Advisory Board on Radiologic Technology

Virginia Board of Medicine

June 5, 2024
1:00 p.m.

Advisory Board on Radiologic Technology

Board of Medicine

Wednesday, June 5, 2024 @ 1:00 p.m.

9960 Mayland Drive, Suite 201, Henrico, VA

Training Room 2

Announcements:

Next Scheduled Meeting: October 9, 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.

Radiologic Technology 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 .

DRAFT

Virginia's Radiologic Technologist Workforce: 2023

Healthcare Workforce Data Center

February 2024

Virginia Department of Health Professions
Healthcare Workforce Data Center
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Get a copy of this report from:
https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

Nearly 4,000 Radiologic Technologists voluntarily participated in this survey. *Without their efforts, the work of the Center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Medicine express our sincerest appreciation for their ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

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Radiologic Technology Advisory Board

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Hampton

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Midlothian

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Joyce O. Hawkins, RT
Mechanicsville

David Roberts, RT
Palmyra

Executive Director

William L. Harp, MD

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FTEs:	4,343

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All Licensees:	59%
Renewing Practitioners:	87%

Demographics	
Female:	81%
Diversity Index:	42%
Median Age:	43

Background	
Rural Childhood:	42%
HS Degree in VA:	59%
Prof. Degree in VA:	69%

Education	
Associate:	58%
RT Certificate:	21%

Finances	
Median Income:	$60k-$70k
Health Insurance:	65%
Under 40 w/ Ed. Debt:	43%

Current Employment	
Employed in Prof.:	91%
Hold 1 Full-Time Job:	70%
Satisfied?:	96%

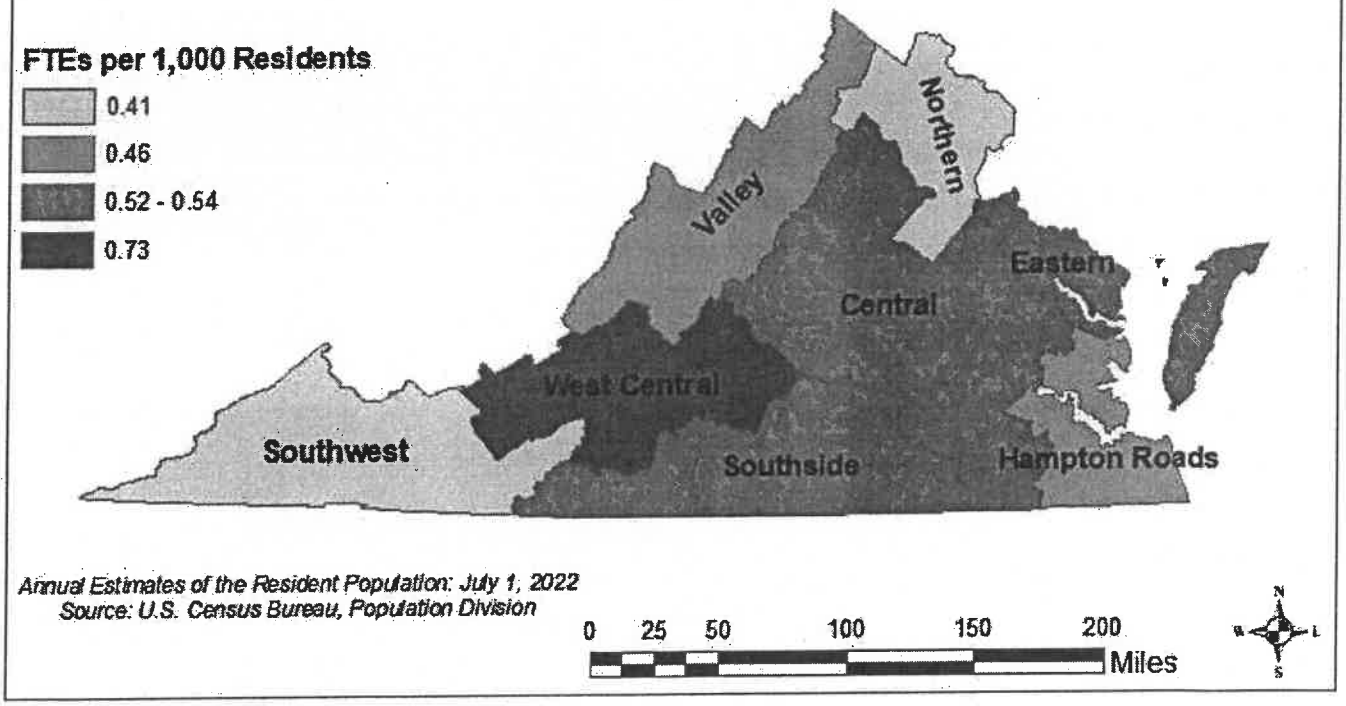
Job Turnover	
Switched Jobs:	9%
Employed Over 2 Yrs.:	58%

Primary Roles	
Patient Care:	81%
Administration:	9%
Education:	1%

Source: Va. Healthcare Workforce Data Center

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

Source: Va Healthcare Workforce Data Center



Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division

Results in Brief

This report contains the results of the 2023 Radiologic Technologist Workforce survey. Nearly 4,000 radiologic technologists (RTs) voluntarily took part in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during the birth month of each RT on odd-numbered years. These survey respondents represent 59% of the 6,615 RTs who are licensed in the state and 87% of renewing practitioners.

The HWDC estimates that 5,295 RTs participated in Virginia's workforce during the survey period, which is defined as those professionals who worked at least a portion of the year in the state or who live in the state and intend to return to work in the profession at some point in the future. Virginia's RTs provided 4,343 "full-time equivalency units" in the past year, which the HWDC defines simply as working 2,000 hours per year.

More than 80% of all RTs are female, and the median age of this workforce is 43. In a random encounter between two RTs, there is a 42% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index falls to 41% for those RTs who are under the age of 40. For Virginia's overall population, the comparable diversity index is 60%. More than two out of every five RTs grew up in a rural area, and 19% of RTs who grew up in a rural area currently work in a non-metro area. In total, 10% of all RTs work in a non-metro area of Virginia.

Among all RTs, 91% are currently employed in the profession, 70% hold one full-time position, and 54% work between 40 and 49 hours per week. Nearly two-thirds of all RTs work in the for-profit sector, while another 29% work in the non-profit sector. The typical RT earns between $60,000 and $70,000 per year, and 81% of RTs receive this income in the form of an hourly wage. In addition, 82% of all RTs receive at least one employer-sponsored benefit, including 65% who have access to health insurance. Among all RTs, 96% indicated that they are satisfied with their current work situation, including 65% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to those of the 2015 RT workforce. The number of licensed RTs in the state has increased by 21% (6,615 vs. 5,462). In addition, the size of Virginia's RT workforce has increased by 13% (5,295 vs. 4,680), and the number of FTEs provided by this workforce has increased by 7% (4,343 vs. 4,070). Virginia's renewing RTs are considerably more likely to respond to this survey (87% vs. 46%).

The median age of the RT workforce has fallen slightly (43 vs. 44). At the same time, the diversity index of this workforce has increased (42% vs. 39%). Although the percentage of RTs who grew up in a rural area has not changed (42%), RTs who grew up in a rural area are less likely to work in a non-metro area of Virginia (19% vs. 23%). In addition, the percentage of all RTs who currently work in a non-metro area of the state has fallen (10% vs. 13%). Virginia's RTs are more likely to hold an associate degree (58% vs. 51%) than a RT certificate (21% vs. 35%) as their highest professional degree. RTs are slightly more likely to carry education debt (30% vs. 29%), and the median outstanding debt obligation among those RTs with education debt has increased ($20k-$30k vs. $10k-$20k).

RTs are more likely to be employed in the profession (91% vs. 85%), hold one full-time position (70% vs. 66%), and work between 40 and 49 hours per week (54% vs. 51%). RTs are more likely to have switched jobs (9% vs. 5%) and less likely to have been employed at their primary work location for more than two years (58% vs. 69%). RTs are relatively more likely to work in the non-profit sector (29% vs. 22%) than in the for-profit sector (65% vs. 71%). At the same time, RTs are more likely to work in the inpatient department of a general hospital (21% vs. 13%) or in an outpatient/community clinic (18% vs. 15%) than in a physician office (19% vs. 29%).

While the median annual income of Virginia's RT workforce has increased ($60k-$70k vs. $40k-$50k), RTs are less likely to receive at least one employer-sponsored benefit (82% vs. 87%). Virginia's RTs are more likely to indicate that they are satisfied with their current work situation (96% vs. 94%), including those RTs who indicated that they are "very satisfied" (65% vs. 62%).

Survey Response Rates

A Closer Look:

Licensee Counts		
License Status	#	%
Renewing Practitioners	4,539	69%
New Licensees	939	14%
Non-Renewals	1,137	17%
All Licensees	6,615	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing RTs, 87% submitted a survey. These represent 59% of the 6,615 RTs who held a license at some point in 2023.

Definitions

1. **The Survey Period:** The survey was conducted throughout 2023 on the birth month of each practitioner.
2. **Target Population:** All RTs who held a Virginia license at some point in 2023.
3. **Survey Population:** The survey was available to those who renewed their licenses online. It was not available to those who did not renew, including some RTs newly licensed in 2023.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	576	336	37%
30 to 34	442	436	50%
35 to 39	343	538	61%
40 to 44	310	520	63%
45 to 49	241	473	66%
50 to 54	233	561	71%
55 to 59	196	461	70%
60 and Over	341	608	64%
Total	2,682	3,933	60%
New Licenses			
Issued in 2023	939	0	0%
Metro Status			
Non-Metro	206	417	67%
Metro	1,391	2,666	66%
Not in Virginia	1,085	850	44%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	3,933
Response Rate, All Licensees	59%
Response Rate, Renewals	87%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed RTs

Number: 6,615
New: 14%
Not Renewed: 17%

Survey Response Rates

All Licensees: 59%
Renewing Practitioners: 87%

Source: Va. Healthcare Workforce Data Center

The Workforce

At a Glance:

Workforce

2023 RT Workforce:	5,295
FTEs:	4,343

Utilization Ratios

Licensees in VA Workforce:	80%
Licensees per FTE:	1.52
Workers per FTE:	1.22

Source: Va. Healthcare Workforce Data Center

Definitions

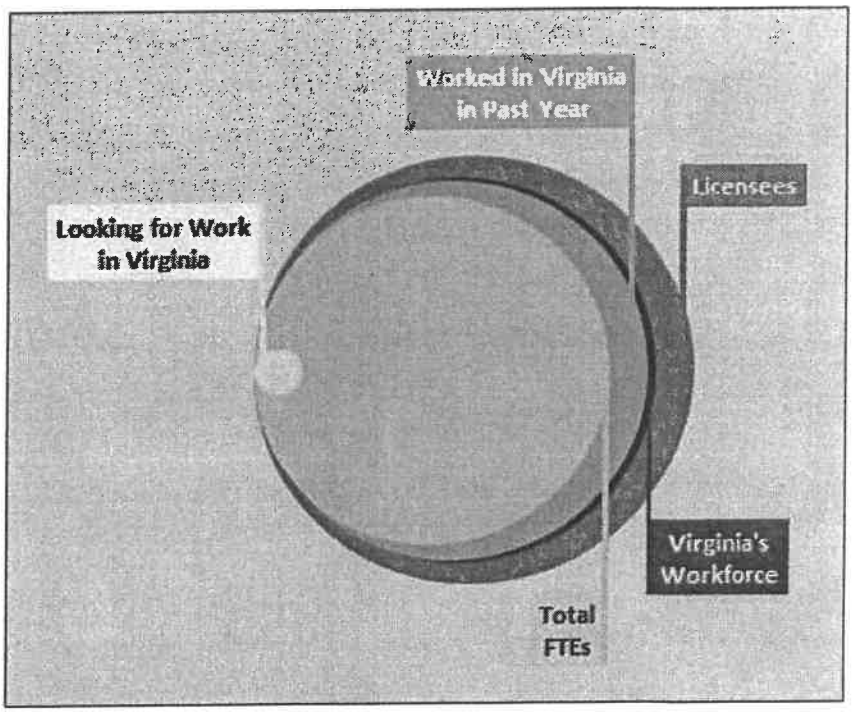
1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline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

Virginia's RT Workforce

Status	#	%
Worked in Virginia in Past Year	5,218	99%
Looking for Work in Virginia	76	1%
Virginia's Workforce	5,295	100%
Total FTEs	4,343	
Licensees	6,615	

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/



Source: Va. Healthcare Workforce Data Center

Demographics

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	83	12%	636	89%	719	15%
30 to 34	104	16%	567	85%	671	14%
35 to 39	142	22%	502	78%	644	14%
40 to 44	143	24%	458	76%	602	13%
45 to 49	92	20%	376	80%	468	10%
50 to 54	122	23%	409	77%	532	11%
55 to 59	91	21%	354	80%	445	10%
60 and Over	123	22%	443	78%	566	12%
Total	900	19%	3,746	81%	4,646	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	RTs		RTs Under 40	
	%	#	%	#	%
White	59%	3,539	75%	1,567	76%
Black	18%	513	11%	154	7%
Asian	7%	214	5%	93	4%
Other Race	1%	53	1%	16	1%
Two or More Races	5%	150	3%	77	4%
Hispanic	10%	272	6%	162	8%
Total	100%	4,741	100%	2,069	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2022.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	81%
% Under 40 Female:	84%

Age

Median Age:	43
% Under 40:	44%
% 55 and Over:	22%

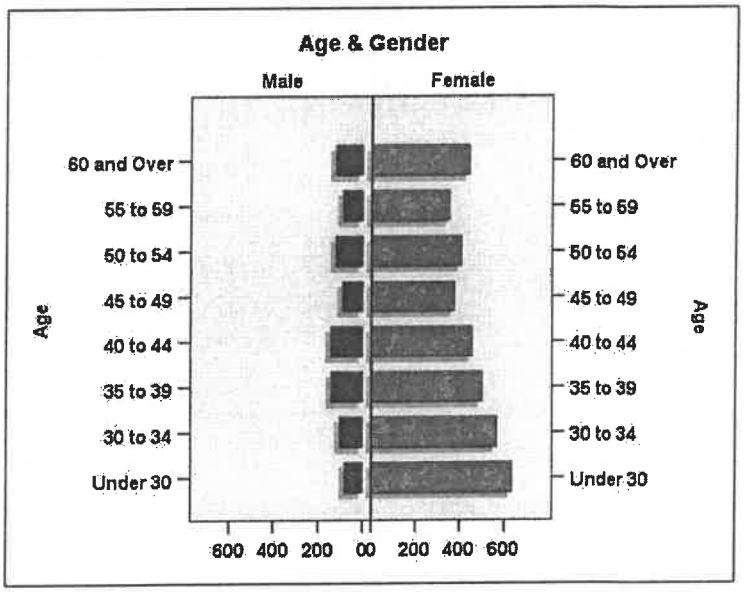
Diversity

Diversity Index:	42%
Under 40 Div. Index:	41%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two RTs, there is a 42% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable diversity index is 60%.

Among all RTs, 44% are under the age of 40, and 84% of RTs who are under the age of 40 are female. In addition, the diversity index among RTs who are under the age of 40 is 41%.



