

Welcome to the Advisory Board on Radiologic Technology

The Virginia Board of Medicine will hold an electronic meeting of the Advisory Board on Radiologic Technology on **October 7, 2020 at 1:00 P.M.** This meeting will be supported by Cisco WebEx Meetings application.

For the best WebEx experience, you may wish to download the Cisco WebEx Meeting application on your mobile device, tablet or laptop in advance of the meeting. Please note that WebEx will make an audio recording of the meeting for posting

This electronic meeting is deemed warranted under Amendment 28 to HB29 based on that requiring in-person attendance by the Advisory Board members is impracticable or unsafe to assemble in a single location.

Comments will be received during the public hearings and during the board meeting from those persons who have submitted an email to william.harp@dhp.virginia.gov no later than 8:00 a.m. on October 5, 2020 indicating that they wish to offer comment. Comment may be offered by these individuals when their names are announced by the chairman.

Whether you are a member of the Advisory Board or a member of the public, you can join the meeting in the following ways.

- **JOIN BY WEBEX**

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Meeting number (access code): 171 404 7671

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The Board of Medicine and the Freedom of Information Act Council are interested in your evaluation of the electronic experience of this meeting. You can provide comment via the following form **HERE**.



Advisory Board on Radiological Technology

Virginia Board of Medicine

October 7, 2020

1:00 p.m.

Advisory Board on Radiologic Technology

Board of Medicine

Wednesday, October 7, 2020 @ 1:00 p.m.

9960 Mayland Drive, Suite 300, Henrico, VA

Electronic Meeting

	Page
Call to Order – Joyce Hawkins, RT, Chair	
Emergency Egress Procedures – William Harp, MD	i
Roll Call – Beulah Archer	
Approval of Minutes of May 22, 2019	1 - 3
Adoption of the Agenda	
Public Comment on Agenda Items (15 minutes)	
2019 Workforce Data Presentation – Yetty Shobo, Ph.D.	
New Business	
1. Petition for Rulemaking Elaine Yeatts	4 – 9
2. Report of Regulatory Actions and 2020 General Assembly Elaine Yeatts	10 - 16
3. Approval of 2021 Meeting Calendar Joyce Hawkins, RT	17-18
4. Election of Officers Joyce Hawkins, RT	

Announcements:

Next Scheduled Meeting: January 27, 2021 @ 1:00 p.m.

Adjournment

---DRAFT UNAPPROVED ---

ADVISORY BOARD ON RADIOLOGIC TECHNOLOGY
Virginia Board of Medicine
May 22, 2019, 1:00 p.m.

The Advisory Board on Radiologic Technology met on Wednesday, May 22, 2019 at 1:00 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia.

MEMBERS PRESENT: David Roberts, RT
William E. Quarles, Jr., Citizen Member

MEMBERS ABSENT: Joyce O. Hawkins, RT, Chair
Rebecca Keith, RT
Uma Prasad, MD

STAFF PRESENT: William L. Harp, M.D., Executive Director
Jennifer Deschenes, Deputy for Discipline
Colanthia Opher Morton, Deputy for Administration
Elaine Yeatts, DHP Senior Policy Analyst
Beulah Baptist Archer, Licensing Specialist

GUESTS PRESENT: Barbara Allison-Bryan, MD

CALL TO ORDER

Jennifer Deschenes called the meeting to order at 1:10 p. m.

EMERGENCY EGRESS PROCEDURES

Dr. Harp gave the emergency egress procedures.

ROLL CALL

Beulah Archer called the roll. No quorum was established.

APPROVAL OF MINUTES

The minutes of January 23, 2019 was not approved for lack of a quorum.

ADOPTION OF AGENDA

The agenda could was not adopted for lack of a quorum.

---DRAFT UNAPPROVED ---

PUBLIC COMMENT

None

NEW BUSINESS

1. Report of the General Assembly

Ms. Yeatts provided a review of the bills from the 2019 Session that were relevant to the Board of Medicine, as well as actions that needed to be taken to further implement the law.

2. Study Request on SB1760-Operation of diagnostic X-ray equipment by unlicensed persons

The Advisory Board members and staff discussed SB1760, the study required of VDH and DHP, and the bill's implications.

3. Letter from the Virginia Chapter of the American College of Radiology Regarding SB1760

The Advisory Board members and staff noted the stance of the Virginia Chapter, which was a little different from that of ACR.

4. Follow-up on Scope of Practice Bills.

Dr. Harp spoke to communications that Joyce Hawkins and he had with a director of a nuclear medicine technology educational program. Dr. Harp believed this matter had been addressed by the definition of radiologic technology as worded, and further, by the rad tech license including "Qualified to Practice Nuclear Medicine."

5. Follow-up on Traineeship

The members of the Advisory Board and staff discussed the definition of traineeship as written in 18VAC85-101-10 that states "Traineeship" means a period of activity during which an applicant for licensure as a radiologic technologist works under the direct supervision of a practitioner approved by the board while waiting for the results of the licensure examination or an applicant for licensure as a radiologic technologist-limited working under direct supervision and observation to fulfill the practice requirements in 18VAC85-101-60. It was thought that the traineeship was not meant to apply to fully-trained radiologic technologists, but rather to rad tech-limiteds. Consideration was given to a fast-track option to delete full rad techs from the definition of traineeship.

6. Teachers of Radiologic Technology-Limited Courses

It was discussed that under 18VAC85-101-55(A)(4), the Board of Medicine could approve courses at its discretion giving consideration to the content, faculty, examination, and location.

---DRAFT UNAPPROVED ---

7. Regulations Governing the Practice of Radiologic Technology, specifically the radiologic technology-limited section on education

Those present discussed the requirements currently in the regulations, particularly the specified hours for image production/equipment operation, radiation protection, and clinical hours of performing radiographic procedures. The question was posed to those present whether the Board of Medicine should strictly adhere to the hours in the regulations, or if a student is a fast learner, could the hours be lessened or even abolished. It was decided it would be best to have this discussion in October with a full quorum of Advisory Board members.

ANNOUNCEMENTS

Licensed Rad. Techs since January 1, 2019 until May 22, 2019 are 140.

NEXT MEETING DATE

October 2, 2019, at 1:00 pm.

ADJOURNMENT

Dr. Harp adjourned the meeting.

Joyce Hawkins, RT Chair

William L. Harp, MD, Executive Director

Beulah Baptist Archer, Recording Secretary

DRAFT

Virginia's Radiologic Technologist Workforce: 2019

Healthcare Workforce Data Center

February 2020

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/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

More than 3,700 Radiologic Technologists voluntarily participated in this survey. Without their efforts, the work of the Center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Medicine express our sincerest appreciation for 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

Rajana Siva, MBA
Data Analyst

Christopher Coyle
Research Assistant

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Jacob W. Miller, DO
Virginia Beach

Executive Director

William L. Harp, MD

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The Radiologic Technologist Workforce: At a Glance:

The Workforce

Licenses:	5,740
Virginia's Workforce:	4,915
FTEs:	4,135

Background

Rural Childhood:	41%
HS Degree in VA:	61%
Prof. Degree in VA:	71%

Current Employment

Employed in Prof.:	91%
Hold 1 Full-Time Job:	68%
Satisfied?:	95%

Survey Response Rate

All Licenses:	65%
Renewing Practitioners:	89%

Education

Associate:	55%
RT Certificate:	27%

Job Turnover

Switched Jobs:	6%
Employed Over 2 Yrs.:	64%

Demographics

Female:	80%
Diversity Index:	40%
Median Age:	43

Finances

Median Income: \$50k-\$60k	
Health Insurance:	65%
Under 40 w/ Ed. Debt:	44%

Primary Roles

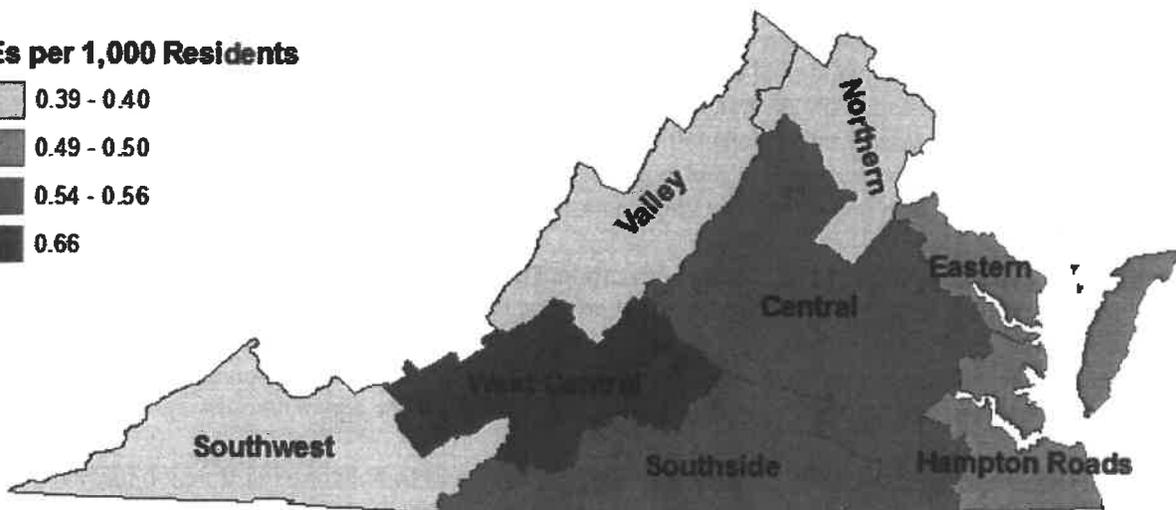
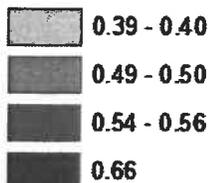
Client Care:	80%
Administration:	9%
Education:	1%

Source: Va. Healthcare Workforce Data Center

Full-Time Equivalency Units Provided by Radiologic Technologists per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division



Results in Brief

This report contains the results of the 2019 Radiologic Technologist Workforce Survey. More than 3,700 radiologic technologists (RTs) voluntarily took part in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during the birth month of each RT on odd-numbered years. These survey respondents represent 65% of the 5,740 RTs who are licensed in the state and 89% of renewing practitioners.

The HWDC estimates that 4,915 RTs participated in Virginia's workforce during the survey period, which is defined as those professionals who worked at least a portion of the year in the state or who live in the state and intend to return to work in the profession at some point in the future. Virginia's RTs provided 4,135 "full-time equivalency units" in the past year, which the HWDC defines simply as working 2,000 hours per year.

Four out of every five RTs are female, including 84% of those RTs who are under the age of 40. In a random encounter between two RTs, there is a 40% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes the RT workforce less diverse than Virginia's population as a whole, which has a diversity index of 57%. More than 40% of all RTs grew up in a rural area, and one-fifth of these professionals currently work in non-metro areas of the state. In total, 11% of all RTs work in non-metro areas of Virginia.

More than 90% of all RTs are currently employed in the profession, 68% hold one full-time job, and 52% work between 40 and 49 hours per week. Nearly one-quarter of all RTs in Virginia work in physicians' offices. Another 19% of RTs work in outpatient/community clinics, and 16% work in the inpatient department of hospitals. The typical RT earns between \$50,000 and \$60,000 per year. In addition, 86% of all RTs receive at least one employer-sponsored benefit, including 65% who have access to health insurance. Nearly all RTs indicate that they are satisfied with their current work situation, including 66% who indicate that they are "very satisfied".

Summary of Trends

In this section, all statistics for the current year are compared to those of the 2015 RT workforce. Virginia's licensed RTs are nearly twice as likely to respond to this survey (65% vs. 37%). The number of licensed RTs in the state (5,740 vs. 5,462) and the size of Virginia's RT workforce (4,915 vs. 4,680) have both increased by 5%. At the same time, the number of FTEs provided by this workforce has increased by 2% (4,135 vs. 4,070).

