Virginia Department of
Health Professions
Board of Psychology

Agenda

Quarterly Board Meeting
October 30, 2018
Board Room 4
9:00 a.m.

* board vote required

(9:00 a.m) Call to Order – Herbert Stewart, Ph.D., LCP, Chairperson

- Welcome and Introductions
- Mission of the Board
- Emergency Egress Procedures

Approval of Minutes

- Quarterly Board Meeting – July 10, 2018 *

Ordering of Agenda

Public Comment

The Board will receive public comment related to agenda items at this time. The Board will not receive comment on any pending regulatory process for which a public comment period has closed or any closed or pending complaint or disciplinary matter. Public comment will be limited to 3 minutes per person.

Agency Report – David E. Brown, DC, Agency Director

Presentation

- 2018 Workforce Report–**Elizabeth Carter, Ph.D., Executive Director, Healthcare Workforce Data Center**

Legislative and Regulatory Actions – Elaine Yeatts, Senior Policy Analyst

- Legislative and Regulatory Update
- Petition for Rulemaking from Lee Cooper *

Staff Reports

- Executive Director's Report – **Jaime Hoyle, JD, Executive Director**
- Discipline Report – **Jennifer Lang, Deputy Executive Director**
- Licensing Report – **Debbie Harris, Licensing Manager**
- Board Counsel Report – **James Rutkowski, Assistant Attorney General**

Committee and Board Member Reports

- Board of Health Professions Report – **Herb Stewart, Ph.D.**
- Legislative/Regulatory Committee – **James Werth, Ph.D., Regulatory Committee Chairperson**

Unfinished Business

None

New Business

Next Meeting

- Agenda Items and Topics for Next Meeting
- 2019 Meeting Dates

(12:00 p.m.) Adjournment

Approval of Quarterly Board Meeting Minutes July 10, 2018

Virginia Board of Psychology
Quarterly Board Meeting
Minutes
July 10, 2018

The Virginia Board of Psychology ("Board") meeting convened at 10:25 a.m. on Tuesday, July 10, 2018 in Board Room 4 at the Department of Health Professions ("DHP"), 9960 Mayland Drive, Richmond, Virginia. Dr. Herbert Stewart, Ph.D., Board Chair, called the meeting to order.

Board Members Present:
Herbert Stewart, Ph.D., Chair
Andrea Bailey, Citizen Member
J.D. Ball, Ph.D. ABPP
Susan Brown Wallace, Ph.D.
Jennifer Little, Citizen Member
Peter L. Sheras, Ph.D., ABPP
Rebecca Vauter, Ph.D., ABPP
James Werth, Ph.D., ABPP

Board Members Absent: none

DHP Staff Present:
Barbara Allison-Bryan, M.D., DHP Chief Deputy Director
David E. Brown, D.C., DHP Director
Christy Evans, Discipline Case Specialist
Deborah Harris, Licensing Manager
Jaime Hoyle, J.D, Executive Director
Jennifer Lang, Deputy Executive Director
Elaine Yeatts, DHP Senior Policy Analyst

Board Counsel:
James Rutkowski, Assistant Attorney General

Call to Order:
Dr. Stewart called the meeting to order and read the Emergency Egress procedures.

Adoption of Agenda:
The Board adopted the agenda as amended, moving the Unfinished Business discussion, consideration of PSYPACT, to follow the Agency Director's Report.

Public Comment:
No public comment.

Approval of Minutes
A motion was made by Dr. Sheras to approve the May 8, 2018 board meeting minutes, with minor editorial corrections. The motion was seconded by Dr. Ball and passed unanimously.

Welcome New Citizen Member
Dr. Stewart welcomed the new Citizen Board member, Andrea Bailey, to the Board.

Agency Director's Report
Dr. Brown updated the Board on the new procedures for security in the Agency to ensure the safety of our Board members, employees, and the public that attend our meetings. Dr. Brown stated that DHP hired the State Police to conduct an evaluation of the security, and now DHP is researching how other boards across the Commonwealth and across the nation meet their security needs. They are currently considering a sign-in process for all when entering the building. Dr. Brown stated that DHP has already implemented measures to improve security in the new reception area.

Dr. Allison-Bryan updated the Board on DHPs efforts to combat the opioid crisis. Specifically, Dr. Allison-Bryan reported that since March 2017 statistics indicate that doctors prescribing opioids have decreased 49%.

Unfinished Business
Consideration of PSYPACT
Dr. Stewart summarized the communications with the Virginia Academy of Clinical Psychologists (VACP) regarding the Psychology Interjurisdictional Compact ("PSYPACT"). After much discussion, Dr. Sheras moved to endorse PSYPACT and to introduce legislation to enter into PSYPACT, for the 2019 General Assembly. Dr. Vauter seconded the motion and the motion passed with a counted vote of 6-2. Board members Stewart, Werth, Ball, Sheras, Vauter, and Bailed voted in favor of the motion, and board members Brown-Wallace and Little voted against the motion.

Staff Reports
Licensing Manager's Report
Ms. Harris reported that there are 5,685 licensees with the board. She referred to the licensing statistics in the agenda packet.

Deputy Executive Director's Report
Ms. Lang reported that the formal hearing, originally scheduled to take place following the board meeting, was rescheduled. She referred to the discipline reports available in the agenda and requested discussion and questions from board members. Dr. Werth requested that Ms. Lang provide additional statistics to her discipline report for future board meetings, to include the types of complaints made against licensees, as an educational tool for schools and practitioners.

Executive Director's Report

Ms. Hoyle welcomed Andrea Bailey, the new citizen member, to the Board. She stated she will send out a board newsletter this month. Ms. Hoyle also stated that she Association of State and Provincial Psychology Boards (ASPPB) appointed her to the Model Act and Regulations Committee, and they will meet this month. She mentioned that the next meeting ASPPB meeting will be held in October in Salt Lake City, Utah. Ms. Hoyle asked for board members who are interested in attending to contact her. She referred to the Board financial statistics in the Agenda package.

Board Counsel's Report

None.

Board Chair Report

Dr. Stewart updated the Board regarding his attendance at the ASPPB meeting in April, and stated that he hopes to attend the October 2018 meeting, to provide an update about Virginia joining PSYPACT.

Committee Reports

Board of Health Professions Report

Dr. Stewart stated that the Board of Health Professions discussed the opioid epidemic and the possibility of health boards requiring opioid prevention in their continuing education requirements. A previous motion passed by the board, to introduce legislation to allow the board the option of designating two of the 14 required continuing education hours in a specific subject area each year, was not included in the Governor's legislative package for the 2018 General Assembly. A motion was made by Dr. Sheras, and duly seconded by Ms. Little, to introduce legislation in the agency's 2019 legislative package to allow the board the ability to designate two of the 14 required CE's per year in a specific subject. The motion passed unanimously.

Regulatory Report

Joint Guidance Document on Assessment Titles and Signatures

The Regulatory Committee discussed how to proceed with the pending Guidance Document on Assessment Titles and Signatures. Dr. Werth volunteered to reach out to the Board of Counseling Chairperson and Regulatory Committee Chairperson, to gauge interest. The Committee will decide at its October meeting to adopt its own guidance document or a joint guidance document with the Board of Counseling.

Telepsychology Guidance Document

Dr. Werth indicated that the Committee reviewed and discussed a draft Guidance Document on Telepsychology, and determined they need to get more research on how other state Psychology boards handle Telepsychology. The Committee's goal is to accept a draft version at the October Regulatory Committee meeting to present to the full Board the following day.

DRAFT

<u>*Temporary Licenses for Residents*</u>
The Committee discussed the topic of issuing Psychology Residents in Training a provisional license while they are under supervision. Before the next meeting, staff will research whether other states issue temporary and/or resident licenses and, if so, obtain information about benefits and drawbacks of doing so.

<u>Legislation and Regulatory Actions</u>
Petition for Rulemaking
Ms. Yeatts described the Petition for Rulemaking in which the petitioner requested an amendment to the requirements for licensure as a school psychologist-limited, in 18VAC125-20-43 of the Regulations Governing the Practice of Psychology.
Following discussion of this petition, a motion was made by Dr. Werth to take no action on the petition, citing that in addition to the School Psychologist-Limited license, Virginia also offers a School Psychologist license. He further noted that by lessening the requirements for licensure, there is a concern about the quality of care. The motion was seconded by Ms. Little and the motion passed unanimously.

<u>New Business</u>
Psychology Guidance documents
Ms. Yeatts reminded board members that they are required to review the board's Guidance Documents every four years. Following review, the board has the option to revise, reaffirm, or appeal the document.

- ***125-2: Impact of Criminal Convictions, Impairment, and Past History on Licensure or Certification.***
  After discussion, a motion was made by Ms. Little to revise the guidance document as follows:
  - Change referral of criminal history reviews from the Credentials Committee to a member of the board or Special Conference Committee.
  - Include registrations, along with licensure and certificates.
  - Change example language from "welfare fraud" to "fraud".

  The motion was seconded by Dr. Sheras and it passed unanimously.

- ***125-3.1: Submission of Evidence of Completion of Graduate Work***
  . Dr. Sheras made a motion to reaffirm guidance document 125-3.1. The motion was seconded by Ms. Bailey and passed unanimously.

- ***125-3.2: Official Beginning of a Residency***
  Dr. Werth made a motion to revise guidance document 125-3.2, to change the "date of receipt" to "date approved by the board". The motion was seconded by Dr. Sheras and passed unanimously.

DRAFT

- ***125-3.8: Guidance on Process of Delegating Informal Fact-Finding to an Agency Subordinate***
  Ms. Little made a motion to revise guidance document 125-3.8 to make the document gender neutral. The motion was seconded by Ms. Bailey and passed unanimously.

- ***125-3.9: Policy on the Use of Confidential Consent Agreements in Lieu of Disciplinary Action***
  Dr. Werth made a motion to revise guidance document 125-3.9 to clarify that the list provided are examples of cases that may qualify for resolution by a Confidential Consent Agreement. The motion was seconded by Dr. Sheras and passed unanimously.

- ***125-4: Acceptance of CPQ Submitted by Applicants for Licensure by Endorsement***
  Dr. Werth made a motion to repeal guidance document 125-4. The motion was seconded by Dr. Sheras and passed unanimously.

- ***125-5.1: Possible Disciplinary or Alternate Actions for Non-Compliance with Continuing Education Requirements***
  Dr. Sheras made a motion to reaffirm guidance document 125-5.1. The motion was seconded by Ms. Bailey and passed unanimously.

Next Meeting
The next meeting will be held on October 30, 2018

Adjournment
The meeting adjourned at 2:15 p.m.

________________________________ ____________________
Jaime Hoyle, Executive Director Date

________________________________ ____________________
Herbert Stewart, Ph.D., LCP, Chairperson Date
Board of Psychology

DRAFT

2018 Workforce Report

DRAFT

Virginia's Licensed Clinical Psychologist Workforce: 2018

Healthcare Workforce Data Center

August 2018

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

Follow us on Tumblr: ***www.vahwdc.tumblr.com***
Get a copy of this report from: ***https://www.dhp.virginia.gov/hwdc/findings.htm***

3,153 Licensed Clinical Psychologists 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 Psychology express our sincerest appreciation for your ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Elizabeth Carter, PhD
Director

Yetty Shobo, PhD
Deputy Director

Laura Jackson, MSHSA
Operations Manager

Christopher Coyle
Research Assistant

Virginia Board of Psychology

Chair

Herbert Stewart, PhD
Charlottesville

Vice-Chair

James Werth, PhD, ABPP
Pennington Gap

Members

J.D. Ball, PhD, ABPP
Norfolk

Andrea Bailey
Dumfries

Jen Little
Mathews

Peter L. Sheras, PhD, ABPP
Charlottesville

Rebecca Vauter, PsyD, ABPP
Petersburg

Susan Brown Wallace, PhD
Springfield

Executive Director

Jaime H. Hoyle, JD

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The Licensed Clinical Psychologist Workforce: At a Glance:

The Workforce

Licensees:	3,614
Virginia's Workforce:	2, 536
FTEs:	2,354

Survey Response Rate

All Licensees:	87%
Renewing Practitioners:	95%

Demographics

Female:	66%
Diversity Index:	29%
Median Age:	50

Background

Rural Childhood:	19%
HS Degree in VA:	21%
Prof. Degree in VA:	28%

Education

Doctor of Psych.:	57%
Other Ph.D.:	46%

Finances

Median Income:	$80k-$90k
Health Benefits:	63%
Under 40 w/ Ed debt:	70%

Current Employment

Employed in Prof.:	94%
Hold 1 Full-time Job:	56%
Satisfied?:	96%

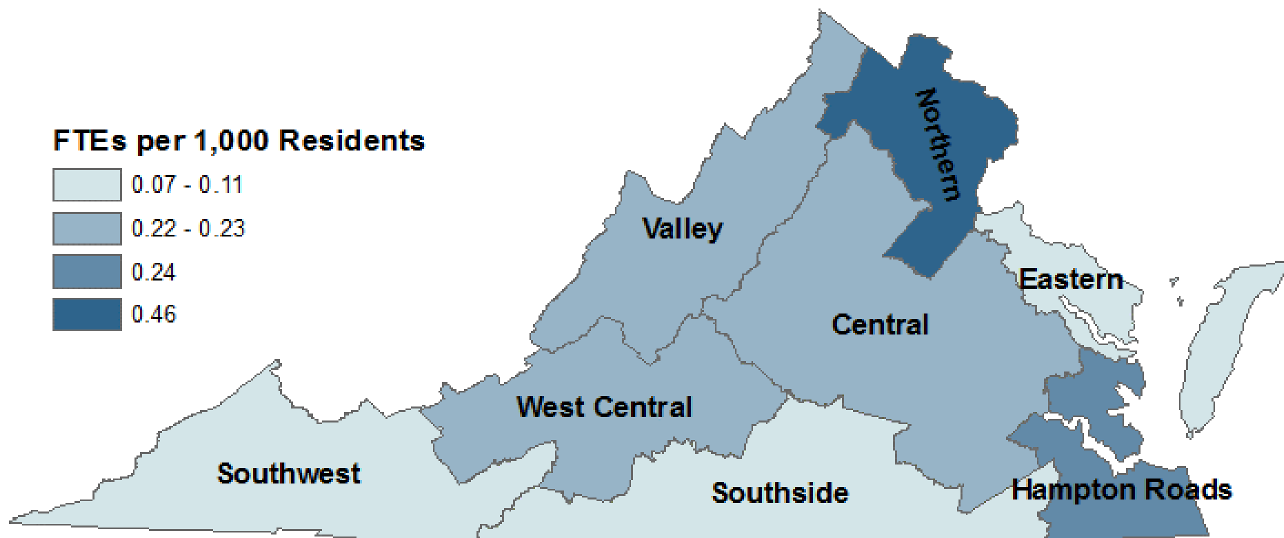
Job Turnover

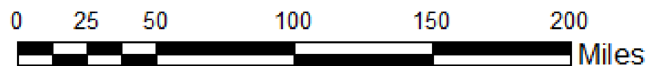
Switched Jobs:	5%
Employed over 2 yrs:	72%

Time Allocation

Patient Care:	70%-79%
Administration:	10%-19%
Patient Care Role:	66%

Source: Va. Healthcare Workforce Data Center





Results in Brief

An estimated 2,653 Licensed Clinical Psychologists (LCPs) 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 LCP sometimes in the future. Between July 2017 and June 2018, this workforce provided 2,354 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off). This result was obtained from the 2018 LCP Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every June for LCPs. 3,153 LCPs voluntarily completed the survey, representing 87% of the 3,614 LCPs who are licensed in the state and 95% of renewing practitioners.

66% of all LCPs are female, including 85% of those LCPs who are under the age of 40. In a random encounter between two LCPs, there is a 29% chance that they would be of different races or ethnicities, a measure known as the diversity index. 19% of all LCPs grew up in a rural area of Virginia, but just 6% of these professionals work in non-Metro areas of the state. Overall, just 3% of Virginia's LCPs work in non-Metro areas of the state. 72% of LCPs work in the private sector and private solo practices are the most common establishment type in Virginia, employing 27% of LCPs.

All of the state's LCP workforce have a doctorate degree. About a third have a primary specialty in mental health. About 40% of LCPs currently carry educational debt, including 70% of those under the age of 40. The median debt burden for those LCPs with educational debt is between $90,000 and $100,000. Meanwhile the median annual income is between $80,000 and $90,000. Only 17% of LCPs expect to retire by the age of 65 and 26% of the workforce expect to retire in the next ten years, while half the current workforce expect to retire by 2043.

Summary of Trends

The number LCPs continues its gradual increase; since 2013, the number of licensed LCPs has increased by 20%. This same increase is recorded in the number in the state workforce and the FTEs they provide; both increased by 14% and 12%, respectively, in the same period. The diversity of the LCP workforce is also increasing slowly; the diversity index of the LCP workforce increased from 24% in 2013 to 29% in 2018.

Gender diversity, however, is declining. Females constitute the majority in the LCP workforce. In 2013, 61% were female; now 66% of LCPs are female. Although the median age did not change in this year's survey, it has declined from 52 to 50 years in the past five years. The percent of LCPs working in rural areas also did not change. The same 3% reported that they work in rural areas in the past two years; however, this rate is the lowest in the past five years. In 2013, 6% worked in rural areas.

For the first time in 5 years, the median education debt reported by LCPs increased. It increased from $80,000-$90,000 to $90,000-$100,000. The percent reporting debt also increased from 34% in 2013 to 39% now. For those under 40, however, the percent with debt declined from 74% in 2013 to 70% currently. Median income, however, was stagnant this year even though it increased from $75,000-$80,000 in 2013 to $80,000-$90,000 in 2017. The percent earning more than $90,000 also increased from 34% in 2013 to 55% in 2018.

The percent of LCPs who expect to retire by age 65 is the highest in 5 years. In 2018, 17% of LCPs expected to retire by age 65. In 2017, 15% reported the same and that was a slight decline from the 16% who reported in 2013. About a quarter of the workforce consistently report that they expect to retire within a decade of the five surveys. Further, as revealed in the last five years of data, half of the LCP workforce plan to retire within two decades of the surveys.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	3,164	88%
New Licensees	272	8%
Non-Renewals	178	5%
All Licensees	**3,614**	**100%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 95% of renewing LCPs submitted a survey. These represent 87% of LCPs who held a license at some point during the survey time period.

Response Rates			
Statistic	Non Respondents	Respondent	Response Rate
By Age			
Under 35	78	309	80%
35 to 39	84	462	85%
40 to 44	51	398	89%
45 to 49	47	405	90%
50 to 54	31	290	90%
55 to 59	24	256	91%
60 to 64	27	307	92%
65 and Over	119	726	86%
Total	**461**	**3,153**	**87%**
New Licenses			
Issued in Past Year	148	124	46%
Metro Status			
Non-Metro	20	104	84%
Metro	250	2,213	90%
Not in Virginia	191	835	81%

Source: Va. Healthcare Workforce Data Center

Definitions

1. **The Survey Period:** The survey was conducted in June 2018.
2. **Target Population:** All LCPs who held a Virginia license at some point between July 2017 and June 2018.
3. **Survey Population:** The survey was available to LCPs who renewed their licenses online. It was not available to those who did not renew, including LCPs newly licensed in 2018.

Response Rates	
Completed Surveys	3,153
Response Rate, all licensees	87%
Response Rate, Renewals	95%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed LCPs
Number: 3,614
New: 8%
Not Renewed: 5%

Response Rates
All Licensees: 87%
Renewing Practitioners: 95%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's LCP Workforce:	2,653
FTEs:	2,354

Utilization Ratios

Licensees in VA Workforce:	73%
Licensees per FTE:	1.54
Workers per FTE:	1.13

Source: Va. Healthcare Workforce Data Center

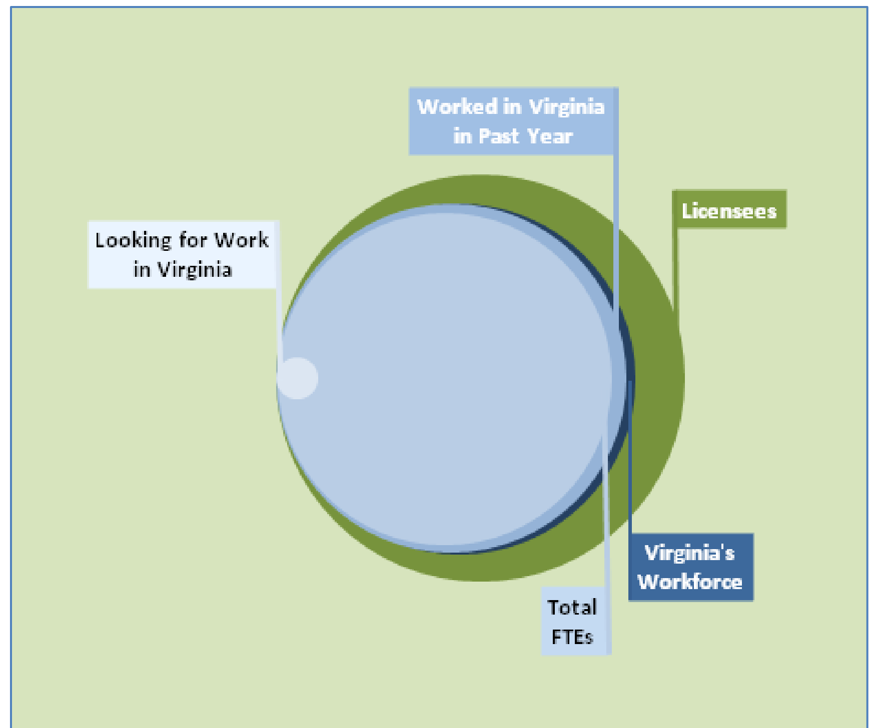
Definitions

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. **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 LCP Workforce		
Status	#	%
Worked in Virginia in Past Year	2,597	98%
Looking for Work in Virginia	56	2%
Virginia's Workforce	**2,653**	**100%**
Total FTEs	**2,354**	
Licensees	**3,614**	

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



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	**Male**		**Female**		**Total**	
	#	% Male	#	% Female	#	% in Age Group
Under 35	31	13%	217	87%	248	11%
35 to 39	57	16%	295	84%	352	16%
40 to 44	67	25%	198	75%	265	12%
45 to 49	56	20%	225	80%	281	12%
50 to 54	66	33%	133	67%	198	9%
55 to 59	51	32%	108	68%	159	7%
60 to 64	110	52%	100	48%	210	9%
65 +	318	59%	220	41%	539	24%
Total	**756**	**34%**	**1,497**	**66%**	**2,253**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender
% Female: 66%
% Under 40 Female: 85%

Age
Median Age: 50
% Under 40: 27%
% 55+: 40%

Diversity
Diversity Index: 29%
Under 40 Div. Index: 39%

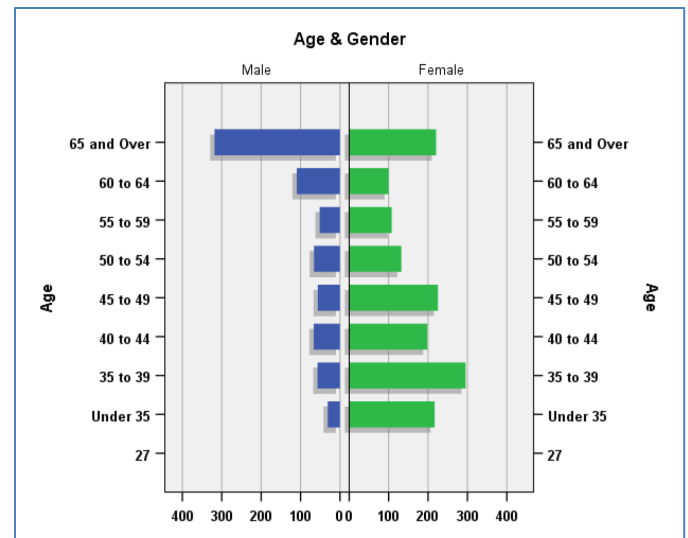
Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	**Virginia***	**LCPs**		**LCPs under 40**	
	%	#	%	#	%
White	62%	1,894	84%	462	77%
Black	19%	133	6%	45	8%
Asian	7%	64	3%	24	4%
Other Race	0%	18	1%	4	1%
Two or more races	3%	51	2%	17	3%
Hispanic	9%	100	4%	46	8%
Total	**100%**	**2,260**	**100%**	**597**	**100%**

*Population data in this chart is from the US Census, Annual Estimates of the Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2018.
Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LCPs, there is a 29% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index).

27% of all LCPs are under the age of 40, and 85% of these professionals are female. In addition, the diversity index among LCPs who are under the age of 40 is 39%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood
Urban Childhood: 17%
Rural Childhood: 19%

Virginia Background
HS in Virginia: 21%
Prof. Ed. in VA: 28%
HS or Prof. Ed. in VA: 39%

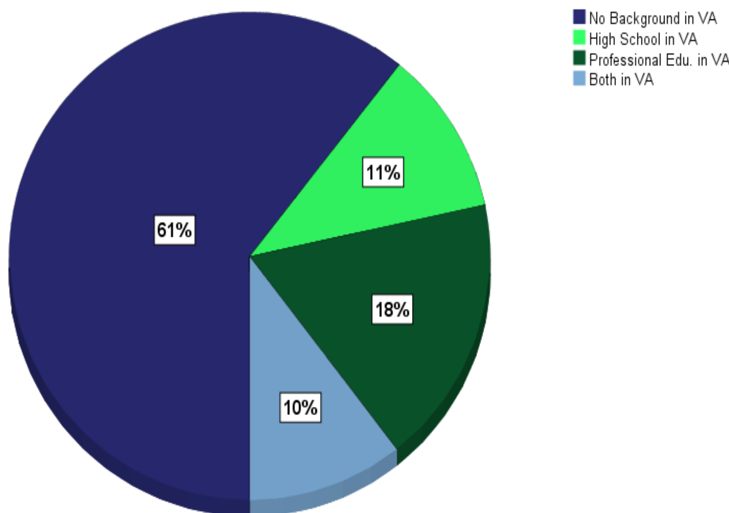
Location Choice
% Rural to Non-Metro: 6%
% Urban/Suburban to Non-Metro: 3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 million+	17%	65%	18%
2	Metro, 250,000 to 1 million	29%	59%	12%
3	Metro, 250,000 or less	23%	58%	19%
	Non-Metro Counties			
4	Urban pop 20,000+, Metro adj	0%	80%	20%
6	Urban pop, 2,500-19,999, Metro adj	25%	69%	6%
7	Urban pop, 2,500-19,999, nonadj	67%	13%	20%
8	Rural, Metro adj	27%	64%	9%
9	Rural, nonadj	33%	33%	33%
	Overall	**19%**	**63%**	**17%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

19% of LCPs grew up in self-described rural areas, and 6% of these professionals currently work in non-metro counties. Overall, 3% of all LCPs in the state currently work in non-metro counties.

Top Ten States for Licensed Clinical Psychologist Recruitment

Rank	All LCPs			
	High School	#	Init. Prof Degree	#
1	Virginia	478	Virginia	633
2	New York	270	Washington, D.C.	211
3	Pennsylvania	158	California	171
4	Maryland	145	Florida	139
5	New Jersey	116	New York	107
6	California	90	Illinois	97
7	Outside U.S./Canada	75	Ohio	92
8	Ohio	72	Pennsylvania	84
9	North Carolina	70	Texas	57
10	Florida	64	Maryland	56

Source: Va. Healthcare Workforce Data Center

21% of licensed LCPs received their high school degree in Virginia, and 28% received their initial professional degree in the state.

Among LCPs who received their initial license in the past five years, 23% received their high school degree in Virginia, while 30% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Init. Prof Degree	#
1	Virginia	187	Virginia	239
2	New York	78	Washington, D.C.	80
3	Maryland	51	California	69
4	Pennsylvania	43	Florida	47
5	California	37	Pennsylvania	40
6	New Jersey	35	Illinois	39
7	Outside U.S./Canada	33	New York	38
8	Ohio	30	Maryland	27
9	North Carolina	28	Ohio	24
10	Florida	21	Tennessee	19

Source: Va. Healthcare Workforce Data Center

27% of Virginia's licensees did not participate in the state's LCP workforce during the past year. 92% of these professional worked at some point in the past year, including 87% who worked in a job related to behavioral sciences.

