

# Advisory Board on Genetic Counseling

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Virginia Board of Medicine

June 3, 2024

1:00 p.m.

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**Advisory Board on Genetic Counseling**

Board of Medicine

Monday, June 3, 2024 @ 1:00 p.m.

9960 Mayland Drive, Suite 201, Henrico, VA

**Training Room 2**

	Page
Call to Order – Lydia Higgs, GC, Chair	
Emergency Egress Procedures – William Harp, MD	i
Roll Call – Janice Martin	
Introduction of Members – Lydia Higgs, GC	
Minutes	1
Adoption of the Agenda	
Public Comment on Agenda Items (15 minutes)	
<b>New Business</b>	
1. Regulatory Update ..... 2 Matthew Novak	2
2. Orientation to the Board of Medicine and Advisory Board ..... 3 - 34 Dr. Harp	3 - 34

Announcements:

Next Scheduled Meeting: October 7, 2024 @ 1:00 p.m.

Adjournment

**PERIMETER CENTER CONFERENCE CENTER**  
**EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS**  
(Script to be read at the beginning of each meeting.)

**PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.**

**Training Room 2**

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the doors, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

**Advisory Board on Genetic Counseling Minutes**

**There are currently no previous minutes needing approval. The final approved minutes of the advisory board can be viewed on the Virginia Regulatory Town Hall at <https://townhall.virginia.gov/L/meetings.cfm> .**

**Board of Medicine – Advisory Board on Genetic Counseling**  
**Regulatory Actions**  
**As of May 2024**

**In the Governor’s Office**

None.

**In the Secretary’s Office**

<b>VAC</b>	<b>Stage</b>	<b>Subject Matter</b>	<b>Date submitted</b>	<b>Office; time in office</b>	<b>Notes</b>
18VAC85-170	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	347 days	Periodic review changes voted on at 2022 October Board meeting

**At DPB or OAG**

None.

**Recently effective/awaiting publication**

None.

Orientation  
to the Board of Medicine &  
Your Advisory Board

June 2024

# Executive Branch

- Governor Glenn Youngkin
- Secretary of Health and Human Resources – John Littel
- DHP Director – Arne Owens
- Board of Medicine President – Randy Clements, DPM
- Board members cannot speak for the Board or anyone in the Executive Branch.

# Department of Health Professions

- Umbrella Agency for 13 Health Regulatory Boards
- Director Owens and Deputy Director Jenkins appointed by the Governor
- Administration, Communications, Finance, Enforcement, Administrative Proceedings, Prescription Monitoring, Health Practitioners' Monitoring, Healthcare Workforce Data Center, IT
- Medicine joined the Department in 1977



# Today's Board of Medicine

18 members  
appointed by  
the Governor

1 MD from each  
Congressional  
District

1 DO

1 DPM

1 DC

4 citizen  
members

# Today's Board

- Pure Board of Medicine
- Composite Board
- Doctors of Medicine, Osteopathy, Podiatry & Chiropractic
- Physician Assistants, Acupuncturists, Athletic Trainers, Licensed Midwives, Licensed Certified Midwives, Occupational Therapists, Occupational Therapy Assistants, Radiologic Technologists, Radiologic Technologists-Limited, Radiologist Assistants, Respiratory Therapists, Polysomnographic Technologists, Behavior Analysts, Assistant Behavior Analysts, Genetic Counselors, Licensed Surgical Assistants, Certified Surgical Technologists & Advanced Practice Registered Nurses

# Today's Advisory Boards

## Today's Advisory Boards

- 11 Advisory Boards
- Similar structure & function
- 5 members
  - 3 of the profession
  - 1 physician
  - 1 citizen member

