

Advisory Board on Acupuncture

Virginia Board of Medicine
June 5, 2024
10:00 am

Advisory Board on Acupuncture

Board of Medicine

Wednesday, June 5, 2024 @ 10:00 a.m.

9960 Mayland Drive, Suite 201, Henrico, VA

Training Room 2

	Page
Call to Order – Janet Borges, LAc., Chair	
Emergency Egress Procedures – William Harp, MD	i
Roll Call – Beulah Archer	
Introduction of Members – Janet Borges, Lac.	
Minutes	1
Adoption of the Agenda	
Public Comment on Agenda Items (15 minutes)	
New Business	
1. Regulatory Update Erin Barrett	2
2. Legislative Update Erin Barrett	3 - 10
3. Consider Request to Add Occupational English Test to Regulations for Foreign-Trained Applicants Janet Borges, LAc.	11 - 28
4. Orientation to the Board of Medicine and Advisory Board Dr. Harp	29 - 60

Announcements:

Next Scheduled Meeting: October 9, 2024 @ 10:00 a.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.

Acupuncture Advisory Board Minutes

There are currently no past 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 Acupuncture
Regulatory Actions
May 2024 Update

In the Governor’s Office

None.

In the Secretary’s Office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC85-110	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	Secretary 273 days	Periodic review changes voted on at 2022 October Board meeting

At DPB or OAG

None.

Recently effective/awaiting publication

None.

Legislative Report
Board of Medicine – Advisory Board on Acupuncture
June 5, 2024

HB 1278 Auricular acupuncture; use of the five needle protocol.

Chief patron: Zehr

Auricular acupuncture; use of the five needle protocol. Allows any person to engage in the five needle auricular acupuncture protocol (5NP), a standardized protocol wherein up to five needles are inserted into the external human ear to provide relief from the effects of behavioral health conditions, provided that such person (i) has appropriate training in the 5NP, including training established by the National Acupuncture Detoxification Association or equivalent certifying body; (ii) does not use any letters, words, or insignia indicating or implying that he is an acupuncturist; and (iii) makes no statement implying that his practice of the 5NP is licensed, certified, or otherwise overseen by the Commonwealth. Treatment utilizing the 5NP pursuant to this bill is strictly limited to the insertion of disposable, sterile acupuncture needles into the ear and only in compliance with the 5NP.

02/01/24 House: Subcommittee recommends reporting with substitute (8-Y 0-N)

02/06/24 House: Reported from Health and Human Services with substitute (20-Y 2-N)

02/12/24 House: VOTE: Passage (97-Y 3-N)

02/29/24 Senate: Reported from Education and Health (15-Y 0-N)

03/04/24 Senate: Passed Senate (39-Y 0-N)

04/05/24 Governor: Approved by Governor

VIRGINIA ACTS OF ASSEMBLY -- 2024 SESSION

CHAPTER 548

An Act to amend and reenact §§ 54.1-2900 and 54.1-2901 of the Code of Virginia, relating to auricular acupuncture; use of the five needle protocol.

[H 1278]

Approved April 5, 2024

Be it enacted by the General Assembly of Virginia:

**1. That §§ 54.1-2900 and 54.1-2901 of the Code of Virginia are amended and reenacted as follows:
§ 54.1-2900. Definitions.**

As used in this chapter, unless the context requires a different meaning:

"Acupuncturist" means an individual approved by the Board to practice acupuncture. This is limited to "licensed acupuncturist" which means an individual other than a doctor of medicine, osteopathy, chiropractic or podiatry who has successfully completed the requirements for licensure established by the Board (approved titles are limited to: Licensed Acupuncturist, Lic.Ac., and L.Ac.).

"Advanced practice registered nurse" means a certified nurse midwife, certified registered nurse anesthetist, clinical nurse specialist, or nurse practitioner who is jointly licensed by the Boards of Medicine and Nursing pursuant to § 54.1-2957, has completed an advanced graduate-level education program in a specialty category of nursing, and has passed a national certifying examination for that specialty.

"Auricular acupuncture" means the subcutaneous insertion of sterile, disposable acupuncture needles in predetermined, bilateral locations in the outer ear ~~when used exclusively and specifically in the context of a chemical dependency treatment program.~~

"Birth control" means contraceptive methods that are approved by the U.S. Food and Drug Administration. "Birth control" shall not be considered abortion for the purposes of Title 18.2.

"Board" means the Board of Medicine.

"Certified nurse midwife" means an advanced practice registered nurse who is certified in the specialty of nurse midwifery and who is jointly licensed by the Boards of Medicine and Nursing as an advanced practice registered nurse pursuant to § 54.1-2957.

"Certified registered nurse anesthetist" means an advanced practice registered nurse who is certified in the specialty of nurse anesthesia, who is jointly licensed by the Boards of Medicine and Nursing as an advanced practice registered nurse pursuant to § 54.1-2957, and who practices under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry but is not subject to the practice agreement requirement described in § 54.1-2957.

"Clinical nurse specialist" means an advanced practice registered nurse who is certified in the specialty of clinical nurse specialist and who is jointly licensed by the Boards of Medicine and Nursing as an advanced practice registered nurse pursuant to § 54.1-2957.

"Collaboration" means the communication and decision-making process among health care providers who are members of a patient care team related to the treatment of a patient that includes the degree of cooperation necessary to provide treatment and care of the patient and includes (i) communication of data and information about the treatment and care of a patient, including the exchange of clinical observations and assessments, and (ii) development of an appropriate plan of care, including decisions regarding the health care provided, accessing and assessment of appropriate additional resources or expertise, and arrangement of appropriate referrals, testing, or studies.

"Consultation" means communicating data and information, exchanging clinical observations and assessments, accessing and assessing additional resources and expertise, problem-solving, and arranging for referrals, testing, or studies.

"Genetic counselor" means a person licensed by the Board to engage in the practice of genetic counseling.

"Healing arts" means the arts and sciences dealing with the prevention, diagnosis, treatment and cure or alleviation of human physical or mental ailments, conditions, diseases, pain or infirmities.

"Licensed certified midwife" means a person who is licensed as a certified midwife by the Boards of Medicine and Nursing.

"Medical malpractice judgment" means any final order of any court entering judgment against a licensee of the Board that arises out of any tort action or breach of contract action for personal injuries or wrongful death, based on health care or professional services rendered, or that should have been rendered, by a health care provider, to a patient.

"Medical malpractice settlement" means any written agreement and release entered into by or on behalf of a licensee of the Board in response to a written claim for money damages that arises out of any personal injuries or wrongful death, based on health care or professional services rendered, or that

should have been rendered, by a health care provider, to a patient.

"Nurse practitioner" means an advanced practice registered nurse, other than an advanced practice registered nurse licensed by the Boards of Medicine and Nursing in the category of certified nurse midwife, certified registered nurse anesthetist, or clinical nurse specialist, who is jointly licensed by the Boards of Medicine and Nursing pursuant to § 54.1-2957.

"Occupational therapy assistant" means an individual who has met the requirements of the Board for licensure and who works under the supervision of a licensed occupational therapist to assist in the practice of occupational therapy.

"Patient care team" means a multidisciplinary team of health care providers actively functioning as a unit with the management and leadership of one or more patient care team physicians for the purpose of providing and delivering health care to a patient or group of patients.

"Patient care team physician" means a physician who is actively licensed to practice medicine in the Commonwealth, who regularly practices medicine in the Commonwealth, and who provides management and leadership in the care of patients as part of a patient care team.

"Patient care team podiatrist" means a podiatrist who is actively licensed to practice podiatry in the Commonwealth, who regularly practices podiatry in the Commonwealth, and who provides management and leadership in the care of patients as part of a patient care team.

"Physician assistant" means a health care professional who has met the requirements of the Board for licensure as a physician assistant.

"Practice of acupuncture" means the stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain ailments or conditions of the body and includes the techniques of electroacupuncture, cupping, and moxibustion. The practice of acupuncture does not include the use of physical therapy, chiropractic, or osteopathic manipulative techniques; the use or prescribing of any drugs, medications, serums or vaccines; or the procedure of *the five needle auricular acupuncture protocol (5NP)* as exempted in § 54.1-2901 ~~when used in the context of a chemical dependency treatment program for patients eligible for federal, state or local public funds by an employee of the program who is trained and approved by the National Acupuncture Detoxification Association or an equivalent certifying body.~~

"Practice of athletic training" means the prevention, recognition, evaluation, and treatment of injuries or conditions related to athletic or recreational activity that requires physical skill and utilizes strength, power, endurance, speed, flexibility, range of motion or agility or a substantially similar injury or condition resulting from occupational activity immediately upon the onset of such injury or condition; and subsequent treatment and rehabilitation of such injuries or conditions under the direction of the patient's physician or under the direction of any doctor of medicine, osteopathy, chiropractic, podiatry, or dentistry, while using heat, light, sound, cold, electricity, exercise or mechanical or other devices.