Source: Va. Healthcare Workforce Data Center

Background

At a Glance:

Childhood

Urban Childhood:	14%
Rural Childhood:	42%

Virginia Background

HS in Virginia:	59%
Prof. Education in VA:	69%
HS/Prof. Edu. in VA:	72%

Location Choice

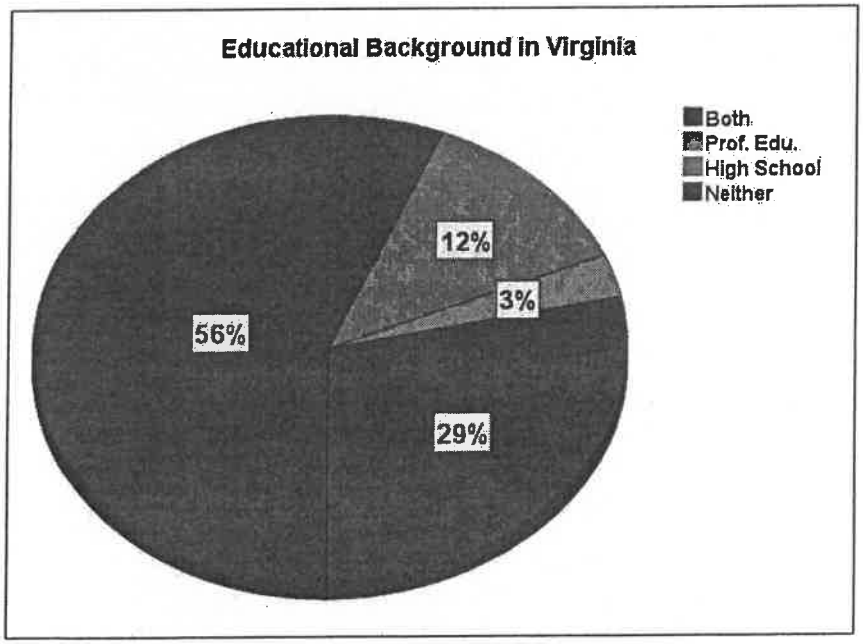
% Rural to Non-Metro:	19%
% Urban/Suburban to Non-Metro:	4%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 Million+	29%	54%	17%
2	Metro, 250,000 to 1 Million	61%	30%	9%
3	Metro, 250,000 or Less	60%	32%	8%
	Non-Metro Counties			
4	Urban, Pop. 20,000+, Metro Adjacent	75%	16%	10%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	80%	13%	7%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	93%	7%	0%
8	Rural, Metro Adjacent	85%	10%	6%
9	Rural, Non-Adjacent	51%	30%	19%
	Overall	**42%**	**44%**	**14%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than two out of every five RTs grew up in a self-described rural area, and 19% of RTs who grew up in a rural area currently work in a non-metro county. In total, 10% of all RTs currently work in a non-metro county.

Top Ten States for Radiologic Technologist Recruitment

Rank	All Radiologic Technologists			
	High School	#	Professional School	#
1	Virginia	2,791	Virginia	3,205
2	Outside U.S./Canada	237	Maryland	249
3	Maryland	205	Pennsylvania	141
4	Pennsylvania	198	West Virginia	131
5	New York	150	North Carolina	121
6	West Virginia	149	Florida	103
7	North Carolina	109	New York	99
8	Florida	81	Texas	68
9	Ohio	68	Tennessee	51
10	New Jersey	66	Ohio	43

Source: Va. Healthcare Workforce Data Center

Among all RTs, 59% received their high school degree in Virginia, and 69% received their initial professional degree in the state.

Among RTs who obtained their license in the past five years, 55% received their high school degree in Virginia, while 61% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	767	Virginia	843
2	Pennsylvania	57	Maryland	68
3	Outside U.S./Canada	56	North Carolina	49
4	Maryland	52	Pennsylvania	49
5	West Virginia	48	Florida	48
6	New York	47	West Virginia	42
7	North Carolina	34	New York	33
8	California	31	Ohio	26
9	Ohio	26	Texas	21
10	Georgia	22	Georgia	20

Source: Va. Healthcare Workforce Data Center

One out of every five licensed RTs did not participate in Virginia's workforce in 2023. More than nine out of every ten of these RTs worked at some point in the past year, including 84% who are currently employed as RTs.

At a Glance:

Not in VA Workforce

Total:	1,314
% of Licensees:	20%
Federal/Military:	3%
VA Border State/DC:	16%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
RT Certificate	969	21%
Associate	2,678	58%
Baccalaureate	758	16%
Post-Graduate Certificate	99	2%
Masters	86	2%
Doctorate	7	<1%
Total	4,597	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

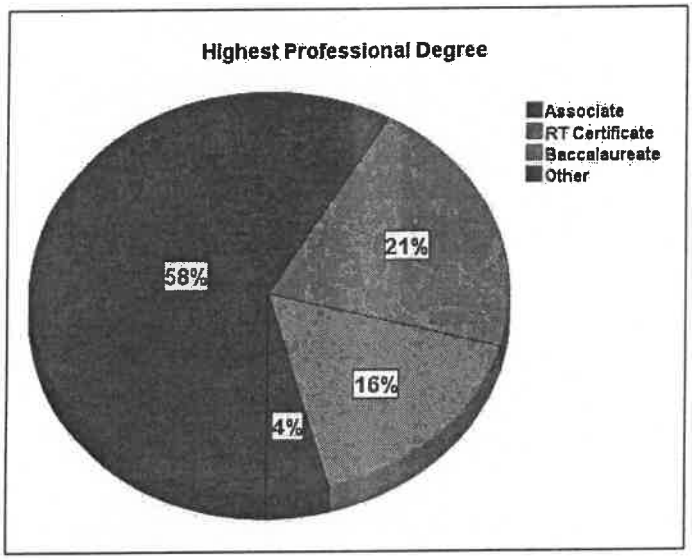
Education

Associate Degree: 58%
RT Certificate: 21%

Education Debt

Carry Debt: 30%
Under Age 40 w/ Debt: 43%
Median Debt: $20k-$30k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Nearly three out of every five RTs hold an associate degree as their highest professional degree.

Three out of every ten RTs carry education debt, including 43% of those RTs who are under the age of 40. For those RTs with education debt, the median outstanding balance is between $20,000 and $30,000.

Education Debt				
Amount Carried	All RTs		RTs Under 40	
	#	%	#	%
None	2,730	70%	994	57%
Less than $10,000	290	7%	181	10%
$10,000-$19,999	262	7%	192	11%
$20,000-$29,999	174	4%	129	7%
$30,000-$39,999	146	4%	84	5%
$40,000-$49,999	88	2%	49	3%
$50,000-$59,999	79	2%	41	2%
$60,000-$69,999	35	1%	17	1%
$70,000-$79,999	29	1%	7	<1%
$80,000-$89,999	24	1%	12	1%
$90,000-$99,999	17	<1%	6	<1%
$100,000 or More	37	1%	20	1%
Total	3,910	100%	1,733	100%

Source: Va. Healthcare Workforce Data Center

Specializations & Credentials

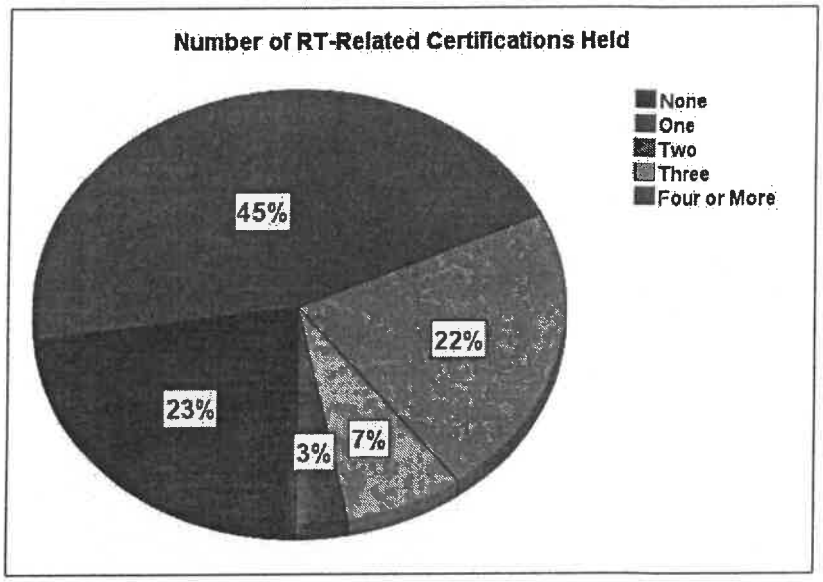
At a Glance:

Top Certifications

Radiography:	66%
Tomography:	17%
Mammography:	14%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

Top Ten Certifications		
Certification	#	% of Workforce
Radiography	3,514	66%
Tomography	879	17%
Mammography	718	14%
Magnetic Resonance Imaging	343	6%
Radiation Therapy	173	3%
Bone Densitometry	131	2%
Nuclear Medicine Technology	91	2%
Vascular Interventional	91	2%
Nuclear Medicine	54	1%
Diagnostic Medical Sonography	37	1%
At Least One Certification	4,094	77%

Source: Va. Healthcare Workforce Data Center

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

Current Employment Situation

At a Glance:

Employment

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

Positions Held

1 Full-Time: 70%
2 or More Positions: 14%

Weekly Hours:

40 to 49: 54%
60 or More: 4%
Less than 30: 11%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	**#**	**%**
Employed, Capacity Unknown	3	< 1%
Employed in an RT-Related Capacity	4,326	91%
Employed, NOT in an RT-Related Capacity	272	6%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	8	< 1%
Voluntarily Unemployed	104	2%
Retired	22	1%
Total	4,735	100%

Source: Va. Healthcare Workforce Data Center

Among all RTs, 91% are currently employed in the profession, 70% have one full-time job, and 54% work between 40 and 49 hours per week.

Current Positions		
Positions	**#**	**%**
No Positions	134	3%
One Part-Time Position	600	13%
Two Part-Time Positions	91	2%
One Full-Time Position	3,274	70%
One Full-Time Position & One Part-Time Position	507	11%
Two Full-Time Positions	14	<1%
More than Two Positions	45	1%
Total	4,665	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	**#**	**%**
0 Hours	134	3%
1 to 9 Hours	89	2%
10 to 19 Hours	143	3%
20 to 29 Hours	273	6%
30 to 39 Hours	1,100	24%
40 to 49 Hours	2,440	54%
50 to 59 Hours	201	4%
60 to 69 Hours	70	2%
70 to 79 Hours	39	1%
80 or More Hours	65	1%
Total	4,554	100%

Source: Va. Healthcare Workforce Data Center

Employment Quality

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	23	1%
Less than $30,000	237	7%
$30,000-$39,999	258	8%
$40,000-$49,999	411	12%
$50,000-$59,999	584	17%
$60,000-$69,999	565	16%
$70,000-$79,999	491	14%
$80,000-$89,999	345	10%
$90,000-$99,999	201	6%
$100,000-$109,999	160	5%
$110,000-$119,999	67	2%
$120,000 or More	127	4%
Total	3,469	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Annual Income
Median Income: $60k-$70k

Benefits
Health Insurance: 65%
Retirement: 65%

Satisfaction
Satisfied: 96%
Very Satisfied: 65%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	3,001	65%
Somewhat Satisfied	1,431	31%
Somewhat Dissatisfied	152	3%
Very Dissatisfied	56	1%
Total	4,640	100%

Source: Va. Healthcare Workforce Data Center

The typical RT earns between $60,000 and $70,000 per year. In addition, 82% of RTs also receive at least one employer-sponsored benefit, including 65% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	3,086	71%	73%
Retirement	2,810	65%	66%
Health Insurance	2,799	65%	64%
Dental Insurance	2,707	63%	62%
Paid Sick Leave	2,238	52%	52%
Group Life Insurance	1,801	42%	42%
Signing/Retention Bonus	452	10%	11%
At Least One Benefit	3,564	82%	82%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In the Past Year, Did You . . .?	#	%
Experience Involuntary Unemployment?	42	1%
Experience Voluntary Unemployment?	235	4%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	124	2%
Work Two or More Positions at the Same Time?	878	17%
Switch Employers or Practices?	458	9%
Experience at Least One?	1,493	28%

Source: Va. Healthcare Workforce Data Center

Among all RTs, 1% were involuntarily unemployed at some point in the past year. For comparison, Virginia's average monthly unemployment rate was 2.9%.[1]

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	127	3%	141	12%
Less than 6 Months	374	8%	185	16%
6 Months to 1 Year	410	9%	151	13%
1 to 2 Years	977	22%	201	17%
3 to 5 Years	953	21%	234	20%
6 to 10 Years	650	14%	122	10%
More than 10 Years	1,004	22%	131	11%
Subtotal	4,495	100%	1,165	100%
Did Not Have Location	142		4,055	
Item Missing	657		74	
Total	5,295		5,295	

Source: Va. Healthcare Workforce Data Center

More than four out of every five RTs receive an hourly wage at their primary work location, while 11% either receive a salary or work on commission.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched: 9%
New Location: 25%
Over 2 Years: 58%
Over 2 Yrs., 2nd Location: 42%

Employment Type

Hourly Wage: 81%
Salary/Commission: 11%

Source: Va. Healthcare Workforce Data Center

Nearly three out of every five RTs have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	326	11%
Hourly Wage	2,503	81%
By Contract/Per Diem	265	9%
Business/Practice Income	8	0%
Unpaid	3	0%
Subtotal	3,104	100%

Source: Va. Healthcare Workforce Data Center

[1] As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.5% and a high of 3.3%. The unemployment rate from December 2023 was still preliminary at the time of publication.

Work Site Distribution

At a Glance:

Concentration

Top Region:	28%
Top 3 Regions:	69%
Lowest Region:	2%

Locations

2 or More (Past Year):	27%
2 or More (Now*):	23%

Source: Va. Healthcare Workforce Data Center

Nearly seven out of every ten RTs work in Northern Virginia, Central Virginia, and Hampton Roads.

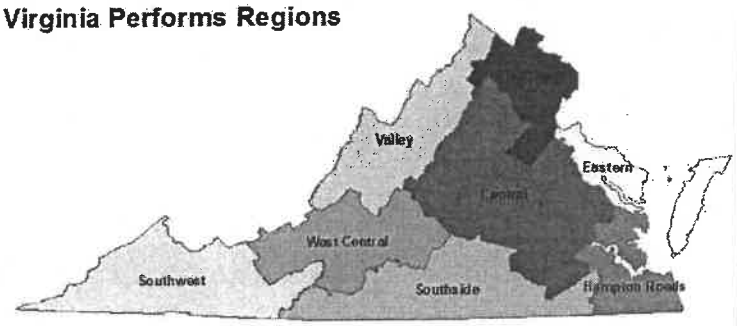
A Closer Look:

Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	1,025	23%	268	22%
Eastern	73	2%	21	2%
Hampton Roads	802	18%	203	17%
Northern	1,279	28%	349	29%
Southside	202	4%	39	3%
Southwest	176	4%	22	2%
Valley	273	6%	61	5%
West Central	552	12%	146	12%
Virginia Border State/D.C.	29	1%	26	2%
Other U.S. State	85	2%	79	7%
Outside of the U.S.	6	0%	1	0%
Total	4,502	100%	1,215	100%
Item Missing	650		23	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

Number of Work Locations

Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	76	2%	133	3%
1	3,243	72%	3,363	74%
2	771	17%	693	15%
3	342	8%	287	6%
4	40	1%	14	0%
5	9	0%	10	0%
6 or More	52	1%	33	1%
Total	4,533	100%	4,533	100%

*At the time of survey completion, January-December 2023.

Source: Va. Healthcare Workforce Data Center

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

Establishment Type

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	2,774	65%	737	66%
Non-Profit	1,251	29%	309	28%
State/Local Government	144	3%	48	4%
Veterans Administration	34	1%	6	1%
U.S. Military	54	1%	9	1%
Other Federal Government	31	1%	6	1%
Total	4,288	100%	1,115	100%
Did Not Have Location	142		4,055	
Item Missing	864		123	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

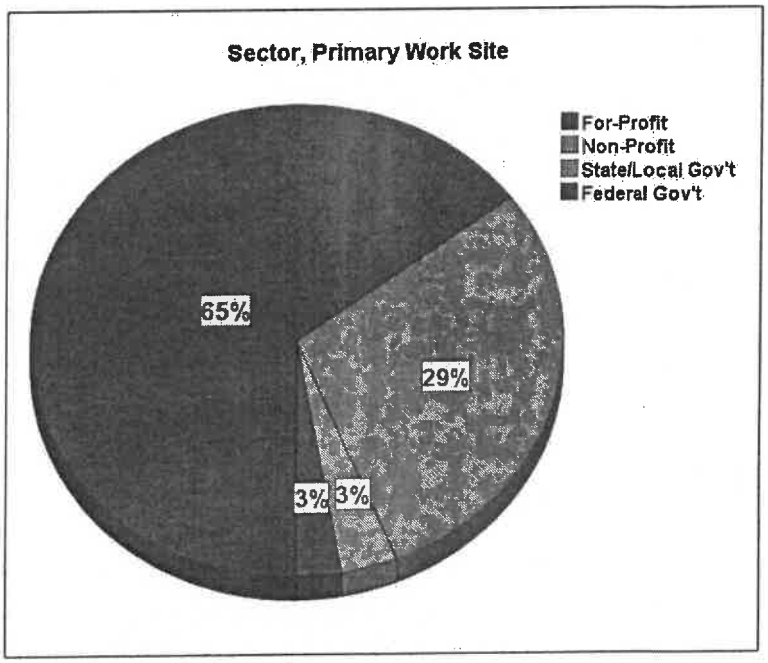
For-Profit: 65%
Federal: 3%

Top Establishments

General Hospital, Inpatient: 21%
Physician Office: 19%
Outpatient/Community Clinic: 18%

Source: Va. Healthcare Workforce Data Center

Nearly two-thirds of Virginia's RTs work in the for-profit sector, while another 29% work in the non-profit sector.