# Today's Advisory Boards

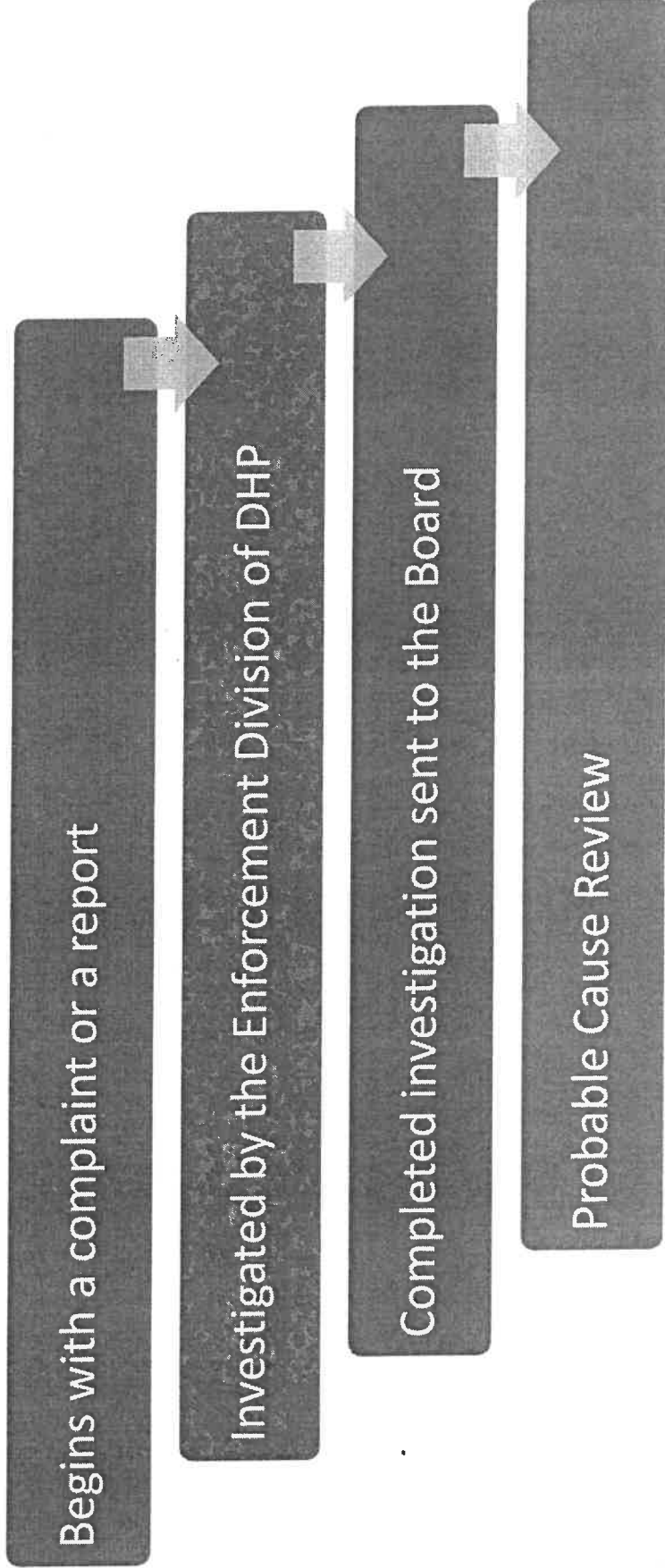
## Today's Advisory Boards (cont.)

- Chair & Vice-Chair
- Meets at least once a year
- May attend 1 meeting a year virtually for good cause
- Advise the Board of Medicine on:
  - Licensing
  - Discipline
  - Regulations

# **THE BOARD'S MISSION**

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- The protection of the public
  - License only qualified applicants
  - Discipline for unprofessional conduct
  - Promulgate regulations to implement law

# THE BOARD'S DISCIPLINARY PROCESS



# PROBABLE CAUSE REVIEW



Board staff and Board members



Review to understand what happened in the case



Apply the law and the regulations to determine if a violation has occurred



Two Board members must agree on standard of care



If specialized review is required, retain an expert reviewer for the standard of care

# OPTIONS FOR RESOLVING THE MATTER

- 85% are closed administratively
- Other options
  - Advisory letters
  - Confidential Consent Agreements
  - Pre-Hearing Consent Orders
  - Informal Conferences
  - Formal Hearings
  - Summary Suspensions