"Practice of behavior analysis" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.

"Practice of chiropractic" means the adjustment of the 24 movable vertebrae of the spinal column, and assisting nature for the purpose of normalizing the transmission of nerve energy, but does not include the use of surgery, obstetrics, osteopathy, or the administration or prescribing of any drugs, medicines, serums, or vaccines. "Practice of chiropractic" ~~shall include~~ *includes* (i) requesting, receiving, and reviewing a patient's medical and physical history, including information related to past surgical and nonsurgical treatment of the patient and controlled substances prescribed to the patient, and (ii) documenting in a patient's record information related to the condition and symptoms of the patient, the examination and evaluation of the patient made by the doctor of chiropractic, and treatment provided to the patient by the doctor of chiropractic. "Practice of chiropractic" ~~shall also include~~ *includes* performing the physical examination of an applicant for a commercial driver's license or commercial learner's permit pursuant to § 46.2-341.12 if the practitioner has ~~(i)~~ *(a)* applied for and received certification as a medical examiner pursuant to 49 C.F.R. Part 390, Subpart D and ~~(ii)~~ *(b)* registered with the National Registry of Certified Medical Examiners.

"Practice of genetic counseling" means (i) obtaining and evaluating individual and family medical histories to assess the risk of genetic medical conditions and diseases in a patient, his offspring, and other family members; (ii) discussing the features, history, diagnosis, environmental factors, and risk management of genetic medical conditions and diseases; (iii) ordering genetic laboratory tests and other diagnostic studies necessary for genetic assessment; (iv) integrating the results with personal and family medical history to assess and communicate risk factors for genetic medical conditions and diseases; (v) evaluating the patient's and family's responses to the medical condition or risk of recurrence and providing client-centered counseling and anticipatory guidance; (vi) identifying and utilizing community resources that provide medical, educational, financial, and psychosocial support and advocacy; and (vii) providing written documentation of medical, genetic, and counseling information for families and health care professionals.

"Practice of licensed certified midwifery" means the provision of primary health care for preadolescents, adolescents, and adults within the scope of practice of a certified midwife established in accordance with the Standards for the Practice of Midwifery set by the American College of Nurse-Midwives, including (i) providing sexual and reproductive care and care during pregnancy and childbirth, postpartum care, and care for the newborn for up to 28 days following the birth of the child; (ii) prescribing of pharmacological and non-pharmacological therapies within the scope of the practice of midwifery; (iii) consulting or collaborating with or referring patients to such other health care providers as may be appropriate for the care of the patients; and (iv) serving as an educator in the theory and practice of midwifery.

"Practice of medicine or osteopathic medicine" means the prevention, diagnosis, and treatment of human physical or mental ailments, conditions, diseases, pain, or infirmities by any means or method.

"Practice of occupational therapy" means the therapeutic use of occupations for habilitation and rehabilitation to enhance physical health, mental health, and cognitive functioning and includes the evaluation, analysis, assessment, and delivery of education and training in basic and instrumental activities of daily living; the design, fabrication, and application of orthoses (splints); the design, selection, and use of adaptive equipment and assistive technologies; therapeutic activities to enhance functional performance; vocational evaluation and training; and consultation concerning the adaptation of physical, sensory, and social environments.

"Practice of podiatry" means the prevention, diagnosis, treatment, and cure or alleviation of physical conditions, diseases, pain, or infirmities of the human foot and ankle, including the medical, mechanical and surgical treatment of the ailments of the human foot and ankle, but does not include amputation of the foot proximal to the transmetatarsal level through the metatarsal shafts. Amputations proximal to the metatarsal-phalangeal joints may only be performed in a hospital or ambulatory surgery facility accredited by an organization listed in § 54.1-2939. The practice includes the diagnosis and treatment of lower extremity ulcers; however, the treatment of severe lower extremity ulcers proximal to the foot and ankle may only be performed by appropriately trained, credentialed podiatrists in an approved hospital or ambulatory surgery center at which the podiatrist has privileges, as described in § 54.1-2939. The Board of Medicine shall determine whether a specific type of treatment of the foot and ankle is within the scope of practice of podiatry.

"Practice of radiologic technology" means the application of ionizing radiation to human beings for diagnostic or therapeutic purposes.

"Practice of respiratory care" means the (i) administration of pharmacological, diagnostic, and therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a practitioner of medicine or osteopathic medicine; (ii) transcription and implementation of the written or verbal orders of a practitioner of medicine or osteopathic medicine pertaining to the practice of respiratory care; (iii) observation and monitoring of signs and symptoms, general behavior, general physical response to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, behavior or general physical response exhibit abnormal characteristics; and (iv) implementation of respiratory care procedures, based on observed abnormalities, or appropriate reporting, referral, respiratory care protocols or changes in treatment pursuant to the written or verbal orders by a licensed practitioner of medicine or osteopathic medicine or the initiation of emergency procedures, pursuant to the Board's regulations or as otherwise authorized by law. The practice of respiratory care may be performed in any clinic, hospital, skilled nursing facility, private dwelling or other place deemed appropriate by the Board in accordance with the written or verbal order of a practitioner of medicine or osteopathic medicine, and shall be performed under qualified medical direction.

"Practice of surgical assisting" means the performance of significant surgical tasks, including manipulation of organs, suturing of tissue, placement of hemostatic agents, injection of local anesthetic, harvesting of veins, implementation of devices, and other duties as directed by a licensed doctor of medicine, osteopathy, or podiatry under the direct supervision of a licensed doctor of medicine, osteopathy, or podiatry.

"Qualified medical direction" means, in the context of the practice of respiratory care, having readily accessible to the respiratory therapist a licensed practitioner of medicine or osteopathic medicine who has specialty training or experience in the management of acute and chronic respiratory disorders and who is responsible for the quality, safety, and appropriateness of the respiratory services provided by the respiratory therapist.

"Radiologic technologist" means an individual, other than a licensed doctor of medicine, osteopathy, podiatry, or chiropractic or a dentist licensed pursuant to Chapter 27 (§ 54.1-2700 et seq.), who (i) performs, may be called upon to perform, or is licensed to perform a comprehensive scope of diagnostic or therapeutic radiologic procedures employing ionizing radiation and (ii) is delegated or exercises responsibility for the operation of radiation-generating equipment, the shielding of patient and staff from unnecessary radiation, the appropriate exposure of radiographs, the administration of radioactive chemical compounds under the direction of an authorized user as specified by regulations of the Department of Health, or other procedures that contribute to any significant extent to the site or dosage

of ionizing radiation to which a patient is exposed.

"Radiologic technologist, limited" means an individual, other than a licensed radiologic technologist, dental hygienist, or person who is otherwise authorized by the Board of Dentistry under Chapter 27 (§ 54.1-2700 et seq.) and the regulations pursuant thereto, who performs diagnostic radiographic procedures employing equipment that emits ionizing radiation that is limited to specific areas of the human body.

"Radiologist assistant" means an individual who has met the requirements of the Board for licensure as an advanced-level radiologic technologist and who, under the direct supervision of a licensed doctor of medicine or osteopathy specializing in the field of radiology, is authorized to (i) assess and evaluate the physiological and psychological responsiveness of patients undergoing radiologic procedures; (ii) evaluate image quality, make initial observations, and communicate observations to the supervising radiologist; (iii) administer contrast media or other medications prescribed by the supervising radiologist; and (iv) perform, or assist the supervising radiologist to perform, any other procedure consistent with the guidelines adopted by the American College of Radiology, the American Society of Radiologic Technologists, and the American Registry of Radiologic Technologists.

"Respiratory care" means the practice of the allied health profession responsible for the direct and indirect services, including inhalation therapy and respiratory therapy, in the treatment, management, diagnostic testing, control, and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system under qualified medical direction.

"Surgical assistant" means an individual who has met the requirements of the Board for licensure as a surgical assistant and who works under the direct supervision of a licensed doctor of medicine, osteopathy, or podiatry.

§ 54.1-2901. Exceptions and exemptions generally.