At a Glance:

Not in VA Workforce

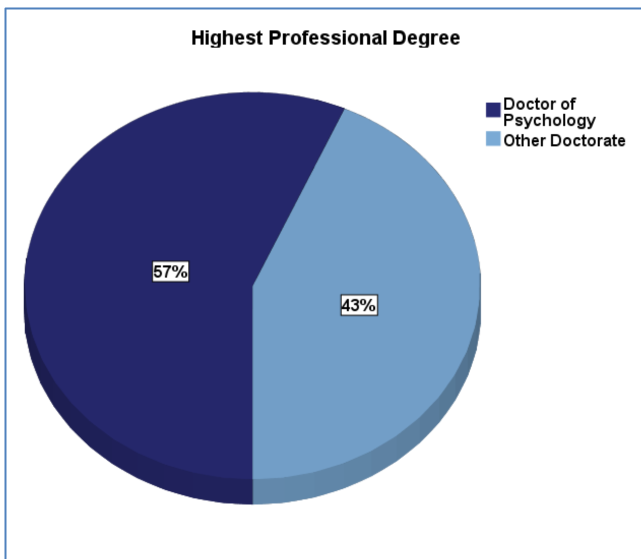
Total:	962
% of Licensees:	27%
Federal/Military:	34%
Va. Border State/DC:	27%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
Bachelor's Degree	0	0%
Master's Degree	2	0%
Doctor of Psychology	1,250	57%
Other Doctorate	958	43%
Total	**2,210**	**100%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

57% of LCPs hold a Doctorate of Psychology as their highest professional degree. 39% of LCPs carry educational debt, including 70% of those under the age of 40. The median debt burden among LCPs with educational debt is between $90,000 and $100,000.

At a Glance:

Education
Doctor of Psychology: 57%
Other Doctorate/Ph.D.: 43%

Educational Debt
Carry debt: 39%
Under age 40 w/ debt: 70%
Median debt: $90k-$100k

Source: Va. Healthcare Workforce Data Center

Educational Debt				
Amount Carried	All LCPs		LCPs under 40	
	#	%	#	%
None	1,233	61%	157	30%
Less than $10,000	45	2%	18	3%
$10,000-$19,999	29	1%	10	2%
$20,000-$29,999	45	2%	17	3%
$30,000-$39,999	48	2%	17	3%
$40,000-$49,999	44	2%	12	2%
$50,000-$59,999	58	3%	26	5%
$60,000-$69,999	30	1%	12	2%
$70,000-$79,999	42	2%	19	4%
$80,000-$89,999	37	2%	8	2%
$90,000-$99,999	25	1%	8	2%
$100,000-$109,999	37	2%	23	4%
$110,000-$119,999	17	1%	5	1%
$120,000-$129,999	33	2%	19	4%
$130,000-$139,999	20	1%	8	2%
$140,000-$149,999	20	1%	10	2%
$150,000 or More	248	12%	162	30%
Total	**2,011**	**100%**	**531**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Specialty	Primary		Secondary	
	#	%	#	%
Mental Health	642	29%	222	12%
Child	325	15%	196	10%
Forensic	142	6%	123	6%
Neurology/Neuropsychology	129	6%	57	3%
Health/Medical	90	4%	130	7%
Behavioral Disorders	75	3%	153	8%
School/Educational	32	1%	77	4%
Family	28	1%	129	7%
Rehabilitation	23	1%	26	1%
Marriage	22	1%	72	4%
Substance Abuse	19	1%	36	2%
Gerontologic	16	1%	28	1%
Experimental or Research	9	0%	19	1%
Industrial-Organizational	8	0%	12	1%
Vocational/Work Environment	8	0%	16	1%
Sex Offender Treatment	7	0%	15	1%
Public Health	6	0%	10	1%
Social	0	0%	5	0%
Other Specialty Area	135	6%	168	9%
General Practice (Non-Specialty)	487	22%	429	22%
Total	**2,202**	**100%**	**1,923**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialty
Mental Health: 29%
Child: 15%
Forensic: 6%

Secondary Specialty
Mental Health: 12%
Child: 10%
Behavioral Disorders: 8%

Source: Va. Healthcare Workforce Data Center

29% of all LCPs have a primary specialty in mental health. Another 15% have a primary specialty in children's health, while 6% have a primary specialty in forensic science.

At a Glance:

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

Positions Held
1 Full-time: 56%
2 or More Positions: 22%

Weekly Hours:
40 to 49: 40%
60 or more: 6%
Less than 30: 20%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	1	0%
Employed in a behavioral sciences-related capacity	2,095	94%
Employed, NOT in a behavioral sciences-related capacity	43	2%
Not working, reason unknown	0	0%
Involuntarily unemployed	7	0%
Voluntarily unemployed	37	2%
Retired	47	2%
Total	**2,230**	**100%**

Source: Va. Healthcare Workforce Data Center

94% of LCPs are currently employed in their profession. 56% of LCPs hold one full-time job, and 40% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 hours	91	4%
1 to 9 hours	66	3%
10 to 19 hours	162	7%
20 to 29 hours	210	10%
30 to 39 hours	323	15%
40 to 49 hours	867	40%
50 to 59 hours	333	15%
60 to 69 hours	115	5%
70 to 79 hours	7	0%
80 or more hours	13	1%
Total	**2,186**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	91	4%
One Part-Time Position	399	18%
Two Part-Time Positions	127	6%
One Full-Time Position	1,235	56%
One Full-Time Position & One Part-Time Position	310	14%
Two Full-Time Positions	16	1%
More than Two Positions	29	1%
Total	**2,208**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	**#**	**%**
Volunteer Work Only	27	2%
Less than $40,000	188	4%
$40,000-$49,999	99	3%
$50,000-$59,999	106	3%
$60,000-$69,999	156	6%
$70,000-$79,999	180	6%
$80,000-$89,999	179	9%
$90,000-$99,999	169	10%
$100,000-109,999	212	10%
$110,000-$119,999	118	9%
$120,000-$129,999	109	12%
$130,000 or More	272	15%
Total	**1,815**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: $80k-$90k

Benefits
(Salary & Wage Employees only)
Health Insurance: 63%
Retirement: 62%

Satisfaction
Satisfied: 96%
Very Satisfied: 72%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	**#**	**%**
Very Satisfied	1,553	72%
Somewhat Satisfied	535	25%
Somewhat Dissatisfied	50	2%
Very Dissatisfied	27	1%
Total	**2,165**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical LCP earned between $80,000 and $90,000 per year. Among LCPs who received either an hourly wage or salary as compensation at the primary work location, 63% received health insurance and 62% also had access to some form of a retirement plan.

Employer-Sponsored Benefits			
Benefit	**#**	**%**	**% of Wage/Salary Employees**
Retirement	867	41%	62%
Health Insurance	862	41%	63%
Paid Vacation	836	40%	64%
Paid Sick Leave	797	38%	62%
Dental Insurance	734	35%	55%
Group Life Insurance	627	30%	47%
Signing/Retention Bonus	60	3%	5%
At Least One Benefit	**1,055**	**50%**	**74%**

*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?	14	1%
Experience Voluntary Unemployment?	110	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	48	2%
Work two or more positions at the same time?	548	21%
Switch employers or practices?	125	5%
Experienced at least one	**741**	**28%**

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's LCPs experienced involuntary unemployment at some point during the past year. By comparison, Virginia's average monthly unemployment rate was 3.4% during the past 12 months.[1]

At a Glance:

Unemployment Experience
Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure
Switched Jobs: 5%
New Location: 16%
Over 2 years: 72%
Over 2 yrs, 2nd location: 64%

Employment Type
Salary/Commission: 51%
Business/Practice Income: 30%

Source: Va. Healthcare Workforce Data Center

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	37	2%	15	3%
Less than 6 Months	71	3%	41	7%
6 Months to 1 Year	164	8%	56	10%
1 to 2 Years	328	15%	88	16%
3 to 5 Years	465	22%	121	22%
6 to 10 Years	374	18%	95	17%
More than 10 Years	694	33%	136	25%
Subtotal	**2,133**	**100%**	**552**	**100%**
Did not have location	58		2,074	
Item Missing	462		27	
Total	**2,653**		**2,653**	

Source: Va. Healthcare Workforce Data Center

72% of LCPs have worked at their primary location for more than two years, while 5% have switched jobs during the past 12 months.

51% of LCPs are salaried employees, while 30% receive income from their own business/practice.

Employment Type		
Primary Work Site	#	%
Salary/Commission	901	51%
Hourly Wage	537	30%
By Contract	173	10%
Business/Practice Income	154	9%
Unpaid	18	1%
Subtotal	**1,783**	**100%**
Did Not Have Location	58	
Item Missing	811	

Source: Va. Healthcare Workforce Data Center

[1] As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate ranged from 2.8% in April 2018 to 3.9% in July 2017. The rate for June 2018, the last month used in this calculation, is preliminary.

At a Glance:

Concentration
Top Region: 40%
Top 3 Regions: 81%
Lowest Region: 1%

Locations
2 or more (Past Year): 26%
2 or more (Now*): 25%

Source: Va. Healthcare Workforce Data Center

40% of LCPs work in Northern Virginia, the most of any region in the state. Another 25% work in Central Virginia, while 16% work in Hampton Roads.

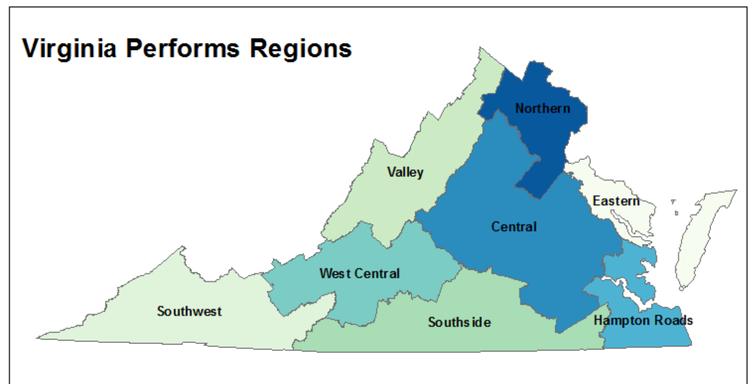
Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	55	3%	87	4%
1	1,555	71%	1,563	72%
2	296	14%	278	13%
3	234	11%	224	10%
4	20	1%	14	1%
5	7	0%	8	0%
6 or More	20	1%	13	1%
Total	**2,186**	**100%**	**2,186**	**100%**

*At the time of survey completion, June 2018.
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	525	25%	123	21%
Eastern	12	1%	4	1%
Hampton Roads	350	16%	89	16%
Northern	858	40%	201	35%
Southside	20	1%	7	1%
Southwest	32	2%	8	1%
Valley	104	5%	25	4%
West Central	171	8%	38	7%
Virginia Border State/DC	41	2%	40	7%
Other US State	19	1%	37	6%
Outside of the US	0	0%	2	0%
Total	**2,132**	**100%**	**574**	**100%**
Item Missing	463		6	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

25% of all LCPs currently have multiple work locations, while 26% have had multiple work locations during the past year.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	1,178	59%	382	74%
Non-Profit	251	13%	52	10%
State/Local Government	313	16%	61	12%
Veterans Administration	103	5%	1	0%
U.S. Military	92	5%	9	2%
Other Federal Government	55	3%	12	2%
Total	**1,992**	**100%**	**517**	**100%**
Did not have location	58		2,074	
Item Missing	603		61	

Source: Va. Healthcare Workforce Data Center

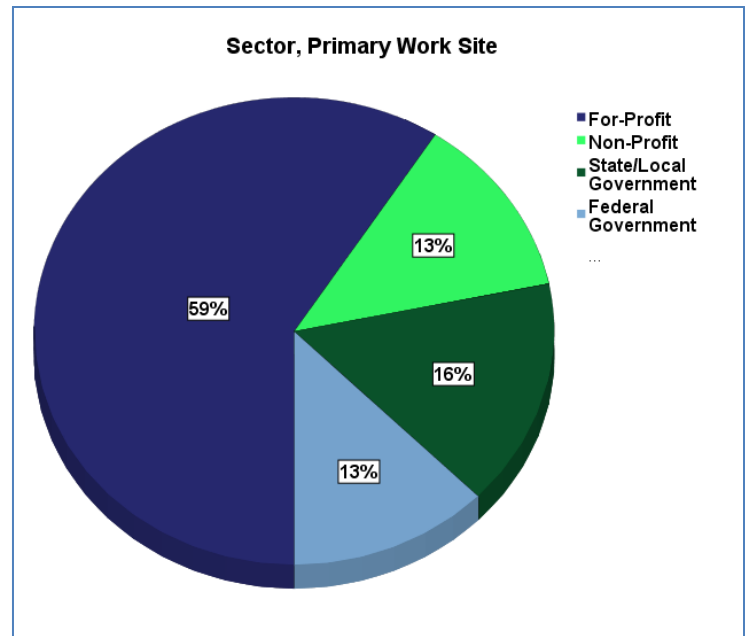
At a Glance:
(Primary Locations)

Sector
For Profit: 59%
Federal: 13%

Top Establishments
Private Practice, Solo: 27%
Private Practice, Group: 24%
Academic Institution: 10%

Source: Va. Healthcare Workforce Data Center

72% of LCPs work in the private sector, including 59% who work at for-profit establishments. Another 16% of LCPs work for state or local governments.



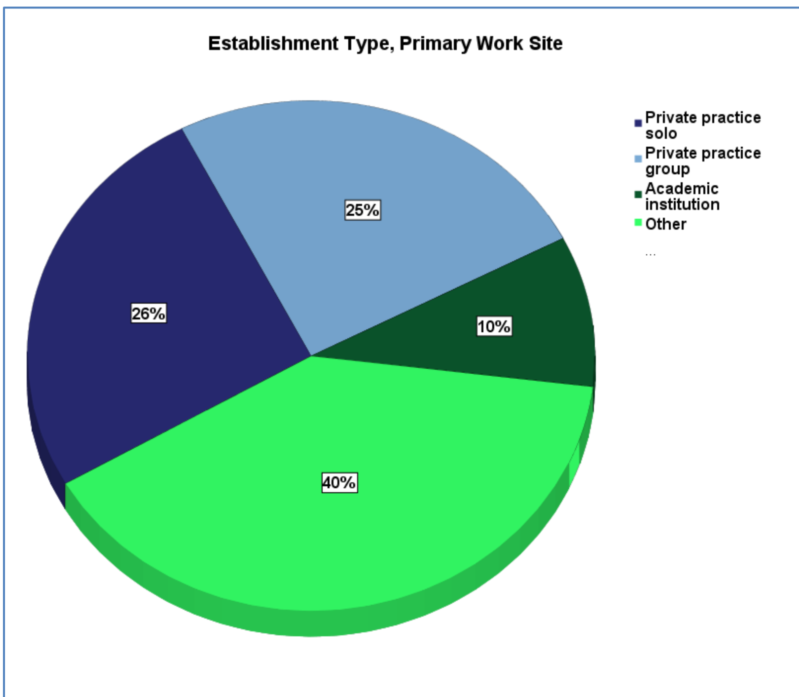
Source: Va. Healthcare Workforce Data Center

Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Location Type				
Private practice, solo	480	26%	137	27%
Private practice, group	463	25%	124	25%
Academic institution (teaching health professions students)	178	10%	51	10%
Hospital, general	137	7%	16	3%
Mental health facility, outpatient	106	6%	14	3%
Hospital, psychiatric	81	4%	17	3%
School (providing care to clients)	68	4%	11	2%
Community-based clinic or health center	58	3%	18	4%
Community Services Board	36	2%	10	2%
Administrative or regulatory	32	2%	10	2%
Corrections/Jail	24	1%	4	1%
Residential mental health/substance abuse facility	22	1%	6	1%
Rehabilitation facility	20	1%	7	1%
Physician office	18	1%	8	2%
Other Practice Setting	138	7%	67	13%
Total	**1,861**	**100%**	**500**	**100%**
Did Not Have a Location	58		2,074	

Source: Va. Healthcare Workforce Data Center

The primary location for over half of all LCPs is either a solo or group private practice; another 10% of LCPs works at an academic institution.

Among those LCPs who also have a secondary work location, 52% work at either a solo or group private practice, while 10% work at an academic institution.



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Typical Time Allocation

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

Roles

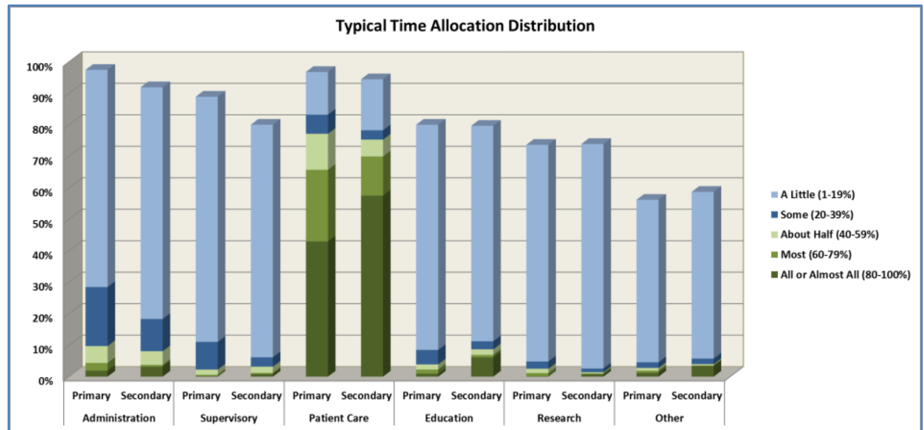
Patient Care: 66%
Administrative: 4%
Education: 2%

Patient Care LCPs

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



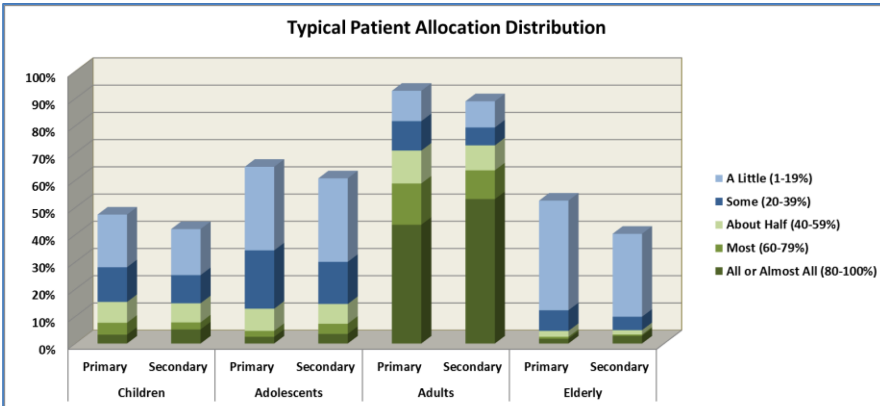
Source: Va. Healthcare Workforce Data Center

The typical LCP spends approximately 75% of her time treating patients. In fact, 66% of all LCPs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation												
Time Spent	**Admin.**		**Supervisory**		**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	Prim. Site	Sec. Site
All or Almost All (80-100%)	2%	3%	0%	1%	43%	57%	1%	6%	0%	1%	1%	3%
Most (60-79%)	2%	1%	0%	0%	23%	12%	1%	1%	1%	0%	1%	0%
About Half (40-59%)	5%	4%	2%	2%	11%	5%	2%	2%	1%	0%	1%	0%
Some (20-39%)	19%	10%	9%	3%	6%	3%	5%	3%	2%	1%	2%	2%
A Little (1-19%)	69%	74%	78%	74%	14%	16%	72%	68%	69%	71%	52%	53%
None (0%)	3%	8%	11%	20%	3%	6%	20%	20%	26%	26%	44%	41%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

Approximately 75% of all patients seen by a typical LCP at her primary work location are adults. In addition, 59% of LCPs serve an adult patient care role, meaning that at least 60% of their patients are adults.

At a Glance:
(Primary Locations)

Typical Patient Allocation

Children:	None
Adolescents:	1%-9%
Adults:	70%-79%
Elderly:	1%-9%

Roles

Children:	8%
Adolescents:	5%
Adults:	59%
Elderly:	2%

Source: Va. Healthcare Workforce Data Center

Patient Allocation								
Time Spent	**Children**		**Adolescents**		**Adults**		**Elderly**	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	3%	5%	2%	4%	44%	53%	2%	3%
Most (60-79%)	4%	3%	2%	4%	15%	11%	1%	0%
About Half (40-59%)	8%	7%	8%	7%	12%	9%	2%	2%
Some (20-39%)	13%	10%	21%	15%	11%	7%	8%	5%
A Little (1-19%)	19%	17%	31%	31%	11%	10%	40%	31%
None (0%)	53%	58%	35%	39%	7%	11%	47%	60%

Source: Va. Healthcare Workforce Data Center

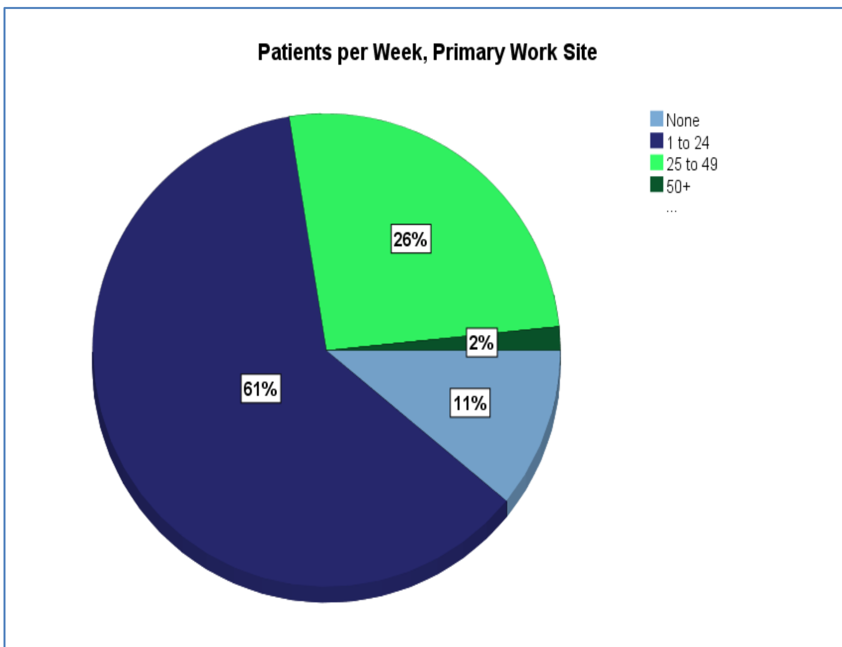
At a Glance:

Patients Per Week
Primary Location: 1-24
Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

Patients Per Week				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	220	11%	95	19%
1 to 24	1,232	61%	392	77%
25 to 49	520	26%	21	4%
50 to 74	26	1%	4	1%
75 or More	6	0%	0	0%
Total	**2,004**	**100%**	**512**	**100%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

61% of all LCPs treat between 1 and 24 patients per week at their primary work location. Among those LCPs who also have a secondary work location, 77% treat between 1 and 24 patients per week.

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All LCPs		LCPs over 50	
	#	%	#	%
Under age 50	5	0%	0	0%
50 to 54	19	1%	1	0%
55 to 59	65	3%	13	1%
60 to 64	236	12%	68	7%
65 to 69	593	31%	236	25%
70 to 74	489	26%	300	32%
75 to 79	192	10%	131	14%
80 or over	71	4%	49	5%
I do not intend to retire	247	13%	148	16%
Total	**1,917**	**100%**	**946**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LCPs
Under 65: 17%
Under 60: 5%
LCPs 50 and over
Under 65: 9%
Under 60: 1%

Time until Retirement
Within 2 years: 7%
Within 10 years: 26%
Half the workforce: By 2043

Source: Va. Healthcare Workforce Data Center

5% of LCPs expect to retire no later than the age of 60, while 17% expect to retire by the age of 65. Among those LCPs who are ages 50 or over, 9% still expect to retire by the age of 65.

Within the next two years, only 2% of Virginia's LCPs plan on leaving the state to practice elsewhere, while 1% plans on leaving the profession entirely. Meanwhile, 12% plan on increasing patient care hours, and 4% expect to pursue additional educational opportunities.

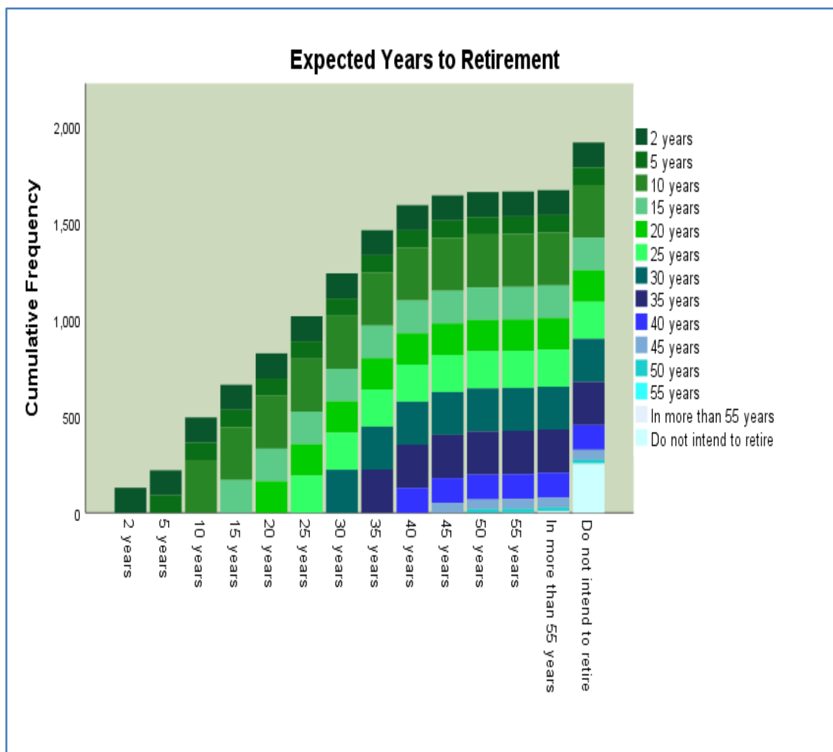
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	24	1%
Leave Virginia	62	2%
Decrease Patient Care Hours	255	10%
Decrease Teaching Hours	44	2%
Increase Participation		
Increase Patient Care Hours	309	12%
Increase Teaching Hours	143	5%
Pursue Additional Education	117	4%
Return to Virginia's Workforce	23	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LCPs. 7% of LCPs expect to retire in the next two years, while 26% plan on retiring in the next ten years. More than half of the current LCP workforce expects to retire by 2043.

Time to Retirement			
Expect to retire within. . .	**#**	**%**	**Cumulative %**
2 years	130	7%	7%
5 years	90	5%	11%
10 years	273	14%	26%
15 years	169	9%	35%
20 years	162	8%	43%
25 years	192	10%	53%
30 years	222	12%	65%
35 years	223	12%	76%
40 years	129	7%	83%
45 years	50	3%	86%
50 years	18	1%	86%
55 years	2	0%	87%
In more than 55 years	7	0%	87%
Do not intend to retire	247	13%	100%
Total	**1,917**	**100%**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to average over 10% of the current workforce every five years by 2028. Retirements will peak at 14% of the current workforce around the same period.

