

**COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
AND ADVISORY COMMITTEE OF THE JOINT BOARDS**

Department of Health Professions
Perimeter Center - 9960 Mayland Drive, Conference Center, Suite 201, Henrico, Virginia 23233

BUSINESS MEETING AGENDA

February 12, 2020 at 9:00 A.M. in Board Room 2

Call To Order – Marie Gerardo, MS, RN, ANP-BC; Chair

Establishment of Quorum

Announcement

- Welcome to New Committee of Joint Boards Members
 - ❖ Karen A. Ransone, MD
 - ❖ Nathaniel Ray Tuck, Jr., DC

- NCSBN APRN Roundtable Meeting is scheduled for April 7, 2020 in Rosemont, IL – Ms. Douglas will attend as NCSBN Board of Director for Area III.

A. Review of Minutes

A1. October 16, 2019 Business Meeting

Public Comment

Dialogue with Agency Director – Dr. Brown

B. Legislation/Regulations – Ms. Yeatts

Regulatory Update
2020 General Assembly Report (**verbal report**)

Policy Forum: Dr. Carter, Healthcare Workforce Data Center (HWDC) Executive Director, and Dr. Shobo, PhD, HWDC Deputy Executive Director

- Virginia’s Licensed Nurse Practitioner Workforce: 2019
- Virginia’s Licensed Nurse Practitioner Workforce 2019: Comparison by Specialty

C. New Business

- Board of Nursing Executive Director Report – **Ms. Douglas (verbal report)**
 - ❖ Paperless Licensing
 - ❖ Electronic Prescribing Notification
 - ❖ Prescriptive Authority Licensure Regulatory Change Process (**attached notification sent January 24, 2020**)

- Autonomous Practice Update – **Ms. Willinger (verbal report)**

- **C1.** Consider Revision of the Guidance Document 90-11: *Continuing Competency Violations for Nurse Practitioners*
 - ❖ **C1a** Current Version
 - ❖ **C1b** Proposed Revision Version

Environmental Scan – Members of Advisory Committee

Agency Subordinate Recommendations Consideration – Joint Boards Member ONLY

- David Valentine Strider, Jr., LNP

Next Meeting – Wednesday, April 15, 2020, at 9:00 A.M in Board Room 2

Adjourn

10:30 A.M. Informal Conference – Joint Boards Members ONLY

Marie Gerardo, MS, RN, ANP-BC; Chairperson, Board of Nursing Member
Louise Hershkowitz, CRNA, MSHA; Board of Nursing Member
Kenneth Walker, MD; Board of Medicine Member

**VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
BUSINESS MEETING MINUTES
October 16, 2019**

- TIME AND PLACE:** The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:05 A.M., October 16, 2019 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
- MEMBERS PRESENT:** Marie Gerardo, MS, RN, ANP-BC; Chair
Louise Hershkowitz, CRNA, MSHA
Ann Tucker Gleason, PhD
Kevin O'Connor, MD
Kenneth Walker, MD
- MEMBERS ABSENT:** Lori Conklin, MD
- ADVISORY COMMITTEE MEMBERS PRESENT:** Kevin E. Brigle, RN, NP
Mark Coles, RN, BA, MSN, NP-C
Wendy Dotson, CNM, MSN
David Alan Ellington, MD
Sarah E. Hobgood, MD
Thokozeni Lipato, MD
Stuart F. Mackler, MD
Janet L. Setnor, CRNA
- STAFF PRESENT:** Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director; Board of Nursing
Terri Clinger, DNP, RN, CPNP-PC; Deputy Executive Director for Advanced Practice; Board of Nursing
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Education; Board of Nursing
Stephanie Willinger; Deputy Executive Director for Licensing; Board of Nursing
Huong Vu, Executive Assistant; Board of Nursing
- OTHERS PRESENT:** Erin Barrett, Assistant Attorney General; Board Counsel
David E. Brown, DO; Department of Health Professions Director
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions
William L. Harp, MD, Executive Director; Board of Medicine
- IN THE AUDIENCE:** Ben Traynham, Hancock & Daniel
Jonathan Yost, Community Care Network of Virginia (CCNV)
Kassie Schroth, McGuireWoods Consulting LLC (MWC)
Richard Grossman, Virginia Council of Nurse Practitioners (VCNP)
Annette Graham, Board of Nursing Staff

Virginia Board of Nursing
Committee of the Joint Boards of Nursing and Medicine – Business Meeting
October 16, 2019

PUBLIC HEARING –
at 9:05 A.M.