A. The provisions of this chapter shall not prevent or prohibit:

1. Any person entitled to practice his profession under any prior law on June 24, 1944, from continuing such practice within the scope of the definition of his particular school of practice;

2. Any person licensed to practice naturopathy prior to June 30, 1980, from continuing such practice in accordance with regulations promulgated by the Board;

3. Any licensed advanced practice registered nurse from rendering care in accordance with the provisions of §§ 54.1-2957 and 54.1-2957.01, any advanced practice registered nurse licensed by the Boards of Medicine and Nursing in the category of certified nurse midwife practicing pursuant to subsection H of § 54.1-2957, or any advanced practice registered nurse licensed by the Boards of Medicine and Nursing in the category of clinical nurse specialist practicing pursuant to subsection J of § 54.1-2957 when such services are authorized by regulations promulgated jointly by the Boards of Medicine and Nursing;

4. Any registered professional nurse, licensed advanced practice registered nurse, graduate laboratory technician, or other technical personnel who have been properly trained from rendering care or services within the scope of their usual professional activities which shall include the taking of blood, the giving of intravenous infusions and intravenous injections, and the insertion of tubes when performed under the orders of a person licensed to practice medicine or osteopathy, an advanced practice registered nurse, or a physician assistant;

5. Any dentist, pharmacist, or optometrist from rendering care or services within the scope of his usual professional activities;

6. Any practitioner licensed or certified by the Board from delegating to personnel supervised by him, such activities or functions as are nondiscretionary and do not require the exercise of professional judgment for their performance and which are usually or customarily delegated to such persons by practitioners of the healing arts, if such activities or functions are authorized by and performed for such practitioners of the healing arts and responsibility for such activities or functions is assumed by such practitioners of the healing arts;

7. The rendering of medical advice or information through telecommunications from a physician licensed to practice medicine in Virginia or an adjoining state, or from a licensed advanced practice registered nurse, to emergency medical personnel acting in an emergency situation;

8. The domestic administration of family remedies;

9. The giving or use of massages, steam baths, dry heat rooms, infrared heat, or ultraviolet lamps in public or private health clubs and spas;

10. The manufacture or sale of proprietary medicines in this Commonwealth by licensed pharmacists or druggists;

11. The advertising or sale of commercial appliances or remedies;

12. The fitting by nonitinerant persons or manufacturers of artificial eyes, limbs or other apparatus or appliances or the fitting of plaster cast counterparts of deformed portions of the body by a nonitinerant bracemaker or prosthetist for the purpose of having a three-dimensional record of the deformity, when such bracemaker or prosthetist has received a prescription from a licensed physician, licensed advanced practice registered nurse, or licensed physician assistant directing the fitting of such casts and such activities are conducted in conformity with the laws of Virginia;

13. Any person from the rendering of first aid or medical assistance in an emergency in the absence of a person licensed to practice medicine or osteopathy under the provisions of this chapter;

14. The practice of the religious tenets of any church in the ministrations to the sick and suffering by mental or spiritual means without the use of any drug or material remedy, whether gratuitously or for compensation;

15. Any legally qualified out-of-state or foreign practitioner from meeting in consultation with legally licensed practitioners in this Commonwealth;

16. Any practitioner of the healing arts licensed or certified and in good standing with the applicable regulatory agency in another state or Canada when that practitioner of the healing arts is in Virginia temporarily and such practitioner has been issued a temporary authorization by the Board from practicing medicine or the duties of the profession for which he is licensed or certified (i) in a summer camp or in conjunction with patients who are participating in recreational activities, (ii) while participating in continuing educational programs prescribed by the Board, or (iii) by rendering at any site any health care services within the limits of his license, voluntarily and without compensation, to any patient of any clinic which is organized in whole or in part for the delivery of health care services without charge as provided in § 54.1-106;

17. The performance of the duties of any active duty health care provider in active service in the army, navy, coast guard, marine corps, air force, or public health service of the United States at any public or private health care facility while such individual is so commissioned or serving and in accordance with his official military duties;

18. Any masseur, who publicly represents himself as such, from performing services within the scope of his usual professional activities and in conformance with state law;

19. Any person from performing services in the lawful conduct of his particular profession or business under state law;

20. Any person from rendering emergency care pursuant to the provisions of § 8.01-225;

21. Qualified emergency medical services personnel, when acting within the scope of their certification, and licensed health care practitioners, when acting within their scope of practice, from following Durable Do Not Resuscitate Orders issued in accordance with § 54.1-2987.1 and Board of Health regulations, or licensed health care practitioners from following any other written order of a physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

22. Any commissioned or contract medical officer of the army, navy, coast guard or air force rendering services voluntarily and without compensation while deemed to be licensed pursuant to § 54.1-106;

23. Any provider of a chemical dependency treatment program who is certified as an "acupuncture detoxification specialist" by the National Acupuncture Detoxification Association or an equivalent certifying body, from administering auricular acupuncture treatment under the appropriate supervision of a National Acupuncture Detoxification Association certified licensed physician or licensed acupuncturist person from engaging in the five needle auricular acupuncture protocol (5NP), a standardized five needle protocol wherein up to five needles are inserted into the external human ear to provide relief from the effects of behavioral health conditions, provided such person (i) has appropriate training in the 5NP, including training established by the National Acupuncture Detoxification Association or equivalent certifying body; (ii) does not use any letters, words, or insignia indicating or implying that the person is an acupuncturist; and (iii) makes no statements implying that his practice of the 5NP is licensed, certified, or otherwise overseen by the Commonwealth. Treatment utilizing the 5NP pursuant to this subdivision shall be strictly limited to the insertion of disposable, sterile acupuncture needles into the ear and only in compliance with the 5NP. The application or insertion of needles anywhere else on the body of another person by a person acting under the provisions of this subdivision shall be considered engaging in the practice of acupuncture without a license;

24. Any employee of any assisted living facility who is certified in cardiopulmonary resuscitation (CPR) acting in compliance with the patient's individualized service plan and with the written order of the attending physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

25. Any person working as a health assistant under the direction of a licensed medical or osteopathic doctor within the Department of Corrections, the Department of Juvenile Justice or local correctional facilities;

26. Any employee of a school board, authorized by a prescriber and trained in the administration of insulin and glucagon, when, upon the authorization of a prescriber and the written request of the parents as defined in § 22.1-1, assisting with the administration of insulin or administering glucagon to a student diagnosed as having diabetes and who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia;

27. Any practitioner of the healing arts or other profession regulated by the Board from rendering free health care to an underserved population of Virginia who (i) does not regularly practice his profession in Virginia, (ii) holds a current valid license or certificate to practice his profession in another state, territory, district or possession of the United States, (iii) volunteers to provide free health care to an underserved area of the Commonwealth under the auspices of a publicly supported all volunteer,

nonprofit organization that sponsors the provision of health care to populations of underserved people, (iv) files a copy of the license or certification issued in such other jurisdiction with the Board, (v) notifies the Board at least five business days prior to the voluntary provision of services of the dates and location of such service, and (vi) acknowledges, in writing, that such licensure exemption shall only be valid, in compliance with the Board's regulations, during the limited period that such free health care is made available through the volunteer, nonprofit organization on the dates and at the location filed with the Board. The Board may deny the right to practice in Virginia to any practitioner of the healing arts whose license or certificate has been previously suspended or revoked, who has been convicted of a felony or who is otherwise found to be in violation of applicable laws or regulations. However, the Board shall allow a practitioner of the healing arts who meets the above criteria to provide volunteer services without prior notice for a period of up to three days, provided the nonprofit organization verifies that the practitioner has a valid, unrestricted license in another state;

28. Any registered nurse, acting as an agent of the Department of Health, from obtaining specimens of sputum or other bodily fluid from persons in whom the diagnosis of active tuberculosis disease, as defined in § 32.1-49.1, is suspected and submitting orders for testing of such specimens to the Division of Consolidated Laboratories or other public health laboratories, designated by the State Health Commissioner, for the purpose of determining the presence or absence of tubercle bacilli as defined in § 32.1-49.1;

29. Any physician of medicine or osteopathy or advanced practice registered nurse from delegating to a registered nurse under his supervision the screening and testing of children for elevated blood-lead levels when such testing is conducted (i) in accordance with a written protocol between the physician or advanced practice registered nurse and the registered nurse and (ii) in compliance with the Board of Health's regulations promulgated pursuant to §§ 32.1-46.1 and 32.1-46.2. Any follow-up testing or treatment shall be conducted at the direction of a physician or an advanced practice registered nurse;

30. Any practitioner of one of the professions regulated by the Board of Medicine who is in good standing with the applicable regulatory agency in another state or Canada from engaging in the practice of that profession when the practitioner is in Virginia temporarily with an out-of-state athletic team or athlete for the duration of the athletic tournament, game, or event in which the team or athlete is competing;

31. Any person from performing state or federally funded health care tasks directed by the consumer, which are typically self-performed, for an individual who lives in a private residence and who, by reason of disability, is unable to perform such tasks but who is capable of directing the appropriate performance of such tasks;

32. Any practitioner of one of the professions regulated by the Board of Medicine who is in good standing with the applicable regulatory agency in another state from engaging in the practice of that profession in Virginia with a patient who is being transported to or from a Virginia hospital for care;

33. Any doctor of medicine or osteopathy, physician assistant, or advanced practice registered nurse who would otherwise be subject to licensure by the Board who holds an active, unrestricted license in another state, the District of Columbia, or a United States territory or possession and who is in good standing with the applicable regulatory agency in that state, the District of Columbia, or that United States territory or possession who provides behavioral health services, as defined in § 37.2-100, from engaging in the practice of his profession and providing behavioral health services to a patient located in the Commonwealth in accordance with the standard of care when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services as defined in § 38.2-3418.16 and (ii) the practitioner has previously established a practitioner-patient relationship with the patient and has performed an in-person evaluation of the patient within the previous year. A practitioner who provides behavioral health services to a patient located in the Commonwealth through use of telemedicine services pursuant to this subdivision may provide such services for a period of no more than one year from the date on which the practitioner began providing such services to such patient;

34. Any employee of a program licensed by the Department of Behavioral Health and Developmental Services who is certified in cardiopulmonary resuscitation from acting in compliance with a program participant's valid written order not to resuscitate issued in accordance with § 54.1-2987.1 if such valid written order not to resuscitate is included in the program participant's individualized service plan; or

35. Any doctor of medicine or osteopathy, physician assistant, respiratory therapist, occupational therapist, or advanced practice registered nurse who would otherwise be subject to licensure by the Board who holds an active, unrestricted license in another state or the District of Columbia and who is in good standing with the applicable regulatory agency in that state or the District of Columbia from engaging in the practice of that profession in the Commonwealth with a patient located in the Commonwealth when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services as defined in § 38.2-3418.16 and (ii) the patient is a current patient of the practitioner with whom the practitioner has previously established a practitioner-patient relationship and the practitioner has performed an in-person examination of the patient within the previous 12 months.