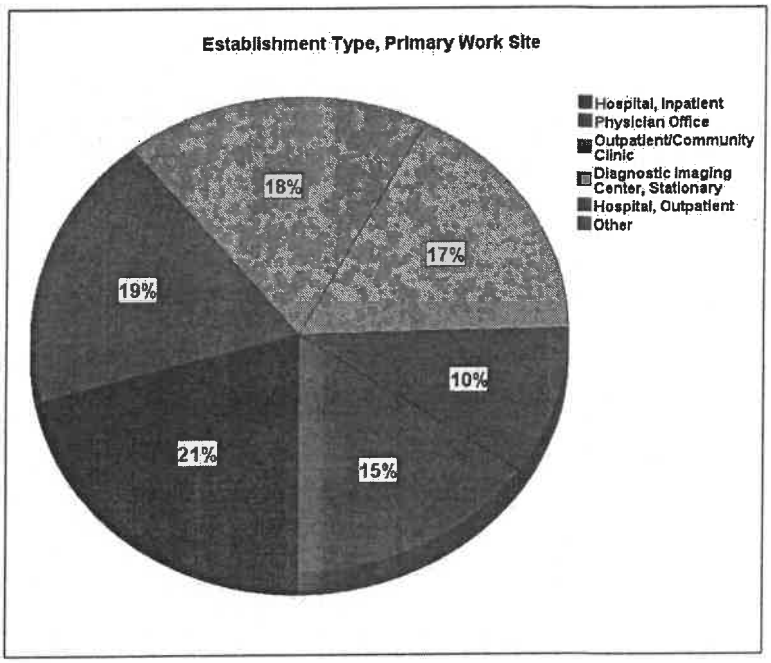
Source: Va. Healthcare Workforce Data Center

Top Ten Location Types				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
General Hospital, Inpatient Department	869	21%	262	24%
Physician Office	793	19%	124	11%
Outpatient/Community Clinic	778	18%	210	19%
Diagnostic Imaging Center, Stationary	720	17%	145	13%
General Hospital, Outpatient Department	429	10%	138	13%
Diagnostic Imaging Center, Mobile	124	3%	45	4%
Academic Institution	99	2%	37	3%
Skilled Nursing Facility	13	0%	8	1%
Device Manufacturer/Distributor	12	0%	4	0%
Dentist Office	1	0%	1	0%
Other Practice Setting	394	9%	110	10%
Total	4,232	100%	1,084	100%
Did Not Have a Location	142		4,055	

Source: Va. Healthcare Workforce Data Center

More than one out of every five RTs work in the inpatient department of a general hospital, while another 19% work in a physician's office.

For RTs who also have a secondary work location, 24% work in the inpatient department of a general hospital, while another 19% work in an outpatient or community clinic.



Source: Va. Healthcare Workforce Data Center

Languages

At a Glance:
(Primary Locations)

Languages Offered

Spanish:	24%
Chinese:	14%
Korean:	14%

Means of Communication

Virtual Translation:	70%
Onsite Translation:	29%
Other Staff Member:	26%

Source: Va. Healthcare Workforce Data Center

Nearly one-quarter of all RTs are employed at a primary work location that offers Spanish language services for patients.

A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	1,264	24%
Chinese	730	14%
Korean	718	14%
Arabic	703	13%
French	698	13%
Vietnamese	698	13%
Hindi	628	12%
Tagalog/Filipino	613	12%
Persian	594	11%
Urdu	548	10%
Pashto	514	10%
Amharic, Somali, or Other Afro-Asiatic Languages	463	9%
Others	313	6%
At Least One Language	1,467	28%

Source: Va. Healthcare Workforce Data Center

Means of Language Communication		
Provision	#	% of Workforce with Language Services
Virtual Translation Services	1,029	70%
Onsite Translation Service	420	29%
Other Staff Member is Proficient	383	26%
Respondent is Proficient	177	12%
Other	70	5%

Source: Va. Healthcare Workforce Data Center

Seven out of every ten RTs who are employed at a primary work location that offers language services for patients provide it by means of a virtual translation service.

Time Allocation

At a Glance:
(Primary Locations)

Typical Time Allocation

Patient Care:	90%-99%
Administration:	1%-9%

Roles

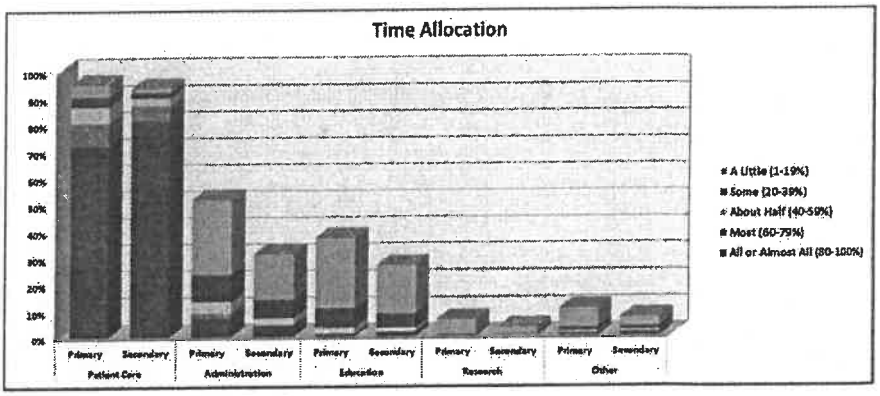
Patient Care:	81%
Administration:	9%
Education:	1%

Patient Care RTs

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

RTs typically spend most of their time in patient care activities. In fact, 81% of RTs fill a patient care role, defined as spending at least 60% of their time in that activity.

Time Allocation										
Time Spent	Patient Care		Admin.		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	72%	81%	7%	4%	1%	2%	0%	0%	1%	1%
Most (60-79%)	9%	6%	2%	1%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	6%	3%	5%	2%	2%	1%	0%	0%	1%	1%
Some (20-39%)	4%	2%	10%	7%	7%	5%	0%	0%	1%	1%
A Little (1-19%)	5%	2%	28%	17%	26%	18%	6%	3%	7%	3%
None (0%)	5%	6%	48%	69%	63%	73%	94%	97%	90%	93%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All		50 and Over	
	#	%	#	%
Under Age 50	201	5%	-	-
50 to 54	215	6%	14	1%
55 to 59	352	9%	60	5%
60 to 64	1,118	30%	350	29%
65 to 69	1,293	35%	522	43%
70 to 74	284	8%	145	12%
75 to 79	42	1%	30	2%
80 and Over	41	1%	11	1%
I Do Not Intend to Retire	167	4%	73	6%
Total	3,712	100%	1,205	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All RTs
- Under 65: 51%
- Under 60: 21%

RTs 50 and Over
- Under 65: 35%
- Under 60: 6%

Time Until Retirement
- Within 2 Years: 5%
- Within 10 Years: 19%
- Half the Workforce: By 2048

Source: Va. Healthcare Workforce Data Center

More than half of all RTs expect to retire by the age of 65. Among RTs who are age 50 and over, 35% expect to retire by the age of 65.

Within the next two years, 15% of all RTs expect to pursue additional educational opportunities, and 5% expect to increase their patient care hours.

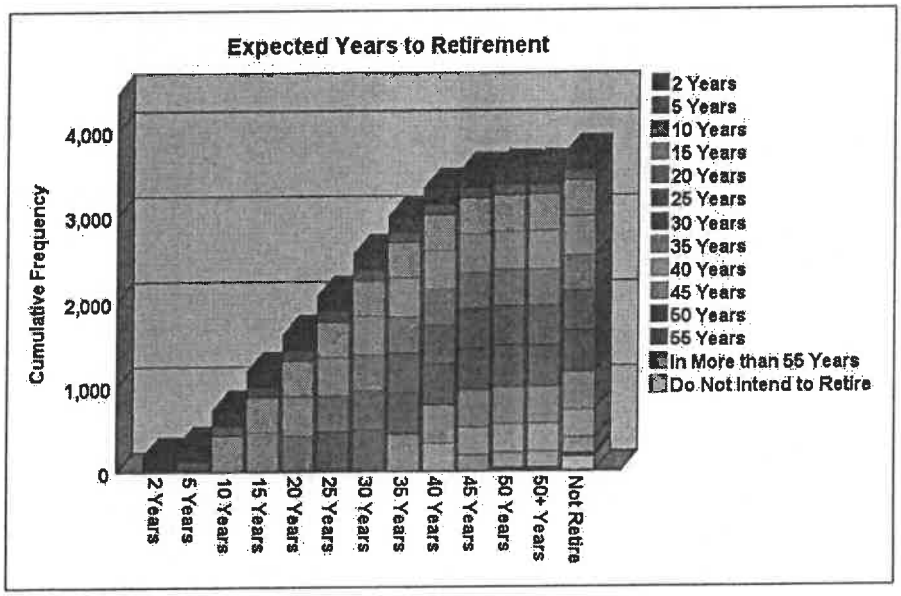
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	161	3%
Leave Virginia	195	4%
Decrease Patient Care Hours	347	7%
Decrease Teaching Hours	64	1%
Increase Participation		
Increase Patient Care Hours	290	5%
Increase Teaching Hours	136	3%
Pursue Additional Education	793	15%
Return to the Workforce	38	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for RTs. While 5% of RTs expect to retire in the next two years, 19% expect to retire within the next ten years. Half of the current workforce expect to retire by 2048.

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
2 Years	179	5%	5%
5 Years	125	3%	8%
10 Years	419	11%	19%
15 Years	457	12%	32%
20 Years	425	11%	43%
25 Years	461	12%	56%
30 Years	484	13%	69%
35 Years	441	12%	81%
40 Years	328	9%	89%
45 Years	185	5%	94%
50 Years	37	1%	95%
55 Years	0	0%	95%
In More than 55 Years	4	0%	96%
Do Not Intend to Retire	167	4%	100%
Total	3,712	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2033. Retirement will peak at 13% of the current workforce around 2053 before declining to under 10% of the current workforce again around 2063.

Full-Time Equivalency Units

At a Glance:

FTEs

Total:	4,343
FTEs/1,000 Residents[2]:	0.500
Average:	0.84

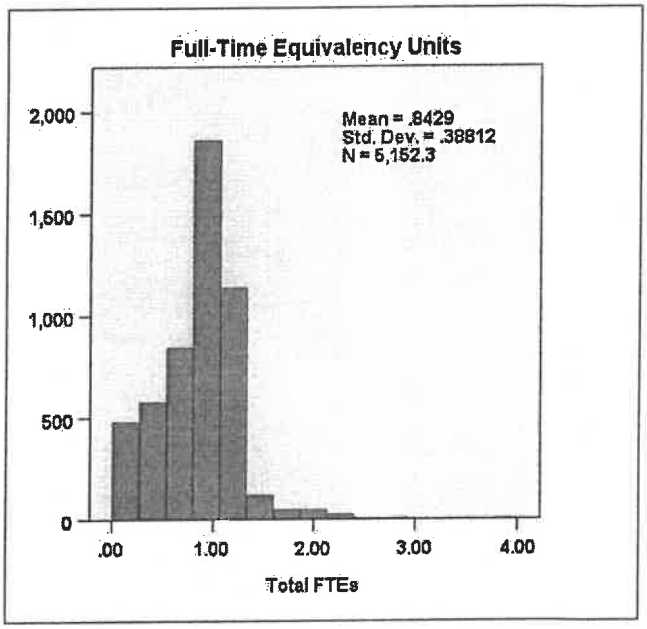
Age & Gender Effect

Age, *Partial Eta*^{2}:	Small
Gender, *Partial Eta*^{2}:	None

Partial Eta^2 *Explained:*
Partial Eta^2 is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

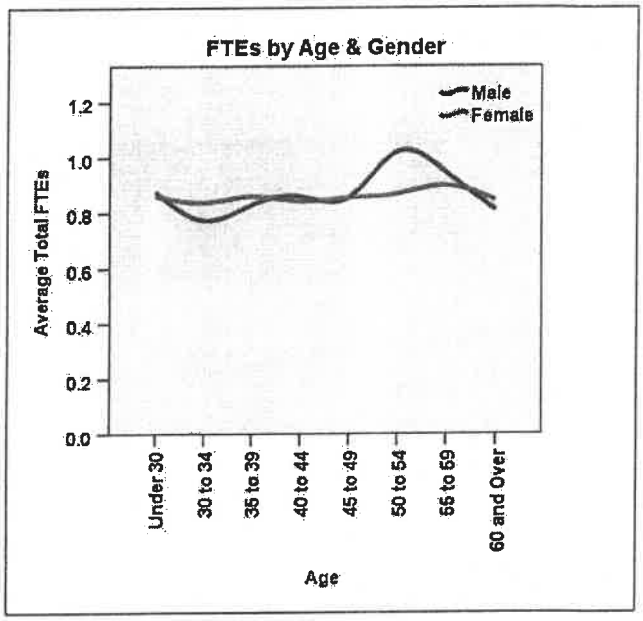


Source: Va. Healthcare Workforce Data Center

The typical RT provided 0.92 FTEs in the past year, or approximately 37 hours per week for 50 weeks. Although FTEs appear to vary by age, statistical tests did not verify that a difference exists.[3]

Full-Time Equivalency Units	Average	Median
Under 30	0.86	0.92
30 to 34	0.80	0.90
35 to 39	0.85	0.88
40 to 44	0.81	0.91
45 to 49	0.79	0.89
50 to 54	0.89	0.93
55 to 59	0.93	1.03
60 and Over	0.84	0.84
Gender		
Male	0.87	0.99
Female	0.86	0.93