At a Glance:

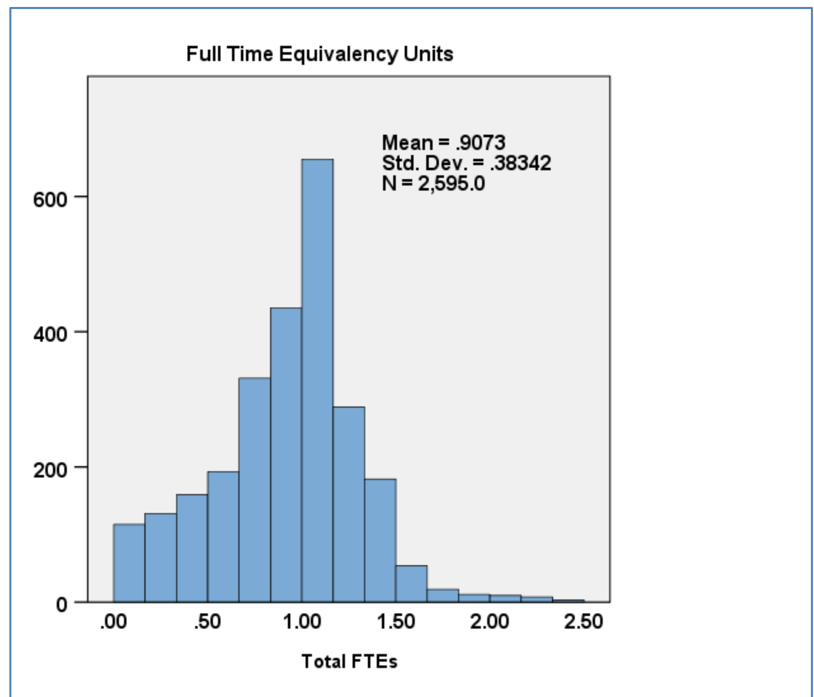
FTEs
Total: 2,354
FTEs/1,000 Residents[2]: 0.283
Average: 0.91

Age & Gender Effect
Age, Partial Eta[3]: Medium
Gender, Partial Eta[3]: Small

Partial Eta[3] Explained:
Partial Eta[3] is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

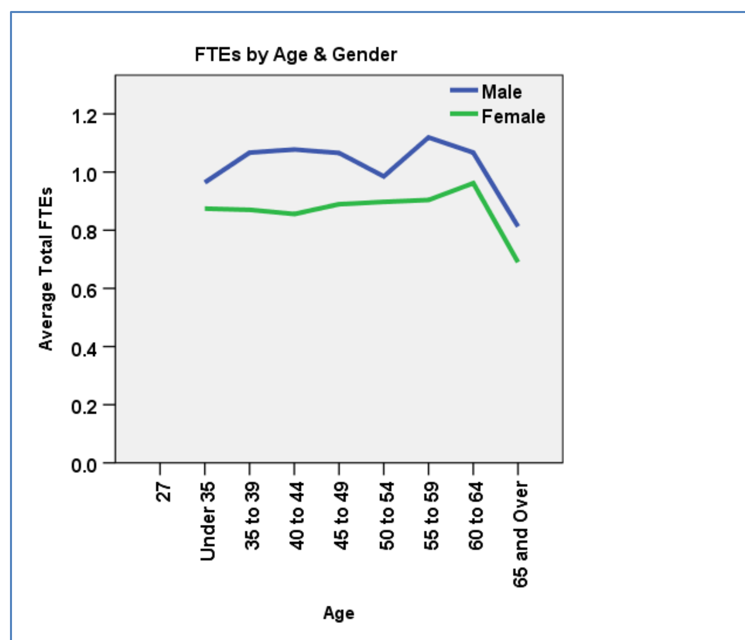


Source: Va. Healthcare Workforce Data Center

The typical (median) LCP provided 0.96 FTEs, or approximately 38 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify a difference exists.[3]

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 35	0.90	0.97
35 to 39	0.91	1.01
40 to 44	0.93	1.01
45 to 49	0.97	1.07
50 to 54	0.91	0.84
55 to 59	0.95	0.89
60 to 64	1.08	1.09
65 and Over	0.78	0.87
Gender		
Male	0.95	1.01
Female	0.86	0.91

Source: Va. Healthcare Workforce Data Center



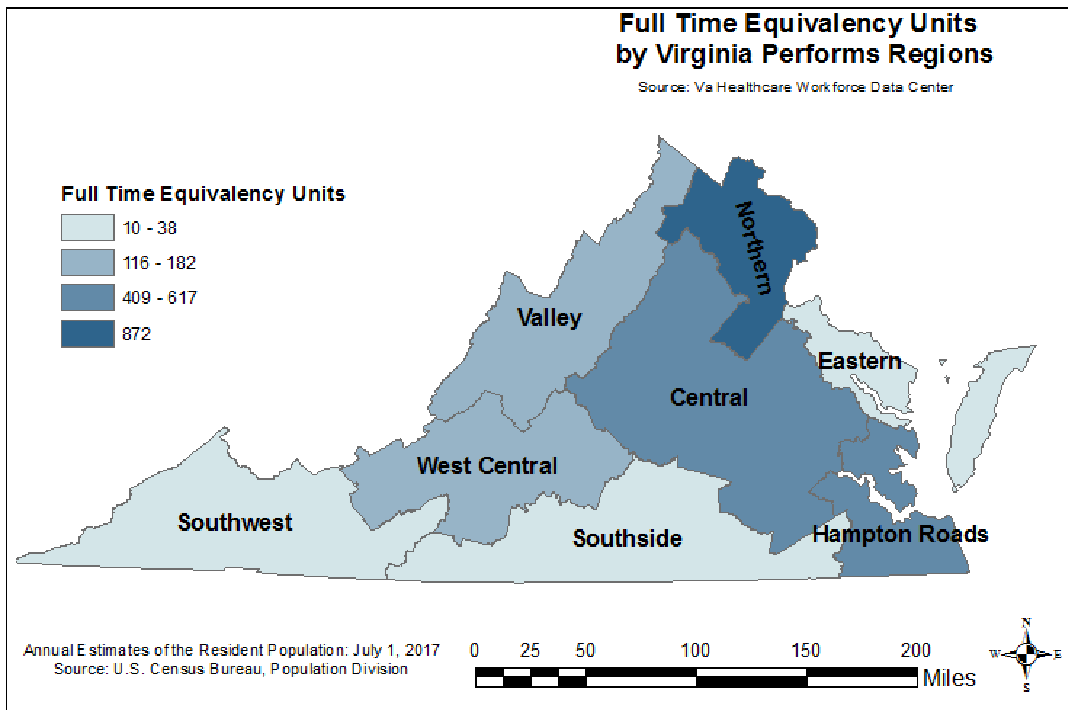
Source: Va. Healthcare Workforce Data Center

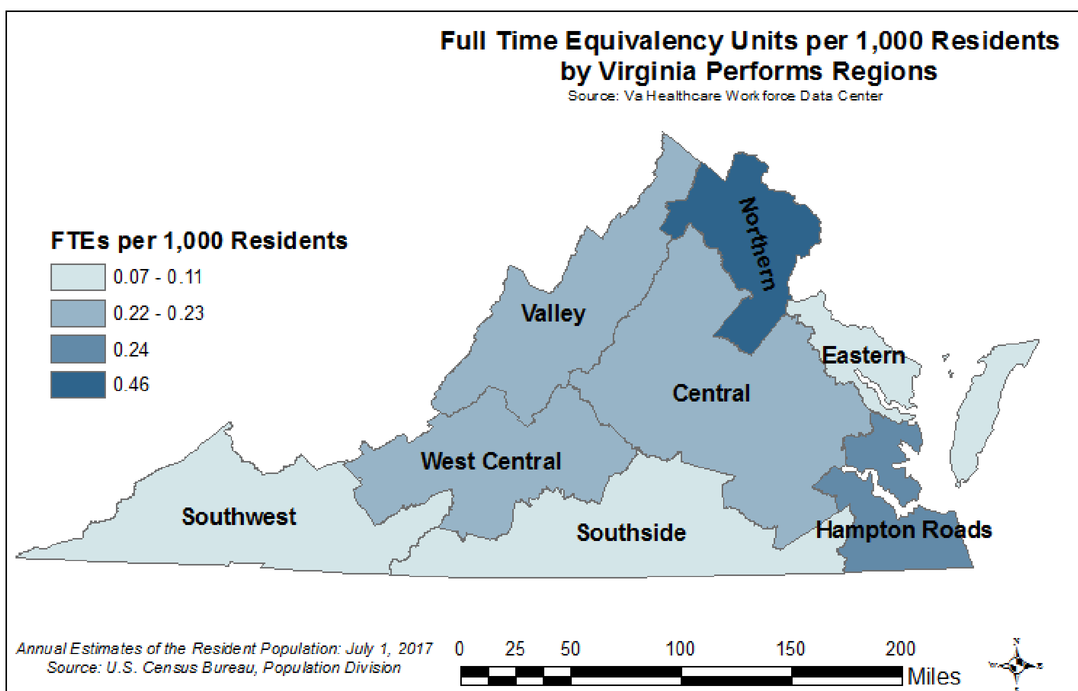
[2] Number of residents in 2018 was used as the denominator.

[3] Due to assumption violations in Mixed between-within ANOVA (Levene's Test is not significant)

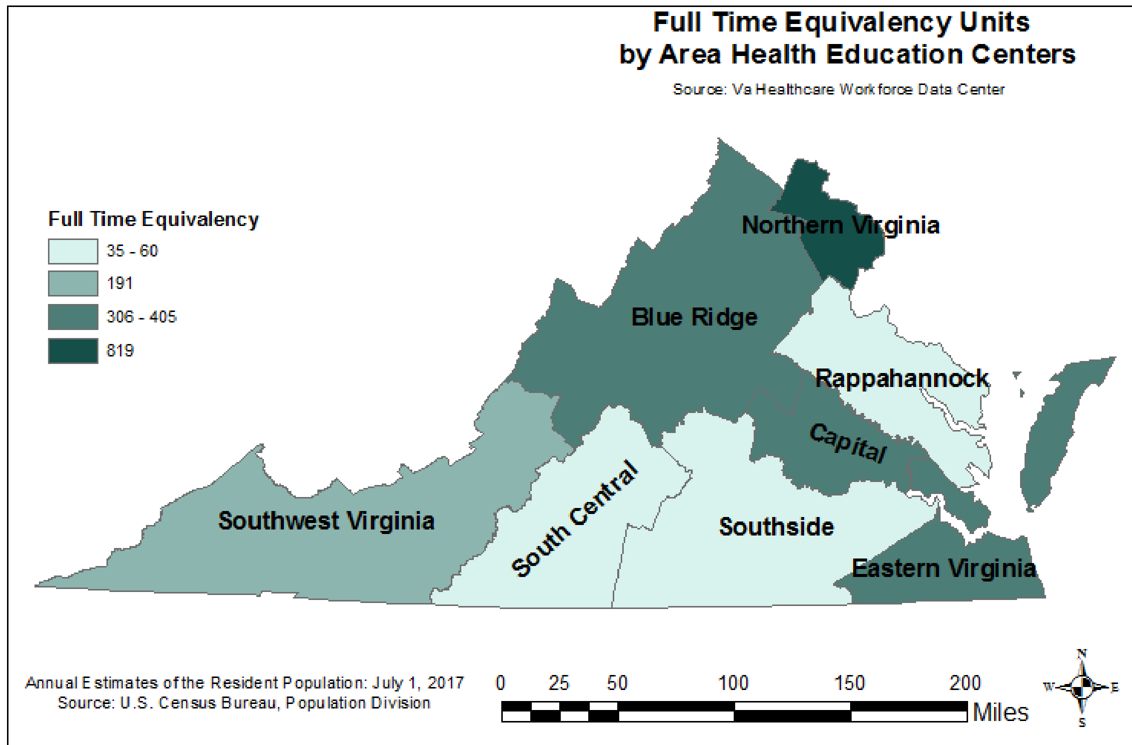
Maps

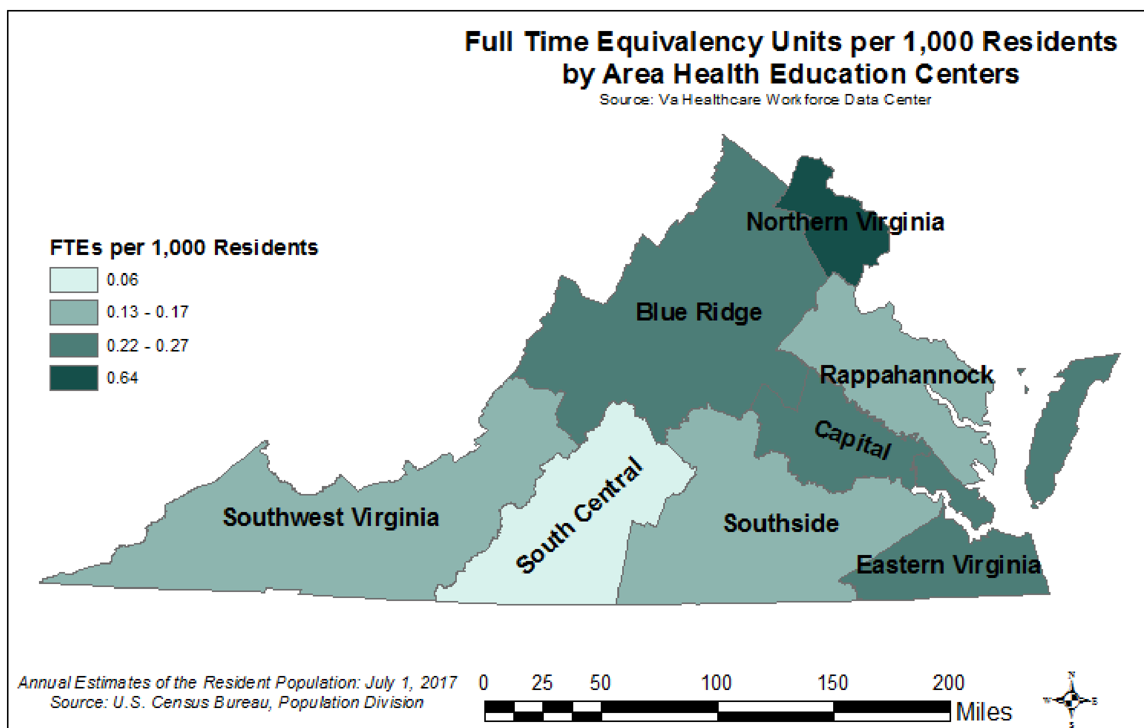
Virginia Performs Regions[4]

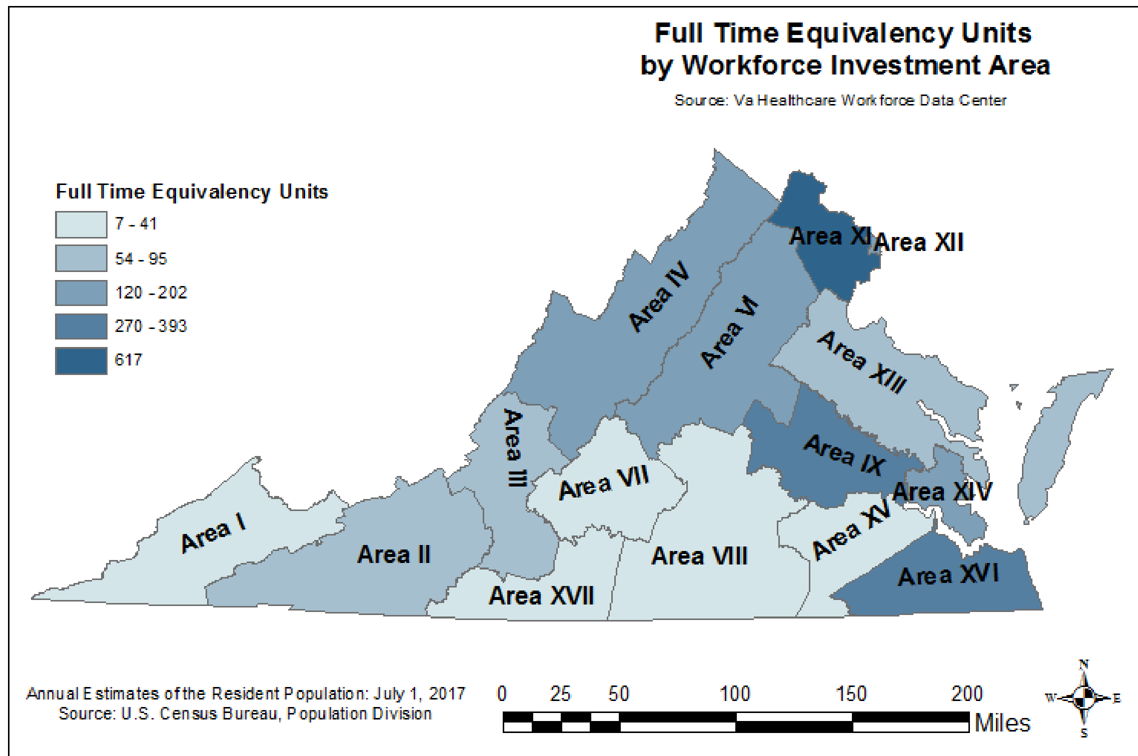


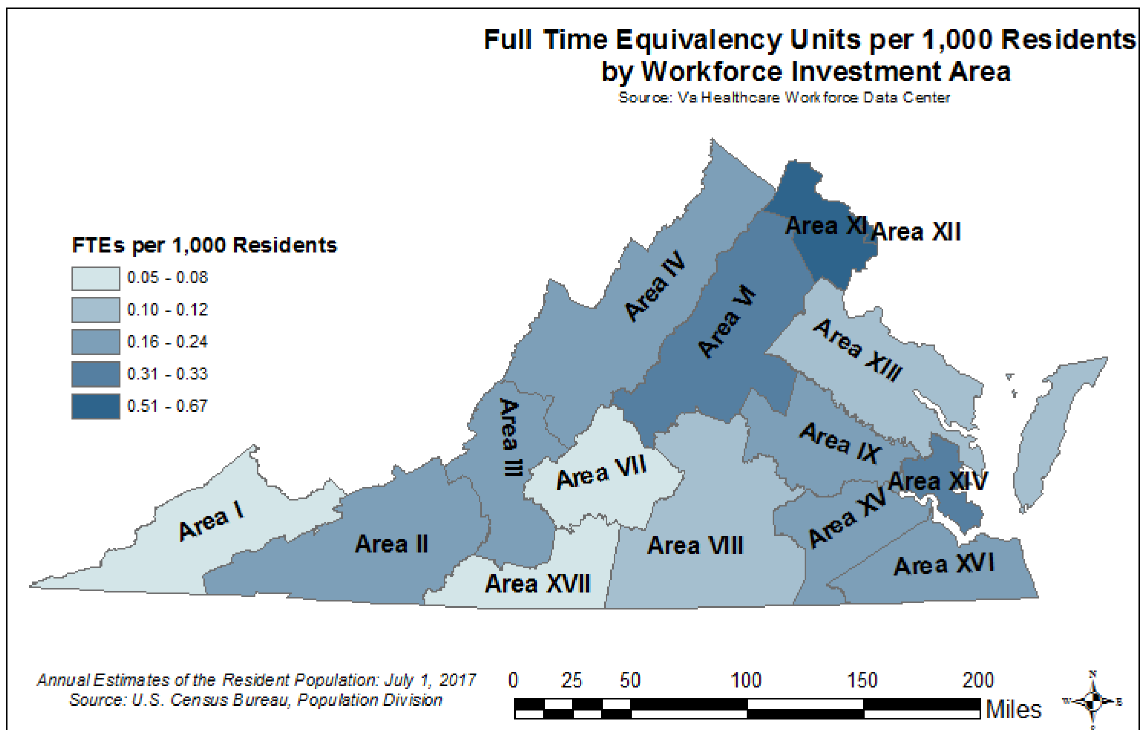


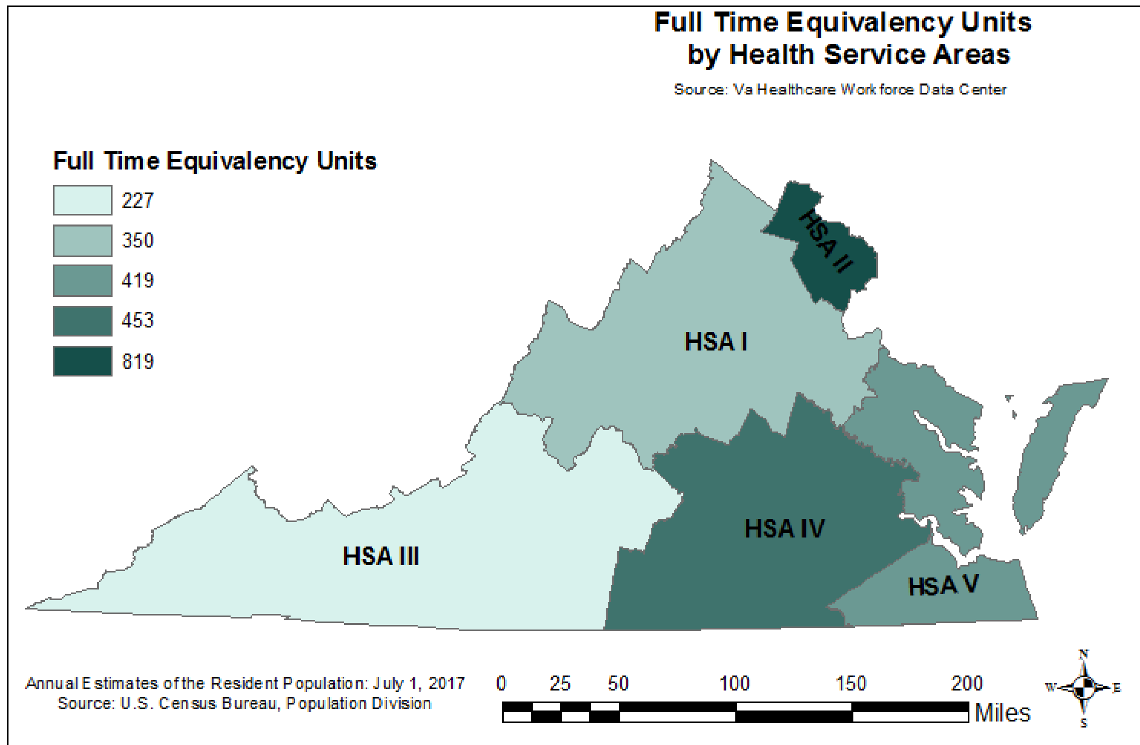
[4] These are now referred to as VA Performs' regions: http://vaperforms.virginia.gov/Regions/regionalScorecards.php

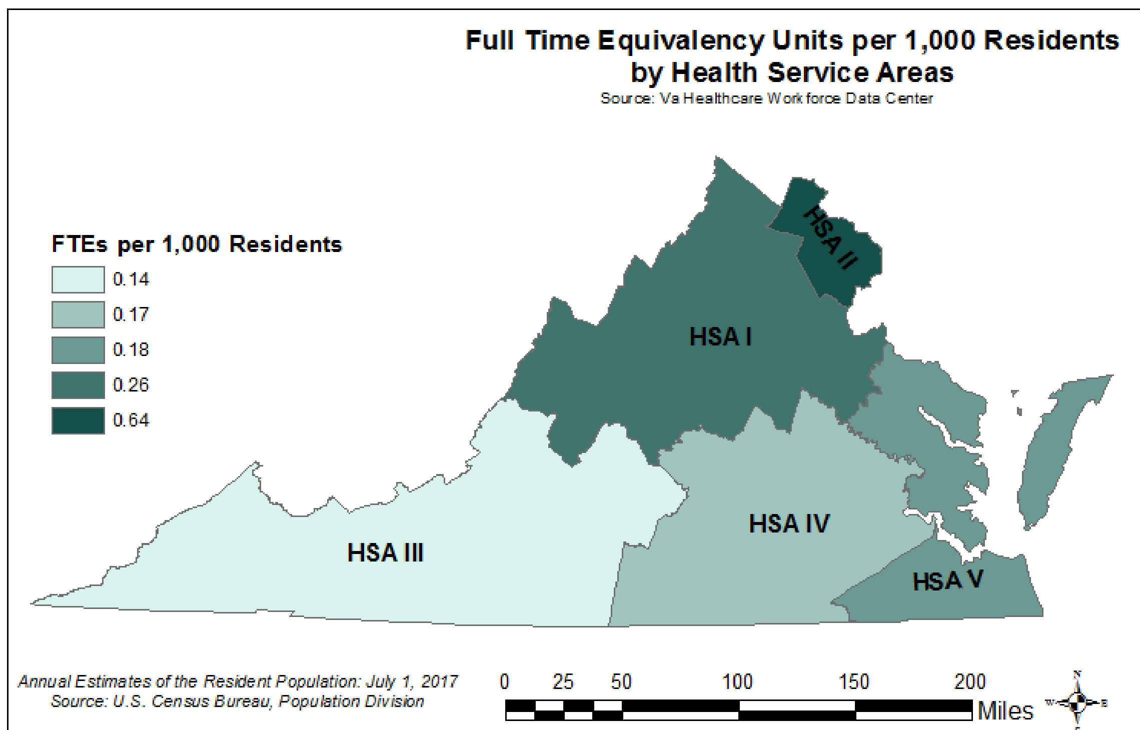

Full Time Equivalency Units
by Area Health Education Centers
Source: Va Healthcare Workforce Data Center
Full Time Equivalency
35 - 60
191
306 - 405
819
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles

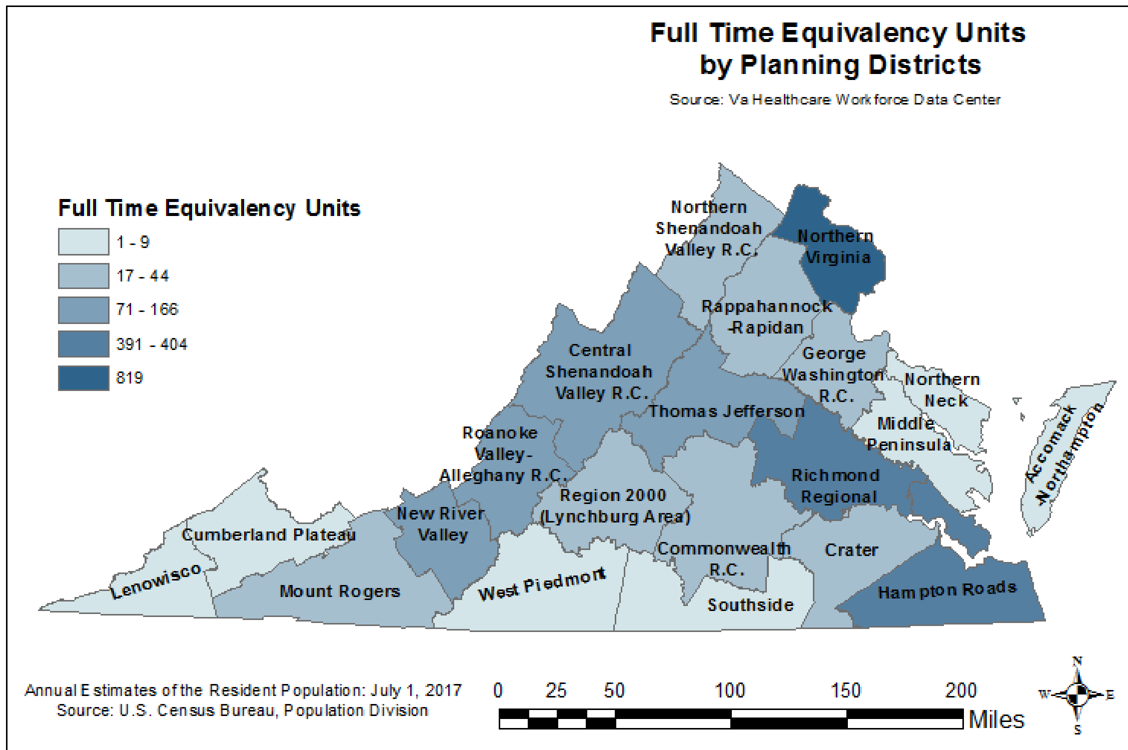

Full Time Equivalency Units per 1,000 Residents
by Area Health Education Centers
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.06
0.13 - 0.17
0.22 - 0.27
0.64
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles

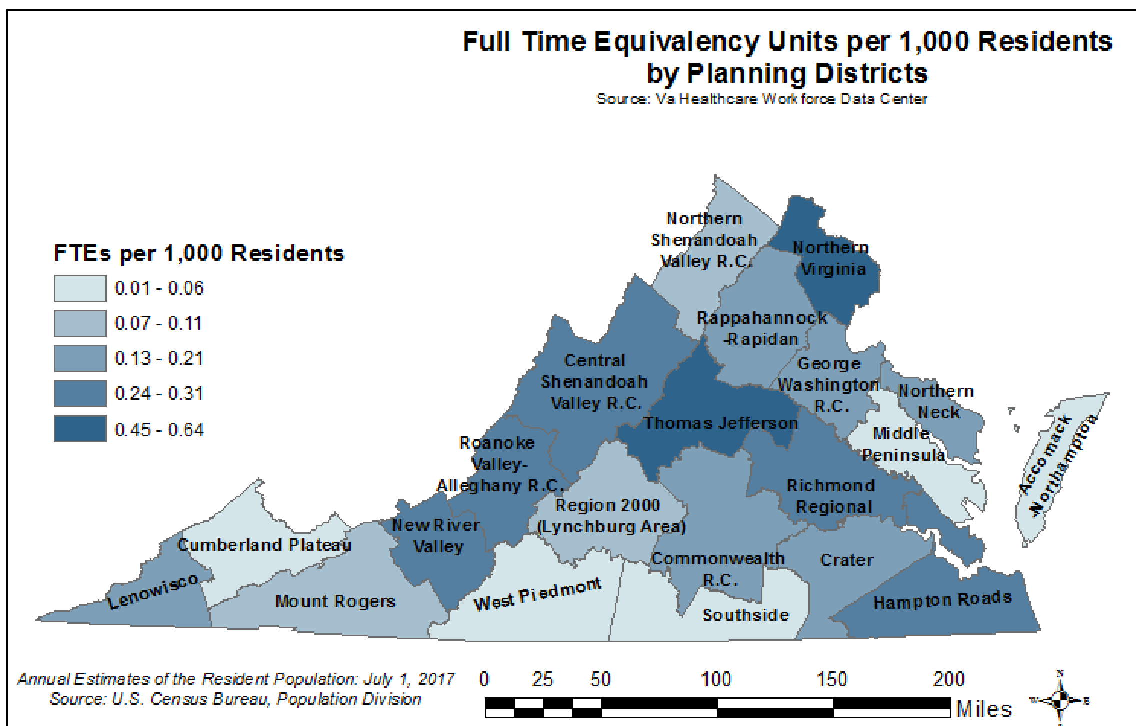

Full Time Equivalency Units
by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
7 - 41
54 - 95
120 - 202
270 - 393
617
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units per 1,000 Residents
by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.05 - 0.08
0.10 - 0.12
0.16 - 0.24
0.31 - 0.33
0.51 - 0.67
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units
by Health Service Areas
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
227
350
419
453
819
HSA II
HSA I
HSA IV
HSA III
HSA V
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units per 1,000 Residents
by Health Service Areas
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.14
0.17
0.18
0.26
0.64
HSA II
HSA I
HSA IV
HSA III
HSA V
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units
by Planning Districts
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
1 - 9
17 - 44
71 - 166
391 - 404
819
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock -Rapidan
Central Shenandoah Valley R.C.
George Washington R.C.
Northern Neck
Thomas Jefferson
Middle Peninsula
Roanoke Valley-Alleghany R.C.
Accomack Northampton
Richmond Regional
Region 2000 (Lynchburg Area)
New River Valley
Cumberland Plateau
Commonwealth R.C.
Crater
Lenowisco
West Piedmont
Mount Rogers
Southside
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units per 1,000 Residents
by Planning Districts
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.01 - 0.06
0.07 - 0.11
0.13 - 0.21
0.24 - 0.31
0.45 - 0.64
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock -Rapidan
Central Shenandoah Valley R.C.
George Washington R.C.
Northern Neck
Thomas Jefferson
Middle Peninsula
Roanoke Valley-Alleghany R.C.
Accomack Northampton
Region 2000 (Lynchburg Area)
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Commonwealth R.C.
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Lenowisco
West Piedmont
Mount Rogers
Southside
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	1916	89.87%	1.112659698	1.056102988	1.215767881
Metro, 250,000 to 1 million	129	95.35%	1.048780488	0.995470771	1.145969099
Metro, 250,000 or less	418	88.04%	1.135869565	1.078133093	1.241128565
Urban pop 20,000+, Metro adj	9	100.00%	1	0.949169805	1.031066056
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	54	83.33%	1.2	1.139003766	1.311201853
Urban pop, 2,500-19,999, nonadj	14	100.00%	1	0.949169805	1.031066056
Rural, Metro adj	33	75.76%	1.32	1.252904142	1.442322038
Rural, nonadj	14	78.57%	1.272727273	1.208034297	1.390668632
Virginia border state/DC	535	84.86%	1.178414097	1.118515078	1.287615622
Other US State	491	77.60%	1.288713911	1.223208331	1.408136723

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 35	387	79.84%	1.252427184	1.145969099	1.442322038
35 to 39	546	84.62%	1.181818182	1.031066056	1.361007194
40 to 44	449	88.64%	1.128140704	0.98423565	1.299191058
45 to 49	452	89.60%	1.116049383	0.973686692	1.254803584
50 to 54	321	90.34%	1.106896552	0.965701391	1.274725836
55 to 59	280	91.43%	1.09375	0.954231807	1.259585985
60 to 64	334	91.92%	1.087947883	0.949169805	1.252904142
65 and Over	845	85.92%	1.163911846	1.015443843	1.340385873

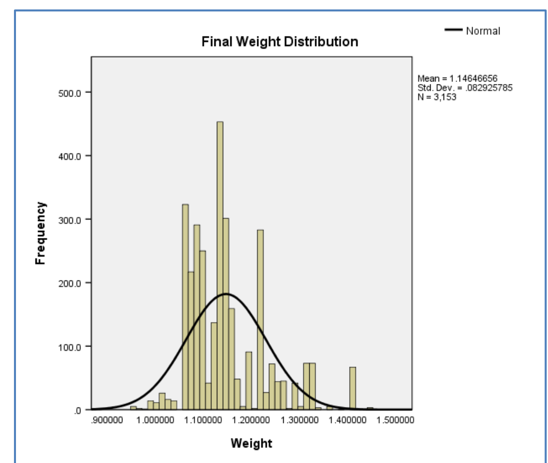
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC Methods: www.dhp.virginia.gov/hwdc/

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

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

Overall Response Rate: 0.8724



Source: Va. Healthcare Workforce Data Center

Virginia Department of
Health Professions
Board of Psychology

Petition for Rulemaking

Agenda Item: **Petition for rulemaking**

Staff Note:

The Board received a petition for rulemaking from Lee Cooper

Included in your package:

A copy of the petition

A copy of applicable section of regulation

Board action:

The Board can decide to take no regulatory action (should explain why petition is rejected); OR

The Board can decide to initiate rulemaking with a Notice of Intended Regulatory Action

COMMONWEALTH OF VIRGINIA
Board of Psychology

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

(804) 367-4697 (Tel)
(804) 527-4435 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,)
Cooper, Lee, D

Street Address	**Area Code and Telephone Number**	
Virginia Tech, Psychological Services Center, 3110 Prices Ford Road	540-231-7709	
City	**State**	**Zip Code**
Blacksburg	Virginia	24061-0355
Email Address (optional)	**Fax (optional)**	
ldcooper@vt.edu		

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

Regulation 18VAC125-20-54. Education requirements for clinical psychologists. Sections A. The applicant shall hold a doctorate from a professional psychology program in a regionally accredited university, which was accredited by APA in clinical or counseling psychology within four after the applicant graduated from the program, or shall meet the requirements of subsection B of this section.

We would like the board to consider amending "accredited by APA in clinical . ." to "accredited by APA or PCSAS (Psychological Clinical Science Accreditation System) in clinical . . ."

Hence, we are proposing that PCSAS be recognized as an additional accreditor of doctoral programs in psychology in the licensure regulations in regulation 18VAC125-20-54.

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2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

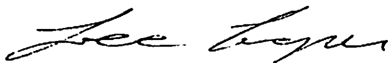
I am representing the faculty of the Clinical Science Ph.D. program at Virginia Polytechnic Institute and State University (Virginia Tech) as we are proposing that the Virginia Board of Psychology *add* the Psychological Clinical Science Accreditation System (PCSAS) as an additional accreditor of doctoral degrees in psychology to the education requirements regulations for licensure. PCSAS is an independent accreditation system that aims to provide science-centered training in clinical psychology and that requires all graduates to be competent both to conduct scientific research and to be independent providers of psychological services. The Council on Higher Education Accreditation (CHEA) recognized PCSAS as an accrediting system in 2012, and the U. S. Department of Veterans Affairs (VA) has recently recognized PCSAS as a sole eligibility requirement for VA internships and staff positions. Currently, the Clinical Science Ph.D. program at Virginia Tech is one of 35 PCSAS-accredited programs in major universities in the US and Canada. All programs in the U.S. are among the top 50 in US News & World Report and ranked highly by the National Academy of Sciences, in part, by their graduates' scores on state licensing exams (94.9% passed the EPPP, with national average at around 76%).

With almost 50% of Americans expected to have a diagnosed mental illness sometime in their lives and with delays between diagnosis and the application of appropriate treatments, there is a pressing need to train psychologists who can develop new, effective, manageable treatments and to find better ways to get these treatments into the hands of practitioners so that they can best help patients. PCSAS programs train clinical psychologists for just this purpose and provides graduates with the most up-to-date training in science-informed treatments for their own practice. As such, license eligibility is critical for graduates of PCSAS-accredited programs, given their engagement in practice, supervision, and research activities with clinical populations. We also assume the state of Virginia would want to retain and attract as many high-quality clinical psychologists as possible given the mental health needs of its underserved populations and regions. Five states to date have changed laws, regulations, or have offered rulings to provide PCSAS parity with APA – Illinois, Delaware, California, New Mexico, and New York.

If needed, I can provide additional information regarding the purpose and mission of PCSAS, including the prioritization of rigorous clinical training within PCSAS-accredited programs. I can also provide letters of support from Government Relations of Virginia Tech, the Clinical Psychology Ph.D. programs at University of Virginia and George Mason University. If I can provide any additional information, please feel free to contact me. We appreciate your consideration of our proposal and I will make myself available for any discussion with you on this matter.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is <u>other</u> legal authority for promulgation of a regulation, please provide that Code reference.

   54.1-2400 of the Code of Virginia, #1. To establish the qualifications for registration, certification, licensure, permit, or the issuance of a multistate licensure privilege in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.



Signature:
Date: 5/18/2018

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Board of Psychology

Virginia.gov Agencies | Governor

Logged in as
Elaine J. Yeatts

Agency / Department of Health Professions

Board / Board of Psychology

Chapter / Regulations Governing the Practice of Psychology [18 VAC 125 - 20]

All good comments for this forum Show Only Flagged

Back to List of Comments

Commenter: Lee Cooper, Virginia Tech 6/25/18 12:26 pm

Acceptance of the Psychological Clinical Science Accreditation System

I am the Director of Clinical Training for the doctoral degree (PhD) clinical science program in the Department of Psychology at Virgina Tech. With the full support of the clinical faculty and Virginia Tech Government Relations, I wrote and submitted the petition to support the addition of Psychological Clinical Science Accreditation System (PCSAS) as an accreditor of doctoral degrees in psychology to educational qualifications for licensure eligibility. To be clear, we support parity for both the American Psychological Association (APA) and PCSAS accreditation systems. And as the petitioner, I want to use this comment opportunity to provide some background, data, and context to the petition.

It would be beneficial to the Commowealth of Virginia for the graduates from PCSAS accredited programs to be eligible for licensure in Virginia. Graduates from PCSAS accredited programs are extremely well trained, both as clinical practitioners and researchers. They attend highly regarded internship programs, have high passing rates on the EPPP, and pursue careers that focus on the production of scientific knowledge and the delivery of evidence-based assessment and intervention techniques. Their expertise makes them exceptionally qualified and competent health service providers. Given the need for quality psychological services in Virginia, allowing the graduates from these programs to be licensed in Virginia would be a major service to the residents of Virginia. In addition, given their engagement in practice, supervision, and research, granting license eligibility to graduates from PCSAS accredited programs – a portion of whom go on to be faculty in doctoral, internship, and postdoctoral training programs – would be a major benefit to the future generations of clinical psychologists, to the field, and ultimately to the public's mental health. Essentially, allowing graduates from PCSAS accredited programs to be eligible for licensure in Virginia is in the interest of both the public and future generations of psychologists.

PCSAS is an independent, non-profit corporation that aims to provide science-centered training in clinical psychology. It requires that all graduates be competent both to conduct research and to be independent providers of psychological services. This agency is recognized by the Council on Higher Education Accreditation (CHEA), which is the same body that recognizes and authorizes APA accreditation. The U. S. Department of Veterans Affairs (VA) recognizes PCSAS as a sole eligibility requirement for VA internships and staff positions. The Association of Psychology Postdoctoral and Internship Centers (APPIC) recently revised their policy to include PCSAS as an eligible accrediting organization. PCSAS has the strong backing from a number of respected psychological organizations including the Academy of Psychological Clinical Science (APCS), the Association for Psychological Science (APS), the Society for a Science of Clinical Psychology (SSCP), the Association for Behavioral & Cognitive Therapies (ABCT), and the Society for

Research in Psychopathology (SRP). Five states to date have changed laws, regulations, or have offered rulings to provide PCSAS parity with APA – Illinois, Delaware, California, New Mexico, and New York (Missouri is expected to be soon).

At present, the following doctoral programs in Virginia support parity for both accreditation systems (and have provided letters of support): Virginia Tech, University of Virginia, George Mason University, and Virginia Commonwealth University. In sum, we want to advocate for clear documentation that students graduating from programs accredited either by APA or PCSAS be eligible for licensure in Virginia.

PCSAS arose in response to growing concerns about the nation's mental health. Almost 50% of Americans are expected to have a diagnosed mental illness sometime in their lives, and long delays between diagnosis and the provision of appropriate treatments are common. There is a pressing need to train scientists who can develop new, effective, and affordable treatments that are useful in real-world situations with diverse populations and who can find better ways to get these treatments to practitioners so that they can best help their patients.

PCSAS began accrediting programs in 2009, and to date, PCSAS has accredited 37 programs in the U.S. and Canada (see http://www.pcsas.org/accreditation/accredited-programs/). All programs in the U.S. are among the top 50 in US News & World Report, and have internship (required for graduation) match rates of around 98% (national average around 80%) and EPPP pass rates of at least 93% (national average around 76%). Students who graduate from PCSAS accredited programs have careers that focus on producing scientific knowledge, and importantly, on using and disseminating evidence-based assessment and intervention techniques.

Commenter: James Ingram 6/26/18 11:55 am

RE: Petition for rulemaking

I would have be in full support for the petition for rulemaking
?However, I would like to point out the following and would hope the board of psychology would address this
?This is just a small tangent
https://www.npr.org/templates/story/story.php?storyId=121092295
http://www.washingtonpost.com/wp-dyn/content/article/2009/11/13/AR2009111302221.html
http://scienceline.org/2010/01/getting-scientific-with-psychotherapy/
?See this opinion of:http://www.apa.org/science/about/psa/2009/11/edcol.aspx
?Also another opinion:https://www.psychologicalscience.org/observer/update-on-the-psychological-clinical-science-accreditation-system

?Most PCSAS accredition for universities is taking place after 201_ no?
Like this: https://psychology.unc.edu/2017/01/30/clinical-psychology-program-accredited-by-pcsas/

Virginia-licensed **psychologists** have an annual license renewal deadline around the end of June every year
?Let us take a look at the requirements

CE Required: 14 hours per year
Online CE Allowed: 8 hours (6 hours must be interactive)
License Expiration: 6/30, annually
National Accreditation Accepted: APA
Notes: 1.5 hrs in ethics, standards of practice or **laws** governing the profession of psychology

The American Psychology Association doesn't accredit any wholly online programs, The APA only accredits doctoral (PHD) programs and requires students to spend two or three years on campus (clinical) and complete a full-time residency

Regarding psychology, some doctoral programs around the U.S. do not require in-person interviews or campus visits (see online courses[1]) so applicants must meet the other requirements after applying online....

Doctoral programs typically require 4 or 5 years of postgraduate work in order to obtain a Ph.D

For transfers up to a certain number of (credit) hours of equivalent graduate coursework can be transferred for either a psychology doctoral program or a psychology master's program dependent on what the college/department requirements are...
The APA is typically used for in order to find equivalent course requirements

?Does PCSAS have the same rigourious standards as APA when it comes to online courses and or transfer course equivalency?

https://www.psychologytraining.va.gov/eligibility.asp

When PCSAS Accreditation was recognized by Veterans Health Administration in September 2016 I was slightly concerned

At this time I do not support the petition for rulemaking

1.) https://www.fhsu.edu/virtualcollege/degrees/bachelors/psychology/

Commenter: Angela Scarpa, Virginia Tech 6/26/18 2:13 pm

Psychological Clinical Science Accreditation System

I fully support the petition for the addition of Psychological Clinical Science Accreditation System (PCSAS) as an accreditor of doctoral degrees in psychology to educational qualifications for licensure eligibility: Regulation 18VAC125-20-54.

I believe it would be extremely beneficial to the Commonwealth of Virginia for the graduates from PCSAS accredited programs to be eligible for licensure in Virginia. Graduates from PCSAS accredited programs are extremely well trained, both as research scientists and as clinical practitioners. They attend highly regarded internship programs, have high passing rates on the EPPP, and pursue careers that focus both on the production of scientific knowledge and the delivery and dissemination of evidence-based assessment and intervention techniques. Their expertise makes them exceptionally qualified and competent health service providers. Allowing graduates from PCSAS accredited programs to be eligible for licensure in Virginia is in the interest of both the public and future generations of psychologists.

Commenter: Brenna Maddox, University of Pennsylvania 6/26/18 3:13 pm

PCSAS licensure in Virginia

I fully support having students who graduated from clinical psychology doctoral programs that have received accreditation from the Psychological Clinical Science Accreditation System (PCSAS) to

be eligible for licensure in Virginia.

I had the privilege of attending the Clinical Science Ph.D. training program in the Department of Psychology at Virginia Tech from 2010-2015. The clinical practice aspect of the training program provided me with a foundational and broad skill set such that I am able to provide research-supported assessment and intervention services. My primary starting point for practice training was a comprehensive evidence-based assessment including conceptualization and diagnosis for psychological disorders, as well as problems in living and relationships. With a working formulation and diagnosis, an empirically supported treatment was the starting point for developing a treatment plan with clear goals and initiating an agreed-upon intervention. Progress on treatment goals were continually measured through a variety of standardized routine outcome measures. The VT clinical science program emphasized evidence-based assessment and intervention through in-residence coursework in adult psychopathology and intervention, child psychopathology and intervention, psychological clinical assessment for adults and youth, and ethics.

The practicum training sequence utilized a set of developmentally-based competencies in the general areas of professional conduct, ethical conduct, assessment, interviewing, relationship skills, case conceptualization skills, intervention and treatment skills, supervision, and consultation, along with individual and cultural differences. Throughout training, I was provided group and individual supervision. My first two years (and a total of three out of the four year in-residence program) of practicum experience was in the Psychological Services Center (PSC), the program's in-house, community-based training clinic. Throughout the first two years, I was under the direct, live, and close supervision of a faculty supervisor and an advanced practicum student. The practicum experiences themselves were graded in complexity, moving from didactics, role playing, observation of advanced students, and/or co-therapy to one highly supervised case with a client, and then to multiple assessment and/or treatment cases. A third level of professional functioning was with the external 'externship' practicum. The externship involved a placement at the Children's Hospital of Philadelphia in 2012. In my fourth year, I returned to the PSC to obtain additional psychotherapy training experiences and obtain supervisory experience working with less advanced practicum students.

In addition to the standard clinical core courses and practicum sequence, I was able to gain further supervised experience with evidence-based assessment measures and protocols through several specialized assessment clinics. In this capacity, I received extensive training and experience in diagnostic formulation, case conceptualization, comprehensive and integrated report writing, feedback to clients and/or parents, and consultative procedures. My assessment clinic(s) experiences focused on childhood disorders including anxiety, externalizing, and autism spectrum, or adult disorders particularly attentional, learning, anxiety, depression, and/or personality problems. Each assessment centers had a dedicated clinical faculty member responsible for its mission, operations, and supervision.

I was able to obtain a predoctoral internship (program requirement) at the Children's Hospital of Philadelphia, and I am currently a postdoctoral fellow at the University of Pennsylvania. I was able to get licensed as a clinical psychologist including successfully passing the EPPP and the PA state exam. Throughout these experiences that included other students or alumni from other highly regarding training programs, I was able to see that I was extremely well trained and prepared to gain advanced clinical training, become licensed, and to practice psychology. In addition, given my extensive training in research, along with gaining experience in supervision and teaching, I feel quite prepared to contribute to the advancement of science in practice, the development and dissemination evidence-based practices, and the training of future clinical psychologists. In sum, I strongly believe that a PCSAS accredited program, such as Virginia Tech, more than adequately prepares its students to be effective clinical psychologists.

Commenter: Rosalie Corona, VCU 6/26/18 7:54 pm

PCSAS and licensure

I fully support having students who graduated from clinical psychology doctoral programs that have received accreditation from the Psychological Clinical Science Accreditation System (PCSAS) to be eligible for licensure in Virginia.

Commenter: Bethany Teachman 6/27/18 12:24 am

Support for PCSAS as an accreditor of doctoral degrees in psychology

I fully support the petition for the addition of Psychological Clinical Science Accreditation System (PCSAS) as an accreditor of doctoral degrees in psychology to educational qualifications for licensure eligibility: Regulation 18VAC125-20-54

Commenter: Andrew J Smith, University of Utah School of Medicine 6/27/18 1:43 am

Support for licensure associated with graduation from PCSAS accredited programs

I write this letter to support Virginia state licensure eligibility among students who graduate from programs accredited by the Psychological Clinical Science Accreditation System (PCSAS). I attended Virginia Tech (a PCSAS accredited program) as a PhD student from 2011 until 2016 in the Department of Psychology, Clinical Science Area.

The structure and functions of the Virginia Tech clinical training model is a helpful place to begin. The practicum training sequence utilized a set of developmentally-based competencies in the general areas of professional conduct, ethical conduct, assessment, interviewing, relationship skills, case conceptualization skills, intervention and treatment skills, supervision, and consultation, along with individual and cultural differences. Throughout training, I was provided group and individual supervision. My first two years of practicum experience was in the Psychological Services Center (PSC), the program's in-house, community-based training clinic. Throughout the first two years, I was under the direct, live, and close supervision of a faculty supervisor and an advanced practicum student. The practicum experiences themselves were graded in complexity, moving from coursework, didactics, role playing, observation of advanced students, and/or co-therapy to one highly supervised case with a client, and then to multiple assessment and/or treatment cases. A third level of professional functioning was with the external 'externship' practicum. My externship involved a placement at the Salem Veterans Affairs Medical Center in 2013. I gained an additional practicum placement in neuropsychology at Lewis-Gale Medical Center in Salem, Virginia working under close supervision of a board certified clinical neuropsychologist. In my fourth year, I returned to the PSC to obtain additional psychotherapy training experiences and obtain supervisory experience working with less advanced practicum students.

My training at Virginia Tech balanced both depth expertise development (through targeted training experiences in trauma and neuropsychology), as well as breadth to achieve core-competencies in other areas that are integral to being a well-rounded clinician (e.g., child psychology; family systems; interpersonal processes). Regardless of the practicum supervisor, the consistent thread across all training experiences was that clinical work should be strongly informed and guided by evidence. I have absorbed this core ethos, demonstrated by the manner in which the clinic that I am now developing at the University of Utah is organized: (1) clinical care begins with thorough assessment using standardized measures and evidence-based clinical interviews, which (2) provides the foundation for accurate diagnosis, conceptualization, and treatment planning that is further informed consultation and supervision within a team context, which (3) provides the foundation for effective delivery of evidence-based interventions. Further, outcome tracking through session-by-session assessment is an integral part of my practice, a model that I have brought with me from my training at Virginia Tech.

My training as both a clinician and researcher has formed the foundation for my capacity to play an

influential role in the healthcare system. Following PhD training, I was able to obtain an APA Accredited internship at the VA Salt Lake City Healthcare System, followed by my current postdoctoral fellowship in neuropsychology and neuroscience at the University of Utah School of Medicine, Department of Psychiatry. In September of 2018, I will transition to a tenure-track faculty appointment in the U of Utah School of Medicine Department of Psychiatry. As part of my new position, I will direct the Occupational Trauma Program, a program that I am building from the ground-up to serve the mental health needs of first responders (e.g., fire departments, law enforcement agencies) in the Salt Lake City area through education, consultation, clinical services, and research. Additionally, in September of 2018 I will begin my joint appointment as a staff psychologist in the VA Salt Lake City Healthcare System, providing clinical services to veterans in the Primary Care Mental Health Integration area. My ability to provide efficacious evidence-based assessment and treatment approaches—the foundation of which were formed at Virginia Tech—make me a valuable asset to patients and healthcare systems alike.

Finally, my transition from Virginia Tech to internship and postdoc has demonstrated how incredibly well prepared I am as a clinician, a position that I have come to understand through feedback from internship and postdoc supervisors and observations of the consequences of training from other APA accredited doctoral programs around the country attended by my fellow trainees. In November of 2017, I passed the EPPP exam and Utah state licensure exams on my first attempt, and currently hold an active license as a clinical psychologist in the state of Utah. Moreover, I am quite prepared to contribute to the advancement of science in practice, the development and dissemination evidence-based practices, and the training of future clinical psychologists. There is no doubt that PCSAS accredited programs such as Virginia Tech more than adequately prepares its students to be effective and valuable clinical psychologists.

Please feel free to contact me with any further questions or if I can be of any assistance.

Commenter: Amie Newins, University of Central Florida 6/27/18 10:30 am

Support of PCSAS Accreditation for Licensure

I fully support the petition for the addition of Psychological Clinical Science Accreditation System (PCSAS) as an accreditor of doctoral degrees in psychology to educational qualifications for licensure eligibility: Regulation 18VAC125-20-54.

I had the privilege of attending the Clinical Science Ph.D. training program in the Department of Psychology at Virginia Tech. The clinical practice aspect of the training program provided me with a foundational and broad skill set such that I am able to provide research-supported assessment and intervention services. My primary starting point for practice training was a comprehensive evidence-based assessment including conceptualization and diagnosis for psychological disorders, as well as problems in living and relationships. With a working formulation and diagnosis, an empirically supported treatment was the starting point for developing a treatment plan with clear goals and initiating an agreed-upon intervention. Progress on treatment goals were continually measured through a variety of standardized routine outcome measures. The VT clinical science program emphasized evidence-based assessment and intervention through in-residence coursework in adult psychopathology and intervention, child psychopathology and intervention, psychological clinical assessment for adults and youth, and ethics.

The practicum training sequence utilized a set of developmentally-based competencies in the general areas of professional conduct, ethical conduct, assessment, interviewing, relationship skills, case conceptualization skills, intervention and treatment skills, supervision, and consultation, along with individual and cultural differences. Throughout training, I was provided group and individual supervision. My first two years (and a total of three out of the four year program) of practicum experience was in the Psychological Services Center (PSC), the program's in-house, community-based training clinic. Throughout the first two years, I was under the direct, live, and close supervision of a faculty supervisor and an advanced practicum student. The practicum experiences themselves were graded in complexity, moving from didactics, role playing,

observation of advanced students, and/or co-therapy to one highly supervised case with a client, and then to multiple assessment and/or treatment cases. A third level of professional functioning was with the external 'externship' practicum. The externship involved a placement at the University of Central Florida Anxiety Disorders Clinic under the supervision of Dr. Deborah Beidel and a placement at Catawba Hospital under the supervision of Dr. Yoon Jung. In my fourth year, I returned to the PSC to obtain additional psychotherapy training experiences and obtain supervisory experience working with less advanced practicum students.

In addition to the standard clinical core courses and practicum sequence, I was able to gain further supervised experience with evidence-based assessment measures and protocols through several specialized assessment clinics. In this capacity, I received extensive training and experience in diagnostic formulation, case conceptualization, comprehensive and integrated report writing, feedback to clients and/or parents, and consultative procedures. My assessment clinics experiences focused on childhood disorders including anxiety, externalizing, and autism spectrum disorders, or adult disorders particularly attentional, learning, anxiety, depression, and/or personality problems. Each assessment center had a dedicated clinical faculty member responsible for its mission, operations, and supervision.

I was able to obtain an internship (program requirement) at the Durham VA Medical Center, postdoctoral position at the VA VISN 6 Mental Illness Research, Education, and Clincal Center (MIRECC) and the Durham VA Medical Center, and currently an appointment as an assistant professor of psychology at the University of Central Florida. I was able to get licensed as a psychologist including successfully passing the EPPP. Throughout these experiences that included other students or alumni from other highly regarding training programs, I was able to see that I was extremely well trained and prepared to gain advanced clinical training, become licensed, and to practice psychology. In addition, given my extensive training in research, along with gaining experience in supervision and teaching, I feel quite prepared to contribute to the advancement of science in practice, the development and dissemination evidence-based practices, and the training of future clinical psychologists. In sum, I strongly believe that a PCSAS accredited program, such as Virginia Tech, more than adequately prepares its students to be effective clinical psychologists.

Commenter: Dr. James A. Coan Jr, University of Virgnia 6/27/18 10:32 am

Support for PCSAS as an accreditor of doctoral degrees in psychology

I am writing to express full support the petition for the addition of Psychological Clinical Science Accreditation System (PCSAS) as an accreditor of doctoral degrees in psychology to educational qualifications for licensure eligibility: Regulation 18VAC125-20-54

Thank you,

Dr. James Coan

Commenter: Joseph Allen, Professor, University of Virginia 6/27/18 11:08 am

Support for PCSAS as accreditor of doctoral degrees in Psychology

fully support the petition for the addition of Psychological Clinical Science Accreditation System (PCSAS) as an accreditor of doctoral degrees in psychology to educational qualifications for licensure eligibility: Regulation 18VAC125-20-54.

I believe it would be extremely beneficial to the Commonwealth of Virginia for the graduates from PCSAS accredited programs to be eligible for licensure in Virginia. Graduates from PCSAS accredited programs are extremely well trained, both as research scientists and as clinical practitioners. They attend highly regarded internship programs, have high passing rates on the EPPP, and pursue careers that focus both on the production of scientific knowledge and the

delivery and dissemination of evidence-based assessment and intervention techniques. Their expertise makes them exceptionally qualified and competent health service providers. Given the need for quality psychological services in Virginia, allowing the graduates from these programs to be licensed in Virginia would be a major service to the residents of Virginia. In addition, given their engagement in practice, supervision, and research, granting license eligibility to graduates from PCSAS accredited programs – a portion of whom go on to be faculty in doctoral, internship, and postdoctoral training programs – would be a major benefit to the future generations of clinical psychologists, to the field, and ultimately to the public's mental health. Essentially, allowing graduates from PCSAS accredited programs to be eligible for licensure in Virginia is in the interest of both the public and future generations of psychologists.