Although a majority of RTs in the state are female, females' percentage in the RT workforce fell slightly (80% vs. 81%). On the other hand, the diversity index of the RT workforce increased slightly (40% vs. 39%). However, this increase is less than the comparable increase in the diversity index of the state's overall population (57% vs. 55%). At the same time, the median age of the RT workforce has fallen (43 vs. 44). Fewer RTs grew up in rural areas (41% vs. 42%), and these professionals are less likely to work in non-metro areas of the state (20% vs. 23%). In addition, the overall percentage of RTs who work in non-metro areas of Virginia has fallen (13% vs. 11%).

Virginia's RTs are more likely to pursue additional education. The percentage who hold an associate degree (55% vs. 51%) or a baccalaureate degree (14% vs. 9%) has risen. By contrast, the percentage of RTs who hold a RT certificate as their highest professional degree has fallen (27% vs. 35%). Although there has been no change in the median debt burden among those RTs who carry education debt, the percentage of all RTs with education debt has increased (31% vs. 29%). However, the opposite is the case among those RTs who are under the age of 40 (44% vs. 47%).

RTs are more likely to be employed in the profession (91% vs. 85%) and to hold one full-time job (68% vs. 66%). At their primary work location, RTs are more likely to work at outpatient/community clinics (19% vs. 15%) and the inpatient department of hospitals (16% vs. 13%) relative to physicians' offices (24% vs. 29%) and stationary diagnostic imaging centers (15% vs. 18%). The median annual income of RTs has increased (\$50k-\$60k vs. \$40k-\$50k), but RTs are less likely to receive at least one employer-sponsored benefit (86% vs. 87%). RTs indicate that they are more satisfied with their current work situation (96% vs. 94%), including those who indicate that they are "very satisfied" (66% vs. 62%).

Survey Response Rates

A Closer Look:

Licensee Counts		
License Status	#	%
Renewing Practitioners	4,191	73%
New Licensees	497	9%
Non-Renewals	1,052	18%
All Licensees	5,740	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Nearly 90% of renewing RTs submitted a survey. These represent 65% of all RTs who held a license at some point in 2019.

Definitions

- 1. The Survey Period:** The survey was conducted throughout 2019 in the birth month of each practitioner.
- 2. Target Population:** All RTs who held a Virginia license at some point in 2019.
- 3. Survey Population:** The survey was available to those who renewed their licenses online. It was not available to those who did not renew, including some RTs newly licensed in 2019.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	437	359	45%
30 to 34	319	464	59%
35 to 39	276	494	64%
40 to 44	188	420	69%
45 to 49	194	541	74%
50 to 54	165	478	74%
55 to 59	145	443	75%
60 and Over	281	536	66%
Total	2,005	3,735	65%
New Licenses			
Issued in 2019	497	0	0%
Metro Status			
Non-Metro	188	396	68%
Metro	1,295	2,694	68%
Not in Virginia	522	645	55%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	3,735
Response Rate, All Licensees	65%
Response Rate, Renewals	89%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed RTs

Number:	5,740
New:	9%
Not Renewed:	18%

Survey Response Rates

All Licensees:	65%
Renewing Practitioners:	89%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

2019 RT Workforce: 4,915
 FTEs: 4,135

Utilization Ratios

Licenses in VA Workforce: 86%
 Licenses per FTE: 1.39
 Workers per FTE: 1.19

Source: Va. Healthcare Workforce Data Center

Definitions

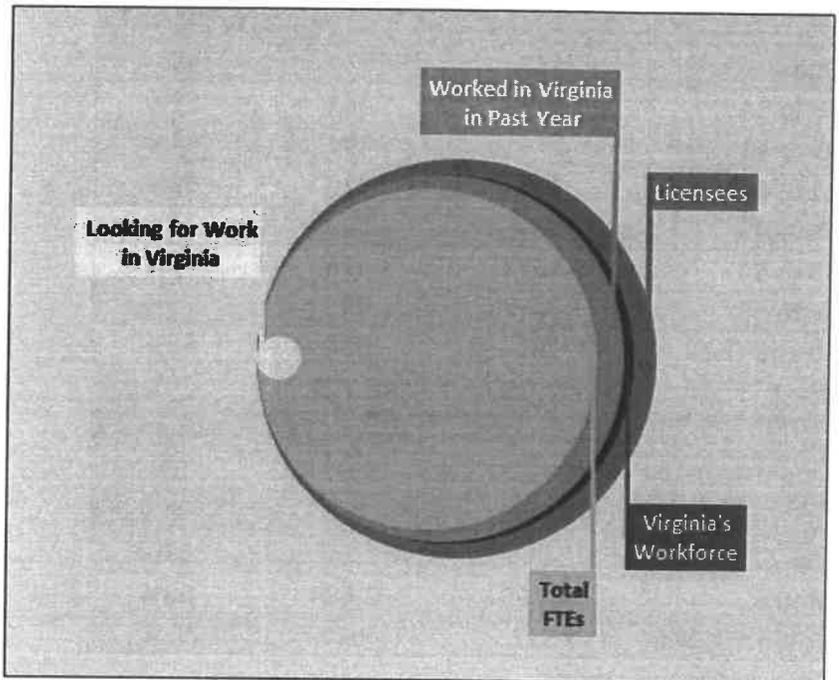
- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline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

Virginia's RT Workforce

Status	#	%
Worked in Virginia in Past Year	4,845	99%
Looking for Work in Virginia	70	1%
Virginia's Workforce	4,915	100%
Total FTEs	4,135	
Licenses	5,740	

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: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>



Source: Va. Healthcare Workforce Data Center

Demographics

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	72	11%	616	90%	689	16%
30 to 34	101	16%	536	84%	638	14%
35 to 39	125	21%	474	79%	598	13%
40 to 44	124	25%	369	75%	493	11%
45 to 49	125	23%	422	77%	547	12%
50 to 54	112	24%	350	76%	463	10%
55 to 59	85	20%	347	80%	432	10%
60 and Over	123	22%	449	78%	572	13%
Total	868	20%	3,563	80%	4,431	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 80%
% Under 40 Female: 84%

Age

Median Age: 43
% Under 40: 43%
% 55 and Over: 23%

Diversity

Diversity Index: 40%
Under 40 Div. Index: 41%

Source: Va. Healthcare Workforce Data Center

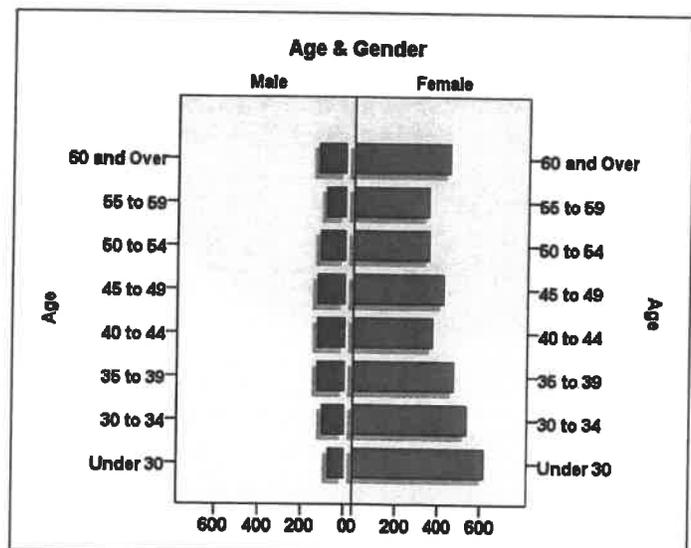
In a chance encounter between two RTs, there is a 40% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable number is 57%.

Race & Ethnicity					
Race/Ethnicity	Virginia*	RTs		RTs Under 40	
	%	#	%	#	%
White	61%	3,410	76%	1,476	76%
Black	19%	474	11%	163	8%
Asian	7%	185	4%	86	4%
Other Race	0%	76	2%	21	1%
Two or More Races	3%	123	3%	67	3%
Hispanic	10%	213	5%	130	7%
Total	100%	4,481	100%	1,943	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2018.

Source: Va. Healthcare Workforce Data Center

More than 40% of RTs are under the age of 40, and 84% of these professionals are female. In addition, the diversity index among RTs who are under the age of 40 is 41%.



Source: Va. Healthcare Workforce Data Center

Background

At a Glance:

Childhood

Urban Childhood: 14%
Rural Childhood: 41%

Virginia Background

HS in Virginia: 61%
Prof. Education in VA: 71%
HS/Prof. Edu. in VA: 74%

Location Choice

% Rural to Non-Metro: 20%
% Urban/Suburban to Non-Metro: 4%

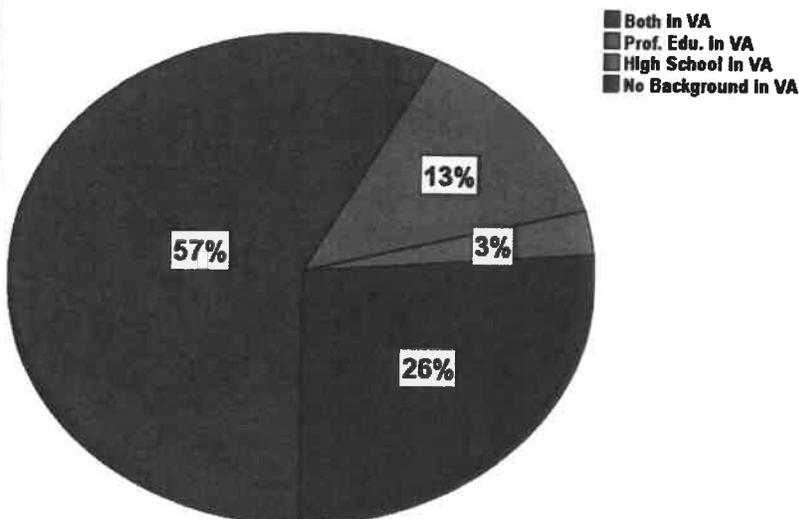
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	29%	54%	17%
2	Metro, 250,000 to 1 Million	63%	29%	8%
3	Metro, 250,000 or Less	58%	33%	8%
Non-Metro Counties				
4	Urban Pop., 20,000+, Metro Adjacent	68%	19%	13%
6	Urban Pop., 2,500-19,999, Metro Adjacent	79%	15%	7%
7	Urban Pop., 2,500-19,999, Non-Adjacent	93%	6%	1%
8	Rural, Metro Adjacent	87%	0%	13%
9	Rural, Non-Adjacent	44%	42%	13%
Overall		41%	45%	14%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

More than 40% of RTs grew up in self-described rural areas, and 20% of these professionals currently work in non-metro counties. Overall, 11% of all RTs currently work in non-metro counties.

Top Ten States for Radiologic Technologist Recruitment

All Radiologic Technologists				
Rank	High School	#	Professional School	#
1	Virginia	2,703	Virginia	3,132
2	Outside U.S./Canada	217	Maryland	198
3	Maryland	199	West Virginia	118
4	Pennsylvania	176	Pennsylvania	115
5	New York	159	North Carolina	94
6	West Virginia	140	New York	86
7	North Carolina	97	Florida	74
8	New Jersey	81	Texas	74
9	Florida	70	Washington, D.C.	53
10	Ohio	54	New Jersey	51

Source: Va. Healthcare Workforce Data Center

More than 60% of licensed RTs received their high school degree in Virginia, and 71% received their initial professional degree in the state.

Among RTs who received their license in the past five years, 59% received their high school degree in Virginia, while 68% received their initial professional degree in the state.