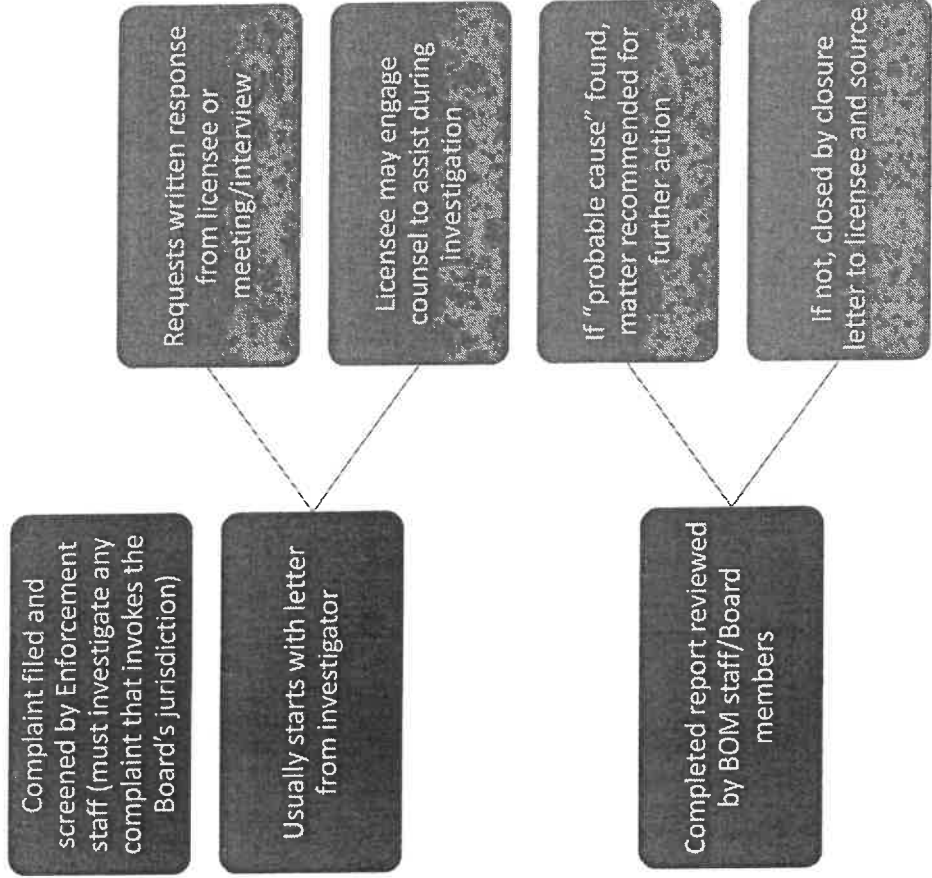
# PRINCIPLES OF THE DISCIPLINARY PROCESS

- Confidentiality
- Protection of the public
- Due process
- Proportionate sanctions
- Strive to be fair to all parties

# INVESTIGATIONS

- **Who Complains?**
  - The Public (e.g., patients, family members, anonymous, media)
  - Other licensees of the BOM (mandated reporters)
  - Employers
  - Healthcare institutions (e.g., hospital CEO = mandated reporter)
  - Medical malpractice insurance carriers

# COMPLAINT PROCESS



# ADVICE FOR RESPONDING TO COMPLAINTS

- Take the complaint seriously (even if you believe it to be frivolous)
- Fully cooperate w/the investigator (DHP/BOM is “health oversight agency” under HIPAA)
- You are responsible for ensuring a response and complete records are provided (not your office manager)
- Do NOT contact Board members to discuss your complaint
- Consult with an attorney (familiar with DHP/regulatory boards)

# LAWS AND REGULATIONS TO KNOW

Fraud or Dishonesty

Substance abuse

Negligence in practice – standard of care

Mental or Physical Incapacity

Aiding and Abetting Unlicensed Practice

Ethical lapses – standards of professional conduct

# LAWS AND REGULATIONS TO KNOW

Felony convictions or misdemeanors of moral turpitude

Any provision of the drug law

Failure to timely sign a death certificate

Opioid prescriptions submitted electronically

Surprise billing

Treating self and family

Patient records

# **LAWS AND REGULATIONS TO KNOW**

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Confidentiality

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Communication/Termination

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Subordinates and Disruptive Behavior

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Sexual Boundary Violations

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Reporting requirements

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Continuing Medical Education

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# LAWS AND REGULATIONS TO KNOW