Commenter: Jill Lorenzi, Duke University 6/28/18 4:19 pm

PCSAS licensure in Virginia

I fully support the petition for the addition of Psychological Clinical Science Accreditation System (PCSAS) as an accreditor of doctoral degrees in psychology to educational qualifications for licensure eligibility: Regulation 18VAC125-20-54

I had the privilege of attending the Clinical Science Ph.D. training program in the Department of Psychology at Virginia Tech from 2009 until graduating in 2015. The clinical practice aspect of the training program provided me with a foundational and broad skill set such that I am able to provide research-supported assessment and intervention services. The practicum training sequence utilized a set of developmentally-based competencies in the general areas of professional conduct, ethical conduct, assessment, interviewing, relationship skills, case conceptualization skills, intervention and treatment skills, supervision, and consultation, along with individual and cultural differences. Throughout training, I was provided group and individual supervision. In addition to the standard clinical core courses and practicum sequence, I was able to gain further supervised experience with evidence-based assessment measures and protocols through several specialized assessment clinics. In this capacity, I received extensive training and experience in diagnostic formulation, case conceptualization, comprehensive and integrated report writing, feedback to clients and/or parents, and consultative procedures. My assessment clinic experiences focused on childhood disorders including anxiety, externalizing, and autism spectrum, or adult disorders particularly attentional, learning, anxiety, depression, and/or personality problems. Each assessment center had a dedicated clinical faculty member responsible for its mission, operations, and supervision.

For my final year of graduate training, I obtained a predoctoral clinical internship (program requirement) at Marcus Autism Center/Children's Healthcare of Atlanta. Following graduation, I obtained a postdoctoral position at Duke University Medical Center, and am currently a medical instructor at Duke University Medical Center in the Department of Psychiatry and Behavioral Sciences. I became licensed as a clinical psychologist in 2016 including successfully passing the EPPP. Throughout these experiences that included other students or alumni from other highly regarded training programs, I saw that I was extremely well trained and prepared to gain advanced clinical training, become licensed, and to practice psychology. In addition, given my extensive training in research, along with gaining experience in supervision and teaching, I feel very prepared to contribute to the advancement of science in practice, the development and dissemination evidence-based practices, and the training of future clinical psychologists. In sum, I strongly believe that a PCSAS accredited program, such as Virginia Tech, more than adequately prepares its students to be effective clinical psychologists.

Commenter: Sarah Kelleher, Duke University Medical Center 6/29/18 9:45 am

PCSAS licensure in Virginia

I fully support having students who graduated from clinical psychology doctoral programs that have received accreditation from the Psychological Clinical Science Accreditation System (PCSAS) to be eligible for licensure in Virginia.

Commenter: L. Alan Eby, Virginia Association for Psychological Science 7/2/18 12:19 pm

Support for PCSAS Accreditation for Licensure

The Virginia Association for Psychological Science (VAPS) supports the petition for including Psychological Clinical Science Accreditation System (PCSAS) as an additional accreditor of doctoral degrees in psychology to the education requirements and regulations for licensure as a clinical psychologist in Virginia.

Clinical psychologists have routinely been recognized as the most highly trained mental health professionals. Adding PCSAS recognizes and further demonstrates the high quality mental health training.

The ongoing public efforts in expanding health-care coverage - with attention to containing costs and improving services - requires increased training in science-informed assessment and treatment. PCSAS is well-positioned to provide this training.

The public trust in clinical psychology is increased with a reliance on science-informed treatment. Utilizing the best data-supported methods in clinical psychology assure the public of high quality mental and behavioral health care.

Virginia has a long history as a home to branches of the armed forces and US Department of Veterans Affairs facilities. The US Department of Veterans Affairs has already recognized PCSAS as a worthy and valuable accreditation program for clinical psychologists.

PCSAS enhances and strengthens the training of clinical psychologists. Virginia has demonstrated a history of exceedingly high standards for training and credentialing clinical psychologists. Other states with such high standards have already approved PCSAS (Illinois, Delaware, California, New Mexico, and New York). Recognizing PCSAS would demonstrate Virginia being on the forefront of continued high standards for clinical psychology training.

Finally, two of the prominent training programs for clinical psychologists in Virginia (University of Virginia- Psychology and Virginia Tech) have already met the stringent standards for PCSAS accreditation. Recognizing PCSAS will support future highly trained clinical psychologists remaining in the state and serving the public.

As an organization that supports and promotes psychological science in all forms, the Virginia Association for Psychological Science supports the petition to provide PCSAS parity with APA accreditation for clinical psychology licensure in Virginia.

L. Alan Eby, Psy.D. VAPS Immediate Past-President Licensed Clinical Psychologist

Signed on behalf of VAPS Executive Committee: Greg Koop, Ph.D. (President) Marilyn Gadomksi, Ph.D. (President-Elect) Virginia Mackintosh, Ph.D. (Treasurer) Craig Jackson, Ph.D. (Secretary)

Commenter: Sally C. Morton, Virginia Tech 7/3/18 7:20 am

PCSAS licensure in Virginia

The College of Science at Virginia Tech supports allowing students who have graduated from

clinical psychology doctoral programs that have received accreditation from the Psychological Clinical Science Accreditation System (PCSAS) to be eligible for licensure in Virginia. We support parity for both the American Psychological Association and PCSAS accreditation systems.

Sally C. Morton, Dean, College of Science, Virginia Tech

Commenter: Department of Psychology at the University of Virginia, Clinical faculty 7/3/18 3:50 pm

Support for PCSAS from Department of Psychology at the University of Virginia

The clinical faculty in the Department of Psychology at the University of Virginia fully supports allowing students who have graduated from clinical psychology doctoral programs that have received accreditation from the Psychological Clinical Science Accreditation System (PCSAS) to be eligible for licensure in Virginia. We support parity for both the American Psychological Association and PCSAS accreditation systems.

Bethany Teachman, Ph.D.

Professor and Director of Clinical Training

Commenter: James Ingram 7/6/18 10:32 am

For consideration

I am mow indifferent to the petition for rulemaking After looking up contining education for psycholists I saw that Virginia changed the carry over hours of continuing education https://leg1.state.va.us/cgi-bin/legp504.exe?151+sum+HB2243 https://www.richmondsunlight.com/bill/2015/hb2243/ {previously the American Psychological Society)} is The Association for Psychological Science (APS) Annual Convention offers typically 11 hours of continuing edication https://www.psychologicalscience.org/conventions/annual/continuing-education I do not see the Psychological Clinical Science Accreditation System offering such for equivalent for continuing education http://clinicalpsychgradschool.org/accre.php http://www.pcsas.org/accreditation/accredited-programs/ https://vtnews.vt.edu/articles/2015/07/073115-science-pcsasaccreditation.html https://forums.studentdoctor.net/threads/pcsas-recognized-by-va.1210559/ https://vtnews.vt.edu/articles/2015/07/073115-science-pcsasaccreditation.html http://www.pcsas.org/accreditation/accredited-programs/ https://forums.studentdoctor.net/threads/pcsas-recognized-by-va.1210559/

Commenter: Keith Richardson 7/6/18 10:42 am

Quick question / general statement

https://www.psyc.vt.edu/graduate/clinical/accreditation

Psychological Clinical Science Accreditation System (PCSAS

accredition is good for ten years right

Commenter: Lee Cooper, Virginia Tech 7/11/18 2:59 pm

Quick Question-Answer

PCSAS accreditation is for ten (10) years.

Commenter: Susan White, Virginia Tech 7/11/18 3:39 pm

Support

As a faculty member of the Virginia Tech Department of Psychology, I fully support the petition for the addition of Psychological Clinical Science Accreditation System (PCSAS) as an accreditor of doctoral degrees in psychology to educational qualifications for licensure eligibility: Regulation 18VAC125-20-54.

Graduates from PCSAS accredited programs demostrate a high caliber of professional and scientific knowledge, and are adequately prepared to seek licensure.

Commenter: Bradley White 7/12/18 1:52 pm

Support for PCSAS parity

I am writing in support of the petition for the addition of Psychological Clinical Science Accreditation System (PCSAS) as an accreditor of doctoral degrees in psychology to educational qualifications for licensure eligibility: Regulation 18VAC125-20-54

Commenter: Thomas Ollendick 7/16/18 11:25 am

PCSAS eligible for licensure

I believe it would be extremely beneficial to the Commonwealth of Virginia for the graduates from PCSAS accredited programs to be eligible for licensure in Virginia. Graduates from PCSAS accredited programs are extremely well trained, both as research scientists and as clinical practitioners. They attend highly regarded internship programs, have high passing rates on the EPPP, and pursue careers that focus both on the production of scientific knowledge and the delivery and dissemination of evidence-based assessment and intervention techniques. Their expertise makes them exceptionally qualified and competent health service providers. Given the need for quality psychological services in Virginia, allowing the graduates from these programs to be licensed in Virginia would be a major service to the residents of Virginia. In addition, given their engagement in practice, supervision, and research, granting license eligibility to graduates from PCSAS accredited programs – a portion of whom go on to be faculty in doctoral, internship, and postdoctoral training programs – would be a major benefit to the future generations of clinical psychologists, to the field, and ultimately to the public's mental health. Essentially, allowing graduates from PCSAS accredited programs to be eligible for licensure in Virginia is in the interest of both the public and future generations of psychologists.

Commenter: James Ingram 7/20/18 12:30 pm

Question regarding PCSAS requirements / predoctoral clinical training internship for psychology

Is PCSAS as stringent in its requirements when it comes to internship programs for college and universities?
Some universities when pursuing PCSAS accredition seek it as a replacement for APA.

The PCSAS information on its website do not say anything about working in tandem with feloowships, program matching, mentorship etcera

Community (local) based experience in regards to earning a doctorate is a must.
As the University of Minnesota points out

https://psychology.sas.upenn.edu/training-programs/clinical-training-program
https://www.indianapolis.va.gov/services/Psychology_Training.asp

http://www.umass.edu/counseling/training-opportunities/doctoral-internship-psychology

http://news.georgiasouthern.edu/2017/09/01/doctoral-internship-in-professional-health-service-psychology-granted-full-accreditation-by-apa/

https://clinical.gmu.edu/student-training-research

https://www.brown.edu/academics/medical/about/departments/psychiatry-and-human-behavior/training/clinical/clinical-psychology-internship-training-program

https://psychiatry.unm.edu/education/clinicalpsych/index.html

https://eoss.asu.edu/counseling/services/program/predoctoral

https://www.roosevelt.edu/academics/programs/doctorate-in-clinical-psychology-psyd

https://www.uky.edu/counselingcenter/apa-accredited-psychology-internship-program

https://psyc.umd.edu/graduate/clinical-psychology

http://www.pcsas.org/faq/

https://gs.howard.edu/graduate-programs/clinical-psychology

http://www.baypines.va.gov/BAYPINES/clinemp/PsychologyCareer/PreD/seminars.asp

http://news.psu.edu/story/450277/2017/02/10/penn-state-clinical-psychology-program-receives-noteworthy-accreditation

https://forums.studentdoctor.net/threads/pcsas-programs-app-process.985439/

http://psychzone.com/

https://psychcentral.com/blog/is-psychology-rotten-to-the-core/2/

https://www.psychologytoday.com/us/blog/theory-knowledge/201312/the-battle-the-identity-clinical-psychology

https://www.acadpsychclinicalscience.org/cmss_files/attachmentlibrary/PCSAS-FAQ-McFall.pdf

https://forums.studentdoctor.net/threads/second-doctorate.1279791/

http://www.marcus.org/About-Us/Training/Psychology/Predoctoral-Psych-Internship

http://www.apa.org/apags/resources/internships.aspx

and enter your comments here. You are limited to approximately 3000 words.

Commenter: Jonathan Waldron 7/23/18 3:00 pm

PCSAS licensure in Virginia

I fully support having students who graduated from clinical psychology doctoral programs that have received accreditation from the Psychological Clinical Science Accreditation System (PCSAS) to be eligible for licensure in Virginia.

Commenter: Adrienne Means-Christensen, private practice 7/23/18 4:51 pm

Support for PCSAS/APA Parity

I fully support the petition to add accreditation by the Psychological Clinical Science Accreditation System (PCSAS) to the educational qualifications for licensure: Regulation 18VAC125-20-54. There should clear documentation that students graduating from programs accredited by *either*

American Psychological Association (APA) *or* Psychological Clinical Science Accreditation System (PCSAS) be eligible for licensure in Virginia. In other words, I support parity for both the APA and PCSAS accreditation systems. The need for clinical scientists to be eligible for licensure is clear and graduates from PCSAS-accredited programs receive excellent training as both research scientists and clinical practitioners. These professionals will serve the field by both developing and providing effective, empirically-supported treatments.

Commenter: Christianne Esposito-Smythers, George Mason University 7/23/18 5:49 pm

Support for PCSAS licensure in VA

The faculty of the Clinical Psychology Ph.D. program at George Mason University (GMU) is in full support of having students who graduated from Clinical Psychology Ph.D. programs accredited by t.11.e Psychological Clinical Science Accreditation System (PCSAS) be eligible for licensure in Virginia. We support a change in the licensing guidelines (at whatever level of administration is necessary) to specifically reflect that students graduating from programs accredited by either APA -OR- PCSAS be eligible for licensure in Virginia. In other words, we support parity for both accreditation systems.

18VAC125-20-54. Education Requirements for Clinical Psychologists.

A. The applicant shall hold a doctorate from a professional psychology program in a regionally accredited university, which was accredited by the APA in clinical or counseling psychology within four years after the applicant graduated from the program, or shall meet the requirements of subsection B of this section.

B. If the applicant does not hold a doctorate from an APA accredited program, the applicant shall hold a doctorate from a professional psychology program which documents that it offers education and training which prepares individuals for the practice of clinical psychology as defined in § 54.1-3600 of the Code of Virginia and which meets the following criteria:

1. The program is within an institution of higher education accredited by an accrediting agency recognized by the United States Department of Education or publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing. Graduates of programs that are not within the United States or Canada must provide documentation from an acceptable credential evaluation service which provides information that allows the board to determine if the program meets the requirements set forth in this chapter.

2. The program shall be recognizable as an organized entity within the institution.

3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program, and shall have an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate professional role models and engage in actions that promote the student's acquisition of knowledge, skills and competencies consistent with the program's training goals.

4. The program shall encompass a minimum of three academic years of full-time graduate study or the equivalent thereof.

5. The program shall include a general core curriculum containing a minimum of three or more graduate semester hours or five or more graduate quarter hours in each of the following substantive content areas.

a. Biological bases of behavior (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, health psychology, pharmacology, neuroanatomy).

b. Cognitive-affective bases of behavior (e.g., learning theory, cognition, motivation, emotion).

c. Social bases of behavior (e.g., social psychology, group processes, organizational and systems theory, community and preventive psychology, multicultural issues).

d. Psychological measurement.

e. Research methodology.

f. Techniques of data analysis.

g. Professional standards and ethics.

6. The program shall include a minimum of at least three or more graduate semester credit hours or five or more graduate quarter hours in each of the following clinical psychology content areas:

a. Individual differences in behavior (e.g., personality theory, cultural difference and diversity).

b. Human development (e.g., child, adolescent, geriatric psychology).

c. Dysfunctional behavior, abnormal behavior or psychopathology.

d. Theories and methods of intellectual assessment and diagnosis.

e. Theories and methods of personality assessment and diagnosis including its practical application.

f. Effective interventions and evaluating the efficacy of interventions.

C. Applicants shall submit documentation of having successfully completed practicum experiences in assessment and diagnosis, psychotherapy, consultation and supervision. The practicum shall include a minimum of nine graduate semester hours or 15 or more graduate quarter hours or equivalent in appropriate settings to ensure a wide range of supervised training and educational experiences.

D. An applicant for a clinical license may fulfill the residency requirement of 1,500 hours, or some part thereof, as required for licensure in 18VAC125-20-65 B, in the pre-doctoral practicum supervised experience that meets the following standards:

1. The supervised professional experience shall be part of an organized sequence of training within the applicant's doctoral program, which meets the criteria specified in subsection A or B of this section.

2. The supervised experience shall include face-to-face direct client services, service-related activities, and supporting activities.

a. "Face-to-face direct client services" means treatment/intervention, assessment, and interviewing of clients.

b. "Service-related activities" means scoring, reporting or treatment note writing, and consultation related to face-to-face direct services.

c. "Supporting activities" means time spent under supervision of face-to-face direct services and service-related activities provided on-site or in the trainee's academic department, as well as didactic experiences, such as laboratories or seminars, directly related to such services or activities.

3. In order for pre-doctoral practicum hours to fulfill all or part of the residency requirement, the following shall apply:

a. Not less than one-quarter of the hours shall be spent in providing face-to-face direct client services;

b. Not less than one-half of the hours shall be in a combination of face-to-face direct service hours and hours spent in service-related activities; and

c. The remainder of the hours may be spent in a combination of face-to-face direct services, service-related activities, and supporting activities.

4. A minimum of one hour of individual face-to-face supervision shall be provided for every eight hours of supervised professional experience spent in direct client contact and service-related activities.

5. Two hours of group supervision with up to five practicum students may be substituted for one hour of individual supervision. In no case shall the hours of individual supervision be less than one-half of the total hours of supervision.

6. The hours of pre-doctoral supervised experience reported by an applicant shall be certified by the program's director of clinical training on a form provided by the board.

Statutory Authority

§§ 54.1-2400 and 54.1-3605 of the Code of Virginia.

Historical Notes

Derived from Volume 16, Issue 02, eff. November 10, 1999; amended, Virginia Register Volume 28, Issue 19, eff. June 20, 2012; Volume 29, Issue 25, eff. September 26, 2013.

Virginia Department of
Health Professions
Board of Psychology

Additional Information Provided by Lee Cooper

Frequently Asked Questions (FAQs) about the Psychological Clinical Science Accreditation System (PCSAS) and Psychological Clinical Science

1. PCSAS Basics.

The Psychological Clinical Science Accreditation System (PCSAS) is an independent, non-profit organization providing rigorous, objective, and empirically-based accreditation of Ph.D. programs that adhere to a *clinical science* training model -- one that increases the quality and quantity of clinical scientists contributing to all aspects of public health and extends the science base for mental health care.

The impetus for this new approach dates to a 1992 Summit Meeting on *The Future of Accreditation* sponsored by the National Institute of Mental Health (NIMH), the Association for Psychological Science (APS) and the Council of Graduate Departments of Psychology (COGDOP). PCSAS began to develop in 1995 and was formally established as an independent entity in 2007 by the Academy of Psychological Clinical Science (Academy), PCSAS's parent organization, which also was founded following the 92 Summit. The Academy's 75-80 member programs are doctoral training or internship programs who share a commitment to the primacy of science in the education and training of clinical psychologists.

To date, PCSAS has accredited 37 programs in the United States and Canada, with many others in various stages of the application process (See Accredited Programs). By almost all measures, these programs are among the most highly regarded in the field. For example, all 36 programs in the U.S are listed among the top 50 in *U.S. News & World Report* (*U.S. News* ranks only U.S. programs or it would be all 37!).

Similarly, all PCSAS programs are ranked highly by the National Academies of Science, have graduates who score much higher on average than those from other programs on state licensing exams, "match" at a significantly better rate than others in internship programs, and are distinguished by the publication records of PCSAS faculty.

2. Why now for PCSAS?

Science is preeminent in PCSAS programs, in research and clinical training. This primary commitment to scientific perspectives in all aspects of clinical psychology plus growing concerns about the nation's pressing but as yet unmet mental

health needs gave rise to PCSAS as a new accreditation system specifically designed to promote science-centered doctoral training.

The PCSAS aim is to foster clinical scientists who will improve public health by disseminating existing knowledge, delivering empirically-based clinical services and expanding scientific knowledge in clinical psychology. Our ultimate goal is to provide the public with mental health services that are safe, that work and that are cost effective.

3. What is "clinical science?"

Clinical science is the modern extension of the highest aspirations of what started as the Scientist-Practitioner (Boulder) model. The Boulder model was created in 1948-49 in response to the Veteran's Administration's need to identify clinical psychologists whose training enabled them to effectively address the mental health of returning veterans and their families. Within the modern clinical science model, science is paramount and training for clinical practice and for conducting research are fully integrated and reciprocal. Research should inform all aspects of clinical practice and clinical practice should continuously inform research. For a fuller description, see *Current Status and Future Prospects of Clinical Psychology*.

4. What is the relationship between PCSAS and APA-COA?

PCSAS is completely separate from the American Psychological Association and its Commission on Accreditation (APA-COA). Both organizations accredit clinical psychology education and training programs. However, the PCSAS mission is to accredit those doctoral programs that adhere to a clinical science training model, and APA-COA accredits a broader range of programs. PCSAS is now at 37 programs; APA is at over 400.

5. As a newer accreditation system, is PCSAS taking hold?

Yes, and gaining traction with each new accomplishment. PCSAS: became an independent accrediting body in 2007; accredited its first program in 2009; and in 2012, as soon as it was eligible, was recognized by the Council for Higher Education Accreditation (CHEA), the national body that certifies accrediting organizations. CHEA affirmed PCSAS standards and processes as meeting and exceeding CHEA's high standards for "quality, improvement, and accountability."

Today, PCSAS accredits thirty-seven clinical psychology programs in the United States and Canada, programs that are among the highest regarded in the field. All 36 programs in the U.S are listed among the top 50 in *U.S. News & World Report*. (*U.S. News* ranks only U.S. programs or it would be all 37!) Similarly, all PCSAS programs are ranked highly by the National Academies of Science, by

their graduates' scores on state licensing exams and by the publication records of their faculty.

In addition, PCSAS has been:

- Recognized by the U.S, Department of Veterans Affairs (VA), by far the largest trainer and employer of clinical psychologists in the world, as the sole eligibility requirement for VA internships and employment.
- Recognized at the National Institutes of Health (NIH), with the Director of the National Institute of Mental Health (NIMH) stating, "At NIMH, we thought of PCSAS at the cutting edge of where training should be in clinical psychological science, and as the model for how rigorous accreditation might have an influence even beyond psychology."
- Endorsed by many psychological and mental health organizations including: the Association for Psychological Science; the Academy of Psychological Clinical Science; the Association for Behavioral and Cognitive Therapies; the Society for a Science of Clinical Psychology; the Society for Research in Psychopathology; and most recently the Council of Graduate Departments of Psychology (COGDOP) and the Council of University Directors of Clinical Psychology (CUDCP) for internships.
- Recognized by the Association of Psychology Postdoctoral and Internship Centers (APPIC) for internship placements of PCSAS students.
- Recognized in the laws and regulations in a number of states, with Missouri being the most recent. More states are pending as evidence increasingly demonstrates that PCSAS programs exceed state eligibility requirements for graduates seeking to be licensed psychologists.
- Encouraged for support in the U.S. Congress in multiple Congressional Bills and Reports over multiple years, most recently in Department of Defense Appropriations for 2019, in which the U.S. House of Representatives "encourages the Assistant Secretary of Defense (Health Affairs) to review its regulations regarding employment of clinical psychologists who graduate from schools accredited by the Psychologist Clinical Science Accreditation System."
- Recognized in pending regulations for employment by the Office of the Surgeon General in the U.S. Public Health Service.

6. Are students from PCSAS programs qualified for a clinical internship?

Yes. All students from PCSAS-accredited programs must be fully prepared for the clinical internship that we require of all students. The PCSAS review criteria state specifically that:

> Students must acquire clinical competence through direct application training, including well organized and monitored science-based practicum and internship experiences.

Clinical science training in application should be characterized by:

(a) A clear scientific evidence base for the assessments and interventions taught; (b) An integrated focus on consistent evidence-based principles and processes across both research and applied activities; and (c) A meaningful assessment of skill acquisition in specific research-supported procedures for specific problems.

The organization that manages internship placements agrees. The Association of Psychology Postdoctoral and Internship Centers (APPIC) recently updated its policy specifically to allow PCSAS students to apply for approved internships.

7. I have heard that PCSAS only considers research in accrediting programs. Is that true?

No. PSCAS goes to great lengths to review a program's applied clinical training (e.g., in treatment and assessment). All PCSAS programs include high-quality research, but research is not the sole focus of the programs that are accredited by PCSAS. In fact, evaluating a program's clinical training is what takes up the most time and effort for each PCSAS site visit team and in every Review Committee discussion. PCSAS is designed to accredit programs that educate and train students in clinical science in the broad sense of that term. This means preparing students to work in both research and, importantly, in treatment settings. As one example, U.S. Public Health Service regulations now pending in the Office of the Surgeon General enables PCSAS graduates to be hired under either a Health Services (for treatment) or Science (for research) category.

8. If programs are accredited by both APA-COA and PCSAS, might they one day choose to be accredited by only one of these organizations?

This will be up to programs. Some may hold joint accreditation; others may maintain only PCSAS accreditation. Both are appropriate outcomes for PCSAS. To date, fourteen PCSAS programs – University of California-Berkeley, UCLA, University of Illinois, Stony Brook University, University of Delaware, Indiana University, University at Buffalo, University of Wisconsin, University of South Florida, Washington University at St. Louis, University of Arizona, University of Pennsylvania, Emory University and the University of Washington – have declared intentions they may be solely PCSAS-accredited in the future.

9. If programs drop APA-COA accreditation and remain accredited solely by PCSAS, will these programs stop training students in applications?

No. Treatment and clinical assessment of mental disorders are fundamental to PCSAS accreditation. First, most of a PCSAS site visit is devoted to evaluating applied education and clinical training. Second, if a program did not seek APA-

COA renewal, but wished to maintain PCSAS accreditation, we would approve that program only if it still maintained excellence in applied clinical science education and training. Finally, PCSAS's own continuing recognition by the Council of Higher Education Accreditation (CHEA) is dependent on PCSAS programs providing quality applied clinical training. CHEA recognition of PCSAS would be forfeited if such training did not occur.

10. I have heard that PCSAS is not recognized by the Department of Education (DOE). Is that a problem?

No. DOE recognition of an accrediting body mainly is for Title IV of The Higher Education Act for student federal financial aid -- for loans, grants and work-study. PCSAS students have access to these programs because the universities that house PCSAS programs are DOE-recognized already. So, PCSAS universities are federally recognized.

We also were advised by the Department's senior staff that because our universities already are DOE-recognized, we may not be even eligible for additional DOE recognition under the newer DOE principle of PCSAS having no "unique federal purpose." And we wouldn't learn if we were eligible until we submitted a several thousand page application and go at least partially through a multi-year review that is not be based on an assessment of our quality. This from the Department of Education accreditation website:

> "An accreditor seeking recognition from the Secretary of Education must… have a link to a federal program (e.g., federal student aid)." And "the criterion requiring a link to Federal [aid] programs have no bearing on the quality of an accreditor; however, they do have the effect of making some accreditors ineligible for recognition for reasons other than quality."

But make no mistake, PCSAS is federally recognized -- by the Department of Veterans Affairs, by far the largest provider of mental and behavioral health services in the world. It is a recognition that is substantially more focused on the quality of health and mental health training than would be had from DOE.

Further, a trend for all accrediting bodies either is not to seek DOE recognition in the first place (which PCSAS also has not sought) or to discontinue DOE recognition. The trend includes: Marriage and Family Therapy; Social Work; Counseling and Related Education Programs; Physician Assistants; Medical Physics; Audiology; Respiratory Care; Health Informatics; Nuclear Medicine; Healthcare Management; Forensic Science; and Educator and Teacher Preparation.

All these professions and PCSAS are recognized by the Council for Higher Education Accreditation (CHEA), which has as its sole purpose "to assure and

improve the academic quality of programs" through accreditation. None are DOE recognized. Some have dropped DOE recognition; not one has dropped CHEA.

Teacher Education provides a striking example. Two DOE-recognized accreditation systems merged to form the Council for the Accreditation of Education Preparation (CAEP), with over 800 programs. But CAEP, the largest and most influential education group of its type, elected not to be DOE-recognized. Why? Its programs already are in DOE-recognized universities, just like PCSAS programs. Of course, CAEP is CHEA-recognized.

The trend is not limited to health and education programs. The largest accreditor of Engineering and Computing Sciences, with over 3,700 programs, also dropped DOE recognition while maintaining CHEA.

In its role, CHEA provides a "seal of approval" in meeting standards that are indicators of quality, including to the federal government. The VA in recognizing PCSAS said they hold CHEA as the "gold standard" for determining quality.

11. What about internships and licensing for PCSAS students?

The pipeline from enrollment in a doctoral program to licensure as an independent professional involves several key steps.

