US28104300	46.15% (6/13)	0% (0/2)
Giles County Technical Center	US28100500	75% (6/8)	50% (3/6)
Page County Technical Center	US28102000	72.73% (8/11)	66.67% (2/3)
Russell County Career and Technology Center	US28101600	69.23% (9/13)	66.67% (2/3)
<b>Private/Proprietary</b>			
Eastern Virginia Career College	US28102700	78.95% (15/19)	63.64% (7/11)
Fortis College – Norfolk	US28200500	54.55% (18/33)	72.41% (21/29)
Medical Solutions Academy	US28110700	40% (2/5)	75% (3/4)
<b>Community College</b>			
Germanna Community College	US28104000	78.57% (11/14)	76.19% (16/21)
New River Community College	US28108000	68.42% (13/19)	76.19% (16/21)
Virginia Highlands Community College	US2810800	65% (13/20)	66.67% (10/15)

**Registered Nursing Programs:**

Program Name	Program Code	NCLEX Pass Rate 2020	NCLEX Pass Rate 2021
<b>Private/Proprietary</b>			
Fortis College – Norfolk	US28409500	52.17% (12/23)	47.62% (20/42)
<b>Community College</b>			
J. Sargeant Reynolds Community College	US28406300	69.84% (88/126)	73.1% (79/108)
New River Community College	US28406100	77.55% (38/49)	50.91% (28/55)
Rappahannock Community College	US28408800	77.08% (74/96)	77.92% (60/77)
Virginia Western Community College	US28406400	79.66% (47/59)	78% (39/50)
<b>Baccalaureate</b>			
Stratford University-Falls Church (teachout)	US28502100	51.92% (27/52)	45.24% (38/84)

Pursuant to 18 VAC 90-27-210(B), the above programs will be:

1. Placed on conditional approval with terms and conditions;
2. Requested to submit an updated NCLEX plan of correction;
3. Scheduled for an NCLEX Focused Site Visit to include required documents; and
4. Required to submit the fees for a NCLEX site visit.

Nursing Programs with **three or more years of NCLEX**  
First-time test taker pass rates below 80% (2018, 2019, 2020 and 2021)

**Practical Nursing Program:**

Program Name	Program Code	NCLEX Pass Rate 2018	NCLEX Pass Rate 2019	NCLEX Pass Rate 2020	NCLEX Pass Rate 2021
<b>High School</b>					
Loudoun County Practical Nursing	US28104600		70% (7/10)	75% (3/4)	66.67% (4/6)
Petersburg Public Schools*	US28109400	75% (3/4)	50% (3/6)	33.33% (1/3)	66.67% (2/3)
<b>Community College</b>					
Dabney S. Lancaster Community College	US28107600		78.95% (15/19)	78.57% (11/14)	21.74% (5/23)
Patrick & Henry Community College	US28200000		71.43% (15/21)	56.25% (9/16)	75% (15/20)

**Registered Nursing Program:**

Program Name	Program Code	NCLEX Pass Rate 2017	NCLEX Pass Rate 2018	NCLEX Pass Rate 2019	NCLEX Pass Rate 2020	NCLEX Pass Rate 2021
<b>Proprietary</b>						
Fortis College – Richmond (ADN)*	US28408900	50% (1/2)	68.42% (13/19)	72.22% (13/18)	52.17% (12/23)	51.52% (17/33)
Bryant & Stratton College – Virginia Beach (ADN)	US28409700			68.2% (15/22)	71.42% (35/49)	72.41% (42/58)
Stratford University – Woodbridge (BSN)	US28502000			78.05% (32/41)	69.7% (46/66)	61.11% (33/54)
<b>Community College</b>						
Patrick & Henry Community College	US28406900			71.11% (32/45)	76.09% (35/46)	65.52% (19/29)

Pursuant to 18VAC90-27-210 (B), the board may withdraw program approval.

\*Program under Board Order



Closed Nursing Programs with First-time test taker pass rates below 80%

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**Closed Program Results:**

Program Name	Program Code	NCLEX Pass Rate 2017	NCLEX Pass Rate 2018	NCLEX Pass Rate 2019	NCLEX Pass Rate 2020	NCLEX Pass Rate 2021
<b>Practical Nursing</b>						
Chester Career College <i>Closed 8/31/2020</i>	US28103000			75% (15/20)	35.71% (15/42)	11.11% (3/27)
Closed Program	US28900000	25% (1/4)	50% (1/2)	0% (0/4)	0% (0/5)	16.67% (1/6)
National School of Nursing & Allied Health <i>Closed June 30, 2013</i>	US28205600	9.84% (6/61)	16.9% (12/71)	12.20% (5/41)	10.71% (3/28)	10% (3/30)
Star College <i>Closed September 2015</i>	US28205500	11.76% (2/17)	0% (0/1)	0% (0/3)	33.33% (2/6)	18.18% (4/22)
Washington County School of Practical Nursing <i>Closed 2019</i>	US28100600				No testers	0% (0/1)
<b>Registered Nursing</b>						
Norfolk State University – ADN <i>Closed July 31, 2014</i>	US28408400				No testers	0% (0/1)
Virginia Appalachian TriCollege <i>Closed May 2020</i>	US28406600				72.54% (140/193)	0% (0/1)

Six year NCLEX Pass Rates  
2016-2021

NCLEX-PN Pass Rates for 2016-2021		
Year	Virginia	National
2021	74.77%	79.6%
2020	79.68%	82.74%
2019	84.28%	85.63%
2018	84.15%	85.93%
2017	80.50%	83.84%
2016	78.76%	83.73%

\*Source: NCSBN NCLEX Year End Report

NCLEX-RN Pass Rates for 2016-2021 (All Types of RN Programs Combined)		
Year	Virginia	National
2021	83.06%	82.48%
2020	87.01%	83.73%
2019	89.47%	83.51%
2018	91.37%	88.30%
2017	89.16%	87.11%
2016	86.87%	84.57%

\*Source: NCSBN NCLEX Year End Report

NCLEX-RN Pass Rates for 2016-2021 (by program type)									
Year	Diploma		National	Associates		National	Bachelors		National
2021	N/A		N/A	Tested	Passed	78.78%	Tested	Passed	86.06%
				2463	1849		2484	2160	
				79.123%			86.96%		
2020	N/A		N/A	Tested	Passed	82.82%	Tested	Passed	90.28%
				2429	2025		2274	2069	
				83.37%			90.99%		
2019	N/A		N/A	Tested	Passed	85.17%	Tested	Passed	92.22%
				2358	2031		2295	2132	
				86.13%			92.9%		
2018	N/A		N/A	Tested	Passed	85.14%	Tested	Passed	91.58%
				2130	1911		2065	1923	
				89.72%			93.12%		
2017	Tested	Passed	90.23%	Tested	Passed	84.24%	Tested	Passed	90.04%
	21	18		1818	1575		2055	1879	
	85.71%			86.6%			91.4		
2016	Tested	Passed	85.39%	Tested	Passed	81.68%	Tested	Passed	87.8%
	51	45		1864	1592		1963	1732	
	88.24%			85.41%			88.23%		

Source: NCSBN NCLEX Year End Report



## COMMONWEALTH of VIRGINIA

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### MEMORANDUM

To: Jay P. Douglas, MSM, RN, CSAC, FRE  
Executive Director

From: Randall S. Mangrum, DNP, RN  
Nursing Education Program Manager

Date: March 3, 2022

Subject: Initial Faculty Exceptions Approved in 2021

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Per *Regulations for Nursing Education Programs* [18VAC 90-27-170], a nursing education program, after full approval has been granted, may request board approval for exceptions to requirements of 18VAC 90-27-60 for faculty. Listed below, by program type, please find a summary of initial faculty exceptions that were approved in 2021.

Baccalaureate Nursing Education Programs – 44  
Associate Degree Nursing Education Programs – 7  
Practical Nursing Programs - 2

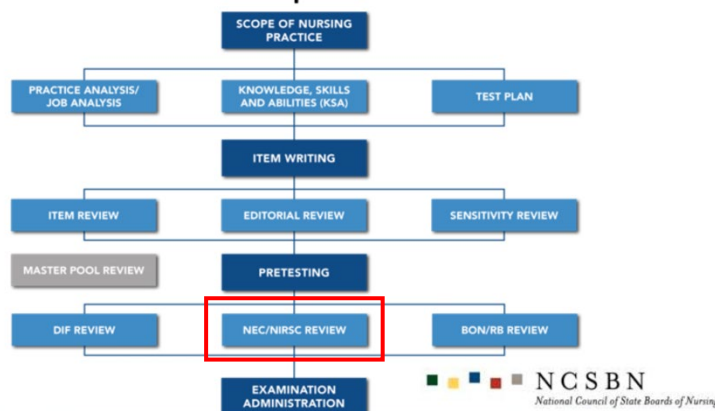
Report from NCLEX Item Review Subcommittee (NIRSC)  
 Virtual Meeting  
 February 1-3, 2022 & March 8-10, 2022  
 Submitted to Virginia Board of Nursing by Brandon Jones

It was a privilege to serve as part of the NCLEX Item Review Subcommittee (NIRSC) for both the February and March 2022 meetings. As I reported last year, while much of the work of the NIRSC is confidential, I am reporting those aspects of the meeting I can.

### Background

As a reminder, the NIRSC is a subcommittee of the NCLEX Examination Committee (NEC). The charge of the NIRSC is to assist the NEC with item review examining items to ensure they are accurate, current, and comply with nurse practice acts. This rigorous review is part of NCSBN's assurance of a psychometrically sound and legally defensible exam. Below is a graphic displaying how the work of the NIRSC fits into the NCLEX Item Development Process:

### NCLEX® Item Development Process



### February NIRSC Meeting Summary

Nine Board of Nursing representatives from different regions throughout the country comprised the February NIRSC team, with an NEC member acting as chair. Additionally, one other NEC member

assisted with observing. We also had two fantastic NCSBN staff members supporting us.

### March NIRSC Meeting Summary

Seven Board of Nursing representatives from different regions throughout the country comprised the March NIRSC team, with an NEC member acting as chair. Additionally, one other NEC member assisted with observing. We also had two fantastic NCSBN staff members supporting us.

Both groups represented diverse clinical experiences and backgrounds that enhanced the review process and boosted the group review and discussion. Although I have participated in NIRSC before, this experience was unique as we reviewed questions from the Next Generation NCLEX (NGN). Hundreds of NGN items were reviewed.

I am thankful for the opportunity to serve again on the NIRSC and look forward to continuing to be involved in June. In addition to accomplishing our primary objective of reviewing NGN items, this meeting was an opportunity to network, build relationships, and interact with other nurse regulators across the USA and Canada as well as contribute to the continued excellence in the nursing profession.

Respectfully submitted,  
Brandon Jones, MSN, RN, CEN, NEA-BC  
President, Virginia Board of Nursing

Report of Regulatory Actions - Board of Nursing		
Chapter		Action / Stage Information
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	<p><u>Changes relating to clinical nurse specialists as nurse practitioners</u> [Action 5800]</p> <p><b>Fast-Track - Register</b>  <i>Date: 1/17/22</i>  <i>Effective: 4/1/22</i></p>
[18 VAC 90 - 70]	Regulations Governing the Practice of Licensed Certified Midwives	<p><u>New regulations for licensed certified midwives</u> [Action 5801]</p> <p><b>Proposed - At Agency</b> [Stage 9552]</p>

## Report of the 2022 General Assembly

### Board of Nursing

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#### **HB 145 Physician assistants; practice.**

*Chief patron:* Head

*Summary as passed House:*

**Practice of physician assistants.** Removes the requirement that physician assistants appointed as medical examiners practice as part of a patient care team. For hospice program licensing, the bill adds physician assistants to the list of hospice personnel who may be part of a medically directed interdisciplinary team. The bill removes a reference to physician assistants in the definition of patient care team podiatrist. Finally, the bill permits physician assistants working in the field of orthopedics as part of a patient care team to utilize fluoroscopy for guidance of diagnostic and therapeutic procedures, provided other requirements are met.

03/02/22 House: Signed by Speaker

03/03/22 House: Impact statement from DPB (HB145ER)

03/03/22 Senate: Signed by President

03/11/22 House: Enrolled Bill communicated to Governor on March 11, 2022

03/11/22 Governor: Governor's Action Deadline 11:59 p.m., April 11, 2022

#### **HB 192 Opioids; repeals sunset provisions relating to prescriber requesting information about a patient.**

*Chief patron:* Hodges

*Summary as introduced:*

**Prescription of opioids; sunset.** Repeals sunset provisions for the requirement that a prescriber registered with the Prescription Monitoring Program request information about a patient from the Program upon initiating a new course of treatment that includes the prescribing of opioids anticipated, at the onset of treatment, to last more than seven consecutive days.

03/02/22 House: Signed by Speaker

03/03/22 House: Impact statement from DPB (HB192ER)

03/03/22 Senate: Signed by President

03/11/22 House: Enrolled Bill communicated to Governor on March 11, 2022

03/11/22 Governor: Governor's Action Deadline 11:59 p.m., April 11, 2022

**HB 234 Nursing homes, assisted living facilities, etc.; SHHR shall study current oversight/regulation.**

*Chief patron:* Orrock

*Summary as passed:*

**Secretary of Health and Human Resources; study of oversight and regulation of nursing homes, assisted living facilities, and other congregate living settings under a single state agency; report.** Directs the Secretary of Health and Human Resources to study the current oversight and regulation of nursing homes, assisted living facilities, and other congregate living settings to improve efficiency and effectiveness of regulation and oversight, provide better transparency for members of the public navigating the process of receiving services from such facilities, and better protect the health and safety of the public and to report his findings and recommendations to the Governor and the Chairmen of the Senate Committees on Education and Health and Finance and Appropriations and the House Committees on Appropriations and Health, Welfare and Institutions by October 1, 2022.

03/07/22 House: Enrolled

03/07/22 House: Bill text as passed House and Senate (HB234ER)

03/08/22 House: Impact statement from DPB (HB234ER)

03/08/22 House: Signed by Speaker

03/08/22 Senate: Signed by President

**HB 264 Public health emergency; out-of-state licenses, deemed licensure.**

*Chief patron:* Head

*Summary as passed House:*

**Public health emergency; out-of-state licensees; deemed licensure.** Allows a practitioner of a profession regulated by the Board of Medicine who is licensed in another state or the District of Columbia and who is in good standing with the applicable regulatory agency in that state or



the District of Columbia to engage in the practice of that profession in the Commonwealth with a patient located in the Commonwealth when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services and (ii) the patient is a current patient of the practitioner with whom the practitioner has previously established a practitioner-patient relationship and the practitioner has performed an in-person examination of the patient within the previous 12 months. The bill also provides that when the Board of Health has issued an emergency order, the Boards of Medicine and Nursing may waive (a) the requirement for submission of a fee for renewal or reinstatement of a license to practice medicine or osteopathic medicine or as a physician assistant or nurse practitioner and (b) the requirement for submission of evidence that a practitioner whose license was allowed to lapse for failure to meet professional activity requirements has satisfied such requirements and is prepared to resume practice in a competent manner for any person who held a valid, unrestricted, active license within the four-year period immediately prior to the application for renewal or reinstatement of such license. This bill is identical to SB 369.

03/02/22 House: Signed by Speaker

03/03/22 House: Impact statement from DPB (HB264ER)

03/03/22 Senate: Signed by President

03/11/22 House: Enrolled Bill communicated to Governor on March 11, 2022

03/11/22 Governor: Governor's Action Deadline 11:59 p.m., April 11, 2022

## **HB 285 Clinical nurse specialist; practice agreements.**

*Chief patron:* Adams, D.M.

*Summary as introduced:*

**Clinical nurse specialist; practice agreements.** Provides that a nurse practitioner licensed by the Boards of Medicine and Nursing in the category of clinical nurse specialist who does not prescribe controlled substances or devices may practice in the practice category in which he is certified and licensed without a written or electronic practice agreement, provided that he (i) only practice within the scope of his clinical and professional training and limits of his knowledge and experience and consistent with the applicable standards of care, (ii) consult and collaborate with other health care providers based on the clinical condition of the patient to whom health care is provided, and (iii) establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers. The bill also provides that a nurse practitioner licensed by the Boards in the category of clinical nurse specialist who prescribes controlled substances or devices shall practice in consultation with a licensed physician in

accordance with a practice agreement between the nurse practitioner and the licensed physician.

03/02/22 House: Signed by Speaker

03/03/22 House: Impact statement from DPB (HB285ER)

03/03/22 Senate: Signed by President

03/11/22 House: Enrolled Bill communicated to Governor on March 11, 2022

03/11/22 Governor: Governor's Action Deadline 11:59 p.m., April 11, 2022

### **HB 286 Nurse practitioners; declaration of death and cause of death.**

*Chief patron:* Adams, D.M.

*Summary as passed House:*

**Nurse practitioners; declaration of death and cause of death.** Authorizes autonomous nurse practitioners, defined in the bill, to declare death and determine cause of death; allows nurse practitioners who are not autonomous nurse practitioners to pronounce the death of a patient in certain circumstances; and eliminates the requirement for a valid Do Not Resuscitate Order for the deceased patient for declaration of death by a registered nurse, physician assistant, or nurse practitioner who is not an autonomous nurse practitioner.

03/02/22 House: Signed by Speaker

03/03/22 House: Impact statement from DPB (HB286ER)

03/03/22 Senate: Signed by President

03/11/22 House: Enrolled Bill communicated to Governor on March 11, 2022

03/11/22 Governor: Governor's Action Deadline 11:59 p.m., April 11, 2022

### **HB 537 Telemedicine; out-of-state providers, behavioral health services provided by practitioner.**

*Chief patron:* Batten

*Summary as passed House:*

**Telemedicine; out of state providers; behavioral health services.** Allows certain practitioners of professions regulated by the Boards of Medicine, Counseling, Psychology, and Social Work who provide behavioral health services and who are licensed in another state, the District of Columbia, or a United States territory or possession and in good standing with the

applicable regulatory agency to engage in the practice of that profession in the Commonwealth with a patient located in the Commonwealth when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services and (ii) the practitioner has previously established a practitioner-patient relationship with the patient. The bill provides that a practitioner who provides behavioral health services to a patient located in the Commonwealth through use of telemedicine services may provide such services for a period of no more than one year from the date on which the practitioner began providing such services to such patient.

03/09/22 Senate: Read third time

03/09/22 Senate: Passed by for the day

03/10/22 Senate: Read third time

03/10/22 Senate: Passed by temporarily

03/10/22 Senate: Passed Senate (40-Y 0-N)

### **HB 555 Health care providers; transfer of patient records in conjunction with closure, etc.**

*Chief patron:* Hayes

*Summary as introduced:*

**Health care providers; transfer of patient records in conjunction with closure, sale, or relocation of practice; electronic notice permitted.** Allows health care providers to notify patients either electronically or by mail prior to the transfer of patient records in conjunction with the closure, sale, or relocation of the health care provider's practice. Current law requires health care providers to provide such notice by mail.

02/23/22 House: Signed by Speaker

02/23/22 Senate: Signed by President

02/24/22 House: Impact statement from DPB (HB555ER)

03/09/22 House: Enrolled Bill communicated to Governor on March 9, 2022

03/09/22 Governor: Governor's Action Deadline 11:59 p.m., April 11, 2022

### **HB 598 Registered surgical technologist; criteria for registration.**

*Chief patron:* Hayes

*Summary as introduced:*

**Certified surgical technologist; criteria for certification.** Requires the Board of Medicine to certify as a surgical technologist any applicant who has practiced as a surgical technologist or attended a surgical technologist training program at any time prior to October 1, 2022, and registers with the Board by December 31, 2022. Under current law, an applicant who practiced as a surgical technologist at any time in the six months prior to July 1, 2021, and registered by December 31, 2021, is eligible for certification by the Board. The bill also provides that no person shall use the designation "C.S.T." or any variation thereof unless such person (i) is certified by the Board and (ii) has successfully completed an accredited surgical technologist training program and holds a current credential as a certified surgical technologist from the National Board of Surgical Technology and Surgical Assisting or its successor.

02/23/22 House: Signed by Speaker

02/23/22 Senate: Signed by President

02/24/22 House: Impact statement from DPB (HB598ER)

03/09/22 House: Enrolled Bill communicated to Governor on March 9, 2022

03/09/22 Governor: Governor's Action Deadline 11:59 p.m., April 11, 2022

**HB 604 Nursing, Board of; power and duty to prescribe minimum standards, etc., for educational programs.**

*Chief patron:* Sickles

*Summary as introduced:*

**Board of Nursing; education programs; oversight.** Gives the Board of Nursing the power and duty to prescribe minimum standards and approve curricula for educational programs preparing persons for registration as a medication aide and to provide periodic surveys of training programs.

02/23/22 House: Signed by Speaker

02/23/22 Senate: Signed by President

02/24/22 House: Impact statement from DPB (HB604ER)

03/09/22 House: Enrolled Bill communicated to Governor on March 9, 2022

03/09/22 Governor: Governor's Action Deadline 11:59 p.m., April 11, 2022

**HB 896 Nurse practitioner; patient care team provider.**

*Chief patron:* Adams, D.M.

*Summary as passed House:*

**Nurse practitioner; patient care team provider.** Eliminates the authority of a physician on a patient care team to require a nurse practitioner practicing as part of a patient care team to be covered by a professional liability insurance policy and the requirement that a nurse practitioner practicing without a practice agreement obtain and maintain coverage by or be named insured on a professional liability insurance policy.

03/03/22 House: Signed by Speaker

03/04/22 House: Impact statement from DPB (HB896ER)

03/04/22 Senate: Signed by President

03/11/22 House: Enrolled Bill communicated to Governor on March 11, 2022

03/11/22 Governor: Governor's Action Deadline 11:59 p.m., April 11, 2022

**HB 939 Necessary drugs, devices, and vaccines; Comm. of Health to authorize administration and dispensing.**

*Chief patron:* Robinson

*Summary as passed House:*

**Commissioner of Health; administration and dispensing of necessary drugs and devices during public health emergency.** Allows the Commissioner of Health to authorize persons who are not authorized by law to administer or dispense drugs or devices to do so in accordance with protocols established by the Commissioner when the Board of Health has made an emergency order for the purpose of suppressing nuisances dangerous to the public health and communicable, contagious, and infectious diseases and other dangers to the public life and health for the limited purpose of administering vaccines as an approved countermeasure for such communicable, contagious, and infectious diseases. Current law limits the Commissioner's ability to make such authorizations to circumstances when the Governor has declared a disaster or a state of emergency or the federal Secretary of Health and Human Services has issued a declaration of an actual or potential bioterrorism incident or other actual or potential public health emergency. The bill contains an emergency clause. This bill is identical to SB 647.

EMERGENCY

03/03/22 House: Signed by Speaker

03/04/22 House: Impact statement from DPB (HB939ER)

03/04/22 Senate: Signed by President

03/11/22 House: Enrolled Bill communicated to Governor on March 11, 2022

03/11/22 Governor: Governor's Action Deadline 11:59 p.m., April 11, 2022

**HB 1245 Nurse practitioners; practice without a practice agreement, repeals sunset provision.**

*Chief patron:* Adams, D.M.

*Summary as introduced:*

**Nurse practitioners; practice without a practice agreement; repeal sunset.** Repeals the sunset provision on the bill passed in 2021 that reduces from five to two the number of years of full-time clinical experience a nurse practitioner must have to be eligible to practice without a written or electronic practice agreement.

03/10/22 House: House acceded to request

03/10/22 House: Conferees appointed by House

03/10/22 House: Delegates: Adams, D.M., Robinson, Head

03/10/22 Senate: Conferees appointed by Senate

03/10/22 Senate: Senators: Newman, Saslaw, Hashmi

**SB 148 Public health emergencies; expands immunity for health care providers.**

*Chief patron:* Norment

*Summary as passed:*

**Public health emergencies; immunity for health care providers.** Expands immunity provided to health care providers responding to a disaster to include actions or omissions taken by the provider as directed by any order of public health in response to such disaster when a local emergency, state of emergency, or public health emergency has been declared.

EMERGENCY

03/04/22 Senate: Passed by for the day

03/07/22 Senate: House amendments agreed to by Senate (36-Y 3-N)

03/10/22 Senate: Enrolled

03/10/22 Senate: Bill text as passed Senate and House (SB148ER)

03/10/22 Senate: Impact statement from DPB (SB148ER)

**SB 169 Practical nurses, licensed; authority to pronounce death for a patient in hospice, etc.**

*Chief patron:* Peake

*Summary as passed Senate:*

**Licensed practical nurses; authority to pronounce death.** Extends to licensed practical nurses the authority to pronounce the death of a patient in hospice, provided that certain conditions are met. Current law provides that physicians, registered nurses, and physician assistants may pronounce death.

03/09/22 Senate: Enrolled

03/09/22 Senate: Bill text as passed Senate and House (SB169ER)

03/09/22 House: Signed by Speaker

03/10/22 Senate: Impact statement from DPB (SB169ER)

03/10/22 Senate: Signed by President

**SB 317 Out-of-state health care practitioners; temporary authorization to practice.**

*Chief patron:* Favola

*Summary as passed:*

**Out-of-state health care practitioners; temporary authorization to practice; licensure by reciprocity for physicians; emergency.** Allows a health care practitioner licensed in another state or the District of Columbia who has submitted an application for licensure to the appropriate health regulatory board to temporarily practice for a period of 90 days pending licensure, provided that certain conditions are met. The bill directs the Board of Medicine to pursue reciprocity agreements with jurisdictions that surround the Commonwealth to streamline the application process in order to facilitate the practice of medicine. The bill requires the Department of Health Professions to annually report to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions the number of out-of-state health care practitioners who have utilized the temporary authorization to practice pending licensure and have not subsequently been issued full licensure. The bill contains an emergency clause and is identical to HB 1187.

EMERGENCY

03/04/22 Senate: Signed by President

03/04/22 Senate: Impact statement from DPB (SB317ER)

03/04/22 House: Signed by Speaker

03/11/22 Senate: Enrolled Bill Communicated to Governor on March 11, 2022

03/11/22 Governor: Governor's Action Deadline 11:59 p.m., April 11, 2022

**SB 369 Public health emergency; out-of-state licenses, deemed licensure.**

*Chief patron:* Stuart

*Summary as passed:*

**Telemedicine services; practitioners licensed by Board of Medicine.** Allows a practitioner of a profession regulated by the Board of Medicine who is licensed in another state or the District of Columbia and who is in good standing with the applicable regulatory agency in that state or the District of Columbia to engage in the practice of that profession in the Commonwealth with a patient located in the Commonwealth when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services and (ii) the patient is a current patient of the practitioner with whom the practitioner has previously established a practitioner-patient relationship and the practitioner has performed an in-person examination of the patient within the previous 12 months. The bill also provides that when the Board of Health has issued an emergency order, the Boards of Medicine and Nursing may waive (a) the requirement for submission of a fee for renewal or reinstatement of a license to practice medicine or osteopathic medicine or as a physician assistant or nurse practitioner and (b) the requirement for submission of evidence that a practitioner whose license was allowed to lapse for failure to meet professional activity requirements has satisfied such requirements and is prepared to resume practice in a competent manner for any person who held a valid, unrestricted, active license within the four-year period immediately prior to the application for renewal or reinstatement of such license.

03/08/22 Senate: Enrolled

03/08/22 Senate: Bill text as passed Senate and House (SB369ER)

03/08/22 Senate: Signed by President

03/08/22 House: Signed by Speaker

03/09/22 Senate: Impact statement from DPB (SB369ER)

**SB 414 Nurse practitioners; patient care team physician supervision capacity increased.**



*Chief patron:* Kiggans

*Summary as passed:*

**Nurse practitioners; patient care team physician supervision capacity increased.** Allows a physician to serve as a patient care team physician on a patient care team with up to 10 nurse practitioners licensed in the category of psychiatric-mental health nurse practitioner. In all other cases, a physician may serve as a patient care team physician on a patient care team with no more than six nurse practitioners.

03/08/22 Senate: Enrolled

03/08/22 Senate: Bill text as passed Senate and House (SB414ER)

03/08/22 Senate: Signed by President

03/08/22 House: Signed by Speaker

03/09/22 Senate: Impact statement from DPB (SB414ER)

**SB 511 Opioid treatment program pharmacy; medication dispensing, registered/licensed practical nurses.**

*Chief patron:* Suetterlein

*Summary as passed Senate:*

**Opioid treatment program pharmacy; medication dispensing; registered nurses and licensed practical nurses.** Allows registered nurses and licensed practical nurses practicing at an opioid treatment program pharmacy to perform the duties of a pharmacy technician, provided that all take-home medication doses are verified for accuracy by a pharmacist prior to dispensing.

03/04/22 Senate: Signed by President

03/04/22 Senate: Impact statement from DPB (SB511ER)

03/04/22 House: Signed by Speaker

03/11/22 Senate: Enrolled Bill Communicated to Governor on March 11, 2022

03/11/22 Governor: Governor's Action Deadline 11:59 p.m., April 11, 2022

**SB 672 Pharmacists and pharmacy technicians; prescribing, dispensing, etc. of controlled substances.**

*Chief patron:* Dunnavant

*Summary as passed Senate:*

**Pharmacists and pharmacy technicians; prescribing, dispensing, and administering of controlled substances.** Allows pharmacists and pharmacy technicians under the supervision of a pharmacist to initiate treatment with and dispense and administer certain drugs, devices, and tests in accordance with a statewide protocol developed by the Board of Pharmacy in collaboration with the Board of Medicine and the Department of Health. The bill directs the Board of Pharmacy to establish such protocol by November 1, 2022, and to promulgate regulations to implement the provisions of the bill within 280 days of its enactment.

03/11/22 Conference: Amended by conference committee

03/11/22 Senate: Conference substitute printed 22107741D-S2

03/12/22 House: Conference report agreed to by House (55-Y 43-N)

03/12/22 House: VOTE: Adoption (55-Y 43-N)

03/12/22 Senate: Conference report agreed to by Senate (40-Y 0-N)

**Agenda Items: Board consideration of recommendation by Nurse Aide Education SCC response to petition for rulemaking regarding nurse aide education programs; Board consideration of recommendation by Nurse Aide Education SCC to amend regulations governing nurse aide education programs by Fast-Track action.**

**Included in your agenda package are:**

Copy of petition for rulemaking by Gary Bahena

Copy of comments received regarding the petition for rulemaking

Copy of legislator letters involving the same issue

Copy of changes to 18VAC90-26-10 *et seq.*

**Board discussion:**

- Whether to accept the recommendation of the Nurse Aide Education Special Conference Committee to respond to Mr. Bahena's petition for rulemaking by initiating a fast-track regulatory action in response to Mr. Bahena's first and second requests for rulemaking; whether to accept the recommendation of the Committee to take no action on Mr. Bahena's third request for rulemaking.
- Whether to accept the recommendation of the Nurse Aide Education Special Conference Committee to implement a Fast-Track regulatory action to do the following:
  - 1) amend 18VAC90-26-10, 90-26-20, and 90-26-50 to allow nurse aide training to occur outside of a nursing home facility focusing on geriatric care;
  - 2) amend 18VAC90-26-30 to update requirements of the program coordinator, primary instructor, and other instructional personnel to clarify roles and duties of each and to allow instructional personnel from other health professions to supplement the primary instructor;
  - 3) amend 18VAC90-26-50 to require program documentation be maintained for 2 years following each site visit; and
  - 4) amend 18VAC90-26-70 to update procedures for program closures.

# Petition for Rulemaking and supporting document



Secretariat

Health and Human Resources

Agency

Department of Health Professions

Board

Board of Nursing

 [Edit Petition](#)

Petition 356

Petition Information	
<b>Petition Title</b>	Nurse aide education programs
<b>Date Filed</b>	1/10/2022 <a href="#">[Transmittal Sheet]</a>
<b>Petitioner</b>	Gary Bahena
<b>Petitioner's Request</b>	<p>To amend regulations to allow for the following:</p> <ol style="list-style-type: none"> <li>1) The use of licensed hospitals for clinical education rather than only nursing homes.</li> <li>2) The elimination of requirement that RNs and LPNs serving as clinical instructors have experience working in nursing homes.</li> <li>3) An allowance for clinical instructors to be on site and to perform their regular work at the same time, but reduce the ratio from 10:1 to 4:1 for students to instructor.</li> </ol>
<b>Agency's Plan</b>	<p>In accordance with Virginia law, the petition will be published on January 31, 2022 in the <i>Register of Regulations</i> and also posted on the Virginia Regulatory Townhall at <a href="http://www.townhall.virginia.gov">www.townhall.virginia.gov</a> to receive public comment ending February 20 2022.</p> <p>Following receipt of all comments on the petition to amend regulations, the Board will decide whether to make any changes to the regulatory language. This matter will be on the Board's agenda for its first meeting after the comment period, which is scheduled for March 22, 2022. The Board will inform the petitioner of its decision after that meeting.</p>
<b>Comment Period</b>	<p>Ended 2/20/2022</p> <p><a href="#">9 comments</a></p>
<b>Agency Decision</b>	Pending

## Contact Information

<b>Name / Title:</b>	Jay P. Douglas, R.N. / <i>Executive Director</i>
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*This petition was created by Elaine J. Yeatts on 12/14/2021 at 1:30pm  
This petition was last modified by Elaine J. Yeatts on 01/10/2022 at 2:25pm*

Gary K. Bahena  
Regina A. McCoy  
428 North Street  
Portsmouth, Virginia 23704  
202-236-7012

December 14, 2021

**BY E-MAIL;  
COPY BY UPS OVERNIGHT**

**Jacquelyn Wilmoth, RN, MSN**  
**Executive Director**  
**Virginia Board of Nursing**  
Department of Health Professions  
9960 Maryland Drive  
Suite 300  
Richmond, Virginia 23233

**Re: Petition for Amended Regulation -- 18VAC90-26-50.C.3., 8VAC90—  
26-20.B.1.e, 18VAC90—26-30.C.1 and 18VAC90—26-30.G**

Dear Jacquelyn:

Attached please find a copy of the **Petition for Amended Regulation** to amend 18VAC90-26-50.C.3., 8VAC90-26-20.B.1.e, 18VAC90-26-30.C.1 and 18VAC90-26-30.G to allow Licensed Hospitals to be used as acceptable settings for satisfying the clinical hours requirements for High School CNA programs. The Petition is submitted pursuant to Virginia Code §§2.2-4007, 2.2-4012.1 and 54.13028.1.

**This letter is also a request to fast-track the Petition pursuant to Virginia Code §2.2-4012.1.** The proposed Rules modifications are not expected to be controversial and need to be in place by March if they are to allow our students to avail themselves of the benefits of the proposed changes for purposes of their Spring semester.

Thank you so so much for all of your and Christine Smith's time, attention and assistance. Please do not hesitate to call me at 202-236-7012 or to e-mail me at [garybahena@windspirits.us](mailto:garybahena@windspirits.us) if you have any questions.

Sincerely,



Gary K. Bahena

**PETITION FOR RULES MODIFICATIONS  
PUBLIC SCHOOLS DISTRICTS CAREER AND TECHNICAL EDUCATION  
CERTIFIED NURSE AIDE PROGRAMS**

**Purpose**

The proposed Rules modifications will enable Virginia public high school Career and Technical Education (“**CTE**”) students in the Certified Nurse Aide (“**CNA**”) program to complete their mandatory clinical/practice hour requirements (the “**Clinical Requirement**”) in Licensed Hospital settings. Presently, Clinical Requirements may be satisfied only in Nursing Homes. Adding Licensed Hospital settings (as recently allowed during the Governor’s emergency COVID orders) will offer CNA students far greater career choice/mobility and earning potential. Adding Hospital settings will also ease the burden upon CTE programs in locales with limited or no Nursing Home settings in which to complete the Clinical Requirement.

**Background**

Of the approximately 385 public High Schools in the Commonwealth of Virginia, as of September 2021 89 provide CNA programs, often through their CTE programs, which enable students to earn a CNA Certificate by the time of high school graduation. A CNA Certificate can lead to careers in, among other settings, Nursing Home facilities, Hospitals, Assisted Living and Retirement Communities, Home Healthcare, Government facilities (including military hospitals), School Nursing, Critical/Urgent Care Clinics, Hospice and Private Practice. According to 2020 US Bureau of Labor Statistics (“**BLS**”) reports, approximately 37% of CNAs work in Nursing Homes while approximately 24% work in Hospitals – accounting for over 60% of CNA employment.

A CNA Certificate can also serve as a gateway to further education and further career advancement (with potentially significant increases in earnings potential). In fact, numerous Virginia community colleges offer programs enabling a CNA to move into other, higher earning, Certificate programs, e.g., as a Licensed Practical Nurse (a common first step). Some community colleges even provide targeted Associates of Arts degree programs designed to prepare a CNA to become a Registered Nurse.



As part of obtaining their Certificate, CNA students must complete at least 40 hours of “direct client care” in “clinical settings” comprised of “a geriatric long-term care facility” (this is the “Clinical Requirement” referred to in this Petition). 18VAC90-26-50.C.3. As a licensing matter, the Virginia Board of Nursing (the “**Nursing Board**”) has limited acceptable settings for purposes of satisfying the Clinical Requirement to “licensed nursing homes”. See 18VAC90-26-20.B.1.e. and definition of “nursing facility” in 18VAC90-26-10. In addition, “[i]nstructional personnel who assist the primary instructor in providing ... clinical supervision shall be registered nurses [RNs] or licensed practical nurses [LPNs]” who, in the case of RNs, have at least one year experience working in a Nursing Home or, in the case of LPNs, have at least two years’ experience working in a Nursing Home. 18VAC90—26-30.C.1. Finally, “instructional personnel must be on site solely to supervise the students” and “[t]he ratio of students to each instructor shall not exceed 10 students to one instructor in all clinical areas”. 18VAC90—26-30.G. In other words, RNs and LPNs who supervise clinical hours cannot be on the clock at work but must volunteer their rare hours off in order to help move high school CNA students’ careers forward.

### **Proposal**

We propose that CNA students be allowed to satisfy their Clinical Requirements in a Licensed Hospital setting. No Statutory changes will be required, however, the following Regulatory changes are necessary:

1. 18VAC90-26-50.C.3. and 18VAC90—26-20.B.1.e. need to be modified to also allow for the use of Licensed Hospital settings. The use of a Licensed Hospital setting was expressly authorized pursuant to the COVID waiver/suspension (now expired) issued by the Virginia Department of Health Professions on August 10, 2020 (amended December 28, 2020).
2. 18VAC90-26-30.C.1. needs to be modified to eliminate the current requirement that RNs and LPNs serving as Clinical Requirement instructors have prior experience working in a Nursing Home. As noted above, only 37% of CNAs work in a Nursing Home setting while 63% work

in other settings (including the 24% who work in a Licensed Hospital setting).

3. 18VAC90-26-30.G. needs to be modified to allow Clinical Requirement instructors to be on site to supervise students and to perform their regular work at the same time (“**Working Instructional Personnel**”); however, in order to ensure the safety and quality clinical training of CNA students, the 10:1 ratio of students to instructor should be reduced in this situation to 4:1. Without conjecturing as to whether RNs and LPNs in a Nursing Home setting are currently volunteering their off-duty time to act as Clinical Requirement instructors, it is unrealistic to suppose that this would occur in a Licensed Hospital setting – especially under foreseeable future conditions. Moreover, RNs in Hospital Settings already safely instruct other RNs and LPNs during their regular duty-time on a broad range of medical tasks and procedures; presumably, instructing CNA students on the 23 specific tasks included in the Clinical Requirement (e.g., taking vital signs, changing a bed pan, etc.) can likewise be done safely by an instructor also performing their regular RN and/or LPN duties – and presumably the Board reached this conclusion when it authorized the use of Hospital Facilities during COVID.

It is significant to note that none of the above Virginia requirements are contained in the Commonwealth Statutes governing CNA training and licensing and that, even with the requested modifications, Virginia’s requirements will still exceed applicable Federal requirements:

- Federal law requires a total of 75 clock hours of overall training; Virginia requires 120 hours (140 hours commencing May 12, 2023) – no change is proposed.
- Federal law requires at least 16 hours of Clinical Requirement training; Virginia requires 40 – no change is proposed.
- Federal law applicable to “Requirements for approval of a nurse aide training and competency evaluation program” does NOT limit satisfaction

of Clinical Requirements to a Nursing Home setting, nor to off-duty RNs and LPNs nor even to personnel with prior nursing home experience; rather, Federal law provides that the 16 required “supervised hours of practical training” consist of “training *in a laboratory or other setting* in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse or a licensed practical nurse”. 42 CFR §483.152(a)(3). See also 42 CFR §483.152(a)(5)(iv).

- No change is proposed in the Skills Listing and related requirements mandating the required skill-set for CNA students, as presently set forth in the NNAAP Virginia Nurse Candidate Handbook (August 2019).

### **Neighboring Jurisdictions – North Carolina and Maryland**

The surrounding State jurisdictions follow the path proposed in this Petition.

**Maryland.** Under Maryland law, a CNA training program must provide “40 hours ... [of] clinical training experiences in a clinical facility”. COMAR §10.39.02.07.B(2). A “clinical facility” is defined as “a setting where clients are present and that provides facilities for clinical training experiences of nursing assistants, with the faculty of the program responsible for planning, implementing, and evaluating these experiences”. COMAR §10.39.02.02.B(5).

**North Carolina.** Like Maryland, North Carolina requires 40 hours of clinical training experience in a “medical facility”. North Carolina defines “medical facility” to include: long-term care facilities; nursing home beds within a hospital; *medical/surgical floors within a hospital*; and assisted living facilities (although ALFs are limited to 10 of the 40 hours). NC Department of Public Instruction, NCDPI Nurse Aide Clinical Site Planning and Clinical Options, NAT Standard 5.0.

### **Justification and Benefits to Students/CNA Programs of Securing Hospital Employment**

A CNA Certificate offers a terrific entry level opportunity for Virginia high school students. Upon graduation from high school with a CNA Certificate (including after

completion of the Clinical Requirement and passing the State test), the student is immediately eligible for employment in a wide variety of health-related fields, including those described above.

For 2020, the annual mean wage for CNAs in Virginia was \$29,400 – \$30,200 (\$14.43/hour) in the Hampton Roads area. As noted above, nationally approximately 37% of CNAs work in Nursing Homes while approximately 24% work in Hospitals. Yet, currently, by default, most CNA students are directed to Nursing Home settings since this is the only setting to which they may have meaningful exposure during their CNA education. Expanding the acceptable Clinical Requirement settings (and employers) to include Hospitals, which account for 24% of all CNA employment, can only be a positive. In fact, the CNA instructor in Portsmouth has expressed concern that the current Nursing Home limitation, and the student exposure to geriatric care, is discouraging CNA students in the PPS from sitting for the State CNA test and pursuing a CNA or health care career.