To receive comments on Proposed Regulations relating to Autonomous Practice for Nurse Practitioners.

No public comments were received.

INTRODUCTIONS:

Committee members, Advisory Committee members and staff members introduced themselves.

ESTABLISHMENT OF A QUORUM:

Ms. Gerardo called the meeting to order and established that a quorum was present.

ANNOUNCEMENT:

Ms. Gerardo noted the announcement as presented in the Agenda: Terri Clinger, DNP, MSN, CPNP-PC, started the Deputy Executive Director for Advanced Practice position on June 25, 2019

Ms. Gerardo added that this will be Dr. O'Connor's last meeting. He is replaced by Dr. Nathaniel Ray Tuck, Jr., DC, who is the current President for the Board of Medicine. Ms. Gerardo thanked Dr. O'Connor for his service on the Committee.

REVIEW OF MINUTES:

The minutes of the February 13, 2019 Business Meeting and Formal Hearing and the April 10, 2019 Formal Hearing were reviewed. Dr. O'Connor moved to accept the minutes as presented. The motion was seconded and passed unanimously.

PUBLIC COMMENT:

No public comments were received.

**DIALOGUE WITH
AGENCY DIRECTOR:**

Dr. Brown reported the following:

- DHP has implemented more stringent security measures at the Perimeter Center:
 - All employees will be required to wear their state issued identification badge while in the building
 - Public visitors will receive temporary visitor badge and will be required to wear the badge while in the building
 - A metal detector, bag scan screening machine, and wand are on order and will be installed upon receipt
 - Panic buttons will be installed in hearing rooms
- DHP continues to implement a new and improved website to address the needs of applicants. The Board of Nursing was the first Board to implement the new website.

LEGISLATION/
REGULATIONS:

B1 Regulatory Update:

Ms. Yeatts reviewed the chart of regulatory actions as of October 3, 2019 provided in the Agenda.

B2 Adoption of Regulation for Waiver of Electronic Prescribing by Emergency Action – Nurse Practitioners

Ms. Yeatts reported that the legislation, HB2559, passed in 2018 and was amended this year to require electronic prescribing of an opioid by July 1, 2020. Ms. Yeatts added that the enactment clause on HB2559 requires adoption of regulations within 280 days so the Board must amend by an emergency action by the end of 2019. Ms. Yeatts noted that the Executive Committee adopted identical language for prescribers licensed by the Board of Medicine and the Board of Nursing adopted these amendments for nurse practitioners on September 17, 2019.

Ms. Hershkowitz moved to recommend adoption of proposed regulations to the Boards of Medicine and Nursing as presented and to issue a Notice of Intended Regulatory Action (NOIRA). The motion was seconded and passed unanimously.

B3 Regulatory Action – Prescriptive Authority

Ms. Yeatts stated that the comment period on this regulatory action ended September 20, 2019, and there were no public comments received. Ms. Yeatts added that the Board of Nursing will adopt the final at its November meeting.

Ms. Douglas noted that nurse practitioners with prescriptive authority licenses will receive one nurse practitioner license with the prescriptive authority designation on it. Ms. Douglas added that Ms. Willinger has started working with IT staff on this matter. Ms. Douglas stated that this will reduce the burden on the Board and practitioners.

Ms. Hershkowitz asked if nurse practitioners with prescriptive authority licenses have to do anything prior to this change. Ms. Douglas replied that no action is needed from current nurse practitioners with prescriptive authority licensure. Ms. Douglas added that staff plan to inform the Drug Enforcement Agency (DEA) of this change.

Ms. Hershkowitz moved to recommend the proposed amendments as final for adoption by the Boards of Nursing and Medicine.

NEW BUSINESS:

C1 Reconsideration of Guidance Document (GD) 90-53: Treatment by Women’s Health Nurse Practitioners of Male Clients for Sexually Transmitted Diseases

Ms. Yeatts stated that the Committee of the Joint Boards of Nursing and Medicine reviewed and reaffirmed GD 90-53 on February 13, 2019. The

Virginia Board of Nursing
Committee of the Joint Boards of Nursing and Medicine – Business Meeting
October 16, 2019

GD was approved by the Board of Medicine, but has not been considered by the Board of Nursing due to subsequent questions raised by the Certified Nurse Midwives (CNM) in the Virginia Chapter of the Association of Certified Nurse Midwives as noted in the email dated March 6, 2019 provided in the Agenda.