Source: Va. Healthcare Workforce Data Center

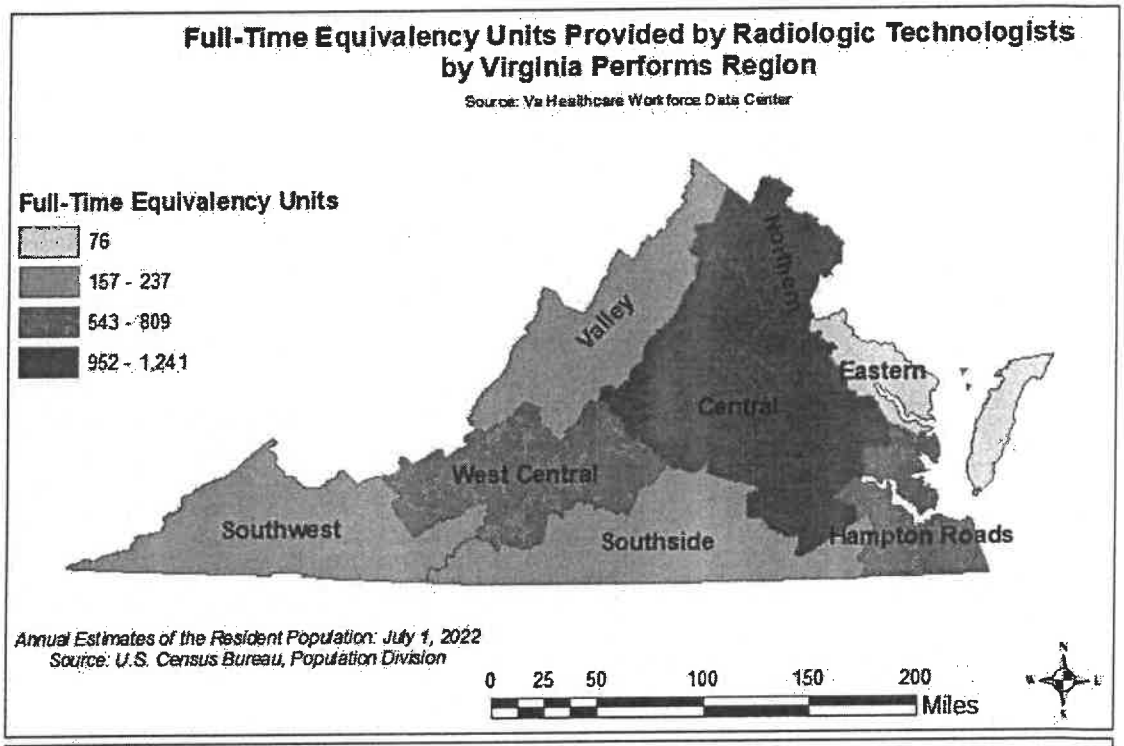


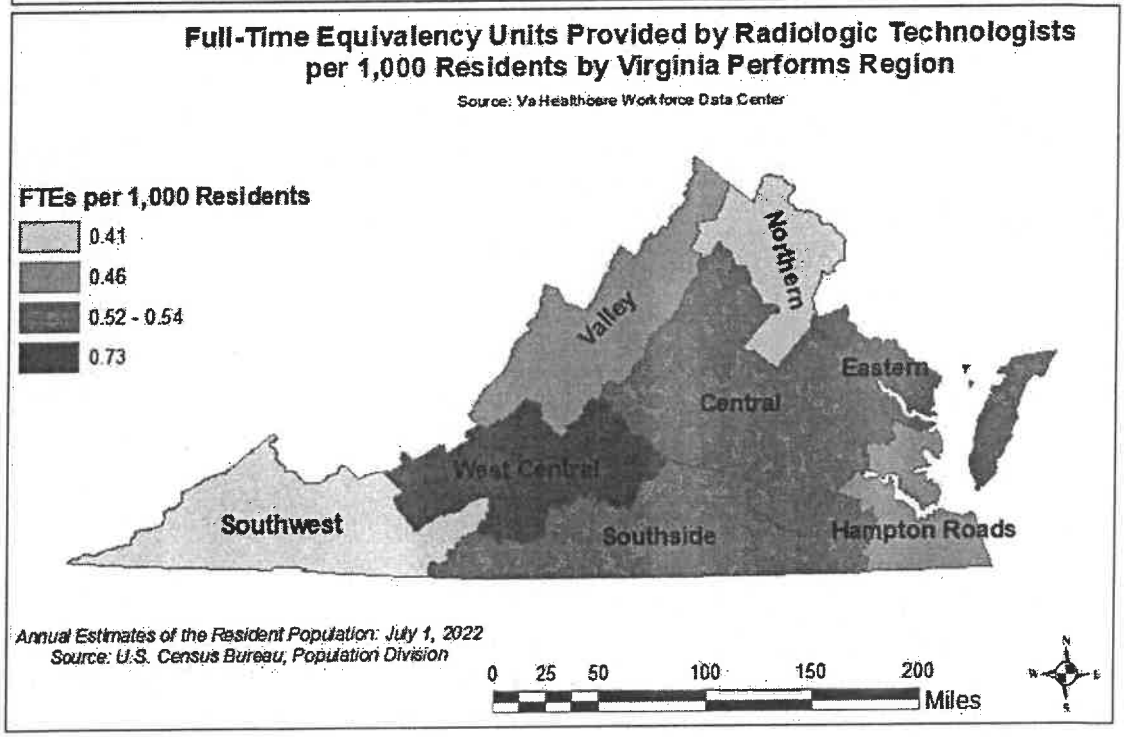
Source: Va. Healthcare Workforce Data Center

[2] Number of residents in 2022 was used as the denominator.
[3] Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).