1. All graduates from PCSAS-accredited programs must complete a clinical internship. A match system for internships is organized by the Association of Psychology Postdoctoral and Internship Centers (APPIC). APPIC policy had been that only students from APA-COA or the Canadian Psychological Association (CPA) were eligible for this match. This was not a problem since all PCSAS-accredited programs also are APA or CPA accredited. However, we are delighted that following discussions between PCSAS and APPIC and between the VA and APPIC, APPIC updated its policy to fully recognize PCSAS on par with APA and CPA. We support the change particularly since thirteen PCSAS programs – more than 1/3 of all PCSAS programs – have announced intentions they may be solely PCSAS accredited in the future.

   One important note. Throughout this discussion, we never were asking APPIC for special treatment for PCSAS students, only that PCSAS students be allowed to compete on a level playing field with APA and CPA students. If our students didn't measure up, they wouldn't be selected. (But of course PCSAS students do measure up. APPIC's most recent match data from 2011-2016 shows that PCSAS students were selected over those years at an average of a 90% to 94% match rate depending on definitional items, a much higher rate than for most other programs.)

2. APA-COA internship accreditation requires that APA-COA accredited internships accept students from APA or CPA accredited doctoral programs. There is a provision for an intern to come from non-APA/CPA programs, but "the program must discuss how the intern is appropriate for the internship program."

3. APA accreditation is recognized for entry level competencies to become a licensed psychologist in some states. Illinois, Delaware and Missouri now provide full legislative parity for PCSAS accreditation. Other states (e.g., New Mexico) provide regulatory parity. More (e.g., California, New York) do not link accreditation to licensing. So PCSAS graduates already can be licensed in many states.

As more states provide parity for PCSAS programs, the final step in the pathway for graduates of PCSAS-accredited programs will become easier, fulfilling the promise made by PCSAS: To provide the public with an increased supply of clinical scientists who have received advanced clinical and research education and training with the ultimate goal of reducing the nation's burden of mental illness by providing services that are safe, that work and that are cost-effective.

Virginia Department of
Health Professions
Board of Psychology

Information Provided by the ASPPB

Comparison of Quality Assurance Agencies' Standards in Psychology

March 2018

Both State Licensing Boards and accrediting agencies in psychology have as a critical goal the protection of the public. The focus for an accrediting body is ensuring that, at the program level, an appropriate curriculum is delivered by qualified faculty and that the program has procedures and policies in place to ensure quality and consistency in its education. The focus of the licensing board is to ensure that each individual acting as a psychologist in the state be appropriately qualified to serve the citizens of that state.

Please note that all of the documentation within Table I is taken directly from the preamble, standards, or statutes of the organization. A summary table is provided following.

TABLE I

Issue	APA CoA Standards of Accreditation	PCSAS standards
Goal for quality assurance	The accreditation process is intended to promote consistent quality and excellence in education and training in health service psychology. Training provides tangible benefits for prospective students; the local, national, and international publics that are consumers of psychological services; and the discipline of psychology itself. For the purposes of accreditation by the APA Commission on Accreditation (CoA) "health service psychology" is defined as the integration of psychological science and practice in order to facilitate human development and functioning. Health service psychology includes the generation and provision of knowledge and practices that encompass a wide range of professional activities relevant to health promotion,	PCSAS-accredited programs will prepare their graduates to assume independent responsibility for ensuring the delivery of mental and behavioral health care of the highest quality--whether the graduates themselves are delivering the care or are overseeing its delivery by others or are generating new knowledge related to mental heatlh care at a basic or an applied level. The structure of tomorrow's health care system--i.e., who delivers what services to whom--should be decided based on the best scientific evidence available. Clinical psychologists trained as scientists in PCSAS-accredited programs should be qualified to play leading roles in designing, building, overseeing, and evaluating the science-driven health-care system of tomorrow.

	prevention, consultation, assessment, and treatment for psychological and other health-related disorders.	
External recognition[1]	Recognized by USDE and CHEA	Recognized by CHEA
Training Provides Preparation for	Doctoral and internship education and training in preparation for entry-level practice in health service psychology should be broad and professional in its orientation rather than narrow and technical. This preparation should be based on the existing and evolving body of knowledge, skills, and competencies that define the declared substantive practice area(s) and should be well integrated with the broad theoretical and scientific foundations of the discipline and field of psychology in general.	Programs with a chief mission of preparing graduates have demonstrated that they are competent (a) to conduct research relevant to the assessment, prevention, treatment, and understanding of health and mental health disorders; and (b) to use science-based methods and evidence to deisgn, develop, select, evaluate, deliver, supervise, and disseminate empirically based assessments, interventions, and prevention strategies.
Education in psychological science	The competent practice of psychology requires attention to the empirical basis for all methods involved in psychological practice, including a scientific orientation toward psychological knowledge and methods. Therefore, education and training as a psychologist should be based on the existing and evolving body of general knowledge and methods in the science and practice of psychology, whether in	A program must demonstrate a strong commitment to high-quality science-centered education and training in clinical psychology that arms them with the knowledge and skills required for successful careers as clinical scientists, broadly defined. C. General Accreditation Standards (note sections b, d,e omitted as they do pertain to this item)

[1] *Since the 1970s there have been two recognition bodies of educational accreditors – one federal one non-federal. The federal recognition body, the Secretary of the United States Department of Education has been charged by federal law to recognize "reliable authorities" on the quality of institutions and programs for the purposes of federal funding and entry to the federal workforce (federal loans, federal education training grants, etc. – see http://www.chea.org/pdf/Overview%20of%20US%20Accreditation%202012.pdf on the types of recognition bodies). Accrediting bodies in a profession where licensure exists in that profession must provide information to USDE on the licensure rates of students in its programs (602.16). Further, the Higher Education Opportunity Act (2008) that guides USDE recognition requires that an accrediting body look at the agencies it accredits on an annual basis. There have been three non-federal recognition bodies since the 1970's; the current non-federal recognition body is the Council of Higher Education Accreditation (CHEA). The CHEA Board is composed of institutional Presidents and Provosts in an effort to ensure that accreditors are of appropriate quality for their institutions. CHEA does not have any statements on the licensure of program graduates and does not require annual reporting on student progress. For information on the recognition of accrediting agencies by USDE and CHEA, see http://www.chea.org/pdf/CHEA_USDE_AllAccred.pdf .*

	preparation for entry-level practice or in preparation for advanced-level practice in a substantive traditional or specialty practice area. Broad and general knowledge in the discipline of psychology is foundational to and should be well integrated with the specific knowledge, skills, attitudes, and values that define a particular area of interest in health service psychology. The relative emphasis a particular program places on science and practice should be consistent with its training aims and the intended career path of its students/trainees. However, all programs should enable their students to understand the value of science for the practice of psychology and the value of practice for the science of psychology. Profession wide competencies include certain competencies required for all students who graduate from programs accredited in health service psychology. Programs must provide opportunities for all of their students to achieve and demonstrate each required profession wide competency. Although in general, the competencies appearing at or near the top of the following list serve as foundations upon which later competencies are built, each competency is considered critical for graduates in programs accredited in health service psychology. The specific requirements for each competency are articulated in Implementing Regulations. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence base whentraining students in the following competency	(a) Conceptual foundations: To be eligible for review, each applicant program necessarily will have endorsed the epistemology, mission, goals, and domain that define PCSAS accreditation. However, a hallmark of PCSAS accreditation is its flexibility; programs are given leeway to develop their own distinctive and innovative approaches to translating these abstract principles into practical, effective, real-world doctoral programs. This may involve particular local resources and opportunities, as well as more general efforts to move the field forward with well-conceived training innovations. The Review Committee (RC) is responsible for evaluating the quality, coherence, integrity, and success of each individual program's particular interpretation and embodiment of these core concepts. (c) Quality of the science: The RC evaluates the overall quality of the scientific content, methods, and products of the program's doctoral training and education; i.e., how well the program embodies the very best, cutting-edge science of the discipline.

	areas. Students must demonstrate competence in: i. Research ii. Ethical and legal standards iii. Individual and cultural diversity iv. Professional values, attitudes, and behaviors v. Communication and interpersonal skills vi. Assessment vii. Intervention viii. Supervision ix. Consultation and interprofessional/interdisciplinary skills	
Practicum	3. Required Practicum Training Elements a. Practicum must include supervised experience working with diverse individuals with a variety of presenting problems, diagnoses, and issues. The purpose of practicum is to develop the requisite knowledge and skills for graduates to be able to demonstrate the competencies defined above. The doctoral program needs to demonstrate that it provides a training plan applied and documented at the individual level, appropriate to the student's current skills and ability, that ensures that by the time the student applies for internship the student has attained the requisite level of competency. b. Programs must place students in settings that are committed to training, that provide experiences that are consistent with health service psychology and the program's aims, and that enable students to attain and demonstrate appropriate competencies.	Students must acquire clinical competence through direct application training, including well organized and monitored, science-based practicum and internship experiences.

	c. supervision must be provided by appropriately trained and credentialed individuals. d. As part of a program's ongoing commitment to ensuring the quality of their graduates, each practicum evaluation must be based in part on direct observation of the practicum student and her/his developing skills (either live or electronically).	
Internship	Required Internship Training Elements. The program must demonstrate that all students complete a one year full-time or two year part-time internship. The program's policies regarding student placement at accredited versus unaccredited internships should be consistent with national standards regarding internship training. a. Accredited Internships. Students are expected to apply for, and to the extent possible, complete internship training programs that are either APA- or CPAaccredited. For students who attend accredited internships, the doctoral program is required to provide only the specific name of the internship. b. Unaccredited Internships. When a student attends an unaccredited internship, it is the responsibility of the doctoral program to provide evidence demonstrating quality and adequacy of the internship experience. This must include information on the following: i. the nature and appropriateness of the training activities;	Students must acquire clinical competence through direct application training, including well organized and monitored, science-based practicum and internship experiences.

	ii. frequency and quality of supervision; iii. credentials of the supervisors; iv. how the internship evaluates student performance; v. how interns demonstrate competency at the appropriate level; vi. documentation of the evaluation of its students in its student files.	
Measures of outcomes	USDE requires graduate programs to publically report licensure rates for graduates (as an outcome measure). USDE requires: that accrediting agency (accreditor) standards effectively address the quality of the institution or program in regards to success with respect to student achievement in relation to the institution's mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of course completion, state licensing examination, and job placement rates. APA CoA also requires annual public reporting of outcome information, which consists of time to degree completion, student attrition, program costs, internship placement, and licensure. APA-CoA accreditation is reviewed annually, via the submission of data and information, as well as program attestation of compliance with standards. Each program undergoes an extensive periodic review that involves a self-study report and a site visit every on an up to 10 year basis.	CHEA currently does not require annual public reporting of outcomes. CHEA standards include expectations of program quality, that are consistent with a program's mission and that a program routinely provides information to the public on program performance that includes student achievement . PCSAS does not specify requirements for public reporting or outcome data for the accreditation application or renewal. The PCSAS General Accrediation Standards note: (e) Outcomes: The RC's evaluations place the greatest weight on each program's record of success – i.e., to what extent do the activities and accomplishments of its faculty, students, and graduates (from the last 10 years) exemplify the kinds of outcomes one expects of programs that successfully educate high-quality, productive psychological clinical scientists. PCSAS requires a site visit when applying for accreditation, which can be renewed after 10 years.

Due Process and Grievance Procedures for Students	Areas of Coverage. The program has and adheres to for mal written policies and procedures that govern students as they enter, progress through, and matriculate from the progr am. These must include policies relevant to: e. due process and grievance procedures;	Not specifically addressed in the standards.
Diverse faculty and students	The program has made systematic, coherent, and long-term efforts to attract and retain students and faculty from diverse backgrounds into the program.	Not specifically addressed in the standards.
Number of Accredited Doctoral Programs	398 (as of November 2017)	35 (as of March 2018)

TABLE II

Summary Analysis of Table I – key points based on review of specific standards

Issue	APA CoA Standards of Accreditation	PCSAS standards
Goal for quality assurance	Role of standards in ensuring preparation for the practice of psychology.	To advance public health by using accreditation to promote science-centered education and training in clinical psychology.
External recognition	Recognized by USDE and CHEA	Recognized by CHEA
Role for psychologist	Broad preparation for entry to practice as an independent practitioner able to integrate the science and practice of the discipline and profession.	Clinical scientists trained in PCSAS-accredited programs will be well-qualified to play leading roles in designing, building, evaluating and delivering the science-driven health-care system of tomorrow.
Education in psychological science	Clear areas of knowledge in scientific psychology are required and are listed in the standards. Evidence of achievement of competence in those areas is assessed.	There are no clear requirements in terms of the knowledge base of the discipline. The RC evaluates the overall quality of the scientific content, methods, and products of the program's doctoral training and education, i.e., how well the program embodies the very best, cutting-edge science of the discipline.
Practicum	Specific requirements detailed in the standards.	Broad statement that programs must provide.
Internship	Specific requirements detailed in the standards.	Broad statement that programs must provide.
Measures of outcomes	USDE requires graduate programs to publically report licensure rates for graduates. APA CoA also requires annual public reporting of time to degree completion, student attrition, program costs, internship placement, and licensure. APA-CoA accreditation is reviewed annually, via the submission of data and information, as well as program attestation of compliance with standards.	CHEA currently does not require annual public reporting of outcomes. PCSAS requires data for the last ten years must be provided to document the applicant program's performance in relation to all of the various PCSAS criteria *(not specified).*

	Each program undergoes an extensive periodic review that involves a self-study report and a site visit every on an up to 10 year basis.	

Important Issues to Consider:

1. Currently, all programs accredited by PCSAS are accredited by the APA Commission on Accreditation.
2. The PCSAS web documents and overview materials make promises on how, as an accreditation system, it meets the needs of psychology and the public for the future. The lack of detail in its standards, in its policies, and in the documents provided to PCSAS by programs for review in seeking accreditation, are very general. The system is geared toward encouraging innovation in psychological science and research in a manner similar to many other sciences, such as chemistry, physics, etc. The standards do not require nor do they make clear when students gain experience in assessment, intervention, etc. and if or when these are assessed.
3. In terms of protection of the public, PCSAS states that it is outcome driven and that it reviews the outcomes of students in its programs and its program graduates. In the requirements for the self-study, the only outcome data consistently required are data on program graduates 10 years out. No specifics on the needed data for that demonstration is provided. At this time only the APA – CoA requires an assessment of competency in the individual's attitudes, skills and abilities linked to professional practice of psychology.

References and sources for additional information;

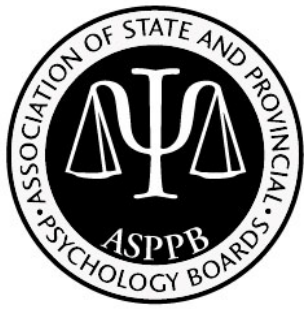
Association of Specialized and Professional Accreditors - http://www.aspa-usa.org/

CHEA website – http://www.chea.org

CoA Standards of Accreditation - http://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf

PCSAS standards - http://www.pcsas.org

USDE standards - http://www2.ed.gov/admins/finaid/accred/index.html



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Supporting member jurisdictions in fulfilling
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February 5, 2018

Members of the Arizona Board of Psychologist Examiners

It has come to our attention that a bill has been introduced in the Arizona legislature (HB2237) to amend the state's psychology licensure requirements to accept graduates from academic institutions holding accreditation from the Psychology Clinical Science Accreditation System (PCSAS) as meeting the educational requirements contained in the Arizona licensure act. ASPPB has grave concerns about accepting PCSAS accreditation in the granting of a license to practice psychology since the avowed focus and purpose of the academic programs accredited by PCSAS is to prepare clinical scientists, not practitioners. The goal of PCSAS accredited programs is to prepare scientists and researchers who can extend our knowledge of human behavior and to assume positions in institutions of higher education and research centers as scientists and faculty members. We applaud this goal. Our concern rests in the lack of rigor or specificity in the PCSAS accreditation standards to insure competence in the delivery of psychological services to the public. Protection of the public is the main duty and purpose of a licensing law and board so the ability to establish criteria that can reasonably be expected to insure basic competence in the practice of psychology is a bedrock responsibility.

According to their own published standards, PCSAS accreditation is designed to "promote the training of psychological clinical scientists"(all quotations are taken directly from the PCSAS website). "Accreditation is limited to Ph.D. programs with a primary mission of providing all students with high-quality, science-centered education and clinical training that arms them with the knowledge and skills required for successful careers as clinical scientists, broadly defined." The PCSAS accreditation standards go on to review 5 primary program areas to be evaluated: Conceptual Foundations; Design and Resources, Quality of the Science, Quality Improvement; and Outcomes.

From a licensure perspective, the issues with PCSAS accreditation include the following:

1. **Lack of standardization of curriculum.** PCSAS states that "a hallmark of PCSAS accreditation is flexibility; programs are given leeway to develop their own distinctive and innovative approaches to translating these abstract principles into practical, effective, real-world doctoral programs." They go on to add "Meritorious clinical science training is not restricted to one particular set of courses, training methods, or content areas. Rather, it is assumed that there are multiple ways to reach common goals. Thus, it is up to each program to specify

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its goals; to develop a clear plan for achieving these goals; to devise a curriculum that gives individual students the necessary flexibility to tailor their training to their specific goals".

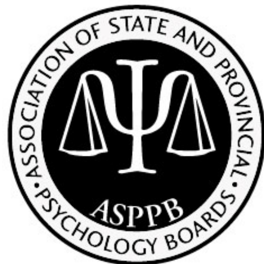
They also add that "although there are few specific course requirements for PCSAS accreditation, the Review Committee will look for evidence that the program
(a) provides effective training in the major areas of psychological clinical science–i.e., psychopathology and diagnosis, broadly conceived; clinical assessment, measurement, and individual differences; and prevention and intervention;"

Licensing boards rely on programmatic accrediting bodies to ensure that the students in a program have been exposed to and become competent in a core body of knowledge that is considered necessary for the independent practice of psychology. As PCSAS states, it values flexibility and innovation over training in a particular body of knowledge, and will evaluate programs in how well they succeed in providing their students the education that the **program itself** has identified as necessary. This tactic does not allow for licensure bodies to be assured that each student has achieved competence in the core body of knowledge. All accreditation systems evaluate the quality of a training program as a whole. Licensing bodies are charged with evaluating the qualifications of an individual applying for a license. Licensing boards should be able to look to program accreditation as a sign that an applicant has been exposed to the core knowledge and clinical experience that will prepare them for practice in the broad and complex arenas that a career in the practice of psychology may require. An accreditation system that allows a program and even an individual student to design a program of study with a very narrow area of focus may well produce a highly trained expert in one or more conditions or treatments but this does not protect the public should that individual decide to take that license and practice more broadly anytime throughout their career.

2. Lack of specificity regarding applied training. PCSAS states that "Students must acquire clinical competence through direct application training, including well organized and monitored, science-based practicum and internship experiences. Innovative approaches to the design and implementation of the applied training are encouraged, with the aim of improving the effectiveness and efficiency of the clinical training; however, programs are expected to provide evidence that such innovations achieve or exceed the intended results." They follow up with "there are few requirements regarding specific coursework or other specific forms of applied training experiences that must be provided across all accredited programs. However, the training should produce clinically competent, license-eligible graduates."

Again, there is little to no direction in terms of how much practicum or internship training is required. While most accredited internships in psychology require a year-long experience in a health care setting under the supervision of a licensed psychologist, PCSAS is silent on this expectation, leading to the possibility that a much shorter experience within a research lab could be acceptable. This possibility does not allow for licensing boards to rely on the accredited status of the training program to ensure that licensure applicants have the appropriate clinical training.

3. Lack of acknowledgment of the need for faculty who supervise clinical training to themselves be licensed. The PCSAS accreditation standards describe the criteria for acceptable faculty as solely based on their research expertise. There is no expressed requirement that any faculty member hold a license to practice psychology.



Representatives from PCSAS approached ASPPB several years ago seeking ASPPB's endorsement of PCSAS accreditation to our member licensing board jurisdictions. PCSAS and ASPPB representatives met for several hours where these same concerns were shared. ASPPB was assured that PCSAS would consider these concerns and seek to amend their accreditation standards to address the issues identified. To date it appears that some vague references to competence in clinical practice have been inserted into various documents on the PCSAS website (e.g. FAQs) but there has been no comprehensive or substantive improvement in the standards for accreditation to address the issues discussed above.

Licensing boards are charged with the task of ensuring to the public that all of the psychologists they license are competent to practice independently. Program accreditation is a critical piece of information for licensing boards to evaluate the quality of the training that an applicant has received. Recognizing and accepting a program accreditation system that is not focused on competence in the delivery of psychological services should be a concern to members of the Arizona Board of Psychologist Examiners who are charged to protect the citizens of Arizona from possible harm.

We urge you to voice your concerns to the Arizona legislature about this piece of legislation (HB2237).

Sincerely,

Stephen T. DeMers, Ed.D.
Chief Executive Officer

Virginia Department of
Health Professions
Board of Psychology

Executive Director's Report

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

	108- Psychology
Board Cash Balance as June 30, 2017	$ 1,037,083
YTD FY18 Revenue	407,740
Less: YTD FY18 Direct and Allocated Expenditures	527,706
Board Cash Balance as June 30, 2018	917,117

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2017 and Ending June 30, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	73,985.00	41,350.00	(32,635.00)	178.92%
4002406	License & Renewal Fee	324,350.00	519,695.00	195,345.00	62.41%
4002407	Dup. License Certificate Fee	360.00	115.00	(245.00)	313.04%
4002409	Board Endorsement - Out	4,525.00	2,050.00	(2,475.00)	220.73%
4002421	Monetary Penalty & Late Fees	4,450.00	1,130.00	(3,320.00)	393.81%
4002432	Misc. Fee (Bad Check Fee)	70.00	70.00	-	100.00%
	Total Fee Revenue	407,740.00	564,410.00	156,670.00	72.24%
	Total Revenue	407,740.00	564,410.00	156,670.00	72.24%
5011110	Employer Retirement Contrib.	6,884.91	6,894.00	9.09	99.87%
5011120	Fed Old-Age Ins- Sal St Emp	3,964.49	4,398.00	433.51	90.14%
5011140	Group Insurance	668.58	670.00	1.42	99.79%
5011150	Medical/Hospitalization Ins.	7,738.00	7,776.00	38.00	99.51%
5011160	Retiree Medical/Hospitalizatn	602.13	603.00	0.87	99.86%
5011170	Long term Disability Ins	336.93	338.00	1.07	99.68%
	Total Employee Benefits	20,195.04	20,679.00	483.96	97.66%
5011200	Salaries				
5011230	Salaries, Classified	51,098.64	51,099.00	0.36	100.00%
5011250	Salaries, Overtime	1,610.49	6,371.00	4,760.51	25.28%
	Total Salaries	52,709.13	57,470.00	4,760.87	91.72%
5011300	Special Payments				
5011340	Specified Per Diem Payment	1,400.00	2,350.00	950.00	59.57%
5011380	Deferred Compnstn Match Pmts	480.00	480.00	-	100.00%
	Total Special Payments	1,880.00	2,830.00	950.00	66.43%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	74,784.17	80,979.00	6,194.83	92.35%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	-	172.00	172.00	0.00%
5012140	Postal Services	4,560.83	4,560.00	(0.83)	100.02%
5012150	Printing Services	150.99	82.00	(68.99)	184.13%
5012160	Telecommunications Svcs (VITA)	126.78	425.00	298.22	29.83%
5012190	Inbound Freight Services	0.81	-	(0.81)	0.00%
	Total Communication Services	4,839.41	5,239.00	399.59	92.37%
5012200	Employee Development Services				
5012210	Organization Memberships	2,750.00	5,500.00	2,750.00	50.00%
	Total Employee Development Services	2,750.00	5,500.00	2,750.00	50.00%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	8,735.38	8,270.00	(465.38)	105.63%
5012440	Management Services	77.01	330.00	252.99	23.34%
5012460	Public Infrmtnl & Relatn Svcs	644.00	-	(644.00)	0.00%
5012470	Legal Services	55.00	250.00	195.00	22.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2017 and Ending June 30, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
	Total Mgmnt and Informational Svcs	9,511.39	8,850.00	(661.39)	107.47%
5012600	Support Services				
5012640	Food & Dietary Services	1,147.36	432.00	(715.36)	265.59%
5012650	Laundry and Linen Services	19.05	-	(19.05)	0.00%
5012660	Manual Labor Services	1,735.86	427.00	(1,308.86)	406.52%
5012670	Production Services	938.61	935.00	(3.61)	100.39%
5012680	Skilled Services	8,785.16	13,815.00	5,029.84	63.59%
	Total Support Services	12,626.04	15,609.00	2,982.96	80.89%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	4,491.59	2,822.00	(1,669.59)	159.16%
5012830	Travel, Public Carriers	1,725.94	-	(1,725.94)	0.00%
5012850	Travel, Subsistence & Lodging	2,457.99	101.00	(2,356.99)	2433.65%
5012880	Trvl, Meal Reimb- Not Rprtble	980.75	139.00	(841.75)	705.58%
	Total Transportation Services	9,656.27	3,062.00	(6,594.27)	315.36%
	Total Contractual Svs	39,383.11	38,260.00	(1,123.11)	102.94%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	502.30	348.00	(154.30)	144.34%
5013130	Stationery and Forms	20.36	1,554.00	1,533.64	1.31%
	Total Administrative Supplies	522.66	1,902.00	1,379.34	27.48%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	0.25	2.00	1.75	12.50%
	Total Repair and Maint. Supplies	0.25	2.00	1.75	12.50%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	26.00	26.00	0.00%
5013630	Food Service Supplies	-	100.00	100.00	0.00%
	Total Residential Supplies	-	126.00	126.00	0.00%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	-	10.00	10.00	0.00%
	Total Specific Use Supplies	-	10.00	10.00	0.00%
	Total Supplies And Materials	522.91	2,040.00	1,517.09	25.63%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	32.00	32.00	0.00%
	Total Insurance-Fixed Assets	-	32.00	32.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	520.12	540.00	19.88	96.32%
5015350	Building Rentals	13.23	-	(13.23)	0.00%
5015390	Building Rentals - Non State	3,047.84	3,531.00	483.16	86.32%
	Total Operating Lease Payments	3,581.19	4,071.00	489.81	87.97%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	120.00	120.00	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2017 and Ending June 30, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5015540	Surety Bonds	-	8.00	8.00	0.00%
	Total Insurance-Operations	-	128.00	128.00	0.00%
	Total Continuous Charges	3,581.19	4,231.00	649.81	84.64%
5022000	Equipment				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	52.00	52.00	0.00%
	Total Educational & Cultural Equip	-	52.00	52.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	70.00	70.00	0.00%
5022620	Office Furniture	631.23	-	(631.23)	0.00%
	Total Office Equipment	631.23	70.00	(561.23)	901.76%
5022700	Specific Use Equipment				
5022710	Household Equipment	6.92	-	(6.92)	0.00%
	Total Specific Use Equipment	6.92	-	(6.92)	0.00%
	Total Equipment	638.15	122.00	(516.15)	523.07%
	Total Expenditures	118,909.53	125,632.00	6,722.47	94.65%
	Allocated Expenditures				
20100	Behavioral Science Exec	111,781.04	126,198.60	14,417.56	88.58%
30100	Data Center	90,358.53	65,999.99	(24,358.53)	136.91%
30200	Human Resources	12,314.70	13,463.97	1,149.26	91.46%
30300	Finance	29,834.14	27,117.42	(2,716.71)	110.02%
30400	Director's Office	15,678.43	14,392.07	(1,286.36)	108.94%
30500	Enforcement	97,466.99	86,498.72	(10,968.27)	112.68%
30600	Administrative Proceedings	22,627.95	15,113.42	(7,514.53)	149.72%
30700	Impaired Practitioners	674.82	979.58	304.76	68.89%
30800	Attorney General	6,378.16	6,378.45	0.28	100.00%
30900	Board of Health Professions	8,417.87	8,175.79	(242.09)	102.96%
31100	Maintenance and Repairs	-	315.52	315.52	0.00%
31300	Emp. Recognition Program	430.59	215.79	(214.80)	199.54%
31400	Conference Center	4,047.04	4,399.82	352.78	91.98%
31500	Pgm Devlpmnt & Implmentn	8,786.49	8,103.62	(682.87)	108.43%
	Total Allocated Expenditures	408,796.76	377,352.77	(31,443.99)	108.33%
	Net Revenue in Excess (Shortfall) of Expenditures	$ (119,966.29)	$ 61,425.23	$ 181,391.52	195.30%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2017 and Ending June 30, 2018