On a strictly salary basis, nationally for 2020, CNAs working in Skilled Nursing Facilities (which includes Nursing Homes) earned \$31,000 while CNA's in Hospital settings earned \$33,660. However, starting salaries are only one measure of opportunity. Upward mobility – especially within a single employer – is another measure. And broadening the pool of training, and, therefore, career placement environments can only help in this regard. For example, in marketing potential employers to our CNA students, the Portsmouth CTE Advisory Board focuses upon potential employers with tuition assistance programs which can assist a CNA graduate move up the health care career ladder at minimal or no cost – something important to the cohort of student in our (and probably other) CNA program. As noted above, a common next step for CNAs is to become a Licensed Professional Nurse (LPN). Tuition assistance programs greatly assist CNAs in making this move up in so far as they defray the cost of obtaining the LPN certification. As a salary comparison, for 2020, LPNs were paid \$48,820 nationally, \$47,410 in Virginia and \$60,600 in Hampton Roads. What a wonderful future and opportunity to offer to a someone with a high school degree (and CNA certificate) – a one-year add-on certificate from a community college program, at little or no cost, can result in a 30% salary increase inside of two years after high school graduation. And by

adding Hospitals as an acceptable Clinical Requirement site the Commonwealth can almost double the pool of potential employers best positioned to attract its students to just such an opportunity.

Lastly, adding Hospital settings will also greatly assist School Districts in localities where available Nursing Home sites are extremely limited. For example, while Portsmouth has three Nursing Homes, only one accepts CNA students for Clinical Requirements. In Portsmouth, the CNA program is one of the more – if not the most – popular of core CTE programs, with as many as 60 students projected to be in the program on an annualized basis as soon as Spring 2022. With a 40-hour Clinical Requirement, this translates to moving 60 students through a single Nursing Home facility in hopes of getting 2,400 clinical hours. Clearly this is not feasible – not from a short-term nor long-term perspective. Adding Portsmouth’s two Hospitals into the Clinical Requirement rotation will greatly assist PPS in continuing to offer – and to even expand – this popular and successful program.

### **Conclusion**

Hospitals should be permitted as Clinical Requirement sites. Hospitals

- Were allowed as alternate sites during COVID,
- Are allowed in neighboring jurisdictions,
- Are allowed under Federal law,
- Almost double the pool of potential *and likely* employers for Virginia high school CNA students to become exposed to while meeting their Clinical Requirement, and
- Increase the pool of acceptable Clinical Requirement sites for communities with high school CNA programs and limited Nursing Home options.

Moreover, in order to facilitate the use of a Hospital setting, Rules modifications are also required as described above regarding Clinical Requirement supervisory personnel.

# Comments in response to Bahena petition for rulemaking

## Public Petition for Rulemaking: 356

Commenter	Title	Comment	Date/ID
JoAnna Collins	Support Petition 356	<p>As an Instructor and Coordinator, I would like to offer my support for this petition. Nurse Aide (NA) programs have difficulty securing clinical sites and this request would remove some of the clinical site barriers for nurse aide students and programs. As many hospitals prefer CNAs as entry to practice in bedside care, this would also provide experience in these facilities. Hospitals have many opportunities for students to perform skills required by NA students. Some hospital units, such as Medical-Surgical, often have more opportunities for students to perform care than nursing homes such as catheter care, bedpan, bed bath, and Vital sign measurement- skills that are the most failed on the exam demonstrating the need for more practice opportunities. I don't agree that ALL units of a hospital would be appropriate for NA students, but this could be remedied by requiring the units have skilled care, adult patients.</p> <p>Additionally, because Nurses (LPNs and RNs) approved to teach are required to have 12 hours of training before they are allowed to teach in a NA program, it is unnecessary for nurses, who are trained in all levels and stages of patient care, to have a nursing home experience requirement to teach. It is necessary for instructors to be experienced nurses, but the nursing home experience requirement is so restrictive that many well-qualified instructors are turned away from teaching. This leads to a shortage of well-qualified instructors.</p> <p>Finally, it makes sense to allow clinical instructors to oversee a lower ratio of students while they are in the facility working. With concerns about the prevalence of infection and introducing non-essential personnel to at-risk clients such as the elderly, this would be a great compromise. In my opinion, Directors of Nursing should not oversee students as they have too many responsibilities to effectively monitor students, but Staff Development Coordinators/Educators and floor nurses are great options to oversee students working on their units.</p> <p>Thank you for considering this petitioner's request. With the addition of requiring the hospital units have skilled care, adult patients, I fully support these changes.</p>	1/31/22 2:52 pm CommentID:119189
Vicki Owen, RN, Instructor/Coordinator, Amherst High School	Petition for changes to the VBON CNA program	<p>I am in FULL agreement with this Petition for Rulemaking regarding the changes to the VBON/state regulations for CNA programs!</p> <p>We, as instructors, have struggled to keep our programs afloat during the Covid restrictions. The</p>	2/2/22 3:48 pm CommentID:119204

	regulations	<p>term "difficult" would be an understatement of how hard it's been to meet the mandate clinical hours especially with the vaccine mandates and the waivers no longer allowing sites other than Long-term Care facilities. *** The only thing I'd like to add would be the allowance of using Assisted Living Facilities so that those students that are choosing not to be vaccinated (or their parents object) could still meet requirements to take their CNA certification exams! There are plenty of non-governmentally funded facilities as well as private in-Home care opportunities that need to be accommodated with CNA's.</p> <p>The rule of mandating an instructor for a CNA program to have had long term care experience is truly removing some amazing applicants from the lists of employment!</p> <p>Lastly but most important, To the powers that be: anything we can do to encourage and increase entry into the health care career clusters should be made as easy and accessible as we can make it!! We need them!</p>	
Rhonda Jones	Regulations for NA Education Programs	<p>I can not support this petition in its' entirety.</p> <p>I support using licensed hospitals "in addition to" the LTC arena but not "rather than". Students have valuable experiences in the LTC setting, including but certainly not limited to communication challenges, holistic care, basic personal care, positioning, and establishing a relationship with residents. The turnover in acute care often does not allow this to occur.</p> <p>I have to question if on-site working RN's and LPN's can give the NA the attention that is often necessary when clinical rotation begins. The introduction to providing care to a patient in an acute care facility may differ from care in LTC. LTC allows for direct care to be completed versus acute care may be more of observational role.</p> <p>I do not believe, RN/LPN's need LTC experience prior to teaching the NA class.</p>	2/8/22 11:56 am CommentID:119223
Lindsey Brown-Cooke, MSN, RN, Warren Memorial Hospital Nurse Aide Training	Petition for hospital based training	I am in full support of this petition. As a program coordinator for a hospital based program with a goal of hospital nurse aide recruitment, I can say that clinical experiences in the acute care setting would be much more beneficial for our students. Both didactic and clinical training are focused nearly exclusively on care	2/9/22 5:24 pm CommentID:119231



in the long term care setting. While this may assist in forming a foundation for learning fundamental nursing skills, it does not provide for the expansion of learning in the acute care setting nor foster critical thinking skills among students. I can certainly appreciate the benefit of the long term care setting for clinical training for nursing home based programs, however, it may somewhat hinder those destined for the acute care setting in acquiring necessary skills and knowledge that will be needed.

In addition, many of the skills needed for state certification are nearly non-existent in current healthcare practice in the long term care setting. Urinary catheters and ambulation are examples of skills rarely utilized and thus neglected in teaching when focus remains on the long term care population.

In conclusion, adding the ability to complete clinical training for nurse aides in settings other than long term care would benefit both students and the patients who will be cared for by those students.

Pam Spiker, Warren Memorial Hospital NATP Instructor

Petition-changes related to Nurse Aide Training Programs

I am in full support of having more flexibility related to clinical training environments and instructional personnel requirements. Regarding the requirement of LTC experience needed for instructors, the viable candidate pool, including nurses with exceptional acute care performance, which may be valuable for students bound for acute care or long term care practice, is limited. Severe COVID-19 outbreaks in facilities have been problematic and created barriers to training with adequate resident cohorts. With the frequency and quantity of LTC residents who are hospitalized, the geriatric portion of learning is often experienced adequately outside of the long term care setting. In addition, many of the skills required for certification testing are very rare in LTC, to include catheter care, bed baths, ambulatory weights with beam scale, bedpans, and recording urinary output. Emergency care skills and observational procedural experience is even more limited for those who are not able to attend clinical training in a hospital environment. I am asking that the current regulations be amended and updated to include training options in acute care settings.

2/9/22 5:52 pm  
CommentID:119232

Tessa Cody, Valley Health - NATP Former Student

Petition - Supporting Hospital Clinical Rotations

I am a CNA and recently finished the NATP program at Valley Health. I have experience in both long term care and the hospital setting. During my NATP clinicals, we spent time in both the long term care setting and hospital setting. As I understand, the current rule has a mandatory long term care setting clinical rotation. This is not entirely feasible. COVID has created an issue with interacting with patient in a long term setting and to be honest it does not give you a lot of diversity of the type of patients that you will encounter. By engaging in the same routine care of

2/11/22 11:13 am  
CommentID:119235

patients, CNAs can become stagnant in their skills and quite frankly that is dangerous for our long term care population. I have seen this first hand. Also, I do have hospital experience as a CNA, which is most of my professional career. The hospital setting gives you the ability to see different patients on a routine basis and allows the chance to use different skills daily making the CNA well rounded. Additionally, the CNA has the ability to learn new skills that she would necessarily not be able to learn in the long term care setting. Personally, I was able to learn to do bladder scanners on patients. This is something that I do not think I would have had the opportunity to do in the long term care setting. Sadly, by making the long term care rotation mandatory, you are creating a pigeon hole and limiting us for doing more for our patients. I hope you take this into consideration from someone who is working in the trenches as a CNA and nursing student.

Ashlee Greene-Nichols

Comments

First, as a nurse aide program director, I agree that NA students should be allowed to have clinical hours committed to a hospital setting. Most hospitals only require an entry level NA experience to practice in the acute care setting.

I do believe that nurses who are teaching in the NA program should have long-term care and acute care experience. These experiences will help ensure a good learning environment for the students and ensure that they are receiving good feedback.

I do NOT believe that we should decrease the number of students to instructor as 10:1 is the standard for all nursing programs. This number is doable and should be decreased if the facilities and faculty are available to provide a lower student-teacher ratio. Again, we have to think about our resources within our communities.

Thank you for your consideration of these comments.

2/16/22 7:47 pm  
CommentID:119266

Virginia Hospital & Healthcare Association

Proposed Amendments to Regulations Pertaining to Nurse Aide Education Programs

Dear Ms. Douglas:

On behalf of the Virginia Hospital & Healthcare Association's ("VHHA") 26 member health systems, with more than 125,000 employees, we are writing in support of the petition received by the Board of Nursing on January 10, 2022, requesting amendments to the Regulations for Nurse Aide Education Programs (hereafter referred to as the "Proposed Amendments"). The petitioner has requested that regulations pertaining to nurse aide education programs (the "Regulations") be amended to (i) allow the use of licensed hospitals for clinical education in addition to nursing homes; (ii) eliminate the requirement that registered nurses ("RNs") and licensed practical nurses ("LPNs")

2/18/22 1:24 pm  
CommentID:119561

serving as clinical instructors have experience working in nursing homes; and (iii) allow clinical instructors to be on site and to perform their regular work at the same time, but reduce the ratio from 10:1 to 4:1 for students to instructors. The Commonwealth has been experiencing a health care workforce shortage for several years that has been further exacerbated by the COVID-19 pandemic. Accordingly, we strongly support the proposed amendments as one method of helping to bolster the available number of health care professionals in the Commonwealth.

### **I. The Proposed Amendments Are Consistent With State And Federal Law And Regulations**

The Board of Nursing has been provided with the legal authority to establish the minimum standards of and regulations pertaining to nurse aides provided that those regulations are consistent with federal law and regulation. Virginia Code § 54.1-3005 provides that the Board of Nursing may “prescribe minimum standards and approve curricula for education programs preparing persons for licensure or certification...” and has the authority to “certify and maintain a registry of all certified nurse aides and to promulgate regulations consistent with federal law and regulation.”

The Centers for Medicare and Medicaid Services (“CMS”) has promulgated regulations at 42 CFR § 483.150 *et seq.* establishing minimum standards for state nurse aide training and competency evaluation programs (the “CMS Regulations”) at long term care facilities. Part 483 of the Federal Code of Regulations is specifically intended to apply to long term care facilities and is titled, “Requirements for States and Long Term Care Facilities.” The CMS Regulations note that training can take place at a “facility” but do not expressly identify a hospital as a “facility.” The content of the CMS Regulations suggest that “facility” is intended to specifically refer to nursing, skilled nursing, or other long-term care facilities. For example, the CMS Regulations at subsection (b)(iii)(2) discuss the exclusory criteria for nurse aide training and competency evaluation programs or competency evaluation programs offered by or in a “facility.” The exclusory criteria within subsection (b)(iii)(2) specifically refer to “skilled nursing” and “nursing” facilities but make no mention of hospitals. Similarly, the requirements for instructors contained in 42 CFR § 483.152(a)(5)(i) note that “[t]he training of nurse aides must be performed by or under the general supervision of a registered nurse who possesses a minimum of 2 years of nursing experience, **at least 1 year of which must be in the provision of long term care facility services**” (emphasis added). Therefore, the Proposed

Amendments are consistent with the CMS Regulations which do not require nurse aide instruction to take place in hospitals or prohibit instructors who have experience in other settings from providing instruction in hospitals.

## **II. The Proposed Amendments Would Increase The Pool Of Available Nurse Aides And Instructors**

Virginia's existing nurse aide training regulations at 18VAC90-260-10 *et seq.* were drafted with the expectation that nurse aide instruction would take place solely within nursing facilities with the intent of ensuring that students caring for geriatric patients would receive training in the environment they would be working upon certification. Despite the original intent of these regulations, the existing regulations at 18VAC90-26-50(C)(3) recognize the benefit of clinical hours outside of a nursing facility setting by allowing for five out of the 40 required clinical hours to be in a setting other than a long term geriatric care facility.

Hospitals are increasingly implementing nurse aides within their staff to augment the ongoing staff shortages, and these health professionals are engaged to care for a variety of patients other than geriatric patients and in a variety of settings. The Proposed Amendments would help to increase opportunities to expand the role of nurse aides to these other settings.

Throughout the COVID-19 pandemic, we have all seen the impact workforce shortages have had on Virginia's hospitals and health systems. Governor Youngkin recognized the "severe staffing shortages...placing an unsustainable strain on our health care system and health care workforce" in Executive Order 11 and requested flexibilities be provided to healthcare providers throughout the Commonwealth. Indeed, these severe staffing shortages are expected to continue for the foreseeable future. Therefore, we strongly support any measure that will remove entry barriers to the health care profession, such as those suggestions included in the Proposed Amendments.

In closing, we strongly support the Proposed Amendments. The Board of Nursing has been granted broad authority under state law to promulgate regulations pertaining to nurse aide education programs provided that those regulations are consistent with federal law and regulations. As noted above, federal regulations apply to nurse aide education in nursing facilities, but do not prohibit expansion to hospital settings. By implementing the Proposed Amendments, the Board of Nursing would remove

barriers to entry for potential nurse aides by allowing instruction to take place in a hospital and thus increasing the availability of training sites throughout Virginia. Additionally, by removing the requirement that RNs and LPNs serving as clinical instructors have experience working in nursing homes and allowing for clinical instructors to be on site and to perform their regular work at the same time, the available pool of instructors would increase and provide the opportunity for those who are currently employed by hospitals or considering leaving a clinical setting with the option to become nurse aide instructors.

Thank you again for the opportunity to comment on the permanent regulation. Please do not hesitate to contact Brent Rawlings (brawlings@vhha.com, 804-965-1228) or me at your convenience if we can provide any additional information.

Sincerely,

Sean T. Connaughton  
President & CEO

Jennifer Alpers,  
Program Manager,  
Health and Medical  
Sciences, FCPS

Petition  
Nurse Aide  
Education  
Programs

I would like to offer my support to amend regulations to allow for greater flexibility around the current nurse aide education programs to include:

-The use of licensed hospitals for clinical education rather than only nursing homes: I firmly believe that students enrolled in approved nurse aide education programs will benefit greatly from a broader clinical experience.

-The elimination of the requirement that RNs and LPNs serving as clinical instructors have experience working in nursing homes: We are eliminating great talent by requiring RNs and LPNs to have experience working in nursing homes.

To echo Vicki Owen, RN, Instructor/Coordinator, Amherst High School- anything we can do as educators to remove obstacles and make access to the health care career clusters education and skills more attainable should be our goal. The system is desperate for enthusiastic and fresh caregivers.

I do not support changes to decreasing the student to instructor ratio. Facilities and faculty should work together and decrease student to instructor ratios where necessary based on the capacity of the facility.

2/18/22 1:31 pm  
CommentID:119563



Yeatts, Elaine &lt;elaine.yeatts@dhp.virginia.gov&gt;

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**Regulations of Nurse Aide Education Programs, State: 54.1-3005**

1 message

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**Mark Creasey** <mark@entwinedevents.com>

Wed, Jan 19, 2022 at 11:56 AM

To: garybahena@windspirits.us, Jacquelyn.Wilmoth@dhp.virginia.gov, jay.douglas@dhp.virginia.gov, elaine.yeatts@dhp.virginia.gov

Cc: Vickie Runk &lt;vickie@runkandpratt.com&gt;, Brian Runk &lt;brian@runkandpratt.com&gt;

Gary -

We got the request to comment on the Petition for Rulemaking regarding VA State: 54.1-3005.

"1) The use of licensed hospitals for clinical education rather than nursing homes. 2) The elimination of requirement that RNs and LPs serving as clinical instructors have experience working in nursing homes. 3) An allowance for clinical instructors to be on site and to perform their regular work at the same time, but reduce the ratio from 10:1 to 4:1 for students to instructor."

Could we possibly amend to include Hospitals "**and Assisted Living Facilities**" where an RN is available to do clinicals with students?

We at Runk & Pratt Senior Living Communities see our sites, along with other Assisted Living Programs throughout the Commonwealth, as an equal contributor to career choice/mobility and earning potential for these high school students. We too offer career advancement opportunities, increase in wage and educational assistance in getting further advanced certifications. I think far too often Assisted Living isn't given the same respect and opportunities as Nursing Homes and Hospitals, although we do equally as important work for our aging community in the Commonwealth while under equal regulations.

I think it would be a great step in connecting and bringing better centergies to our industries. We are all hurting for staffing and opportunities to get in front of potential candidates.

**Mark Creasey**

Entwined Events

Creative Director

Director of Sales

Co-Producer and Pageant Administrator - Miss Virginia Volunteer

office: 434.933.3300

cell/text: 434.941.2680

EntwinedEvents.com

West Manor Estate | Bella Rose | The Bedford Columns

**Gary Bahena petition received 12 14 2021 - Rgs for NA Edu Progs.pdf**

387K



SENT VIA EMAIL (Jay.Douglas@dhp.virginia.gov) AND ONLINE (townhall.virginia.gov)

February 18, 2022

Jay P. Douglas, R.N.  
Executive Director  
Virginia Board of Nursing  
9960 Mayland Drive  
Suite 300  
Richmond, Virginia 23233

***Re: Proposed Amendments to Regulations Pertaining to Nurse Aide Education Programs***

Dear Ms. Douglas:

On behalf of the Virginia Hospital & Healthcare Association's ("VHHA") 26 member health systems, with more than 125,000 employees, we are writing in support of the petition received by the Board of Nursing on January 10, 2022, requesting amendments to the Regulations for Nurse Aide Education Programs (hereafter referred to as the "Proposed Amendments"). The petitioner has requested that regulations pertaining to nurse aide education programs (the "Regulations") be amended to (i) allow the use of licensed hospitals for clinical education in addition to nursing homes; (ii) eliminate the requirement that registered nurses ("RNs") and licensed practical nurses ("LPNs") serving as clinical instructors have experience working in nursing homes; and (iii) allow clinical instructors to be on site and to perform their regular work at the same time, but reduce the ratio from 10:1 to 4:1 for students to instructors. The Commonwealth has been experiencing a health care workforce shortage for several years that has been further exacerbated by the COVID-19 pandemic. Accordingly, we strongly support the proposed amendments as one method of helping to bolster the available number of health care professionals in the Commonwealth.

**I. The Proposed Amendments Are Consistent With State And Federal Law And Regulations**

The Board of Nursing has been provided with the legal authority to establish the minimum standards of and regulations pertaining to nurse aides provided that those regulations are consistent with federal law and regulation. Virginia Code § 54.1-3005 provides that the Board of Nursing may "prescribe minimum standards and approve curricula for education programs preparing persons for licensure or certification..." and has the authority to "certify and maintain a registry of all certified nurse aides and to promulgate regulations consistent with federal law and regulation."

The Centers for Medicare and Medicaid Services ("CMS") has promulgated regulations at 42 CFR § 483.150 *et seq.* establishing minimum standards for state nurse aide training and competency evaluation programs (the "CMS Regulations") at long term care facilities. Part 483

of the Federal Code of Regulations is specifically intended to apply to long term care facilities and is titled, "Requirements for States and Long Term Care Facilities." The CMS Regulations note that training can take place at a "facility" but do not expressly identify a hospital as a "facility." The content of the CMS Regulations suggest that "facility" is intended to specifically refer to nursing, skilled nursing, or other long-term care facilities. For example, the CMS Regulations at subsection (b)(iii)(2) discuss the exclusory criteria for nurse aide training and competency evaluation programs or competency evaluation programs offered by or in a "facility." The exclusory criteria within subsection (b)(iii)(2) specifically refer to "skilled nursing" and "nursing" facilities but make no mention of hospitals. Similarly, the requirements for instructors contained in 42 CFR § 483.152(a)(5)(i) note that "[t]he training of nurse aides must be performed by or under the general supervision of a registered nurse who possesses a minimum of 2 years of nursing experience, **at least 1 year of which must be in the provision of long term care facility services**" (emphasis added). Therefore, the Proposed Amendments are consistent with the CMS Regulations which do not require nurse aide instruction to take place in hospitals or prohibit instructors who have experience in other settings from providing instruction in hospitals.

## **II. The Proposed Amendments Would Increase The Pool Of Available Nurse Aides And Instructors**

Virginia's existing nurse aide training regulations at 18VAC90-260-10 *et seq.* were drafted with the expectation that nurse aide instruction would take place solely within nursing facilities with the intent of ensuring that students caring for geriatric patients would receive training in the environment they would be working upon certification. Despite the original intent of these regulations, the existing regulations at 18VAC90-26-50(C)(3) recognize the benefit of clinical hours outside of a nursing facility setting by allowing for five out of the 40 required clinical hours to be in a setting other than a long term geriatric care facility.

Hospitals are increasingly implementing nurse aides within their staff to augment the ongoing staff shortages, and these health professionals are engaged to care for a variety of patients other than geriatric patients and in a variety of settings. The Proposed Amendments would help to increase opportunities to expand the role of nurse aides to these other settings.

Throughout the COVID-19 pandemic, we have all seen the impact workforce shortages have had on Virginia's hospitals and health systems. Governor Youngkin recognized the "severe staffing shortages...placing an unsustainable strain on our health care system and health care workforce" in Executive Order 11 and requested flexibilities be provided to healthcare providers throughout



the Commonwealth. Indeed, these severe staffing shortages are expected to continue for the foreseeable future. Therefore, we strongly support any measure that will remove entry barriers to the health care profession, such as those suggestions included in the Proposed Amendments.

In closing, we strongly support the Proposed Amendments. The Board of Nursing has been granted broad authority under state law to promulgate regulations pertaining to nurse aide education programs provided that those regulations are consistent with federal law and regulations. As noted above, federal regulations apply to nurse aide education in nursing facilities, but do not prohibit expansion to hospital settings. By implementing the Proposed Amendments, the Board of Nursing would remove barriers to entry for potential nurse aides by allowing instruction to take place in a hospital and thus increasing the availability of training sites throughout Virginia. Additionally, by removing the requirement that RNs and LPNs serving as clinical instructors have experience working in nursing homes and allowing for clinical instructors to be on site and to perform their regular work at the same time, the available pool of instructors would increase and provide the opportunity for those who are currently employed by hospitals or considering leaving a clinical setting with the option to become nurse aide instructors.

Thank you again for the opportunity to comment on the permanent regulation. Please do not hesitate to contact Brent Rawlings (brawlings@vhha.com, 804-965-1228) or me at your convenience if we can provide any additional information.

Sincerely,



Sean T. Connaughton  
President & CEO

# Other comments related to nurse aide education

JAN 07 2022

## SENATE OF VIRGINIA



L. LOUISE LUCAS  
 PRESIDENT PRO TEMPORE  
 18TH SENATORIAL DISTRICT  
 ALL OF GREENSVILLE AND SUSSEX COUNTIES;  
 ALL OF THE CITY OF EMPORIA; PART OF BRUNSWICK,  
 ISLE OF WIGHT, SOUTHAMPTON, AND SURRY COUNTIES;  
 AND PART OF THE CITIES OF CHESAPEAKE, FRANKLIN,  
 PORTSMOUTH, AND SUFFOLK  
 POST OFFICE BOX 700  
 PORTSMOUTH, VIRGINIA 23705-0700

COMMITTEE ASSIGNMENTS:  
 EDUCATION AND HEALTH, CHAIR  
 COMMERCE AND LABOR  
 FINANCE AND APPROPRIATIONS  
 JUDICIARY  
 RULES

December 30, 2021

Jay P. Douglas  
 Executive Director  
 Virginia Board of Nursing  
 Department of Health Professions  
 9960 Maryland Dr., Suite 300  
 Richmond, Virginia 23233-1463

RECEIVED

JAN - 7 2021

VA BD OF NURSING

Dear, Mr. Douglas,

I am writing in support of the Petition for Rules Modifications to allow licensed hospitals to be used as acceptable settings for satisfying the clinical hours requirements for high school CNA programs. I am also writing to support fast-track of the petition.

As further detailed in the petition, allowing use of a hospital setting will substantially increase the number of qualified sites where our Public Schools CNA students may complete their clinical hours requirements and will also expose the students to potential employers offering a much broader array of career opportunities as compared to restricting the students solely to Nursing Homes. It is also significant that hospitals account for almost a full quarter of CNA hiring, that hospitals were approved settings under the COVID Executive Order and that, according to the Bureau of Labor Statistics data, hospitals offer higher wages than Nursing Homes.

CTE credentialing programs offer high schools students who might not otherwise be best-suited to direct college entry - including many minority students – an excellent way to enter a career path directly out of high school and the proposed Rules modifications would enhance this choice for our CNA students in pursuing careers in one of the more upwardly mobile and fastest growing career paths available - health care.

With every sincere sentiment of respect and with very warm personal regards, I am

Very truly yours,

L. Louise Lucas  
 State Senator



COMMONWEALTH OF VIRGINIA  
HOUSE OF DELEGATES  
RICHMOND

**EILEEN FILLER-CORN  
SPEAKER**

POST OFFICE BOX 523082  
SPRINGFIELD, VIRGINIA 22152  
FORTY-FIRST DISTRICT

COMMITTEE ASSIGNMENTS:  
RULES, CHAIR

**DHP - MAILROOM**  
**JAN 14 2022**

January 7, 2022

Jay P. Douglas  
Executive Director  
Virginia Board of Nursing  
Department of Health Professions  
9960 Maryland Drive  
Suite 300  
Richmond, Virginia 23233-1463

Re: Petition for Rules Modifications Public Schools Districts Career and Technical Education Certified Nurse Aide Programs -- 18VAC90-26-50.C.3., 8VAC90-26-20.B.1.e, 18VAC90-26-30.C.1 and 18VAC90-26-30.G

Dear Mr. Douglas:

I am writing in support of the Petition for Rules Modifications to allow Licensed Hospitals to be used as acceptable settings for satisfying the clinical hours requirements for High School CNA programs. I am also writing to support fast-track of the Petition.

As you may be aware, enhancing workforce development opportunities for the residents of Virginia is among my highest priorities. This is all the more important at the high school level in so far as it allows us to channel students – especially challenged students – directly from school into a career path.

As further detailed in the Petition, allowing use of a hospital setting will substantially increase the number of qualified sites where our Public Schools CNA students may complete their clinical hours requirements. The proposed modifications will also expose the students to potential employers offering a much broader array of career opportunities as compared to restricting the students solely to Nursing Homes. In offering my support to the Petition, I believe it is significant that Hospitals account for almost a full quarter of CNA hiring, that Hospitals were approved settings under the COVID Executive Order and that, according to Bureau of Labor Statistics data, Hospitals offer higher wages than Nursing Homes. All of these things – as well as making it easier for them to satisfy their clinical requirements -- are only good for our students.

CTE credentialing programs offer high school students who might not otherwise be best-suited to direct college entry – including many minority students -- an excellent way to enter a career path directly out of high school and the proposed Rules modifications would enhance this choice

for our CNA students in pursuing careers in one of the more upwardly mobile and fastest growing career paths available – health care.

Fast tracking the Petition and the adoption of the modifications is necessary in order to create the opportunity for hospitals to be used for Spring semester classes.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Eileen Filler-Corn". The signature is written in black ink and is positioned below the word "Sincerely,".

Eileen Filler-Corn

# Proposed regulatory changes

**Project 7116 - Fast-Track****Board Of Nursing****Amendments to regulations governing Nurse Aide Education Programs****18VAC90-26-10. Definitions.**

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

"Approval" means the process by which the board evaluates and grants official recognition to a nurse aide education program.

"Board" means the Virginia Board of Nursing.

"Client" means a person receiving the services of a certified nurse aide, to include a patient in a health care facility or at home or a resident of a long-term care facility.

"Clinical setting" means a location in which clinical practice occurs in a setting comparable in which the practice of a nurse aide may occur.

"Committee" means the Education Special Conference Committee, comprised of not less than two members of the board in accordance with § 2.2-4019 of the Code of Virginia.

"Conditional approval" means the time-limited status that results when a board-approved nurse aide education program has failed to maintain requirements as set forth in this chapter.

"Direct client care" means nurse aide care provided to patients or clients in a clinical setting supervised by a qualified instructor.

"Nurse aide education program" means a program designed to prepare nurse aides for certification.

"Nursing facility" means a licensed nursing home or an entity that is certified for Medicare or Medicaid long-term care reimbursement and licensed or certified by the Virginia Department of Health.

"NNAAP" means National Nurse Aide Assessment Program.

"Primary instructor" means a registered nurse who is responsible for teaching and evaluating the students enrolled in a nurse aide education program.

"Program coordinator" means a registered nurse who is administratively responsible and accountable

for a nurse aide education program.

"Program provider" means an entity that conducts a board-approved nurse aide education program.

"Site visit" means a focused onsite review of the nurse aide education program by board staff for the purpose of evaluating program components, such as the physical location (skills lab, classrooms, learning resources) for obtaining program approval, change of location, or verification of noncompliance with this chapter or in response to a complaint.

"Survey visit" means a comprehensive onsite review of the nurse aide education program by board staff for the purpose of granting continued program approval. The survey visit includes the program's completion of a self-evaluation report prior to the visit as well as a board staff review of all program resources, including skills lab, classrooms, learning resources, and clinical facilities, and other components to ensure compliance with this chapter. Meetings with administration, instructional personnel, and students will occur on an as-needed basis.

#### **18VAC90-26-20. Establishing and maintaining a nurse aide education program.**

##### **A. Establishing a nurse aide education program.**

1. A program provider wishing to establish a nurse aide education program shall submit a complete application to the board at least 90 days in advance of the expected opening date.
2. The application shall provide evidence of the ability of the institution to comply with subsection B of this section.
3. Approval may be granted when all documentation of the program's compliance with requirements as set forth in subsection B of this section has been submitted and deemed satisfactory to the board and a site visit has been conducted. Advertisement of the program is authorized only after board approval has been granted.
4. If approval is denied, the program may request, within 30 days of the mailing of the decision, an informal conference to be convened in accordance with § 2.2-4019 of the Code of Virginia.
5. If denial is recommended following an informal conference, which is accepted by the board or a panel thereof, no further action will be required of the board unless the program requests a hearing before the board or a panel thereof in accordance with § 2.2-4020 and subdivision 11 of § 54.1-2400 of the Code of Virginia.



6. If the decision of the board or a panel thereof following a formal hearing is to deny initial approval, the program shall be advised of the right to appeal the decision to the appropriate circuit court in accordance with § 2.2-4026 of the Code of Virginia and Part 2A of the Rules of the Supreme Court of Virginia.

B. Maintaining an approved nurse aide education program. To maintain approval, the nurse aide education program shall:

1. Demonstrate evidence of compliance with the following essential elements:

a. ~~Curriculum content as approved by the board and~~ Implementation of the board approved curriculum as set forth in ~~subsection A of 18VAC90-26-40(A) and subsection C of 18VAC90-26-50(C).~~

b. Maintenance of qualified instructional personnel as set forth in 18VAC90-26-30.

c. Classroom facilities that meet requirements set forth in ~~subsection D of 18VAC90-26-50(D).~~

d. Maintenance of records as set forth in ~~subsection A of 18VAC90-26-50(A).~~

e. Skills training experience in a nursing facility that has not been subject to penalty as provided in 42 CFR 483.151(b)(2) (Medicare and Medicaid Programs: Nurse Aide Training and Competency Evaluation and Paid Feeding Assistants, October 1, 2013 edition) in the past two years. The foregoing shall not apply to a nursing facility that has received a waiver from the state survey agency in accordance with federal law.

f. The use of a nursing facility in Virginia located 50 miles or more from the school shall require board approval.

~~f.g.~~ Agreement that board representatives may make unannounced site visits to the program.

~~g.h.~~ Financial support and resources sufficient to meet requirements of this chapter as evidenced by a copy of the current annual budget or a signed statement from the administration specifically detailing its financial support and resources.

~~h.i.~~ Completion and submission of biennial survey visit review reports and program evaluation reports as requested by the board within a timeframe specified by the board.

2. Impose no fee for any portion of the program (including any fees for textbooks or other required course materials) on any nurse aide student who, on the date on which the student begins the

program, is either employed or has an offer of employment from a ~~nursing~~ facility.

3. Provide documentation that each student applying to or enrolled in such program has been given a copy of applicable Virginia law regarding criminal history records checks for employment in certain health care facilities, and a list of crimes that pose a barrier to such employment.

4. Report all substantive changes in subdivision 1 of this subsection within 10 days of the change to the board to include a change in the program coordinator, primary instructor, program ownership, physical location of the program, or licensure status of the clinical facility.

5. Provide each student with a copy of his certificate of completion as specified in 18VAVC90-26-50.

### **18VAC90-26-30. Requirements for instructional personnel.**

A. The program coordinator or primary instructor shall:

1. Hold a current, unrestricted Virginia license or multistate licensure privilege as a registered nurse;

and

2. Have two years of experience as a registered nurse and at least one year of direct client care or supervisory experience in the provision of long-term care services. Experiences may include employment in a nurse aide education program or employment in, or supervision of nursing students in, a nursing facility or unit, geriatrics department, chronic care hospital, home care, or other long-term care setting.

B. Program coordinator.

~~1. Each program shall have a program coordinator who must be a registered nurse who holds a current, unrestricted license in Virginia or a multistate licensure privilege.~~

2. The program coordinator shall assume the administrative responsibility and accountability for the nurse aide education program to include:-

a. Ensure that the provisions of 18VAC90-26-30(F) are maintained;

b. Maintain records as required by 18VAC90-26-50(A); and

c. Perform other activities necessary to comply with 18VAC90-26-20(B).

~~3.2.~~ The primary instructor may be the program coordinator, except in a nursing facility-based program in any nurse aide education program.

~~4.3.~~ The director of nursing services in a nursing facility-based program may serve as the program

coordinator but shall not ~~simultaneously~~ engage in the actual classroom, skills laboratory, or clinical teaching while serving as the director of nursing services.

~~B.C.~~ Primary instructor.

1. ~~Qualifications.~~ Each program shall have a primary instructor who does the majority of the actual teaching of the students and who shall:

a. ~~Hold a current, unrestricted Virginia license or a multistate licensure privilege as a registered nurse ; and~~

b. ~~Have two years of experience as a registered nurse within the previous five years and at least one year of direct client care or supervisory experience in the provision of geriatric long-term care services. Other experience may include employment in a nurse aide education program or employment in or supervision of nursing students in a nursing facility or unit, geriatrics department, chronic care hospital, home care, or other long-term care setting.~~

2. ~~Responsibilities.~~ The primary instructor is responsible for the teaching majority of instruction and evaluation of students and shall not assume other duties while instructing or supervising students. A program may request an exception to the restriction on assumption of other duties. The executive director of the board shall be authorized to make the decision on requests for exception or may refer to an informal fact-finding committee for consideration as needed.

The primary instructor shall:

a. Participate in the planning of each learning experience;

b. Ensure that course objectives are met; and

c. ~~Ensure that the provisions of subsection F of this section are maintained;~~

d. ~~Maintain records as required by subsection A of 18VAC90-26-50;~~

e. ~~Perform other activities necessary to comply with subsection B of 18VAC90-26-20; and~~

f. Ensure that students do not perform services for which they have not received instruction and been found proficient .

~~C.D.~~ Other instructional personnel.

1. Instructional personnel from the health professions with at least 1 year experience in their field

may supplement the primary instructor in the classroom setting.

2. Instructional personnel who assist the primary instructor in clinical instruction ~~providing classroom or clinical supervision~~ shall be registered nurses or licensed practical nurses.

a. A registered nurse shall:

(1) Hold a current, unrestricted Virginia license or multistate licensure privilege as a registered nurse; and

(2) Have had at least one year of direct client ~~geriatric~~ geriatric care experience as a ~~registered~~ registered nurse.

b. A licensed practical nurse shall:

(1) Hold a current, unrestricted Virginia license or multistate licensure privilege as a practical nurse; and

(2) Have had at least ~~two~~ one years of direct client ~~geriatric~~ geriatric care experience as a licensed practical nurse.

2.3. Responsibilities. Other instructional personnel shall provide instruction under the supervision of the primary instructor.

D.E. Prior to being assigned to teach in a nurse aide education program, all instructional personnel shall demonstrate competence to teach adults or high school students by one of the following:

1. Satisfactory completion of at least 12 hours of coursework that includes:

a. Basic principles of adult learning;

b. Teaching methods and tools for adult learners;

c. Evaluation strategies and measurement tools for assessing student learning outcomes;

d. Review of current regulations for nurse aide education programs;

e. Review of the board-approved nurse aide curriculum content; and

f. Review of the skills evaluated on the board-approved nurse aide certification examination; or

2. Have:

a. Experience in teaching the curriculum content and skills evaluated on the board-approved nurse aide certification examination to adults or high school students; and

b. Knowledge of current regulations for nurse aides and nurse aide education programs.

~~E.F.~~ In order to remain qualified to teach the nurse aide curriculum, instructional personnel shall complete a refresher course every three years that includes a review of regulations for nurse aides and nurse aide education programs and the skills evaluated on the board-approved nurse aide certification examination.

~~F.~~ To meet planned program objectives, the program may, under the direct, onsite supervision of the primary instructor, use other persons who have expertise in specific topics and have had at least one year of experience in their field.

G. When students are giving direct care to clients in clinical areas, instructional personnel must be on site solely to supervise the students. The ratio of students to each instructor shall not exceed 10 students to one instructor in all clinical areas, including the skills laboratory.

#### **18VAC90-26-50. Other program requirements.**

A. Records. Original documentation shall be maintained for a period of 2 years following each site/survey visit, to include:

1. Each nurse aide education program shall develop and maintain an individual record of major skills taught and the date of performance by the student. At the completion of the nurse aide education program, the program shall provide each nurse aide with a copy of this record and a certificate of completion from the program, which includes the name of the program, the board approval number, date of program completion, and the signature of the primary instructor or program coordinator.
2. A record of the graduates' performance on the state-approved nurse aide certification examination (the National Nurse Aide Assessment Program or NNAAP) shall be maintained.
3. A record that documents the disposition of complaints against the program shall be maintained.

B. Student identification. The nurse aide students shall wear identification that clearly distinguishes them as a "nurse aide student." Name identification on a badge shall follow the policy of the facility in which the nurse aide student is practicing clinical skills.

C. Length of program.

1. By May 12, 2023, the program shall be at least 140 clock hours in length, at least 20 hours of

which shall be specifically designated for skills acquisition in the laboratory setting.

2. The program shall provide for at least 24 hours of instruction prior to direct contact of a student with a client.

3. Clinical training in clinical settings shall be at least 40 hours of providing direct client care. ~~Five of the clinical hours may be in a setting other than a geriatric long-term care facility.~~ Hours of observation shall not be included in the required 40 hours of ~~skills~~ clinical training.

4. Time spent in employment orientation to facilities used in the education program must not be included in the 140 hours allotted for the program.

D. Classroom facilities. The nurse aide education program shall provide facilities that meet federal and state requirements including:

1. Comfortable temperatures.
2. Clean and safe conditions.
3. Adequate lighting.
4. Adequate space to accommodate all students.
5. Current instructional technology and equipment needed for simulating client care.
6. Equipment and supplies sufficient for the size of the student cohort.

#### **18VAC90-26-70. Interruption or closing of a program.**

A. Interruption of program.

1. When a program provider does not hold classes for a period of one year, the program shall notify the board immediately, shall be placed on inactive status, and shall not be subject to compliance with ~~subsection B of 18VAC90-26-20(B)~~.

2. At any time during the year after the program is placed on inactive status, the program provider may request that the board return the program to active status by providing a list of the admitted student cohort and start date.

3. If the program provider does not hold classes for two consecutive years, the program shall be considered closed and shall be subject to the requirements of subsection B of this section. In the event that a program desires to reopen after closure, submission of a new program ~~approval~~

application shall be required.

B. Closing of a nurse aide education program. When a nurse aide education program closes, the program provider shall:

1. Notify the board of the date of closing.
2. Submit to the board a list of all graduates with the date of graduation of each.

**VIRGINIA BOARD OF NURSING  
EDUCATION SPECIAL CONFERENCE COMMITTEE  
Wednesday, March 9, 2022**

Department of Health Professions – Perimeter Center  
9960 Mayland Drive, Conference Center 201 – **Boardroom 3**  
Henrico, Virginia 23233

- TIME AND PLACE:** The meeting of the Education Special Conference Committee was convened at 9:28 a.m. in Suite 201, Department of Health Professions, 9960 Mayland Drive, Second Floor, Boardroom 3, Henrico, Virginia.
- MEMBERS PRESENT:** Yvette Dorsey, DNP, RN, Chair  
Margaret J. Friedenbergl, Citizen Member
- STAFF PRESENT:** Jay Douglas, MSM, RN, CSAC, FRE, Executive Director  
Jacquelyn Wilmoth, MSN, RN, Deputy Executive Director  
Randall Mangrum, DNP, RN, Nursing Education Program Manager  
Christine Smith, MSN, RN, Nurse Aide/RMA Education Program Manager  
Grace Stewart, Adjudication Specialist  
Erin Barrett, JD, Senior Policy Analyst  
Beth Yates, Nursing and Nurse Aide Education Coordinator
- PUBLIC COMMENT:** There was no public comment.
- INFORMAL CONFERENCES:**
- 9:15 a.m.** **Abingdon Manor, Abingdon, Medication Aide Training Program 0030000032**
- No representatives for the program were present.
- Ms. Stewart asked Ms. Yates to provide information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart and Ms. Yates, Dr. Dorsey ruled that adequate notice was provided to Abingdon Manor Medication Aide Training Program.
- Ms. Friedenbergl moved that the Education Informal Conference Committee of the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A) (27) of the Code of Virginia at 9:34 a.m. for the purpose of deliberation to reach a decision in the matter of Abingdon Manor, medication aide training program. Additionally, Ms. Friedenbergl moved that, Ms. Douglas, Ms. Stewart, Ms. Wilmoth, Ms. Smith, Dr. Mangrum and Ms. Yates attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence will aid the Committee in its deliberations.
- The motion was seconded and carried unanimously. The Committee reconvened in open session at 9:43 a.m.
- Ms. Friedenbergl moved that the Education Informal Conference Committee of the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.