For purposes of this subdivision, if such practitioner with whom the patient has previously established a practitioner-patient relationship is unavailable at the time in which the patient seeks

continuity of care, another practitioner of the same subspecialty at the same practice group with access to the patient's treatment history may provide continuity of care using telemedicine services until the practitioner with whom the patient has a previously established practitioner-patient relationship becomes available. For the purposes of this subdivision, "practitioner of the same subspecialty" means a practitioner who utilizes the same subspecialty taxonomy code designation for claims processing.

For the purposes of this subdivision, if a patient is (a) an enrollee of a health maintenance organization that contracts with a multispecialty group of practitioners, each of whom is licensed by the Board of Medicine, and (b) a current patient of at least one practitioner who is a member of the multispecialty group with whom such practitioner has previously established a practitioner-patient relationship and of whom such practitioner has performed an in-person examination within the previous 12 months, the patient shall be deemed to be a current patient of each practitioner in the multispecialty group with whom each such practitioner has established a practitioner-patient relationship.

B. Notwithstanding any provision of law or regulation to the contrary, military medical personnel, as defined in § 2.2-2001.4, while participating in a program established by the Department of Veterans Services pursuant to § 2.2-2001.4, may practice under the supervision of a licensed physician or podiatrist or the chief medical officer of an organization participating in such program, or his designee who is a licensee of the Board and supervising within his scope of practice.

5/20/24, 5:24 PM

Mail - Sobowale, Michael (DHP) - Outlook

Re: OET for Advisory Board on Acupuncture Consideration

Elizabeth Denton <Elizabeth.Denton@oet-usa.com>

Wed 5/15/2024 4:20 PM

To: Sobowale, Michael (DHP) <Michael.Sobowale@dhp.virginia.gov>; Medicine – LAC Applications-Supporting Documents (DHP) <lac-medbd@dhp.virginia.gov>

Good afternoon,

I see that there may be an Advisory Board on Acupuncture meeting in June, and wanted to follow up regarding OET.

A number of state boards are in the process of adding OET to satisfy the language proficiency requirement for acupuncture licensure, and it would be a pleasure to provide more information to you and/or present on the value of the test at an upcoming meeting.

Thank you for your time and I look forward to hearing back.

Regards,

Elizabeth

Elizabeth Denton

Senior Director of Partnerships, Americas

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From: Elizabeth Denton <Elizabeth.Denton@oet-usa.com>

Date: Thursday, March 7, 2024 at 2:00 PM

To: lac-medbd@dhp.virginia.gov <lac-medbd@dhp.virginia.gov>

Subject: OET for Advisory Board on Acupuncture Consideration

Good afternoon,

I see that requirements for an acupuncture license include a passing score on the TOEFL test for applicants whose native language is not English and whose acupuncture education was not in English, and I'd like to suggest that the Advisory Board on Acupuncture also accept OET results as proof of English proficiency.

OET is the sole means for international medical graduates to demonstrate English proficiency for ECFMG certification, and the test is listed by the Accreditation Commission for Acupuncture and Herbal Medicine, so a growing number of schools and licensing bodies are accepting OET for applications. The test is also recognized by HRSA and by numerous healthcare educators and regulators worldwide.

5/20/24, 5:24 PM

Mail - Sobowale, Michael (DHP) - Outlook

Please let me know if I can provide any further information to the Board. Thank you very much for your time.

Regards,

Elizabeth

Elizabeth Denton
Senior Director of Partnerships, Americas



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The English language test for healthcare professionals



Commercial in confidence

May 2024

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1. Overview of OET

OET (the Occupational English Test) was designed to assess the language proficiency of overseas-trained healthcare professionals seeking to register and practise in English-speaking environments.

The test was commissioned by the Australian Federal Government in the late 1980s, driven by a recognition of the unique importance of relevant communication skills in the healthcare sector and was designed at the University of Melbourne by Professor Tim McNamara, one of the original developers of the IELTS academic English test.

OET tests health practitioners from the following 12 professions:

 Medicine	 Nursing	 Dentistry
 Occupational Therapy	 Optometry	 Physiotherapy
 Pharmacy	 Radiography	 Speech Pathology
 Podiatry	 Dietetics	 Veterinary Science

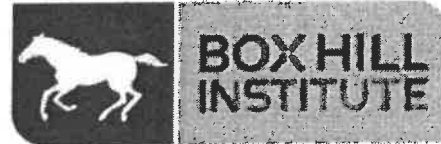
OET assesses all four communication skills: Reading, Writing, Listening and Speaking. The tasks and materials included in the Writing and Speaking sub-tests are specific to the candidate's profession, while the Reading and Listening sub-tests are not profession specific but include content on general topics that are relevant to all healthcare professionals.

Ensuring safe and effective care

OET uses real healthcare communication scenarios that candidates are likely to meet in the workplace. This ensures that healthcare professionals who have successfully completed OET have the necessary communication skills to provide safe and effective care.

Fit-for-purpose for Healthcare in the US

OET test materials are developed by expert language test writers in collaboration with subject matter experts from each English-speaking region where the test operates. Subject matter experts may be experienced practicing or retired healthcare professionals or educators. Their input ensures that the test content, vocabulary, and scenarios are authentic and relevant in the context of each region in which the test is used.



Since 2013, OET has been owned by Cambridge Boxhill Language Assessment Trust (CBLA), a not-for-profit joint venture, which is majority owned by Cambridge Assessment English in partnership with Box Hill Institute. CBLA is based in Melbourne, Australia.

Cambridge Assessment English

Cambridge Assessment English, a not-for-profit department of Cambridge University in the UK, has been the world's leading provider of language assessment for learners and teachers of English for over 100 years. More than 5.55 million people take Cambridge English exams each year in more than 130 countries. Around the world, more than 20,000 organisations rely on its exams and qualifications as proof of their English language ability. Cambridge Assessment English exams are used by regulators, employers, educational institutions, and local and regional governments around the world. Cambridge Assessment English develops and produces the IELTS test which it co-owns in partnership with IDP Australia.

Box Hill Institute

Based in Melbourne, Australia, Box Hill Institute is a leading public vocational and higher education provider known for its collaborative and creative approach to education in Australia and overseas.

Valid and reliable

Backed by more than 30 years of research by the Language Testing Research Centre (LTRC) at the University of Melbourne, and since 2013 from the Research and Validation Department at Cambridge Assessment English, OET has undergone a continuous cycle of research, validation, and evaluation to ensure it is fit for purpose and relevant today. The most recent iteration of the test was released in September 2018.

Research and validation are provided by the Research and Validation Department at Cambridge Assessment English in the UK. An ongoing program of test validation research has been established by CBLA and LTRC. Research studies explore quality control issues related to such areas as rating specialist training, task design and the extent to which criteria currently used to assess test performance are aligned with the practical requirements of effective communication in the healthcare context. Research findings inform revisions to the test and test operations as required.



CBLA is committed to the commissioning of on-going research into testing and question design; the following research projects have taken place between 2007 and 2023 (all research is available upon request):

2023

- Levelling the playing field for the international migration of nurses: the India English Language Programme

2021

- OET vs. IELTS: Finding the most appropriate way to test language skills for medicine

2019

- Relating the Occupational English Test (OET) to the CEFR

2017

- Australian Research Council Linkage Project: Towards improved quality of written patient records: Development and validation of language proficiency standards for writing for non-native English-speaking health professionals
- Australian Research Council Linkage Project: Towards improved healthcare communication: Development and validation of language proficiency standards for non-native English-speaking health professionals

2014 - 2016

- Re-trialling and stakeholder perceptions of OET Listening test
- Trialling and stakeholder perceptions of OET Reading test
- Towards improved quality of written patient records: language proficiency standards for non-native speaking health professionals: Australian Research Council Linkage Project
- Review of OET study data to verify revised checklist
- Verification of checklist items across professions
- Scoping study of cross-professional communication
- Trialling and stakeholder perceptions of proposed revised OET Listening test

2013

- Investigating the test impact of the OET: A qualitative study of successful OET candidates
- A comparison of the discourse produced at different Writing (and Speaking) score levels of the Occupational English Test
- Development of a common scale of item difficulty to support item banking and construction of pre-equated test forms
- Review and validation of the OET Speaking test design

2007- 2012

- Investigating candidate processes and task difficulty in an ESP reading test
- Exploring writing demands in healthcare settings.
- Towards improved healthcare spoken communications: Australian Research Council Linkage Project.
- OET Reading revision study
- OET Writing Task Review.
- OET-IELTS benchmarking study

Prior to 2007 – see OET website for full list of related research prior to 2007: [Academic research | OET](#)



2. Why Organizations Choose OET

There are many compelling reasons to use OET as part of the healthcare profession licensing process.