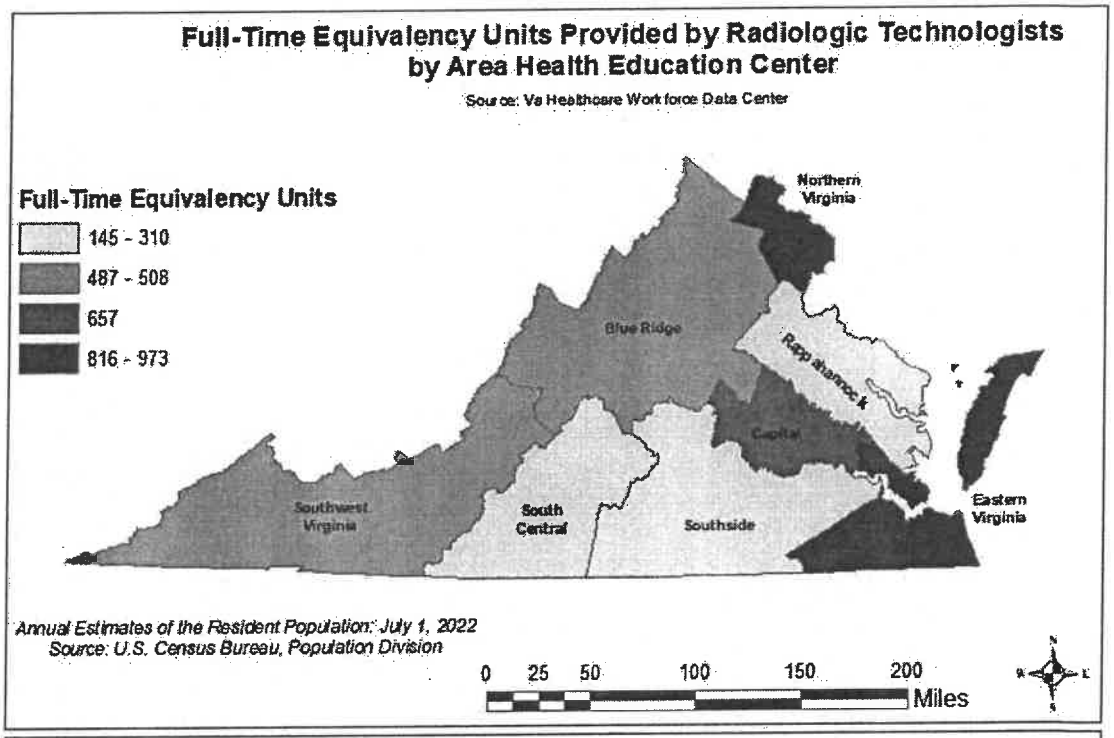
Maps

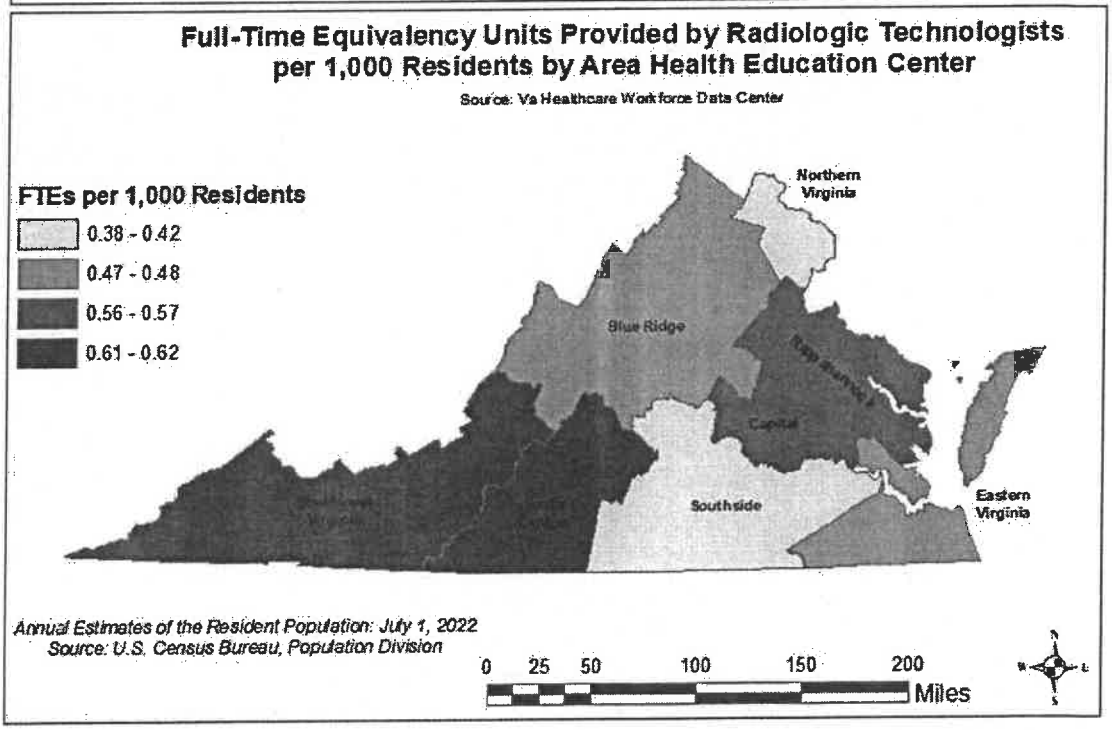
Virginia Performs Regions



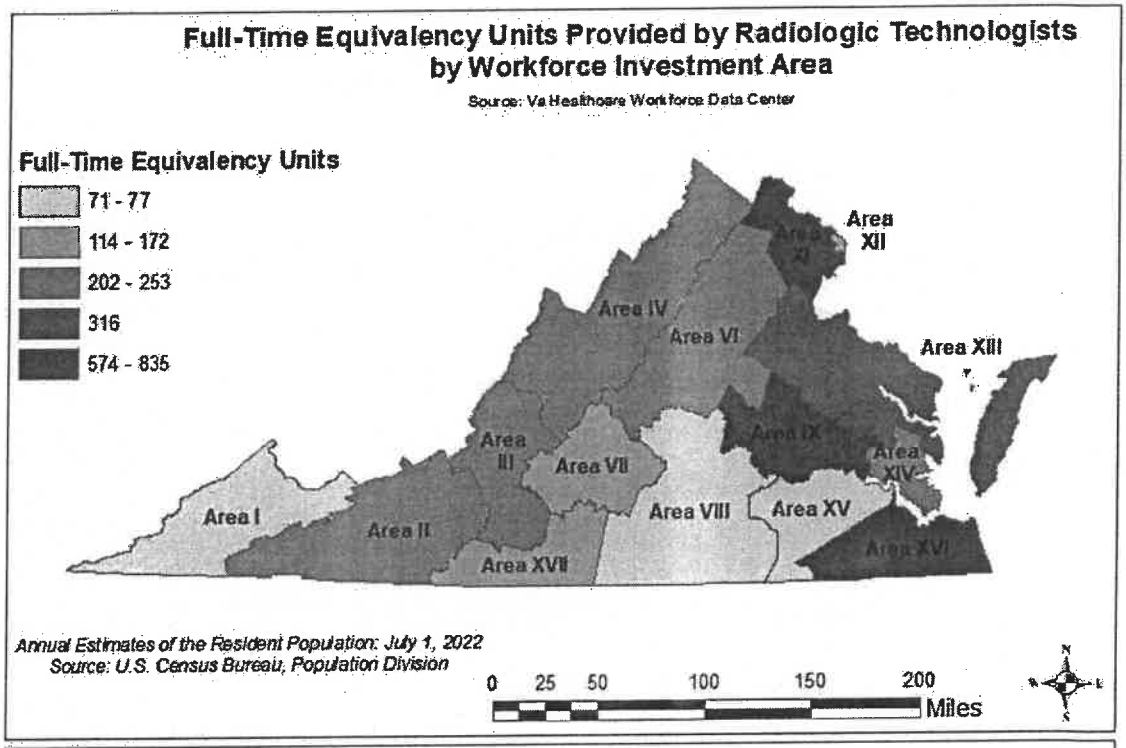


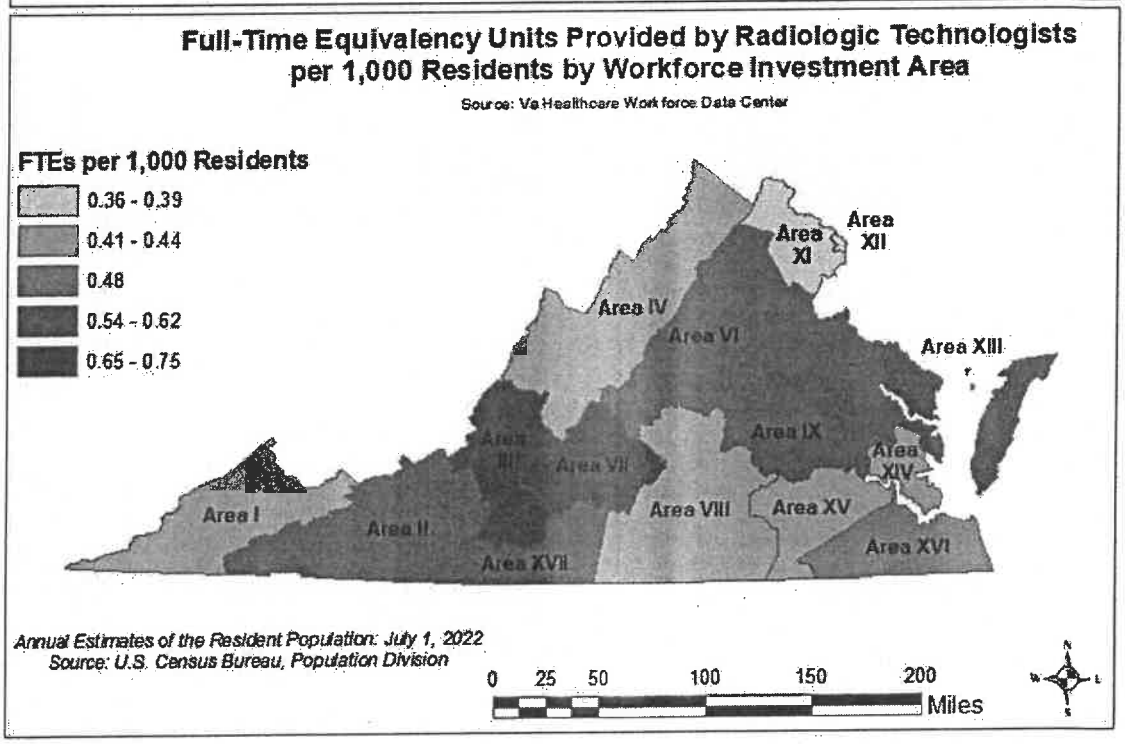
Area Health Education Center Regions



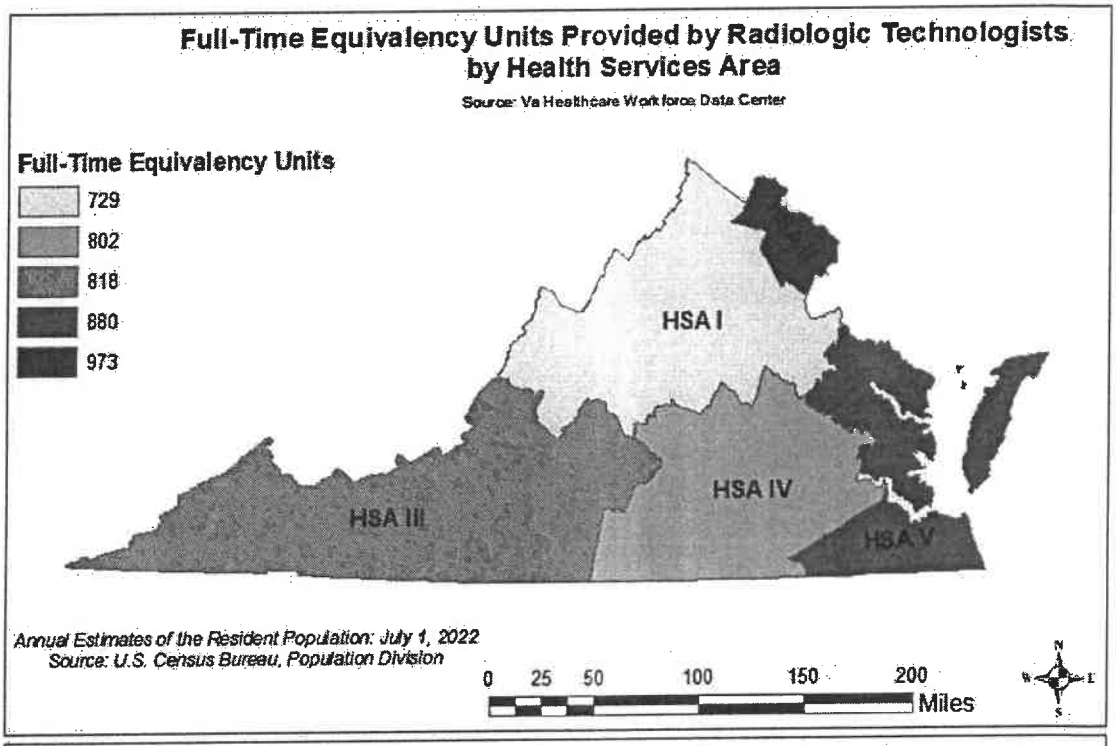


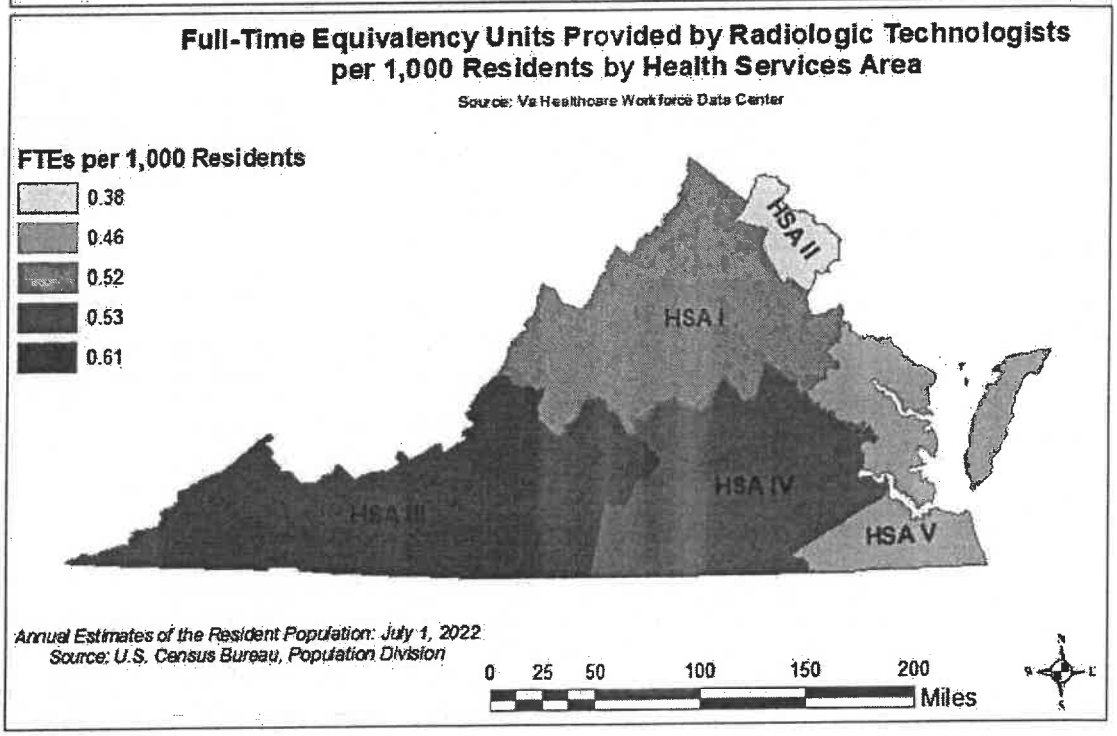
Workforce Investment Areas



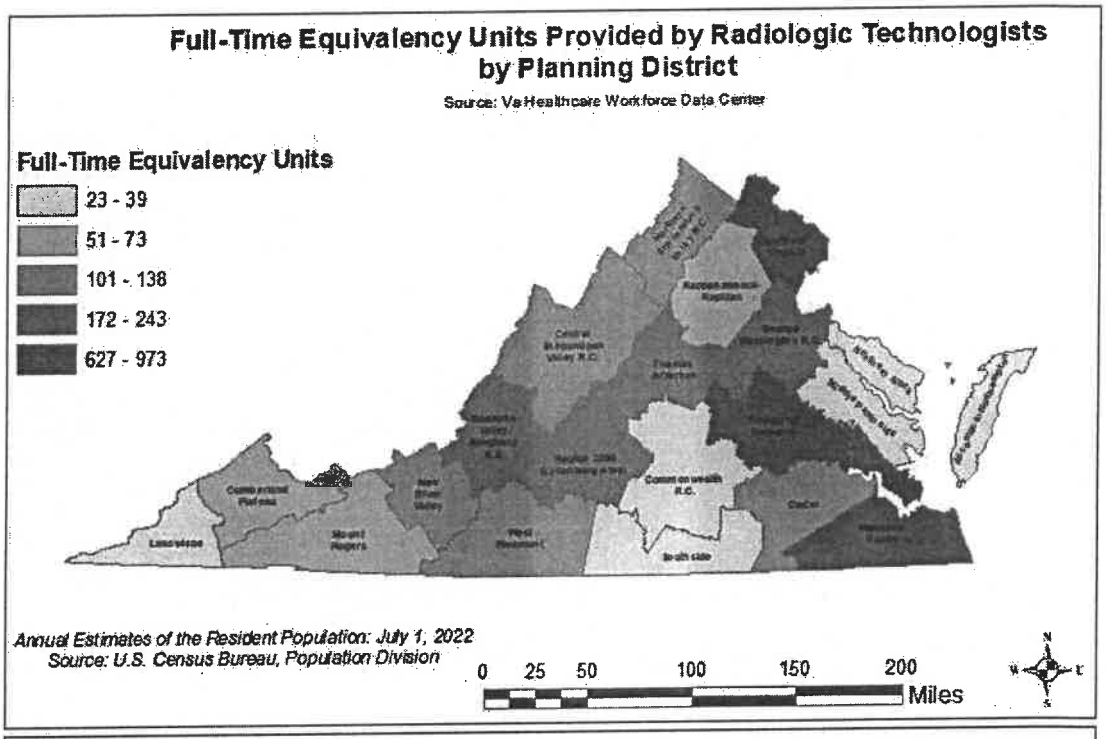


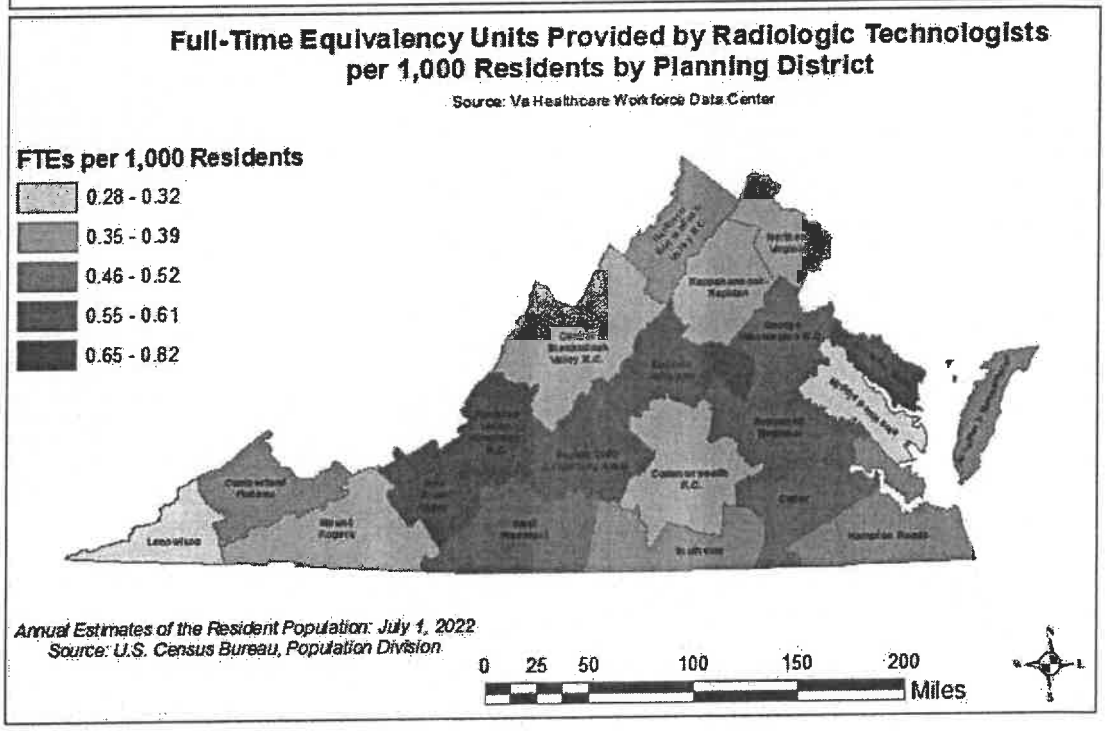
Health Services Areas





Planning Districts





Appendix

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	3,102	66.60%	1.501	1.263	2.423
Metro, 250,000 to 1 Million	469	65.88%	1.518	1.277	2.449
Metro, 250,000 or Less	486	59.88%	1.670	1.405	2.695
Urban, Pop. 20,000+, Metro Adj.	135	74.07%	1.350	1.136	2.179
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	193	63.73%	1.569	1.320	2.532
Urban, Pop. 2,500-19,999, Non-Adj.	100	72.00%	1.389	1.169	2.241
Rural, Metro Adj.	152	63.82%	1.567	1.319	2.529
Rural, Non-Adj.	43	58.14%	1.720	1.447	2.776
Virginia Border State/D.C.	997	49.85%	2.006	1.688	3.237
Other U.S. State	938	37.63%	2.657	2.236	4.288

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	912	36.84%	2.714	2.179	4.288
30 to 34	878	49.66%	2.014	1.616	3.181
35 to 39	881	61.07%	1.638	1.314	2.587
40 to 44	830	62.65%	1.596	1.281	2.522
45 to 49	714	66.25%	1.510	1.212	2.385
50 to 54	794	70.65%	1.415	1.136	2.236
55 to 59	657	70.17%	1.425	1.144	2.252
60 and Over	949	64.07%	1.561	1.253	2.466

Source: Va. Healthcare Workforce Data Center

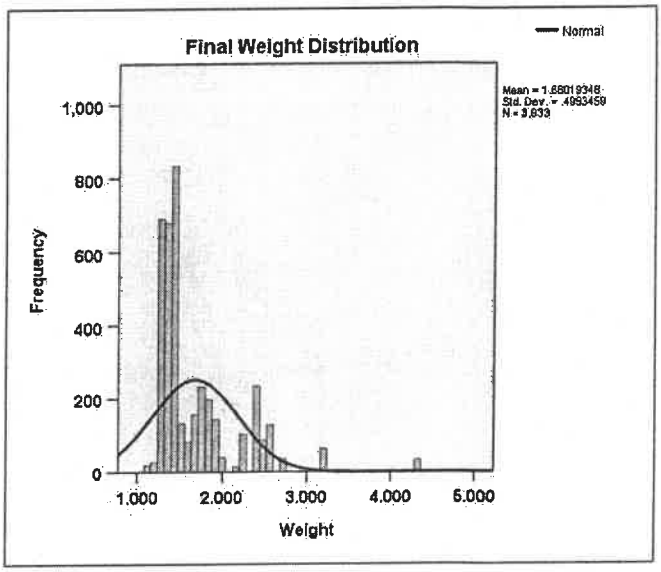
See the Methods section on the HWDC website for details on HWDC methods:

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

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

Age Weight x Rural Weight x Response Rate = Final Weight

Overall Response Rate: 0.594558



Source: Va. Healthcare Workforce Data Center

Board of Medicine – Advisory Board on Radiological Technology
Regulatory Actions
As of May 2024

In the Governor's Office

None.

In the Secretary's Office

None.

At DPB or OAG

None.

Recently effective

VAC	Stage	Subject Matter	Publication date	Effective date
18VAC85-101	Fast-track	Implementation of changes following 2022 periodic review of Chapter	2/12/2024	3/28/2024

Chapter 29 of Title 54.1 of the Code of Virginia

Medicine

§ 54.1-2900. Definitions.

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

"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.

"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.

"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.

§ 54.1-2956.8:1. Unlawful to practice radiologic technology without license; unlawful designation as a radiologist assistant, radiologic technologist, or radiologic technologist, limited; Board to regulate radiologist assistants and radiologic technologists.

Except as set forth herein, it shall be unlawful for a person to practice or hold himself out as practicing as a radiologist assistant, radiologic technologist, or radiologic technologist, limited, unless he holds a license as such issued by the Board. In addition, it shall be unlawful for any person who is not licensed under this chapter whose licensure has been suspended or revoked, or whose licensure has lapsed and has not been renewed to use in conjunction with his name the

words "licensed radiologist assistant," "licensed radiologic technologist" or "licensed radiologic technologist, limited" or to otherwise by letters, words, representations, or insignias assert or imply that he is licensed to practice radiologic technology. The Board shall prescribe by regulation the qualifications governing the licensure of radiologist assistants, radiologic technologists, and radiologic technologists, limited. The regulations may include requirements for approved education programs, experience, examinations, and periodic review for continued competency. The provisions of this section shall not apply to any employee of a hospital licensed pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of Title 32.1 acting within the scope of his employment or engagement as a radiologic technologist. (1994, c. 803; 2009, cc. 83, 507.)

§ 54.1-2956.8:2. Requisite training and educational achievements of radiologist assistants, radiologic technologists, and radiologic technologists, limited.

The Board shall establish a testing program to determine the training and educational achievements of radiologist assistants, radiologic technologists, or radiologic technologists, limited. The Board may accept other evidence such as successful completion of a national certification examination, experience, or completion of an approved training program in lieu of testing and shall establish this as a prerequisite for approval of the licensee's application. The Board shall consider and may accept relevant practical experience and didactic and clinical components of education and training completed by an applicant for licensure as a radiologist assistant, radiologic technologist, or radiologic technologist, limited, during his service as a member of any branch of the armed forces of the United States as evidence of the satisfaction of the educational requirements for licensure. (1994, c. 803; 2009, cc. 83, 507; 2011, c. 390.)

Commonwealth of Virginia

REGULATIONS

GOVERNING THE PRACTICE OF Radiologic Technology

VIRGINIA BOARD OF MEDICINE

Title of Regulations: 18 VAC 85-101-10 et seq.

Statutory Authority: § 54.1-2400 and Chapter 29 of Title 54.1 of the *Code of Virginia*

Revised Date: March 28, 2024

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TABLE OF CONTENTS

Part I. General Provisions.

18VAC85-101-10. Definitions.

In addition to definitions in § 54.1-2900 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"ACRRT" means the American Chiropractic Registry of Radiologic Technologists.

"ARRT" means the American Registry of Radiologic Technologists.

"Bone densitometry" means a process for measuring bone mineral density by utilization of single x-ray absorptiometry (SXA), dual x-ray absorptiometry (DXA) or other technology that is substantially equivalent as determined by the board.

"Direct supervision" means that a licensed radiologic technologist, doctor of medicine, osteopathy, chiropractic or podiatry is present and is fully responsible for the activities performed by radiologic personnel, with the exception of radiologist assistants.

"Direction" means the delegation of radiologic functions to be performed upon a patient from a licensed doctor of medicine, osteopathy, chiropractic, or podiatry, to a licensed radiologic technologist or a radiologic technologist-limited for a specific purpose and confined to a specific anatomical area, that will be performed under the direction of and in continuing communication with the delegating practitioner.

"ISCD" means the International Society for Clinical Densitometry.

"NMTCB" means Nuclear Medicine Technology Certification Board.

"Radiologist" means a doctor of medicine or osteopathic medicine specialized by training and practice in radiology.

" R.T.(R)" means a person who is currently certified by the ARRT as a radiologic technologist with certification in radiography.

"Traineeship" means a period of activity during which an applicant for licensure as a radiologic technologist works under the direct supervision of a practitioner approved by the board while waiting for the results of the licensure examination or an applicant for licensure as a radiologic technologist-limited working under direct supervision and observation to fulfill the practice requirements in 18VAC85-101-60.