**ACTION:** Ms. Friedenbergr moved to recommend that approval to operate Abingdon Manor medication aide training program be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on March 22, 2022.

**America Medical Careers Academy, Norfolk, Medication Aide Training Program 0030000224**

No representatives for the program were present.

Ms. Stewart asked Ms. Yates to provide information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart and Ms. Yates, Dr. Dorsey ruled that adequate notice was provided to America Medical Careers Academy.

**ACTION:** Ms. Friedenbergr moved to recommend that approval to operate America Medical Careers Academy medication aide training program be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on March 22, 2022.

**Anytime Anykind Healthcare Services, LLC, Richmond, Medication Aide Training Program 0030000213**

No representatives for the program were present.

Ms. Stewart asked Ms. Yates to provide information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart and Ms. Yates, Dr. Dorsey ruled that adequate notice was provided to Anytime Anykind Healthcare Services.

**ACTION:** Ms. Friedenbergr moved to recommend that approval to operate Anytime Anykind Healthcare Services medication aide training program be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on March 22, 2022.

**Apple Manor Christian Assisted Living Facility, Winchester, Medication Aide Training Program, 0030000164**

No representatives for the program were present.

Ms. Stewart asked Ms. Yates to provide information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart and Ms. Yates, Dr. Dorsey ruled that adequate notice was provided to Apple Manor Christian Assisted Living Facility.

**ACTION:** Ms. Friedenbergr moved to recommend that approval to operate Apple Manor Christian Assisted Living Facility medication aide training program be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on March 22, 2022.

**10:00 a.m.**

**Blue Ridge Pharmacy, Hillsville, 0030000122**

No representatives for the program were present.

Ms. Stewart asked Ms. Yates to provide information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart and Ms. Yates, Dr. Dorsey ruled that adequate notice was provided to Blue Ridge Pharmacy.

**ACTION:** Ms. Friedenbergr moved to recommend that approval to operate Blue Ridge Pharmacy medication aide training program be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on March 22, 2022.

**Colonial Home Assisted Living, Chesapeake, 0030000157**

No representatives for the program were present.

Ms. Stewart asked Ms. Yates to provide information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart and Ms. Yates, Dr. Dorsey ruled that adequate notice was provided to Colonial Home Assisted Living.

**ACTION:** Ms. Friedenbergr moved to recommend that approval to operate Colonial Home Assisted Living medication aide training program be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on March 22, 2022.

**Continuing Care Rx CCRx, Raleigh NC, 0030000075**

No representatives for the program were present.

Ms. Stewart asked Ms. Yates to provide information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart and Ms. Yates, Dr. Dorsey ruled that adequate notice was provided to Continuing Care Rx CCRx.

**ACTION:** Ms. Friedenbergs moved to recommend that approval to operate Continuing Care Rx CCRx medication aide training program be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on March 22, 2022.

**Dalgrow Healthcare Staffing & Training Center, Woodbridge, 0030000142**

No representatives for the program were present.

Ms. Stewart asked Ms. Yates to provide information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart and Ms. Yates, Dr. Dorsey ruled that adequate notice was provided to Dalgrow Healthcare Staffing.

**ACTION:** Ms. Friedenbergs moved to recommend that approval to operate Dalgrow Healthcare Staffing medication aide training program be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on March 22, 2022.

**Dominion Careers Development & Training Institute, Richmond 0030000174**

No representatives for the program were present.

Ms. Stewart asked Ms. Yates to provide information regarding mailing of the Board notice. Based upon information provided by Ms. Stewart and Ms. Yates, Dr. Dorsey ruled that adequate notice was provided to Dominion Careers Development & Training Institute.

**ACTION:** Ms. Friedenbergs moved to recommend that approval to operate Dominion Careers Development & Training Institute medication aide training program be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on March 22, 2022.

Ms. Stewart left the meeting at 10:40 a.m.

Ms. Barrett joined the meeting at 10:40 a.m.

**DISCUSSION: Nurse Aide Petition for Rule Making**

Ms. Barrett led a discussion regarding the Petition for Rule Making Number 365 and public comments received in regards to Nurse Aide Education programs.

The Petition for Rule Making asked for consideration of regulatory revision in regards to three requests: (1) the use of licensed hospitals for clinical education rather than the sole use of nursing homes, (2) the elimination of requirements that RNs and LPNs serving as clinical instructors have experience in nursing homes, and (3) An allowance for clinical instructors to be on site and perform their regular work at the same time, but reduce the ratio from 10:1 to 4:1 for students to instructor.

Ms. Barrett led a discussion regarding staff proposed revisions to regulations governing nurse aide education programs as they relate to the Petition for Rule Making 365 for Nurse Aide Education Programs.

**ACTION:**

Ms. Friedenberg moved to recommend, the board taken action on number (1) and (2) of the Petitioner's request as stated above.

The motion was seconded and carried unanimously.

Ms. Friedenberg moved to recommend, the board take no action on number (3) as stated above as this suggestion could place a burden on the program due to the need to hire more instructors and it could affect the quality of the instruction.

The motion was seconded and carried unanimously.

Ms. Friedenberg moved to recommend, the board initiate a fast-track regulatory action to amend regulations 18VAC90-26-10, 18VAC90-26-20 and 18VAC90-26-50 to allow nurse aide training to occur outside of nursing home facility; amend 18VAC90-26-30 to update requirements of instructional personnel, to amend 18VAC90-26-50 to require program documentation be maintained for 2 years following each site visit, and to amend 18VAC90-26-70 to update procedures for program closures and to accept the proposed regulatory changes as amended.

The motion was seconded and carried unanimously.

These recommendations will be presented to the full Board on Tuesday, March 22, 2022.

Meeting adjourned at 12:15 p.m.

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Jacquelyn Wilmoth, MSN, RN  
Deputy Executive Director

**DRAFT**

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# *Virginia's Licensed Nurse Practitioner Workforce: 2021*

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Healthcare Workforce Data Center

November 2021

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233  
804-597-4213, 804-527-4466(fax)  
E-mail: [HWDC@dhp.virginia.gov](mailto:HWDC@dhp.virginia.gov)

Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

*4,567 Licensed Nurse Practitioners 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 Nursing express our sincerest appreciation for their 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:*

Elizabeth Carter, PhD  
*Director*

Yetty Shobo, PhD  
*Deputy Director*

Rajana Siva, MBA  
*Data Analyst*

Christopher Coyle, BA  
*Research Assistant*

# **The Committee of the Joint Boards of Nursing and Medicine**

## ***Chair***

Marie Gerardo, MS, RN, ANP-BC  
*Midlothian*

## ***Members***

David Archer, MD  
*Norfolk*

Laurie Buchwald, MSN, WHNP, NCMP, FNP  
*Radford*

Ann Tucker Gleason, PhD  
*Zion Crossroads*

Blanton L. Marchese  
*North Chesterfield*

Ryan Williams, MD  
*Suffolk*

## ***Executive Director of Board of Medicine***

William Harp, MD

## ***Executive Director of Board of Nursing***

Jay P. Douglas, MSM, RN, CSAC, FRE

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## The Licensed Nurse Practitioner Workforce: At a Glance:

### The Workforce

Licenses:	15,063
Virginia's Workforce:	12,070
FTEs:	10,712

### Background

Rural Childhood:	35%
HS Degree in VA:	44%
Prof. Degree in VA:	52%

### Current Employment

Employed in Prof.:	95%
Hold 1 Full-time Job:	65%
Satisfied?:	94%

### Survey Response Rate

All Licensees:	30%
Renewing Practitioners:	79%

### Education

Master's Degree:	78%
Post-Masters Cert.:	7%

### Job Turnover

Switched Jobs:	8%
Employed over 2 yrs:	56%

### Demographics

Female:	90%
Diversity Index:	39%
Median Age:	44

### Finances

Median Income:	\$100k-\$110k
Health Benefits:	63%
Under 40 w/ Ed debt:	62%

### Time Allocation

Patient Care:	90%-99%
Patient Care Role:	88%
Admin. Role:	3%

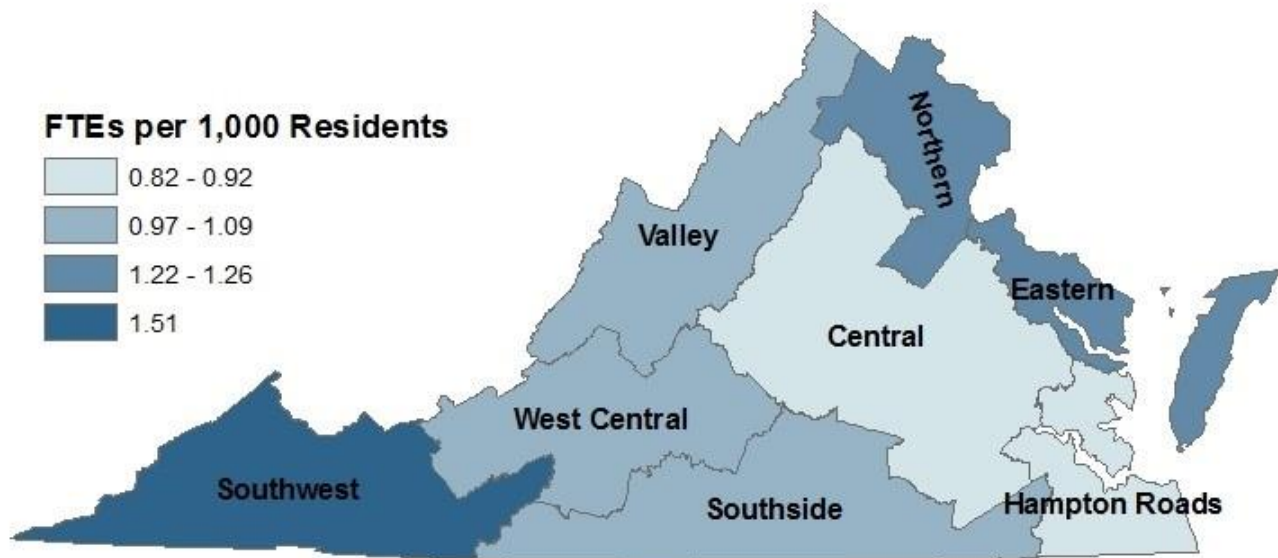
Source: Va. Healthcare Workforce Data Center

## Full Time Equivalency Units Provided by Nurse Practitioners per 1,000 Residents by Virginia Performs Areas

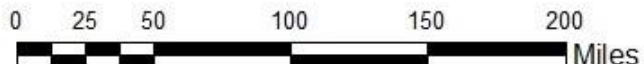
Source: Va Healthcare Work force Data Center

### FTEs per 1,000 Residents

	0.82 - 0.92
	0.97 - 1.09
	1.22 - 1.26
	1.51



Annual Estimates of the Resident Population: July 1, 2019  
Source: U.S. Census Bureau, Population Division



## Results in Brief

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Over 4,500 Licensed Nurse Practitioners (NPs) voluntarily took part in the 2021 Licensed Nurse Practitioner Workforce Survey<sup>1</sup>. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during license renewal, which takes place during a two-year renewal cycle in the birth month of each respondent. About half of all NPs have access to the survey every year. The 2021 survey respondents represent 30% of the 15,063 NPs who are licensed in the state and 79% of renewing practitioners. This report includes any advanced practice registered nurse. Detailed information on NPs, nurse anesthetists, and/or certified nurse midwives is available as a separate report.

The HWDC estimates that 12,070 NPs 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 NP at some point in the future. Between October 2020 and September 2021, Virginia's NP workforce provided 10,712 "full-time equivalency units" (FTEs), which the HWDC defines simply as working 2,000 hours a year.

Nine out of 10 NPs are female; while the median age of all NPs is 44. In a random encounter between two NPs, there is a 39% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes Virginia's NP workforce considerably less diverse than the state's overall population which has a diversity index of 57%. The diversity index is 41% among NPs under age 40. Over one-third of NPs grew up in a rural area, and 24% of these professionals currently work in non-Metro areas of the state. Overall, 12% of NPs work in rural areas. Meanwhile, 44% of Virginia's NPs graduated from high school in Virginia, and 52% of NPs earned their initial professional degree in the state. In total, 56% of Virginia's NP workforce have some educational background in the state.

More than three quarters of all NPs hold a Master's degree as their highest professional degree, while over 20% have completed post-Masters education. Just over half of all NPs currently carry educational debt, including 62% of those under the age of 40. The median debt burden for those NPs with educational debt is between \$60,000 and \$70,000.

## Summary of Trends

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Several significant changes have occurred in the NP workforce in the past six years. In 2018, the General Assembly authorized the Committee of the Joint Boards of Nursing and Medicine (the Joint Boards) to promulgate regulations that permit qualified nurse practitioners to practice autonomously after the completion of five years of clinical experience as a nurse practitioner. A separate report on this policy was submitted to the General Assembly<sup>2</sup>. In 2020, the General Assembly reduced the required clinical experience to two years before autonomous practice. This change sunsets July 1, 2022; if not reenacted, the prerequisite years of clinical experience will again be 5 years. The number of licensed NPs in the state has grown by 95% since 2014; the number in the state's workforce also grew by 92% and the FTEs provided increased by 85%. Compared to 2018, the response rate of renewing NPs increased from 68% to 79% in 2021. The percent of NPs working in non-metro areas also reached a high of 12% compared to the 10% who did in 2018.

The percent female has stayed consistently around 90%. The diversity index continues to increase from 28% in 2014 to an 8-year high of 39% in 2021. Median age declined from 48 years in 2014 to 44 years in 2020 and stayed the same in 2021. The educational attainment has increased for NPs over the past eight years. In 2021, the percent of NPs with a doctorate NP increased to an all-time high of 10%, this level is considerably higher than the 2014 level of 4%. Not surprisingly, the percent carrying debt has also increased; 51% of all NPs now carry debt compared to 40% in 2014. Median debt is now \$60,000-\$70,000, up from \$40,000-\$50,000 in 2014. Median income has stayed at \$100,000-\$110,000 since 2017. Involuntary unemployment increased from less than 1% in previous years to 4% in 2020 and stayed at 4% in 2021; this is likely due to the coronavirus pandemic. Retirement expectations have declined over time; only 19% intend to retire within a decade of the survey compared to 24% in 2014.

---

<sup>1</sup> To reduce respondents' burden, HWDC changed its procedure in 2019 so that nurses now complete a survey for the highest profession in which they are practicing. This may have resulted in more NPs responding. This distinction should be kept in mind when comparing this year's survey to previous years.

<sup>2</sup> <https://rga.lis.virginia.gov/Published/2021/RD625/PDF>

**A Closer Look:**

Licensees		
License Status	#	%
<b>Renewing Practitioners</b>	5,387	36%
<b>New Licensees</b>	2,162	14%
<b>Non-Renewals</b>	713	5%
<b>Renewal date not in survey period</b>	6,801	45%
<b>All Licensees</b>	<b>15,063</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Our surveys tend to achieve very high response rates. Nearly eight of every ten renewing NPs submitted a survey. These represent 30% of NPs who held a license at some point during the licensing period.*

**Definitions**

- 1. The Survey Period:** The survey was conducted between October 2020 and September 2021 in the birth month of each renewing practitioner.
- 2. Target Population:** All NPs who held a Virginia license at some point during the survey period.
- 3. Survey Population:** The survey was available to NPs who renewed their licenses online. It was not available to those who did not renew, including NPs newly licensed during the survey time.

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
<b>By Age</b>			
<b>Under 30</b>	408	85	17%
<b>30 to 34</b>	1,445	641	31%
<b>35 to 39</b>	2,041	641	24%
<b>40 to 44</b>	1,373	809	37%
<b>45 to 49</b>	1,437	518	27%
<b>50 to 54</b>	1,027	636	38%
<b>55 to 59</b>	1,002	384	28%
<b>60 and Over</b>	1,763	853	33%
<b>Total</b>	<b>10,496</b>	<b>4,567</b>	<b>30%</b>
<b>New Licenses</b>			
<b>Issued After Sept. 2020</b>	2,010	152	7%
<b>Metro Status</b>			
<b>Non-Metro</b>	828	421	34%
<b>Metro</b>	6,146	3,351	35%
<b>Not in Virginia</b>	3,522	794	18%

Source: Va. Healthcare Workforce Data Center

Response Rates	
<b>Completed Surveys</b>	4,667
<b>Response Rate, all licensees</b>	30%
<b>Response Rate, Renewals</b>	79%

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Licensed NPs**

Number: 15,063  
 New: 14%  
 Not Renewed: 5%

**Response Rates**

All Licensees: 30%  
 Renewing Practitioners: 79%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

Virginia's NP Workforce: 12,070  
 FTEs: 10,712

### Utilization Ratios

Licenses in VA Workforce: 80%  
 Licenses per FTE: 1.41  
 Workers per FTE: 1.13

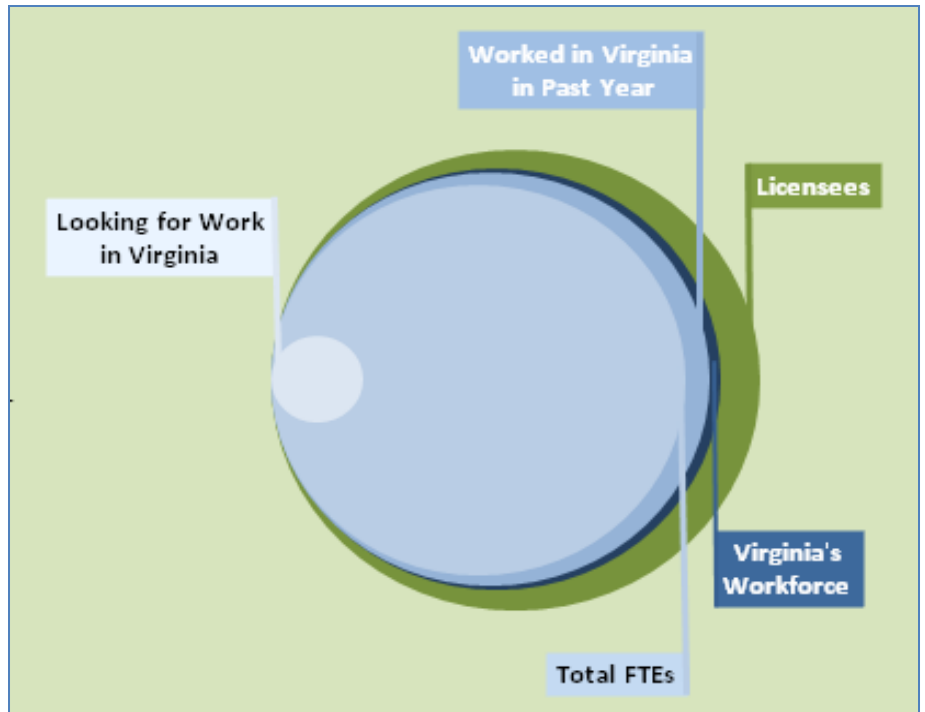
Source: Va. Healthcare Workforce Data Center

## Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time during the survey timeframe 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 NP Workforce		
Status	#	%
Worked in Virginia in Past Year	11,783	98%
Looking for Work in Virginia	287	2%
Virginia's Workforce	12,070	100%
Total FTEs	10,712	
Licenses	15,063	

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](http://www.dhp.virginia.gov/hwdc)

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	20	5%	406	95%	425	4%
30 to 34	135	8%	1,469	92%	1,603	15%
35 to 39	207	11%	1,746	89%	1,953	18%
40 to 44	157	10%	1,382	90%	1,539	14%
45 to 49	164	12%	1,185	88%	1,348	13%
50 to 54	127	11%	1,023	89%	1,150	11%
55 to 59	88	9%	871	91%	959	9%
60 +	170	10%	1,506	90%	1,676	16%
<b>Total</b>	<b>1,066</b>	<b>10%</b>	<b>9,588</b>	<b>90%</b>	<b>10,654</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Gender**  
 % Female: 90%  
 % Under 40 Female: 91%

**Age**  
 Median Age: 44  
 % Under 40: 37%  
 % 55+: 25%

**Diversity**  
 Diversity Index: 39%  
 Under 40 Div. Index: 41%

Source: Va. Healthcare Workforce Data Center

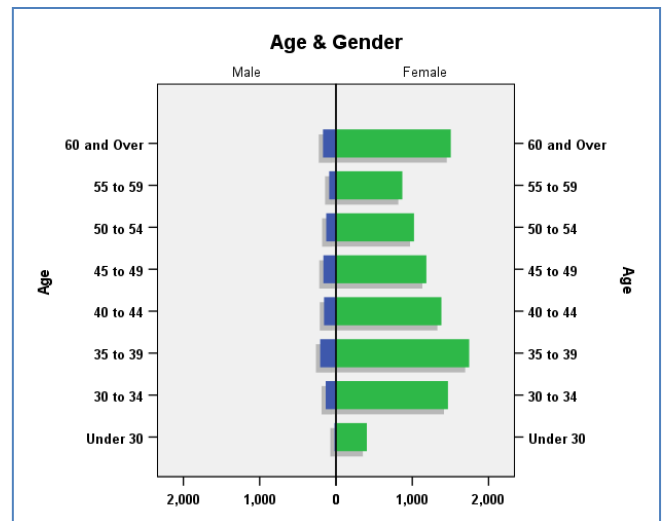
Race & Ethnicity					
Race/ Ethnicity	Virginia*	NPs		NPs under 40	
	%	#	%	#	%
White	61%	8,243	77%	3,028	76%
Black	19%	1,220	11%	441	11%
Asian	7%	630	6%	251	6%
Other Race	0%	106	1%	37	1%
Two or more races	3%	186	2%	70	2%
Hispanic	10%	324	3%	164	4%
<b>Total</b>	<b>100%</b>	<b>10,709</b>	<b>100%</b>	<b>3,991</b>	<b>100%</b>

\*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2019.

Source: Va. Healthcare Workforce Data Center

*In a chance encounter between two NPs, there is a 39% chance they would be of a different race/ethnicity (a measure known as the Diversity Index), compared to a 57% chance for Virginia's population as a whole.*

*37% of NPs are under the age of 40. 91% of these professionals are female. In addition, the diversity index among NPs under the age of 40 is 41%, which is slightly higher than the diversity index among Virginia's overall NP workforce.*



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 12%  
 Rural Childhood: 35%

### Virginia Background

HS in Virginia: 44%  
 Prof. Ed. in VA: 51%  
 HS or Prof. Ed. in VA: 56%  
 Initial NP Degree in VA: 52%

### Location Choice

% Rural to Non-Metro: 24%  
 % Urban/Suburban to Non-Metro: 5%

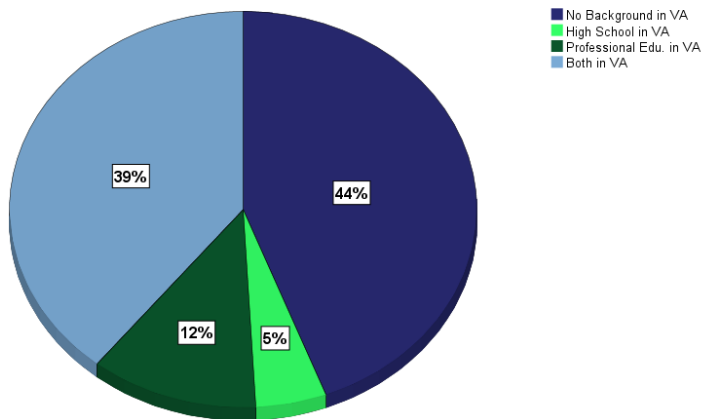
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 million+	24%	62%	14%
2	Metro, 250,000 to 1 million	53%	39%	9%
3	Metro, 250,000 or less	46%	45%	9%
<b>Non-Metro Counties</b>				
4	Urban pop 20,000+, Metro adjacent	57%	30%	13%
6	Urban pop, 2,500-19,999, Metro adjacent	61%	30%	9%
7	Urban pop, 2,500-19,999, non adjacent	88%	10%	3%
8	Rural, Metro adjacent	80%	21%	
9	Rural, non adjacent	62%	25%	13%
<b>Overall</b>		<b>35%</b>	<b>53%</b>	<b>12%</b>

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

35% of all NPs grew up in self-described rural areas, and 24% of these professionals currently work in non-metro counties. Overall, 12% of all NPs currently work in non-metro counties.

## Top Ten States for Licensed Nurse Practitioner Recruitment

Rank	All NPs					
	High School	#	Init. Prof Degree	#	Init. NP Degree	#
1	Virginia	4,663	Virginia	5,356	Virginia	5,509
2	Outside of U.S./Canada	727	New York	471	Washington, D.C.	635
3	New York	514	Pennsylvania	460	Tennessee	507
4	Pennsylvania	472	Tennessee	375	Pennsylvania	418
5	Maryland	349	North Carolina	342	North Carolina	308
6	North Carolina	317	Florida	303	Florida	245
7	Florida	282	Maryland	303	Maryland	231
8	West Virginia	279	West Virginia	267	New York	224
9	Ohio	256	Ohio	235	Illinois	218
10	New Jersey	238	Outside of U.S./Canada	217	Alabama	216

Source: Va. Healthcare Workforce Data Center

Rank	Licensed in the Past 5 Years					
	High School	#	Init. Prof Degree	#	Init. NP Degree	#
1	Virginia	2,235	Virginia	2,631	Virginia	2,409
2	Outside of U.S./Canada	441	Tennessee	211	Washington, D.C.	319
3	New York	214	Pennsylvania	201	Tennessee	291
4	Pennsylvania	192	New York	185	Illinois	185
5	North Carolina	186	North Carolina	165	North Carolina	176
6	Maryland	184	Florida	165	Pennsylvania	176
7	Florida	153	Maryland	158	Minnesota	165
8	West Virginia	143	Outside of U.S./Canada	133	Florida	136
9	Tennessee	134	West Virginia	124	Alabama	121
10	New Jersey	111	Ohio	108	Massachusetts	111

Source: Va. Healthcare Workforce Data Center

*20% of Virginia's licensees did not participate in Virginia's NP workforce during the past year. Ninety-one percent of these licensees worked at some point in the past year, including 88% who worked in a nursing-related capacity.*

### At a Glance:

#### Not in VA Workforce

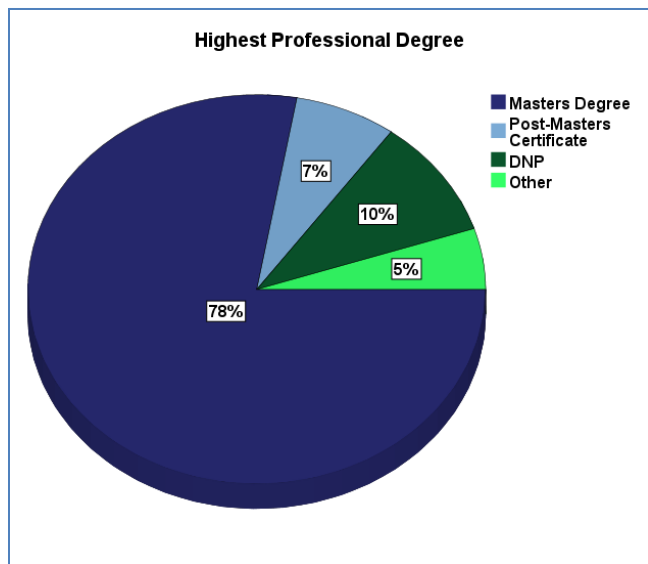
Total:	2,989
% of Licensees:	20%
Federal/Military:	14%
Va. Border State/DC:	21%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
NP Certificate	225	2%
Master's Degree	8,159	78%
Post-Masters Cert.	753	7%
Doctorate of NP	1,043	10%
Other Doctorate	303	3%
Post-Ph.D. Cert.	2	0%
<b>Total</b>	<b>10,485</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than three-quarters of all NPs hold a Master's degree as their highest professional degree. Half of NPs carry education debt, including 62% of those under the age of 40. The median debt burden among NPs with educational debt is between \$60,000 and \$70,000.

## At a Glance:

**Education**  
 Master's Degree: 78%  
 Post-Masters Cert.: 7%

**Educational Debt**  
 Carry debt: 51%  
 Under age 40 w/ debt: 62%  
 Median debt: \$60k-\$70k

Source: Va. Healthcare Workforce Data Center

Amount Carried	All NPs		NPs under 40	
	#	%	#	%
None	4,586	49%	1,317	38%
\$10,000 or less	342	4%	90	3%
\$10,000-\$19,999	355	4%	128	4%
\$20,000-\$29,999	390	4%	174	5%
\$30,000-\$39,999	409	4%	207	6%
\$40,000-\$49,999	337	4%	181	5%
\$50,000-\$59,999	288	3%	118	3%
\$60,000-\$69,999	357	4%	190	5%
\$70,000-\$79,999	352	4%	203	6%
\$80,000-\$89,999	291	3%	115	3%
\$90,000-\$99,999	252	3%	128	4%
\$100,000-\$109,999	305	3%	109	3%
\$110,000-\$119,999	178	2%	77	2%
\$120,000 or more	1,000	11%	461	13%
<b>Total</b>	<b>9,442</b>	<b>100%</b>	<b>3,498</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center



## At a Glance:

### Primary Specialty

Family Health:	29%
RN Anesthetist:	15%
Acute Care/ER:	8%

### Credentials

AANPCP – Family NP:	23%
ANCC – Family NP:	20%
ANCC – Adult-Gerontology Acute Care NP:	4%

Source: Va. Healthcare Workforce Data Center

Specialty	Primary	
	#	%
Family Health	2,988	29%
Certified Registered Nurse Anesthetist	1,608	15%
Acute Care/Emergency Room	884	8%
Pediatrics	744	7%
Adult Health	703	7%
Psychiatric/Mental Health	626	6%
OB/GYN - Women's Health	355	3%
Geriatrics/Gerontology	320	3%
Surgical	287	3%
Certified Nurse Midwife	198	2%
Neonatal Care	164	2%
Gastroenterology	106	1%
Occupational/Employee/Industrial Health	76	1%
Pain Management	56	1%
Other	1,306	13%
<b>Total</b>	<b>10,423</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## Credentials

Credential	#	%
AANPCP: Family NP	2,793	23%
ANCC: Family NP	2,355	20%
ANCC: Adult-Gerontology Acute Care NP	437	4%
ANCC: Adult NP	327	3%
ANCC: Acute Care NP	323	3%
ANCC: Family Psychiatric- Mental Health NP	317	3%
NCC: Women's Health Care NP	304	3%
ANCC: Adult Psychiatric-Mental Health NP	230	2%
AANPCP: Adult-Gerontology Primary Care NP (A-GNP-C)	205	2%
ANCC: Adult-Gerontology Primary Care NP	196	2%
ANCC: Pediatric NP	181	1%
NCC: Neonatal NP	148	1%
AANPCP: Adult NP	98	1%
All Other Credentials	101	1%
<b>At Least One Credential</b>	<b>7,607</b>	<b>63%</b>

Source: Va. Healthcare Workforce Data Center

Over a quarter of all NPs had a primary specialty in family health, while another 15% had a primary specialty as a Certified RN Anesthetist. 63% of all NPs also held at least one credential. AANPCP: Family NP was the most reported credential held by Virginia's NP workforce.

## At a Glance:

### Employment

Employed in Profession: 95%

Involuntarily Unemployed: 1%

### Positions Held

1 Full-time: 65%

2 or More Positions: 17%

### Weekly Hours:

40 to 49: 48%

60 or more: 6%

Less than 30: 11%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	5	0%
Employed in a nursing- related capacity	10,015	95%
Employed, NOT in a nursing-related capacity	62	1%
Not working, reason unknown	0	0%
Involuntarily unemployed	58	1%
Voluntarily unemployed	269	3%
Retired	127	1%
<b>Total</b>	<b>10,534</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*95% of NPs are currently employed in their profession. 65% of NPs hold one full-time job, while 17% currently have multiple jobs. Nearly half of all NPs work between 40 and 49 hours per week, while 6% work at least 60 hours per week.*

Current Weekly Hours		
Hours	#	%
0 hours	327	3%
1 to 9 hours	165	2%
10 to 19 hours	249	2%
20 to 29 hours	750	7%
30 to 39 hours	2,090	20%
40 to 49 hours	4,865	48%
50 to 59 hours	1,139	11%
60 to 69 hours	379	4%
70 to 79 hours	92	1%
80 or more hours	143	1%
<b>Total</b>	<b>10,199</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	327	3%
One Part-Time Position	1,500	15%
Two Part-Time Positions	338	3%
One Full-Time Position	6,634	65%
One Full-Time Position & One Part-Time Position	1,204	12%
Two Full-Time Positions	46	0%
More than Two Positions	192	2%
<b>Total</b>	<b>10,241</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Income		
Hourly Wage	#	%
Volunteer Work Only	70	1%
Less than \$40,000	361	4%
\$40,000-\$49,999	149	2%
\$50,000-\$59,999	198	2%
\$60,000-\$69,999	303	4%
\$70,000-\$79,999	465	6%
\$80,000-\$89,999	619	7%
\$90,000-\$99,999	888	11%
\$100,000-\$109,999	1370	16%
\$110,000-\$119,999	958	12%
\$120,000 or more	2,930	35%
<b>Total</b>	<b>8,311</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Earnings**  
Median Income: \$100k-\$110k

**Benefits**  
Retirement: 73%  
Health Insurance: 63%

**Satisfaction**  
Satisfied: 94%  
Very Satisfied: 62%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	6,313	62%
Somewhat Satisfied	3,282	32%
Somewhat Dissatisfied	489	5%
Very Dissatisfied	164	2%
<b>Total</b>	<b>10,248</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

The typical NP had an annual income of between \$100,000 and \$110,000. Among NPs who received either a wage or salary as compensation at the primary work location, 73% also had access to a retirement plan and 63% received health insurance.

Employer-Sponsored Benefits*			
Benefit	#	%	% of Wage/Salary Employees
Paid Leave	6,806	86%	73%
Retirement	6,773	86%	73%
Health Insurance	5,931	75%	63%
Dental Insurance	5,752	73%	62%
Group Life Insurance	4,728	60%	51%
Signing/Retention Bonus	1,447	18%	15%
<b>Receive at least one benefit</b>	<b>7,905</b>	<b>79%</b>	<b>84%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Employment Instability in Past Year		
In the past year did you . . . ?	#	%
Experience Involuntary Unemployment?	504	4%
Experience Voluntary Unemployment?	639	5%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	430	4%
Work two or more positions at the same time?	2,090	17%
Switch employers or practices?	974	8%
<b>Experienced at least 1</b>	<b>3,605</b>	<b>30%</b>

Source: Va. Healthcare Workforce Data Center

*Only 4% of Virginia’s NPs experienced involuntary unemployment at some point in the prior year. By comparison, Virginia’s average monthly unemployment rate was 4.7% during the same period.<sup>1</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
<b>Not Currently Working at this Location</b>	245	2%	138	6%
<b>Less than 6 Months</b>	799	8%	341	14%
<b>6 Months to 1 Year</b>	1,014	10%	319	13%
<b>1 to 2 Years</b>	2,296	23%	547	23%
<b>3 to 5 Years</b>	2,464	25%	576	24%
<b>6 to 10 Years</b>	1,487	15%	284	12%
<b>More than 10 Years</b>	1,691	17%	200	8%
<b>Subtotal</b>	<b>9,997</b>	<b>100%</b>	<b>2,406</b>	<b>100%</b>
<b>Did not have location</b>	300		9,613	
<b>Item Missing</b>	1,774		51	
<b>Total</b>	<b>12,070</b>		<b>12,070</b>	

Source: Va. Healthcare Workforce Data Center

*66% of NPs receive a salary at their primary work location, while 28% receive an hourly wage.*

## At a Glance:

### Unemployment Experience

Involuntarily Unemployed: 4%  
Underemployed: 5%

### Turnover & Tenure

Switched Jobs: 8%  
New Location: 25%  
Over 2 years: 56%  
Over 2 yrs, 2<sup>nd</sup> location: 44%

### Employment Type

Salary: 70%  
Hourly Wage: 26%

Source: Va. Healthcare Workforce Data Center

*56% of NPs 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	#	%
<b>Salary/ Commission</b>	5,120	66%
<b>Hourly Wage</b>	2,164	28%
<b>By Contract</b>	461	6%
<b>Business/ Practice Income</b>	0	0%
<b>Unpaid</b>	46	1%
<b>Subtotal</b>	<b>7,791</b>	
<b>Missing location</b>	300	
<b>Item missing</b>	3,725	

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 3.2% and a high of 5.7%. At the time of publication, the unemployment rate for September 2021 was still preliminary.

## At a Glance:

### Concentration

Top Region:	27%
Top 3 Regions:	71%
Lowest Region:	2%

### Locations

2 or more (Past Year):	24%
2 or more (Now*):	22%

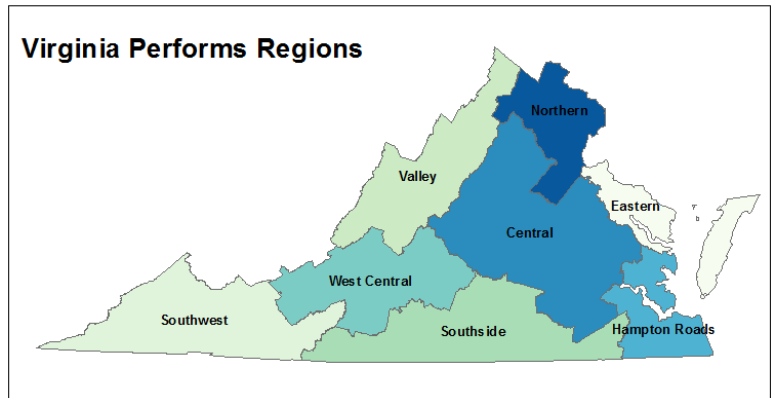
Source: Va. Healthcare Workforce Data Center

Northern Virginia has the highest number of NPs in the state, while Eastern Virginia has the fewest number of NPs in Virginia.

## A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	2,501	25%	478	20%
Eastern	143	1%	28	1%
Hampton Roads	1,926	19%	479	20%
Northern	2,693	27%	599	25%
Southside	388	4%	62	3%
Southwest	621	6%	172	7%
Valley	552	6%	80	3%
West Central	951	10%	205	8%
Virginia Border State/DC	77	1%	73	3%
Other US State	134	1%	252	10%
Outside of the US	5	0%	2	0%
<b>Total</b>	<b>9,991</b>	<b>100%</b>	<b>2,430</b>	<b>100%</b>
Item Missing	1,778		30	

Source: Va. Healthcare Workforce Data Center



22% of all NPs had just one work location during the past year, while 24% of NPs had multiple work locations.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	287	3%	438	4%
1	7,496	73%	7,531	74%
2	1,255	12%	1,231	12%
3	893	9%	832	8%
4	141	1%	118	1%
5	61	1%	18	0%
6 or More	101	1%	67	1%
<b>Total</b>	<b>10,235</b>	<b>100%</b>	<b>10,235</b>	<b>100%</b>

\*At the time of survey completion (Oct. 2020 - Sept. 2021, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	4,990	52%	1,455	63%
<b>Non-Profit</b>	3,197	34%	601	26%
<b>State/Local Government</b>	744	8%	170	7%
<b>Veterans Administration</b>	280	3%	5	0%
<b>U.S. Military</b>	197	2%	69	3%
<b>Other Federal Government</b>	134	1%	21	1%
<b>Total</b>	<b>9,542</b>	<b>100%</b>	<b>2,321</b>	<b>100%</b>
<b>Did not have location</b>	300		9,613	
<b>Item Missing</b>	2,229		137	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

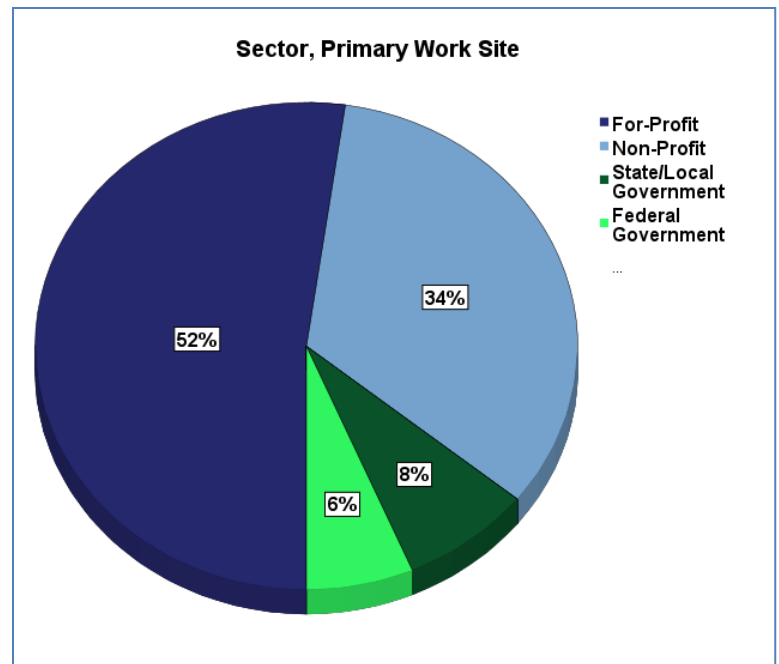
For Profit:	52%
Federal:	6%

**Top Establishments**

Clinic, Primary Care:	19%
Hospital, Inpatient:	18%
Physician Office:	8%

Source: Va. Healthcare Workforce Data Center

More than 80% of all NPs work in the private sector, including 52% in for-profit establishments. Meanwhile, 8% of NPs work for state or local governments, and 6% work for the federal government.



Source: Va. Healthcare Workforce Data Center

Nearly a quarter of the state's NP workforce use EHRs. 6% also provide remote health care for Virginia patients.