The global healthcare climate and the COVID pandemic

For many years, demographic trends, including ageing populations and chronic health conditions had been putting pressure on healthcare systems in many English-speaking countries¹. The pandemic has greatly exacerbated those pressures.

An increasing number of foreign trained healthcare professionals are being recruited to fill those skill shortages². This growing large-scale global mobility of healthcare professionals has made English language proficiency a critical clinical skill, essential to safeguarding patient safety and quality of care. The OET website is a significant resource for qualified, experienced healthcare professionals seeking work in English speaking countries and for employers and recruiters seeking access to that pool of talented professionals.

A review of patient complaints in healthcare systems published in the BMJ (British Medical Journal) and International Journal for Quality in Health Care found the most common issue, after 'treatment' (15.6%), is 'communication' (13.7%)³. In addition, a recent paper published by the Joint Commission International (JCI) states: "research shows that human failures cause 80% to 90% of errors. The most common root causes of sentinel events are human factors, leadership, and communication"⁴.

Worldwide recognition of OET

OET is recognized by health regulators worldwide, including Australia, New Zealand, Singapore, the UK, Ireland and Canada. In the US, OET was adopted in July 2020 as the exclusive means of assessing English proficiency for international medical graduate applicants for ECFMG certification, and the test is recognized by HRSA, CGFNS and dozens of state nursing boards.

While there is not an Acupuncture-specific version, the Accreditation Commission for Acupuncture and Herbal Medicine lists OET, and as a result, over a dozen US acupuncture schools accept the test for admissions.

OET results are recognized by the following worldwide Medical, Acupuncture and Eastern Medicine educators and regulators:

- Medical Board of Australia
- Chinese Medicine Board of Australia
- Federation of Medical Regulatory Authorities of Canada
- Medical Council of Ireland
- Maldives Medical & Dental Council
- Malta Medical Council

¹ WHO (2013, Nov). *A Universal Trust: No health without a workforce*. Retrieved from

<http://www.who.int/workforcealliance/knowledge/resources/hrhreport2013/en/>

² OECD. (2016). *OECD Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places*.

Retrieved from <http://www.oecd.org/publications/health-workforce-policies-in-oecd-countries-9789264239517-en.htm>

³ Reader, T. G. (2014). *Patient Complaints in Healthcare Systems: A systematic review and coding taxonomy*.

BMJ Quality & Safety. Retrieved from <http://qualitysafety.bmj.com/content/early/2014/05/29/bmjqs-2013-002437.full>

⁴ JCI. (2015). *Human Factors Analysis in Patient Safety Systems*. Retrieved from

<http://www.jointcommissioninternational.org/human-factors-analysis-in-patient-safety-systems/>

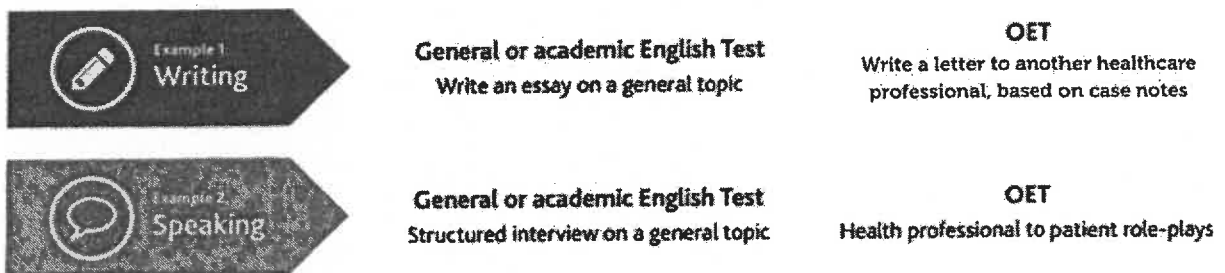


- Medical Council of New Zealand
- Singapore Medical Council
- Academy of Medical Royal Colleges (United Kingdom)
- General Medical Council (United Kingdom)
- Educational Commission for Foreign Medical Graduates (US)
- Michigan Licensing & Regulatory Affairs, Bureau of Professional Licensing - Acupuncturist licensing (US)
- Pennsylvania State Board of Medicine - Acupuncturist & Oriental Medicine Practitioner licensing (US)
- American College of Acupuncture & Oriental Medicine (US)

For a complete list of recognizing organizations worldwide please visit our website:
<https://oet.com/discover/who-recognises-oet>

3. Why Candidates Choose OET

- OET is the preferred English proficiency test for healthcare professionals. Candidates prefer the relevance of the test content over general academic English tests which were designed to prepare candidates for academic study and general English use in everyday situations. Below are examples of the profession specific tasks OET candidates complete, compared with typical tasks in a general academic English test.



- The match between test content and candidate knowledge increases candidate confidence and lowers anxiety.
- OET is advocated by past test-takers as the most suitable of all English proficiency tests.
- The skills gained by taking OET provide the best preparation for practice immediately post-licensure and for long-term career benefits. Employers recognize and appreciate that OET specifically tests the ability to communicate effectively in the healthcare workplace.

Success stories

You can hear from healthcare professionals on why they chose OET via our website at OET Success Stories:
<https://oet.com/discover/oet-stories>



4. Test network and Delivery Modes

OET is administered through a large network of highly professional venues in over 100 countries. There is also a remotely proctored test which allows test administration to reach nearly every country in the world. The staff at each venue are fully trained by OET in offering English language tests for high-stakes purposes.

OET is available via three different delivery modes to give candidates choice, convenience, and confidence:

- OET on paper at a test venue
- OET on computer. The written sub-tests are taken at a test venue and the speaking sub-test is taken online via Zoom with an online speaking test interlocutor.
- OET@Home – the “pandemic proof” option, both the candidate and the proctors and interlocutors are online at home for all sub-tests.

The extensive OET paper test venue network has expanded rapidly via the Cambridge partnership network. Our partner for OET on computer at test venues and OET@Home is Prometric, a world-leader in technology-enabled assessment.

5. The Structure and Content of OET

OET is an in-depth and thorough assessment of all areas of language ability: Listening, Reading, Writing and Speaking. OET was developed with a focus on the ability to communicate in the workplace.

Test specifications reflect common language demands on health practitioners in their working environment.

OET test format

There is a separate sub-test for each skill area assessed by OET: Listening, Reading, Writing and Speaking.

Test format overview

Sub-test (duration)	Content	Shows candidates can:
Listening (40 minutes)	3 parts Common to all 12 professions	Follow and understand a range of health-related spoken materials such as patient consultations and workplace communication.
Reading (60 minutes)	3 parts Common to all 12 professions	Read and understand different types of text on health-related subjects.
Writing (45 minutes) Reading time: 5 minutes Writing time: 40 minutes	1 task Specific to each profession	Write a letter in a clear and accurate way which is relevant for the reader.
Speaking (20 minutes)	2 tasks Specific to each profession	Effectively communicate in a real-life context through role-plays.

Listening sub-test in brief

The Listening sub-test consists of three parts:



Part A Consultations: Part A consists of an audio-recorded, simulated professional-to-patient consultation with gap-fill (short answer) questions, covering a partial case history.

Part B Workplace Communication: Part B consists of an audio-recorded exchange, professional-to-professional interaction with multiple-choice questions.

Part C Short talk/interview: Part C consists of an audio-recorded short talk or interview on a healthcare topic with multiple-choice questions.

The audio recordings include a wide range of English-speaking accents, including Australian, New Zealand, British, Irish, and North American voices and are checked for authenticity and approved by local subject matter experts.

Reading sub-test in brief

The Reading sub-test consists of three parts:

Part A Workplace Texts: is a summary reading task on workplace text, requiring candidates to skim and scan 4 short texts (a total of about 650 words) related to a single health-related topic and to answer matching, gap-fill and short answer question types. Candidates are required to write responses for 25-35 gaps in total, within a (strictly monitored) time limit of 15 minutes. This expeditious reading task is designed to test the candidate's ability to source information from multiple texts, to synthesize information in a meaningful way and to assess skimming and scanning ability within a time limit.