Licensed in the Past Five Years				
Rank	High School	#	Professional School	#
1	Virginia	819	Virginia	928
2	Maryland	76	Maryland	62
3	Outside U.S./Canada	55	West Virginia	49
4	Pennsylvania	51	North Carolina	43
5	New York	44	Pennsylvania	37
6	North Carolina	42	Florida	30
7	West Virginia	38	New York	26
8	Florida	24	Texas	24
9	California	21	California	18
10	New Jersey	21	Washington, D.C.	16

Source: Va. Healthcare Workforce Data Center

Nearly 15% of licensed RTs did not participate in Virginia's workforce in 2019. Nearly 90% of these RTs worked at some point in the past year, including 81% who are currently employed as RTs.

At a Glance:

Not in VA Workforce

Total:	823
% of Licensees:	14%
Federal/Military:	3%
Va. Border State/D.C.:	24%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
RT Certificate	1,151	27%
Associate	2,409	55%
Baccalaureate	598	14%
Post-Graduate Certificate	110	3%
Master's	68	2%
Doctorate	6	0%
Total	4,342	100%

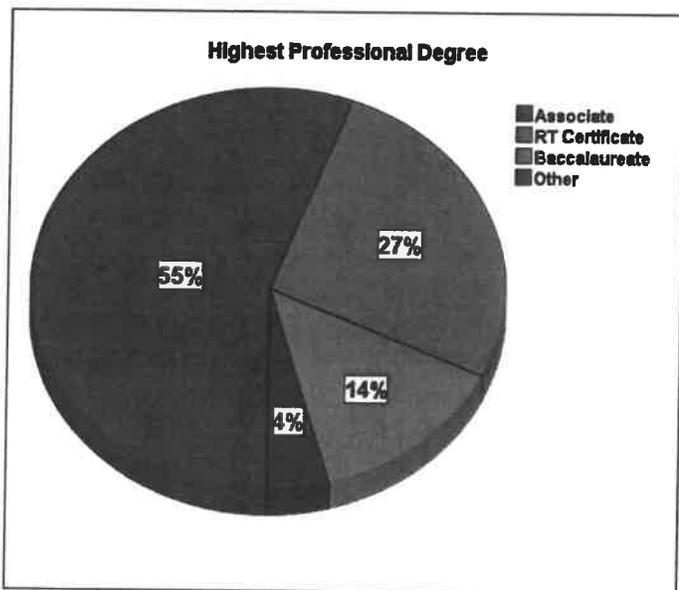
Source: Va. Healthcare Workforce Data Center

At a Glance:

Education
 Associate Degree: 55%
 RT Certificate: 27%

Education Debt
 Carry Debt: 31%
 Under Age 40 w/ Debt: 44%
 Median Debt: \$10k-\$20k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than half of all RTs hold an associate degree as their highest professional degree.

Nearly one-third of all RTs carry education debt, including 44% of those under the age of 40. For those with education debt, the median amount is between \$10,000 and \$20,000.

Amount Carried	All RTs		RTs Under 40	
	#	%	#	%
None	2,665	69%	948	56%
Less than \$10,000	317	8%	186	11%
\$10,000-\$19,999	311	8%	213	13%
\$20,000-\$29,999	169	4%	115	7%
\$30,000-\$39,999	149	4%	97	6%
\$40,000-\$49,999	50	1%	28	2%
\$50,000-\$59,999	62	2%	39	2%
\$60,000-\$69,999	39	1%	20	1%
\$70,000-\$79,999	28	1%	15	1%
\$80,000-\$89,999	16	0%	7	0%
\$90,000-\$99,999	13	0%	6	0%
\$100,000 or More	37	1%	21	1%
Total	3,854	100%	1,696	100%

Source: Va. Healthcare Workforce Data Center

Specializations & Credentials

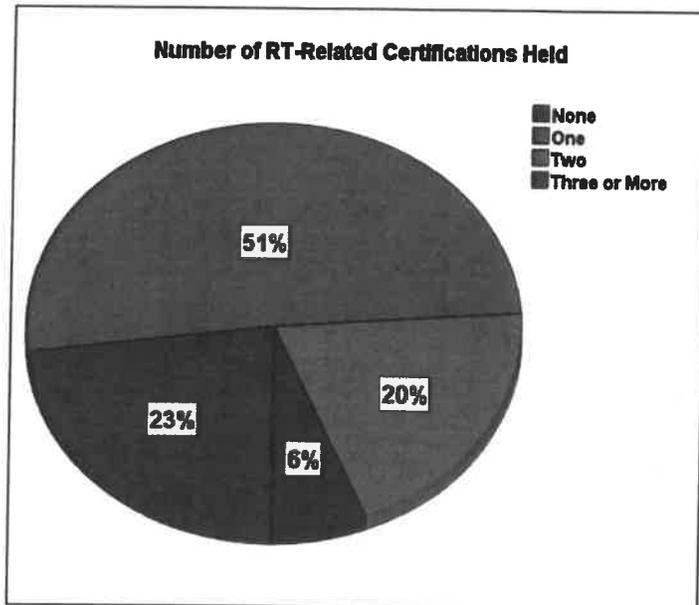
At a Glance:

Top Certifications

Radiography:	67%
Tomography:	14%
Mammography:	13%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

Top Ten Certifications

Certification	#	% of Workforce
Radiography	3,281	67%
Tomography	692	14%
Mammography	631	13%
Magnetic Resonance Imaging	256	5%
Radiation Therapy	123	3%
Bone Densitometry	116	2%
Nuclear Medicine Technology	73	1%
Vascular Interventional	63	1%
Nuclear Medicine	43	1%
Diagnostic Medical Sonography	40	1%
At Least One Certification	3,790	77%

Source: Va. Healthcare Workforce Data Center

More than three-quarters of all RTs have at least one certification, including two-thirds who hold a certification in radiography.

Current Employment Situation

At a Glance:

Employment

Employed in Profession: 91%
 Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 68%
 2 or More Positions: 15%

Weekly Hours:

40 to 49: 52%
 60 or More: 3%
 Less than 30: 11%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	3	< 1%
Employed in an RT-Related Capacity	4,057	91%
Employed, NOT in an RT-Related Capacity	291	7%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	16	< 1%
Voluntarily Unemployed	97	2%
Retired	19	< 1%
Total	4,484	100%

Source: Va. Healthcare Workforce Data Center

More than 90% of Virginia's RTs are currently employed in the profession, 68% have one full-time job, and 52% work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	132	3%
One Part-Time Position	587	13%
Two Part-Time Positions	127	3%
One Full-Time Position	3,016	68%
One Full-Time Position & One Part-Time Position	496	11%
Two Full-Time Positions	10	0%
More than Two Positions	49	1%
Total	4,417	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	132	3%
1 to 9 Hours	76	2%
10 to 19 Hours	100	2%
20 to 29 Hours	302	7%
30 to 39 Hours	1,129	26%
40 to 49 Hours	2,234	52%
50 to 59 Hours	212	5%
60 to 69 Hours	83	2%
70 to 79 Hours	15	0%
80 or More Hours	40	1%
Total	4,323	100%

Source: Va. Healthcare Workforce Data Center

Employment Quality

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	21	1%
Less than \$30,000	352	11%
\$30,000-\$39,999	494	15%
\$40,000-\$49,999	718	21%
\$50,000-\$59,999	584	17%
\$60,000-\$69,999	460	14%
\$70,000-\$79,999	308	9%
\$80,000-\$89,999	188	6%
\$90,000-\$99,999	114	3%
\$100,000-\$109,999	58	2%
\$110,000-\$119,999	27	1%
\$120,000 or More	35	1%
Total	3,360	100%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	2,906	66%
Somewhat Satisfied	1,293	30%
Somewhat Dissatisfied	137	3%
Very Dissatisfied	50	1%
Total	4,386	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Annual Income

Median Income: \$50k-\$60k

Benefits

Health Insurance: 65%

Retirement: 66%

Satisfaction

Satisfied: 96%

Very Satisfied: 66%

Source: Va. Healthcare Workforce Data Center

The typical RT earns between \$50,000 and \$60,000 per year. In addition, 86% of RTs also receive at least one employer-sponsored benefit, including 65% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	3,189	79%	76%
Retirement	2,695	66%	64%
Health Insurance	2,656	65%	64%
Dental Insurance	2,516	62%	61%
Paid Sick Leave	2,330	57%	55%
Group Life Insurance	1,880	46%	46%
Signing/Retention Bonus	189	5%	5%
At Least One Benefit	3,507	86%	83%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Underemployment in Past Year		
In the Past Year, Did You . . .?	#	%
Work Two or More Positions at the Same Time?	902	18%
Switch Employers or Practices?	319	6%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	230	5%
Experience Voluntary Unemployment?	206	4%
Experience Involuntary Unemployment?	41	1%
Experienced At Least One	1,429	29%

Source: Va. Healthcare Workforce Data Center

Only 1% of RTs were involuntarily unemployed at some point in the past year. For comparison, Virginia's average monthly unemployment rate was 2.8%.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	77	2%	120	11%
Less than 6 Months	231	5%	114	10%
6 Months to 1 Year	326	8%	119	11%
1 to 2 Years	895	21%	252	23%
3 to 5 Years	962	22%	239	22%
6 to 10 Years	699	16%	116	11%
More than 10 Years	1,096	26%	141	13%
Subtotal	4,286	100%	1,101	100%
Did Not Have Location	128		3,742	
Item Missing	500		72	
Total	4,915		4,915	

Source: Va. Healthcare Workforce Data Center

Nearly 90% of RTs receive an hourly wage at their primary work location, while 11% either receive a salary or work on commission.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 5%

Turnover & Tenure

Switched: 6%
New Location: 18%
Over 2 Years: 64%
Over 2 Yrs., 2nd Location: 45%

Employment Type

Hourly Wage: 87%
Salary/Commission: 11%

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of all RTs have worked at their primary work location for more than two years.

Employment Type

Primary Work Site	#	%
Hourly Wage	2,858	87%
Salary/Commission	360	11%
By Contract/Per Diem	55	2%
Business/Practice Income	8	0%
Unpaid	8	0%
Subtotal	3,289	100%

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.4% and a high of 3.2%. The unemployment rate from December 2019 was still preliminary at the time of publication.

Work Site Distribution

At a Glance:

Concentration

Top Region:	29%
Top 3 Regions:	71%
Lowest Region:	2%

Locations

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

Source: Va. Healthcare Workforce Data Center

More than 70% of all RTs work in Northern Virginia, Central Virginia, and Hampton Roads.

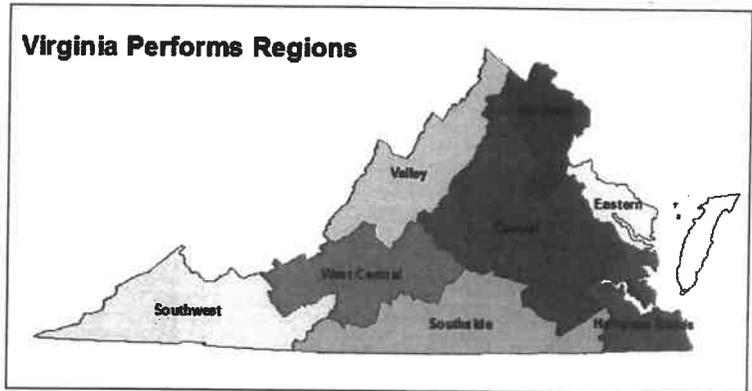
A Closer Look:

Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Northern	1,236	29%	338	30%
Central	949	22%	266	23%
Hampton Roads	838	20%	216	19%
West Central	512	12%	107	9%
Southside	215	5%	45	4%
Valley	195	5%	44	4%
Southwest	162	4%	32	3%
Eastern	70	2%	18	2%
Virginia Border State/D.C.	30	1%	29	3%
Other U.S. State	44	1%	42	4%
Outside of the U.S.	0	0%	5	0%
Total	4,251	100%	1,142	100%
Item Missing	535		32	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

Nearly one-quarter of all RTs currently have multiple work locations, while 27% have had multiple work locations in the past year.