Electronic Health Records (EHRs) and Telehealth		
	#	%
<b>Meaningful use of EHRs</b>	2,947	24%
<b>Remote Health, Caring for Patients in Virginia</b>	766	6%
<b>Remote Health, Caring for Patients Outside of Virginia</b>	237	2%
<b>Use at least one</b>	<b>3,332</b>	<b>28%</b>

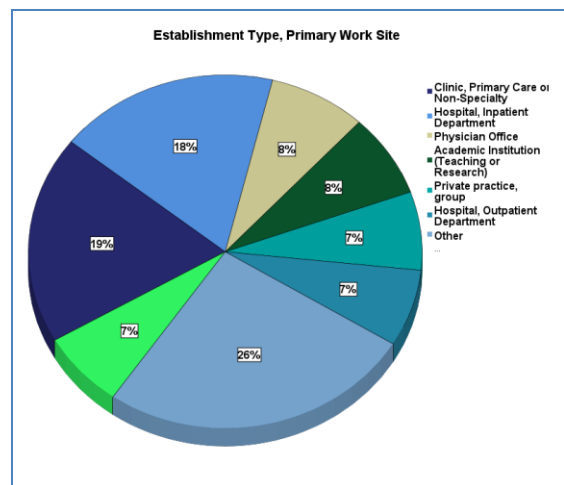
Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Clinic, Primary Care or Non-Specialty	1732	19%	269	12%
Hospital, Inpatient Department	1658	18%	399	18%
Physician Office	733	8%	121	5%
Academic Institution (Teaching or Research)	692	8%	197	9%
Private practice, group	653	7%	86	4%
Hospital, Outpatient Department	643	7%	103	5%
Clinic, Non-Surgical Specialty	363	4%	78	3%
Ambulatory/Outpatient Surgical Unit	345	4%	140	6%
Long Term Care Facility, Nursing Home	313	3%	129	6%
Hospital, Emergency Department	235	3%	109	5%
Mental Health, or Substance Abuse, Outpatient Center	222	2%	53	2%
Private practice, solo	191	2%	29	1%
Hospice	98	1%	59	3%
Other Practice Setting	1,236	14%	469	21%
<b>Total</b>	<b>9,114</b>	<b>100%</b>	<b>2,241</b>	<b>100%</b>
Did Not Have a Location	300		9,613	

*The single largest employer of Virginia's NPs is primary care/non-specialty clinics, where 19% of all NPs have their primary work location. Inpatient department of hospitals, physicians' offices, academic institutions, and group private practices were also common primary establishment types for Virginia's NP workforce.*

Source: Va. Healthcare Workforce Data Center

*Among those NPs who also have a secondary work location, 18% work at the inpatient department of a hospital and 12% work in a primary care/non-specialty clinic.*



Source: Va. Healthcare Workforce Data Center

*94% of NPs who responded to the question about forms of payment reported accepting private insurance as a form of payment for services rendered.*

Accepted Forms of Payment		
Payment	#	% of Workforce
Private Insurance	7,431	94%
Medicaid	6,867	87%
Medicare	6,821	86%
Cash/Self-Pay	6,494	82%

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Typical Time Allocation

Patient Care: 90%-99%  
Administration: 1%-9%  
Education: 1%-9%

### Roles

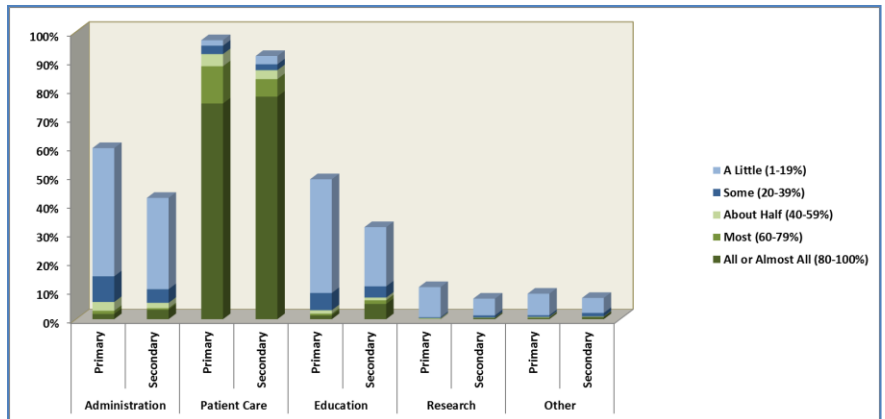
Patient Care: 88%  
Administration: 3%  
Education: 2%

### Patient Care NPs

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

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

*A typical NP spends most of her time on patient care activities, with most of the remaining time split between administrative and educational tasks. 88% of all NPs fill a patient care role, defined as spending 60% or more of their time on patient care activities.*

Time Allocation										
Time Spent	Admin.		Patient Care		Education		Research		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	2%	3%	75%	77%	1%	5%	0%	0%	0%	1%
<b>Most (60-79%)</b>	1%	1%	13%	6%	1%	1%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	3%	2%	4%	3%	1%	1%	0%	0%	0%	0%
<b>Some (20-39%)</b>	9%	5%	3%	2%	6%	4%	0%	1%	1%	1%
<b>A Little (1-20%)</b>	45%	32%	2%	3%	40%	21%	10%	6%	8%	5%
<b>None (0%)</b>	41%	58%	3%	8%	51%	68%	89%	93%	91%	93%

Source: Va. Healthcare Workforce Data Center



**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All NPs		NPs over 50	
	#	%	#	%
<b>Under age 50</b>	166	2%	0	0%
<b>50 to 54</b>	276	3%	14	0%
<b>55 to 59</b>	753	9%	125	4%
<b>60 to 64</b>	2,304	26%	677	22%
<b>65 to 69</b>	3,339	38%	1,271	41%
<b>70 to 74</b>	1,213	14%	627	20%
<b>75 to 79</b>	234	3%	139	4%
<b>80 or over</b>	85	1%	40	1%
<b>I do not intend to retire</b>	428	5%	205	7%
<b>Total</b>	<b>8,798</b>	<b>100%</b>	<b>3,098</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All NPs**

Under 65: 40%  
Under 60: 14%

**NPs 50 and over**

Under 65: 26%  
Under 60: 4%

**Time until Retirement**

Within 2 years: 5%  
Within 10 years: 19%  
Half the workforce: By 2046

Source: Va. Healthcare Workforce Data Center

*40% of NPs expect to retire by the age of 65, while 26% of NPs who are age 50 or over expect to retire by the same age. Meanwhile, 38% of all NPs expect to retire in their late 60s, and 23% of all NPs expect to work until at least age 70, including 5% who do not expect to retire at all.*

*Within the next two years, only 4% of Virginia's NPs plan on leaving either the profession or the state. Meanwhile, 10% of NPs plan on increasing patient care hours, and 13% plan on pursuing additional educational opportunities.*

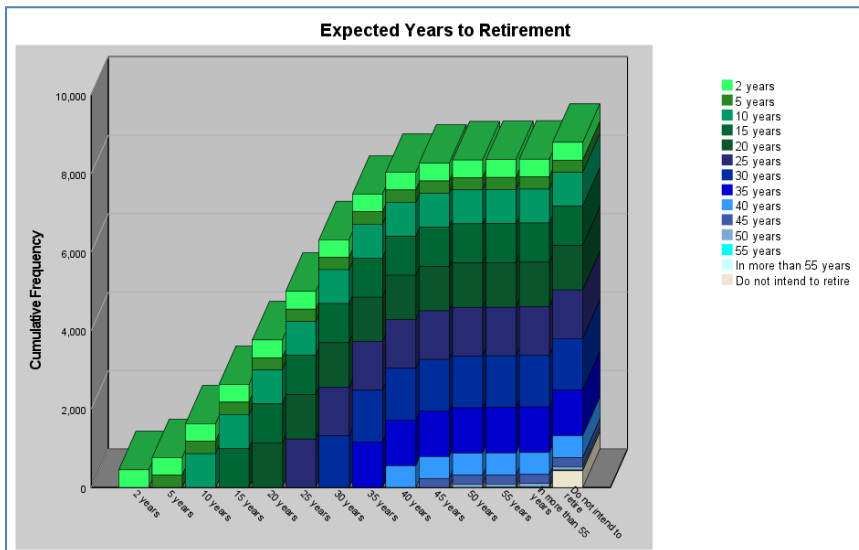
Future Plans		
2 Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	116	1%
<b>Leave Virginia</b>	350	3%
<b>Decrease Patient Care Hours</b>	1,240	10%
<b>Decrease Teaching Hours</b>	108	1%
<b>Increase Participation</b>		
<b>Increase Patient Care Hours</b>	1,175	10%
<b>Increase Teaching Hours</b>	1,300	11%
<b>Pursue Additional Education</b>	1,572	13%
<b>Return to Virginia's Workforce</b>	84	1%

Source: Va. Healthcare Workforce Data Center

*By comparing retirement expectation to age, we can estimate the maximum years to retirement for NPs. 5% of NPs expect to retire in the next two years, while 19% expect to retire in the next 10 years. More than half of the current NP workforce expect to retire by 2046.*

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
<b>2 years</b>	451	5%	5%
<b>5 years</b>	314	4%	9%
<b>10 years</b>	863	10%	19%
<b>15 years</b>	998	11%	30%
<b>20 years</b>	1,135	13%	43%
<b>25 years</b>	1,238	14%	57%
<b>30 years</b>	1,318	15%	72%
<b>35 years</b>	1,160	13%	85%
<b>40 years</b>	559	6%	91%
<b>45 years</b>	229	3%	94%
<b>50 years</b>	84	1%	95%
<b>55 years</b>	8	0%	95%
<b>In more than 55 years</b>	13	0%	95%
<b>Do not intend to retire</b>	428	5%	100%
<b>Total</b>	<b>8,797</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*Using these estimates, retirement will begin to reach over 10% of the current workforce every 5 years by 2036. Retirement will peak at 15% of the current workforce around 2051 before declining to under 10% of the current workforce again around 2061.*

## At a Glance:

### FTEs

Total: 10,712  
 FTEs/1,000 Residents: 1.25  
 Average: 0.91

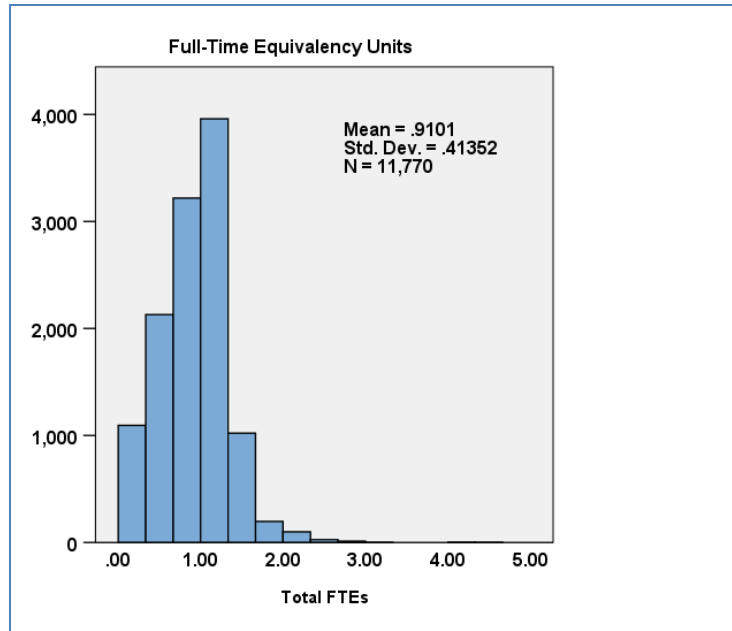
### Age & Gender Effect

Age, Partial Eta<sup>2</sup>: Negligible  
 Gender, Partial Eta<sup>2</sup>: Negligible

*Partial Eta<sup>2</sup> Explained:*  
 Partial Eta<sup>2</sup> is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

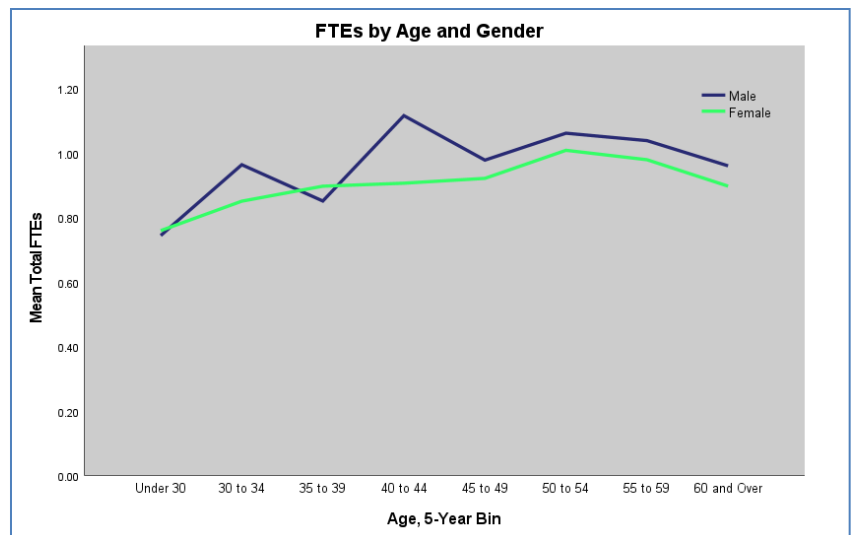


Source: Va. Healthcare Workforce Data Center

*The typical (median) NP provided 0.91 FTEs, or approximately 36 hours per week for 52 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify a difference exists<sup>2</sup>.*

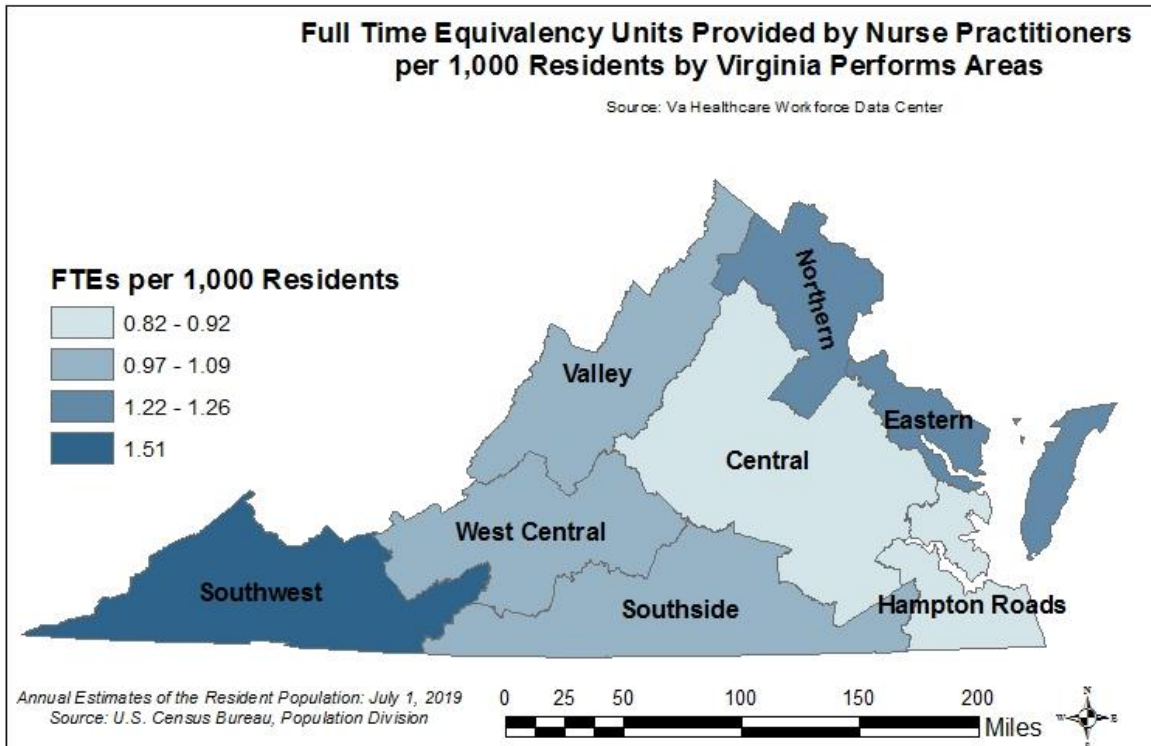
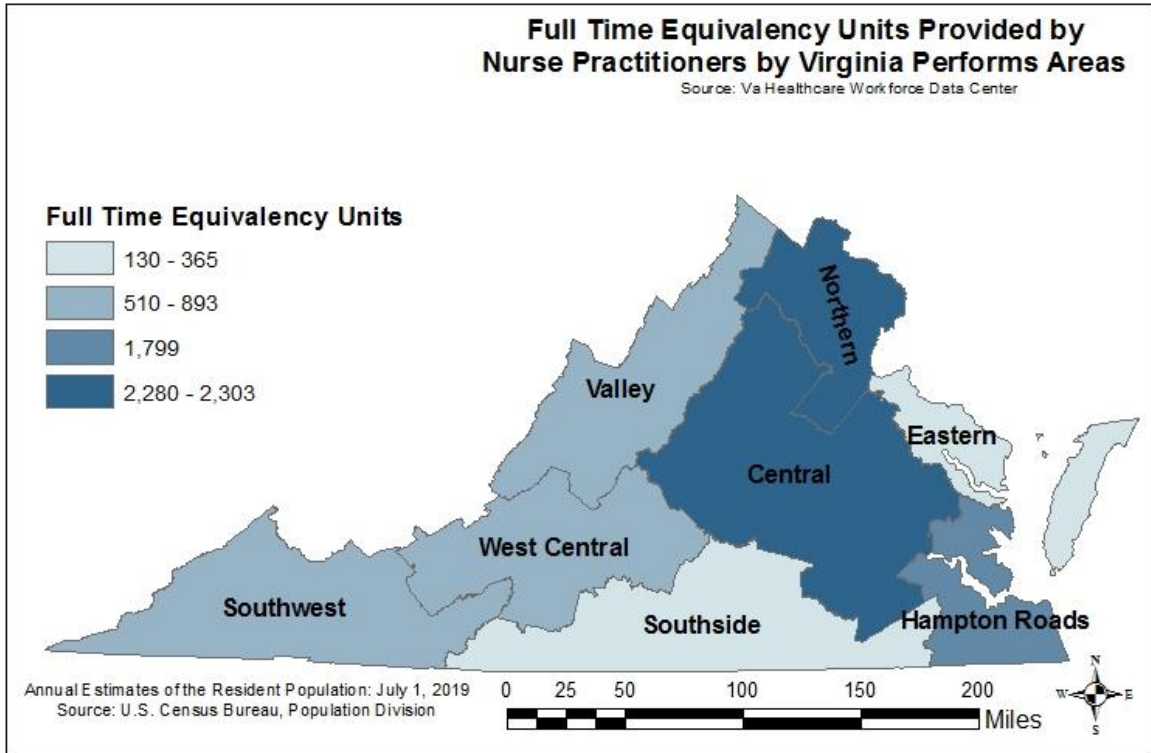
Full-Time Equivalency Units		
Age	Average Age	Median
<b>Under 30</b>	0.77	0.77
<b>30 to 34</b>	0.85	0.88
<b>35 to 39</b>	0.95	1.01
<b>40 to 44</b>	0.92	0.88
<b>45 to 49</b>	0.88	0.89
<b>50 to 54</b>	1.03	1.10
<b>55 to 59</b>	0.94	1.01
<b>60 and Over</b>	0.86	0.86
Gender		
<b>Male</b>	0.98	1.06
<b>Female</b>	0.91	0.91

Source: Va. Healthcare Workforce Data Center

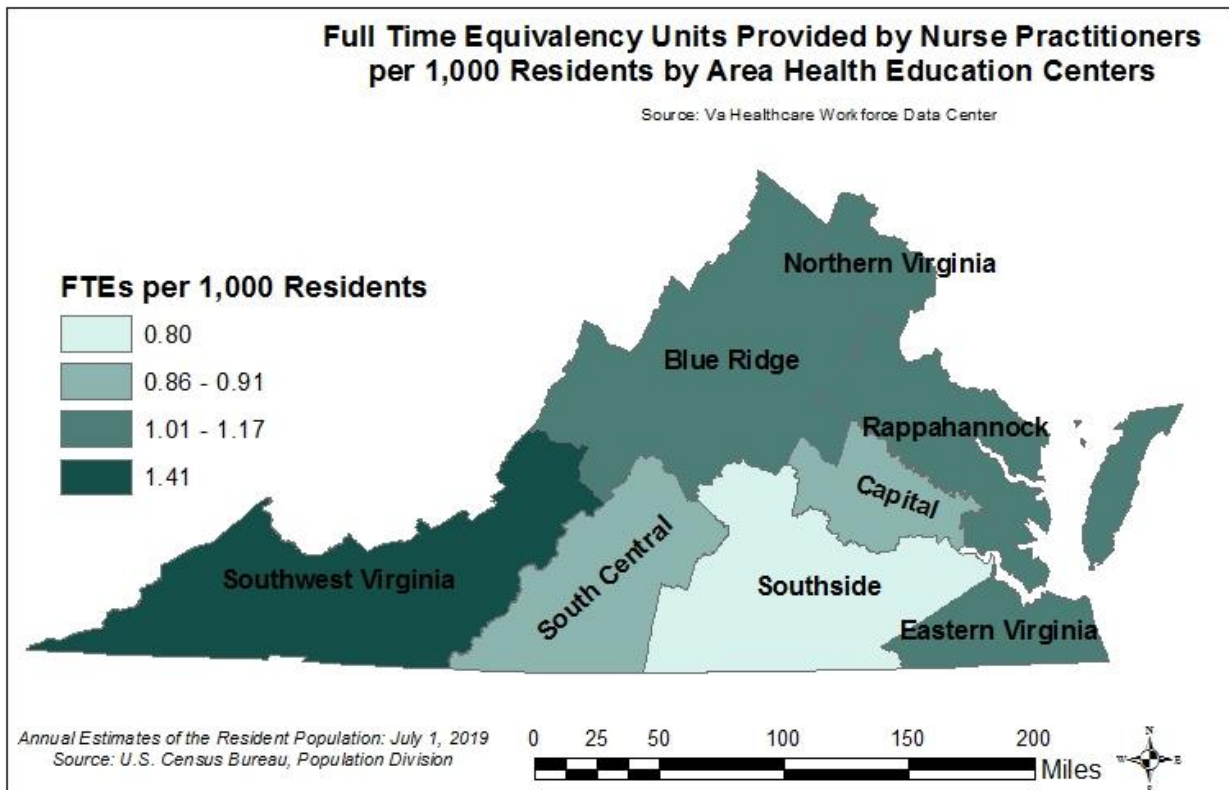
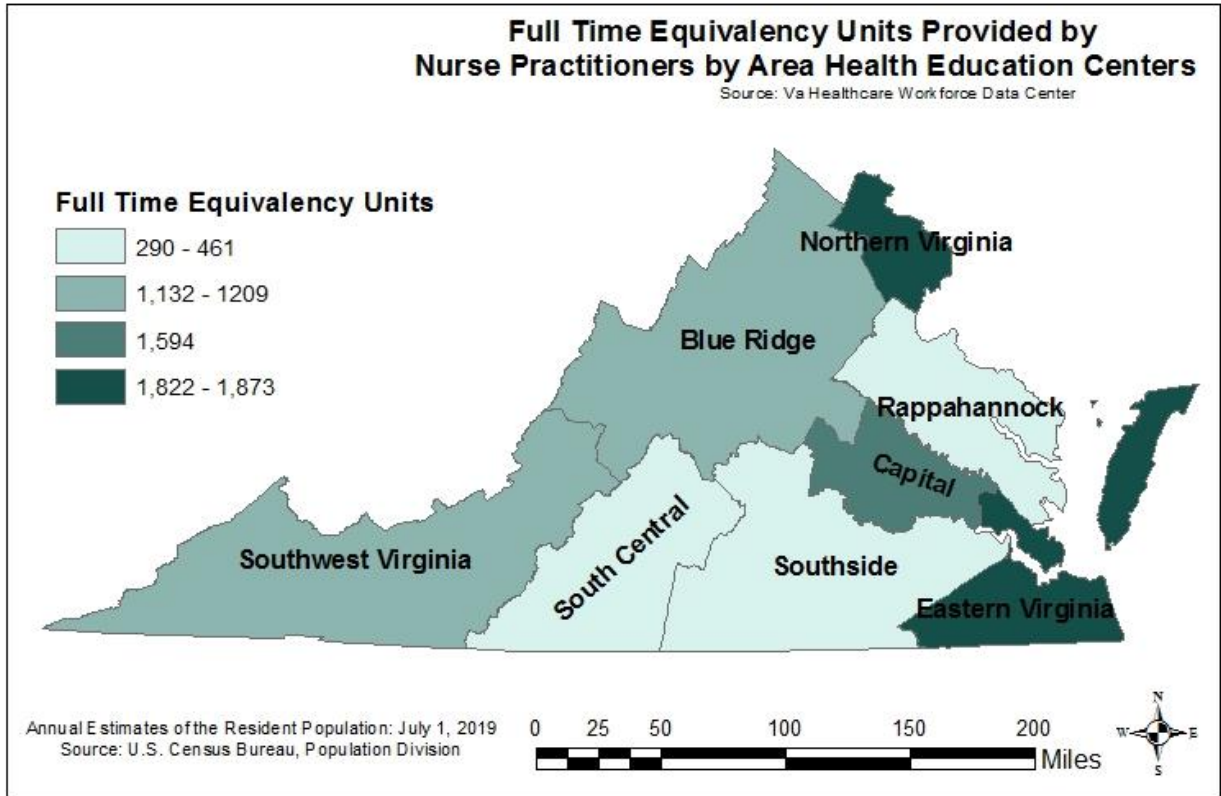


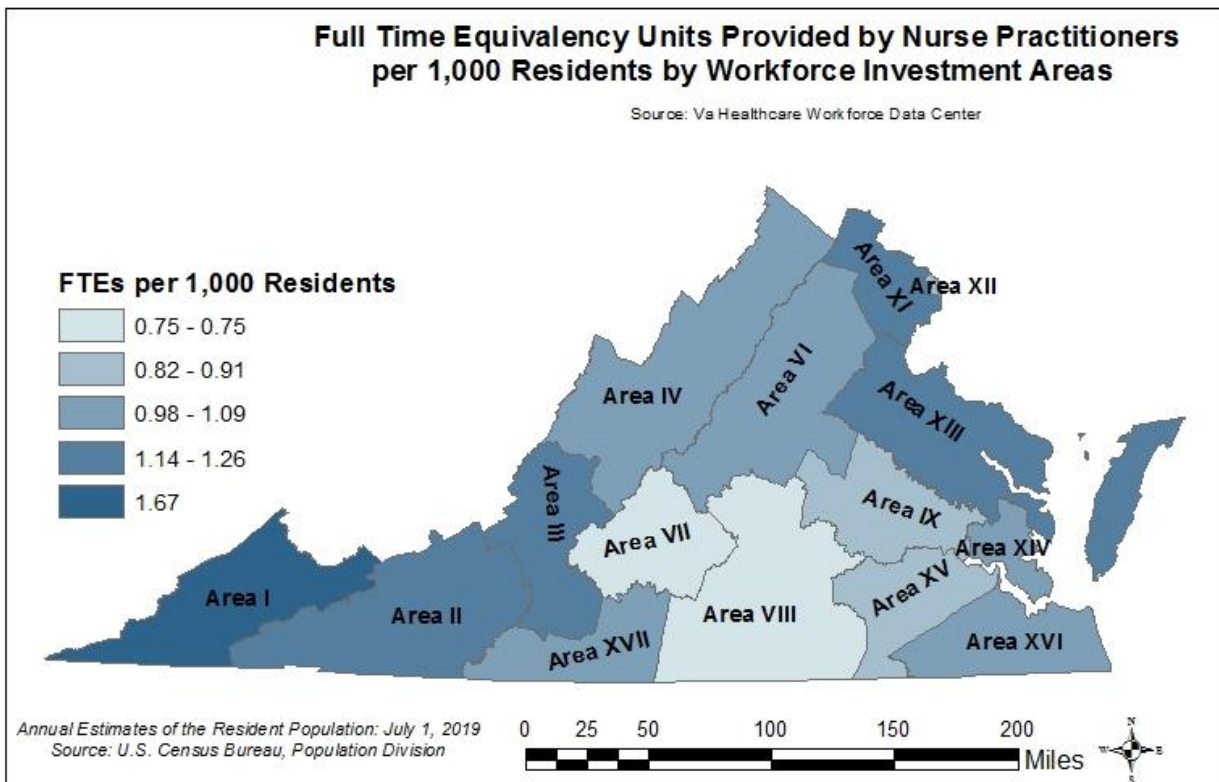
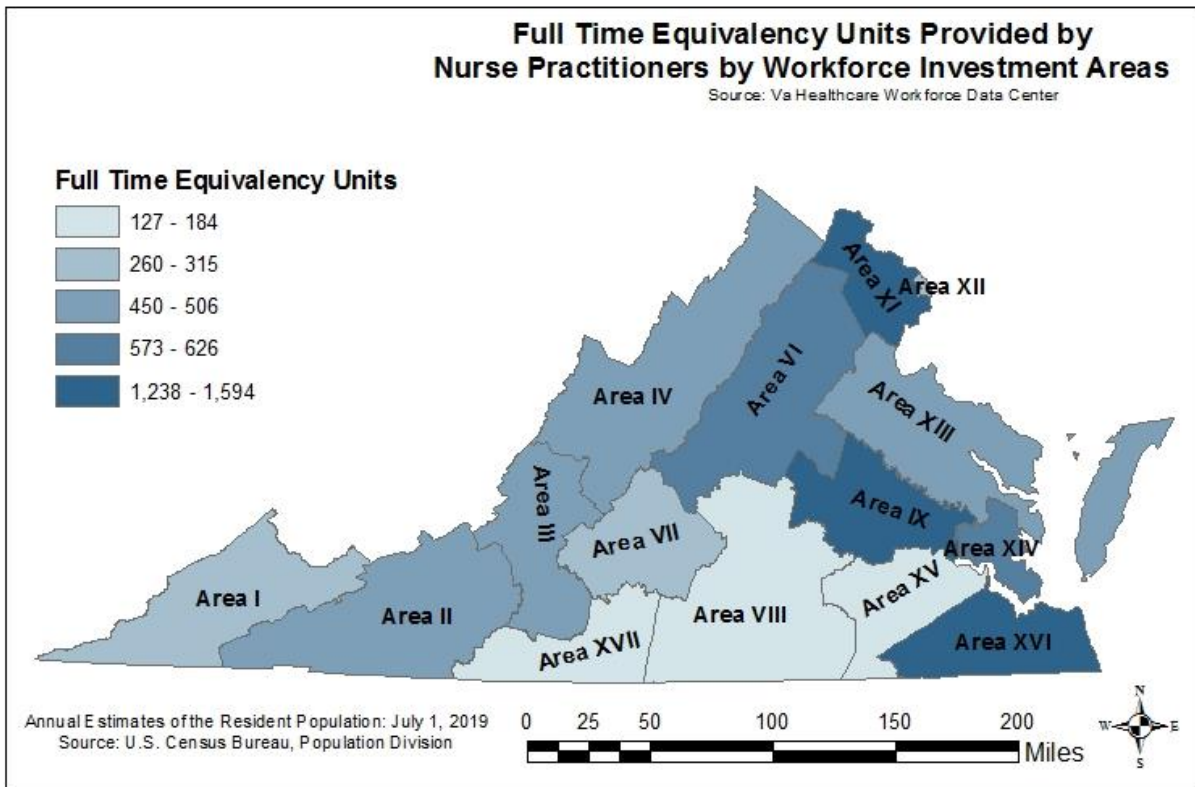
Source: Va. Healthcare Workforce Data Center

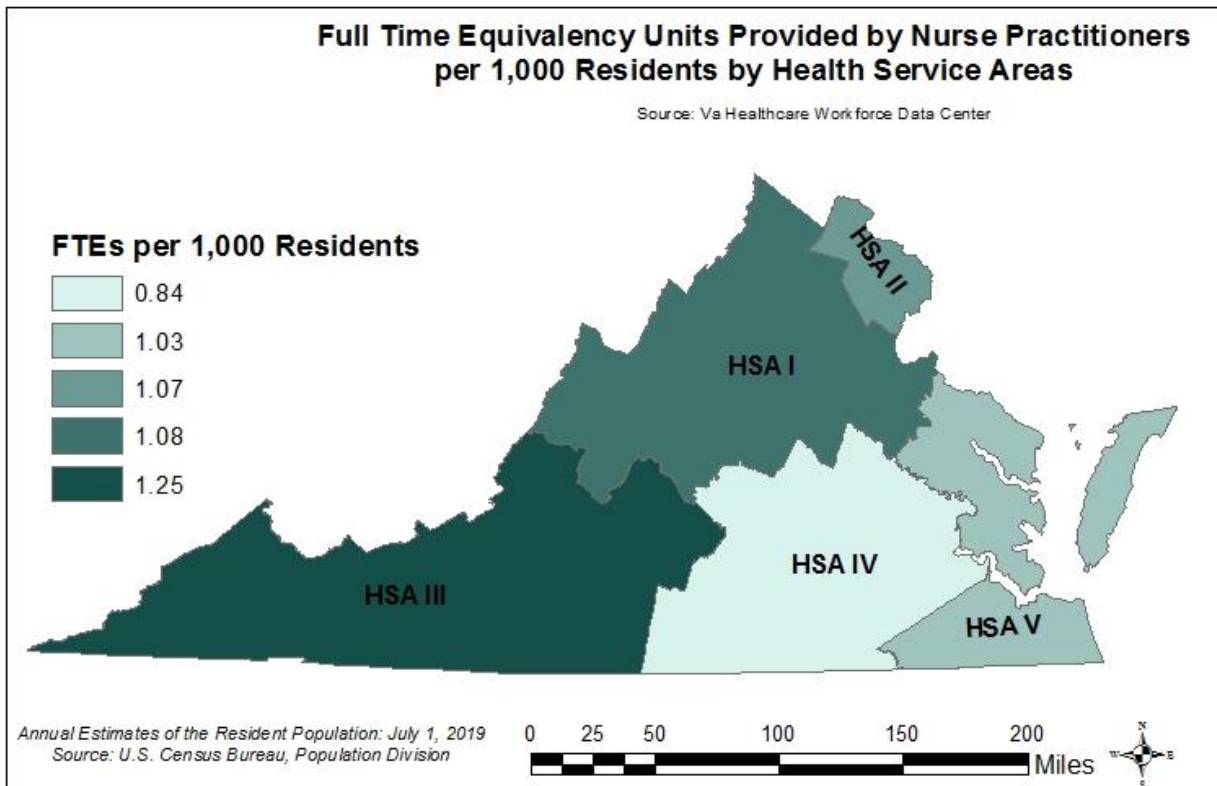
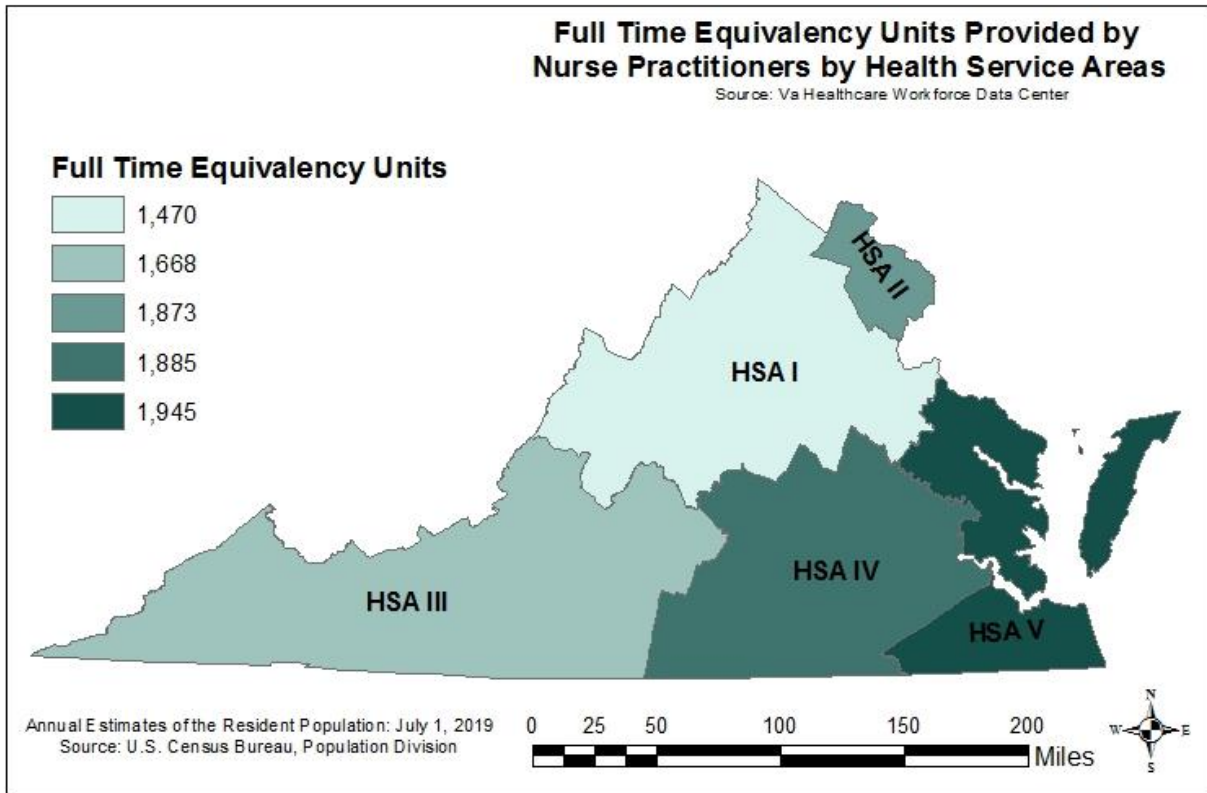
<sup>2</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect are significant)

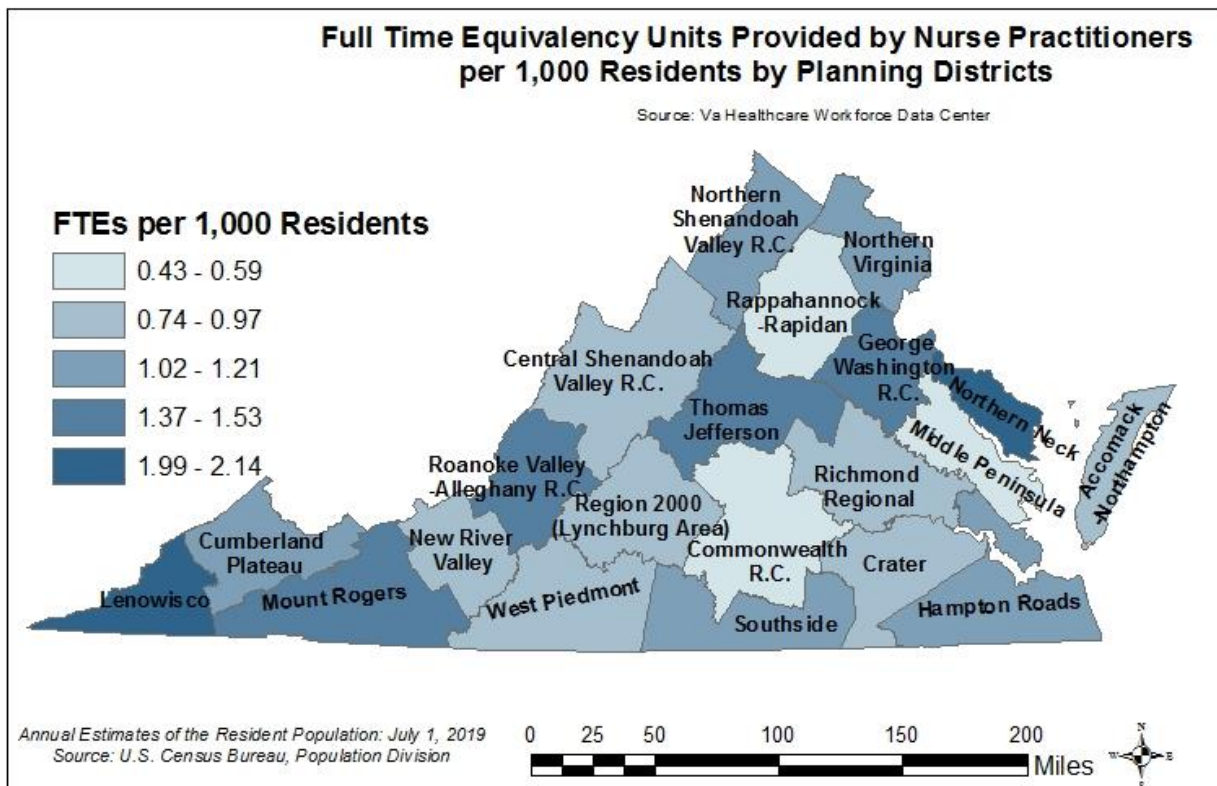
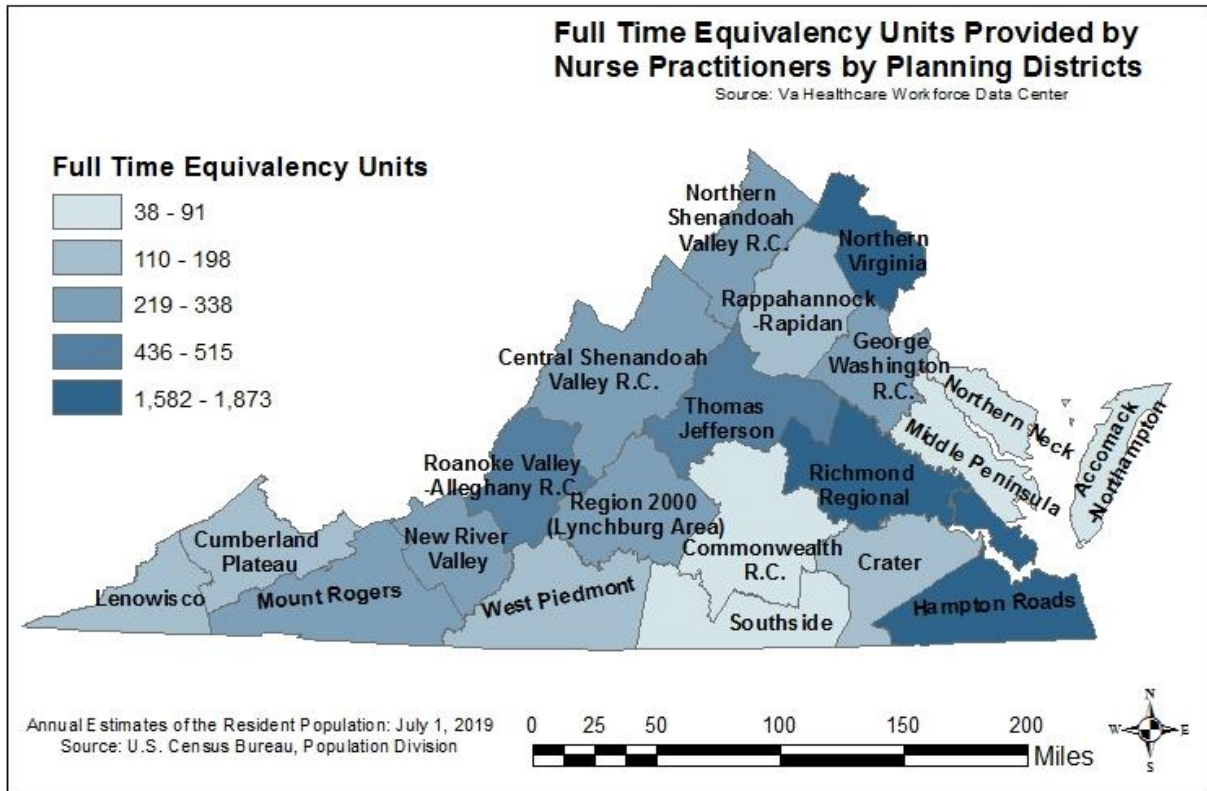


## Area Health Education Center Regions











## Appendices

### Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	7,368	35.26%	2.8360	2.2484	4.9872
Metro, 250,000 to 1 million	930	36.13%	2.7679	2.1943	4.8673
Metro, 250,000 or less	1,199	34.78%	2.8753	2.2795	5.0563
Urban pop 20,000+, Metro adj	183	32.79%	3.0500	2.4180	3.8692
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	361	35.73%	2.7985	2.2186	4.9211
Urban pop, 2,500-19,999, nonadj	317	37.85%	2.6417	2.0943	4.6454
Rural, Metro adj	276	29.71%	3.3659	2.6684	5.9189
Rural, nonadj	112	26.79%	3.7333	2.9597	4.7361
Virginia border state/DC	2,038	15.60%	6.4088	5.0808	11.2700
Other US State	2,278	20.90%	4.7857	3.7940	8.4158

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	493	17.24%	5.8000	4.6454	11.2700
30 to 34	2,086	30.73%	3.2543	2.6065	6.3234
35 to 39	2,682	23.90%	4.1841	3.3512	8.1301
40 to 44	2,182	37.08%	2.6972	2.1602	5.2409
45 to 49	1,955	26.50%	3.7741	3.0228	7.3335
50 to 54	1,663	38.24%	2.6148	2.0943	5.0808
55 to 59	1,386	27.71%	3.6094	2.8909	7.0134
60 and Over	2,616	32.61%	3.0668	2.4563	5.9592

Source: Va. Healthcare Workforce Data Center

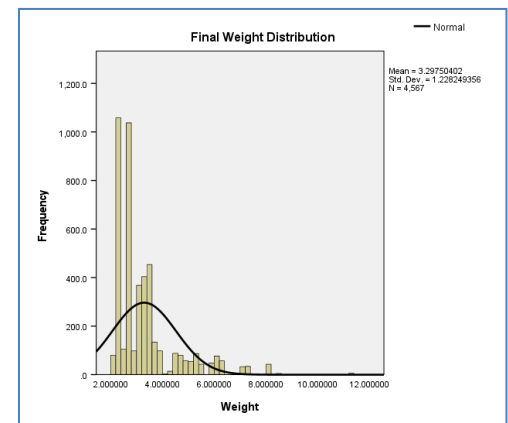
See the Methods section on the HWDC website for details on HWDC Methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

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

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

**Overall Response Rate: 0.30319**



Source: Va. Healthcare Workforce Data Center

**DRAFT**

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# *Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty*

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Healthcare Workforce Data Center

December 2021

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
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Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

*Over 8,500 Licensed Nurse Practitioners voluntarily participated in the 2020 and 2021 surveys. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Joint Boards of Nursing and Medicine express our sincerest appreciation for their ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

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## Results in Brief

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This is a special report created for the Committee of the Joint Boards of Nursing and Medicine. The report uses data from the 2020 and 2021 Nurse Practitioner Surveys. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of all NPs have access to the survey in any given year. Two years' worth of data, therefore, will allow all eligible Nurse Practitioners (NPs) the opportunity to complete the survey. The 2020 survey occurred between October 2019 and September 2020; the 2021 survey occurred between October 2020 and September 2021. The survey was available to all renewing NPs who held a Virginia license during the survey period and who renewed their licenses online. It was not available to those who did not renew, including NPs who were newly licensed during the survey period.