Part B & C Workplace Texts: candidates are required to read two passages (600-800 words each) on general health topics and answer multiple choice questions for each text (a total of 16-20 questions) within a time limit of 45 minutes. Part B & C are designed to assess candidates' ability to read, in greater detail, general and specific information for comprehension.

Writing sub-test in brief

The Writing sub-test involves a task in which candidates, via interaction with a set of clinical case notes, produce a letter to another health professional. The letter must record treatment offered to date and the issues to be addressed by the other professional, following instructions given within the test. The letter must take account of the stimulus material presented in the case notes.

The body of the letter must consist of approximately 180-200 words and be set out in an appropriate format (duration - 45 minutes). For certain professions, other professional writing tasks of equivalent difficulty may also be set (e.g., responding in writing to a complaint, or providing written information to a specified audience in the form of a letter).

[Download the OET Writing test assessment criteria](#)

Speaking sub-test in brief

The OET Speaking sub-test is a test of the candidate's oral use of English language to communicate in a simulated health-related consultation.

The simulated consultation is between a patient and a health practitioner, with the candidate taking the role of the practitioner and the interlocutor taking the role of the patient or patient's relative or carer. The candidate and the interlocutor interact face-to-face. It consists of two simulated consultations in the form of two role-plays (duration - 20 minutes). Candidates are assessed 60% on language assessment criteria and 40% on clinical communication skills criteria.



) Clinical communication skills required in the speaking test



Candidates are assessed according to four linguistically oriented criteria and five clinical communication criteria.

[Download the OET Speaking test assessment criteria](#)

6. OET Results Reporting

OET candidates receive a separate grade for each sub skill of language proficiency – Listening, Reading, Writing and Speaking. Grades are scored on a numerical scale 0 – 500 alongside an alphabetic score range from A (highest) to E (lowest). There is no overall grade for OET. Results are released approximately 16 business days after the test.

Online results verification service

Candidates log in to their secure online profile, via the digital platform to view results. Candidates are able to download a printable copy of their 'Statement of Results' and give permission for recognizing organizations of their choosing to log in and view their results.

All organisations accepting OET as proof of English language proficiency can register as official recognizing organizations which allows access to the OET Results Verification Portal. The service provides access to a secure, encrypted database through which candidates' results – across a period of three years – can be checked for authenticity.



OET scores reporting and level descriptors



OET results table with IELTS benchmarking

OET score	Grade	OET band descriptors	IELTS band
500 490 480 470 460 450	A	Can communicate very fluently and effectively with patients and health professionals using appropriate register, tone and lexis. Shows complete understanding of any kind of written or spoken language.	8.0 - 9.0
440 430 420 410 400	B	Can communicate effectively with patients and health professionals using appropriate register, tone and lexis, with only occasional inaccuracies and hesitations. Shows good understanding in a range of clinical contexts.	7.5
390 380 370 360 350			7.0
340 330 320 310 300	C+	Can maintain the interaction in a relevant healthcare environment despite occasional errors and lapses, and follow standard spoken language normally encountered in their field of specialisation.	6.5
290 280 270 260 250	C		6
240 230 220 210 200			5.5
190 180 170 160 150 140 130 120 110 100	D	Can maintain some interaction and understand straightforward factual information in their field of specialisation, but may ask for clarification. Frequent errors, inaccuracies and mis- or overuse of technical language can cause strain in communication.	Less than 5.5
190 180 170 160 150 140 130 120 110 100	E	Can manage simple interaction on familiar topics and understand the main point in short, simple messages, provided they can ask for clarification. High density of errors and mis- or overuse of technical language can cause significant strain and breakdowns in communication.	Less than 5.5



Example of candidate's OET Statement of Results

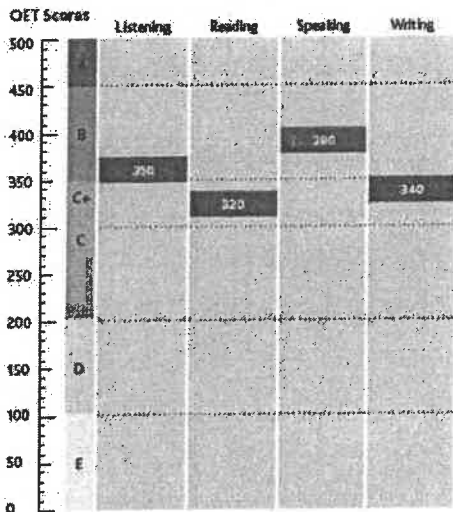


The OET Centre
PO Box 16126
Collins Street West
VIC 3007 Australia
Tel: +61 3 8556 4000
www.occupationalenglishtest.org

Address - Note: in this position for mailing purposes
XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX

STATEMENT OF RESULTS

Candidate name XXXXXXXXXXXXXXXXXXXX
Candidate number XXXXXXXXXXXXXXXXXXXX
Profession XXXXXXXXXXXXXXXXXXXX
Date of birth XX/XX/XXXX
Nationality XXXXXXXXXXXXXXXX
Gender M
Venue No. XXXXXXXXXX
Test date XX/XX/XXXX



Sujata Steed
Sujata Steed
CEO, CELA

Date of issue: XX/XX/XXXX

Recognising organisations are required to validate this Statement of Results through our verification portal at <https://www.occupationalenglishtest.org/organisations/results-verification/>
OET is owned by Cambridge Business Language Assessment Trust (CBLAT), a venture between Cambridge English and ICB Institute.



7. Candidate Engagement and Support

CBLA provides various options to candidates preparing for the test. Preparation is key to success in any test. Our advice to OET candidates is to prepare thoroughly to achieve their desired grade.

The [Official OET Preparation Portal](#) offers a wide range of preparation materials, many of which are free of charge. As access to materials is online, candidates can prepare anytime, anywhere, at their own pace.

OET preparation material is available in multiple formats, from interactive Masterclasses and Facebook Live Q&As to books and complete courses.

Below is a summary of both free and paid materials.

OET Study Guide

The OET Study Guide is a free resource that can be [downloaded](#) from the OET website. With the study guide candidates can:

- Learn all about OET
- Explore our free resources
- Access video, guides, sample tests and more
- Improve their language and test skills with OET experts
- Keep track of their progress with our handy checklist

Free Online Courses

Free online courses designed to give candidates and introduction to OET and clinical communication:

- [Speaking | Clinical Communication Mini Course](#)



- [FREE Taster Course for Nursing by OET Online](#)
- [Intro to OET \(Nursing\)](#)
- [FREE Taster Course for Medicine by OET Online](#)
- [Intro to OET \(Medicine\)](#)

Skill-specific Online Courses

Online courses that cover each OET subtest: [Listening](#), [Reading](#), [Writing](#), and [Speaking](#). Each course lasts between 8 – 10 hours and includes: videos, quizzes, language and skill-building exercise, downloadable resources, new sample tests, and more.

- Understand the subtest format, requirements, and assessment criteria
- Practice useful skills and strategies for success
- Apply your knowledge with quizzes and sample tests
- 100% online self-paced courses that can be accessed from any device

OET practice books

A range of books specific to each OET profession with practice tests covering the four skills of Listening, Reading, Writing & Speaking. These include advice for performing well on test day as well as helpful tips and detailed study guides. Books are available in print or digital format and available on Amazon or through Cambridge.

- [The Cambridge Guide to OET Nursing](#)
- [Official OET Practice Book for Nursing](#)
- [OET Trainer – Nursing](#)
- [Official OET Practice Book for Medicine](#)
- [OET Trainer – Medicine](#)

OET Masterclass Webinars



Free online and on demand Masterclass gives advice to candidates who are new to OET on the best way to approach OET preparation in a confident and effective way. There are four different classes, one for each subtest.

OET Facebook Page

Launched in September 2017, the OET Facebook page offers candidates daily test tips and strategies, as well as other information on how to improve healthcare communication. The page has proved extremely popular, reaching more than 230 000 followers in its first year.

OET teaching experts also run live Masterclass Q&A sessions, broadcasting live twice monthly with recordings available to watch on demand.



Finally, the OET Facebook page also hosts “Prep Hour with Steve”, a bi-monthly class focusing on a different topic each time, delivered by an OET Premium Preparation Provider.

OET Preparation Provider Program

The OET Preparation Provider Program is an online training course which provides OET preparation teachers with the knowledge and skills they need to run high quality OET preparation classes.

Preparation providers receive access to a library of OET practice tests, lessons and promotional tools, including an OET Preparation Provider Logo to display as a mark of quality to candidates.

Candidates can find OET Preparation Providers in their area on the OET website.

8. Test Security

OET has a holistic approach to test security where both test day security and post-test statistical analysis and irregularity checks are used to ensure that our security principles are implemented and that OET test results are a true reflection of a candidate’s ability to communicate in English in the healthcare context. The results of each OET test undergo rigorous statistical analysis by the Research and Validation team in Cambridge (the largest department of its kind among all assessment organisations in the world) before being released to candidates. The results of each OET test undergo rigorous statistical analysis by the Research and Validation team in Cambridge (the largest department of its kind among all assessment organisations in the world) before being released to candidates.