Locations	Number of Work Locations			
	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	70	2%	131	3%
1	3,103	72%	3,184	73%
2	628	15%	563	13%
3	385	9%	360	8%
4	51	1%	25	1%
5	23	1%	24	1%
6 or More	83	2%	55	1%
Total	4,343	100%	4,342	100%

*At the time of survey completion, January-December 2019.

Source: Va. Healthcare Workforce Data Center

Establishment Type

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	2,779	68%	761	73%
Non-Profit	1,054	26%	227	22%
State/Local Government	117	3%	27	3%
Veterans Administration	32	1%	7	1%
U.S. Military	74	2%	22	2%
Other Federal Gov't	30	1%	4	0%
Total	4,086	100%	1,048	100%
Did Not Have Location	128		3,742	
Item Missing	701		126	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

For-Profit: 68%
Federal: 3%

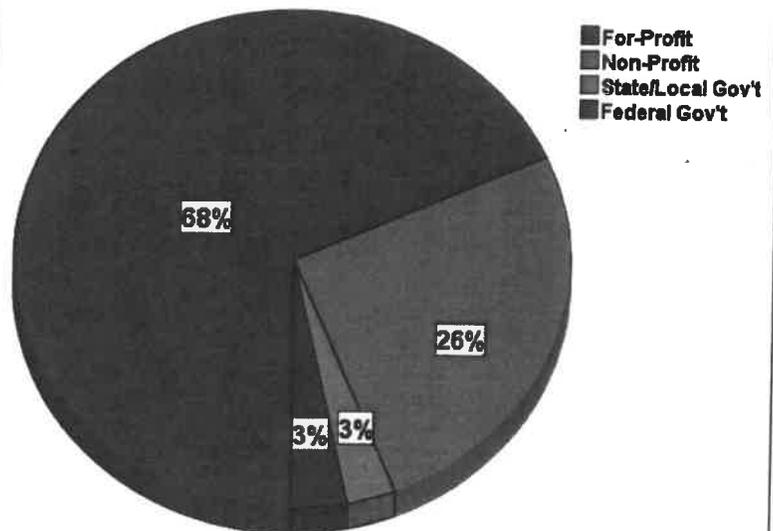
Top Establishments

Physician Office: 24%
Outpatient/Community
Clinic: 19%
General Hospital,
Inpatient: 16%

Source: Va. Healthcare Workforce Data Center

More than 90% of Virginia's RTs work in the private sector, including 68% who work at for-profit establishments.

Sector, Primary Work Site



Source: Va. Healthcare Workforce Data Center

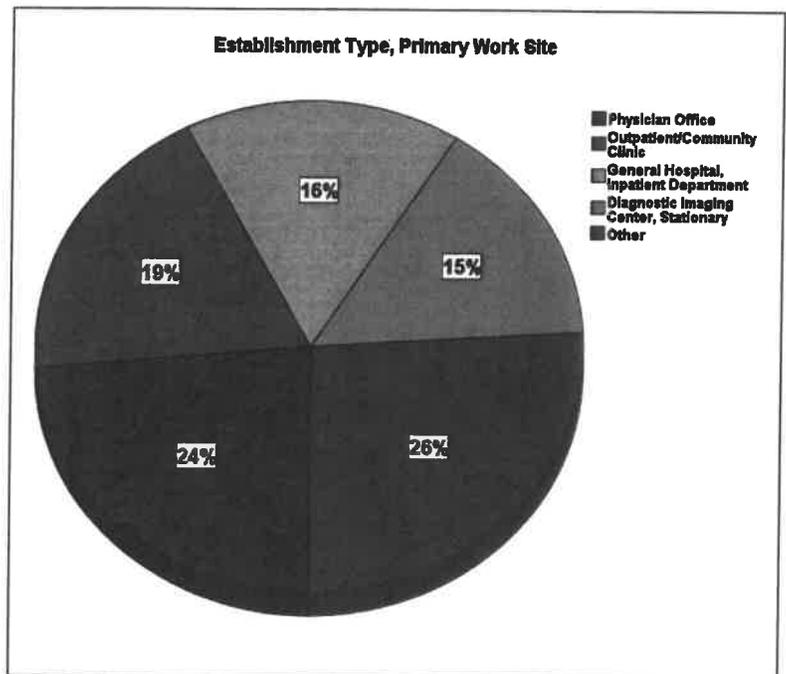
Top Ten Location Types

Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Physician Office	927	24%	150	15%
Outpatient/Community Clinic	743	19%	242	24%
General Hospital, Inpatient Department	643	16%	212	21%
Diagnostic Imaging Center, Stationary	598	15%	106	10%
General Hospital, Outpatient Department	360	9%	115	11%
Diagnostic Imaging Center, Mobile	147	4%	60	6%
Academic Institution	87	2%	15	1%
Skilled Nursing Facility	10	0%	6	1%
Device Manufacturer/Distributor	6	0%	0	0%
Dentist Office	4	0%	1	0%
Other Practice Setting	411	10%	111	11%
Total	3,936	100%	1,018	100%
Did Not Have a Location	128		3,742	

Source: Va. Healthcare Workforce Data Center

Nearly one-quarter of RTs work in physicians' offices, while 19% work in outpatient or community clinics.

For RTs who also have a secondary work location, 24% work at outpatient or community clinics, while another 21% work at the inpatient department of general hospitals.



Source: Va. Healthcare Workforce Data Center

Time Allocation

At a Glance: (Primary Locations)

Typical Time Allocation

Client Care: 90%-99%
Education: 1%-9%

Roles

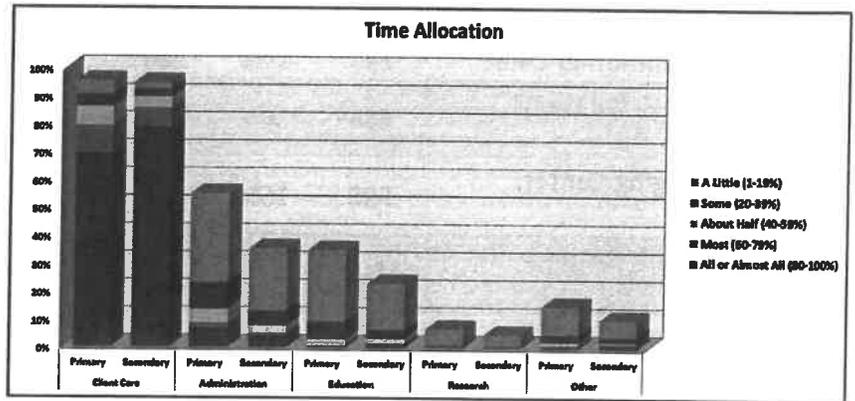
Patient Care: 80%
Administration: 9%
Education: 1%

Patient Care RTs

Median Admin. Time: None
Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

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

Time Allocation											
Time Spent	Client Care		Admin.		Education		Research		Other		
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	
All or Almost All (80-100%)	69%	79%	7%	4%	1%	1%	0%	0%	1%	1%	
Most (60-79%)	10%	7%	2%	1%	0%	0%	0%	0%	0%	1%	
About Half (40-59%)	7%	4%	5%	3%	2%	1%	0%	0%	1%	0%	
Some (20-39%)	4%	3%	10%	5%	6%	3%	1%	1%	3%	2%	
A Little (1-19%)	5%	2%	32%	22%	26%	16%	6%	4%	10%	6%	
None (0%)	4%	5%	45%	65%	65%	77%	93%	95%	85%	90%	

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All		50 and Over	
	#	%	#	%
Under Age 50	146	4%	-	-
50 to 54	164	5%	13	1%
55 to 59	352	10%	43	4%
60 to 64	969	27%	278	24%
65 to 69	1,423	39%	562	49%
70 to 74	348	10%	170	15%
75 to 79	46	1%	22	2%
80 and Over	43	1%	13	1%
I Do Not Intend to Retire	142	4%	49	4%
Total	3,632	100%	1,150	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All RTs

Under 65: 45%

Under 60: 18%

RTs 50 and Over

Under 65: 29%

Under 60: 5%

Time Until Retirement

Within 2 Years: 5%

Within 10 Years: 18%

Half the Workforce: By 2044

Source: Va. Healthcare Workforce Data Center

Nearly half of all RTs expect to retire by the age of 65. Among RTs who are age 50 and over, 29% expect to retire by the age of 65.

Within the next two years, 20% of all RTs expect to pursue additional educational opportunities, and 8% expect to increase their client care hours.

Future Plans

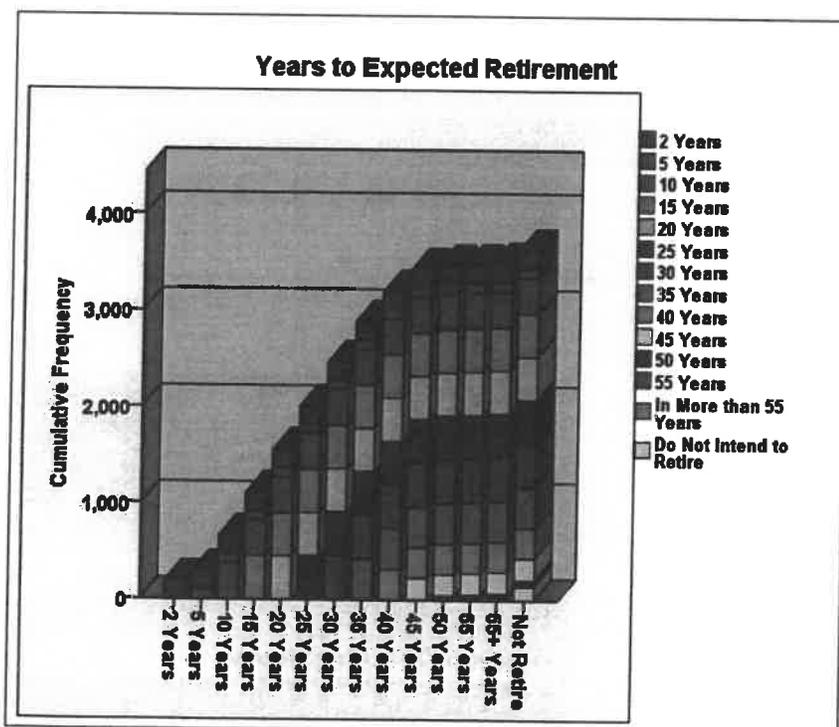
Two-Year Plans:	#	%
Decrease Participation		
Decrease Client Care Hours	227	5%
Leave Virginia	161	3%
Leave Profession	127	3%
Decrease Teaching Hours	37	1%
Increase Participation		
Pursue Additional Education	965	20%
Increase Client Care Hours	381	8%
Increase Teaching Hours	147	3%
Return to Virginia's Workforce	36	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for RTs. While 5% of RTs expect to retire in the next two years, 18% expect to retire within the next ten years. Half of the current workforce expect to retire by 2044.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	189	5%	5%
5 Years	97	3%	8%
10 Years	373	10%	18%
15 Years	448	12%	30%
20 Years	448	12%	43%
25 Years	454	13%	55%
30 Years	457	13%	68%
35 Years	419	12%	79%
40 Years	317	9%	88%
45 Years	225	6%	94%
50 Years	39	1%	95%
55 Years	10	0%	96%
In More than 55 Years	15	0%	96%
Do Not Intend to Retire	142	4%	100%
Total	3,632	100%	

Source: Va. Healthcare Workforce Data Center



Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2029. Retirement will peak at 13% of the current workforce around 2049 before declining to under 10% of the current workforce again around 2059.