This report breaks down survey findings for certified registered nurse anesthetists (CRNA), certified nurse midwives (CNM), and Certified Nurse Practitioners (CNP). CNPs make up the highest proportion of NPs. Over 80% of NPs are CNPs whereas CNMs constitute only 3% of NPs. The full time equivalency units are also similarly distributed by specialty.

Nine of ten NPs are female; CNMs are nearly all female whereas slightly less than three-quarters of CRNAs are female; 93% of CNPs are female. The median age of all NPs is 44. The median age of CRNAs is 46 and the median age for CNPs is 44. CNMs have the lowest median age, 42. In a random encounter between two NPs, there is a 39% chance that they would be of different races or ethnicities, a measure known as the diversity index. CNMs were the least diverse with 32% diversity index; CRNAs and CNPs had 34% and 40% diversity indices, respectively. Overall, 12% of NPs work in rural areas. CNPs had the highest rural workforce participation; 13% of CNPs work in rural areas compared to 6% and 4% of CRNAs and CNMs, respectively.

CRNAs had the highest educational attainment with 19% reporting a doctorate degree; only 13% of CNMs and 12% of CNPs did. Surprisingly, CNMs reported the highest median education debt of \$90k-\$100k, and more than half of CNMs had education debt. Over half of CNPs also reported education debt although they had the lowest median at \$60k-\$70k. CRNAs had \$80-\$90k in education debt but only 45% of them had education debt.

CRNAs also reported the highest median annual income; they reported \$120k-\$130k in median income. The average for all other NPs is \$100k-\$110k. Further, 85% of CRNAs reported more than \$120,000 in income compared to 34% of CNMs and 25% of CNPs. However, only 74% of CRNAs received at least one employer-sponsored benefit compared to 80% of CNMs and 85% of CNPs. Overall, 94% of NPs are satisfied with their current employment situation. However, only 92% of CNMs were satisfied compared to 97% of CRNAs and 94% of CNPs. A third of all NPs reported employment instability in the year prior to the survey, with CRNAs being most likely to report employment instability.

CRNAs had the highest participation in the private sector, 91% of them worked in the sector compared to 89% of CNMs and 85% of CNPs. Meanwhile, CRNAs had the lowest percent working in federal, state, or local government. CRNAs and CNMs were most likely to be working in the inpatient department of hospitals whereas CNPs were most likely to work in primary care clinics. Only 12% of CRNAs used at least one form of electronic health record or telehealth compared to 28% of CNMs and 44% of CNPs. A quarter of CRNAs plan to retire within the next decade compared to 20% of CNMs and 17% of CNPs. About 43%, 34% and 38% of CRNAs, CNMs, and CNPs, respectively, plan to retire by the age of 65. Meanwhile, 2%, 6%, and 6% of CRNAs, CNMs, and CNPs, respectively, do not intend to retire.

In 2018, the General Assembly authorized the Joint Boards of Nursing and Medicine to promulgate regulations that would permit qualified nurse practitioners to practice autonomously after the completion of five years of clinical experience as a nurse practitioner under a practice agreement. The bill required that the Boards provide information regarding the practice of autonomously practicing NPs to committees of the General Assembly by November 2021. That report, which includes demographic, complaint, and disciplinary data, and suggested modifications to the provisions of the law, is now available<sup>1</sup>.

---

<sup>1</sup> <https://rga.lis.virginia.gov/Published/2021/RD625/PDF>

**A Closer Look:**

**At a Glance:**

**Licensed NPs**

Total:	15,056
CRNA:	2,211
CNM:	421
CNP:	12,410

**Response Rates**

All Licensees: (2020 & 2021)	58%
---------------------------------	-----

Source: Va. Healthcare Workforce Data Center

This report uses data from the 2020 and 2010 Nurse Practitioner Surveys, and licensure data retrieved in October 2021. Two years of survey data were used to get a complete portrait of the NP workforce since NPs are surveyed every two years in their birth month. Thus, every NP would have been eligible to complete a survey in only one of the two years. Newly licensed NPs do not complete the survey so they are excluded from the survey. From the licensure data, 2,211 of NPs reported their first specialty as CRNA; 421 had a first specialty of CNM, 12,410 had other first specialties. However, 2 CNMs reported two additional specialties and 55 reported one additional specialty. Eight CRNAs also reported one other specialty. “At a Glance” shows the break down by specialty. Over 83% are CNPs and about 3% are CNMs.

Response Rates				
	CRNA	CNM	CNP	Total
<b>Completed Surveys 2020</b>	665	126	3,232	<b>4,023</b>
<b>Completed Surveys 2021</b>	718	132	3,707	<b>4,557</b>
<b>Response Rate, all licensees</b>	63%	61%	56%	<b>57%</b>

Source: Va. Healthcare Workforce Data Center

*Our surveys tend to achieve very high response rates. An average of 57% of NPs submitted a survey in both 2020 and 2021. As shown above, the response rate was highest for CRNAs and lowest for CNPs.*

**Definitions**

- 1. The Survey Period:** The survey was conducted between October 2019 and September 2020, and between October 2020 and September 2021, on the birth month of each renewing practitioner.
- 2. Target Population:** All NPs who held a Virginia license at some point during the survey period.
- 3. Survey Population:** The survey was available to NPs who renewed their licenses online. It was not available to those who did not renew, including NPs newly licensed during the survey time frame.

**Not in Workforce in Past Year**

	CRNA	CNM	CNP	All 2021
<b>% of Licensees not in VA Workforce</b>	23%	20%	19%	<b>20%</b>
<b>% in Federal Employee or Military:</b>	9%	28%	14%	<b>14%</b>
<b>% Working in Virginia Border State or DC</b>	16%	19%	27%	<b>21%</b>

Source: Va. Healthcare Workforce Data Center

*CRNAs were most likely to not be working in the state workforce whereas CNPs were most likely to be working in border states.*

A Closer Look:

**At a Glance:**

**2020 and 2021 Workforce**

Virginia’s NP Workforce: 12,070  
 FTEs: 10,712

**Workforce by Specialty**

CRNA: 1,709  
 CNM: 341  
 CNP: 10,046

**FTE by Specialty**

CRNA: 2,053  
 CNM: 333  
 CNP: 8,956

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 during the survey timeframe 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. Licensees in VA Workforce:** The proportion of licensees in Virginia’s Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia’s workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's NP Workforce								
Status	CRNA		CNM		CNP		All (2020)	
	#	%	#	%	#	%	#	%
<b>Worked in Virginia in Past Year</b>	1,696	99%	325	95%	9,824	98%	11,783	98%
<b>Looking for Work in Virginia</b>	12	1%	16	5%	222	2%	287	2%
<b>Virginia's Workforce</b>	<b>1,709</b>	<b>100%</b>	<b>341</b>	<b>100%</b>	<b>10,046</b>	<b>100%</b>	<b>12,070</b>	<b>100%</b>
<b>Total FTEs</b>	<b>2,053</b>		<b>333</b>		<b>8,956</b>		<b>10,712</b>	
<b>Licensees</b>	<b>2,112</b>		<b>421</b>		<b>12,410</b>		<b>15,063</b>	

Source: Va. Healthcare Workforce Data Center

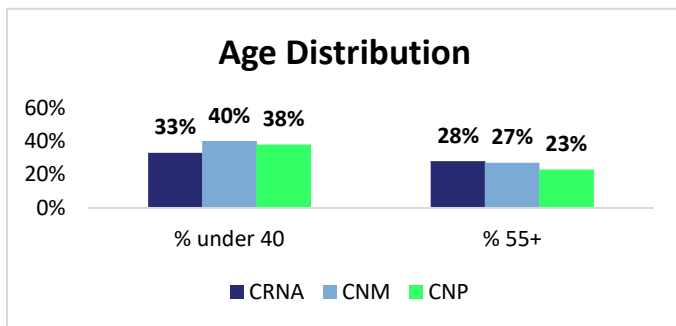
*CNPs provided about 80% of the nurse practitioner FTEs in the state. CRNAs provided 16% whereas CNMs provided 3% of the FTEs. 5% of CNMs in the state’s workforce were looking for work compared to 2% or less of the other NPs.*



**A Closer Look (All Nurse Practitioners in 2021):**

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
<b>Under 30</b>	20	5%	406	95%	425	4%
<b>30 to 34</b>	135	8%	1,469	92%	1,603	15%
<b>35 to 39</b>	207	11%	1,746	89%	1,953	18%
<b>40 to 44</b>	157	10%	1,382	90%	1,539	14%
<b>45 to 49</b>	164	12%	1,185	88%	1,348	13%
<b>50 to 54</b>	127	11%	1,023	89%	1,150	11%
<b>55 to 59</b>	88	9%	871	91%	959	9%
<b>60 +</b>	170	10%	1,506	90%	1,676	16%
<b>Total</b>	<b>1,066</b>	<b>10%</b>	<b>9,588</b>	<b>90%</b>	<b>10,654</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

### At a Glance:

**Gender**

- % Female: 90%
- % Under 40 Female: 91%

**% Female by Specialty**

- CRNA: 71%
- CNM: 98%
- CNP: 93%

**% Female <40 by Specialty**

- CRNA: 74%
- CNM: 96%
- CNP: 93%

Source: Va. Healthcare Workforce Data Center

*CNMs have lowest median age of 42; median age is 46 for CRNAs and 44 for CNPs.*

Age & Gender by Specialty												
Age	CRNA				CNM				CNP			
	Female		Total		Female		Total		Female		Total	
	#	% Female	#	% in Age Group	#	% Female	#	% in Age Group	#	% Female	#	% in Age Group
<b>Under 30</b>	14	75%	18	1%	13	100%	13	4%	341	92%	371	4%
<b>30 to 34</b>	162	76%	213	14%	56	100%	56	19%	1,421	94%	1,513	17%
<b>35 to 39</b>	187	71%	262	17%	46	91%	51	17%	1,402	94%	1,500	17%
<b>40 to 44</b>	195	77%	253	17%	43	100%	43	14%	1,299	93%	1,405	16%
<b>45 to 49</b>	111	66%	169	11%	24	100%	24	8%	985	92%	1,066	12%
<b>50 to 54</b>	107	64%	167	11%	30	100%	30	10%	934	91%	1,022	11%
<b>55 to 59</b>	105	73%	143	9%	21	100%	21	7%	675	95%	710	8%
<b>60 +</b>	191	67%	284	19%	60	100%	60	20%	1,262	95%	1,331	15%
<b>Total</b>	<b>1,071</b>	<b>71%</b>	<b>1,509</b>	<b>100%</b>	<b>293</b>	<b>98%</b>	<b>298</b>	<b>100%</b>	<b>8,320</b>	<b>93%</b>	<b>8,917</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look (All Nurse Practitioners in 2021):**

Race & Ethnicity (2021)					
Race/ Ethnicity	Virginia*	NPs		NPs under 40	
	%	#	%	#	%
White	61%	8,243	77%	3,028	76%
Black	19%	1,220	11%	441	11%
Asian	7%	630	6%	251	6%
Other Race	0%	106	1%	37	1%
Two or more races	3%	186	2%	70	2%
Hispanic	10%	324	3%	164	4%
<b>Total</b>	<b>100%</b>	<b>10,709</b>	<b>100%</b>	<b>3,991</b>	<b>100%</b>

\* 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, 2019.

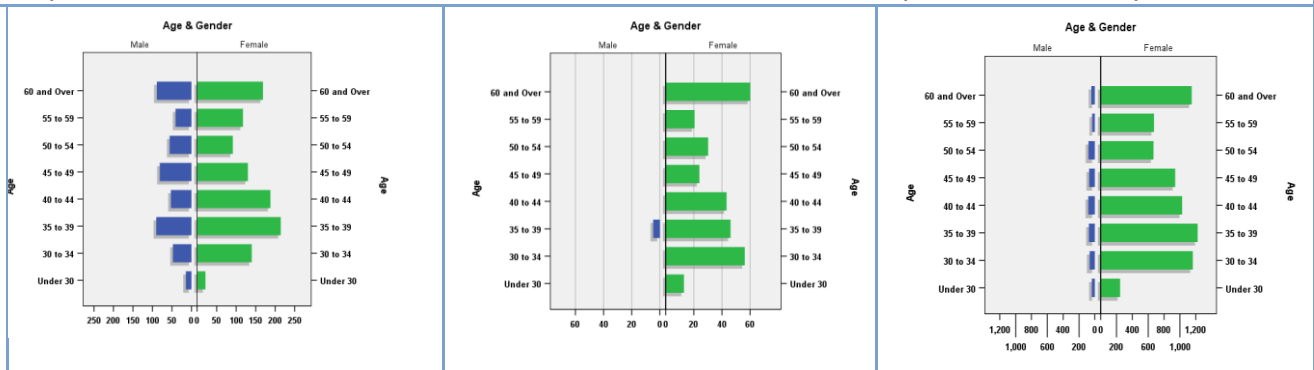
Source: Va. Healthcare Workforce Data Center

## At a Glance:

**2021 Diversity**  
 Diversity Index: 39%  
 Under 40 Div. Index: 41%

**Diversity by Specialty**  
 CRNA: 34%  
 CNM: 32%  
 CNP: 40%

Age, Race, Ethnicity & Gender												
Race/ Ethnicity	CRNA				CNM				CNP			
	NPs		NPs under 40		NPs		NPs under 40		NPs		NPs under 40	
	#	%	#	%	#	%	#	%	#	%	#	%
<b>White</b>	1,207	81%	394	80%	244	81%	91	75%	6,844	76%	2,548	75%
<b>Black</b>	100	7%	29	6%	39	13%	21	17%	1,124	13%	412	12%
<b>Asian</b>	94	6%	27	5%	1	0%	0	0%	469	5%	200	6%
<b>Other Race</b>	20	1%	9	2%	3	1%	2	2%	88	1%	27	1%
<b>Two or more races</b>	29	2%	13	3%	2	1%	2	2%	155	2%	70	2%
<b>Hispanic</b>	45	3%	22	4%	11	4%	5	4%	271	3%	136	4%
<b>Total</b>	<b>1,495</b>	<b>100%</b>	<b>494</b>	<b>100%</b>	<b>300</b>	<b>100%</b>	<b>121</b>	<b>100%</b>	<b>8,951</b>	<b>100%</b>	<b>3,393</b>	<b>100%</b>



Source: Va. Healthcare Workforce Data Center

A Closer Look:

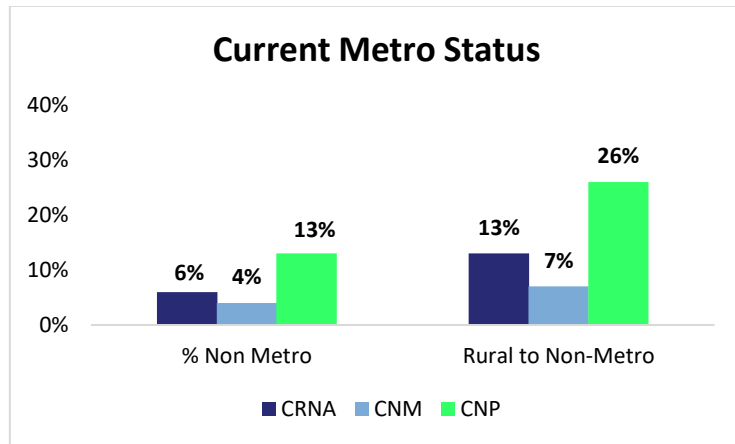
At a Glance:

**Rural Childhood**

CRNA:	28%
CNM:	32%
CNP:	36%
All:	34%

**Non-Metro Location**

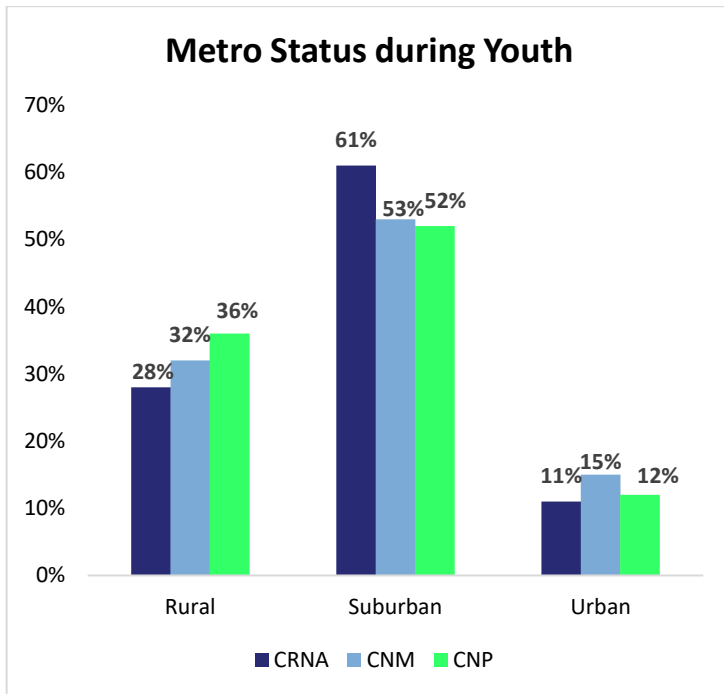
CRNA:	6%
CNM:	4%
CNP:	13%
All:	12%



Source: Va. Healthcare Workforce Data Center

	HS in VA	Prof. Ed. in VA	HS or Prof in VA	NP Degree in VA
CRNA	32%	35%	39%	44%
CNM	31%	33%	40%	27%
CNP	48%	55%	60%	55%
<b>All (2021)</b>	<b>44%</b>	<b>51%</b>	<b>56%</b>	<b>52%</b>

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*CNPs were most likely to have been educated in the state. CNMs were least likely to have obtained their NP education in the state. Also, CNPs had the highest percent reporting a non-metro work location.*

## Education

### A Closer Look:

#### At a Glance:

##### Median Educational Debt

CRNA:	\$80k-\$90k
CNM:	\$90k-\$100k
CNP:	\$60k-\$70k

Source: Va. Healthcare Workforce Data Center

*CNMs were most likely to carry education debt; 55% and 77% of all CNMs and of CNMs under age 40, respectively, had education debt. Their median debt at \$90k-\$100k was also the highest. CNPs had the lowest median education debt although over half of them also reported education debt.*

Degree	Highest Degree							
	CRNA		CNM		CNP		All (2021)	
	#	%	#	%	#	%	#	%
NP Certificate	126	9%	6	2%	91	1%	225	2%
Master's Degree	1,054	72%	211	72%	6,942	79%	8,159	78%
Post-Masters Cert.	15	1%	40	14%	740	8%	753	7%
Doctorate of NP	193	13%	28	10%	775	9%	1,043	10%
Other Doctorate	88	6%	8	3%	222	3%	303	3%
Post-Ph.D. Cert.	0	0%	0	0%	1	0%	2	0%
<b>Total</b>	<b>1,476</b>	<b>100%</b>	<b>293</b>	<b>100%</b>	<b>8,771</b>	<b>100%</b>	<b>10,485</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Amount Carried	Educational Debt							
	CRNA		CNM		CNP		All (2021)	
	All NPs	NPs < 40	All NPs	NPs < 40	All NPs	NPs < 40	All NPs	NPs < 40
None	55%	33%	45%	23%	48%	37%	49%	38%
\$20,000 or less	6%	3%	5%	4%	8%	8%	8%	7%
\$20,000-\$29,999	3%	1%	2%	0%	4%	5%	4%	5%
\$30,000-\$39,999	3%	6%	2%	2%	4%	6%	4%	6%
\$40,000-\$49,999	3%	6%	3%	2%	4%	5%	4%	5%
\$50,000-\$59,999	2%	3%	7%	11%	4%	4%	3%	3%
\$60,000-\$69,999	2%	2%	2%	0%	4%	6%	4%	5%
\$70,000-\$79,999	2%	4%	3%	7%	4%	6%	4%	6%
\$80,000-\$89,999	2%	3%	2%	0%	3%	4%	3%	3%
\$90,000-\$99,999	2%	3%	1%	1%	3%	4%	3%	4%
\$100,000-\$109,999	2%	4%	6%	11%	3%	3%	3%	3%
\$110,000-\$119,999	2%	4%	1%	2%	2%	3%	2%	2%
\$120,000 or more	15%	29%	20%	37%	9%	10%	11%	13%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Employed in Profession

CRNA:	98%
CNM:	91%
CNP:	95%

### Involuntary Unemployment

CRNA:	0%
CNM:	3%
CNP:	1%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Hours	Current Weekly Hours			
	CRNA	CNM	CNP	All (2021)
<b>0 hours</b>	1%	6%	3%	3%
<b>1 to 9 hours</b>	1%	4%	2%	2%
<b>10 to 19 hours</b>	3%	1%	3%	2%
<b>20 to 29 hours</b>	7%	7%	7%	7%
<b>30 to 39 hours</b>	24%	16%	21%	20%
<b>40 to 49 hours</b>	52%	35%	48%	48%
<b>50 to 59 hours</b>	8%	16%	11%	11%
<b>60 to 69 hours</b>	2%	11%	4%	4%
<b>70 to 79 hours</b>	0%	3%	1%	1%
<b>80 or more hours</b>	1%	2%	2%	1%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Over half of CRNAs work 40-49 hours and 12% work more than 50 hours whereas about 32% of CNMs work more than 50 hours. Close to half of CNPs work 40-49 hours and 17% work more than 50 hours.*

## Current Positions

Positions	CRNA		CNM		CNP		All (2021)	
	#	%	#	%	#	%	#	%
<b>No Positions</b>	20	1%	16	6%	283	3%	327	3%
<b>One Part-Time Position</b>	217	15%	43	15%	1,192	14%	1,500	15%
<b>Two Part-Time Positions</b>	55	4%	7	2%	284	3%	338	3%
<b>One Full-Time Position</b>	922	63%	183	64%	5,633	66%	6,634	65%
<b>One Full-Time Position &amp; One Part-Time Position</b>	201	14%	28	10%	1,039	12%	1,204	12%
<b>Two Full-Time Positions</b>	2	0%	2	1%	36	0%	46	0%
<b>More than Two Positions</b>	53	4%	6	2%	126	1%	192	2%
<b>Total</b>	<b>1,470</b>	<b>100%</b>	<b>285</b>	<b>100%</b>	<b>8,593</b>	<b>100%</b>	<b>10,241</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Employer-Sponsored Benefits*				
Benefit	CRNA	CNM	CNP	All (2021)
<b>Signing/Retention Bonus</b>	27%	21%	13%	15%
<b>Dental Insurance</b>	57%	51%	63%	62%
<b>Health Insurance</b>	58%	56%	65%	63%
<b>Paid Leave</b>	64%	70%	75%	73%
<b>Group Life Insurance</b>	53%	40%	51%	51%
<b>Retirement</b>	69%	64%	72%	73%
<b>Receive at least one benefit</b>	<b>74%</b>	<b>80%</b>	<b>85%</b>	<b>81%</b>

\*Wage and salaried employees receiving from any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Median Income**

CRNA: \$120k-\$130k  
 CNM: \$100k-\$110k  
 CNP: \$100k-\$110k  
 All (2021): \$100k-\$110k

**Percent Satisfied**

CRNA: 97%  
 CNM: 92%  
 CNP: 94%

Source: Va. Healthcare Workforce Data Center

*CRNAs reported \$120k-\$130k in median income. All other NPs, including CNMs, reported \$100k-\$110k in median income. CNMs were the least satisfied with their current employment situation whereas CRNAs were the most satisfied. 3% of CNMs reported being very dissatisfied whereas 2% or less of the other NPs reported being very dissatisfied.*

Income				
Annual Income	CRNA	CNM	CNP	All (2021)
<b>Volunteer Work Only</b>	0%	1%	1%	1%
<b>Less than \$40,000</b>	2%	7%	5%	4%
<b>\$40,000-\$49,999</b>	0%	2%	2%	2%
<b>\$50,000-\$59,999</b>	1%	1%	3%	2%
<b>\$60,000-\$69,999</b>	1%	5%	4%	4%
<b>\$70,000-\$79,999</b>	1%	5%	6%	6%
<b>\$80,000-\$89,999</b>	1%	8%	9%	7%
<b>\$90,000-\$99,999</b>	2%	10%	14%	11%
<b>\$100,000-\$109,999</b>	4%	14%	19%	16%
<b>\$110,000-\$119,999</b>	3%	11%	13%	12%
<b>\$120,000 or more</b>	85%	34%	25%	35%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## Labor Market

### A Closer Look:

Employment Instability in Past Year				
In the past year did you . . . ?	CRNA	CNM	CNP	All (2021)
Experience Involuntary Unemployment?	7%	6%	3%	4%
Experience Voluntary Unemployment?	4%	6%	5%	5%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	2%	1%	4%	4%
Work two or more positions at the same time?	20%	13%	18%	17%
Switch employers or practices?	6%	10%	9%	8%
<b>Experienced at least 1</b>	<b>32%</b>	<b>29%</b>	<b>30%</b>	<b>30%</b>

Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Involuntarily Unemployed

CRNA:	7%
CNM:	3%
CNP:	3%

#### Underemployed

CRNA:	2%
CNM:	3%
CNP:	4%

#### Over 2 Years Job Tenure

CRNA:	69%
CNM:	48%
CNP:	53%

Source: Va. Healthcare Workforce Data Center

Tenure	Job Tenure at Location					
	CRNA		CNM		CNP	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
<b>Not Currently Working at this Location</b>	1%	5%	3%	3%	3%	7%
<b>&lt; 6 Months</b>	5%	8%	6%	10%	8%	15%
<b>6 Months-1 yr</b>	6%	12%	12%	16%	12%	16%
<b>1 to 2 Years</b>	18%	24%	29%	28%	24%	21%
<b>3 to 5 Years</b>	28%	28%	24%	23%	24%	22%
<b>6 to 10 Years</b>	16%	10%	12%	15%	14%	12%
<b>&gt; 10 Years</b>	25%	12%	14%	5%	15%	8%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*CNMs were most likely to be paid by salary or commission. Over 75% of them were paid that way, compared to 55% of CRNAs and 69% of CNPs.*

Primary Work Site	Forms of Payment			
	CRNA	CNM	CNP	All (2021)
<b>Salary/ Commission</b>	55%	79%	69%	66%
<b>Hourly Wage</b>	36%	14%	26%	28%
<b>By Contract</b>	10%	7%	5%	6%
<b>Unpaid</b>	0%	0%	1%	0%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

% in Top 3 Regions

CRNA: 78%  
 CNM: 74%  
 CNP: 70%

2 or More Locations Now

CRNA: 29%  
 CNM: 21%  
 CNP: 22%

Source: Va. Healthcare Workforce Data Center

*For primary work locations, Northern Virginia has the highest proportion of CNMs and CRNAs whereas CNPs were most concentrated in both the Central and Northern Virginia regions.*

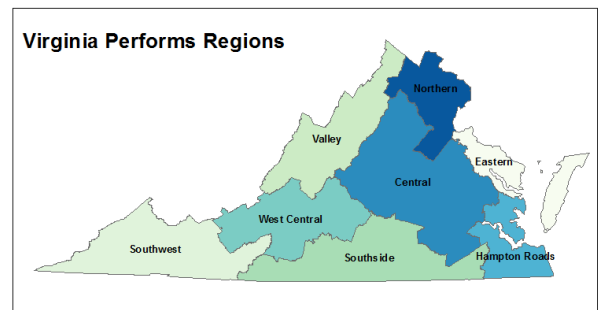
Virginia Performs Region	Regional Distribution of Work Locations					
	CRNA		CNM		CNP	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
Central	27%	20%	19%	29%	25%	20%
Eastern	1%	0%	1%	0%	2%	2%
Hampton Roads	22%	24%	21%	14%	18%	17%
Northern	30%	28%	33%	15%	26%	23%
Southside	3%	2%	1%	0%	4%	3%
Southwest	3%	3%	1%	4%	7%	7%
Valley	2%	2%	10%	8%	6%	5%
West Central	9%	7%	14%	5%	10%	10%
Virginia Border State/DC	1%	4%	0%	18%	1%	3%
Other US State	2%	8%	0%	7%	1%	10%
Outside of the US	0%	1%	0%	0%	0%	0%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Locations	Number of Work Locations Now*					
	CRNA		CNM		CNP	
	#	%	#	%	#	%
0	25	2%	22	8%	361	4%
1	1,012	69%	202	72%	6,307	74%
2	177	12%	37	13%	1,098	13%
3	195	13%	18	7%	644	8%
4	31	2%	0	0%	76	1%
5	8	1%	2	1%	17	0%
6 +	17	1%	1	0%	49	1%
<b>Total</b>	<b>1,464</b>	<b>100%</b>	<b>281</b>	<b>100%</b>	<b>8,551</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

\*At survey completion (birth month of respondents)





A Closer Look:

Sector	Location Sector							
	CRNA		CNM		CNP		All (2021)	
	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec
<b>For-Profit</b>	55%	66%	60%	53%	52%	63%	52%	63%
<b>Non-Profit</b>	36%	26%	29%	28%	33%	26%	34%	26%
<b>State/Local Government</b>	4%	3%	4%	12%	9%	8%	8%	7%
<b>Veterans Administration</b>	2%	0%	0%	0%	3%	0%	3%	0%
<b>U.S. Military</b>	2%	4%	5%	7%	2%	1%	2%	3%
<b>Other Federal Government</b>	0%	0%	1%	0%	2%	1%	1%	1%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*CRNAs had the highest participation in the private sector, 91% of them worked in the sector compared to 89% of CNMs and 85% of CNPs. Meanwhile, CRNAs had the lowest percent working in state, local or federal government.*

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

**For-Profit Primary Sector**

CRNA: 55%  
CNM: 60%  
CNP: 52%

**Top Establishments**

CRNA: Inpatient Department  
CNM: Inpatient Department  
CNP: Clinic, Primary Care

Source: Va. Healthcare Workforce Data Center

Electronic Health Records (EHRs) and Telehealth				
	CRNA	CNM	CNP	All (2021)
<b>Meaningful use of EHRs</b>	11%	21%	33%	24%
<b>Remote Health, Caring for Patients in Virginia</b>	1%	14%	25%	6%
<b>Remote Health, Caring for Patients Outside of Virginia</b>	0%	3%	6%	2%
<b>Use at least one</b>	<b>12%</b>	<b>28%</b>	<b>44%</b>	<b>28%</b>

Source: Va. Healthcare Workforce Data Center

*More than a quarter of the state NP workforce used at least one EHR. 6% also provided remote health care for Virginia patients. CNPs were most likely to report using at least one EHR or telehealth whereas CRNAs were least likely to report doing so likely because of the nature of their job.*

Establishment Type	Location Type							
	CRNA		CNM		CNP		All (2020)	
	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec
<b>Clinic, Primary Care or Non-Specialty</b>	0%	1%	13%	2%	22%	16%	19%	12%
<b>Hospital, Inpatient Department</b>	39%	29%	19%	45%	15%	14%	18%	18%
<b>Physician Office</b>	1%	4%	13%	3%	9%	5%	8%	5%
<b>Academic Institution (Teaching or Research)</b>	11%	4%	8%	10%	7%	10%	8%	9%
<b>Private practice, group</b>	3%	2%	19%	9%	8%	5%	7%	4%
<b>Hospital, Outpatient Department</b>	12%	11%	3%	0%	6%	3%	7%	5%
<b>Clinic, Non-Surgical Specialty</b>	0%	2%	6%	5%	4%	4%	4%	3%
<b>Ambulatory/Outpatient Surgical Unit</b>	18%	28%	0%	0%	1%	1%	4%	6%
<b>Long Term Care Facility, Nursing Home</b>	0%	0%	0%	0%	4%	6%	3%	6%
<b>Hospital, Emergency Department</b>	3%	4%	0%	0%	2%	5%	3%	5%
<b>Mental Health, or Substance Abuse, Outpatient Center</b>	0%	0%	0%	0%	3%	3%	2%	2%
<b>Private practice, solo</b>	0%	0%	3%	2%	2%	3%	2%	1%
<b>Hospice</b>	0%	0%	0%	0%	1%	4%	1%	3%
<b>Other Practice Setting</b>	12%	12%	15%	24%	12%	12%	14%	21%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*The inpatient department of a hospital was the most mentioned primary work establishment for NPs on average. This result was driven primarily by CRNAs and CNMs. For CNPs, primary care clinic was the most mentioned primary work establishment.*

## At a Glance: (Primary Locations)

### Patient Care Role

CRNA:	95%
CNM:	87%
CNP:	87%

### Education Role

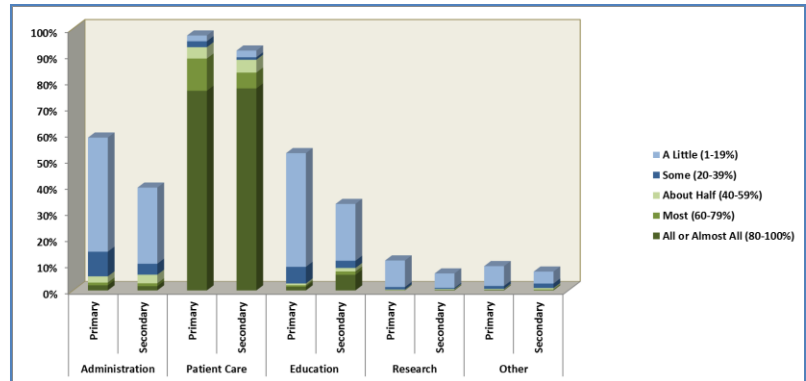
CRNA:	1%
CNM:	4%
CNP:	2%

### Admin Role

CRNA:	1%
CNM:	3%
CNP:	3%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

*On average, 88% of all NPs fill a patient care role, defined as spending 60% or more of their time on patient care activities. CRNAs were most likely to fill a patient care role; 95% of CRNAs filled such role compared to 87% of CNMs and CNPs.*

Time Spent	Patient Care Time Allocation							
	CRNA		CNM		CNP		All (2021)	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	89%	91%	66%	75%	73%	74%	75%	77%
<b>Most (60-79%)</b>	6%	2%	21%	0%	14%	7%	13%	6%
<b>About Half (40-59%)</b>	1%	2%	2%	6%	5%	4%	4%	3%
<b>Some (20-39%)</b>	1%	0%	4%	2%	3%	2%	3%	2%
<b>A Little (1-20%)</b>	2%	0%	2%	2%	2%	3%	2%	3%
<b>None (0%)</b>	1%	4%	5%	13%	3%	9%	3%	8%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

	Future Plans					
	CRNA		CNM		CNP	
2 Year Plans:	#	%	#	%	#	%
<b>Decrease Participation</b>						
Leave Profession	8	0%	0	0%	105	1%
Leave Virginia	57	3%	17	5%	293	3%
Decrease Patient Care Hours	167	10%	43	13%	836	8%
Decrease Teaching Hours	3	0%	1	0%	87	1%
<b>Increase Participation</b>						
Increase Patient Care Hours	103	6%	18	5%	1,113	11%
Increase Teaching Hours	76	4%	68	20%	1,213	12%
Pursue Additional Education	72	4%	53	16%	1,479	15%
Return to Virginia's Workforce	6	0%	11	3%	63	1%

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement within 2 Years**

CRNA:	8%
CNM:	7%
CNP:	5%

**Retirement within 10 Years**

CRNA:	25%
CNM:	20%
CNP:	17%

Source: Va. Healthcare Workforce Data Center

*43%, 34% and 38% of CRNAs, CNMs, and CNPs, respectively, expect to retire by the age of 65. Further, 29%, 23%, and 25% of CRNAs, CNMs, and CNPs, respectively, aged 50 or over expect to retire by the same age. Meanwhile, 2%, 6%, and 6% of CRNAs, CNMs, and CNPs, respectively, do not plan to retire at all.*

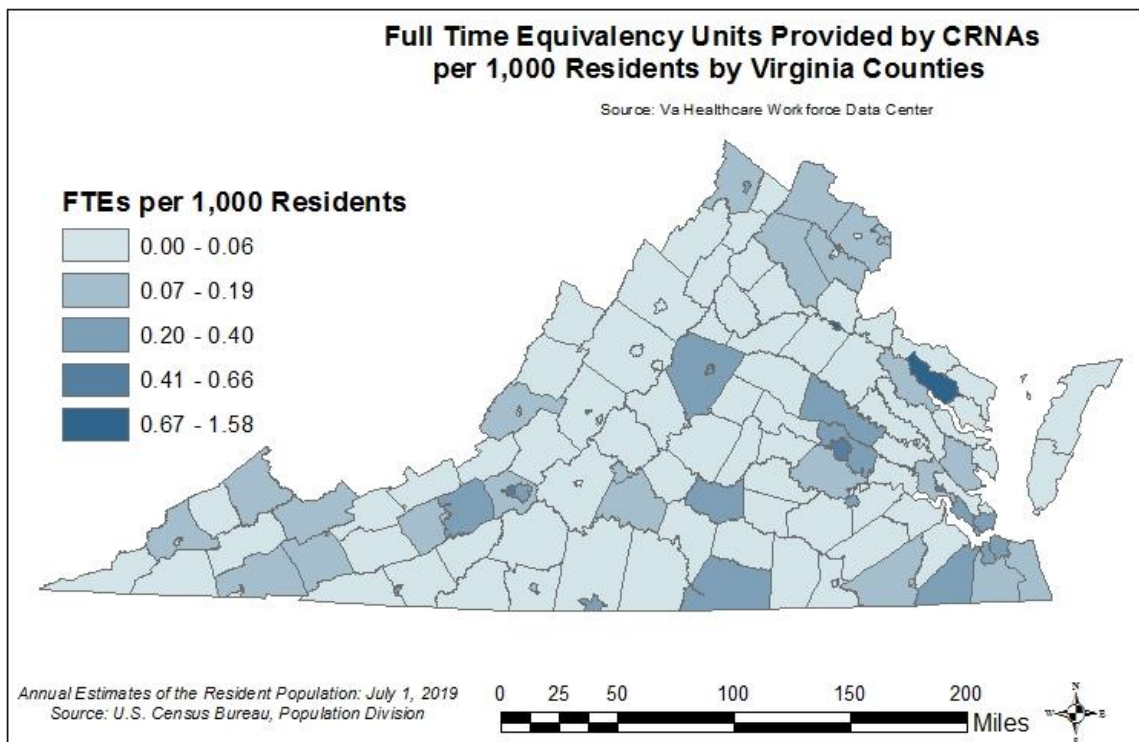
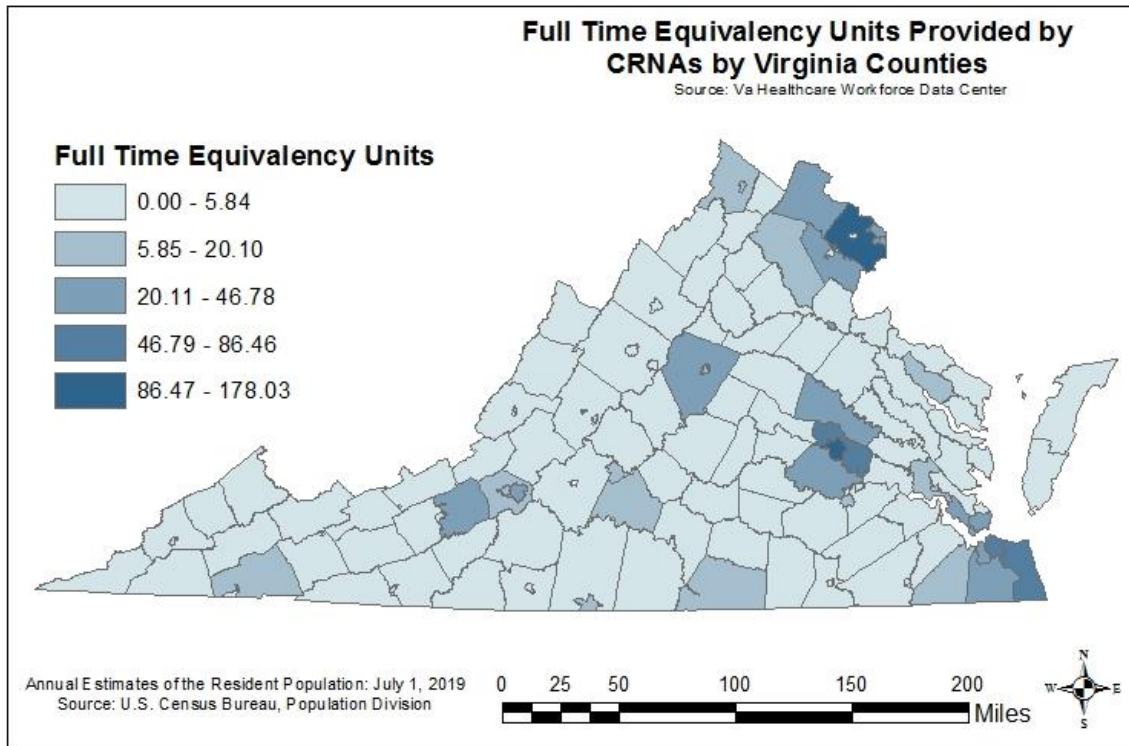
Expected Retirement Age	CRNA		CNM		CNP		All (2021)	
	All NPs	NP >50 yrs	All NPs	NP >50 yrs	All NPs	NP >50 yrs	All NPs	NP >50 yrs
<b>Under age 50</b>	1%	-	4%	-	2%	-	2%	-
<b>50 to 54</b>	3%	1%	1%	0%	3%	0%	3%	0%
<b>55 to 59</b>	9%	3%	9%	8%	8%	4%	9%	4%
<b>60 to 64</b>	30%	25%	20%	15%	25%	21%	26%	22%
<b>65 to 69</b>	39%	45%	37%	47%	38%	41%	38%	41%
<b>70 to 74</b>	13%	19%	19%	26%	14%	20%	14%	20%
<b>75 to 79</b>	2%	4%	4%	1%	3%	5%	3%	4%
<b>80 or over</b>	0%	1%	0%	1%	1%	2%	1%	1%
<b>I do not intend to retire</b>	2%	2%	6%	2%	6%	8%	5%	7%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