Ms. Yeatts presented the revised GD with the addition of CNM for the Committee's consideration.

Dr. Hills reminded the Committee that the patient populations of the Women Health Nurse Practitioner (WHNP) and CNM are gender specific to women. Dr. Hills stated that the WHNP scope of practice includes providing care for male patients regarding STD status because the health of their female patients is directly affected by. Dr. Hills believe this GD originated at the request of the Virginia Department of Health (VDH) as VDH clinics offer Family Planning, Perinatal, and STD care throughout Virginia. Dr. Hills said that it would be appropriate for CNMs be included in this GD.

Dr. Ellington questioned the need for this GD as these competencies are included in the educational preparation and certification of WHNP and CNM scopes of practice.

Ms. Hershkowitz moved to recommend that the Boards repeal GD 90-53. The motion was seconded and carried with four votes in favor of the motion. Dr. Walker opposed the motion.

Board of Nursing Executive Director Report:

- **NCSBN APRN Roundtable on April 9, 2019** – Ms. Douglas said that topics discussed at the meeting included:
 - CNS demonstration project related to APRN Education
 - Global trends as social demographics are changing and an increasing number of providers needed
 - Update on Licensure, Accreditation Certification and Education (LACE)
 - Competency evaluations
- **NCSBN APRN Consensus Forum on April 10, 2019** – Ms. Douglas and Ms. Hershkowitz attended the Forum. There was much discussion but no changes were recommended. Ms. Douglas noted that the Model was put together in 2008 but not by the NCSBN.
- **NCSBN APRN Compact Update** – Ms. Douglas said that three states have passed legislation regarding the APRN Compact but have not implemented. She added that the NCSBN Board of Directors established a task force to review the APRN Compact due to conflicting state laws with compact language. Ms. Douglas

noted that the Delegates at the NCSBN Assembly did not vote on the changes recommended as more work is needed.

HB793 – Workforce Data Collection Planning Discussion:

Ms. Douglas said that HB793 requires DHP to submit a report the process by which nurse practitioners with autonomous practice licenses may be included in the online Practitioner Profile maintained by DHP by November 1, 2020 to the General Assembly .

Ms. Douglas added that HB793 also requires the Boards of Medicine and Nursing to report the number of NPs who have autonomous practice licenses accompanied by the geographic and specialty areas in which these NPs are practicing to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health and the Chairman of the Joint Commission on Health Care by November 1, 2020.

Ms. Douglas noted that Board of Nursing staff has started to collect this data in the autonomous licensure application profile.

Autonomous Practice Application Status:

Ms. Willinger reported that as of October 4, 2019, the Board received 621 applications and 556 licenses were issued. Ms. Willinger added that the geographic data indicates a state wide distribution with the majority in the category of family. Ms. Willinger noted that there have been no application denials to date.

Ms. Douglas stated that one applicant requested a hearing regarding her application and the Committee of the Joint Boards of Nursing and Medicine is scheduled to hear the case.

Review of Terms of Members of Advisory Committee:

Ms. Douglas reviewed the regulations of the Advisory Committee composition and noted that Dr. Hobgood and Ms. Dotson have completed their first term and are eligible for reappointment.

Ms. Dotson stated that she was previously reappointed for the second term after her first term ended. Ms. Douglas said that staff will check record for confirmation.

Dr. Walker moved to reappointed Dr. Hobgood on the Advisory Committee. The motion was seconded and carried unanimously.

C2 2020 Meeting Dates:

Ms. Gerardo stated that this is provide for information only.

Virginia Board of Nursing
Committee of the Joint Boards of Nursing and Medicine – Business Meeting
October 16, 2019

Environmental Scan:

Ms. Gerardo asked for the updates from the Advisory Committee Members.

Mr. Cole stated that although some practices have been opened by nurse practitioners with autonomous practice licenses, the autonomous practice designation has decreased the hardship caused by the 6:1 physician to NP ratio contributed to NP professional satisfaction and removed the barrier to volunteer work by NPs.