At a Glance:

FTEs

Total: 4,135
 FTEs/1,000 Residents²: 0.485
 Average: 0.86

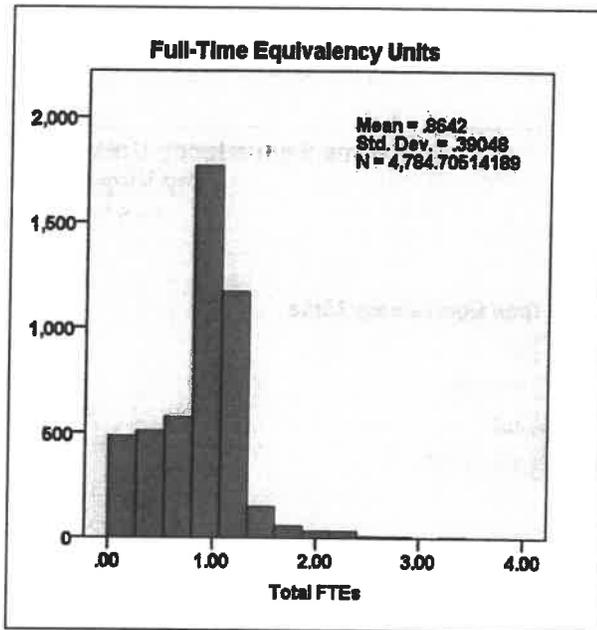
Age & Gender Effect

Age, Partial Eta³: Negligible
 Gender, Partial Eta³: Negligible

Partial Eta³ Explained:
 Partial Eta³ is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

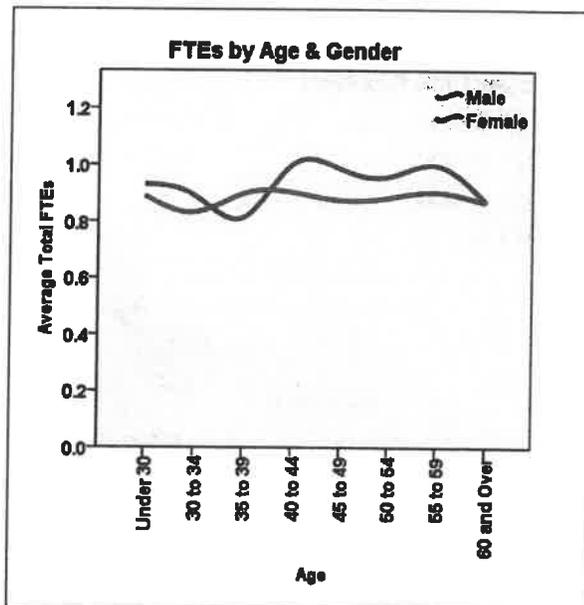


Source: Va. Healthcare Workforce Data Center

The typical RT provided 0.94 FTEs in the past year, or about 38 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
	Average	Median
Age		
Under 30	0.88	0.96
30 to 34	0.82	0.93
35 to 39	0.87	0.91
40 to 44	0.87	0.96
45 to 49	0.92	1.05
50 to 54	0.81	0.93
55 to 59	0.92	0.96
60 and Over	0.82	0.89
Gender		
Male	0.93	1.01
Female	0.88	0.96

Source: Va. Healthcare Workforce Data Center



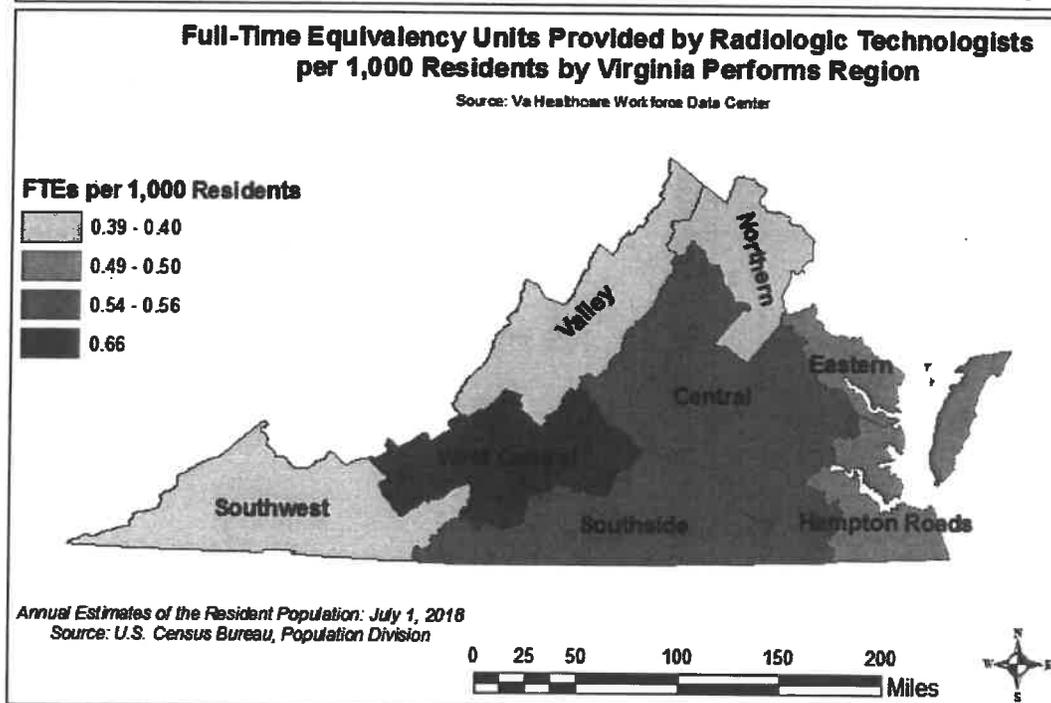
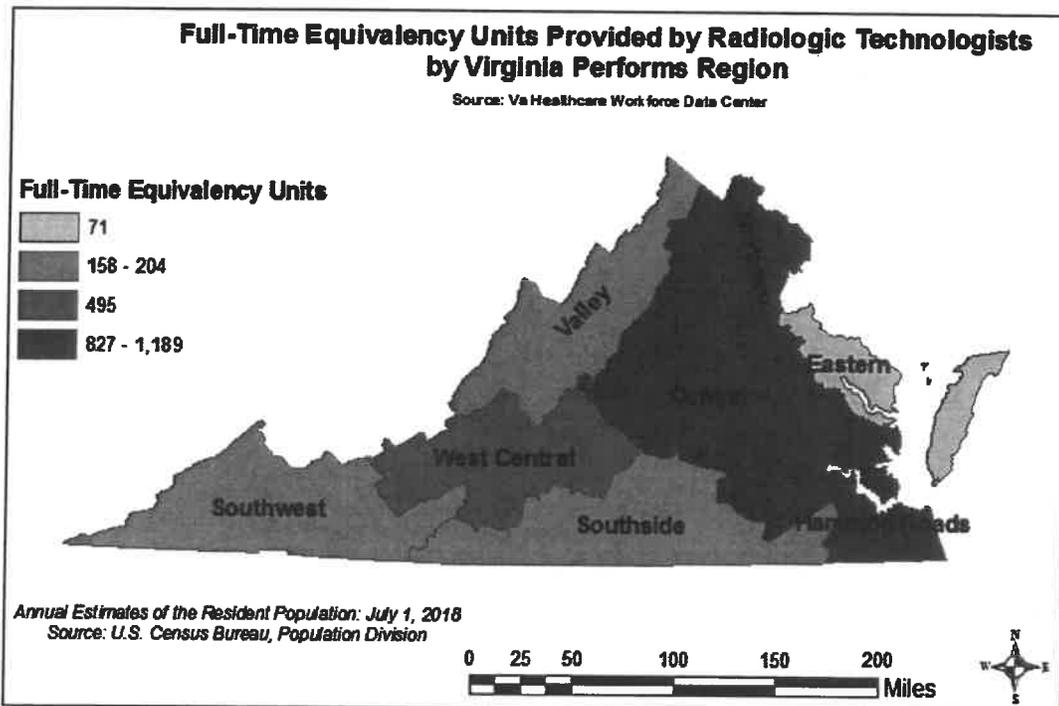
Source: Va. Healthcare Workforce Data Center

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

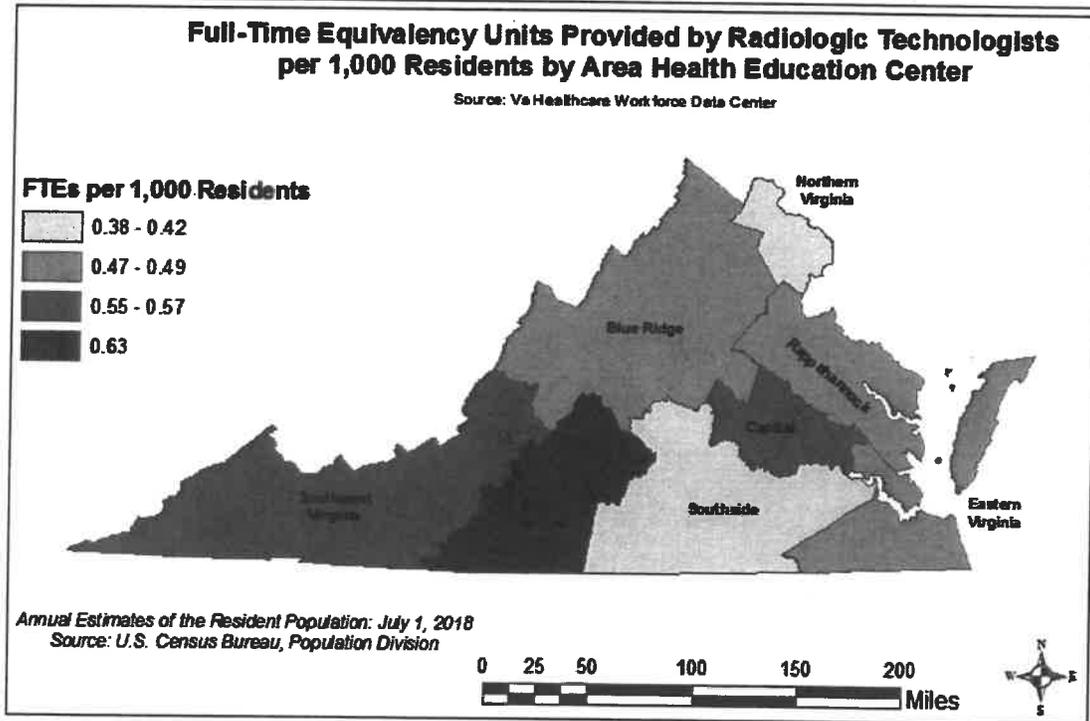
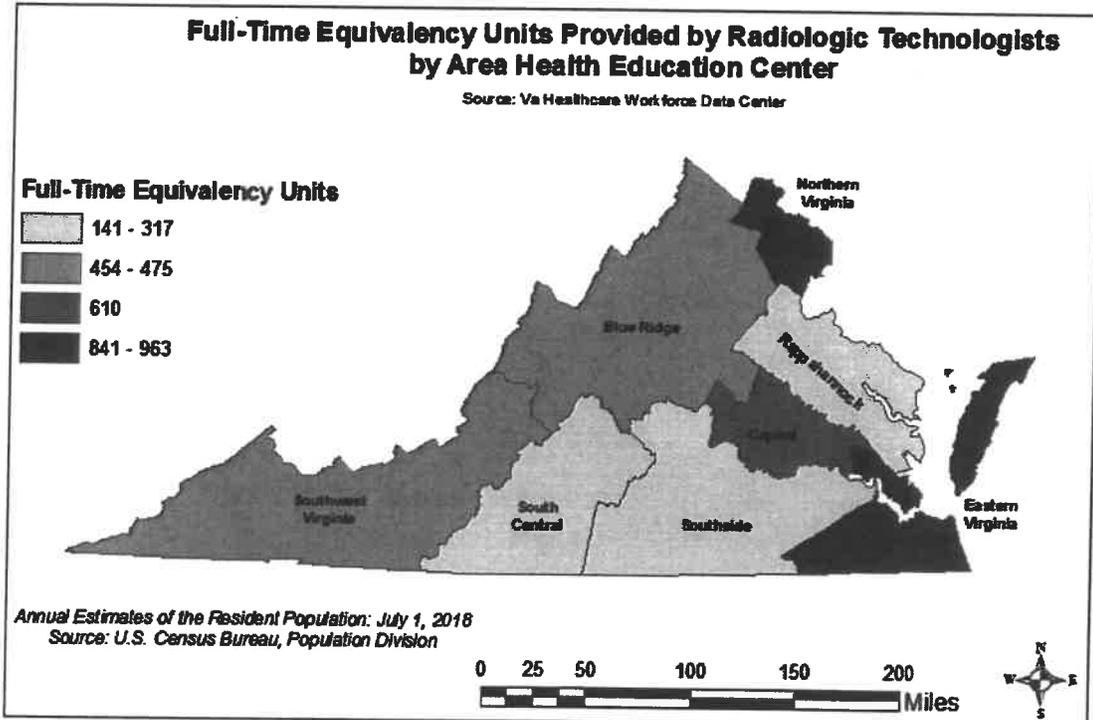
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