Office-Based Anesthesia



Mixing, Diluting or Reconstituting



Prescription Monitoring Program



Health Practitioners' Monitoring Program



Renew License every 2 years



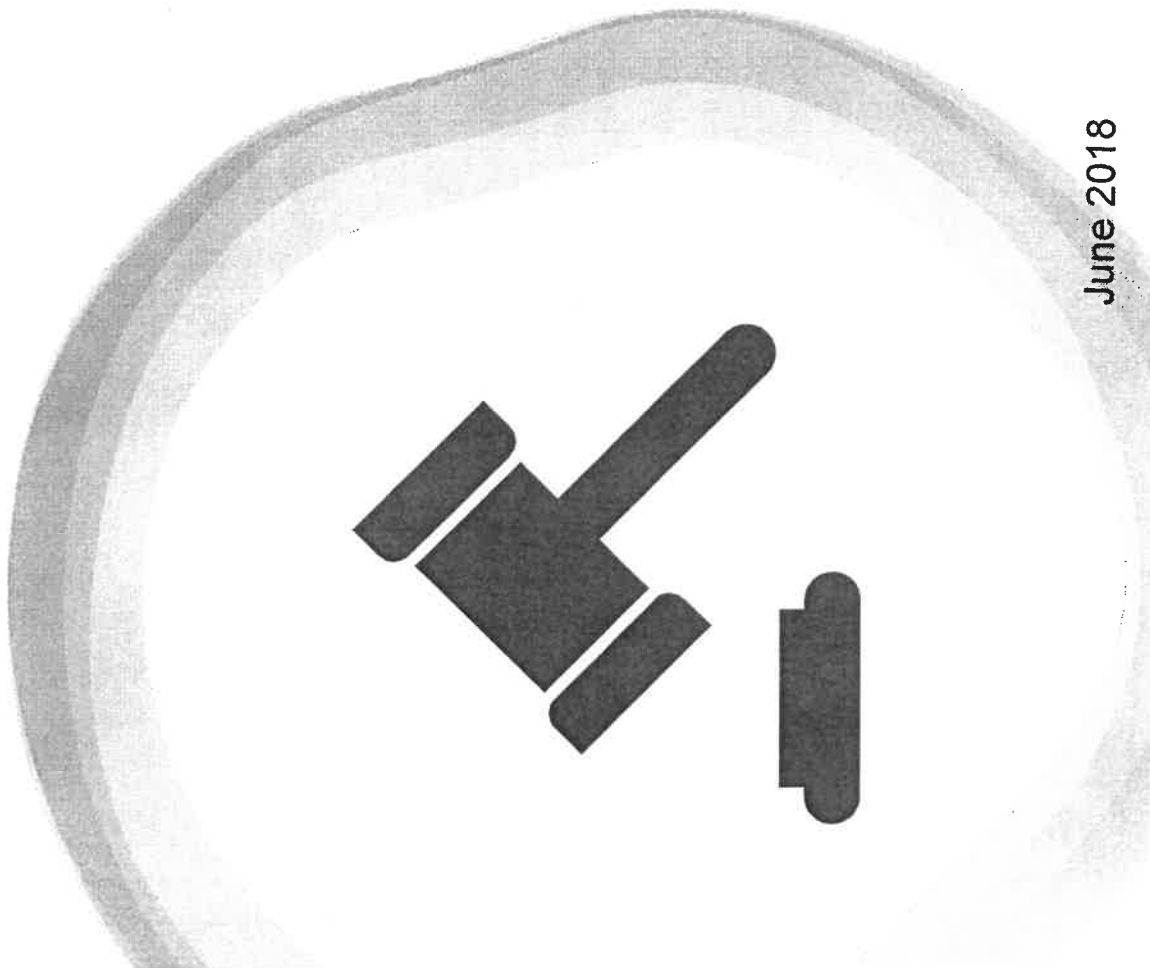
# Hearing Protocol

Virginia Board of Medicine

June 14, 2018

## **Panel Members at Hearings**

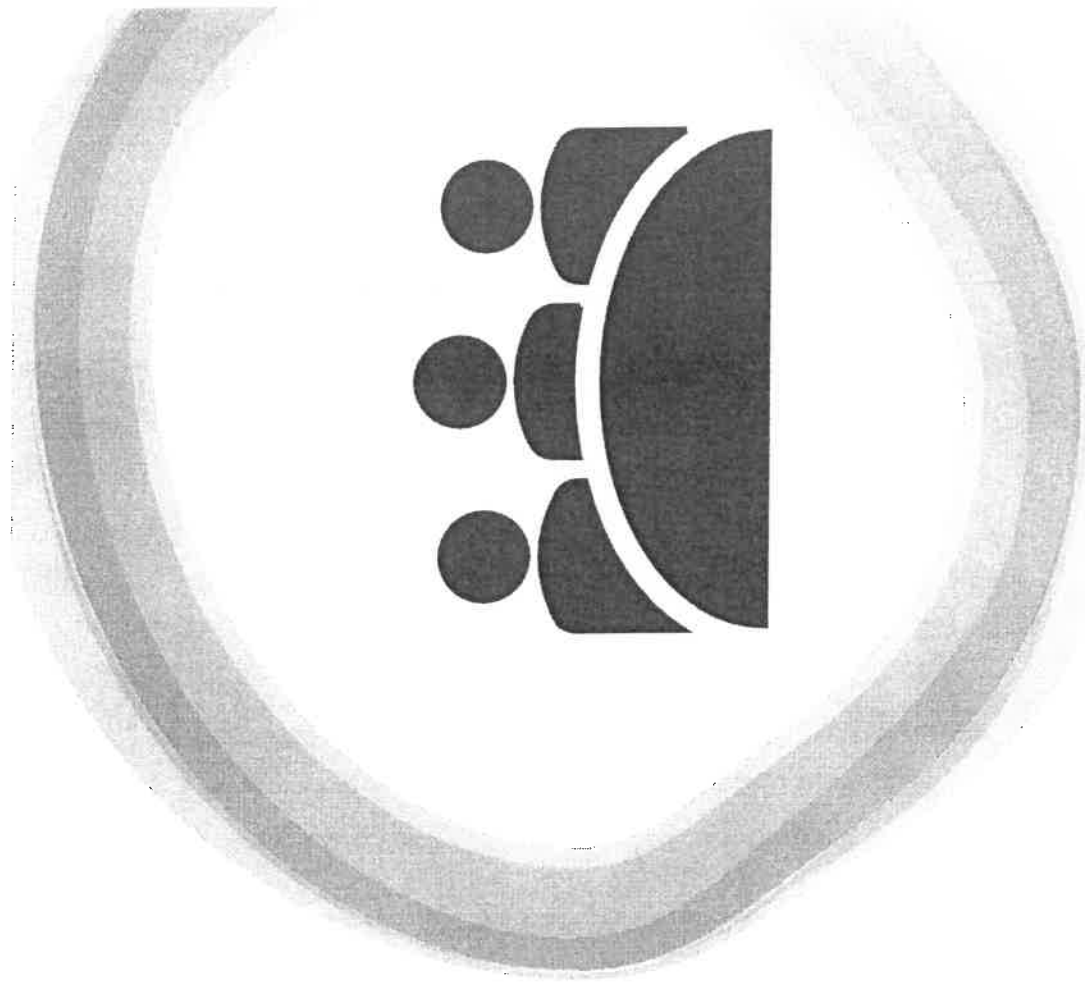
- Purpose of disciplinary proceedings is to protect the public by regulating professional conduct and provide fair and impartial consideration of the matter before the Board
- Panel members should avoid actual conflicts and the appearance of impropriety—if you receive case material and think you have a conflict, call staff! (procedure for potential conflict at hearing)
- Strive to be fair and impartial—goal is fairness to respondent and also to the public



June 2018

## **Open vs. Closed Sessions**

- Board business takes place in open, public forums to foster public accessibility and confidence of the public in the integrity of the regulatory process
- Any meeting of three or more members of the Board at which the members discuss *anything* related to the Board should be considered an open meeting for FOIA purposes (includes group emails).
- Closed meetings: for the Board to deliberate or receive legal advice
- Disciplinary proceedings may also close to deliberate and to protect health information of a respondent



# Formal Hearings – You are on the record!

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A court reporter attends formal hearings



Your words are recorded



The transcript will be reviewed by the Circuit Court if the respondent appeals for evidence of violations of a respondent's constitutional rights, failure of the Board to observe required procedure, indications that the Board may not have had substantial evidence (Erin ex.)