Dr. Ellington said that Federally Qualified Health Center (FQHC) has expanded in Lexington areas, but there is still shortage of primary care providers. Dr. Ellington added that he has not seen nurse practitioners with autonomous practice licenses open clinics yet.

Ms. Dotson reported that maternal mortality rate data is being collected; the CNMs and the public have benefited from CNMs being able to obtain the Substance Abuse and Mental Health Service Administration (SAMHSA) waiver; and the Virginia Chapter of the ACNM is promoting vaccination for women of childbearing age.

RECESS:

The Committee recessed at 10:05 A.M.

The Member of the Advisory Committee, Dr. Brown, and Ms. Yeatts left the meeting at 10:05 A.M.

RECONVENTION:

The Committee reconvened at 10:20 A.M.

AGENCY SUBORDINATE RECOMMENDATION CONSIDERATION

Leeann Lisbeth Wobeter Hill, LNP 0024-172805
Prescriptive Authority 0017-142311

Ms. Hill provided written response.

CLOSED MEETING:

Ms. Hershkowitz moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:22 A.M., for the purpose of consideration of the agency subordinate recommendations. Additionally, Ms. Hershkowitz moved that Ms. Douglas, Dr. Hills, Dr. Clinger, Ms. Willinger, Ms. Vu and Ms. Barrett, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 10:28 A.M.

Virginia Board of Nursing
Committee of the Joint Boards of Nursing and Medicine – Business Meeting
October 16, 2019

Ms. Hershkowitz moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Hershkowitz moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to require LeeAnn Lisbeth Wobeter Hill within six months from the date of entry of the Order to provide written proof satisfactory to the Board of Nursing successful completion of at least eight hours on the subject of prescribing practice, a review of Drug Control Act of the Code of Virginia, §54.1-3400 *et seq*, and a review of the Regulations Governing the Licensure of Nurse Practitioners, 18VAC90-30-10 *et seq*. The motion was seconded and carried unanimously.

Nicole Renee Cofer, LNP	0024-168324
Prescriptive Authority	0017-139420

Ms. Cofer did not appear.

Dr. Walker moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to reprimand Nicole Renee Cofer and to continue her license to practice as a nurse practitioner on indefinite suspension with suspension stayed contingent upon Ms. Cofer's continued compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP.

ADJOURNMENT:

As there was no additional business, the meeting was adjourned at 10:29 A.M.

Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director

DRAFT

Virginia's Licensed Nurse Practitioner Workforce: 2019

Healthcare Workforce Data Center

November 2019

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

Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

3,593 Licensed Nurse Practitioners 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 Nursing express our sincerest appreciation for your ongoing cooperation.

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Elizabeth Carter, PhD
Director

Yetty Shobo, PhD
Deputy Director

Laura Jackson, MSHSA
Operations Manager

Rajana Siva, MBA
Data Analyst

Christopher Coyle
Research Assistant

Virginia Joint Board of Nursing and Medicine

Chair

Marie Gerardo, MS, RN, ANP-BC
Midlothian

Members

Ann Tucker Gleason, PhD
Zion Crossroads

Louise Hershkowitz, CRNA, MSHA
Reston

Karen A. Ransone, MD
Cobbs Creek

Nathaniel Ray Tuck, Jr, DC
Blacksburg

Kenneth J. Walker, MD
Pearisburg

Executive Director of Board of Medicine

William Harp, MD

Executive Director of Board of Nursing

Jay P. Douglas, MSM, RN, CSAC, FRE

Contents

Results in Brief	2
Summary of Trends	2
Survey Response Rates	3
The Workforce	4
Demographics	5
Background	6
Education	8
Specialties & Certifications	9
Current Employment Situation	10
Employment Quality	11
2019 Labor Market	12
Work Site Distribution	13
Establishment Type	14
Time Allocation	16
Retirement & Future Plans	17
Full-Time Equivalency Units	19
Maps	20
Virginia Performs Regions	20
Area Health Education Center Regions	21
Workforce Investment Areas	21
Health Services Areas	23
Planning Districts.....	24
Appendices	25
Appendix A: Weights	25

The Licensed Nurse Practitioner Workforce: At a Glance:

The Workforce

Licenses:	11,840
Virginia's Workforce:	9,891
FTEs:	8,827

Background

Rural Childhood:	34%
HS Degree in VA:	44%
Prof. Degree in VA:	50%

Current Employment

Employed in Prof.:	96%
Hold 1 Full-time Job:	65%
Satisfied?:	95%

Survey Response Rate

All Licensees:	30%
Renewing Practitioners:	75%

Education

Master's Degree:	78%
Post-Masters Cert.:	9%

Job Turnover

Switched Jobs:	8%
Employed over 2 yrs:	55%

Demographics

Female:	90%
Diversity Index:	35%
Median Age:	44

Finances

Median Income: \$100k-\$110k	
Health Benefits:	66%
Under 40 w/ Ed debt:	64%

Time Allocation

Patient Care:	90%-99%
Patient Care Role:	88%
Admin. Role:	3%

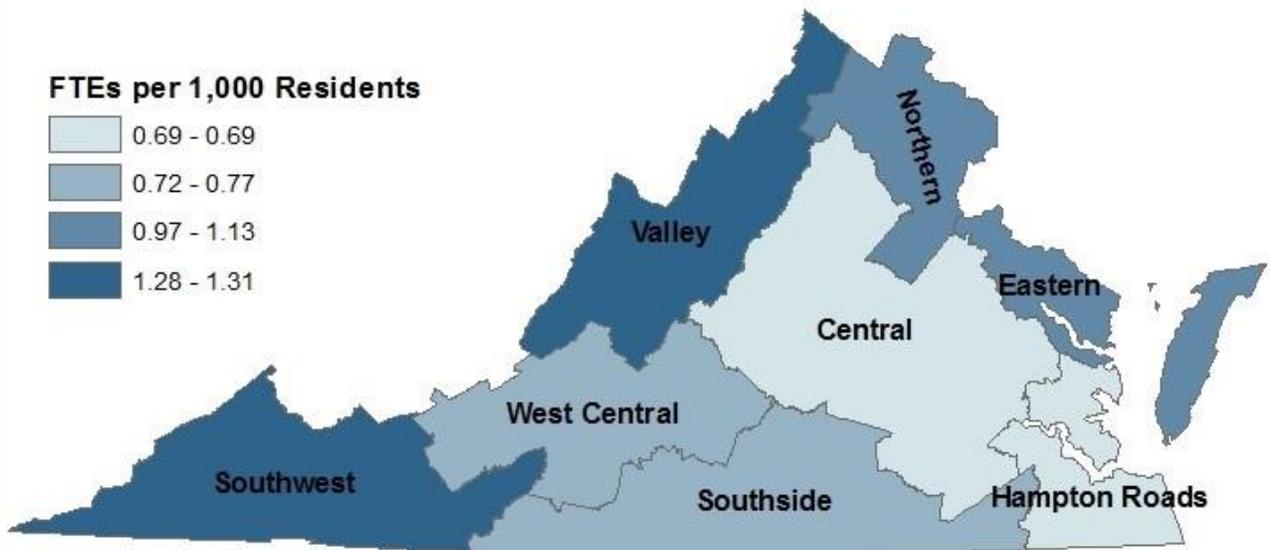
Source: Va. Healthcare Workforce Data Center

Full Time Equivalency Units Provided by Licensed Nurse Practitioners per 1,000 Residents by Virginia Perform Regions

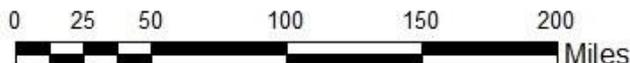
Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents

	0.69 - 0.69
	0.72 - 0.77
	0.97 - 1.13
	1.28 - 1.31



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



Over 3,000 Licensed Nurse Practitioners (NPs) voluntarily took part in the 2019 Licensed Nurse Practitioner Workforce Survey¹. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Approximately half of all NPs have access to the survey in any given year. Thus, these survey respondents represent 30% of the 11,840 NPs who are licensed in the state but 75% of renewing practitioners.

The HWDC estimates that 9,891 NPs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an NP at some point in the future. Between October 2018 and September 2019, Virginia's NP workforce provided 8,827 "full-time equivalency units" (FTEs), which the HWDC defines simply as working 2,000 hours a year.

Nine out of 10 NPs are female; while the median age of all NPs is 44. In a random encounter between two NPs, there is a 35% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes Virginia's NP workforce considerably less diverse than the state's overall population, where there is a 57% chance that two randomly chosen people would be of different races or ethnicities. Among NPs who are under the age of 40, however, the diversity index increases to 38%.