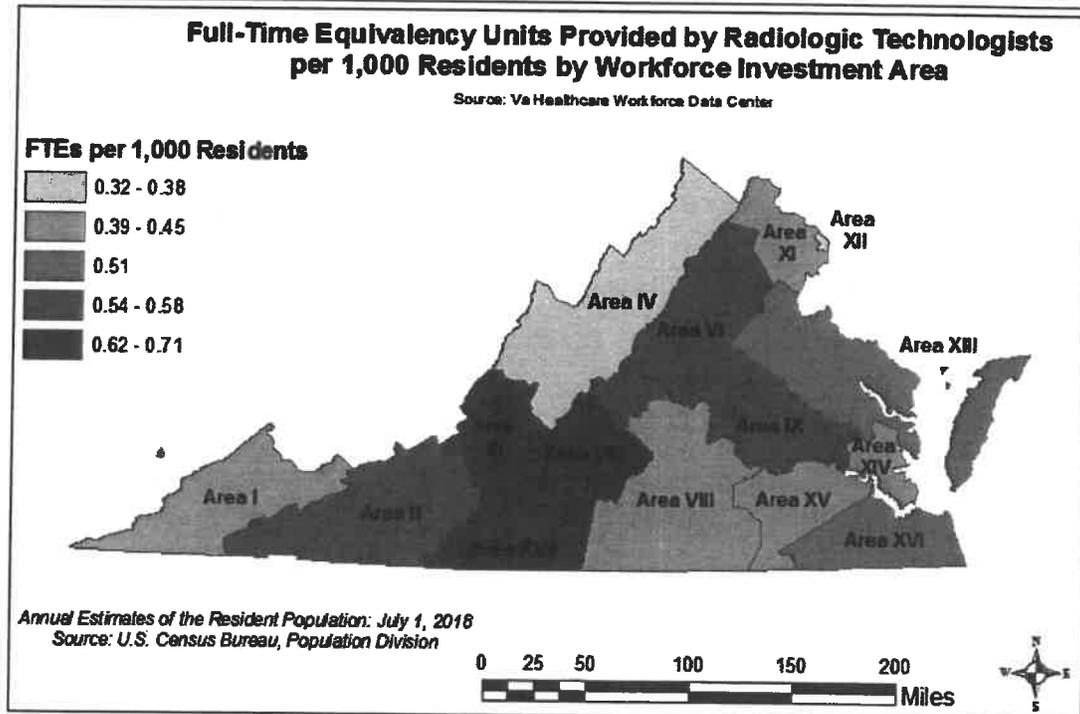
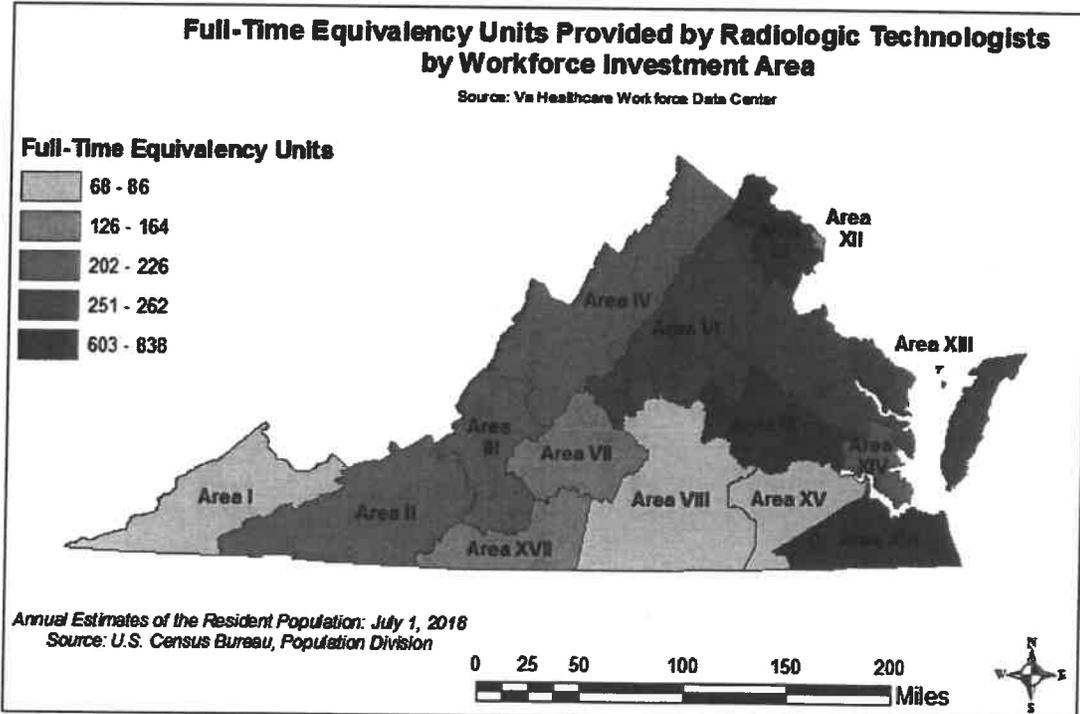
Maps

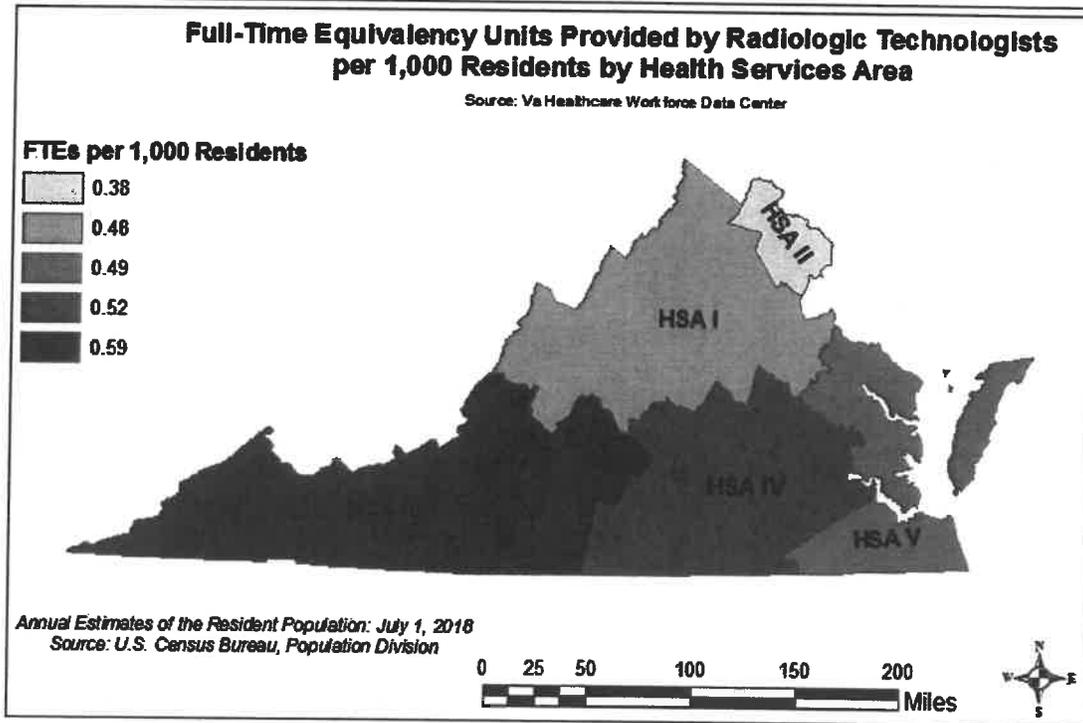
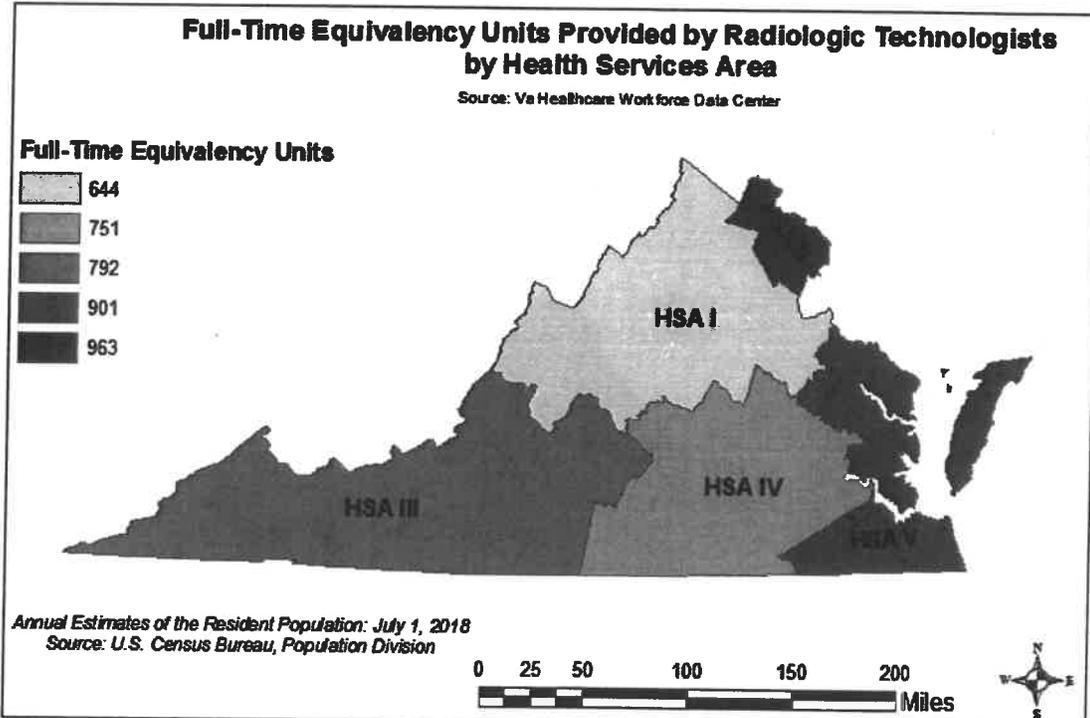
Virginia Performs Regions



Area Health Education Center Regions







Appendix

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 Million+	3,080	67.63%	1.478637	1.27707	2.13333
Metro, 250,000 to 1 Million	456	67.54%	1.480519	1.27869	2.13605
Metro, 250,000 or Less	453	66.89%	1.49505	1.29124	2.15701
Urban Pop., 20,000+, Metro Adj.	149	68.46%	1.460784	1.26165	2.10758
Urban Pop., 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban Pop., 2,500-19,999, Metro Adj.	166	67.47%	1.482143	1.2801	2.13839
Urban Pop., 2,500-19,999, Non-Adj.	98	70.41%	1.42029	1.22667	2.04915
Rural, Metro Adj.	129	64.34%	1.554217	1.34234	2.24238
Rural, Non-Adj.	42	71.43%	1.4	1.20915	2.01988
Virginia Border State/D.C.	705	58.30%	1.715328	1.48149	2.47483
Other U.S. State	462	50.65%	1.974359	1.70521	2.84855