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	May	June	Total
4002400	Fee Revenue													
4002401	Application Fee	8,490.00	8,565.00	8,680.00	5,890.00	5,425.00	4,970.00	5,870.00	6,045.00	4,475.00	4,200.00	7,030.00	4,345.00	**73,985.00**
4002406	License & Renewal Fee	7,740.00	2,340.00	975.00	1,635.00	690.00	610.00	945.00	425.00	785.00	323.00	127,018.00	180,864.00	**324,350.00**
4002407	Dup. License Certificate Fee	105.00	35.00	25.00	35.00	10.00	-	35.00	15.00	10.00	30.00	25.00	35.00	**360.00**
4002409	Board Endorsement - Out	400.00	250.00	350.00	450.00	300.00	300.00	450.00	450.00	400.00	475.00	500.00	200.00	**4,525.00**
4002421	Monetary Penalty & Late Fees	2,750.00	625.00	300.00	150.00	75.00	75.00	100.00	140.00	135.00	-	100.00	-	**4,450.00**
4002432	Misc. Fee (Bad Check Fee)	35.00	35.00	-	-	-	-	-	-	-	-	-	-	**70.00**
	Total Fee Revenue	19,520.00	11,850.00	10,330.00	8,160.00	6,500.00	5,955.00	7,400.00	7,075.00	5,805.00	5,028.00	134,673.00	185,444.00	**407,740.00**
	Total Revenue	19,520.00	11,850.00	10,330.00	8,160.00	6,500.00	5,955.00	7,400.00	7,075.00	5,805.00	5,028.00	134,673.00	185,444.00	**407,740.00**
5011000	Personal Services													
5011100	Employee Benefits													
5011110	Employer Retirement Contrib.	838.59	575.84	575.84	575.84	575.84	575.84	575.84	575.84	575.84	575.84	575.84	287.92	**6,884.91**
5011120	Fed Old-Age Ins- Sal St Emp	469.69	320.17	320.17	328.94	342.77	344.07	331.36	329.95	338.42	324.30	334.18	180.47	**3,964.49**
5011140	Group Insurance	81.42	55.92	55.92	55.92	55.92	55.92	55.92	55.92	55.92	55.92	55.92	27.96	**668.58**
5011150	Medical/Hospitalization Ins.	944.50	647.00	647.00	647.00	647.00	647.00	647.00	647.00	647.00	647.00	647.00	323.50	**7,738.00**
5011160	Retiree Medical/Hospitalizatn	73.35	50.36	50.36	50.36	50.36	50.36	50.36	50.36	50.36	50.36	50.36	25.18	**602.13**
5011170	Long term Disability Ins	41.04	28.18	28.18	28.18	28.18	28.18	28.18	28.18	28.18	28.18	28.18	14.09	**336.93**
	Total Employee Benefits	2,448.59	1,677.47	1,677.47	1,686.24	1,700.07	1,701.37	1,688.66	1,687.25	1,695.72	1,681.60	1,691.48	859.12	**20,195.04**
5011200	Salaries													
5011230	Salaries, Classified	6,278.55	4,268.58	4,268.58	4,268.58	4,268.58	4,268.58	4,268.58	4,268.58	4,268.58	4,268.58	4,268.58	2,134.29	**51,098.64**
5011250	Salaries, Overtime	-	-	-	114.51	295.50	295.50	129.28	110.81	221.63	36.94	166.22	240.10	**1,610.49**
	Total Salaries	6,278.55	4,268.58	4,268.58	4,383.09	4,564.08	4,564.08	4,397.86	4,379.39	4,490.21	4,305.52	4,434.80	2,374.39	**52,709.13**
5011340	Specified Per Diem Payment	50.00	300.00	-	-	400.00	-	-	150.00	100.00	50.00	350.00	-	**1,400.00**
5011380	Deferred Compnstn Match Pmts	60.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	20.00	**480.00**
	Total Special Payments	110.00	340.00	40.00	40.00	440.00	40.00	40.00	190.00	140.00	90.00	390.00	20.00	**1,880.00**
	Total Personal Services	8,837.14	6,286.05	5,986.05	6,109.33	6,704.15	6,305.45	6,126.52	6,256.64	6,325.93	6,077.12	6,516.28	3,253.51	**74,784.17**
5012000	Contractual Svs													**-**
5012100	Communication Services													**-**
5012140	Postal Services	2,250.32	1,062.80	233.16	462.65	45.28	120.72	46.65	84.57	73.16	114.59	17.10	49.83	**4,560.83**
5012150	Printing Services	-	-	90.06	-	-	-	-	-	-	40.57	20.36	-	**150.99**
5012160	Telecommunications Svcs (VITA)	17.28	17.97	-	-	9.04	-	9.04	18.08	18.08	9.04	10.45	17.80	**126.78**
5012190	Inbound Freight Services	-	-	-	-	-	-	-	-	-	-	0.81	-	**0.81**
	Total Communication Services	2,267.60	1,080.77	323.22	462.65	54.32	120.72	55.69	102.65	91.24	164.20	48.72	67.63	**4,839.41**
5012200	Employee Development Services													
5012210	Organization Memberships	-	-	-	-	2,750.00	-	-	-	-	-	-	-	**2,750.00**
	Total Employee Development Services	-	-	-	-	2,750.00	-	-	-	-	-	-	-	**2,750.00**
5012400	Mgmnt and Informational Svcs													
5012420	Fiscal Services	4,175.09	4,277.00	185.47	64.46	10.55	-	5.43	-	9.99	3.94	-	3.45	**8,735.38**
5012440	Management Services	-	56.16	-	(0.99)	-	5.13	-	3.65	-	5.89	-	7.17	**77.01**
5012460	Public Infrmtnl & Relatn Svcs	-	32.00	86.00	60.00	64.00	66.00	36.00	42.00	42.00	80.00	56.00	80.00	**644.00**
5012470	Legal Services	-	-	-	-	-	-	-	-	-	-	55.00	-	**55.00**
	Total Mgmnt and Informational Svcs	4,175.09	4,365.16	271.47	123.47	74.55	71.13	41.43	45.65	51.99	89.83	111.00	90.62	**9,511.39**
5012600	Support Services													
5012640	Food & Dietary Services	-	-	151.35	174.85	-	264.75	-	-	229.86	55.75	270.80	-	**1,147.36**
5012650	Laundry and Linen Services	-	-	-	-	-	-	-	19.05	-	-	-	-	**19.05**
5012660	Manual Labor Services	0.88	14.20	19.24	64.63	-	-	4.59	-	1,585.33	13.02	4.56	29.41	**1,735.86**
5012670	Production Services	5.12	88.80	115.10	293.90	-	153.10	40.64	-	-	71.90	25.15	144.90	**938.61**
5012680	Skilled Services	516.26	516.26	628.76	516.26	[illegible]4.39	961.89	774.39	774.39	886.89	774.39	774.39	886.89	**8,785.16**

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2017 and Ending June 30, 2018

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	May	June	Total
	Total Support Services	522.26	619.26	914.45	1,049.64	774.39	1,379.74	819.62	793.44	2,702.08	915.06	1,074.90	1,061.20	**12,626.04**
5012800	Transportation Services													
5012820	Travel, Personal Vehicle	325.82	804.64	-	-	870.45	-	-	440.36	594.05	332.45	1,123.82	-	**4,491.59**
5012830	Travel, Public Carriers	-	-	-	1,049.81	-	-	-	-	-	642.00	34.13	-	**1,725.94**
5012850	Travel, Subsistence & Lodging	103.10	396.54	-	-	526.85	-	-	210.74	98.57	-	1,122.19	-	**2,457.99**
5012880	Trvl, Meal Reimb- Not Rprtble	59.25	187.75	-	-	265.00	-	-	87.25	59.25	-	322.25	-	**980.75**
	Total Transportation Services	488.17	1,388.93	-	1,049.81	1,662.30	-	-	738.35	751.87	974.45	2,602.39	-	**9,656.27**
	Total Contractual Svs	7,453.12	7,454.12	1,509.14	2,685.57	5,315.56	1,571.59	916.74	1,680.09	3,597.18	2,143.54	3,837.01	1,219.45	**39,383.11**
5013000	Supplies And Materials													
5013100	Administrative Supplies													**-**
5013120	Office Supplies	-	15.16	(52.92)	87.57	78.68	27.67	18.45	18.77	81.25	78.43	113.38	35.86	**502.30**
5013130	Stationery and Forms	-	-	-	-	-	-	-	-	-	-	20.36	-	**20.36**
	Total Administrative Supplies	-	15.16	(52.92)	87.57	78.68	27.67	18.45	18.77	81.25	78.43	133.74	35.86	**522.66**
5013500	Repair and Maint. Supplies													
5013520	Custodial Repair & Maint Matrl	-	-	-	-	-	-	-	-	-	0.25	-	-	**0.25**
	Total Repair and Maint. Supplies	-	-	-	-	-	-	-	-	-	0.25	-	-	**0.25**
	Total Supplies And Materials	-	15.16	(52.92)	87.57	78.68	27.67	18.45	18.77	81.25	78.68	133.74	35.86	**522.91**
5015000	Continuous Charges													
5015300	Operating Lease Payments													
5015340	Equipment Rentals	-	44.08	44.08	44.08	45.82	44.08	44.08	41.88	41.88	86.38	41.88	41.88	**520.12**
5015350	Building Rentals	-	2.43	-	-	3.60	-	-	3.60	-	3.60	-	-	**13.23**
5015390	Building Rentals - Non State	236.45	276.78	242.04	236.45	263.54	236.45	236.45	254.30	236.58	267.59	293.62	267.59	**3,047.84**
	Total Operating Lease Payments	236.45	323.29	286.12	280.53	312.96	280.53	280.53	299.78	278.46	357.57	335.50	309.47	**3,581.19**
	Total Continuous Charges	236.45	323.29	286.12	280.53	312.96	280.53	280.53	299.78	278.46	357.57	335.50	309.47	**3,581.19**
5022000	Equipment													
5022620	Office Furniture	-	-	-	-	-	-	-	-	631.23	-	-	-	**631.23**
	Total Office Equipment	-	-	-	-	-	-	-	-	631.23	-	-	-	**631.23**
5022710	Household Equipment	-	-	-	-	-	-	-	-	-	6.92	-	-	**6.92**
	Total Specific Use Equipment	-	-	-	-	-	-	-	-	-	6.92	-	-	**6.92**
	Total Equipment	-	-	-	-	-	-	-	-	631.23	6.92	-	-	**638.15**
	Total Expenditures	16,526.71	14,078.62	7,728.39	9,163.00	12,411.35	8,185.24	7,342.24	8,255.28	10,914.05	8,663.83	10,822.53	4,818.29	**118,909.53**
	Allocated Expenditures													
20100	Behavioral Science Exec	13,383.57	9,499.45	8,837.75	8,843.57	9,104.99	8,851.48	9,346.85	9,016.66	9,127.10	9,320.81	10,204.10	6,244.72	**111,781.04**
20200	Opt\Vet-Med\ASLP Executive Dir	-	-	-	-	-	-	-	-	-	-	-	-	**-**
20400	Nursing / Nurse Aid	-	-	-	-	-	-	-	-	-	-	-	-	**-**
20600	Funeral\LTCA\PT	-	-	-	-	-	-	-	-	-	-	-	-	**-**
30100	Data Center	9,456.09	4,308.36	9,509.72	8,308.72	3,061.10	10,657.11	8,276.77	7,633.08	14,607.88	4,047.67	9,327.06	1,164.96	**90,358.53**
30200	Human Resources	38.81	48.45	38.96	43.79	6,028.50	90.49	43.03	43.67	51.45	81.15	70.48	5,735.92	**12,314.70**
30300	Finance	5,191.26	2,677.75	2,631.86	1,393.96	3,349.46	2,641.53	1,810.85	3,849.33	1,404.75	283.18	2,602.62	1,997.58	**29,834.14**
30400	Director's Office	1,678.35	1,319.83	1,224.40	1,236.56	1,193.68	1,277.38	1,335.01	1,253.48	1,399.50	1,543.15	1,469.00	748.09	**15,678.43**
30500	Enforcement	10,944.14	10,365.40	10,376.01	10,685.35	7,701.17	6,798.31	8,182.72	8,823.08	8,827.18	6,086.89	5,583.61	3,093.14	**97,466.99**
30600	Administrative Proceedings	232.41	5,524.58	608.58	-	-	660.99	-	-	3,201.45	3,122.11	5,874.24	3,403.58	**22,627.95**

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2017 and Ending June 30, 2018

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	May	June	Total
30700	Impaired Practitioners	57.88	43.12	39.60	59.85	58.53	61.83	59.88	63.41	59.94	75.01	62.75	33.01	**674.82**
30800	Attorney General	-	-	1,594.54	1,594.54	-	-	1,594.54	-	-	1,594.54	-	-	**6,378.16**
30900	Board of Health Professions	973.45	685.74	619.68	671.00	685.65	626.01	720.21	755.02	778.35	541.65	885.41	475.70	**8,417.87**
31000	SRTA	-	-	-	-	-	-	-	-	-	-	-	-	**-**
31100	Maintenance and Repairs	-	-	-	-	-	-	-	-	-	-	-	-	**-**
31300	Emp. Recognition Program	-	-	-	-	-	-	52.63	-	2.81	39.79	14.52	320.85	**430.59**
31400	Conference Center	5.02	9.52	7,378.99	(871.48)	(2,568.40)	39.76	4.46	(4.95)	7.48	21.13	14.31	11.20	**4,047.04**
31500	Pgm Devlpmnt & Implmentn	759.52	662.20	614.46	624.20	712.15	664.81	636.59	636.97	1,077.36	783.51	1,075.95	538.77	**8,786.49**
98700	Cash Transfers	-	-	-	-	-	-	-	-	-	-	-	-	**-**
	Total Allocated Expenditures	42,720.51	35,144.40	43,474.56	32,590.04	29,326.82	32,369.70	32,063.53	32,069.75	40,545.26	27,540.60	37,184.06	23,767.51	**408,796.76**
	Net Revenue in Excess (Shortfall) of Expenditures	$ (39,727.22)	$ (37,373.02)	$ (40,872.95)	$ (33,593.04)	$ (35,238.17)	$ (34,599.94)	$ (32,005.77)	$ (33,250.03)	$ (45,654.31)	$ (31,176.43)	$ 86,666.41	$ 156,858.20	**(119,966.29)**

Deputy Executive Director's Report

Virginia Department of
Health Professions

AGENCY REPORTS

CASES RECEIVED, OPEN, & CLOSED REPORT
SUMMARY BY BOARD
FISCAL YEAR 2018, QUARTER ENDING JUNE 30

The "Received, Open, Closed" table below shows the number of received and closed cases during the quarters specified and a "snapshot" of the cases still open at the end of the quarter.

COUNSELING	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018
Number of Cases Received	24	21	32	26	27	17	40	35	28	37	31	45
Number of Cases Open	91	108	117	116	98	69	58	56	61	72	84	102
Number of Cases Closed	31	11	25	27	44	43	60	42	26	29	23	33

PSYCHOLOGY	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018
Number of Cases Received	19	18	19	14	18	26	13	22	23	23	28	26
Number of Cases Open	78	84	74	68	76	87	49	34	46	44	52	57
Number of Cases Closed	8	12	32	20	9	17	52	38	16	24	19	24

SOCIAL WORK	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018
Number of Cases Received	22	31	19	15	19	12	28	21	14	27	15	34
Number of Cases Open	95	126	120	127	78	70	54	39	39	48	52	71
Number of Cases Closed	27	8	27	8	62	17	46	39	15	19	11	18

Virginia Department of

Health Professions

AGENCY REPORTS

AVERAGE TIME TO CLOSE A CASE (IN DAYS) PER QUARTER

FISCAL YEAR 2018, QUARTER ENDING JUNE 30

*The average age of cases closed is a measurement of how long it takes, on average, for a case to be processed from entry to closure. These calculations include only cases closed within the quarter specified.

BOARD	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018
Counseling	284.1	193.5	415.6	323.7	375.5	292.8	247.9	106.1	251.5	128.2	153.7	185.0
Psychology	216.0	287.0	437.0	287.3	380.0	291.7	357.7	252.7	119.5	183.3	118.8	175.2
Social Work	199.4	132.5	342.0	226.0	469.7	407.6	366.2	228.8	292.7	123.6	277.5	237.2
Agency Totals	200.1	190.8	201.6	188.5	202.7	207.7	222.8	194.1	255.7	186.5	196.4	201.1

Virginia Department of
Health Professions

AGENCY REPORTS

PERCENTAGE OF CASES OF ALL TYPES CLOSED WITHIN 365 CALENDAR DAYS*

FISCAL YEAR 2018, QUARTER ENDING JUNE 30

*The percent of cases closed in fewer than 365 days shows, from the total of all cases closed during the specified period, the percent of cases that were closed in less than one year.

BOARD	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018
Counseling	64.3%	72.7%	36.0%	55.6%	45.5%	78.6%	84.7%	97.5%	76.9%	97.0%	91.3%	84.8%
Psychology	75.0%	50.0%	37.5%	50.0%	44.4%	50.0%	44.2%	81.6%	92.9%	85.2%	100.0%	90.5%
Social Work	65.5%	87.5%	46.2%	75.0%	30.7%	62.5%	41.3%	92.3%	73.3%	100.0%	81.8%	66.7%
Agency Totals	84.4%	85.8%	84.8%	85.6%	82.0%	85.1%	81.7%	86.7%	82.2%	86.7%	87.6%	80.6%

Virginia Department of
Health Professions
Board of Psychology

Discipline Reports

06/22/2018 to 10/04/2018

OPEN CASES AT BOARD LEVEL (as of 10/04/2018)				
Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	67	37	62	*166*
Scheduled for Informal Conferences	5	1	0	*6*
Scheduled for Formal Hearings	1	3	0	*4*
Consent Orders (offered and pending)	1	0	0	*1*
Cases with APD for processing (IFC, FH, Consent Order)	7	3	4	*14*
TOTAL OPEN CASES	81	44	66	*191*

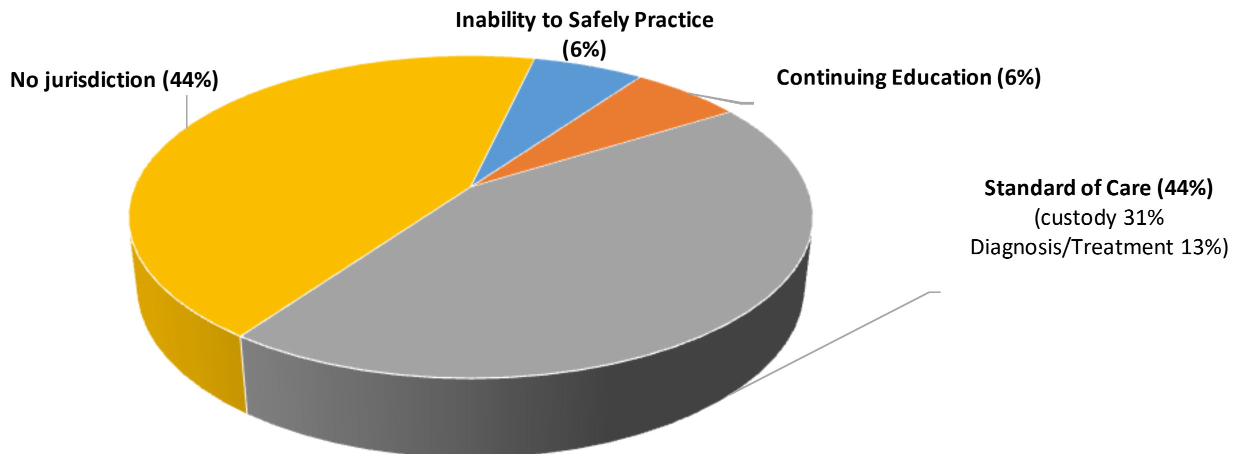
NEW CASES RECEIVED AND ACTIVE INVESTIGATIONS				
	Counseling	Psychology	Social Work	BSU Total
Cases **Received** for Board review	44	18	51	*113*
Open **Investigations** in Enforcement	56	23	26	*105*

UPCOMING CONFERENCES AND HEARINGS			
	Counseling	Psychology	Social Work
Informal Conferences	October 19, 2018 November 30, 2018 January 25, 2019 March 1, 2019	December 4, 2018 February 5, 2019 April 16, 2019	November 16, 2018 February 1, 2019 April 5, 2019
Formal Hearings	Following scheduled board meetings, if necessary.		

Virginia Department of
Health Professions
Board of Psychology

CASES CLOSED (06/22/2018 to 10/04/2018)	
Closed – **no violation**	12
Closed – **undetermined**	2
Closed – **violation**	2
Credentials/Reinstatement – **Denied**	0
Credentials/Reinstatement – **Approved**	0
TOTAL CASES CLOSED	**16**

Closed Case Categories



AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	**152 days**
Avg. time in Enforcement (investigations)	62.6 days
Avg. time in APD (IFC/FH preparation)	101.33 days
Avg. time in Board (includes hearings, reviews, etc).	74 days
Avg. time with board member (probable cause review)	19 days

Virginia Department of

Health Professions

Board of Psychology

Licensing Manager's Report

Virginia Department of
Health Professions
Board of Psychology

COUNT OF LICENSEES

Fiscal Year 2018, Quarter 4 (April 1 - June 30)

* Current licenses by board and occupation as of the last day of the quarter.

License Type	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018
Applied Psychologist	29	30	32	32	29	31	32	33	32	32	32	32
Clinical Psychologist	3,104	3,167	3,223	3,281	3,229	3,309	3,368	3,452	3,416	3,477	3,550	3,617
Resident in Training	--	--	--	--	741	749	760	761	872	876	892	890
School Psychologist	99	99	100	102	98	100	103	105	104	104	104	105
School Psychologist-Limited	406	438	480	520	492	526	544	552	527	554	566	606
Sex Offender Treatment Provider	390	407	418	425	405	413	420	432	417	427	438	440
TOTAL LICENSEES	**4,028**	**4,141**	**4,253**	**4,360**	**4,994**	**5,128**	**5,227**	**5,335**	**5,368**	**5,470**	**5,582**	**5,690**

HISTORICAL CHANGE IN LICENSEE COUNT

License Type	FY 2014	*Change between FY14 & FY15*	FY 2015	*Change between FY15 & FY16*	FY 2016	*Change between FY16 & FY17*	FY 2017	*Change between FY17 & FY18*	FY 2018
Applied Psychologist	26	11.5%	29	10.3%	32	3.1%	33	-3.0%	32
Clinical Psychologist	2,831	6.1%	3,003	9.3%	3,281	5.2%	3,452	4.8%	3,617
Resident in Training	--	--	--	--	--	--	761	17.0%	890
School Psychologist	92	5.4%	97	5.2%	102	2.9%	105	0.0%	105
School Psychologist-Limited	310	17.7%	365	42.5%	520	6.2%	552	9.8%	606
Sex Offender Treatment Provider	365	4.7%	382	11.3%	425	1.6%	432	1.9%	440

Virginia Department of
Health Professions
Board of Psychology

NEW LICENSES ISSUED

Fiscal Year 2018, Quarter 4 (April 1 - June 30)

License Type	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018
Applied Psychologist	0	1	1	0	1	0	1	0	1	0	0	0
Clinical Psychologist	66	55	50	57	72	71	62	63	97	53	66	65
Resident in Training	0	0	0	0	3	10	13	10	118	22	32	4
School Psychologist	0	0	1	0	1	2	2	1	1	0	0	1
School Psychologist-Limited	21	13	31	34	24	25	16	4	21	24	10	38
Sex Offender Treatment Provider	3	11	10	4	6	4	5	10	7	6	10	1
TOTAL LICENSES ISSUED	**90**	**80**	**93**	**95**	**107**	**112**	**99**	**88**	**245**	**105**	**118**	**109**

HISTORICAL CHANGE IN NEW LICENSES ISSUED

License Type	FY 2014	*Change between FY14 & FY15*	FY 2015	*Change between FY15 & FY16*	FY 2016	*Change between FY16 & FY17*	FY 2017	*Change between FY17 & FY18*	FY 2018
Applied Psychologist	0	--	1	0.0%	1	100.0%	2	-50.0%	1
Clinical Psychologist	215	-3.3%	208	9.6%	228	17.5%	268	7.1%	287
Resident in Training	--	--	--	--	--	--	36	316.7%	150
School Psychologist	5	40.0%	7	-85.7%	1	500.0%	6	-66.7%	2
School Psychologist-Limited	70	37.1%	96	3.1%	99	-30.3%	69	39.1%	96
Sex Offender Treatment Provider	17	-11.8%	15	86.7%	28	-10.7%	25	0.0%	25

Virginia Department of

Health Professions

Board of Psychology

APPLICANT SATISFACTION SURVEY

Fiscal Year 2018, Quarter 4 (April 1 - June 30)

Board	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018
Audiology/Speech Pathology	76.7%	100.0%	n/a%	100.0%	100.0%	83.3%	33.3%	97.8%	100.0%	90.0%	28.6%	57.1%
Counseling	79.6%	83.3%	100.0%	77.3%	100.0%	81.7%	88.7%	94.0%	92.0%	85.9%	87.7%	98.3%
Dentistry	96.4%	83.3%	n/a%	100.0%	100.0%	100.0%	100.0%	100.0%	96.8%	97.4%	72.2%	93.2%
Funeral Directing	88.9%	100.0%	n/a%	n/a%	100.0%	100.0%	88.9%	100.0%	100.0%	n/a%	n/a%	100.0%
Long Term Care Administrator	100.0%	100.0%	n/a%	100.0%	100.0%	100.0%	n/a%	100.0%	100.0%	100.0%	100.0%	100.0%
Medicine	80.8%	80.6%	89.2%	84.8%	86.2%	85.2%	86.3%	88.3%	88.4%	88.2%	89.4%	83.4%
Nurse Aide	100.0%	98.2%	100.0%	92.9%	90.5%	100.0%	96.8%	88.9%	100.0%	89.5%	88.2%	98.3%
Nursing	92.4%	86.7%	82.5%	73.3%	71.5%	74.3%	76.6%	86.7%	83.2%	89.1%	91.0%	87.3%
Optometry	100.0%	n/a%	n/a%	n/a%	100.0%	100.0%	n/a%	100.0%	100.0%	n/a%	100.0%	100.0%
Pharmacy	96.3%	98.9%	n/a%	99.1%	98.2%	100.0%	97.7%	98.4%	97.2%	93.2%	100.0%	99.5%
Physical Therapy	96.9%	89.7%	n/a%	100.0%	97.5%	100.0%	100.0%	98.9%	97.3%	100.0%	86.8%	100.0%
Psychology	83.3%	93.2%	100.0%	100.0%	64.3%	91.7%	94.7%	94.9%	98.1%	91.2%	92.0%	89.6%
Social Work	90.7%	94.4%	n/a%	100.00%	97.2%	100.0%	91.2%	91.7%	91.1%	92.7%	93.1%	81.7%
Veterinary Medicine	100.0%	n/a%	n/a%	100.0%	100.0%	100.0%	100.0%	100.0%	87.3%	100.0%	100.0%	84.6%
AGENCY TOTALS	90.6%	88.1%	85.0%	84.6%	80.4%	86.0%	85.2%	90.1%	89.3%	90.0%	90.9%	91.2%

Virginia Department of
Health Professions
Board of Psychology

Board of Health Professions

Quarterly Meeting Minutes

Board of Health Professions Full Board Meeting

August 23, 2018
10:00 a.m. - Board Room 4
9960 Mayland Dr, Henrico, VA 23233

In Attendance	Kevin Doyle, EdD, LPC, LSATP, Board of Counseling
	Allen R. Jones, Jr., DPT, PT, Board of Physical Therapy
	Derrick Kendall, NHA, Board of Long-Term Care Administrators
	Trula E. Minton, MS, RN, Board of Nursing
	Kevin P. O'Connor, MD, Board of Medicine
	Martha S. Perry, MS, Citizen Member
	Herb Stewart, PhD, Board of Psychology
	Jacquelyn Tyler, RN, Citizen Member
	Laura P. Verdun, MA, CCC-SLP, Board of Audiology & Speech-Language Pathology
	James Wells, RPh, Citizen Member
Absent	Lisette P. Carbajal, Citizen Member
	Helene D. Clayton-Jeter, OD, Board of Optometry
	Mark Johnson, DVM, Board of Veterinary Medicine
	Ryan Logan, RPh, Board of Pharmacy
	Maribel E. Ramos, Citizen Member
	James D. Watkins, DDS, Board of Dentistry
	Vacant – Board of Social Work
	Vacant – Board of Funeral Directors and Embalmers
DHP Staff	Barbara Allison-Bryan, Deputy Director, DHP
	David Brown, Director, DHP
	Elizabeth A. Carter, Ph.D., Executive Director BHP
	Jaime Hoyle, Executive Director Behavioral Sciences Boards, DHP
	Laura L. Jackson, MSHSA, Operations Manager, BHP
	Elaine Yeatts, Senior Policy Analyst DHP
	Diane Powers, Communications Director, DHP
	Corie Tillman Wolf, Executive Director, Boards of Funeral Directors and Embalmers, Physical Therapy, Long-Term Care Directors, DHP
OAG Representative	Charise Mitchell

Presenters	Amy Marschean, DARS
	Dr. Richard Lindsay, Lindsay Institute for Innovations in Caregiving
	Christine Jensen, PhD, Riverside
	Stephanie Willinger, Deputy Director,
	Stephanie Willinger, Deputy Executive Director Licensing, Board of Nursing
	Na'im Campbell, Backgrounds Investigation Supervisor, CBC Unit DHP
Speakers	No speakers signed-in
Observers	Sarah Deaver, AATA
	Kandra Orr
	Terri Giller, VATA
	Darlene Green, VATA
	Carol Olson, VATA
	Gretchen Graves, VATA
Media	Katie O'Connor, Virginia Mercury
Emergency Egress	Dr. Carter

Call to Order

Acting Chair: Dr. Jones, Jr. **Time** 10:02 a.m.