Candidate Identity checks

OET identification processes have been developed to meet the security requirements of all regulators who accept OET including the Australian Department of Immigration & Border Protection, Immigration New Zealand, the UK General Medical Council and others listed above.

Candidate test day photographs are compared with the ID photograph supplied at the time of booking via biometric software. This check is operated in all test types, at a venue or at home.

Paper based test venues

OET test venues are carefully selected and trained to deliver the test and to store and transport materials securely. Venue audits are carried out on a regular basis and test venue compliance is carefully monitored by CBLA.

Computer based testing of OET and OET@Home

Prometric has adapted its protocols to fit them to an online delivery model through their remote proctoring platform, *ProProctor*. Advanced surveillance technologies are integrated with standard exam-integrity procedures to provide a secure mode of delivery.

Security agents have total control over the test, including the ability to pause, stop, and resume; as well as instantaneous video rewind and playback capabilities that do not interfere with the recording of the existing session. Should a suspected breach in security be determined to have occurred, the security agent holds the power to terminate the test. ProProctor has complete control over the computer environment and is the only application allowed to run while the candidate is testing. Advanced design prevents unauthorized activities, applications, and keyboard commands from occurring.

Ways to Establish Comparable Scores

There are various ways of establishing comparable scoring across exams. One is the **empirical approach**: getting a large group of test takers to take both tests and determining comparable scores. Test takers would need to be equally familiar with, prepared for, and motivated to do their best on both tests. This is usually achieved by soliciting scores from people who had already taken both tests; since they paid for both tests, they presumably took both seriously. Such studies also try to be counterbalanced, i.e., have half take test A first and half take test B first. Provided that the above controls are met, the comparable scores identified should be accurate and dependable.

Another way to establish comparable scores is through **standard setting**: getting a group of experts to judge what level of performance on a test equates to a particular standard. Where tests of English language proficiency are concerned, most try to determine how their test relates to the Common European Framework of Reference for Languages (CEFR) (Council of Europe, 2001). The levels on the CEFR are, from lowest to highest, A1, A2, B1, B2, C1, C2. Provided that the standard setting exercise is done well, reasonably accurate mappings can be arrived at. However, because this approach depends on human judgment, it is likely to be less accurate and dependable than the empirical approach.

Studies into Score Comparability

The task of coming up with comparable scores in this instance is not difficult because there have been several studies (below) using the **empirical approach** which allow for solid, evidence-based concordance. The studies below show how OET and TOEFL compare to IELTS:

- o Comparing IELTS and Occupational English Test (Lim 2016, available at [OET-IELTS-Benchmarking-Report](#) and attached).

OET	A	B	C+	C	D
IELTS	8.0-9.0	7.0-7.5	6.5	5.5-6.0	4.0-5.0

- o Comparing IELTS and TOEFL (ETS, 2010, available at [Linking TOEFL iBT to IELTS Scores](#))

Table 7. Total Score Comparisons

IELTS Score	TOEFL Score
9	118-120
8.5	115-117
8	110-114
7.5	102-109
7	94-101
6.5	79-93
6	60-78
5.5	46-59
5	35-45
4.5	32-34
0-4	0-31

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

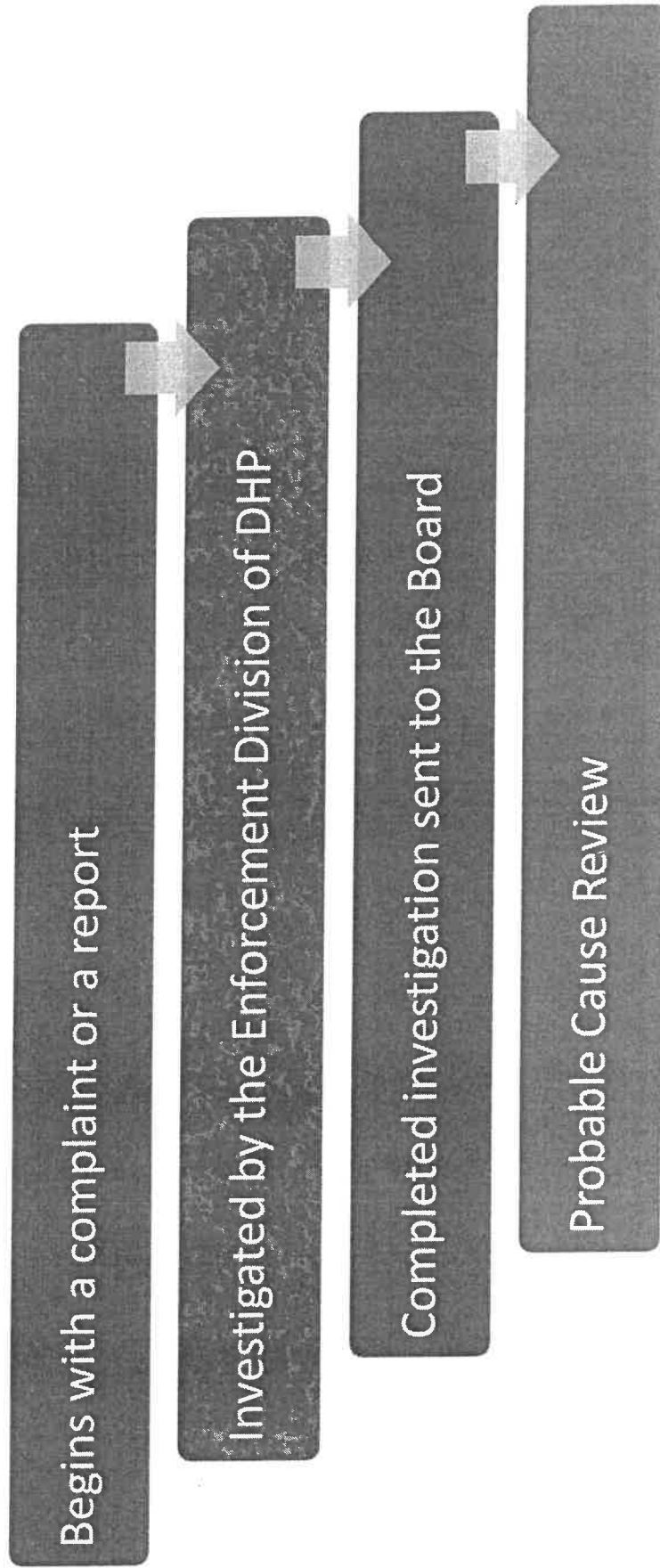
Today's Advisory Boards (cont.)