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	796	45.10%	2.21727	2.01988	2.84855
30 to 34	783	59.26%	1.6875	1.53727	2.16795
35 to 39	770	64.16%	1.558704	1.41994	2.00248
40 to 44	608	69.08%	1.447619	1.31875	1.85977
45 to 49	735	73.61%	1.358595	1.23765	1.7454
50 to 54	643	74.34%	1.345188	1.22543	1.72818
55 to 59	588	75.34%	1.327314	1.20915	1.70521
60 and Over	817	65.61%	1.524254	1.38856	1.95822

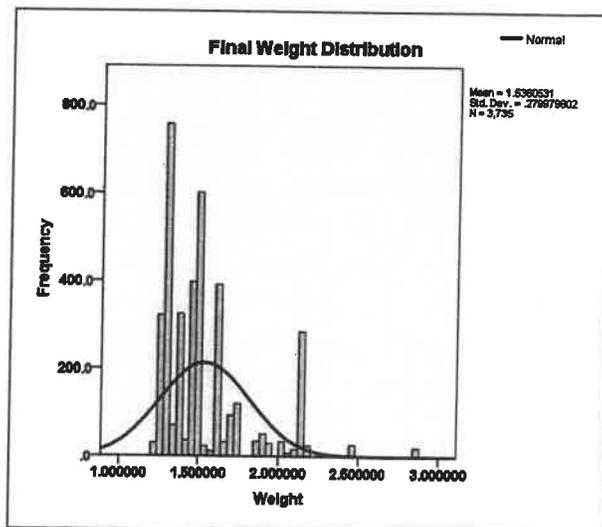
Source: Va. Healthcare Workforce Data Center

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

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

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

Overall Response Rate: 0.650697



Source: Va. Healthcare Workforce Data Center

Agenda Item: Petition for rulemaking

Staff Note:

The Board received a petition for rulemaking from the Virginia Academy of Physician Assistants

Included in your package:

A copy of the petition and Townhall notice

Copy of comment on petition

A copy of applicable section of regulation

Recommendation from the Legislative Committee: Take no regulatory action

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 Medicine

FEB 25 2020

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

DHP
(804) 367-4600 (Tel)
(804) 527-4426 (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. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

Please provide the information requested below. (Print or Type)		
Petitioner's full name (Last, First, Middle initial, Suffix, Virginia Society of Radiologic Technologists		
Street Address 1300 Emerald View Court	Area Code and Telephone Number	
City Bedford	State Virginia	Zip Code 24523
Email Address (optional) gimminick@gmail.com kmdeacon@gmail.com	Fax (optional)	

Respond to the following questions:

1. What regulations 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.

Under code section titled :Chapter 101. Regulations Governing the Practice of Radiologic Technology, subsections:

- 18VAC85-101-150. Biennial Renewal of License.
- 18VAC85-101-151. Reinstatement.
- 18VAC85-101-152. Inactive License.

25FEB '20 3:09PM

BOM

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

The Board of the Virginia Society of Radiologic Technologists (VSRT) wishes to petition the Board of Medicine to consider changes in the above stated subsections of the laws regulating the Licensure of Radiologic Technologists.

Rational: The VSRT considers the existing regulations to have a loophole that allows technologists renewing or reinstatement of license to anyone who once held a properly obtained Virginia license without verification of active credentials. Technologists who have previously held a license may appear to qualify for a current Virginia license, although they may have lost their credentials through inactivity or sanction with their professional body.

We ask the Board to consider adding the following wording to each of the sections above as stated below in each section

1. 18VAC85-101-150. Biennial Renewal of License. - add "and be in good standing" after **ARRT and/or NMTCB** and before within

- D. In order to renew an active license as a radiologic technologist, a licensee shall attest to having completed 24 hours of continuing education as acceptable to the ARRT and/or NMTCB within the last biennium.
2. **18VAC85-101-151. Reinstatement.**- add " and demonstrate evidence of current good standing" after *renewal* and before *and*. A licensee that allows this license to lapse for a period of two years or more and chooses to resume his practice shall submit to the board a new application, information on practice and licensure in other jurisdictions during the period in which the license was lapsed, evidence of completion of hours of continuing education equal to those required for a biennial renewal and the fees for reinstatement of his license as prescribed in 18VAC85-101-25.
3. **18VAC85-101-152. Inactive License.** remove *and* before 3. and add in section "B" #4- Provide proof of current ARRT and/or NMTCB certification
To reactivate an inactive license, a licensee shall:
1. Submit the required application;
2. Pay a fee equal to the difference between the current renewal fee for inactive licensure and the renewal fee for active licensure; and 3. Verify that he has completed continuing education hours equal to those required for the period in which he held an inactive license in Virginia, not to exceed one biennium.

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 other legal authority for promulgation of a regulation, please provide that Code reference.

Radiologic Technologist Advisory Board

2010 Code of Virginia,

Title 54.1 - PROFESSIONS AND OCCUPATIONS.

Chapter 24 - General Provisions (54.1-2400 thru 54.1-2409.4)

54.1-2408 - Disqualification for license, certificate or registration.

54.1-2408.1 - Summary action against licenses, certificates, registrations, or multistate licensure privilege; allegations to be in writing.

54.1-2409.2 - Board to set criteria for determining need for professional regulation.

Signature: Nicholas Gimmi, President-Elect, Legislative Affairs member, VSRT
Kourtney Ligon, VSRT Chair

Date: 02/11/2020

Virginia.gov Agencies | Governor



Secretariat Health and Human Resources

Agency Department of Health Professions

Board Board of Medicine

[Edit Petition](#)

Petition 317

Petition Information	
Petition Title	Requirement for maintenance of professional credential for renewal of licensure
Date Filed	2/26/2020 [Transmittal Sheet]
Petitioner	Virginia Society of Radiologic Technologists
Petitioner's Request	To amend sections on renewal, reinstatement, or reactivation to require a licensee to hold current ARRT and/or NMTCB credentials in good standing for biennial renewal, reinstatement, or reactivation of one's license under the Board of Medicine.
Agency's Plan	<p>In accordance with Virginia law, the petition will be filed with the Register of Regulations and published on March 30, 2020 and posted on the Virginia Regulatory Townhall at www.townhall.virginia.gov. Comment on the petition will be requested until April 29, 2020 and may be posted on the Townhall or sent to the Board.</p> <p>Following receipt of all comments on the petition to amend regulations, the matter will be considered by the Advisory Board on Radiologic Technology and by the full Board at their meetings in June of 2020.</p>
Comment Period	<p>Ended 4/29/2020</p> <p>0 comments</p>
Agency Decision	Pending
Contact Information	
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Part VIII. Renewal of Licensure.

18VAC85-101-150. Biennial renewal of license.

- A. A radiologist assistant, radiologic technologist or radiologic technologist-limited who intends to continue practice shall renew his license biennially during his birth month in each odd-numbered year and pay to the board the prescribed renewal fee.
- B. A license that has not been renewed by the first day of the month following the month in which renewal is required shall be expired.
- C. An additional fee as prescribed in 18VAC85-101-25 shall be imposed by the board.
- D. In order to renew an active license as a radiologic technologist, a licensee shall attest to having completed 24 hours of continuing education as acceptable to the ARRT within the last biennium.
- E. In order to renew an active license as a radiologic technologist-limited, a licensee shall attest to having completed 12 hours of continuing education within the last biennium that corresponds to the anatomical areas in which the limited licensee practices. Hours shall be acceptable to the ARRT, or by the ACRRT for limited licensees whose scope of practice is chiropractic, or by any other entity approved by the board for limited licensees whose scope of practice is podiatry or bone densitometry.
- F. In order to renew an active license as a radiologist assistant, a licensee shall attest to having completed 50 hours of continuing education as acceptable to the ARRT within the last biennium. A minimum of 25 hours of continuing education shall be recognized by the ARRT as intended for radiologist assistants or radiologists and shall be specific to the radiologist assistant's area of practice. Continuing education hours earned for renewal of a radiologist assistant license shall satisfy the requirements for renewal of a radiologic technologist license.
- G. Up to two continuing education hours may be satisfied through delivery of radiological services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services. One hour of continuing education may be credited for three hours of providing such volunteer services. For the purpose of continuing education credit for voluntary service, documentation by the health department or free clinic shall be acceptable.
- H. Other provisions for continuing education shall be as follows:
1. A practitioner shall be exempt from the continuing education requirements for the first biennial renewal following the date of initial licensure in Virginia.
 2. The practitioner shall retain in his records the Continued Competency Activity and Assessment Form available on the board's website with all supporting documentation for a period of four years following the renewal of an active license.

3. The board shall periodically conduct a random audit of its active licensees to determine compliance. The practitioners selected for the audit shall provide all supporting documentation within 30 days of receiving notification of the audit.

4. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

5. The board may grant an extension of the deadline for satisfying continuing competency requirements, for up to one year, for good cause shown upon a written request from the licensee prior to the renewal date.

6. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

18VAC85-101-151. Reinstatement.

A. A licensee who allows his license to lapse for a period of two years or more and chooses to resume his practice shall submit to the board a new application, information on practice and licensure in other jurisdictions during the period in which the license was lapsed, evidence of completion of hours of continuing education equal to those required for a biennial renewal and the fees for reinstatement of his license as prescribed in 18VAC85-101-25.

B. A licensee whose license has been revoked by the board and who wishes to be reinstated shall submit a new application to the board, fulfill additional requirements as specified in the order from the board, and pay the fee for reinstatement of his license as prescribed in 18VAC85-101-25.

18VAC85-101-152. Inactive license.

A. A licensed radiologist assistant, radiologic technologist or radiologic technologist-limited who holds a current, unrestricted license in Virginia may, upon a request on the renewal application and submission of the required fee, be issued an inactive license. The holder of an inactive license shall not be required to maintain continuing education hours and shall not be entitled to perform any act requiring a license to practice radiography in Virginia.

B. To reactivate an inactive license, a licensee shall:

1. Submit the required application;

2. Pay a fee equal to the difference between the current renewal fee for inactive licensure and the renewal fee for active licensure; and

3. Verify that he has completed continuing education hours equal to those required for the period in which he held an inactive license in Virginia, not to exceed one biennium.

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

Report of Regulatory Actions

Board of Medicine

Board		Board of Medicine
Chapter	Action / Stage Information	
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	<p><u>Conversion therapy</u> [Action 5412]</p> <p>NOIRA - Register Date: 8/31/20 Comment closes: 9/30/20</p>
[18 VAC 85 - 21]	Regulations Governing Prescribing of Opioids and Buprenorphine	<p><u>Waiver for e-prescribing of an opioid</u> [Action 5355]</p> <p>Proposed - Register Date: 9/14/20 Comment closes: 11/13/20</p>
[18 VAC 85 - 40]	Regulations Governing the Practice of Respiratory Therapists	<p><u>CE credit for specialty examination</u> [Action 5486]</p> <p>Fast-Track - Register Date: 8/31/20 Comment closes: 9/30/20 Effective: 10/15/20</p>
[18 VAC 85 - 50]	Regulations Governing the Practice of Physician Assistants	<p><u>Practice with patient care team physician</u> [Action 5357]</p> <p>Proposed - Register Date: 8/31/20 Comment closes: 10/30/20 Public hearing: 10/8/20</p>
[18 VAC 85 - 160]	Regulations Governing the Registration of Surgical Assistants and Surgical Technologists	<p> <u>Licensure of surgical assistants</u> [Action 5580]</p> <p>Final - Register Date: 9/14/20 Effective: 10/14/20</p>

Report of the 2020 General Assembly

Board of Medicine

HB 42 Prenatal and postnatal depression, etc.; importance of screening patients.