18VAC85-101-20. (Repealed)

18VAC85-101-25. Fees.

A. Unless otherwise provided, fees listed in this section shall not be refundable.

B. Initial licensure fees.

1. The application fee for radiologic technologist or radiologist assistant licensure shall be $130.

2. The application fee for the radiologic technologist-limited licensure shall be $90.

3. All examination fees shall be determined by and made payable as designated by the board.

C. Licensure renewal and reinstatement for a radiologic technologist or a radiologist assistant.

1. The fee for active license renewal for a radiologic technologist shall be $135, and the fee for inactive license renewal shall be $70. If a radiologist assistant holds a current license as a radiologic technologist, the renewal fee shall be $50. If a radiologist assistant does not hold a current license as a radiologic technologist, the renewal fee shall be $150.

2. An additional fee of $50 to cover administrative costs for processing a late renewal application within one renewal cycle shall be imposed by the board.

3. The fee for reinstatement of a radiologic technologist or a radiologist assistant license that has lapsed for a period of two years or more shall be $180 and shall be submitted with an application for licensure reinstatement.

4. The fee for reinstatement of a license pursuant to § 54.1-2408.2 of the Code of Virginia shall be $2,000.

D. Licensure renewal and reinstatement for a radiologic technologist-limited.

1. The fee for active license renewal shall be $70, and the fee for inactive license renewal shall be $35.

2. An additional fee of $25 to cover administrative costs for processing a late renewal application within one renewal cycle shall be imposed by the board.

3. The fee for reinstatement of a license that has lapsed for a period of two years or more shall be $120 and shall be submitted with an application for licensure reinstatement.

4. The fee for reinstatement of a license pursuant to § 54.1-2408.2 of the Code of Virginia shall be $2,000.

E. Other fees.

1. The application fee for a traineeship as a radiologic technologist or a radiologic technologist-limited shall be $25.

2. The fee for a letter of good standing or verification to another state for licensure shall be $10; the fee for certification of scores to another jurisdiction shall be $25.

3. The handling fee for a returned check or a dishonored credit card or debit card shall be $50.

4. The fee for a duplicate license shall be $5.00, and the fee for a duplicate wall certificate shall be $15.

18VAC85-101-26. Current name and address.

Each licensee shall furnish the board his current name and address of record. All notices required by law or by this chapter to be given by the board to any such licensee shall be validly given when sent to the latest address of record provided or served to the licensee. Any change of name or address of record or the public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

Part II. Licensure Requirements - Radiologist Assistants.

18VAC85-101-27. Educational requirements for radiologist assistants.

An applicant for licensure as a radiologist assistant shall be a graduate of an educational program that is currently recognized by the ARRT for the purpose of allowing an applicant to sit for the ARRT certification examination leading to the Registered Radiologist Assistant credential.

18VAC85-101-28. Licensure requirements.

A. An applicant for licensure as a radiologist assistant shall:

1. Meet the educational requirements specified in 18VAC85-101-27;

2. Submit the required application, fee, and credentials to the board;

3. Hold certification by the ARRT as an R.T.(R) or be licensed in Virginia as a radiologic technologist;

4. Submit evidence of passage of an examination for radiologist assistants resulting in national certification as an Registered Radiologist Assistant by the ARRT; and

5. Hold current certification in Advanced Cardiac Life Support (ACLS).

B. If an applicant has been licensed or certified in another jurisdiction as a radiologist assistant or a radiologic technologist, the application shall include verification that there has been no disciplinary action taken or pending in that jurisdiction.

C. An applicant who fails the ARRT examination for radiologist assistants shall follow the policies and procedures of the ARRT for successive attempts.

Part III. Licensure Requirements - Radiologic Technologist.

18VAC85-101-30. Educational requirements for radiologic technologists.

An applicant for licensure as a radiologic technologist shall be a graduate of an educational program acceptable to the ARRT for the purpose of sitting for the ARRT certification examination.

18VAC85-101-40. Licensure requirements.

A. An applicant for board licensure shall:

1. Meet the educational requirements specified in 18VAC85-101-30;

2. Submit the required application, fee, and credentials to the board; and

3. Submit evidence of passage of an examination resulting in certification by the ARRT or the NMTCB.

B. If an applicant has been licensed or certified in another jurisdiction, he shall provide information on the status of each license or certificate held and verification from that jurisdiction of any current, unrestricted license.

C. An applicant who fails the ARRT or NMTCB examination shall follow the policies and procedures of the certifying body for successive attempts.

18VAC85-101-50. (Repealed).

Part IV. Licensure Requirements - Radiologic Technologist-Limited.

18VAC85-101-55. Educational requirements for radiologic technologists-limited.

A. An applicant for licensure as a radiologic technologist-limited shall be trained by one of the following:

1. Successful completion of educational coursework that is directed by a radiologic technologist with a bachelor's degree and current ARRT certification, has instructors who are licensed radiologic technologists or doctors of medicine or osteopathic medicine who are board-certified in radiology, and has a minimum of the following coursework:

a. Image production/equipment operation —25 clock hours;

b. Radiation protection —15 clock hours; and

c. Radiographic procedures in the anatomical area of the radiologic technologist-limited's practice —10 clock hours taught by a radiologic technologist with current ARRT certification or a licensed doctor of medicine, osteopathy, podiatry or chiropractic;

2. An ACRRT-approved program;

3. The ISCD certification course for bone densitometry; or

4. Any other program acceptable to the board.

B. A radiologic technologist-limited who has been trained through the ACRRT-approved program or the ISCD certification course and who also wishes to be authorized to perform x-rays in other anatomical areas shall meet the requirements of subdivision A 1 of this section.

18VAC85-101-60. Licensure requirements.

A. An applicant for licensure by examination as a radiologic technologist-limited shall submit:

1. The required application and fee as prescribed by the board;

2. Evidence of successful completion of an examination as required in this section; and

3. Evidence of completion of training as required in 18VAC85-101-55.

B. To qualify for limited licensure to practice under the direction of a doctor of medicine or osteopathic medicine with the exception of practice in bone densitometry, the applicant shall:

1. Provide evidence that he has received a passing score as determined by the board on the core section of the ARRT examination for Limited Scope of Practice in Radiography;

2. Meet one of the following requirements:

a. Provide evidence that he has received a passing score as determined by the board on the section of the ARRT examination on specific radiographic procedures, depending on the anatomical areas in which the applicant intends to practice; or

b. Until the ARRT offers an examination for limited licensure in the radiographic procedures of the abdomen and pelvis, the applicant may qualify for a limited license by submission of a notarized statement from a licensed radiologic technologist or doctor of medicine or osteopathy attesting to the applicant's training and competency to practice in that anatomical area as follows:

(1) To perform radiographic procedures on the abdomen or pelvis, the applicant shall have successfully performed during the traineeship at least 25 radiologic examinations on patients of the abdomen or pelvis under the direct supervision and observation of a licensed radiologic technologist or a doctor of medicine or osteopathy. The notarized statement shall further attest to the applicant's competency in the areas of radiation safety, positioning, patient instruction, anatomy, pathology and technical factors.

(2) When a section is added to the limited license examination by the ARRT that includes the abdomen and pelvis, the applicant shall provide evidence that he has received a passing score on that portion of the examination as determined by the board; and

3. Provide evidence of having successfully performed in a traineeship at least 10 radiologic examinations on patients in the anatomical area for which he is seeking licensure under the direct supervision and observation of a licensed radiologic technologist or a doctor of medicine or osteopathy. A notarized statement from the supervising practitioner shall attest to the applicant's

competency in the areas of radiation safety, positioning, patient instruction, anatomy, pathology and technical factors.

C. To qualify for limited licensure to practice in bone densitometry under the direction of a doctor of medicine, osteopathy, or chiropractic, the applicant shall either:

1. Provide evidence that he has received a passing score as determined by the board on the core section of the ARRT examination for Limited Scope of Practice in Radiography; and

a. The applicant shall provide a notarized statement from a licensed radiologic technologist or doctor of medicine, osteopathy, or chiropractic attesting to the applicant's training and competency to practice in that anatomical area. The applicant shall have successfully performed at least 10 examinations on patients for bone density under the direct supervision and observation of a licensed radiologic technologist or a doctor of medicine or osteopathy; or

b. When a section is added to the limited license examination by the ARRT that includes bone densitometry, the applicant shall provide evidence that he has received a passing score on that portion of the examination as determined by the board; or

2. Provide evidence that he has taken and passed an examination resulting in certification in bone densitometry from the ISCD or any other substantially equivalent credential acceptable to the board.

D. To qualify for a limited license in the anatomical areas of the spine or extremities or in bone densitometry to practice under the direction of a doctor of chiropractic, the applicant shall provide evidence that he has met the appropriate requirements of subsection B, taken and passed the appropriate requirements of subsection C for bone densitometry only, or taken and passed an examination by the ACRRT.

E. To qualify for a limited license in the anatomical area of the foot and ankle to practice under the direction of a doctor of podiatry, the applicant shall provide evidence that he has taken and passed an examination acceptable to the board.

F. An applicant who fails the examination shall be allowed two more attempts to pass the examination after which he shall reapply and take additional educational hours which meet the criteria of 18VAC85-101-70.

18VAC85-101-61. (Repealed.)

18VAC85-101-70 to 18VAC85-101-90. (Repealed.)

Part V. Practice of Radiologist Assistants.

18VAC85-101-91. General requirements.

A. A licensed radiologist assistant is authorized to:

1. Assess and evaluate the physiological and psychological responsiveness of patients undergoing radiologic procedures;

2. Perform patient assessment, and assist in patient management and patient education;

3. Evaluate image quality, make initial observations, and communicate observations to the supervising radiologist;

4. Administer contrast media or other medications prescribed by the supervising radiologist; and

5. Perform, or assist the supervising radiologist in performing, imaging procedures consistent with the guidelines adopted by the American College of Radiology, the American Society of Radiologic Technologists, and the American Registry of Radiologic Technologists.

B. A licensed radiologist assistant is not authorized to:

1. Provide official interpretation of imaging studies; or

2. Dispense or prescribe medications.

18VAC85-101-92. Supervision of radiologist assistants.

A radiologist assistant shall practice under the direct supervision of a radiologist. Direct supervision shall mean that the radiologist is present in the facility and immediately available to assist and direct the performance of a procedure by a radiologist assistant. The supervising radiologist may determine that direct supervision requires his physical presence for the performance of certain procedures, based on factors such as the complexity or invasiveness of the procedure and the experience and expertise of the radiologist assistant.

Part VI. Practice of Radiologic Technologists.

18VAC85-101-100. General requirements.

A. All services rendered by a radiologic technologist shall be performed only upon direction of a licensed doctor of medicine, osteopathy, chiropractic, or podiatry.

B. Licensure as a radiologic technologist is not required for persons who are employed by a licensed hospital pursuant to §54.1-2956.8:1 of the Code of Virginia.

18VAC85-101-110. Individual responsibilities to patients and to licensed doctor of medicine, osteopathy, chiropractic, or podiatry.

A. The radiologic technologist's responsibilities are to administer and document procedures consistent with his education and certifying examination and within the limit of his professional knowledge, judgment and skills.

B. A radiologic technologist shall maintain continuing communication with the delegating practitioner.

18VAC85-101-120. Supervisory responsibilities.

A. A radiologic technologist shall supervise no more than four radiologic technologists-limited or three trainees at any one time.

B. A radiologic technologist shall be responsible for any action of persons performing radiologic functions under the radiologic technologist's supervision or direction.

C. A radiologic technologist may not delegate radiologic procedures to any unlicensed personnel except those activities that are available without prescription in the public domain to include but not limited to preparing the patient for radiologic procedures and post radiologic procedures. Such nonlicensed personnel shall not perform those patient care functions that require professional judgment or discretion.

Part VII. Practice of Radiologic Technologist-Limited.

18VAC85-101-130. General requirements.

A. A radiologic technologist-limited is permitted to perform radiologic functions within his capabilities and the anatomical limits of his training and examination. A radiologic technologist-limited is responsible for informing the board of the anatomical area or areas in which he is qualified by training and examination to practice.

B. A radiologic technologist-limited shall not administer contrast media or radiopharmaceuticals or perform mammography, fluoroscopic procedures, computerized tomography, or vascular-interventional procedures. The radiologic technologist-limited is responsible to a licensed radiologic technologist, or doctor of medicine, osteopathy, chiropractic, or podiatry.

18VAC85-101-140. Individual responsibilities to patients and licensed radiologic technologist, doctor of medicine, osteopathy, chiropractic, or podiatry.

A. The radiologic technologist-limited's procedure with the patient shall only be made after verbal or written communication, or both, with the licensed radiologic technologist, doctor of medicine, osteopathy, chiropractic, or podiatry.

B. The radiologic technologist-limited's procedures shall be made under direct supervision.

C. A radiologic technologist-limited, acting within the scope of his practice, may delegate nonradiologic procedures to an unlicensed person, including but not limited to preparing the patient for radiologic procedures and post radiologic procedures. Such nonlicensed personnel shall not perform those patient care functions that require professional judgment or discretion.

18VAC85-101-145. Registration for voluntary practice by out-of-state licensees.

Any radiologist assistant, radiologic technologist or radiologic technologist-limited who does not hold a license to practice in Virginia and who seeks registration to practice under subdivision 27 of §54.1-2901 of the Code of Virginia on a voluntary basis under the auspices of a publicly supported, all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

1. File a complete application for registration on a form provided by the board at least five business days prior to engaging in such practice. An incomplete application will not be considered;

2. Provide a complete record of professional licensure in each state in which he has held a license and a copy of any current license;

3. Provide the name of the nonprofit organization, the dates and location of the voluntary provision of services; and

4. Provide a notarized statement from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 27 of §54.1-2901 of the Code of Virginia.

Part VIII. Renewal of Licensure.

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

A. A radiologist assistant, radiologic technologist or radiologic technologist-limited who intends to continue practice shall renew his license biennially during his birth month in each odd-numbered year and pay to the board the prescribed renewal fee.

B. A license that has not been renewed by the first day of the month following the month in which renewal is required shall be expired.

C. An additional fee as prescribed in 18VAC85-101-25 shall be imposed by the board.

D. In order to renew an active license as a radiologic technologist, a licensee shall attest to having completed 24 hours of continuing education as acceptable to the ARRT within the last biennium.

E. In order to renew an active license as a radiologic technologist-limited, a licensee shall attest to having completed 12 hours of continuing education within the last biennium that corresponds to the anatomical areas in which the limited licensee practices. Hours shall be acceptable to the ARRT, or by the ACRRT for limited licensees whose scope of practice is chiropractic, or by any other entity approved by the board for limited licensees whose scope of practice is podiatry or bone densitometry.

F. In order to renew an active license as a radiologist assistant, a licensee shall attest to having completed 50 hours of continuing education as acceptable to the ARRT within the last biennium. A minimum of 25 hours of continuing education shall be recognized by the ARRT as intended for radiologist assistants or radiologists and shall be specific to the radiologist assistant's area of practice. Continuing education hours earned for renewal of a radiologist assistant license shall satisfy the requirements for renewal of a radiologic technologist license.

G. Up to two continuing education hours may be satisfied through delivery of radiological services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services. One hour of continuing education may be credited for three hours of providing such volunteer services. For the purpose of continuing education credit for voluntary service, documentation by the health department or free clinic shall be acceptable.

H. Other provisions for continuing education shall be as follows:

1. A practitioner shall be exempt from the continuing education requirements for the first biennial renewal following the date of initial licensure in Virginia.

2. The practitioner shall retain in his records the Continued Competency Activity and Assessment Form available on the board's website with all supporting documentation for a period of four years following the renewal of an active license.

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

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

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

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

18VAC85-101-151. Reinstatement.

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

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

18VAC85-101-152. Inactive license.

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

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

1. Submit the required application;

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

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

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

18VAC85-101-153. Restricted volunteer license.

A. A licensed radiologist assistant, radiologic technologist or a radiologic technologist-limited who held an unrestricted license issued by the Virginia Board of Medicine or by a board in another state as a licensee in good standing at the time the license expired or became inactive may be issued a restricted volunteer license to practice without compensation in a clinic that is organized in whole or in part for the delivery of health care services without charge in accordance with §54.1-106 of the Code of Virginia.