- 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

-
- 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

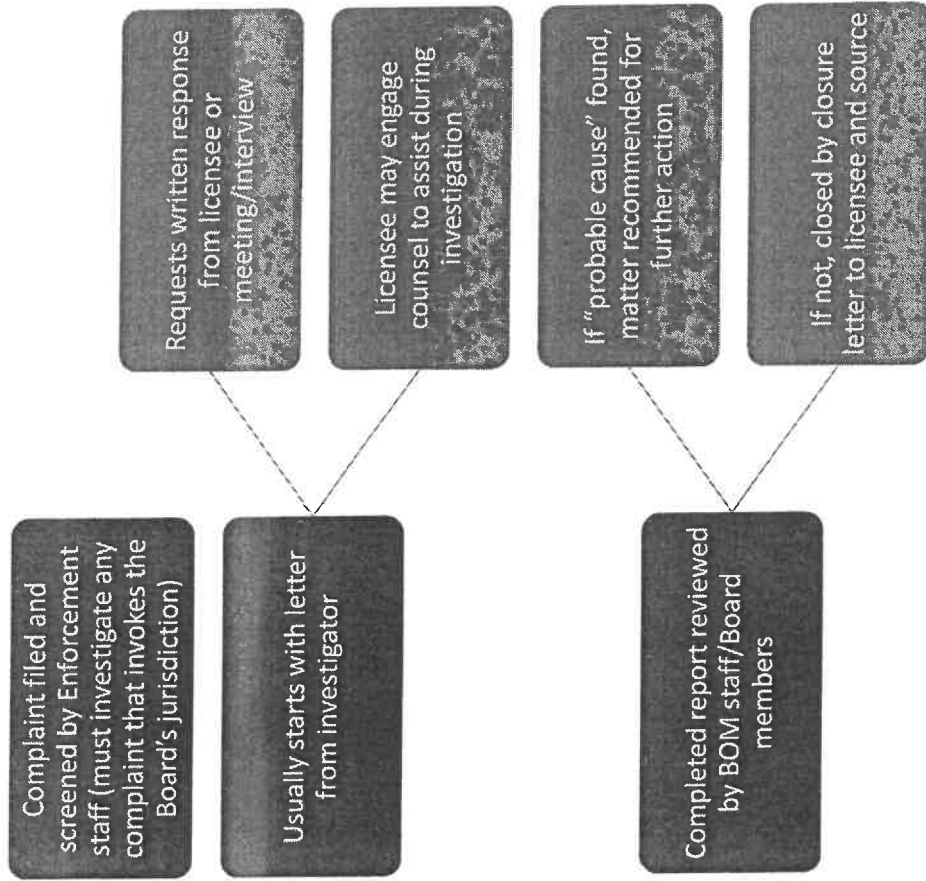
PRINCIPLES OF THE DISCIPLINARY PROCESS

- 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

Confidentiality

Communication/Termination

Subordinates and Disruptive Behavior

Sexual Boundary Violations

Reporting requirements

Continuing Medical Education

LAWS AND REGULATIONS TO KNOW



Office-Based Anesthesia



Mixing, Diluting or Reconstituting



Prescription Monitoring Program



Health Practitioners' Monitoring Program



Renew License every 2 years

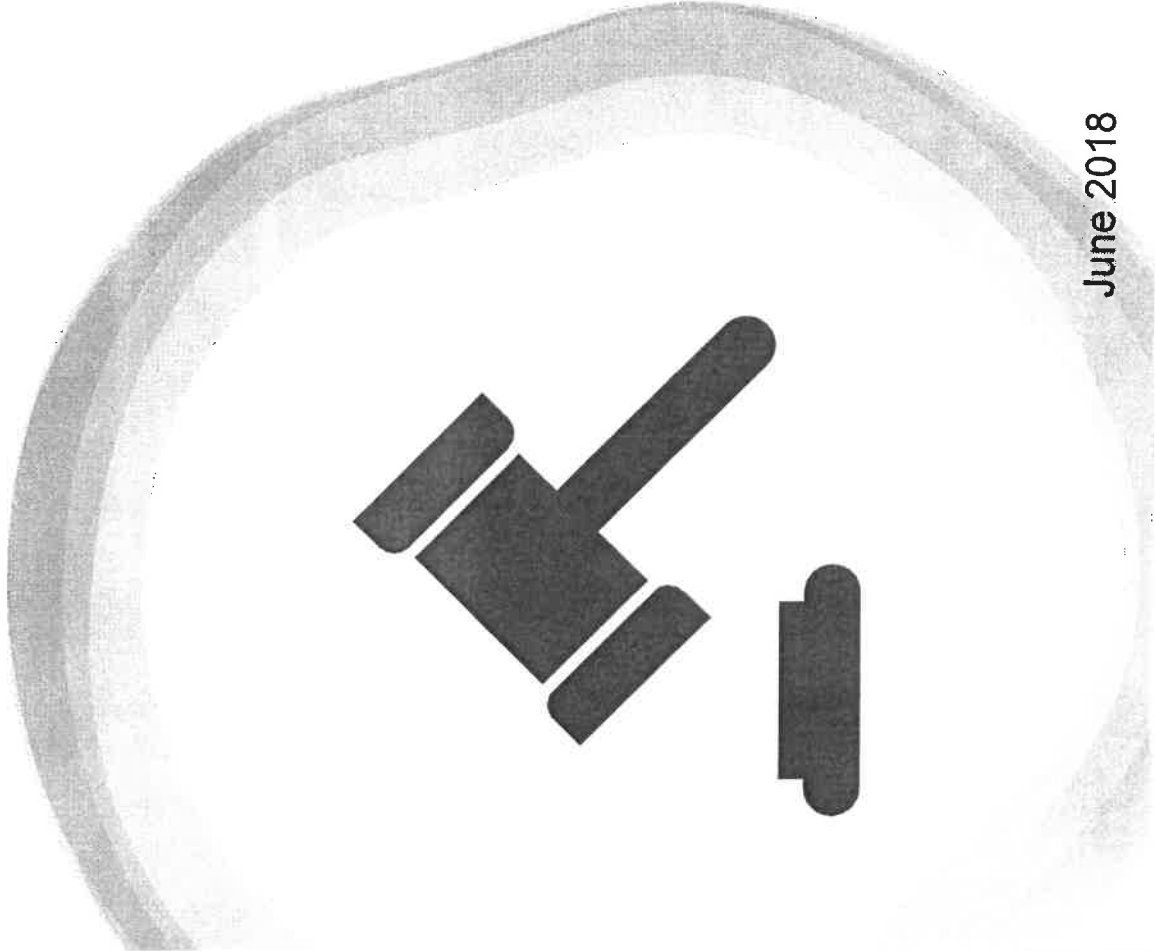
Hearing Protocol

Virginia Board of Medicine

June 14, 2018

Panel Members at Hearings

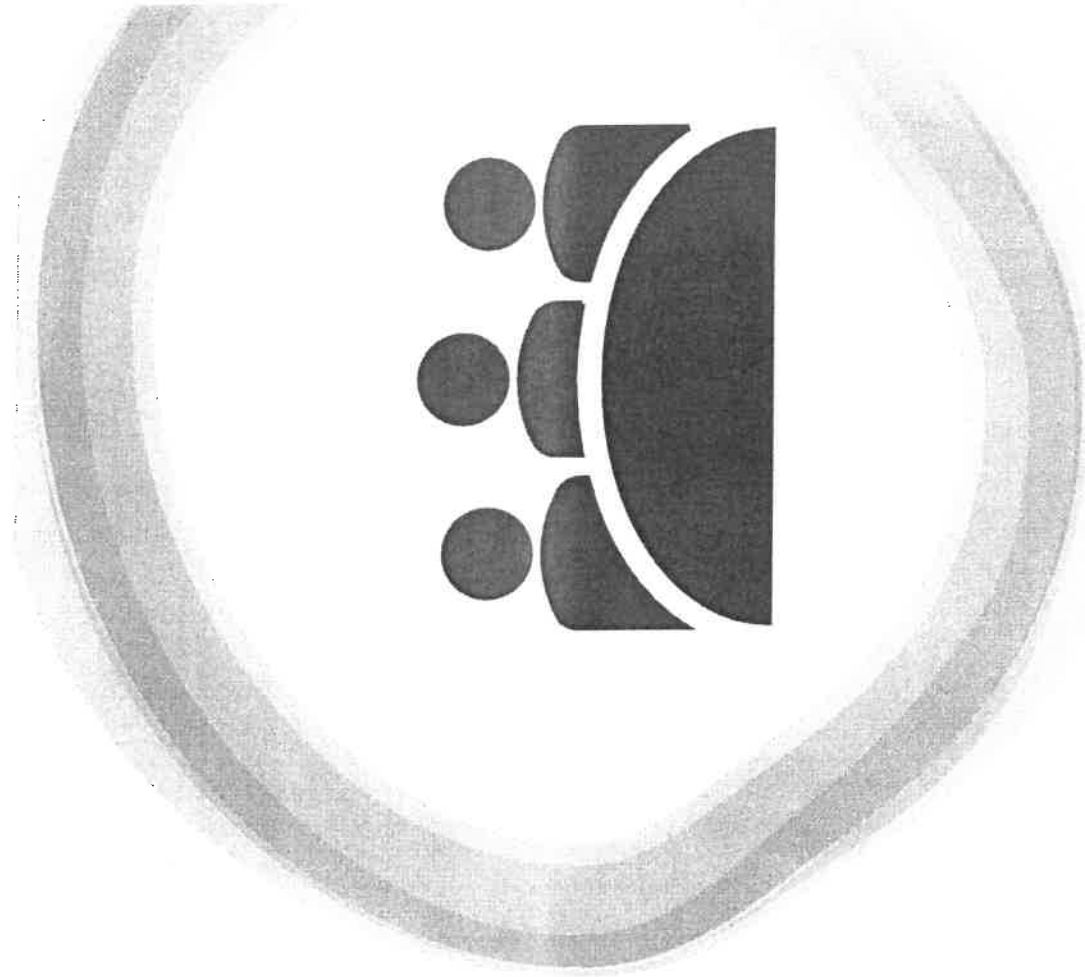
- Purpose of disciplinary proceedings is to protect the public by regulating professional conduct and provide fair and impartial consideration of the matter before the Board
- Panel members should avoid actual conflicts and the appearance of impropriety—if you receive case material and think you have 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!



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.)

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!

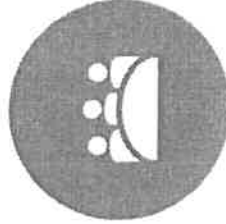
Hearings (IFC or formal)



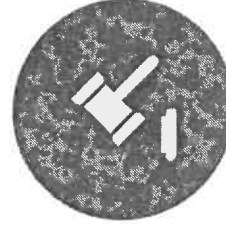
PANEL CHAIR WILL RULE ON ISSUES RELATED TO RELEVANCE OR THE ADMISSION OF EVIDENCE (WITH BOARD COUNSEL GUIDANCE)



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

Board counsel records and enters
evidence

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

Must initial and date evidence to
provide record on appeal.

Procedural mysteries, cont.

Some cases appear old when they reach the formal hearing stage

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

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