Chief patron: Samirah

Summary as passed:

Health care providers; screening of patients for prenatal and postpartum depression; training. Directs the Board of Medicine to annually issue a communication to every practitioner licensed by the Board who provides primary, maternity, obstetrical, or gynecological health care services reiterating the standard of care pertaining to prenatal or postnatal depression or other depression and encouraging practitioners to screen every patient who is pregnant or who has been pregnant within the previous five years for prenatal or postnatal depression or other depression, as clinically appropriate. The bill requires the Board to include in such communication information about the factors that may increase susceptibility of certain patients to prenatal or postnatal depression or other depression, including racial and economic disparities, and to encourage providers to remain cognizant of the increased risk of depression for such patients.

HB 362 Physician assistant; capacity determinations.

Chief patron: Rasoul

Summary as passed House:

Capacity determinations; physician assistant. Expands the class of health care practitioners who can make the determination that a patient is incapable of making informed decisions to include a licensed physician assistant. The bill provides that such determination shall be made in writing following an in-person examination of the person and certified by the physician assistant. This bill is identical to SB 544.

HB 471 Health professionals; unprofessional conduct, reporting.

Chief patron: Collins

Summary as passed House:

Health professionals; unprofessional conduct; reporting. Requires the chief executive officer and the chief of staff of every hospital or other health care institution in the Commonwealth, the director of every licensed home health or hospice organization, the director of every accredited home health organization exempt from licensure, the administrator of every licensed assisted living facility, and the administrator of every provider licensed by the Department of Behavioral Health and Developmental Services in the Commonwealth to report

to the Department of Health Professions any information of which he may become aware in his professional capacity that indicates a reasonable belief that a health care provider is in need of treatment or has been admitted as a patient for treatment of substance abuse or psychiatric illness that may render the health professional a danger to himself, the public, or his patients, or that he determines, following review and any necessary investigation or consultation with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, indicates that there is a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct. Current law requires information to be reported if the information indicates, after reasonable investigation and consultation with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct. This bill is identical to SB 540.

HB 517 Collaborative practice agreements; adds nurse practitioners and physician assistants to list.

Chief patron: Bulova

Summary as passed House:

Collaborative practice agreements; nurse practitioners; physician assistants. Adds nurse practitioners and physician assistants to the list of health care practitioners who shall not be required to participate in a collaborative agreement with a pharmacist and his designated alternate pharmacists, regardless of whether a professional business entity on behalf of which the person is authorized to act enters into a collaborative agreement with a pharmacist and his designated alternate pharmacists. As introduced, this bill is a recommendation of the Joint Commission on Healthcare. This bill is identical to SB 565.

HB 648 Prescription Monitoring Program; information disclosed to Emergency Department Care Coord. Program.

Chief patron: Hurst

Summary as passed:

Prescription Monitoring Program; information disclosed to the Emergency Department Care Coordination Program; redisclosure. Provides for the mutual exchange of information between the Prescription Monitoring Program and the Emergency Department Care Coordination Program and clarifies that nothing shall prohibit the redisclosure of confidential information from the Prescription Monitoring Program or any data or reports produced by the Prescription Monitoring Program disclosed to the Emergency Department Care Coordination Program to a prescriber in an electronic report generated by the Emergency Department Care Coordination Program so long as the electronic report complies with relevant federal law and regulations governing privacy of health information. This bill is identical to SB 575.

HB 908 Naloxone; possession and administration by employee or person acting on behalf of a public place.

Chief patron: Hayes

Summary as passed House:

Naloxone; possession and administration; employee or person acting on behalf of a public place. Authorizes an employee or other person acting on behalf of a public place, as defined in the bill, who has completed a training program on the administration of naloxone or other opioid antagonist to possess and administer naloxone or other opioid antagonist, other than naloxone in an injectable formulation with a hypodermic needle or syringe, in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health. The bill also provides that a person who is not otherwise authorized to administer naloxone or other opioid antagonist used for overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose. The bill provides immunity from civil liability for a person who, in good faith, administers naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose, unless such act or omission was the result of gross negligence or willful and wanton misconduct. This bill incorporates HB 650, HB 1465, and HB 1466.

HB 1040 Naturopathic doctors; Board of Medicine to license and regulate. (Bill not passed; study by the Board of Health Professions)

Chief patron: Rasoul

Summary as introduced:

Naturopathic doctors; license required. Requires the Board of Medicine to license and regulate naturopathic doctors, defined in the bill as an individual, other than a doctor of medicine, osteopathy, chiropractic, or podiatry, who may diagnose, treat, and help prevent diseases using a system of practice that is based on the natural healing capacity of individuals, using physiological, psychological, or physical methods, and who may also use natural medicines, prescriptions, legend drugs, foods, herbs, or other natural remedies, including light and air.

HB 1059 Certified registered nurse anesthetists; prescriptive authority.

Chief patron: Adams, D.M.

Summary as passed House:

Certified registered nurse anesthetists; prescriptive authority. Authorizes certified registered nurse anesthetists to prescribe Schedule II through Schedule VI controlled substances and devices to a patient requiring anesthesia as part of the periprocedural care of the patient, provided that such prescribing is in accordance with requirements for practice by certified registered nurse anesthetists and is done under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry. This bill is identical to SB 264.

HB 1084 Surgical assistants; definition, licensure.

Chief patron: Hayes

Summary as enacted with Governor's Recommendations:

Surgical assistants; licensure. Defines "surgical assistant" and "practice of surgical assisting" and directs the Board of Medicine to establish criteria for the licensure of surgical assistants. Currently, the Board may issue a registration as a surgical assistant to eligible individuals. The bill clarifies that requiring the licensure of surgical assistants shall not be construed as prohibiting any professional licensed, certified, or registered by a health regulatory board from acting within the scope of his practice. The bill also establishes the Advisory Board on Surgical Assisting to assist the Board of Medicine regarding the establishment of qualifications for and regulation of licensed surgical assistants.

HB 1147 Epinephrine; every public place may make available for administration.

Chief patron: Keam

Summary as passed:

Epinephrine permitted in certain public places. Allows public places to make epinephrine available for administration. The bill allows employees of such public places who are authorized by a prescriber and trained in the administration of epinephrine to possess and administer epinephrine to a person present in such public place believed in good faith to be having an anaphylactic reaction. The bill also provides that an employee of such public place who is authorized by a prescriber and trained in the administration of epinephrine and who administers or assists in the administration of epinephrine to a person present in the public place believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment. The bill directs the Department of Health, in conjunction with the Department of Health Professions, to develop policies and guidelines for the recognition and treatment of anaphylaxis in public places. Such policies and guidelines shall be provided to the Commissioner of Health no later than July 1, 2021.

HB 1260 Athletic Training, Advisory Board on; membership.

Chief patron: Hodges

Summary as introduced:

Advisory Board on Athletic Training; membership. Provides that the one member of the Advisory Board on Athletic Training required to be an athletic trainer who is currently licensed by the Board on Athletic Training and who has practiced in the Commonwealth for not less than three years may be employed in the public or private sector. Currently, the law requires that the member be employed in the private sector.

HB 1261 Athletic trainers; naloxone or other opioid antagonist.

Chief patron: Hodges

Summary as introduced:

Athletic trainers; naloxone or other opioid antagonist. Authorizes licensed athletic trainers to possess and administer naloxone or other opioid antagonist for overdose reversal pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice.

HB 1506 Pharmacists; initiating of treatment with and dispensing and administering of controlled substances.

Chief patron: Sickles

Summary as passed:

Pharmacists; prescribing, dispensing, and administration of controlled substances.

Allows a pharmacist to initiate treatment with and dispense and administer certain drugs and devices to persons 18 years of age or older in accordance with a statewide protocol developed by the Board of Pharmacy in collaboration with the Board of Medicine and the Department of Health. The bill directs the Board of Pharmacy to establish such protocols by November 1, 2020, to promulgate emergency regulations to implement the provisions of the bill, and to convene a work group to provide recommendations regarding the development of protocols for the initiating of treatment with and dispensing and administering of additional drugs and devices for persons 18 years of age and older. The bill also clarifies that an accident and sickness insurance policy that provides reimbursement for a service that may be legally performed by a licensed pharmacist shall provide reimbursement for the initiating of treatment with and dispensing and administration of controlled substances by a pharmacist when such initiating of treatment with or dispensing or administration is in accordance with regulations of the Board of Pharmacy.

HB 1683 Diagnostic medical sonography; definition, certification. (Bill not passed; study by Board of Health Professions)

Chief patron: Hope

Summary as introduced:

Diagnostic medical sonography; certification. Defines the practice of "diagnostic medical sonography" as the use of specialized equipment to direct high-frequency sound waves into an area of the human body to generate an image. The bill provides that only a certified and registered sonographer may hold himself out as qualified to perform diagnostic medical sonography. The bill requires any person who fails to maintain current certification and registration or is subject to revocation or suspension of a certification and registration by a sonography certification organization to notify his employer and cease using ultrasound equipment or performing a diagnostic medical sonography or related procedure.

SB 530 Epinephrine; possession and administration by a restaurant employee.

Chief patron: Edwards

Summary as passed:

Possession and administration of epinephrine; restaurant employee. Authorizes any employee of a licensed restaurant to possess and administer epinephrine on the premises of the restaurant at which the employee is employed, provided that such employee is authorized by a prescriber and trained in the administration of epinephrine. The bill also requires the Department of Health, in conjunction with the Department of Health Professions, to develop policies and guidelines for the recognition and treatment of anaphylaxis in restaurants.

SB 757 Medical Excellence Zone Program; VDH to determine feasibility of establishment.

Chief patron: Favola

Summary as passed Senate:

Department of Health; Department of Health Professions Medical Excellence Zone Program; telemedicine; reciprocal agreements. Directs the Department of Health to determine the feasibility of establishing a Medical Excellence Zone Program to allow citizens of the Commonwealth living in rural underserved areas to receive medical treatment via telemedicine services from providers licensed or registered in a state that is contiguous with the Commonwealth and directs the Department of Health Professions to pursue reciprocal agreements with such states for licensure for certain primary care practitioners licensed by the Board of Medicine. The bill requires the Department of Health to set out the criteria that would be required for a locality or group of localities in the Commonwealth to be eligible for the designation as a medical excellence zone and report its findings to the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions by November 1, 2020.

The bill states that reciprocal agreements with states that are contiguous with the Commonwealth for the licensure of doctors of medicine, doctors of osteopathic medicine, physician assistants, and nurse practitioners shall only require that a person hold a current, unrestricted license in the other jurisdiction and that no grounds exist for denial based on the acts of unprofessional conduct. The Department of Health Professions is required to report on its progress in establishing such agreements to the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions by November 1, 2020. The bill requires the Board of Medicine to prioritize applications for licensure by endorsement as a doctor of medicine or osteopathic medicine, a physician assistant, or a nurse practitioner from such states through a streamlined process with a final determination regarding qualification to be made within 20 days of the receipt of a completed application. This bill is identical to HB 1701.

Virginia Board of Medicine

PROPOSED - 2021 Board Meeting Dates

Full Board Meetings

February 18-20	DHP/Richmond, VA	Board Rooms TBA
June 24-26	DHP/Richmond, VA	Board Rooms TBA
October 14-16	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 5:00 p.m.

Executive Committee Meetings

April 9	DHP/Richmond, VA	Board Rooms TBA
August 6	DHP/Richmond, VA	Board Rooms TBA
December 3	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 5:00 p.m.

Legislative Committee Meetings

January 15	DHP/Richmond, VA	Board Rooms TBA
May 21	DHP/Richmond, VA	Board Rooms TBA
September 3	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 1:00 p.m.

January 6	May TBA	September 29
February 10	June 9	October 23
March 10	July 21	November (TBA)
April 21	August 18	December (TBA)

Times for the Credentials Committee meetings - TBA

TBA