B. To be issued a restricted volunteer license, a licensee shall submit an application to the board that documents compliance with requirements of §54.1-2928.1 of the Code of Virginia and the application fee prescribed in 18VAC85-101-25.

C. The licensee who intends to continue practicing with a restricted volunteer license shall renew biennially during his birth month, meet the continued competency requirements prescribed in subsection D of this section, and pay to the board the renewal fee prescribed in 18VAC85-101-25.

D. The holder of a restricted volunteer license shall not be required to attest to hours of continuing education for the first renewal of such a license. For each renewal thereafter, a licensed radiologic technologist shall attest to having completed 12 hours of Category A continuing education as acceptable to and documented by the ARRT within the last biennium. A radiologic technologist-limited shall attest to having completed six hours of Category A continuing education within the last biennium that corresponds to the anatomical areas in which the limited licensee practices. Hours shall be acceptable to and documented by the ARRT or by any other entity approved by the board for limited licensees whose scope of practice is podiatry or bone densitometry.

18VAC85-101-160. [Repealed]

Part IX. Standards of Professional Conduct.

18VAC85-101-161. Confidentiality.

A practitioner shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

18VAC85-101-162. Patient records.

A. Practitioners shall comply with provisions of § 32.1-127.1:03 related to the confidentiality and disclosure of patient records.

B. Practitioners shall properly manage patient records and shall maintain timely, accurate, legible and complete records.

C. Practitioners shall maintain a patient record in accordance with policies and procedures of the employing institution or entity.

18VAC85-101-163. Practitioner-patient communication.

A. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately present information to a patient or his legally authorized representative in understandable terms and encourage participation in decisions regarding the patient's care.

B. A practitioner shall not deliberately make a false or misleading statement regarding the practitioner's skill or the efficacy or value of a medication, treatment, or procedure prescribed or directed by the practitioner in the treatment of any disease or condition.

C. A practitioner shall refer to or consult with other health care professionals, if so indicated.

18VAC85-101-164. Practitioner responsibility.

A practitioner shall not:

1. Perform procedures or techniques or provide interpretations that are outside the scope of his practice or for which he is not trained and individually competent;

2. Knowingly allow subordinates to jeopardize patient safety or provide patient care outside of the subordinate's scope of practice or their area of responsibility. Practitioners shall delegate patient care only to subordinates who are properly trained and supervised;

3. Engage in an egregious pattern of disruptive behavior or interaction in a health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient; or

4. Exploit the practitioner/patient relationship for personal gain.

B. Advocating for patient safety or improvement in patient care within a health care entity shall not constitute disruptive behavior provided the practitioner does not engage in behavior prohibited in A 3 of this section.

18VAC85-101-165. Sexual contact.

A. For purposes of § 54.1-2915 A 12 and A 19 of the Code of Virginia and this section, sexual contact includes, but is not limited to, sexual behavior or verbal or physical behavior which:

1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the patient, or both; or

2. May reasonably be interpreted as romantic involvement with a patient regardless of whether such involvement occurs in the professional setting or outside of it.

B. Sexual contact with a patient.
1. The determination of when a person is a patient for purposes of § 54.1-2915 A 19 of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a patient until the patient-practitioner relationship is terminated.

2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a patient does not change the nature of the conduct nor negate the statutory prohibition.

C. Sexual contact between a practitioner and a former patient.

Sexual contact between a practitioner and a former patient after termination of the practitioner-patient relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.

D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care. For purposes of this section, key third party of a patient shall mean: spouse or partner, parent or child, guardian, or legal representative of the patient.

E. Sexual contact between a practitioner and a supervisor and a trainee shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care.

18VAC85-101-166. Refusal to provide information.

A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.

Agenda Item: Discuss Ways to Streamline Licensure Application Process for Radiologic Technologist-Limited

Staff Note: Given the success of expediting licensing being currently implemented by the Board in the licensing process based upon the recommendations of the advisory board and approved by the full Board after the pandemic, further observations have been made regarding additional challenges being faced in the licensing process for radiologic technologist-limited applicants that poses an obstacle to timely licensure of these applicants. Current process is to allow six (6) months for new radiologic technologist-limited applicants to complete the required clinical training hours as evidence of their competency to practice in the indicated anatomical area after completing their educational requirements and submitting an application for licensure. Historically, a good majority of limited radiologist technologist-limited applicants have not responded in a timely fashion to fulfill this requirement to complete their application. This produces significant delays in the licensing process. There is frequency of confusion with the Board's additional clinical training hours requirement and format for submitting this evidence of competency to practice in each anatomical area chosen on the application form on the part of applicants and school coordinators. In order to further streamline our process, eliminate redundancy in documentation, and minimize errors and confusion in the application process, on the following pages you will find sample form proposed to be utilized as a single source of collection of information documenting the applicant's successful completion of the required clinical training hours. The form will be provided by the applicant at the time the application is being submitted, not thereafter. An opportunity will be provided for the applicant to upload the completed form directly to their application portal. This method will eliminate the drawn-out process of having the applicant send in multiple forms as it is being currently done and allows the applicant to provide the needed documentation at the point of application submission. We anticipate that this route will lead to a substantial reduction in the application processing timelines for radiologic technologist-limited applicants and faster license issuance upon application completion.

Action: To discuss the recommendations and approve, reject or amend.

Rev.5/2024

Clinical Attestation Form

Virginia Department of
Health Professions
Board of Medicine

Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, Virginia 23223-1463

804-367-4600

Radiologic Technology-Limited Clinical Training Attestation

Pursuant to Virginia Regulations 18 VAC 85-101-60 B (3)

An applicant for licensure by examination as a radiologic technologist - limited shall successfully perform a traineeship of at least 10 radiologic examinations in the anatomical area for which he is seeking licensure under the direct supervision and observation of a licensed rad tech or a Doctor of Medicine or osteopathy.

The Clinical Attestation form serves as proof of completion of the required educational clinical training, as well as the required clinical training for licensure *prior to* applying to the Virginia Board of Medicine. This form must be signed by the applicant, the licensed Rad Tech / clinical coordinator of the Limited Scope Radiologic Technology program and, where applicable, by the licensed Rad. Tech or licensed Doctor of Medicine or osteopathy conducting the additional clinical training, then returned to the Board of Medicine for review of eligibility to sit for the ARRT examination. ***Please note that this form replaces the former clinical traineeship form, TC (1), now obsolete. This form should be uploaded to your file and accompany the online application for licensure.***

Name of applicant: _____ Date

Signature of applicant: _____ Date

Anatomical Areas Completed in Educational Program and Clinical Training for Limited Rad. Tech Licensure

☐ **Abdomen** ☐ **Chest** ☐ **Extremities** ☐ **Skull / Sinuses** ☐ **Spine** ☐ **Podiatry**

You are attesting to at least 10 clinical hours completed in each anatomical area by the candidate in your educational program that fulfills Virginia regulatory requirement. Please check the clinical training conducted under your direct supervision for Virginia Limited Rad. Tech. licensure in the anatomical area(s) below:

Name and Signature of Program Director / Coordinator: _____

Virginia Rad Tech License #, if applicable _____

****

For Clinical Training Required for Licensure

☐ **Abdomen** ☐ **Chest** ☐ **Extremities** ☐ **Skull / Sinuses** ☐ **Spine** ☐ **Podiatry**

You are attesting to at least 10 clinical hours completed by the candidate in the selected area(s) of practice for Virginia Limited Rad. Tech. licensure.
Please check the anatomical area(s) below of the clinical training conducted under your direct supervision.

Name, Signature and License Number of Licensed Radiologic Technologist, Doctor of Medicine, or Osteopathy:

_____ Date

License # _____

Rev.5/2024

Clinical Attestation Form

Virginia Department of
Health Professions
Board of Medicine

Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, Virginia 23223-1463

804-367-4600

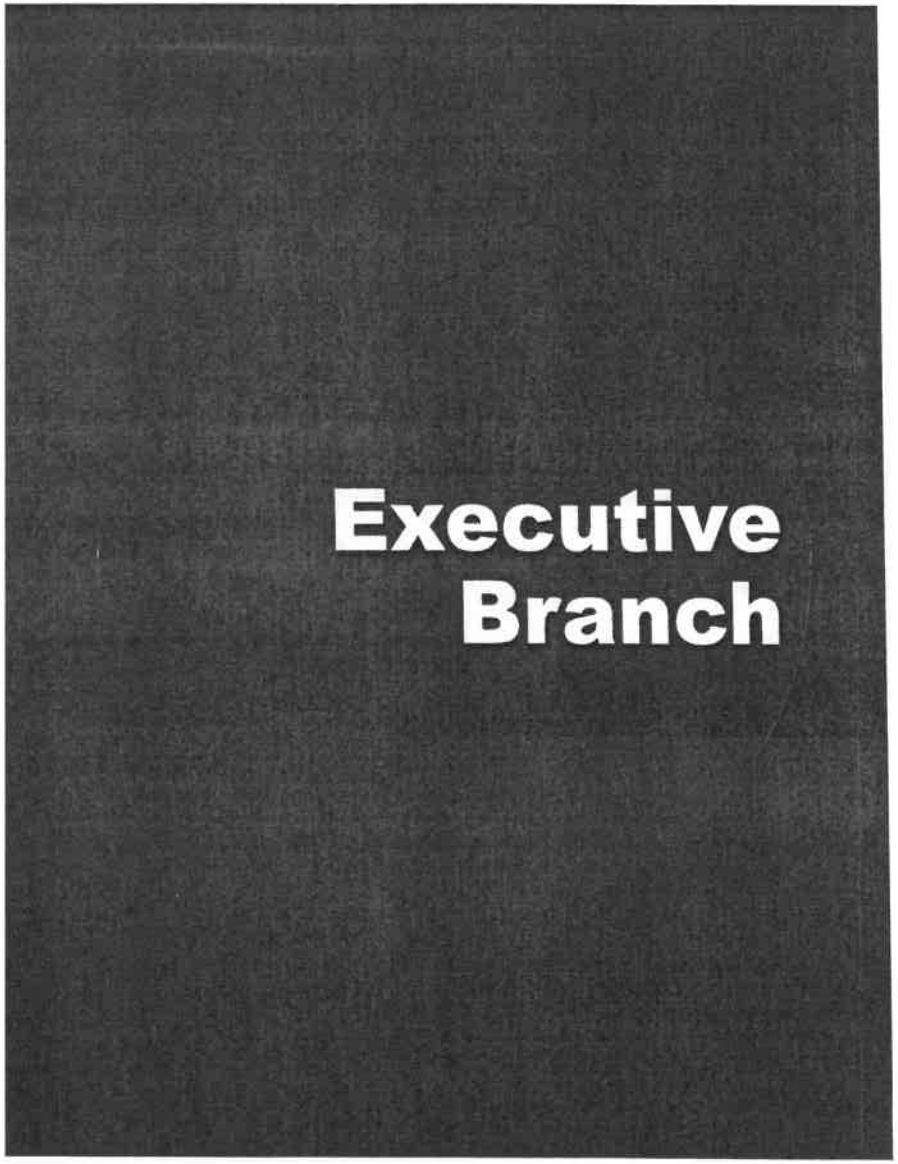
ARRT Examination Eligibility Approved by the Board of Medicine:

_____

Signature of Deputy Executive Director / Licensure **Date**

Orientation to the Board of Medicine & Your Advisory Board

June 2024



- 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

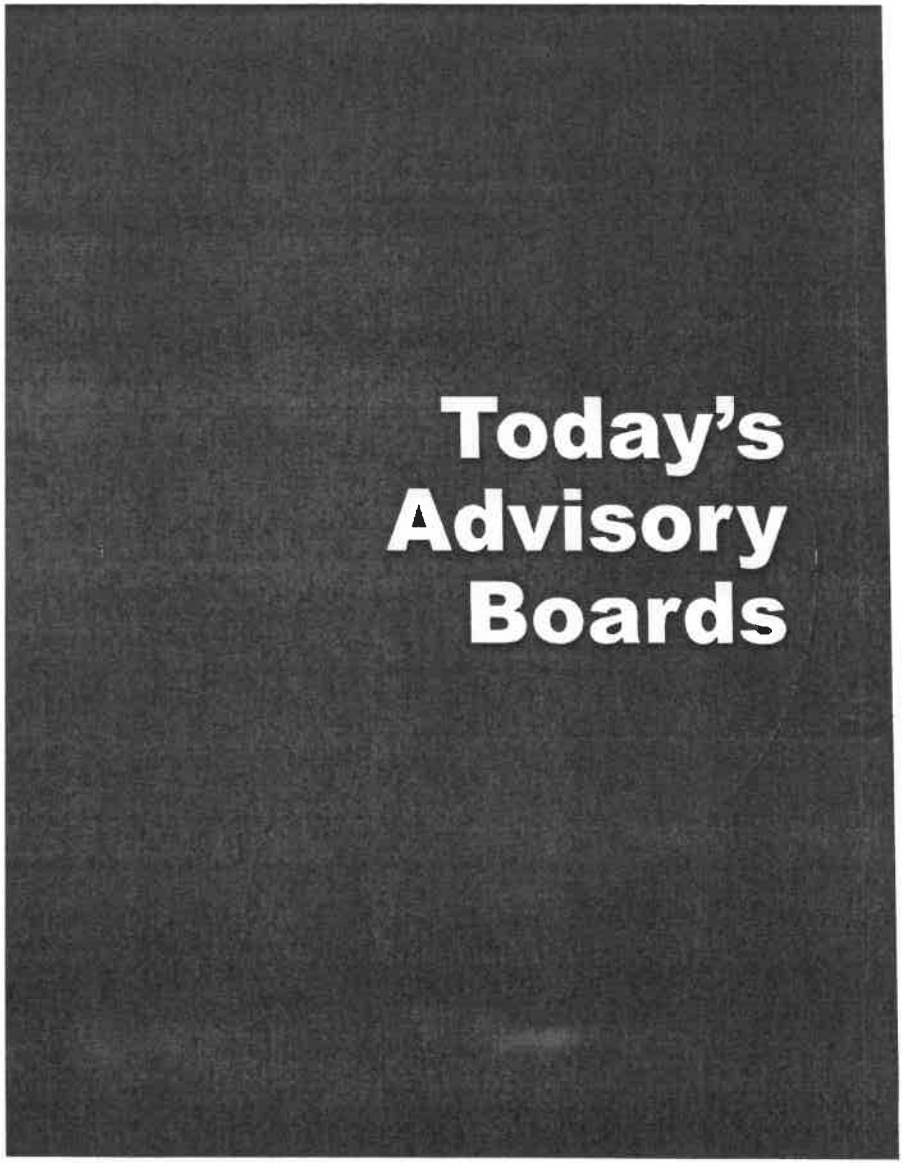
1 DPM

1 DC

4 citizen members

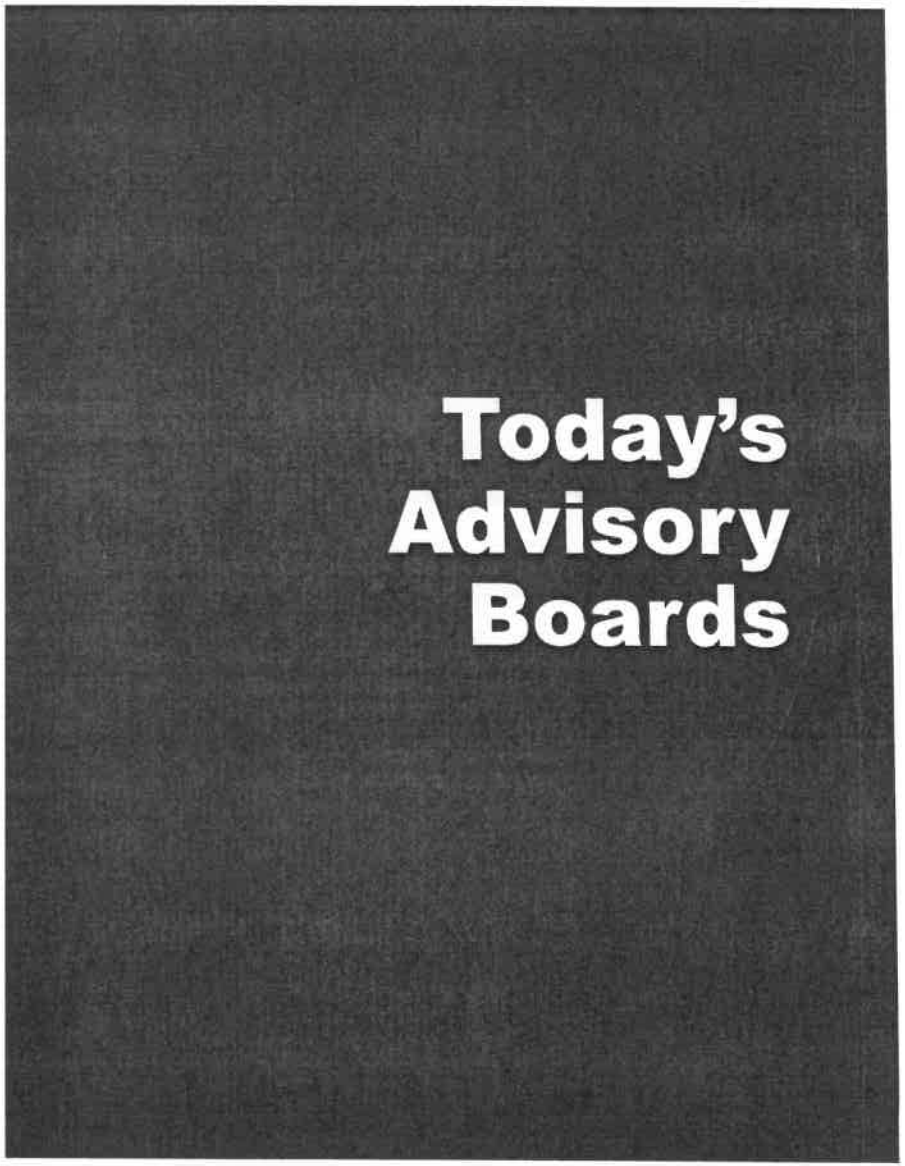
Today's Board

- 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

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



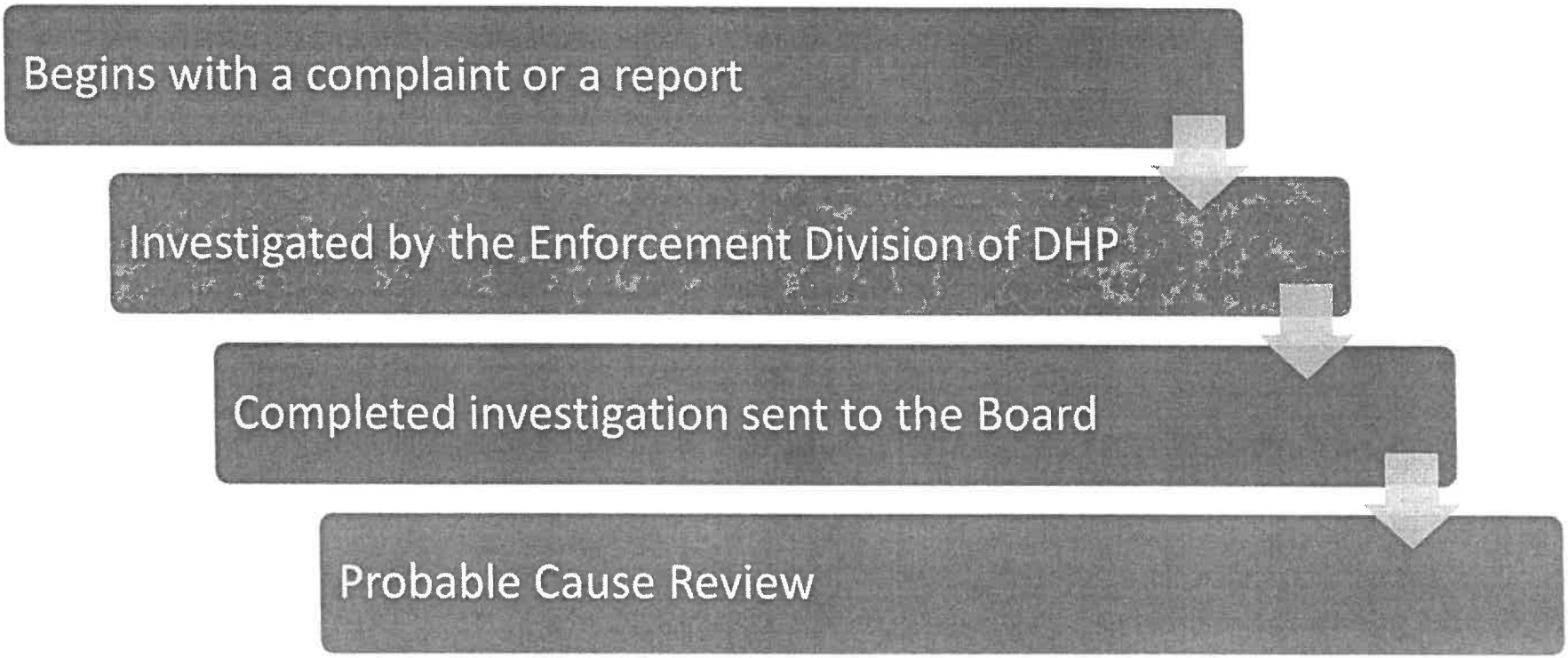
Today's Advisory Boards (cont.)

- 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

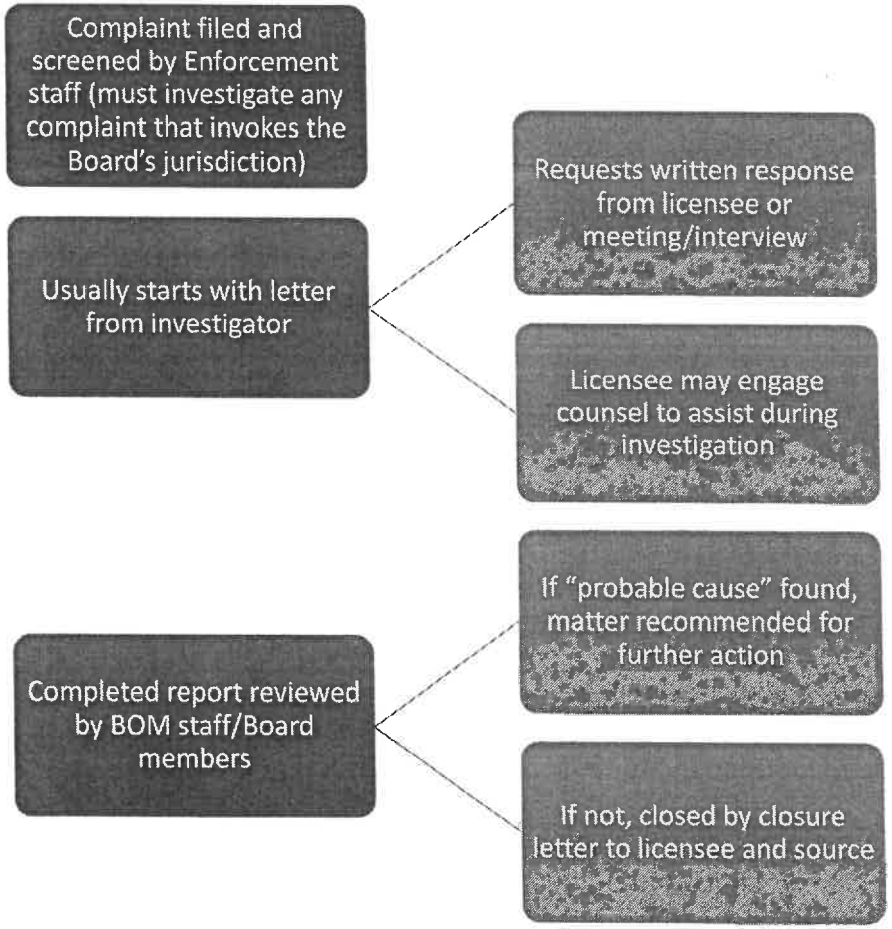
PRINCIPLES OF THE DISCIPLINARY PROCESS

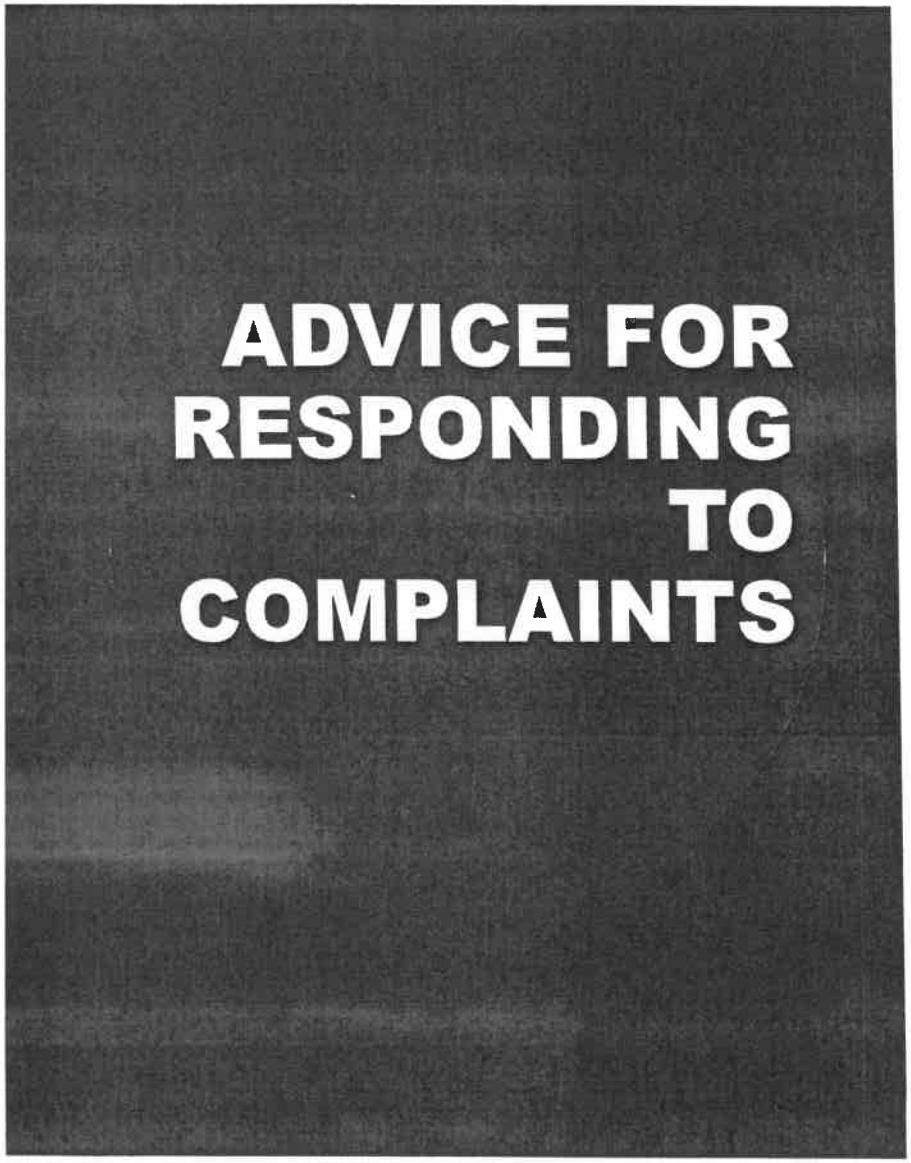
- Confidentiality
- Protection of the public
- Due process
- Proportionate sanctions
- Strive to be fair to all parties

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





- 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

June 2018

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.)

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)

June 2018

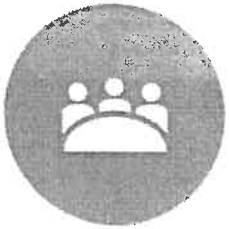
Hearings (IFC or formal)

- 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!

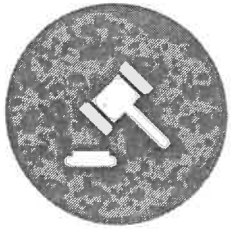
Hearings (IFC or formal)

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)

June 2018

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

- (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.

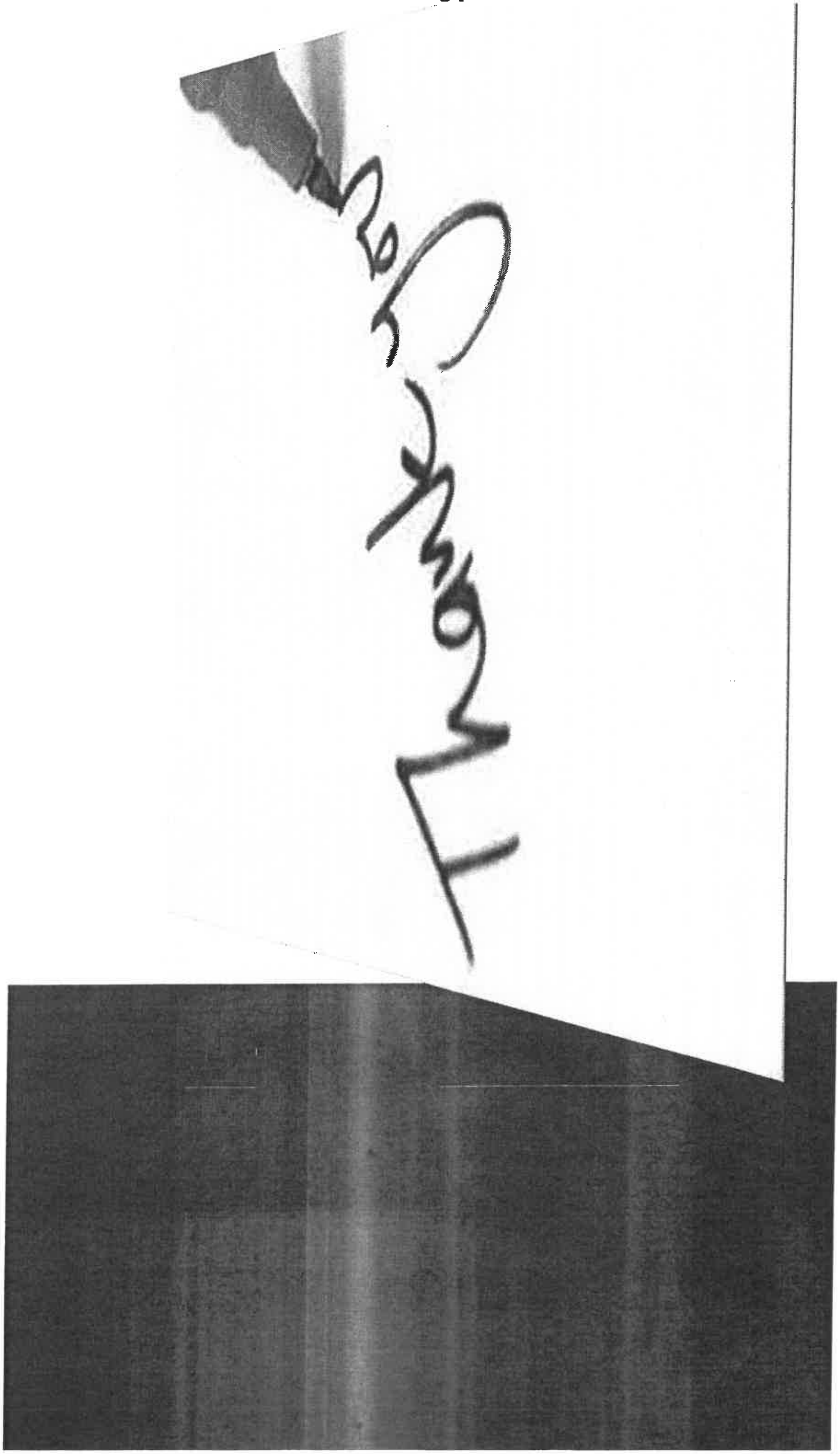
(Va. Code § 2.2-4027.)

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


Thank you

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	