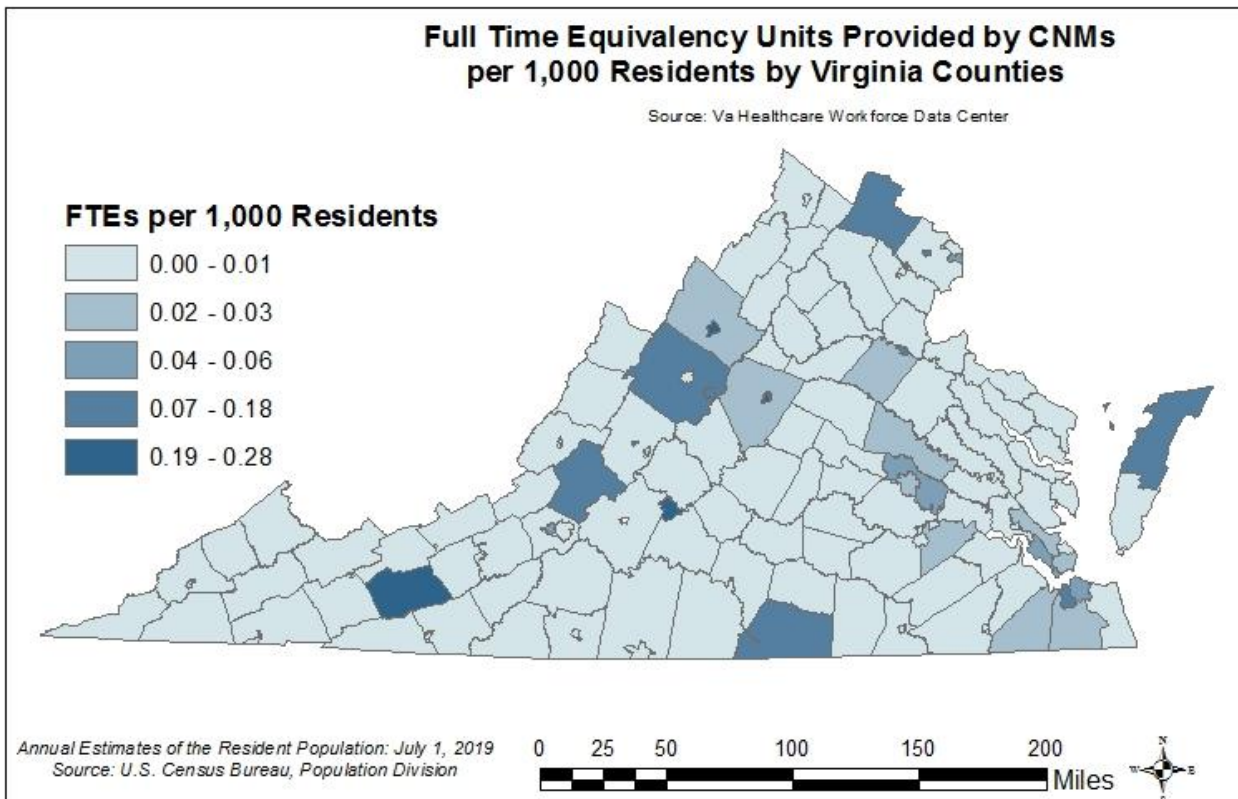
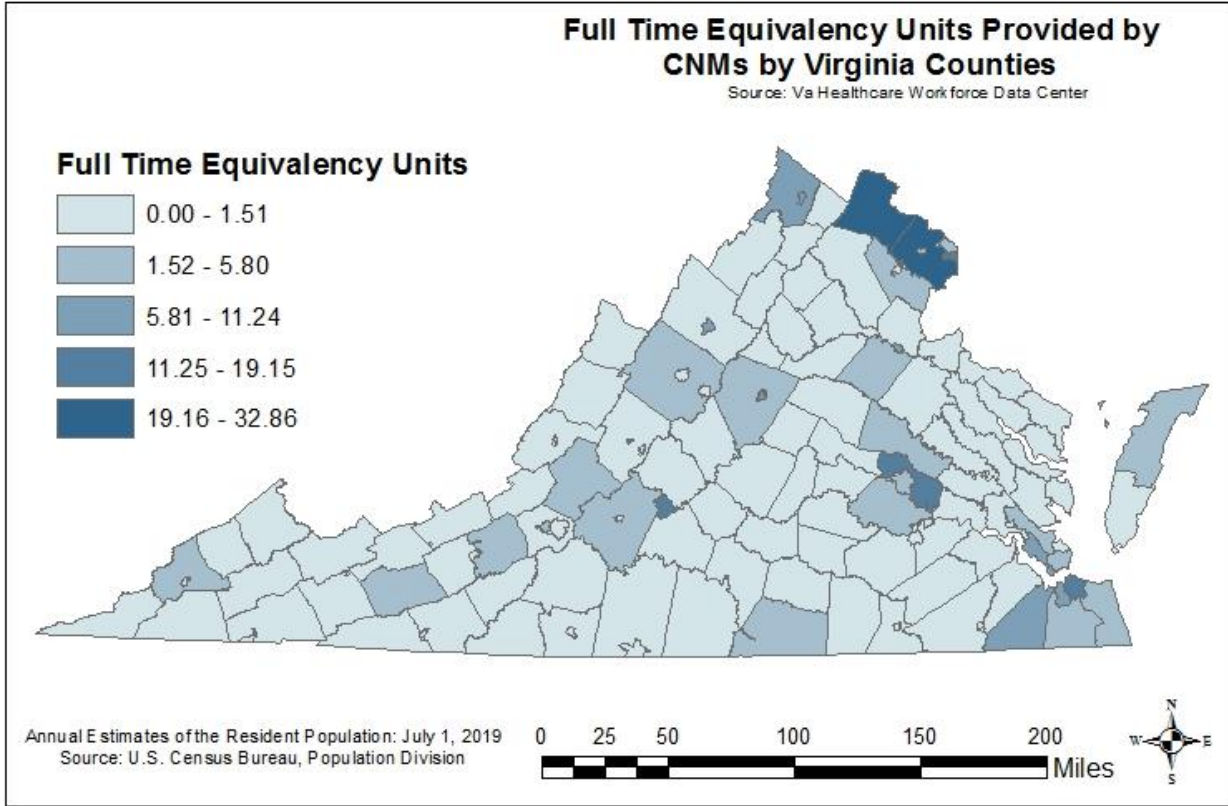
Expect to retire within. . .	Time to Retirement							
	CRNA		CNM		CNP		All (2021)	
	#	%	#	%	#	%	#	%
<b>2 years</b>	109	8%	17	7%	334	5%	451	5%
<b>5 years</b>	53	4%	10	4%	224	3%	314	4%
<b>10 years</b>	156	12%	25	10%	713	10%	863	10%
<b>15 years</b>	157	12%	33	13%	783	11%	998	11%
<b>20 years</b>	196	15%	18	7%	890	12%	1,135	13%
<b>25 years</b>	164	13%	29	11%	1,054	14%	1,238	14%
<b>30 years</b>	190	15%	39	15%	1,098	15%	1,318	15%
<b>35 years</b>	160	12%	38	15%	1,030	14%	1,160	13%
<b>40 years</b>	58	4%	15	6%	547	7%	559	6%
<b>45 years</b>	17	1%	5	2%	196	3%	229	3%
<b>50 years</b>	4	0%	5	2%	79	1%	84	1%
<b>55 years</b>	0	0%	0	0%	11	0%	8	0%
<b>In more than 55 years</b>	0	0%	3	1%	9	0%	13	0%
<b>Do not intend to retire</b>	30	2%	16	6%	437	6%	428	5%
<b>Total</b>	<b>1,294</b>	<b>100%</b>	<b>254</b>	<b>100%</b>	<b>7,404</b>	<b>100%</b>	<b>8,797</b>	<b>100%</b>

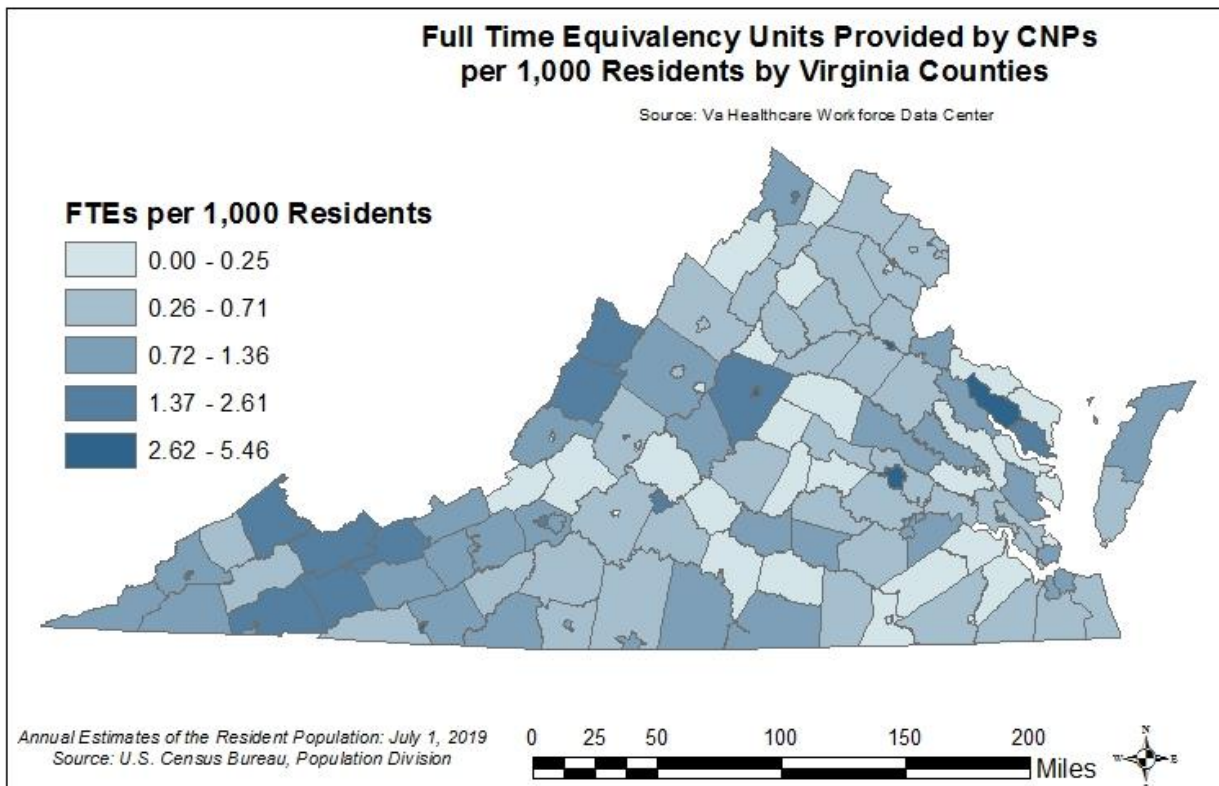
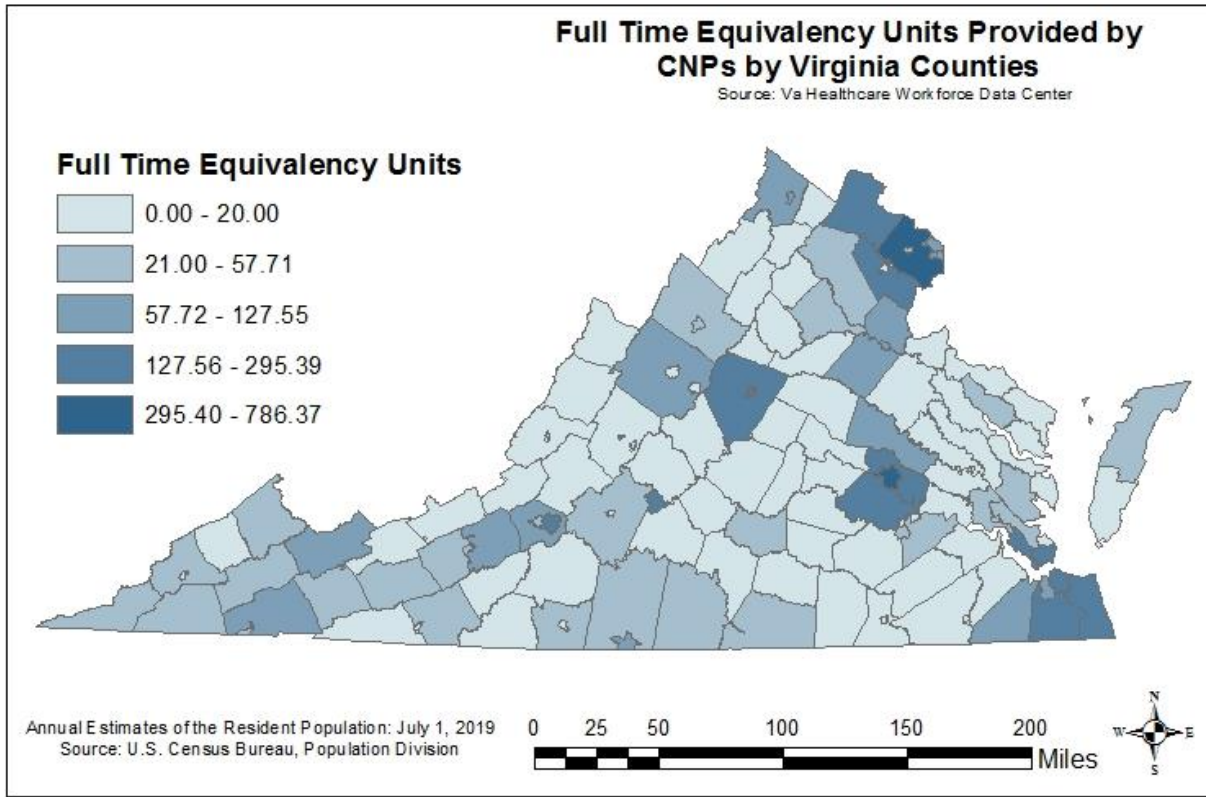
Source: Va. Healthcare Workforce Data Center

*Using these estimates, retirement will begin to reach over 10% of the current workforce every 5 years by 2036. Retirement will peak at 15% of the current workforce around 2051 before declining to under 10% of the current workforce again around 2061.*



Note: Maps show reported work hours in primary and secondary locations of respondents who provided a response to the relevant question. Map may not reflect hours worked by all nurse practitioners licensed in the state since response rate was less than 100%.







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# *Virginia's Nursing Education Programs: 2020-2021 Academic Year*

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Healthcare Workforce Data Center


January 2022

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
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Virginia's Nursing Education Programs		
	PN Programs	RN Programs
<b>Mean Program Length</b>	15 Months	25 Months
<b>% with SACS Accreditation</b>	39%	71%
<b>% with CCNE Accreditation</b>	NA	47%
<b>% with ACEN Accreditation</b>	9%	38%
<b>% offering Evening and Weekend Courses</b>	28%	22%
<b>% offering Evening Courses</b>	6%	40%
<b>% offering Online Courses</b>	15%	49%
<b>Median Clinical Experience Hours</b>	401-425	551-575
<b>Median Direct Client Care Hours</b>	400+	500+
<b>Students</b>		
<b>Total Applicants</b>	7,202	19,666
<b>% Qualified Applicants</b>	71%	68%
<b>Total 1<sup>st</sup> Year Students Enrolled</b>	3,279	7,580
<b>Mean GPA of Admitted Students</b>	2.8	3.3
<b>Mean Age of Admitted Students</b>	27	27
<b>1<sup>st</sup> Year Student Capacity</b>	4,149	7,948
<b>% Unfilled Capacity</b>	24%	11%
<b>Total Enrollment</b>	2,834	12,716
<b>Attrition Rate</b>	39%	16%
<b>Total Graduates</b>	1,329	4,761
<b>% Male Graduates</b>	6%	11%
<b>Diversity Index*</b>	65%	63%
<b>Faculty</b>		
<b>Total Faculty</b>	453	1,938
<b>% Full-Time Employees</b>	44%	46%
<b>Mean Student-to-Faculty Ratio</b>	6.7	7.4
<b>% Female</b>	93%	93%
<b>Diversity Index</b>	50%	43%
<b>Most Common Degree</b>	BSN	MSN
<b>Full-Time Turnover Rate</b>	20%	13%
<b>Full-Time Newly Appointed Rate</b>	21%	16%
<b>% with Adequate Budget for Full-Time Hiring</b>	96%	79%
<b>% of Full-Time Vacancies in Active Recruitment</b>	86%	93%
<b>% Expecting More Future Employment Disruption</b>	6%	5%

\*Diversity Index: In a random encounter between two practitioners, the likelihood that they would be of a different race or ethnicity (using the categories listed in the Demographics section of the report). Full names on pages 8 and 26. Source: VA. Healthcare Workforce Data Center

## Summary of Trends

---

In the 2020-21 academic year, all 54 practical nursing (PN) programs and all 81 registered nursing (RN) programs responded to the Nursing Education Program Survey. Some trends in Virginia's Nurse Education programs are worth noting. The number of total PN program applicants was at an all-time high of 7,202 for 2020-2021 up from 5,342 the previous year. While the number of PN applicants has been variable, this is the most significant change recorded by far. The number admitted into RN programs is at an all-time high at 9,219. Total enrollment is also at an all-time high for RN programs; total enrollment increased from 11,869 in 2018-19 to 12,716 in 2020-21. Total enrollment in PN programs also increased to 2,834 from 2,768 in 2019-20; however, this is still considerably lower than the 3,259 who were enrolled in 2018-19. Both the PN and RN programs recovered from a first year enrollment decline in 2019-2020. The number of total first year PN students enrolled increased to 3,279 from 2,768. Similarly, the number of first year RN students enrolled increased from 6,640 in 2019-2020 to 7,580. However, unfilled first year student capacity increased considerably for PN programs, going from 18% in the 2019-20 year to 24% in 2020-21; unfilled first year student capacity remained at 11% for RN programs. Further, the number of graduates in PN declined from 1,367 in 2019-20 to 1,329 in the 2020-2021 academic year (a decrease of 3%). By contrast, RN programs graduated a record number of nurses, 4,761 (an increase of 3%). The diversity index of PN graduates returned to the 2018-19-level of 65% from 62% in 2019-20, with the majority of PN graduates identify as non-White. The diversity index of RN graduates increased from 61% last year to 62% in 2020-21; the majority of the graduates identify as White.

The percentage of RN programs offering online courses increased. This is likely due to the coronavirus pandemic that drove most RN schools to a virtual learning environment. In the 2020-21 academic year, nearly half of RN programs offered online classes compared to 29% in the 2018-19 year. The percent of PN programs offering online classes, however, declined from 23% in 2019-20 to 15% in 2020-21; this could be due to in-person resumptons in high schools, who train a significant number of PNs.

A slightly lower percentage of PN programs reported education accreditation by the Southern Association of Colleges and Schools (SACS); 39% of PN programs were SACS-accredited in 2020-21 compared to 40% in the previous year. By contrast, RN programs reporting SACS accreditation stayed at 71%. Accreditation by the Accreditation Commission for Education in Nursing (ACEN), however, increased from 2% to 9% for PN programs and from 31% to 38% for RN programs from last year; Commission on Collegiate Nursing Education (CCNE) accreditation increased from 46% to 47% for RN programs in 2020-21.

Mean program length declined from 16 months in 2018-19 to 15 months in 2019-20 for PN programs and remained at 15 months in 2020-21. For RN programs, mean program length increased from 24 months in the previous two years to 25 months in 2020-21.

Some significant changes were also noted in faculty statistics. The total number of faculty reported in RN programs declined by 15% to 1,938 whereas the number in PN programs increased from 447 in 2019-20 to 453 for the present survey period. The percent of faculty that were full time, however, declined from 46% in 2019-20 to 44% in 2020-21 for PN programs. For RN programs, the percent full time increased from 43% in 2019-20 to 46% in 2020-21. Full time faculty turnover rates increased slightly for PN programs: 19% in 2019-20 to 20% in the current report. However, faculty turnover rate stayed at 13% for RN programs. The full time faculty newly appointed rate increased for both PN and RN programs; the rate increased from 20% in 2019-20 to 21% in 2020-21 for PN programs whereas, for RN programs, the rate increased from 13% to 16%.

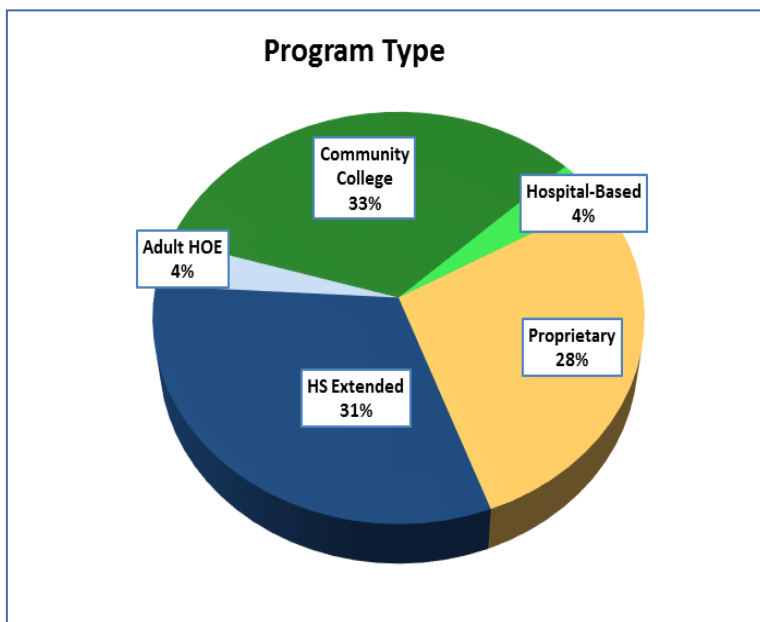
## Practical Nursing Education Programs

### Program Structure

#### A Closer Look:

Program Type		
Type	#	%
High School Extended	17	31%
Post-Secondary Adult HOE	2	4%
Community College	18	33%
Hospital-Based	2	4%
Proprietary	15	28%
<b>Total</b>	<b>54</b>	<b>100%</b>

Source: VA. Healthcare Workforce Data Center



Source: VA. Healthcare Workforce Data Center

### At a Glance:

#### Program Type

Community College:	33%
HS Extended:	31%
Proprietary:	28%

#### Delivery Method

Semester:	76%
Trimester:	13%
Quarters:	11%

#### Mean Program Length

HS Extended:	18 Mos.
Adult HOE:	18 Mos.
Community College:	14 Mos.

Source: VA. Healthcare Workforce Data Center

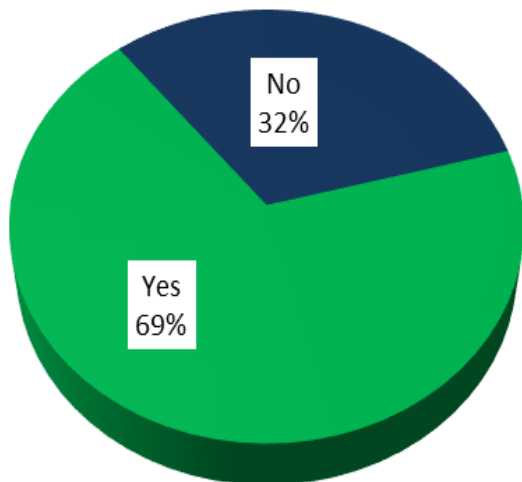
*There were 54 Practical Nursing (PN) Education Programs approved in Virginia during the 2020-2021 academic year. All programs responded to this year's survey.*

Program Length (Months)					
Program Type	Mean	Min	25 <sup>th</sup> %	75 <sup>th</sup> %	Max
HS Extended	18	15	18	18	21
Adult HOE	18	18	18	18	18
Community College	14	12	12	17	21
Hospital-Based	12	12	12	12	12
Proprietary	14	12	12	14	18
<b>All Programs</b>	<b>15</b>	<b>12</b>	<b>12</b>	<b>18</b>	<b>21</b>

Source: VA. Healthcare Workforce Data Center

Program Details

**Program Changes in Past Year**



Source: VA. Healthcare Workforce Data Center

**At a Glance:**

**Schedule Options**

Daytime Courses:	94%
Evening and Weekend Courses:	34%
Online Courses:	15%

**Admissions Frequency (Annual)**

One:	68%
Two:	8%
Three:	8%
Four or More:	17%

Source: VA. Healthcare Workforce Data Center

*Over two-thirds of Virginia’s PN programs initiated a change to their program within the past year. Twenty-three programs had faculty changes, thirteen reported schedule changes, four reported curriculum changes, and two reported changes in course content.*

Scheduling Option	#	%
<b>Daytime Courses</b>	51	94%
<b>Evening and Weekend Courses</b>	15	28%
<b>Online Courses</b>	8	15%
<b>Evening Courses</b>	3	6%
<b>Accelerated Courses</b>	1	2%
<b>Weekend Courses</b>	1	2%

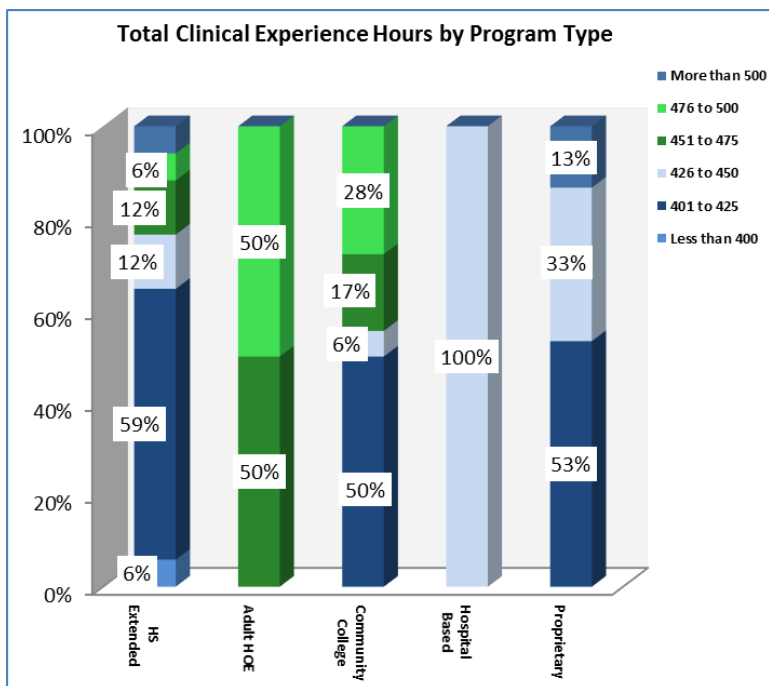
Source: VA. Healthcare Workforce Data Center

Accreditation			
Accrediting Agency	Abbv.	#	%
<b>Southern Association of Colleges and Schools</b>	<b>SACS</b>	21	39%
<b>Accreditation Commission for Education in Nursing</b>	<b>ACEN</b>	5	9%
<b>Accrediting Bureau of Health Education Schools</b>	<b>ABHES</b>	7	13%
<b>Council for Higher Education</b>	<b>CHE</b>	6	12%
<b>Accrediting Council for Independent Colleges and Schools</b>	<b>ACICS</b>	1	2%
<b>Commission for Nursing Education Accreditation</b>	<b>CNEA</b>	1	2%

Source: VA. Healthcare Workforce Data Center



## Clinical Hours



Source: VA. Healthcare Workforce Data Center

### At a Glance:

**Median Clinical Hours**

Clinical Experience: 401-425  
 Direct Client Care: 400+  
 Direct Client Care in Va.: 436  
 Clinical Simulation: 26-50  
 Clinical Observation: 0

Source: VA. Healthcare Workforce Data Center

*80% of all PN programs in Virginia required between 400 and 475 hours of clinical experience from their students; 18% required more than 476 hours. Pursuant to 18VAC 90-27-100.D, Virginia's PN programs are required to provide 400 hours of direct client care, of which 25% may be simulated. Median clinical simulation hours increased to 26-50 hours since last year from 1-25 hours in the pre-pandemic period.*

Clinical Experiences Outside Virginia		
State	# of Programs	% of Programs
Washington, D.C.	1	2%
Kentucky	1	2%
North Carolina	1	2%
Maryland	1	2%
Tennessee	3	6%
<b>At least One</b>	<b>6</b>	<b>11%</b>

Source: VA. Healthcare Workforce Data Center

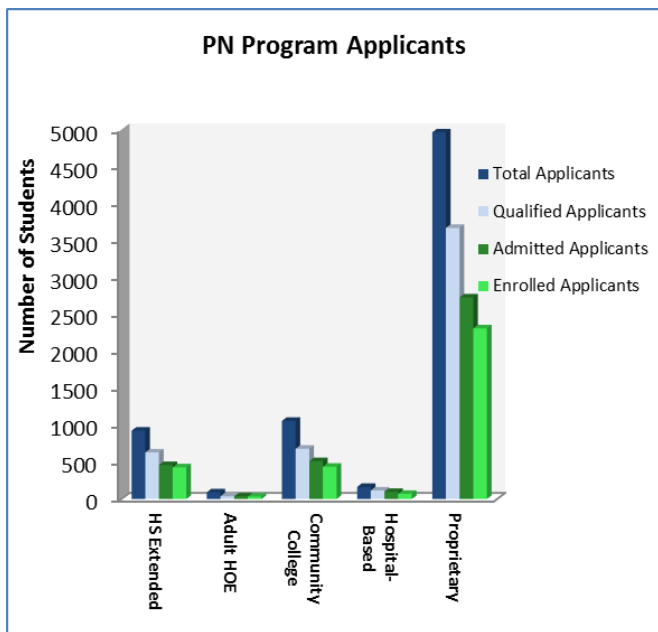
*Only 6 programs offered clinical experience hours outside of Virginia. One of these offered in two states. Not surprisingly, most of the clinical experiences reported were obtained in neighboring states.*

## Breakdown of Clinical Hours by Program Type

Clinical Hours		Program Type						
Type	Amount	HS Extended	Adult HOE	Community College	Hospital Based	Proprietary	All Programs	% of Total
Clinical Experience Hours	400 or less	1	0	0	0	0	1	2%
	401 to 425	10	0	9	0	8	27	50%
	426 to 450	2	0	1	2	5	10	19%
	451 to 475	2	1	3	0	0	6	11%
	476 to 500	1	1	5	0	0	7	13%
	More than 500	1	0	0	0	2	3	6%
	<b>Total</b>	<b>17</b>	<b>2</b>	<b>18</b>	<b>2</b>	<b>15</b>	<b>54</b>	<b>100%</b>
Direct Client Care Hours	300 or less	1	1	0	0	1	3	6%
	301 to 325	1	0	1	0	0	2	4%
	326 to 350	2	0	1	0	0	3	6%
	351 to 375	0	1	3	0	1	5	9%
	376 to 400	2	0	4	1	3	10	19%
	More than 400	11	0	9	1	10	31	57%
	<b>Total</b>	<b>17</b>	<b>2</b>	<b>18</b>	<b>2</b>	<b>15</b>	<b>54</b>	<b>100%</b>
Clinical Simulation Hours	None	5	0	3	0	1	9	17%
	1-25	5	0	3	0	2	10	19%
	26 to 50	2	0	4	2	5	13	24%
	51 to 75	0	0	5	0	3	8	15%
	76 to 100	4	0	2	0	1	7	13%
	More than 100	1	2	1	0	3	7	13%
	<b>Total</b>	<b>17</b>	<b>2</b>	<b>18</b>	<b>2</b>	<b>15</b>	<b>54</b>	<b>100%</b>
Clinical Observation Hours	None	8	1	13	1	13	36	67%
	1-25	8	1	5	0	2	16	30%
	26 to 50	0	0	0	1	0	1	2%
	51 to 75	1	0	0	0	0	1	2%
	76 to 100	0	0	0	0	0	0	0%
	<b>Total</b>	<b>17</b>	<b>2</b>	<b>18</b>	<b>2</b>	<b>15</b>	<b>54</b>	<b>100%</b>

Source: VA. Healthcare Workforce Data Center

Admissions



Source: VA. Healthcare Workforce Data Center

**At a Glance:**

**Program Applicants**

Total:	7,202
Qualified:	5,135
Admitted:	3,836
Enrolled:	3,279
Waitlisted:	122

Source: VA. Healthcare Workforce Data Center

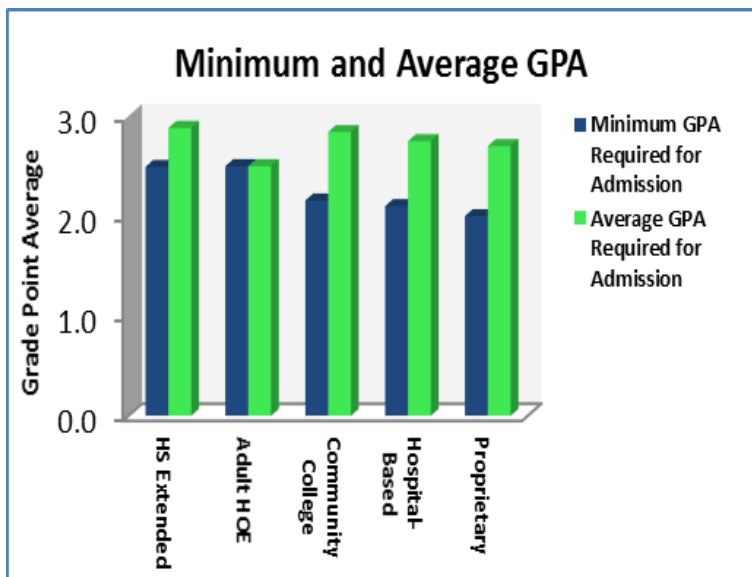
*Virginia's PN programs received 7,202 student applications during the 2020-2021 academic year. Close to half of these applications ultimately resulted in an enrolled student.*

Program Type	Applications Received	Applicants Qualified	% Qualified	Applicants Admitted	% of Qualified Admitted	Applicants Enrolled	% of Admitted Enrolled	% of Applicants Enrolled
<b>HS Extended</b>	926	631	68%	461	73%	429	93%	46%
<b>Adult HOE</b>	91	37	41%	36	97%	33	92%	36%
<b>Community College</b>	1,058	681	64%	513	75%	437	85%	41%
<b>Hospital</b>	164	116	71%	97	84%	70	72%	43%
<b>Proprietary</b>	4,963	3,670	74%	2,729	74%	2,310	85%	47%
<b>All Programs</b>	<b>7,202</b>	<b>5,135</b>	<b>71%</b>	<b>3,836</b>	<b>75%</b>	<b>3,279</b>	<b>85%</b>	<b>46%</b>

Source: VA. Healthcare Workforce Data Center

*Out of 5,135 qualified applications, 1,299 did not result in an offer of admission. Ten programs cited lack of clinical space and another ten mentioned the family and personal circumstances of the students. Nine programs mentioned lack of classroom space, six mentioned lack of faculty, and three mentioned inability to expand the effective program capacity as the reason for not admitting all qualified students. Another four programs mentioned other reasons such as demand for financial aid, the COVID pandemic, failing entry tests, and withdrawal.*

## Background of Admitted Students



Source: VA. Healthcare Workforce Data Center

### At a Glance:

**GPA (mean)**  
 Minimum Requirement: 2.3  
 Student Average: 2.8

**Age (mean)**  
 Overall: 27  
 HS Extended: 25  
 Proprietary: 30

Source: VA. Healthcare Workforce Data Center

Program Type	Mean
High School Extended	25
Post-Secondary Adult HOE	28
Community College	27
Hospital-Based	29
Proprietary	30
All Programs	27

Source: VA. Healthcare Workforce Data Center

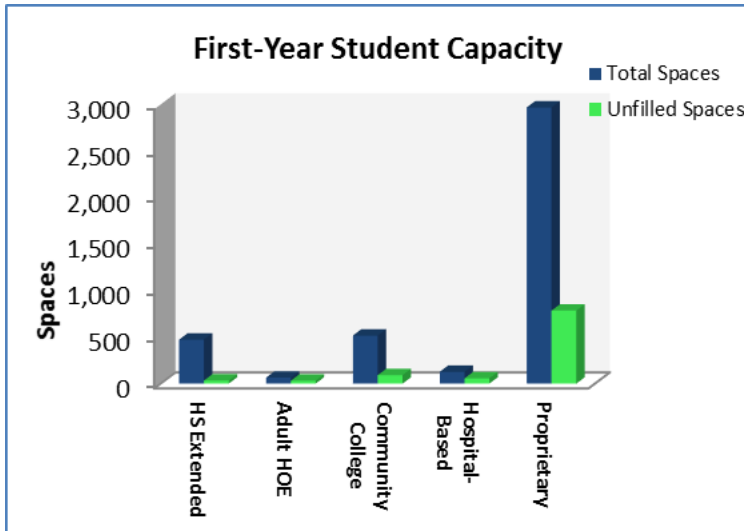
*The average age of students who were admitted into Virginia’s PN programs was 27. High School Extended programs had the lowest average age of admitted students at 25, while Proprietary programs had the highest average age of admitted students at 30.*

Program Type	Min	Avg.
High School Extended	2.5	2.9
Post-Secondary Adult HOE	2.5	2.5
Community College	2.2	2.8
Hospital-Based	2.1	2.8
Proprietary	2.0	2.7
All Programs	2.3	2.8

Source: VA. Healthcare Workforce Data Center

*A typical PN program required that prospective students have a minimum GPA of 2.3, while the average GPA among admitted students was 2.8. On average, High School Extended programs had the highest minimum GPA requirements for admission and the highest average GPA for admitted students; by contrast, Proprietary programs had the lowest GPA required although Post-Secondary Adult HOE recorded the lowest average GPA for admitted students.*

Capacity



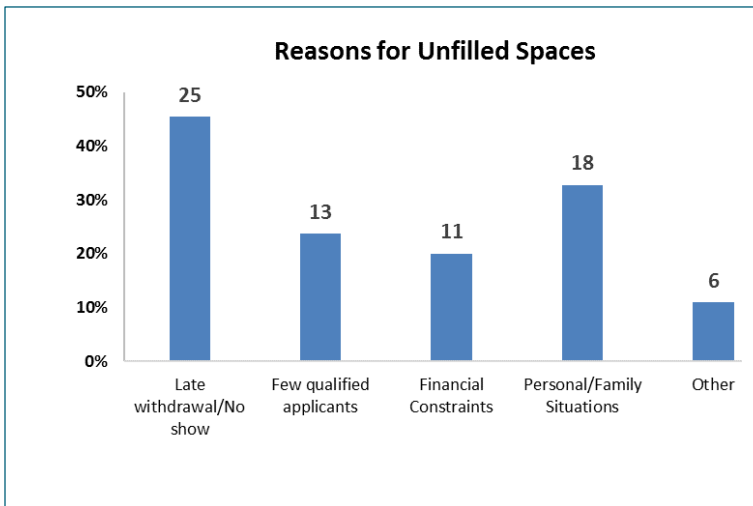
Source: VA. Healthcare Workforce Data Center

**At a Glance:**

**1st-Year Student Capacity**  
 Spaces Available: 4,149  
 Spaces Unfilled: 998

**Unfilled Capacity**  
 % of Programs: 73%  
 % of Total Capacity: 24%

Source: VA. Healthcare Workforce Data Center



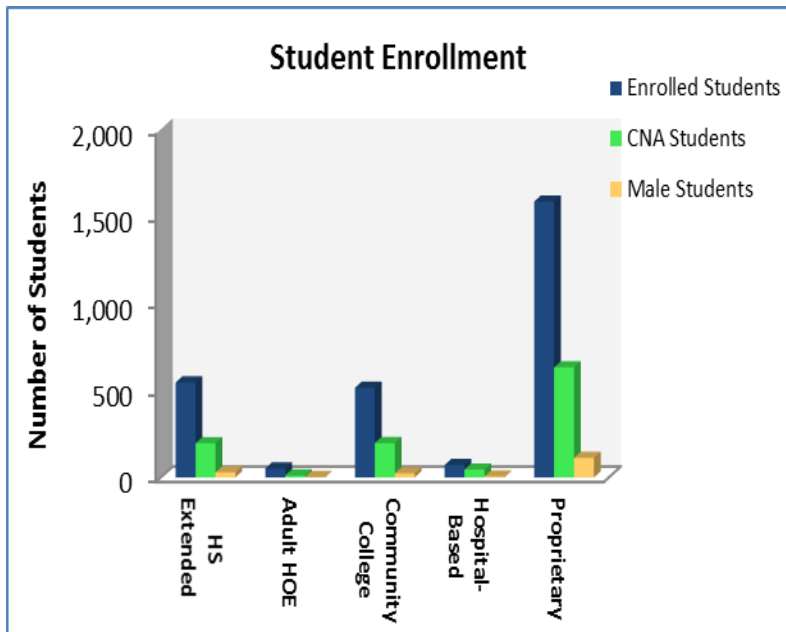
Source: VA. Healthcare Workforce Data Center

*Virginia's PN programs were able to utilize 76% of their available first-year student capacity.*

Program Type	# of Programs with Unfilled Spaces		# of Unfilled Spaces		Total Spaces	% of Total Capacity Unfilled
	No	Yes	Unfilled Spaces	%		
HS Extended	8	8	33	3%	473	7%
Adult HOE	0	2	32	3%	65	49%
Community College	6	12	91	9%	516	18%
Hospital-Based	0	2	57	6%	127	45%
Proprietary	0	14	785	79%	2,968	26%
<b>All Programs</b>	<b>14</b>	<b>38</b>	<b>998</b>	<b>100%</b>	<b>4,149</b>	<b>24%</b>

Source: VA. Healthcare Workforce Data Center

Enrollment



Source: VA, Healthcare Workforce Data Center

**At a Glance:**

**Enrollment**

Total: 2,834  
 CNA: 1,094  
 Male: 186

**Enrollment by Program Type**

Proprietary: 60%  
 HS Extended: 18%  
 Community College: 17%

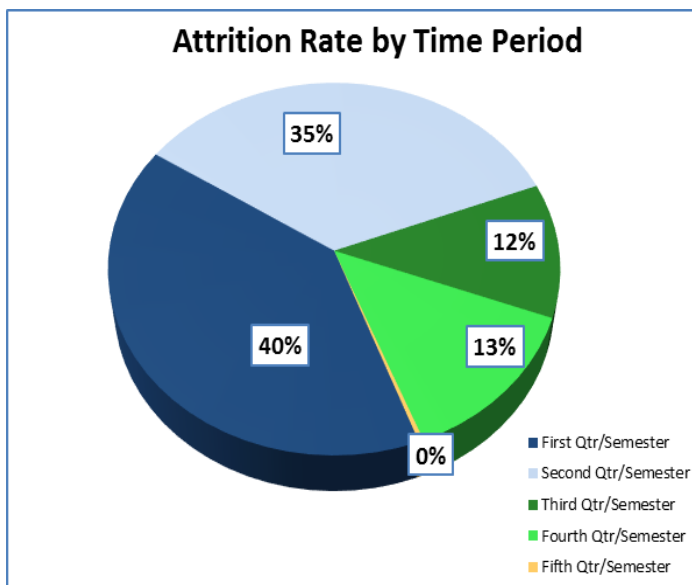
Source: VA, Healthcare Workforce Data Center

*A total of 2,834 students were enrolled in Virginia’s PN programs during the current academic year. 39% of these students were CNAs, while 7% of enrolled students were male.*

Program Type	Total Enrollment		CNA Enrollment		Male Enrollment	
	Count	%	Count	%	Count	%
<b>HS Extended</b>	522	18%	201	18%	41	22%
<b>Adult HOE</b>	49	2%	13	1%	5	3%
<b>Community College</b>	484	17%	205	19%	22	12%
<b>Hospital-Based</b>	83	3%	35	3%	4	2%
<b>Proprietary</b>	1,696	60%	640	59%	114	61%
<b>All Programs</b>	<b>2,834</b>	<b>100%</b>	<b>1,094</b>	<b>100%</b>	<b>186</b>	<b>100%</b>

Source: VA, Healthcare Workforce Data Center

Attrition



Source: VA. Healthcare Workforce Data Center

Quarter/ Semester/ Trimester	Number of Students	
	Count	%
First	372	40%
Second	325	35%
Third	109	12%
Fourth	125	13%
Fifth	3	0%
<b>Total</b>	<b>934</b>	<b>100%</b>

Source: VA. Healthcare Workforce Data Center

## At a Glance:

**Graduation Rate**

Adult HOE: 85%  
 Hospital-based: 70%  
 Community College: 55%

**Attrition Rate**

All Programs: 39%  
 Adult HOE: 10%  
 Proprietary: 45%

Source: VA. Healthcare Workforce Data Center

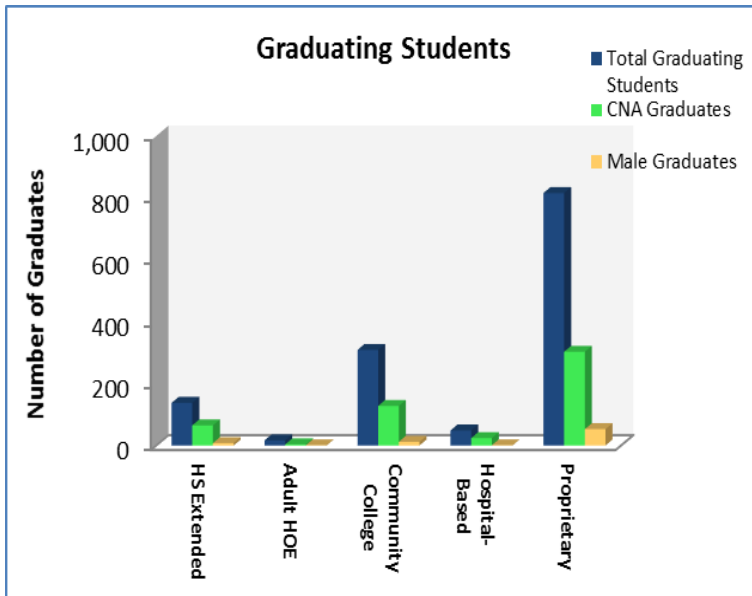
Nearly half of all students who left a PN program without graduating did so during the first quarter or semester of the program.