June 2018

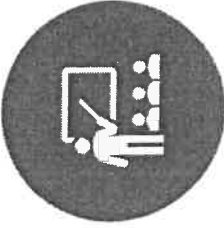
# Hearings (IFC or formal)

- Cannot deviate earlier from noticed start time
- Choose your questions carefully (avoid answering questions from R)
- Hearings can be emotional; avoid engaging on emotional level (try not to be swayed by tears or manipulative behavior)
- Avoid texting board members (e.g., Loudoun meeting; FOIA Council)
- Do not state you have more knowledge than others-- or less-- based on specialty or non-MD status. All board members are experts in the matters before the board. This has been clearly stated by CAV.
- Do not give practice advice—do not want to bind the Board (especially if you are wrong)

# Hearings (IFC or formal)

- Questions should relate to facts of the case and the allegations contained in the Statement of Particulars
- Do not sermonize, do not inject personal, religious, or political beliefs
- Do not express your personal opinion (i.e., "Well, I think your record-keeping was fine.")
- Do not argue with other panel members during hearings, or make statements disparaging other members' statements or questions
- Do not argue with witnesses, respondents, or counsel for respondents – we understand it can be hard with some!

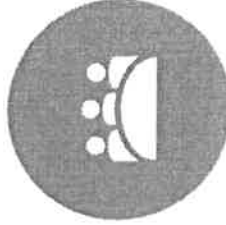
# Hearings (IFC or formal)



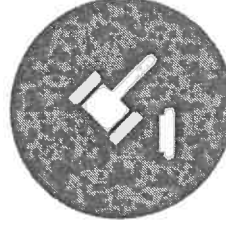
PANEL CHAIR WILL RULE ON ISSUES  
RELATED TO RELEVANCE OR THE  
ADMISSION OF EVIDENCE (WITH  
BOARD COUNSEL GUIDANCE)



AVOID "ATTORNEY TESTIMONY", THIS  
IS YOUR OPPORTUNITY TO HEAR  
FROM THE LICENSEE



DELIBERATION HAPPENS IN CLOSED  
SESSION



DO NOT ENGAGE, INFORM, INSTRUCT  
ONCE PROCEEDINGS ARE OVER  
(STAFF WILL HANDLE; E.G. FRIENDLY  
ATTORNEY AND PATIENT FAMILY IN  
AUDIENCE)

# Procedural mysteries

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Board counsel records and enters  
evidence

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Evidence must be formally admitted  
even though Board members  
received evidence prior to hearing

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Must initial and date evidence to  
provide record on appeal.



## **Procedural mysteries, cont.**

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Some cases appear old when they reach the formal hearing stage

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Can be for any number of reasons (continuances prior to IFC or formal, length of investigation, etc.)

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Staff and counsel will answer procedural questions in closed session – NOT open session!

# What happens in closed session?



Decision on sanction



Craft order, including findings of fact  
(refer to helpful notes you made  
during proceeding)



Review conclusions of law alleged;  
determine what stays



**What are  
grounds  
for an  
appeal?**

- (1) Violation of a Constitutional right, power, or privilege;
- (2) Failure to comply with statutory authority;
- (3) Failure to observe required procedure where the failure did not result in harmless error; and
- (4) Substantial evidence did not support Board decision.

(Va. Code § 2.2-4027.)

June 2018

**Helping to  
ensure that  
the Board's  
decisions  
do not get  
overturned**

- Follow staff guidelines, procedures, and scripts for hearings.
- Ask legal questions in *closed session*. Do not state specific legal questions for board counsel on the record. This raises privilege issues.
- Only the chair of a panel may rule on motions made at a hearing.
- Avoid stating opinions on the record (i.e., "That does not sound like a standard of care issue to me.")
- Work with your fellow panel members, board counsel, and staff to craft well thought out orders.
- Be aware that any respondent can appeal.

June 2018

Carthage

# 2024 Board Meeting Dates

## Advisory Board on:

### **Behavioral Analysts** 10:00 a.m.

February 5    June 3    October 7

### **Genetic Counseling** 1:00 p.m.

February 5    June 3    October 7

### **Occupational Therapy** 10:00 a.m.

February 6    June 4    October 8

### **Respiratory Care** 1:00 p.m.

February 6    June 4    October 8

### **Acupuncture** 10:00 a.m.

February 7    June 5    October 9

### **Radiological Technology** 1:00 p.m.

February 7    June 5    October 9

### **Athletic Training** 10:00 a.m.

February 8    June 6    October 10

### **Physician Assistants** 1:00 p.m.

February 8    June 6    October 10

### **Midwifery** 10:00 a.m.

February 9    June 7    October 11

### **Polysomnographic Technology** 1:00 p.m.

February 9    June 7    October 11

### **Surgical Assisting**

February 12    June 10    October 15