Quorum Established

Public Comment

Discussion

There was no public comment

Approval of Minutes

Presenter Dr. Jones, Jr.

Discussion

The June 26, 2018 Full Board meeting minutes were approved with no revisions. All members in favor, none opposed.

Welcome

Presenter Dr. Jones, Jr.

Dr. Allen R. Jones, Jr. was acting Chair for this meeting as Dr. Clayton-Jeter is out of the state on business. He thanked the board members for their commitment to the Commonwealth and thanked staff for their work and dedication to DHP.

Directors Report

Presenter Dr. Brown

Discussion

Dr. Brown stated that the agency is gearing up for the 2019 legislative session.

In follow-up to the 2018 session:

- Dr. Brown briefed the Board on an upcoming e-prescribing meeting;
- Dr. Allison-Bryan will be meeting with stakeholders to take a preliminary look into regulating community health workers;
- DHP will be convening a meeting of the Behavioral Sciences Unit, Board of Nursing and Board of Medicine to come up with a common set of regulations regarding conversion therapy for minors;
- A workgroup will be convening to see how the PMP may be automated for greater efficiency in ER physicians notifying prescribers of a patient overdose;
- In lieu of yearly board member orientation, DHP will be initiating at the board level, 45 minute board member orientation sessions to train board members on changes relevant to the board and the agency;
- Ms. Hahn and Dr. Allison-Bryan are continuing to work with Virginia State Police and the Henrico County Crime Prevention Environmental Divide Unit to establish agency safety protocol.

Invited Presentations

Presenter Ms. Marschean

Virginia Family Caregivers

Dr. Richard Lindsay provided a PowerPoint presentation on the status of today's caregiving community. Ms. Marschean followed up with an overview of the Virginia Department for Aging and Rehabilitative Services report on Recommendations for Improving Family Caregiver Support in Virginia 2018. Dr. Jenson provided details of different approaches Riverside is taking to support their staff of caregivers.

Criminal Background Checks

Presenter Ms. Willinger

Discussion

Ms. Willinger provided a PowerPoint presentation on how the Virginia Board of Nursing obtained authority and the methods and impact on public safety of criminal background checks. The Board of Pharmacy is also utilizing CBCs for applicants seeking a Pharmaceutical Processor permit. *Attachment 1*

Break

Regulatory Research Committee - Art Therapist Study Recommendation

Presenter Mr. Wells

Discussion

Mr. Wells provided information regarding the Committee's recommendation to license Art Therapists in Virginia. He stated that the burden of regulation was justified and proof of The Criteria was supported.

Motion

A motion was made to accept the recommendation of the Regulatory Research Committee to license Art Therapists in Virginia was made and by a vote of eight (8) members in favor, one (1) opposed, was properly seconded.

Legislative and Regulatory Report

Presenter Ms. Yeatts

Discussion

Ms. Yeatts advised the Board that there are 13 proposals to move forward in the 2019 legislative session. Updates to regulations and General Assembly legislative actions relevant to DHP were also provided. *Attachment 2*

Lunch

Executive Directors Report

Presenter Dr. Carter

Board Budget

Dr. Carter stated that the Board is operating within budget.

Agency Performance

Dr. Carter reviewed the agencies performance measures in relation to clearance rate, age of pending caseload and time to disposition.

Sanction Reference Points (SRP) - Update

Dr. Carter advised that the Board of Long Term Care had just completed its latest SRP revisions, and the Board of Dentistry is next.

Policies and Procedures

Dr. Carter discussed the updating of the Board's sunrise policies and procedures guidance document, and that the matter will be placed on the December agenda for the full Board's consideration and vote.

New FTE Allocation

Dr. Carter advised the Board of a new FTE to the unit. Dr. Allison-Bryan added that the agency's statistical analysis and data reporting functions are returning to BHP. The new data analyst position will focus on data validation, analysis and reporting, methods documentation, and providing technical analytic support related to agency performance measures, strategic planning, and support for DHP HWDC increasing users.

Healthcare Workforce Data Center (HWDC)

Presenter Dr. Carter

Discussion

Dr. Carter stated that all 2017 profession workforce surveys have been approved by the respective Board and are posted on the agencies website. HWDC collaboration with VLDS is still ongoing. The HWDC released its first newsletter in August with quarterly reports to follow.

Board Reports

Presenter Dr. Jones, Jr.

Board of Audiology & Speech Language Pathology

Ms. Verdun was not in attendance.

Board of Counseling

Dr. Doyle stated that the Board of Counseling is convening a Supervisor's Summit on September 7, 2018 that will allow an opportunity to explain the laws and regulations around supervision. He stated that the board is also registering Qualified Mental Health Professionals. With the additional of QMHPs, the Board of Counseling now has an applicant count of over 24,000. He stated that the Behavioral Sciences Boards would also be participating in the conversion therapy for minor's workgroup.

Board of Dentistry
Dr. Watkins was not in attendance.

Board of Funeral Directors & Embalmers
The seat for this Board is currently vacant.

Board of Long Term Care Administrators
Mr. Kendall stated that the Board has finalized its revisions to the Sanction Reference Point manual and that the periodic review of the Regulations Governing the Practice of Nursing Home Administrators was in its final stage at the Secretary's Office. He was happy to announce that the Board has no vacancies at this time.

Board of Medicine
Dr. O'Connor reported that the board has five (5) new members. The Executive Committee met August 3, 2018 and discussed autonomous practice for Nurse Practitioners; the Board is currently undergoing a periodic review of regulations; and the Board of Medicine will be participating in the conversion therapy for minor's workgroup.

Board of Nursing
Ms. Minton attended the 40th annual NCSBN national meeting and was very excited to announce that Ms. Douglas, Executive Director for the Board of Nursing, has been appointed to the NCSBN Board. She also advised that the NCSBN is working to address the role of nurses working with patients who use medical marijuana. She also discussed that "Nursing Now" is a global campaign that aims to improve health by raising the profile of nursing worldwide.

Board of Optometry
Dr. Jones, Jr. provided the report as follows:

*Next meeting is scheduled for July 13, 2018.

Complaints FY2016: Received 13
Complaints FY2017: Received 36

Licenses (in state/out of state based on address of record provided by licensee)
FY2017: Total – 1,921 TPA – 1,148/390 DPA – 27/90 Professional Designations – 266
Y-T-D FY2018: Total – 1,929 TPA – 1,168/400 DPA – 20/84 Professional Designations – 257

Continuing Education: Audit has not yet commenced.

Regulatory Changes: The Board adopted emergency regulations for the prescribing of opioids, which became effective on 10/30/17. The final replacement regulations under review in the Secretary's office. In addition, a periodic review is in the proposed stage and is still under consideration by the administration.

In response to a petition for rulemaking, the Board moved forward with a NOIRA to add inactive licenses to the regulations.

Board of Pharmacy

Mr. Logan was not in attendance.

Board of Physical Therapy

Dr. Jones, Jr., reported that he is no longer the President of the Board, that Arkena Daily was appointed President at the August 16, 2018 meeting. He stated that the Virginia Board of Physical Therapy was chosen as one of two Boards across the country to receive the 2018 Excellence in Regulation Award from the Federation of State Boards of Physical Therapy (FSBPT). The Boards guidance documents have been reviewed and updated. The Board voted to pursue legislation to enact the Physical Therapy Licensure Compact.

Board of Psychology

Dr. Stewart stated they have approximately 6,500 applicants. The Board has a member seat specific to applied psychologist and due to the low number in the profession, this seat has been vacant for an extended period of time. The board is considering requesting reallocation of the seat. The Board is performing a top to bottom review of existing regulations and has submitted for a one-time fee reduction. The Board of Psychology will also be participating in the conversion therapy for minor's workgroup. In July, the Board voted to endorse PSYPAC and it has been added to 2019 legislation.

Board of Social Work

The seat for this Board is currently vacant.

Board of Veterinary Medicine

Dr. Johnson was not in attendance.

New Business

Presenter Dr. Jones, Jr.

There was no new business to discuss.

Next Full Board Meeting – December 4, 2018

Presenter Dr. Jones, Jr.

Dr. Jones, Jr. announced the next Full Board meeting date as December 4, 2018.

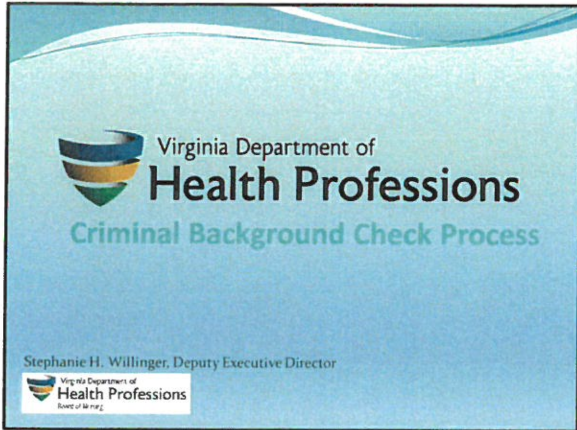
Adjourned 1:26 p.m.

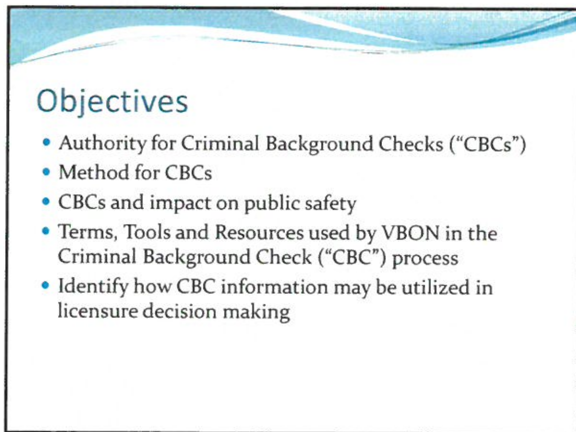
Acting Chair Allen R. Jones, Jr., DPT, PT

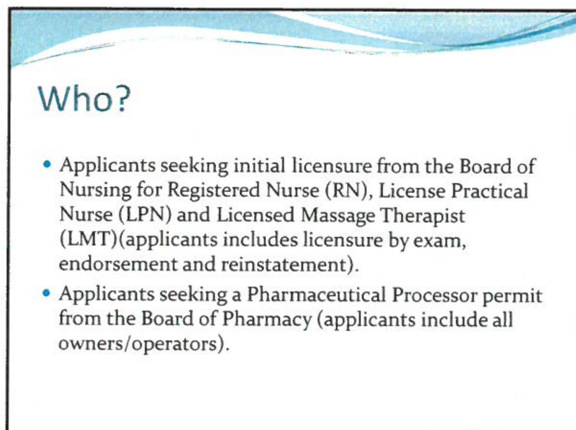
Signature: ____ Date: _____/_____/_____

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

Signature: ____ Date: _____/_____/_____


Virginia Department of
Health Professions
Criminal Background Check Process
Stephanie H. Willinger, Deputy Executive Director
Health Professions


Objectives
Authority for Criminal Background Checks ("CBCs")
Method for CBCs
CBCs and impact on public safety
Terms, Tools and Resources used by VBON in the Criminal Background Check ("CBC") process
Identify how CBC information may be utilized in licensure decision making


Who?
Applicants seeking initial licensure from the Board of Nursing for Registered Nurse (RN), License Practical Nurse (LPN) and Licensed Massage Therapist (LMT)(applicants includes licensure by exam, endorsement and reinstatement).
Applicants seeking a Pharmaceutical Processor permit from the Board of Pharmacy (applicants include all owners/operators).

Current Authority for CBCs (DHP)

- Virginia Code § 54.1 - 3005.1 (Effective 1/1/16):

The Board shall require each ***applicant*** *for licensure as a* ***practical nurse, registered nurse or licensed massage therapist*** *to submit* ***fingerprints*** *and provide personal descriptive information to be forwarded along with his fingerprints through the Central Criminal Records Exchange to the Federal Bureau of Investigation for the purpose of obtaining criminal history record information...*

- Virginia Code § 54.1-3442.6 (Starting in 8/18):

The Board shall require an ***applicant*** *for a* ***pharmaceutical processor permit*** *to submit to* ***fingerprinting*** *and provide personal descriptive information to be forwarded along with his fingerprints through the Central Criminal Records Exchange to the Federal Bureau of Investigation for the purpose of obtaining criminal history record information...*

Licensed Massage Therapist added effective January 1,2017.

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How?

- **Fingerprint-based** and entail a state (through Virginia State Police or VSP) and FBI (national) search.
- DHP CBC vendor is Fieldprint VA.
- Applicants request fingerprint appointment through Fieldprint VA (secure web-based portal).
- Fingerprinting is done via electronic transmission or *Live Scan* service.
- *Live Scan* service is available to our applicants in over 1,200 sites around the US, Virgin Islands and Puerto Rico.

Why?

- Required by law.
- Fingerprint-based CBCs are objective and reliable.
- Casts a wider 'net' to include more than just single state criminal history information.
- Applicants with criminal histories may omit information on applications.
- Allows better 'vetting' of applicant backgrounds in the interest of public safety.

What?

- **Criminal background check**(CBC) –using fingerprints (biometrics), a search for evidence of an individual's criminal history in the national criminal history record files (FBI) and state criminal justice data repositories (VSP).
- **Criminal conviction record** means criminal history information obtained from a variety of sources pertaining to an individual's conviction of a crime.
- **Source Documents** – Includes arrest reports, charging documents, pre-sentence reports, plea agreements, sentencing reports, court conviction documents, probation reports.
- **FBI identification record**-a listing of certain information taken from fingerprint cards, submitted to and retained by the FBI. If a criminal offense, the identification record includes the date arrested or received, the arrest charge, and the disposition of the arrest if known to the FBI *and as submitted* by agencies having criminal justice responsibilities.
- **RAP Sheet**-Record of Arrests and Prosecution as maintained by state and federal databases (e.g. FBI/VSP).

What is a considered a Criminal Conviction?

- The final judgement on a verdict or finding of guilty, plea of guilty, or a plea of *nolo contendere* and does not include a final judgment which has been *expunged* by pardon, reversed, set aside or otherwise rendered nugatory (See Black's Law Dictionary).
- In Virginia, a "conviction" occurs upon a verdict or finding of guilt, the pronouncement of sentence, and the entry of the final order by the trial court (See Rule 1:1 Virginia Supreme Court).

Disclosure

License/Permit Applicants are required to disclose:

- Any convictions (as defined).

Applicants are not required to disclose:

- Arrests if not convicted and no further action resulted from the arrest(s).
- However, if an applicant was fingerprinted upon arrest for a criminal offense, it will show up on a 'RAP' sheet.

How long?

DHP receives CBC Results:

- **24-48 hours** to receive electronic response for those applicants **without** arrest/conviction history.
- **15-30 days** to receive 'hard copy' results for those applicants **with** arrest/conviction history mailed to DHP CBC Unit by VSP.

CBC Results

Results are screened by CBC Unit for all Boards to determine:

- if contains any convictions;
- if convictions align with information disclosed on current/previous licensure application(s) (if information is not aligned, summary memo generated to applicant).
- if final review/approval is required by Board.

For BOP: if contains felony or misdemeanor convictions precluding approval for permit as pharmaceutical processor under [illegible]

For BON: if contains felony conviction or on a 'case by case basis" a misdemeanor conviction related to nursing practice under [illegible] (may not be eligible for a nursing license with *multi-state privilege*).

Convictions Referred for Board Actions under § 54.1-3007

- Conviction of any felony or any misdemeanor involving "moral turpitude" (lying, cheating, stealing, etc.).
- Convictions that indicate a possible impairment or pattern of impairment (DUI, drug possession, etc.).
- Convictions not disclosed on current or previous applications.
  - Failure to disclose convictions may be considered *fraud or deceit in procuring or attempting to procure a license.*

Screening Applications for Determination

For Nursing:

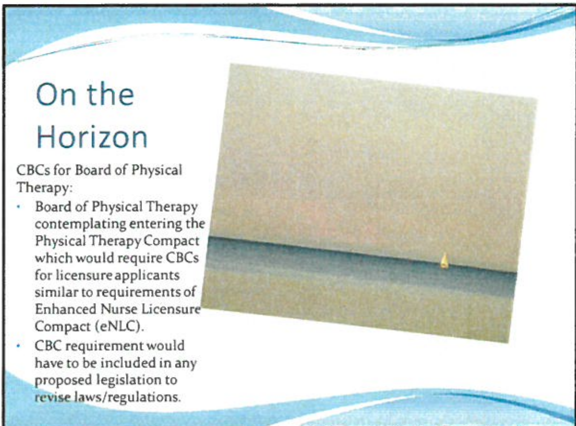
- License applications are screened case by case and there are NO absolute bars to obtaining a nursing or massage therapist license. However, the following factors are considered:
  - Number and/or pattern of convictions.
  - Nature of convictions.
  - Recency of convictions (See: BON Guidance 90-19 and BON Guidance 90-59).
- RN/LPN license applications are screened for felony convictions and misdemeanor convictions related to nursing practice. If determined, applicant is only eligible for a *single state* license (VA only), as part of the new Uniform Licensure Requirements (ULRs) under the *Enhanced Nurse Licensure Compact* (eNLC).

For Pharmacy:

- Applicants with <u>any</u> felony conviction(s) or any offense referenced in section F of Virginia Code § 54.1-3442.6 are not eligible for a permit to operate a pharmaceutical processor.

See also DHP Joint Statement with the VBON with regard to the impact of criminal histories on licensure (or employment) at: DHP/BON Joint Guidance Doc 90-55.doc

On the Horizon



CBCs for Board of Physical Therapy:

- Board of Physical Therapy contemplating entering the Physical Therapy Compact which would require CBCs for licensure applicants similar to requirements of Enhanced Nurse Licensure Compact (eNLC).
- CBC requirement would have to be included in any proposed legislation to revise laws/regulations.

Board: Board of Audiology and Speech-Language Pathology

Chapter		Action / Stage Information
[18 VAC 30 - 21]	Regulations Governing the Practice of Audiology and Speech-Language Pathology	Endorsement requirements [Action 5007] Fast-Track - *Register Date: 8/6/18* [Stage 8225]

Board: Board of Counseling

Chapter		Action / Stage Information
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Credential review for foreign graduates [Action 5089] NOIRA - *At Governor's Office* [Stage 8338]
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Acceptance of doctoral practicum/internship hours towards residency requirements [Action 4829] Proposed - *Register Date: 8/6/18* [Stage 8140]
[18 VAC 115 - 30]	Regulations Governing the Certification of Substance Abuse Counselors	Updating and clarifying regulations [Action 4691] Proposed - *At Governor's Office* [Stage 8021]
[18 VAC 115 - 70]	Regulations Governing the Registration of Peer Recovery Specialists [under development]	Initial regulations for registration [Action 4890] Proposed - *At Secretary's Office* [Stage 8296]
[18 VAC 115 - 80]	Regulations Governing the Registration of Qualified Mental Health Professionals [under development]	Initial regulations for registration [Action 4891] Proposed - *DPB Review in progress* [Stage 8297]

Board: Board of Dentistry

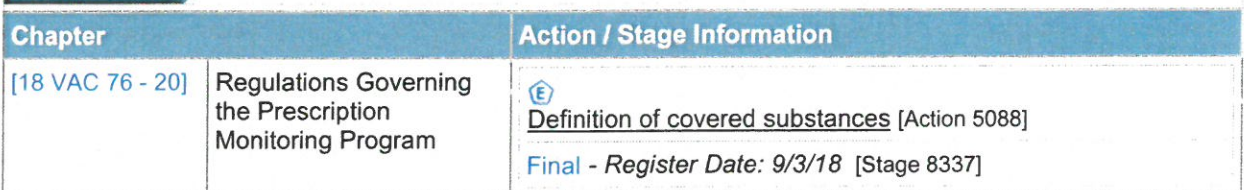
Chapter		Action / Stage Information
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Change in renewal schedule [Action 4975] NOIRA - *Register Date: 8/6/18* [Stage 8169]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Amendment to restriction on advertising dental specialties [Action 4920] NOIRA - *Register Date: 8/6/18* [Stage 8235]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Administration of sedation and anesthesia [Action 5056] NOIRA - *Register Date: 8/6/18* [Stage 8292]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Prescribing opioids for pain management [Action 4778] Proposed - *Register Date: 7/9/18* [Stage 8060]

[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Conforming rules to ADA guidelines on moderate sedation [Action 4748] Final - *At Governor's Office* [Stage 8233]
[18 VAC 60 - 25]	Regulations Governing the Practice of Dental Hygienists	Continuing education for practice by remote supervision [Action 4917] Fast-Track - *Register Date: 8/6/18* [Stage 8288]
[18 VAC 60 - 30]	Regulations Governing the Practice of Dental Assistants	Education and training for dental assistants II [Action 4916] NOIRA - *Register Date: 8/6/18* [Stage 8069]

Board — Board of Funeral Directors and Embalmers

Chapter		Action / Stage Information
[18 VAC 65 - 20]	Regulations of the Board of Funeral Directors and Embalmers	Students assisting with embalming [Action 5105] Fast-Track - *DPB Review in progress* [Stage 8360]
[18 VAC 65 - 20]	Regulations of the Board of Funeral Directors and Embalmers	Clarification of permission to embalm and refrigeration of human remains [Action 4765] Final - *At Governor's Office* [Stage 8282]
[18 VAC 65 - 20]	Regulations of the Board of Funeral Directors and Embalmers	CE credit for board meetings [Action 4806] Final - *At Secretary's Office* [Stage 8283]
[18 VAC 65 - 40]	Regulations for the Funeral Service Intern Program	Oversight of funeral intern program [Action 4895] NOIRA - *Register Date: 8/6/18* [Stage 8183]

Board — Department of Health Professions



Chapter		Action / Stage Information
[18 VAC 76 - 20]	Regulations Governing the Prescription Monitoring Program	Ⓔ Definition of covered substances [Action 5088] Final - *Register Date: 9/3/18* [Stage 8337]

Board — Board of Long-Term Care Administrators

Chapter		Action / Stage Information
[18 VAC 95 - 20]	Regulations Governing the Practice of Nursing Home Administrators	Periodic review [Action 4723] Final - *At Secretary's Office* [Stage 8173]

Board — Board of Medicine

Chapter		Action / Stage Information
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine,	Supervision and direction for laser hair removal [Action 4860] Proposed - *At Governor's Office* [Stage 8174]

	Podiatry, and Chiropractic	
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	Licensure by endorsement [Action 4716] Final - *Register Date: 8/6/18* [Stage 8266]
[18 VAC 85 - 21]	Regulations Governing Prescribing of Opioids and Buprenorphine	Initial regulations [Action 4760] Final - *Register Date: 7/9/18* [Stage 8216]
[18 VAC 85 - 50]	Regulations Governing the Practice of Physician Assistants	Definitions of supervision and weight loss rules [Action 4943] Fast-Track - *Register Date: 8/6/18* [Stage 8217]
[18 VAC 85 - 130]	Regulations Governing the Practice of Licensed Midwives	Practical experience under supervision [Action 4944] Fast-Track - *Register Date: 8/6/18* [Stage 8115]
[18 VAC 85 - 170]	Regulations Governing the Practice of Genetic Counselors	Temporary licensure [Action 5066] Fast-Track - *At Secretary's Office* [Stage 8308]

Board **Board of Nursing**

Chapter		Action / Stage Information
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	Clarification of 90-day authorization to practice [Action 5058] Fast-Track - *At Secretary's Office* [Stage 8294]
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	Clinical nurse specialist requirement for registration [Action 5059] Fast-Track - *At Secretary's Office* [Stage 8295]
[18 VAC 90 - 27]	Regulations Governing Nursing Education Programs	Definition of full approval and timing of criminal background checks for nursing education programs [Action 4926] Fast-Track - *Register Date: 8/6/18* [Stage 8077]
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	Supervision and direction of laser hair removal [Action 4863] Proposed - *At Secretary's Office* [Stage 8259]
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	Elimination of separate license for prescriptive authority [Action 4958] NOIRA - *Register Date: 7/23/18* [Stage 8137]
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	Prescribing of opioids [Action 4797] Proposed - *Register Date: 7/9/18* [Stage 8063]

Board **Board of Optometry**

Chapter	Action / Stage Information

[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry	Inactive licenses [Action 5006] NOIRA - *Register Date: 8/6/18* [Stage 8224]
[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry	Periodic review [Action 4780] Proposed - *At Governor's Office* [Stage 8042]
[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry	Prescribing of opioids [Action 4892] Proposed - *At Secretary's Office* [Stage 8222]

Board **Board of Pharmacy**

Chapter		Action / Stage Information
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Brown bagging and white bagging [Action 4968] NOIRA - *Register Date: 8/6/18* [Stage 8158]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Delivery of dispensed prescriptions; labeling [Action 5093] NOIRA - *At Governor's Office* [Stage 8346]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Controlled substances registration for naloxone and teleprescribing [Action 4789] Proposed - *Register Date: 7/9/18* [Stage 8101]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Periodic review result of Chapters 20 and 50; Promulgation of Chapters 16 and 25 [Action 4538] Proposed - *At Governor's Office* [Stage 8119]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Requirement for applicants and licensees to have an e-profile ID number [Action 4909] Proposed - *Register Date: 9/17/18* [Stage 8253]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Increase in fees [Action 4938] Proposed - *At Secretary's Office* [Stage 8270]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Rescission of pharmacy permit [Action 5080] Fast-Track - *At Agency* [Stage 8328]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Prohibition against incentives to transfer prescriptions [Action 4186] Final - *At Governor's Office* [Stage 7888]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Response to petitions for rulemaking [Action 4694] Final - *At Governor's Office* [Stage 8157]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	(E) Scheduling of drugs or chemicals [Action 5082] Final - *Register Date: 8/6/18* [Stage 8330]

[18 VAC 110 - 50]	Regulations Governing Wholesale Distributors, Manufacturers and Warehousers	Delivery of Schedule VI prescription devices [Action 5084] Emergency/NOIRA - *AT Attorney General's Office* [Stage 8333]
[18 VAC 110 - 50]	Regulations Governing Wholesale Distributors, Manufacturers and Warehousers	Ⓔ Registration of nonresident warehousers and nonresident third party logistics providers [Action 5083] Final - *AT Attorney General's Office* [Stage 8331]
[18 VAC 110 - 60]	Regulations Governing Pharmaceutical Processors	New regulations [Action 4695] Emergency/NOIRA - *AT Attorney General's Office* [Stage 8332]

Board **Board of Physical Therapy**

Chapter		Action / Stage Information
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	Practice of dry needling [Action 4375] Proposed - *At Governor's Office* [Stage 8144]
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	Type 2 CE credit for attendance at board meetings or hearings [Action 4971] Fast-Track - *At Secretary's Office* [Stage 8164]

Board **Board of Psychology**

Chapter		Action / Stage Information
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	Periodic review amendments [Action 4897] Proposed - *At Secretary's Office* [Stage 8298]

Board **Board of Social Work**

Chapter		Action / Stage Information
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	Hours of ethics for continuing education [Action 5010] NOIRA - *Register Date: 8/6/18* [Stage 8228]
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	Examination requirements [Action 5011] Fast-Track - *Register Date: 8/6/18* [Stage 8230]
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	BSW and LSW licensure [Action 5070] Fast-Track - *DPB's fast-track authorization pending* [Stage 8344]

Board **Board of Veterinary Medicine**

Chapter		Action / Stage Information
[18 VAC 150 - 20]	Regulations Governing the Practice of Veterinary	Reinspection for reinstatement [Action 5017]

	Medicine	Fast-Track - *Register Date: 8/6/18* [Stage 8242]
[18 VAC 150 - 20]	Regulations Governing the Practice of Veterinary Medicine	Prescribing of opioids [Action 4808] Final - *Register Date: 7/9/18* [Stage 8240]

2019 Regulatory and Board Meetings

Virginia Department of
Health Professions
Board of Psychology

2019 Meeting Dates

January 2019

22nd – Regulatory Committee (morning)
22nd – Board Meeting (afternoon)

April 2019

1st – Regulatory Committee
2nd – Board Meeting

July 2019

22nd – Regulatory Committee
23rd – Board Meeting

October 2019

28th – Regulatory Committee
29th – Board Meeting