Attrition Statistics	Program Type					
	HS Extended	Adult HOE	Community College	Hospital Based	Proprietary	All Programs
Scheduled to Graduate	321	20	530	101	1,707	<b>2,679</b>
Graduated on Time	138	17	293	71	605	<b>1,124</b>
On-Time Graduation Rate	43%	85%	55%	70%	35%	<b>42%</b>
Permanently Left Program	130	2	115	29	768	<b>1,044</b>
Attrition Rate	40%	10%	22%	29%	45%	<b>39%</b>

Source: VA. Healthcare Workforce Data Center

Among all students who were expected to graduate during this academic year, 42% ultimately did graduate. Meanwhile, 39% of students expected to graduate this year permanently left their respective program instead.

Graduates



Source: VA. Healthcare Workforce Data Center

### At a Glance:

**Graduates**

Total: 1,329  
 % CNA: 39%  
 % Male: 6%

**Grad. by Program Type**

Proprietary: 61%  
 Community College: 23%  
 HS Extended: 10%

Source: VA. Healthcare Workforce Data Center

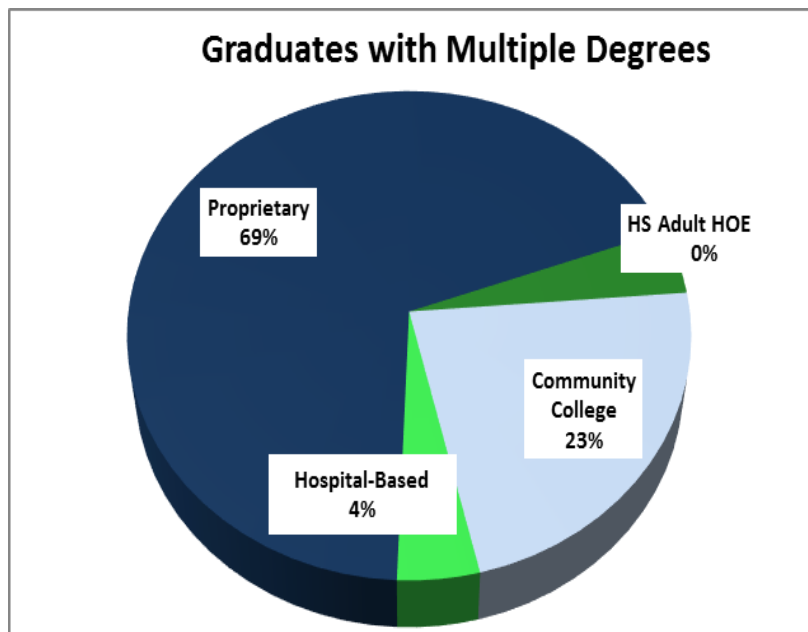
*A total of 1,329 students graduated from Virginia's PN programs during the current academic year. 39% of these graduates were CNAs, while 6% were male. Over half graduated from Proprietary PN programs.*

Program Type	Total Graduates		CNA Graduates		Male Graduates	
	Count	%	Count	%	Count	%
<b>HS Extended</b>	138	10%	65	12%	8	11%
<b>Adult HOE</b>	17	1%	4	1%	1	1%
<b>Community College</b>	309	23%	128	24%	12	16%
<b>Hospital-Based</b>	49	4%	24	5%	1	1%
<b>Proprietary</b>	816	61%	303	58%	53	71%
<b>All Programs</b>	<b>1,329</b>	<b>100%</b>	<b>524</b>	<b>100%</b>	<b>75</b>	<b>100%</b>

Source: VA. Healthcare Workforce Data Center



Background of Graduates



Source: VA. Healthcare Workforce Data Center

### At a Glance:

**Race/Ethnicity**  
 White: 40%  
 Black: 43%  
 Hispanic: 6%

**Multi-Degree Grads.**  
 Multi-Degree Graduates: 93  
 % of Total Graduates: 7%

Source: VA. Healthcare Workforce Data Center

Program Type	Multi-Degree Graduates	%	% of Total Graduates
HS Extended	4	4%	3%
Adult HOE	0	0%	0%
Comm. College	21	23%	7%
Hospital Based	4	4%	8%
Proprietary	64	69%	8%
<b>All Programs</b>	<b>93</b>	<b>100%</b>	<b>7%</b>

Source: VA. Healthcare Workforce Data Center

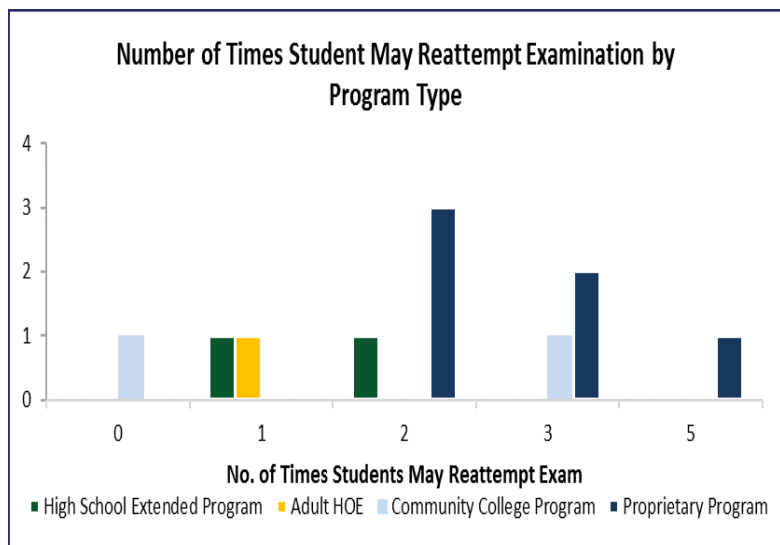
*More than half of all graduates from Virginia's PN programs are non-White. 43% of all graduates are non-Hispanic Black and 6% are Hispanic.*

Race/Ethnicity	HS Extended		Adult HOE		Comm. College		Hospital Based		Proprietary		All Programs	
	#	%	#	%	#	%	#	%	#	%	#	%
White	73	57%	8	47%	196	73%	20	41%	163	23%	460	40%
Black	24	19%	8	47%	53	20%	4	8%	410	58%	499	43%
Hispanic	17	13%	1	6%	10	4%	0	0%	42	6%	70	6%
Asian	4	3%	0	0%	2	1%	0	0%	27	4%	33	3%
American Indian	0	0%	0	0%	0	0%	0	0%	1	0%	1	0%
Pacific Islander	0	0%	0	0%	1	0%	0	0%	3	0%	4	0%
Two or More	4	3%	0	0%	5	2%	1	2%	37	5%	47	4%
Unknown	5	4%	0	0%	0	0%	24	49%	20	3%	49	4%
<b>Total</b>	<b>127</b>	<b>100%</b>	<b>17</b>	<b>100%</b>	<b>267</b>	<b>100%</b>	<b>49</b>	<b>100%</b>	<b>703</b>	<b>100%</b>	<b>1,163</b>	<b>100%</b>

Source: VA. Healthcare Workforce Data Center

*Seven percent of all graduates from Virginia's PN programs held other non-nursing degrees.*

## Comprehensive Examination Prohibiting Graduation



Source: VA. Healthcare Workforce Data Center

### At a Glance:

**No. of Programs Requiring Comprehensive Exam**

Proprietary: 6  
 HS. Extended: 2  
 Community College: 1

**No. Who Did Not Graduate.**

Proprietary: 8  
 Community College: 2

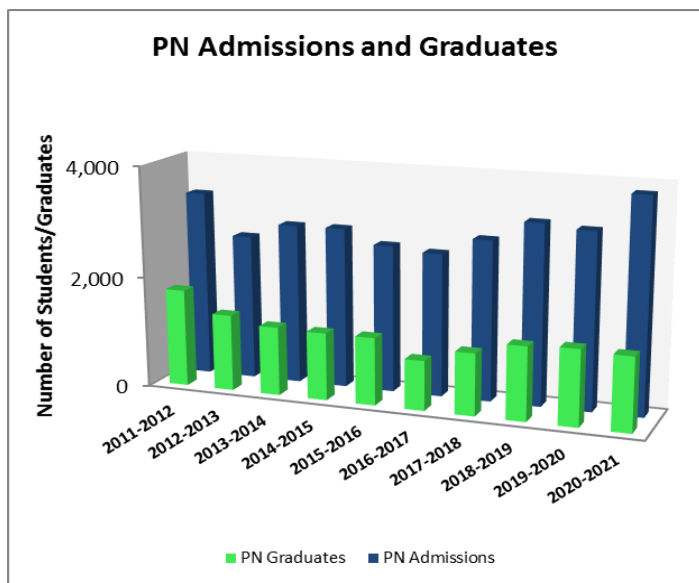
Source: VA. Healthcare Workforce Data Center

*Ten programs require students to pass a comprehensive examination before graduating. In the 2020-21 year, 11 students did not graduate as a result of this requirement.*

	Total Requiring Comprehensive Exam Prohibiting Graduation if Failed		Number Allowing Students who Fail Comprehensive to Rettempt Exams		Average Number of Times Students May Retake Exam	Number who Didn't Graduate Because of Exam
	Count	% of All Programs	Count	% of Those Requiring Exam Prohibiting Graduation		
<b>HS Extended</b>	2	12%	2	100%	2	0
<b>Adult HOE</b>	1	50%	1	0%	1	1
<b>Community College</b>	1	6%	2	200%	2	2
<b>Hospital-Based</b>	0	0%	0	0%	N/A	0
<b>Proprietary</b>	6	40%	6	100%	3	8
<b>All Programs</b>	<b>10</b>	<b>19%</b>	<b>11</b>	<b>110%</b>	<b>2</b>	<b>11</b>

Source: VA. Healthcare Workforce Data Center

## Long-Term Trends



Source: VA. Healthcare Workforce Data Center

### At a Glance:

**Admissions**

Total: 3,836

Year-over-Year Change: 21%

**Graduates**

Total: 1,329

Year-over-Year Change: -3%

Source: VA. Healthcare Workforce Data Center

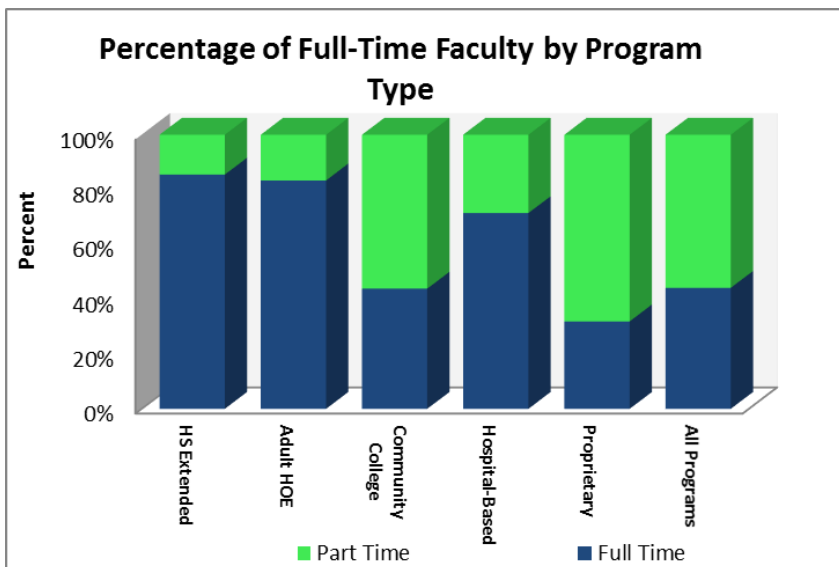
*The number of new students who were admitted into Virginia’s PN programs increased by 21% in the 2020-21 academic year. However, the number of students who graduated from these programs declined by 3%. The number admitted was a ten-year high whereas the number who graduated, though lower than last year’s, was the second highest in the past eight years.*

Academic Year	PN Admissions		PN Graduates	
	Count	Year-over-Year Change	Count	Year-over-Year Change
<b>2011-2012</b>	3,346	-16%	1,753	-16%
<b>2012-2013</b>	2,614	-22%	1,371	-22%
<b>2013-2014</b>	2,881	10%	1,235	-10%
<b>2014-2015</b>	2,887	0%	1,214	-2%
<b>2015-2016</b>	2,645	-8%	1,215	0%
<b>2016-2017</b>	2,573	-3%	895	-26%
<b>2017-2018</b>	2,880	12%	1,117	25%
<b>2018-2019</b>	3,243	13%	1,327	19%
<b>2019-2020</b>	3,137	-2%	1,367	3%
<b>2020-2021</b>	3,836	21%	1,329	-3%

Source: VA. Healthcare Workforce Data Center

Faculty Information

Employment



Source: VA. Healthcare Workforce Data Center

*Over half of all faculty work in proprietary programs, but only 32% of those workers have full-time jobs. Only High School Extended, Adult HOE, and Hospital-Based programs have more than half of their faculty members in full-time positions.*

**At a Glance:**

**% of Total Faculty**

Proprietary: 57%  
 Community College: 25%  
 HS Extended: 14%

**% Full-Time**

HS Extended: 85%  
 Adult HOE: 83%  
 Hospital-Based: 71%

**Student-Faculty Ratio**

Hospital-Based: 8.2  
 Proprietary: 8.0  
 HS Extended: 7.9

Source: VA. Healthcare Workforce Data Center

Program Type	Full Time		Part Time		Total			Student-to-Faculty Ratio		
	#	%	#	%	#	%	% FT	25 <sup>th</sup> %	Mean	75 <sup>th</sup> %
HS Extended	53	27%	9	4%	62	14%	85%	4.7	7.9	9.6
Adult HOE	5	3%	1	0%	6	1%	83%	6.7	8.2	8.2
Community College	50	25%	64	25%	114	25%	44%	2.3	4.6	6.0
Hospital Based	10	5%	4	2%	14	3%	71%	5.8	6.0	.
Proprietary	82	41%	175	69%	257	57%	32%	4.4	8.0	11.1
<b>All Programs</b>	<b>200</b>	<b>100%</b>	<b>253</b>	<b>100%</b>	<b>453</b>	<b>100%</b>	<b>44%</b>	<b>4.1</b>	<b>6.7</b>	<b>8.5</b>

Source: VA. Healthcare Workforce Data Center

*On average, the typical PN program had a student-to-faculty ratio of 6.7. However, three of the five program types had student-to-faculty ratios that were above the overall average, skewing the mean upward.*

## Faculty Demographics

Age	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
Under 25	0	0%	2	1%	2	0%	0%
25 to 34	18	9%	33	15%	51	12%	35%
35 to 44	48	25%	62	28%	110	27%	44%
45 to 54	58	30%	54	24%	112	27%	52%
55 to 64	57	30%	47	21%	104	25%	55%
65 to 74	10	5%	17	8%	27	7%	37%
75 and Over	2	1%	3	1%	5	1%	0%
Unknown	0	0%	3	1%	3	1%	0%
<b>Total</b>	<b>193</b>	<b>100%</b>	<b>221</b>	<b>100%</b>	<b>414</b>	<b>100%</b>	<b>47%</b>

Source: Va. Healthcare Workforce Data Center

*A typical faculty member would be a female between the ages of 45 and 54. Less than half of all faculty members held full-time positions.*

### At a Glance:

#### Gender

% Female: 93%  
% Female w/ FT Job: 48%

#### Age

% Under 35: 12%  
% Over 54: 34%

#### Diversity

Diversity Index (Total): 50%  
Diversity Index (FT Jobs): 38%

Source: VA. Healthcare Workforce Data Center

Gender	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
Male	10	5%	20	9%	30	7%	33%
Female	188	95%	202	91%	390	93%	48%
<b>Total</b>	<b>198</b>	<b>100%</b>	<b>222</b>	<b>100%</b>	<b>420</b>	<b>100%</b>	<b>47%</b>

Source: VA. Healthcare Workforce Data Center

*In a chance encounter between two faculty members, there is a 50% 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 60%.*

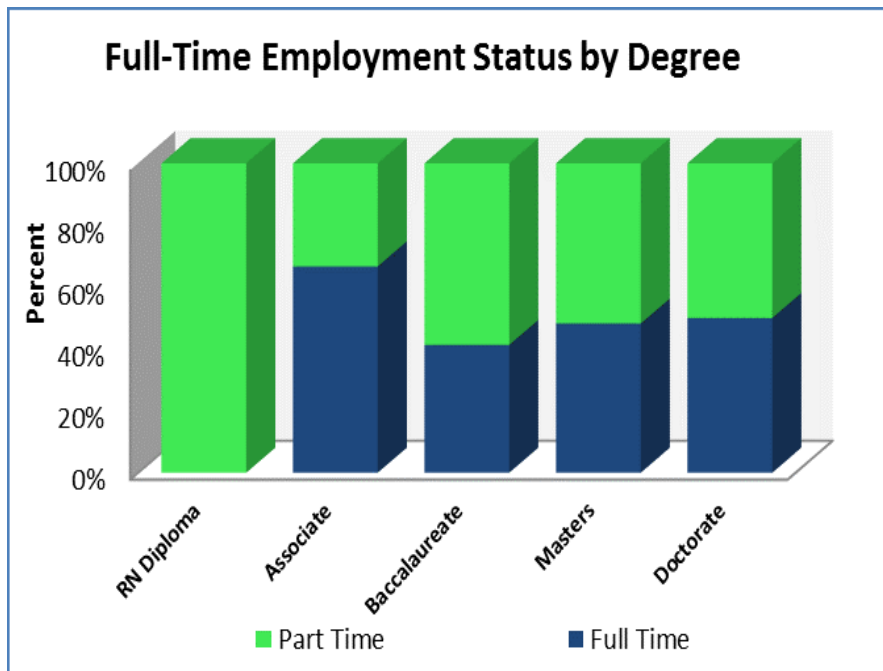
Race/ Ethnicity	Virginia*	Full Time		Part Time		Total		
	%	#	%	#	%	#	%	% FT
White	59%	151	76%	121	55%	272	65%	56%
Black	18%	36	18%	76	35%	112	27%	32%
Asian	7%	4	2%	15	7%	19	5%	21%
Other Race	1%	1	1%	1	0%	2	0%	0%
Two or more races	5%	4	2%	4	2%	8	2%	50%
Hispanic	11%	2	1%	3	1%	5	1%	40%
Unknown	0	0	0%	0	0%	0	0%	0%
<b>Total</b>	<b>100%</b>	<b>198</b>	<b>100%</b>	<b>220</b>	<b>100%</b>	<b>418</b>	<b>100%</b>	<b>47%</b>

\*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2020.

Source: VA. Healthcare Workforce Data Center

Faculty Educational Background

A Closer Look:



**At a Glance:**

Degree

- Masters in Nursing: 36%
- BSN: 38%
- Non-Nursing Bachelors: 8%

Full-Time Employment

- Masters in Nursing: 52%
- Doctorate: 50%

Source: VA. Healthcare Workforce Data Center

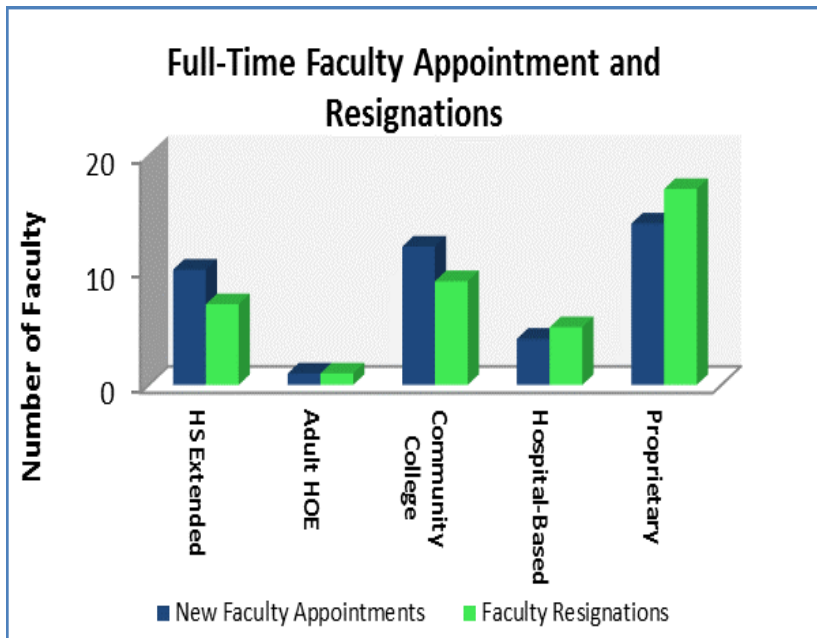
Source: VA. Healthcare Workforce Data Center

*Nearly 75% of all faculty members held either a BSN or a MSN as their highest professional degree. Of this group, 49% were employed on a full-time basis.*

Highest Degree	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
<b>RN Diploma</b>	0	0%	2	1%	2	1%	0%
<b>ASN</b>	4	2%	2	1%	6	2%	67%
<b>Non-Nursing Bachelors</b>	6	3%	27	12%	33	8%	18%
<b>BSN</b>	70	39%	81	37%	151	38%	46%
<b>Non-Nursing Masters</b>	5	3%	18	8%	23	6%	22%
<b>Masters in Nursing</b>	76	42%	69	32%	145	36%	52%
<b>Doctorate</b>	19	11%	19	9%	38	10%	50%
<b>Total</b>	<b>180</b>	<b>100%</b>	<b>218</b>	<b>100%</b>	<b>398</b>	<b>100%</b>	<b>45%</b>

Source: VA. Healthcare Workforce Data Center

## Faculty Appointments and Resignations



Source: VA. Healthcare Workforce Data Center

### At a Glance:

**Full-Time Faculty**  
 Turnover Rate: 20%  
 Newly Appointed Rate: 21%

**Turnover Rate**  
 Hospital-based: 50%  
 Proprietary: 21%

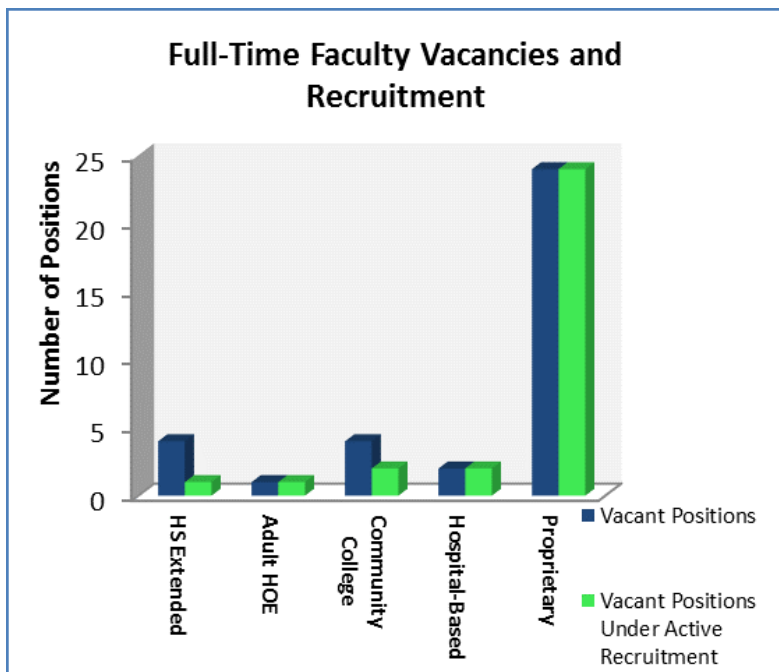
Source: VA. Healthcare Workforce Data Center

*Among full-time faculty, Virginia's PN programs experienced a 20% turnover rate and a newly appointed faculty rate of 21% over the past year.*

Full-Time Faculty	Program Type					
	HS Extended	Adult HOE	Community College	Hospital Based	Proprietary	All Programs
<b>Total</b>	53	5	50	10	82	<b>200</b>
<b>Newly Appointed</b>	10	1	12	4	14	<b>41</b>
<b>Resignations</b>	7	1	9	5	17	<b>39</b>
<b>Turnover Rate</b>	<b>13%</b>	<b>20%</b>	<b>18%</b>	<b>50%</b>	<b>21%</b>	<b>20%</b>
<b>Proportion Newly Appointed</b>	<b>19%</b>	<b>20%</b>	<b>24%</b>	<b>40%</b>	<b>17%</b>	<b>21%</b>

Source: VA. Healthcare Workforce Data Center

## Future Faculty Requirements



Source: VA. Healthcare Workforce Data Center

### At a Glance:

**Active Recruitment**  
 Full-Time Hiring: 86%  
 Part-Time Hiring: 92%

**Budget Adequacy**  
 Full-Time Hiring: 96%  
 Part-Time Hiring: 94%

**Expected Job Disruption**  
 Less: 60%  
 Same: 34%  
 More: 6%

Source: VA. Healthcare Workforce Data Center

A total of 30 full-time faculty positions and 33 part-time faculty positions are currently in active recruitment. About 80% of these jobs are listed in Proprietary programs.

Adequate Faculty Budget?	Full Time		Part Time	
	#	%	#	%
<b>Yes</b>	51	96%	45	94%
<b>No</b>	2	4%	3	6%
<b>Total</b>	<b>53</b>	<b>100%</b>	<b>48</b>	<b>100%</b>

Source: VA. Healthcare Workforce Data Center

Program Type	Next Year's Expectation for Full-Time Faculty Disruption							
	Expect Less	%	Expect Same	%	Expect More	%	Total	%
<b>HS Extended</b>	9	56%	5	31%	2	13%	16	100%
<b>Adult HOE</b>	1	50%	1	50%	0	0%	2	100%
<b>Community College</b>	12	67%	6	33%	0	0%	18	100%
<b>Hospital</b>	2	100%	0	0%	0	0%	2	100%
<b>Proprietary</b>	8	53%	6	40%	1	7%	15	100%
<b>All Programs</b>	<b>32</b>	<b>60%</b>	<b>18</b>	<b>34%</b>	<b>3</b>	<b>6%</b>	<b>53</b>	<b>100%</b>

Source: VA. Healthcare Workforce Data Center

6% of Virginia's PN programs expect more employment disruption among full-time faculty over the course of the next year. However, most programs currently have a sufficient budget to adequately meet their faculty needs.



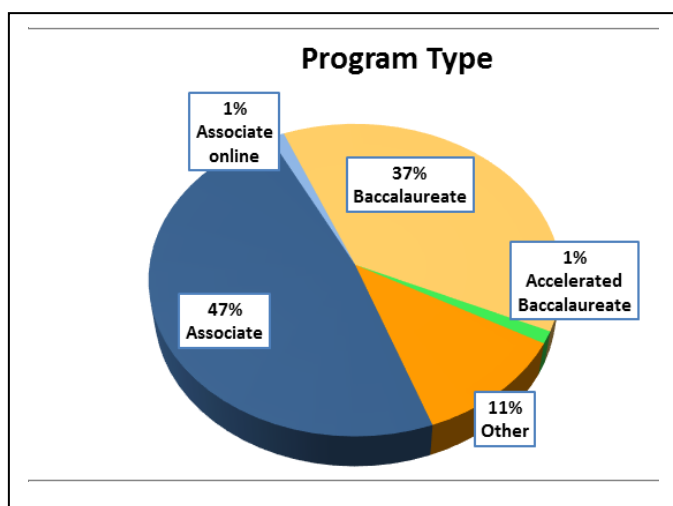
## Registered Nursing Education Programs

### Program Structure

#### A Closer Look:

Program Type		
Type	#	%
Associate	38	47%
Associate Online	1	1%
Baccalaureate	30	37%
Baccalaureate Online	1	1%
Accelerated Baccalaureate	9	11%
Accelerated Masters	2	2%
<b>Total</b>	<b>81</b>	<b>100%</b>

Source: VA. Healthcare Workforce Data Center



Source: VA. Healthcare Workforce Data Center

### At a Glance:

#### Program Type

Associate:	47%
Baccalaureate:	37%
Accelerated Baccalaureate:	11%

#### Delivery Method

Semester:	86%
Quarters:	8%

#### Mean Program Length

Accel. Baccalaureate:	21 Mos.
Associate:	23 Mos.
Associate Online:	24 Mos.

Source: VA. Healthcare Workforce Data Center

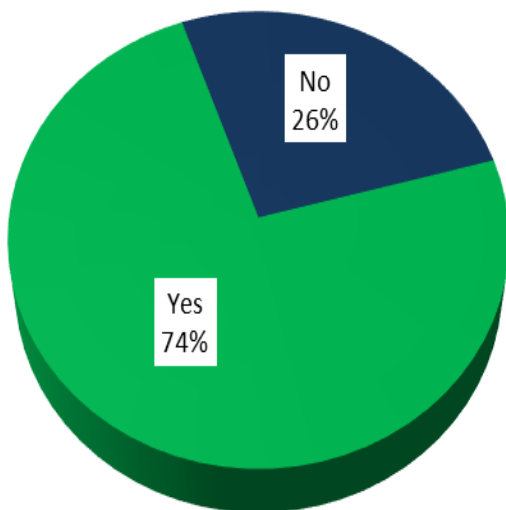
There were 81 Registered Nursing (RN) Education Programs approved in Virginia during the 2020-2021 academic year; all responded to this survey. Thirty-six of the programs offer a RN-to-BSN in addition to their pre-licensure program.

Program Length, Months					
Program Type	Mean	Min	25 <sup>th</sup> %	75 <sup>th</sup> %	Max
Associate	23	15	20	25	30
Associate Online	24	24	24	24	24
Baccalaureate	30	17	25	36	36
Baccalaureate Online	31	31	31	31	31
Accelerated Baccalaureate	21	15	16	27	32
Accelerated Masters	29	22	22	.	36
<b>All Programs</b>	<b>25</b>	<b>15</b>	<b>20</b>	<b>30</b>	<b>36</b>

Source: VA. Healthcare Workforce Data Center

## Program Details

## Program Changes in Past Year



Source: VA. Healthcare Workforce Data Center

## At a Glance:

Schedule Options

Daytime Courses:	92%
Online Courses:	49%
Evening Courses:	40%

Admissions Frequency (Annual)

One:	38%
Two:	33%
Three:	19%
Four or More:	11%

Source: VA. Healthcare Workforce Data Center

Nearly three-quarters of all RN programs implemented a change to their nursing program in the past year. 45 programs initiated faculty changes whereas 23 made schedule changes. Another 14 made curriculum changes whereas 12 changed course content.

Scheduling Option	#	%
Daytime Courses	78	92%
Online Courses	42	49%
Evening Courses	34	40%
Evening & Weekend Courses	19	22%
Accelerated Courses	18	21%
Weekend Courses	13	15%

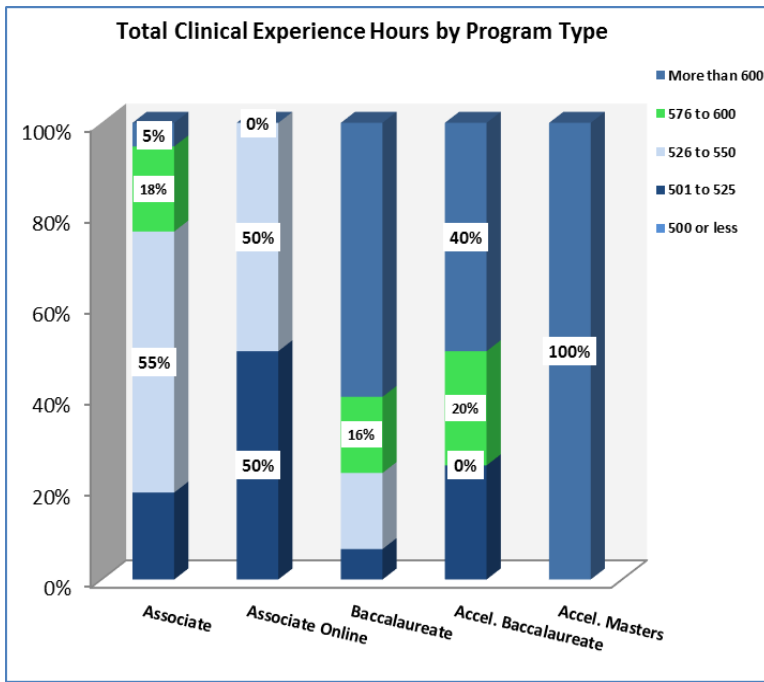
Source: VA. Healthcare Workforce Data Center

## Accreditation

Accrediting Agency	Abbv.	#	%
Southern Association of Colleges and Schools	SACS	54	71%
Commission on Collegiate Nursing Education	CCNE	36	47%
Accreditation Commission for Education in Nursing	ACEN	29	38%
Accrediting Bureau of Health Education Schools	ABHES	8	11%
Accrediting Council for Independent Colleges and Schools	ACICS	3	4%
Commission for Nursing Education Accreditation	CNEA	1	1%
Council on Occupational Education	COE	1	1%
The Higher Learning Commission	HLC	1	1%

Source: VA. Healthcare Workforce Data Center

Clinical Hours



Source: VA. Healthcare Workforce Data Center

**At a Glance:**

**Median Clinical Hours**

Clinical Experience: 551-575  
 Direct Client Care: 500+  
 Direct Client Care in Va.: 541  
 Clinical Simulation: 26-50  
 Clinical Observation: 0

Source: VA. Healthcare Workforce Data Center

*More than half of all RN programs in Virginia required at least 550 total hours of clinical experience from their students. Pursuant to 18VAC 90-27-100.D, Virginia’s RN programs are required to provide 500 hours of direct client care, of which 25% may be simulated. Median clinical simulation hours did not change for RN.*

Clinical Experiences Outside Virginia		
State	# of Programs	% of Programs
Washington, D.C.	14	17%
Maryland	6	7%
Tennessee	6	7%
West Virginia	4	5%
North Carolina	3	4%
Kentucky	1	1%
Other <sup>1</sup>	1	1%
<b>At least One</b>	<b>28</b>	<b>35%</b>

Source: VA. Healthcare Workforce Data Center

*Twenty-eight programs offered clinical experience hours outside of Virginia. Washington, D.C., Maryland, and Tennessee were the two states in which clinical experience hours were most likely to be provided.*

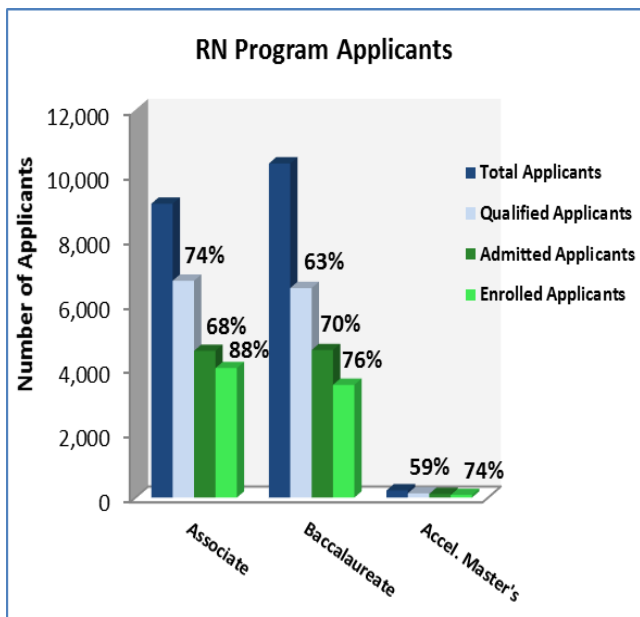
<sup>1</sup> Could be a combination of the states above.

## Breakdown of Clinical Hours by Program Type

	Hours	Program Type						
Type	Amount	Associate	Associate Online	Baccalaureate	Baccalaureate Online	Accel. Baccalaureate	Accel. Masters	All Programs
Clinical Experience Hours	500 or less	0	0	0	0	0	0	0
	501 to 525	8	1	0	0	1	0	10
	526 to 550	22	0	5	0	2	0	29
	551 to 575	1	0	3	0	1	0	5
	576 to 600	5	0	5	0	2	0	12
	More than 600	2	0	16	1	3	2	24
	<b>Total</b>	<b>38</b>	<b>1</b>	<b>29</b>	<b>1</b>	<b>9</b>	<b>2</b>	<b>80</b>
Direct Client Care Hours	400 or less	2	0	0	0	0	0	2
	401 to 425	1	0	1	0	0	0	2
	426 to 450	2	0	0	0	1	0	3
	451 to 475	10	0	4	0	1	0	15
	476 to 500	10	0	3	0	1	1	15
	More than 500	13	1	21	1	6	1	43
	<b>Total</b>	<b>38</b>	<b>1</b>	<b>29</b>	<b>1</b>	<b>9</b>	<b>2</b>	<b>80</b>
Clinical Simulation Hours	None	1	0	6	0	1	0	8
	1 to 25	2	0	4	0	1	0	7
	26 to 50	19	1	2	0	0	0	22
	51 to 75	6	0	2	0	0	1	9
	76 to 100	1	0	5	1	1	1	9
	More than 100	9	0	11	0	6	0	26
	<b>Total</b>	<b>38</b>	<b>1</b>	<b>30</b>	<b>1</b>	<b>9</b>	<b>2</b>	<b>81</b>
Clinical Observation Hours	None	36	1	18	0	5	1	61
	1 to 25	1	0	9	0	3	0	13
	26 to 50	1	0	0	0	0	0	1
	51 to 75	0	0	2	1	1	0	4
	76 to 100	0	0	1	0	0	1	2
	More than 100	0	0	0	0	0	0	0
	<b>Total</b>	<b>38</b>	<b>1</b>	<b>30</b>	<b>1</b>	<b>9</b>	<b>2</b>	<b>81</b>

Source: VA. Healthcare Workforce Data Center

## Admissions



Source: VA. Healthcare Workforce Data Center

### At a Glance:

**Program Applicants**

Total:	19,666
Qualified:	13,333
Admitted:	9,219
Enrolled:	7,580
Waitlisted:	812

Source: VA. Healthcare Workforce Data Center

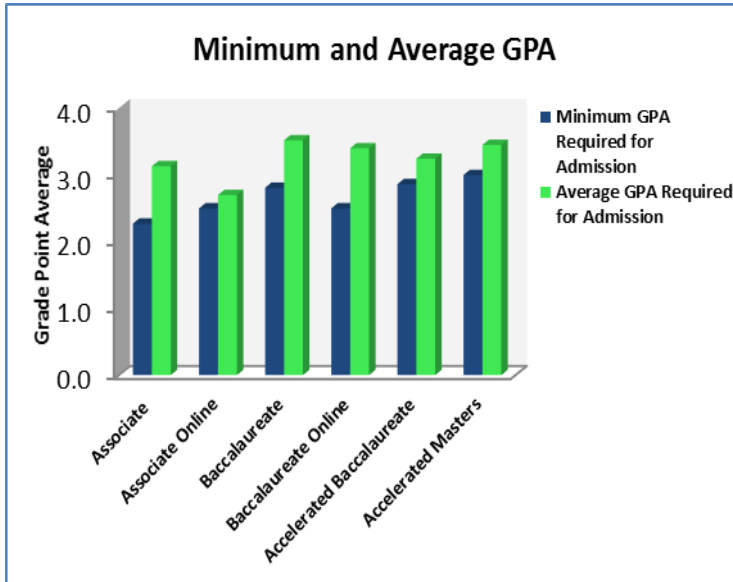
Virginia's RN programs received a total of 19,666 student applications during the 2020-2021 academic year. Approximately 39% of these applications ultimately resulted in an enrolled student.

Program Type	Applications Received	Applicants Qualified	% Qualified	Applicants Admitted	% of Qualified Admitted	Applicants Enrolled	% of Admitted Enrolled	% of Applicants Enrolled
Associate	8,998	6,688	74%	4,522	68%	3,993	88%	44%
Associate Online	100	25	25%	20	80%	15	75%	15%
Baccalaureate	8,801	5,451	62%	3,689	68%	2,816	76%	32%
Baccalaureate Online	474	386	81%	200	52%	153	77%	32%
Accel. Baccalaureate	1,070	651	61%	678	104%	522	77%	49%
Accel. Masters	223	132	59%	110	83%	81	74%	36%
All Programs	19,666	13,333	68%	9,219	69%	7,580	82%	39%

Source: VA. Healthcare Workforce Data Center

Out of 13,333 qualified applicants, 4,114 were not given an admission offer. Twenty-three programs cited the inability to expand effective program capacity while another nineteen programs cited the lack of clinical space as the main reason for failing to admit qualified applicants. The lack of qualified faculty and classroom space, and students' personal, financial, and family issues, were also common reasons for failing to admit qualified applicants. COVID impact was mentioned by some programs.

Background of Admitted Students



Source: VA. Healthcare Workforce Data Center

### At a Glance:

**GPA (mean)**  
 Minimum Requirement: 2.6  
 Student Average: 3.3

**Age (mean)**  
 Overall: 27  
 Baccalaureate: 23  
 Associate Online: 34

Source: VA. Healthcare Workforce Data Center

Average Age of Admitted Students	
Program Type	Mean
Associate	28
Associate Online	34
Baccalaureate	23
Baccalaureate Online	24
Accelerated Baccalaureate	29
Accelerated Masters	31
<b>All Programs</b>	<b>27</b>

Source: VA. Healthcare Workforce Data Center

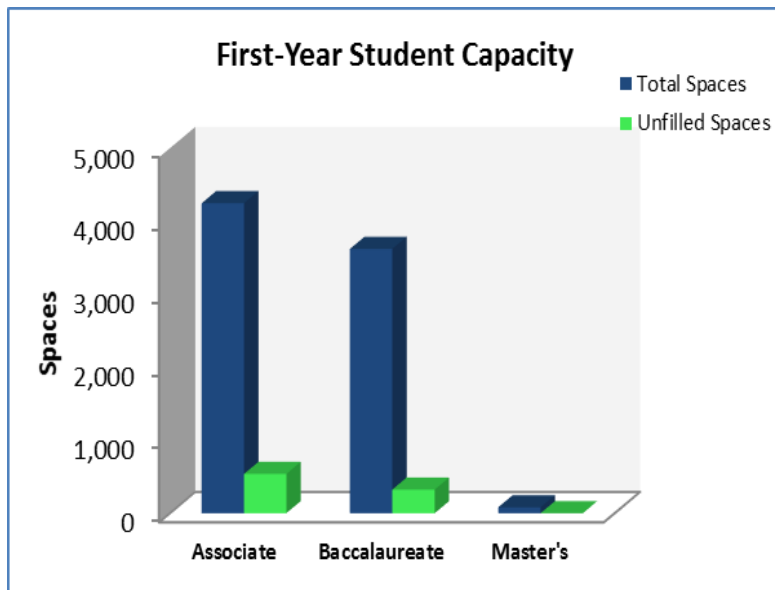
*The average age of students who were admitted into Virginia’s RN programs was 27. Baccalaureate programs had the lowest average age of admitted students at 23, while Associate Online programs had the highest average age of admitted students at 34.*

GPA		
Program Type	Min	Avg.
Associate	2.3	3.1
Associate Online	2.5	2.7
Baccalaureate	2.8	3.5
Baccalaureate Online	2.5	3.4
Accelerated Baccalaureate	2.9	3.2
Accelerated Masters	3.0	3.5
<b>All Programs</b>	<b>2.6</b>	<b>3.3</b>

Source: VA. Healthcare Workforce Data Center

*A typical RN program required that prospective students have a minimum GPA of 2.6, while the average GPA among admitted students was 3.3. On average, Associate programs had the lowest minimum GPA requirements for admission. Accelerated Master’s programs had the highest GPA requirements for admission and one of the highest average GPA among admitted students.*

## Capacity



Source: VA. Healthcare Workforce Data Center

## At a Glance:

### 1st-Year Student Capacity

Spaces Available: 7,948  
Spaces Unfilled: 861

### Unfilled Capacity

% of Programs: 63%  
% of Total Capacity: 11%

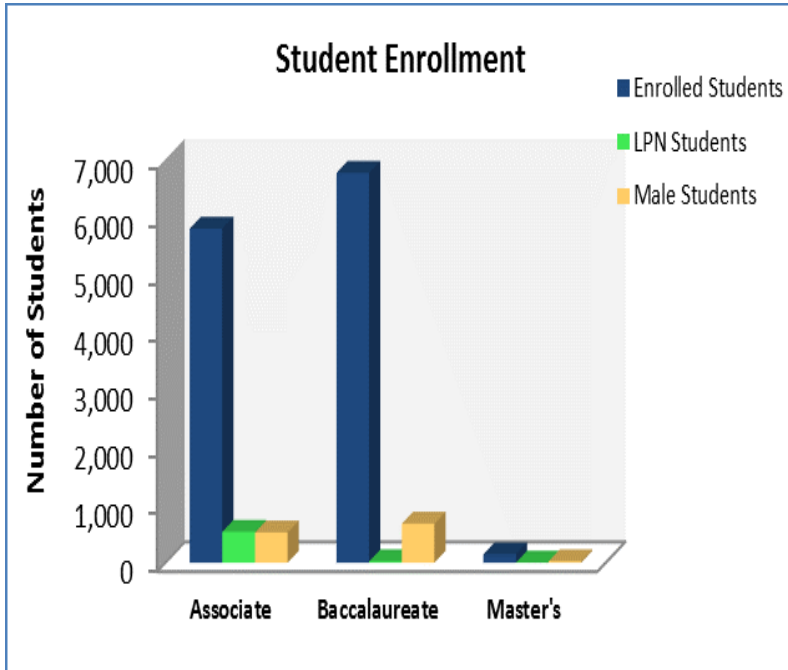
Source: VA. Healthcare Workforce Data Center

Virginia's RN programs were able to fill 89% of their available first-year student capacity. Programs provided a variety of reasons for the unfilled spaces. One of the most common explanations was late withdrawal or no shows. Another key reason was lack of qualified applicants. Many programs also cited financial situation of students and other personal and family situations that interfered with students' enrollment. Some students could also not be admitted because they did not take or pass the entrance examination or they had accepted admission offer at a different program. This year several programs also mentioned COVID-related reasons for unfilled spaces.

Program Type	# of Programs with Unfilled Spaces		Unfilled Spaces		Total Spaces	% of Total Capacity
	No	Yes	Number	%		
<b>Associate</b>	9	28	508	59%	4,217	12%
<b>Associate Online</b>	1	0	30	3%	30	100%
<b>Baccalaureate</b>	14	16	243	28%	2,921	8%
<b>Baccalaureate Online</b>	0	1	7	1%	160	4%
<b>Accelerated Baccalaureate</b>	4	4	73	8%	540	14%
<b>Accelerated Masters</b>	1	1	0	0%	80	0%
<b>All Programs</b>	<b>29</b>	<b>50</b>	<b>861</b>	<b>100%</b>	<b>7,948</b>	<b>11%</b>

Source: VA. Healthcare Workforce Data Center

Enrollment



Source: VA. Healthcare Workforce Data Center

## At a Glance:

**Enrollment**

Total: 12,716  
 LPN: 562  
 Male: 1,228

**Enrollment by Program Type**

Baccalaureate: 44%  
 Associate: 46%

Source: VA. Healthcare Workforce Data Center

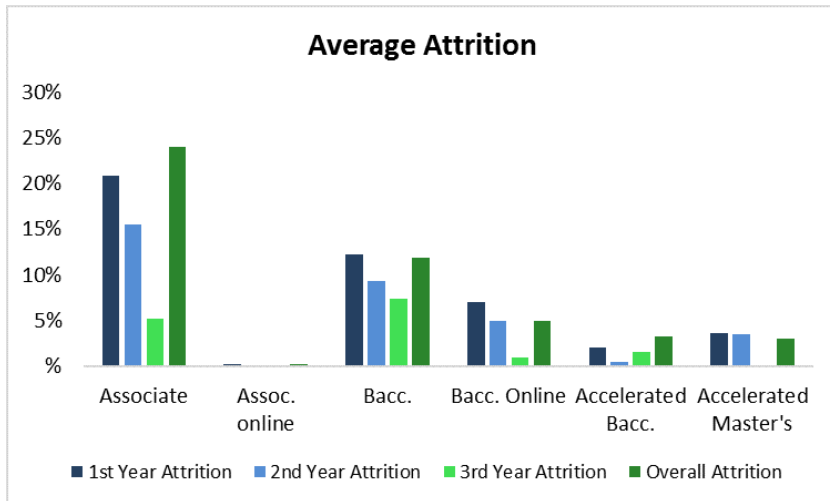
Over 12,716 students were enrolled in Virginia’s RN programs during the current academic year. Of these students, 4% were LPNs while about 10% were male.

Program Type	Total Enrollment		LPN Enrollment		Male Enrollment	
	Count	%	Count	%	Count	%
<b>Associate</b>	5,788	46%	535	95%	525	43%
<b>Associate Online</b>	13	0%	2	0%	1	0%
<b>Baccalaureate</b>	5,639	44%	18	3%	567	46%
<b>Baccalaureate Online</b>	379	3%	0	0%	26	2%
<b>Accelerated Baccalaureate</b>	752	6%	6	1%	84	7%
<b>Accelerated Masters</b>	145	1%	1	0%	25	2%
<b>All Programs</b>	<b>12,716</b>	<b>100%</b>	<b>562</b>	<b>100%</b>	<b>1,228</b>	<b>100%</b>

Source: VA. Healthcare Workforce Data Center



Attrition



Source: VA. Healthcare Workforce Data Center

Type	Year	Avg	Min	Max	Missing
Associate	1st Year Attrition	21%	0%	68%	0
	2nd Year Attrition	15%	0%	80%	1
	3rd Year Attrition	5%	0%	36%	25
	<b>Overall Attrition</b>	<b>24%</b>	<b>0%</b>	<b>76%</b>	<b>0</b>
Associate Online	1st Year Attrition	0%	0%	0%	0
	2nd Year Attrition	0%	0%	0%	0
	3rd Year Attrition	0%	0%	0%	0
	<b>Overall Attrition</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0</b>
Baccalaureate	1st Year Attrition	12%	0%	91%	0
	2nd Year Attrition	9%	0%	94%	0
	Third Year Attrition	7%	0%	100%	7
	<b>Overall Attrition</b>	<b>12%</b>	<b>0%</b>	<b>95%</b>	<b>0</b>
Baccalaureate Online	1st Year Attrition	7%	7%	7%	0
	2nd Year Attrition	5%	5%	5%	0
	Third Year Attrition	1%	1%	1%	0
	<b>Overall Attrition</b>	<b>5%</b>	<b>5%</b>	<b>5%</b>	<b>0</b>
Accelerated Baccalaureate	1st Year Attrition	2%	0%	7%	1
	2nd Year Attrition	1%	0%	3%	1
	3rd Year Attrition	2%	0%	11%	2
	<b>Overall Attrition</b>	<b>3%</b>	<b>0%</b>	<b>12%</b>	<b>0</b>
Accelerated Masters	1st Year Attrition	4%	0%	7%	0
	2nd Year Attrition	3%	0%	7%	0
	3rd Year Attrition	0%	0%	0%	1
	<b>Overall Attrition</b>	<b>3%</b>	<b>0%</b>	<b>6%</b>	<b>0</b>
Total	1st Year Attrition	15%	0%	91%	5
	2nd Year Attrition	11%	0%	94%	6
	3rd Year Attrition	5%	0%	100%	39
	<b>Overall Attrition</b>	<b>16%</b>	<b>0%</b>	<b>95%</b>	<b>4</b>

Source: VA. Healthcare Workforce Data Center

### At a Glance:

#### Attrition Rate

1 <sup>st</sup> Year Avg.:	15%
2 <sup>nd</sup> Year Avg.:	11%
3 <sup>rd</sup> Year Avg.:	5%
Overall Avg.:	16%

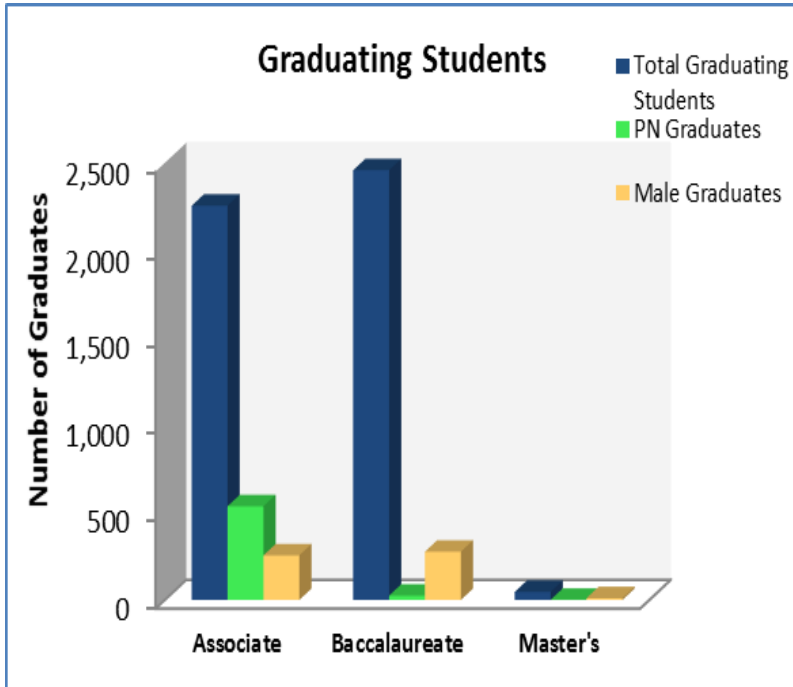
#### Attrition by Program Type

Associate:	24%
Baccalaureate:	12%
Baccalaureate Online:	5%

Source: VA. Healthcare Workforce Data Center

The overall attrition rate across all program types was 16%. Associate programs had the highest overall average attrition rate, with 24% of all students leaving the programs. Baccalaureate programs had an attrition rate of 12%, while Associate Online programs had the lowest overall attrition rate at 0.2%.

Graduates



Source: VA. Healthcare Workforce Data Center

**At a Glance:**

**Graduates**

Total: 4,761  
 % PN: 12%  
 % Male: 11%

**Grad. by Program Type**

Associate: 47%  
 Baccalaureate: 40%  
 Accel. Baccalaureate: 9%

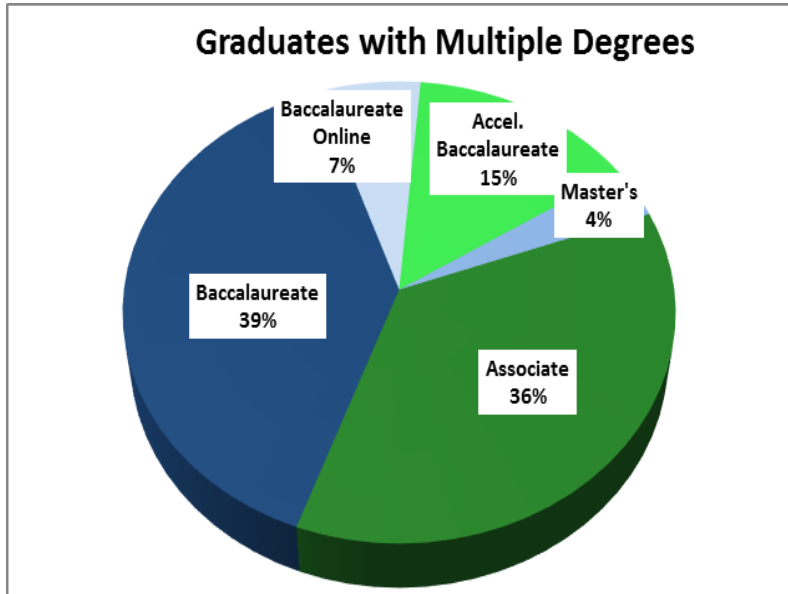
Source: VA. Healthcare Workforce Data Center

*A total of 4,761 students graduated from Virginia's RN programs during the current academic year. 12% of these graduates had previously graduated a PN program and 11% were male. Nearly half of all graduating students completed Associate programs.*

Program Type	Total Graduates		PN Graduates		Male Graduates	
	Count	%	Count	%	Count	%
<b>Associate</b>	2,248	47%	534	95%	254	47%
<b>Associate Online</b>	8	0%	2	0%	1	0%
<b>Baccalaureate</b>	1,883	40%	18	3%	209	39%
<b>Baccalaureate Online</b>	142	3%	0	0%	9	2%
<b>Accelerated Baccalaureate</b>	434	9%	6	1%	58	11%
<b>Accelerated Masters</b>	46	1%	1	0%	10	2%
<b>All Programs</b>	<b>4,761</b>	<b>100%</b>	<b>561</b>	<b>100%</b>	<b>541</b>	<b>100%</b>

Source: VA. Healthcare Workforce Data Center

Background of Graduates



Source: VA. Healthcare Workforce Data Center

**At a Glance:**

**Race/Ethnicity**  
 White: 56%  
 Black: 19%  
 Hispanic: 7%  
 Asian: 6%

**Multi-Degree Grads.**  
 Multi-Degree Graduates: 1,079  
 % of Total Graduates: 23%

Source: VA. Healthcare Workforce Data Center

*23% of graduates from Virginia's RN programs held other non-nursing degrees.*

Program Type	Multi-Degree Graduates	%	% of Total Graduates
Associate	389	36%	17%
Associate Online	0	0%	0%
Baccalaureate	424	39%	23%
Baccalaureate Online	71	7%	50%
Accel. Baccalaureate	157	15%	36%
Accel. Masters	38	4%	83%
<b>All Programs</b>	<b>1,079</b>	<b>100%</b>	<b>23%</b>

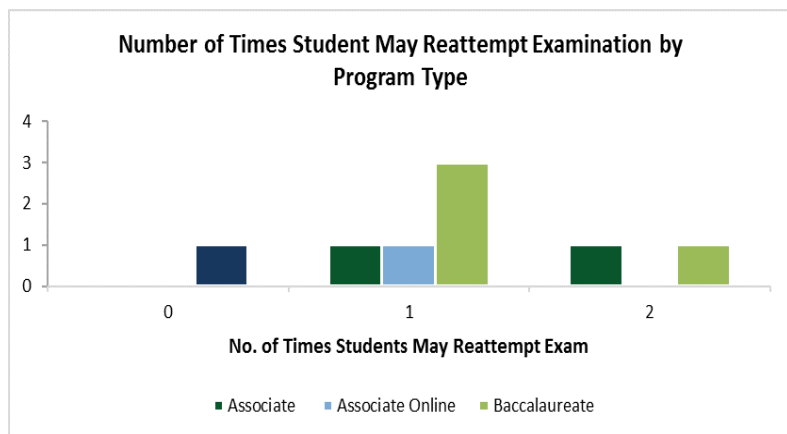
Source: VA. Healthcare Workforce Data Center

*56% of all graduates from Virginia's RN programs are non-Hispanic White, while 19% of all graduates are non-Hispanic Black.*

Race/Ethnicity	Associate		Associate Online		BSN		BSN Online		Accel. BSN		Accel. Masters		All Programs	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
White	1,214	56%	0	0%	1,111	61%	115	81%	149	34%	32	70%	2,621	56%
Black	485	22%	5	63%	251	14%	12	8%	109	25%	5	11%	867	19%
Hispanic	145	7%	3	38%	120	7%	2	1%	43	10%	0	0%	313	7%
Asian	91	4%	0	0%	151	8%	9	6%	33	8%	5	11%	289	6%
American Indian	5	0%	0	0%	4	0%	0	0%	0	0%	0	0%	9	0%
Pacific Islander	5	0%	0	0%	7	0%	1	1%	2	0%	0	0%	15	0%
Two or More	62	3%	0	0%	63	3%	3	2%	7	2%	3	7%	138	3%
Unknown	169	8%	0	0%	129	7%	0	0%	91	21%	1	2%	390	8%
<b>Total</b>	<b>2,176</b>	<b>100%</b>	<b>8</b>	<b>100%</b>	<b>1,836</b>	<b>100%</b>	<b>142</b>	<b>100%</b>	<b>434</b>	<b>100%</b>	<b>46</b>	<b>100%</b>	<b>4,642</b>	<b>100%</b>

Source: VA. Healthcare Workforce Data Center

## Comprehensive Examination Prohibiting Graduation



Source: VA. Healthcare Workforce Data Center

### At a Glance:

#### No. of Programs Requiring Comprehensive Exam

Baccalaureate: 4  
Associate: 2

#### No. Who Did Not Graduate.

Baccalaureate: 1  
Associate: 0

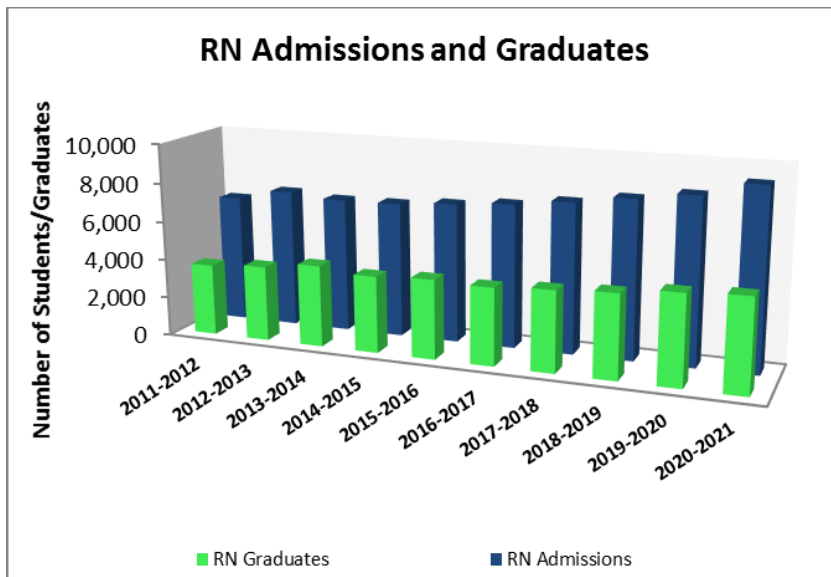
Source: VA. Healthcare Workforce Data Center

*Eight programs require students to pass a comprehensive examination before graduating. In the 2020-21 year, two students did not graduate as a result of this requirement.*

	Total Requiring Comprehensive Exam Prohibiting Graduation if Failed		Number Allowing Students who Fail Comprehensive to Rettempt Exams		Average Number of Times Students May Retake Exam	Number who Didn't Graduate Because of Exam
	Count	% of All Programs	Count	% of Those Requiring Exam Prohibiting Graduation		
<b>Associate</b>	3	8%	3	100%	3	1
<b>Associate Online</b>	1	100%	1	0%	3	0
<b>Baccalaureate</b>	2	7%	2	100%	1	1
<b>Baccalaureate Online</b>	0	0%	0	N/A	N/A	0
<b>Accel. Baccalaureate</b>	2	22%	2	100%	1	0
<b>Accel. Masters</b>	0	0%	0	N/A	N/A	0
<b>All Programs</b>	<b>8</b>	<b>10%</b>	<b>8</b>	<b>100%</b>	<b>1</b>	<b>2</b>

Source: VA. Healthcare Workforce Data Center

## Long-Term Trends



Source: VA. Healthcare Workforce Data Center

## At a Glance:

### Admissions

Total: 9,219  
Year-over-Year Change: 8%

### Graduates

Total: 4,761  
Year-over-Year Change: 3%

Source: VA. Healthcare Workforce Data Center

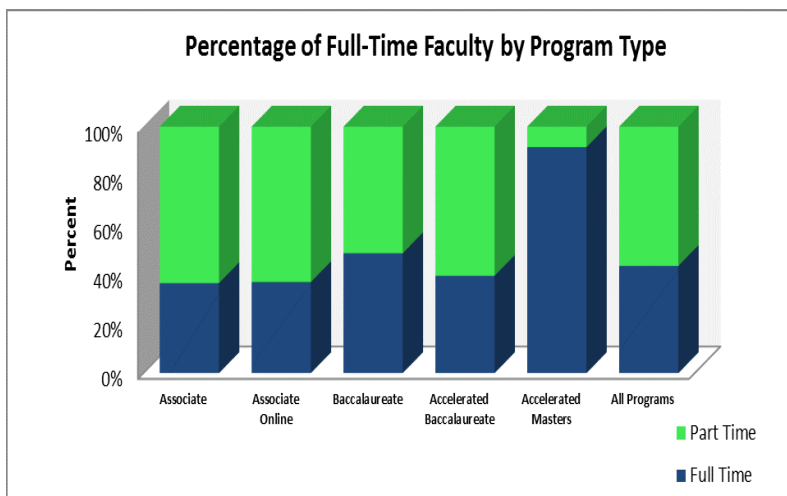
*The number of admissions into Virginia's RN programs and the number of graduates from the programs increased during the 2021-21 academic year. Both numbers are at an all-time high.*

Academic Year	RN Admissions		RN Graduates	
	Count	Year-over-Year Change	Count	Year-over-Year Change
<b>2011-2012</b>	6,562	-5%	3,660	-3%
<b>2012-2013</b>	7,115	8%	3,845	5%
<b>2013-2014</b>	6,912	-3%	4,186	9%
<b>2014-2015</b>	6,943	0%	3,926	-6%
<b>2015-2016</b>	7,149	3%	4,062	-3%
<b>2016-2017</b>	7,373	3%	3,966	-2%
<b>2017-2018</b>	7,711	5%	4,141	4%
<b>2018-2019</b>	8,107	5%	4,295	4%
<b>2019-2020</b>	8,506	5%	4,614	7%
<b>2020-2021</b>	9,219	8%	4,761	3%

Source: VA. Healthcare Workforce Data Center

Faculty Information

Employment



Source: VA. Healthcare Workforce Data Center

At a Glance:

**% of Total Faculty**

Baccalaureate: 49%  
 Associate: 37%  
 Accel. Baccalaureate: 10%

**% Full-Time**

Overall: 46%  
 Accel. Master's: 100%  
 Baccalaureate Online: 63%

**Mean Student-Faculty Ratio**

Overall: 7.4  
 Associate: 8.9  
 Baccalaureate Online: 6.6

Source: VA. Healthcare Workforce Data Center

Nearly half of all RN program faculty work at Baccalaureate programs, while 37% work for Associate programs. In total, Virginia's RN programs employed 1,938 faculty members, 46% of whom are full-time workers.

Program Type	Full Time		Part Time		Total			Student-to-Faculty Ratio		
	#	%	#	%	#	%	% FT	25 <sup>th</sup> %	Mean	75 <sup>th</sup> %
Associate	328	37%	396	38%	724	37%	45%	6.7	8.9	9.7
Associate Online	4	0%	3	0%	7	0%	57%	1.9	1.9	1.9
Baccalaureate	435	49%	506	48%	941	49%	46%	2.8	6.3	10.0
Baccalaureate Online	36	4%	21	2%	57	3%	63%	6.6	6.6	6.6
Accelerated Baccalaureate	77	9%	122	12%	199	10%	39%	3.3	5.1	8.0
Accelerated Masters	10	1%	0	0%	10	1%	100%	4.6	4.6	4.6
<b>All Programs</b>	<b>890</b>	<b>99%</b>	<b>1,048</b>	<b>100%</b>	<b>1,938</b>	<b>99%</b>	<b>46%</b>	<b>4.6</b>	<b>7.4</b>	<b>9.6</b>

Source: VA. Healthcare Workforce Data Center

On average, the typical RN program had a student-to-faculty ratio of 7.4. Associate programs had the highest ratio at 8.9, whereas Associate Online programs had the lowest ratio at 1.9.

## Faculty Demographics

Age	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
Under 25	2	0%	16	2%	18	1%	11%
25 to 34	61	8%	152	16%	213	12%	29%
35 to 44	166	21%	279	29%	445	25%	37%
45 to 54	238	30%	258	27%	496	28%	48%
55 to 64	230	29%	146	15%	376	21%	61%
65 to 74	71	9%	79	8%	150	8%	47%
75 and Over	5	1%	6	1%	11	1%	45%
Unknown	32	4%	33	3%	65	4%	49%
<b>All Programs</b>	<b>805</b>	<b>100%</b>	<b>969</b>	<b>100%</b>	<b>1,774</b>	<b>100%</b>	<b>45%</b>

Source: VA. Healthcare Workforce Data Center

*93% of all faculty are female, and nearly half are between the ages of 45 and 64. In addition, 45% of all faculty currently hold full-time jobs.*

Gender	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
Male	49	6%	82	8%	131	7%	37%
Female	756	94%	957	92%	1,713	93%	44%
<b>Total</b>	<b>805</b>	<b>100%</b>	<b>1,039</b>	<b>100%</b>	<b>1,844</b>	<b>100%</b>	<b>44%</b>

Source: VA. Healthcare Workforce Data Center

## At a Glance:

**Gender**

% Female: 93%  
% Female w/ FT Job: 44%

**Age**

% Under 35: 13%  
% Over 54: 30%

**Diversity**

Diversity Index (Total): 43%  
Diversity Index (FT Jobs): 36%

Source: VA. Healthcare Workforce Data Center

*In a chance encounter between two faculty members, there is a 43% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index). For Virginia's population as a whole, the comparable index is 60%.*

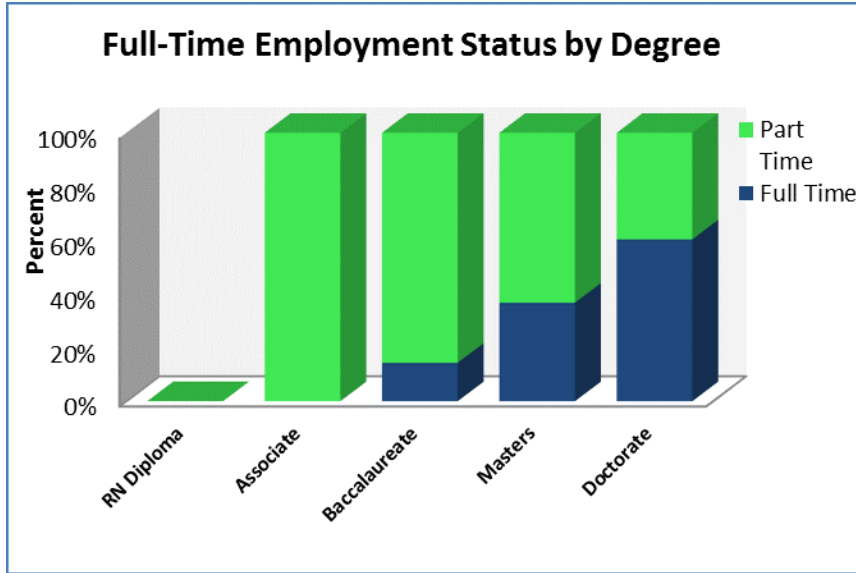
Race/ Ethnicity	Virginia*	Full Time		Part Time		Total		
	%	#	%	#	%	#	%	% FT
White	59%	629	78%	707	69%	1,336	73%	47%
Black	18%	124	15%	221	22%	345	19%	36%
Asian	7%	29	4%	32	3%	61	3%	48%
Other Race	1%	2	0%	8	1%	10	1%	20%
Two or more races	5%	7	1%	12	1%	19	1%	37%
Hispanic	11%	13	2%	20	2%	33	2%	39%
Unknown	0	0	0%	25	2%	25	1%	0%
<b>Total</b>	<b>100%</b>	<b>804</b>	<b>100%</b>	<b>1,025</b>	<b>100%</b>	<b>1,829</b>	<b>100%</b>	<b>44%</b>

\* 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, 2020.

Source: VA. Healthcare Workforce Data Center

Faculty Educational Background

A Closer Look:



Source: VA. Healthcare Workforce Data Center

At a Glance:

Degree

MSN: 59%  
 Nursing Doctorate: 25%  
 BSN: 13%

Full-Time Employment

Overall: 40%  
 Non-Nursing Doctorate: 72%  
 Nursing Doctorate: 59%  
 Masters in Nursing: 37%

Source: VA. Healthcare Workforce Data Center

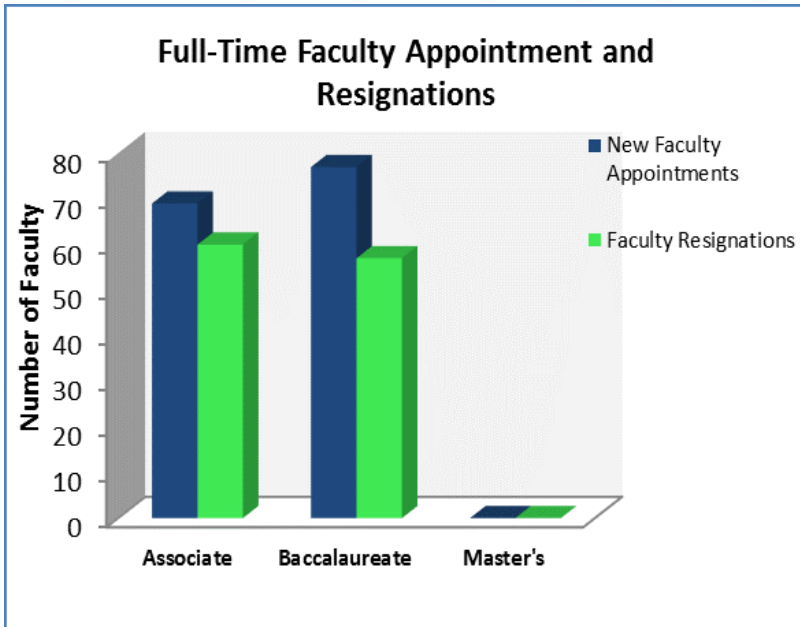
*59% of all faculty members held a MSN as their highest professional degree, while 25% held a doctorate in nursing. Among all faculty with a reported degree, 40% were employed on a full-time basis.*

Highest Degree	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
<b>RN Diploma</b>	0	0%	1	0%	1	0%	0%
<b>ASN</b>	0	0%	4	0%	4	0%	0%
<b>Non-Nursing Bachelors</b>	0	0%	1	0%	1	0%	N/A
<b>BSN</b>	30	5%	179	18%	209	13%	14%
<b>Non-Nursing Masters</b>	3	0%	15	2%	18	1%	17%
<b>Masters in Nursing</b>	353	55%	599	62%	952	59%	37%
<b>Non-Nursing Doctorate</b>	21	3%	8	1%	29	2%	72%
<b>Nursing Doctorate</b>	240	37%	164	17%	404	25%	59%
<b>Total</b>	<b>647</b>	<b>100%</b>	<b>971</b>	<b>100%</b>	<b>1,618</b>	<b>100%</b>	<b>40%</b>

Source: VA. Healthcare Workforce Data Center



Faculty Appointments and Resignations



Source: VA. Healthcare Workforce Data Center

**At a Glance:**

**Full-Time Faculty**  
 Turnover Rate: 13%  
 Newly Appointed Rate: 16%

**Turnover Rate**  
 Associate: 18%  
 Baccalaureate: 11%  
 Accel. Baccalaureate: 10%

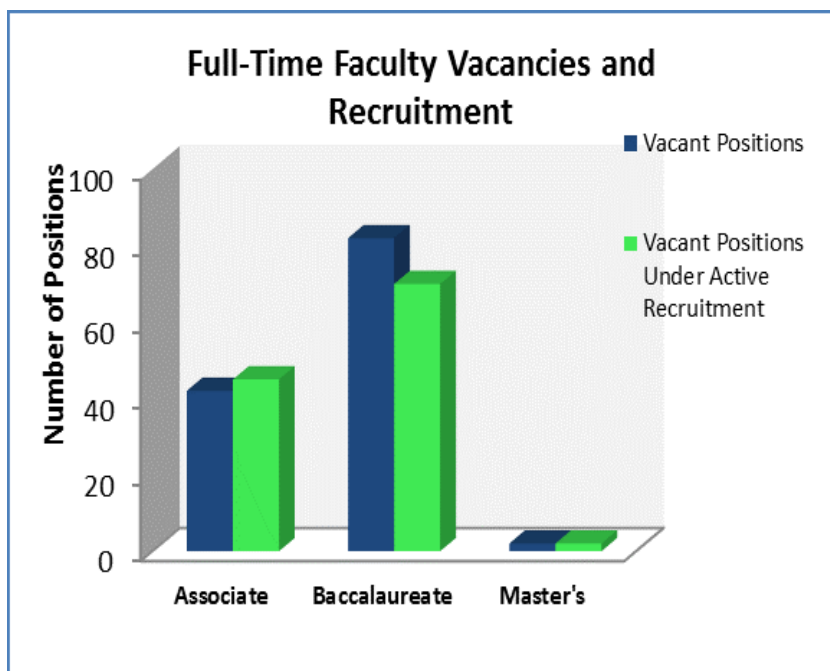
Source: VA. Healthcare Workforce Data Center

*Among full-time faculty, Virginia's RN programs experienced a 13% turnover rate and a newly appointed faculty rate of 16% over the past year.*

Full Time Faculty	Program Type						
	ASN	ASN Online	BSN	BSN Online	Accel. BSN	Accel. Masters	All Programs
<b>Total</b>	<b>328</b>	<b>4</b>	<b>435</b>	<b>36</b>	<b>77</b>	<b>10</b>	<b>890</b>
<b>Newly Appointed</b>	69	0	52	4	21	0	<b>146</b>
<b>Resignations</b>	60	0	47	2	8	0	<b>117</b>
<b>Turnover Rate</b>	<b>18%</b>	<b>0%</b>	<b>11%</b>	<b>6%</b>	<b>10%</b>	<b>0%</b>	<b>13%</b>
<b>Proportion Newly Appointed</b>	<b>21%</b>	<b>0%</b>	<b>12%</b>	<b>11%</b>	<b>27%</b>	<b>0%</b>	<b>16%</b>

Source: VA. Healthcare Workforce Data Center

## Future Faculty Requirements



Source: VA. Healthcare Workforce Data Center

### At a Glance:

**Active Recruitment**  
 % of FT Vacancies: 93%  
 % of PT Vacancies: 91%

**Budget Adequacy**  
 Full-Time Hiring: 79%  
 Part-Time Hiring: 100%

**Expected Job Disruption**  
 Less: 51%  
 Same: 44%  
 More: 5%

Source: VA. Healthcare Workforce Data Center

*A total of 117 full-time faculty positions and 135 part-time faculty positions are currently in active recruitment. Most of the full-time jobs are needed in Baccalaureate programs, whereas part-time job need is highest in Associate programs.*

Adequate Faculty Budget?	Full Time		Part Time	
	#	%	#	%
<b>Yes</b>	62	79%	14	100%
<b>No</b>	16	21%	0	0%
<b>Total</b>	<b>78</b>	<b>100%</b>	<b>14</b>	<b>100%</b>

Source: VA. Healthcare Workforce Data Center

Program Type	Next Year's Expectation for Full-Time Faculty Disruption							
	Expect Less	%	Expect Same	%	Expect More	%	Total	%
<b>Associate</b>	20	53%	17	45%	1	3%	38	100%
<b>Associate Online</b>	1	100%	0	0%	0	0%	1	100%
<b>Baccalaureate</b>	14	48%	14	48%	1	3%	29	100%
<b>Baccalaureate Online</b>	1	100%	0	0%	0	0%	1	100%
<b>Accelerated Baccalaureate</b>	4	50%	2	25%	2	25%	8	100%
<b>Accelerated Masters</b>	0	0%	1	100%	0	0%	1	100%
<b>All Programs</b>	<b>40</b>	<b>51%</b>	<b>34</b>	<b>44%</b>	<b>4</b>	<b>5%</b>	<b>78</b>	<b>100%</b>

Source: VA. Healthcare Workforce Data Center

*Only 5% of Virginia's RN programs expect more employment disruption among full-time faculty over the course of the next year. In addition, most programs currently have a budget of sufficient size to adequately meet both their full-time and part-time faculty needs.*