One-third of NPs grew up in a rural area, and 24% of these professionals currently work in non-Metro areas of the state. Overall, 11% of NPs work in rural areas. Meanwhile, 44% of Virginia's NPs graduated from high school in Virginia, and 50% of NPs earned their initial professional degree in the state. In total, 55% of Virginia's NP workforce have some educational background in the state.

About three quarters of all NPs hold a Master's degree as their highest professional degree, while another 9% have a Post-Masters certificate. Nearly half of all NPs currently carry educational debt, including 64% of those under the age of 40. The median debt burden for those NPs with educational debt is between \$60,000 and \$70,000.

Summary of Trends

Several significant changes have occurred in the NP workforce in the past five years. The number of licensed NPs in the state has grown by 52%; the number in the state's workforce has grown by 57% and the FTEs provided has increased by 53%. Compared to 2018, the response rate of renewing NPs increased from 68% in 2018 to 75% in 2019 even though it is still lower than the 2014 level of 79%. The percent of licensed NPs working in Virginia increased from 81% in 2014 to 82% in 2017 and most recently increased to 83% in 2019. For the first time in five years, 11% of NPs reported that they worked in non-metro areas compared to the 10% who did the same in the past five years.

The percent female has stayed consistently around 90%. The diversity index continues to increase from 28% in 2014 to a five-year high of 35% in 2019. The diversity index for NPs under 40 years of age, however, declined from 39% in 2018 to 38% in 2019. Median age also declined from 48 years in 2014 to 44 years in 2019.

Over the past five years, educational attainment has improved for NPs. In the 2019 survey, the percent of NPs with a master's degree increased to 78% from 76% in 2018. Additionally, the percent with a post-master's certificate increased to 9% after declining to 8% in 2017 from 10% in 2014. However, the percent with a doctorate NP stayed at 8% since last year; this level is still higher than the 2014 level of 4%. Not surprisingly, the median debt and the percent carrying debt has also increased. Half of all NPs now carry debt compared to 40% in 2014; median debt is now \$60,000-\$70,000 from \$40,000-\$50,000 in 2014 and \$50,000-\$60,000 in 2018. Retirement expectation has changed slightly; 38% expect to retire by age 65 compared with 36% to 37% in the past surveys.

¹ To reduce respondents' burden, HWDC changed its procedure in 2019 so that nurses now complete a survey for the highest profession in which they are practicing. This may have resulted in a higher number of NPs responding. This distinction should be kept in mind when comparing this year's survey to previous years.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	4,442	38%
New Licensees	1,376	12%
Non-Renewals	595	5%
Renewal date not in survey period	5,427	46%
All Licensees	11,840	100%

Source: Va. Healthcare Workforce Data Center

Our surveys tend to achieve very high response rates. 75% of renewing NPs submitted a survey. These represent 30% of NPs who held a license at some point during the licensing period.

Definitions

- 1. The Survey Period:** The survey was conducted between October 2018 and September 2019 on the birth month of each renewing practitioner.
- 2. Target Population:** All NPs who held a Virginia license at some point during the survey time period.
- 3. Survey Population:** The survey was available to NPs who renewed their licenses online. It was not available to those who did not renew, including NPs newly licensed during the survey time.

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
By Age			
Under 30	376	69	16%
30 to 34	1,177	524	31%
35 to 39	1,459	423	23%
40 to 44	986	632	39%
45 to 49	1,125	421	27%
50 to 54	750	446	37%
55 to 59	888	341	28%
60 and Over	1,486	737	33%
Total	8,247	3,593	30%
New Licenses			
Issued After Sept. 2018	1,265	111	8%
Metro Status			
Non-Metro	668	363	35%
Metro	5,148	2,800	35%
Not in Virginia	2,431	429	15%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	3,593
Response Rate, all licensees	30%
Response Rate, Renewals	75%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed NPs

Number: 11,840
 New: 12%
 Not Renewed: 5%

Response Rates

All Licensees: 30%
 Renewing Practitioners: 75%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's NP Workforce: 9,891
 FTEs: 8,827

Utilization Ratios

Licenses in VA Workforce: 84%
 Licenses per FTE: 1.34
 Workers per FTE: 1.12

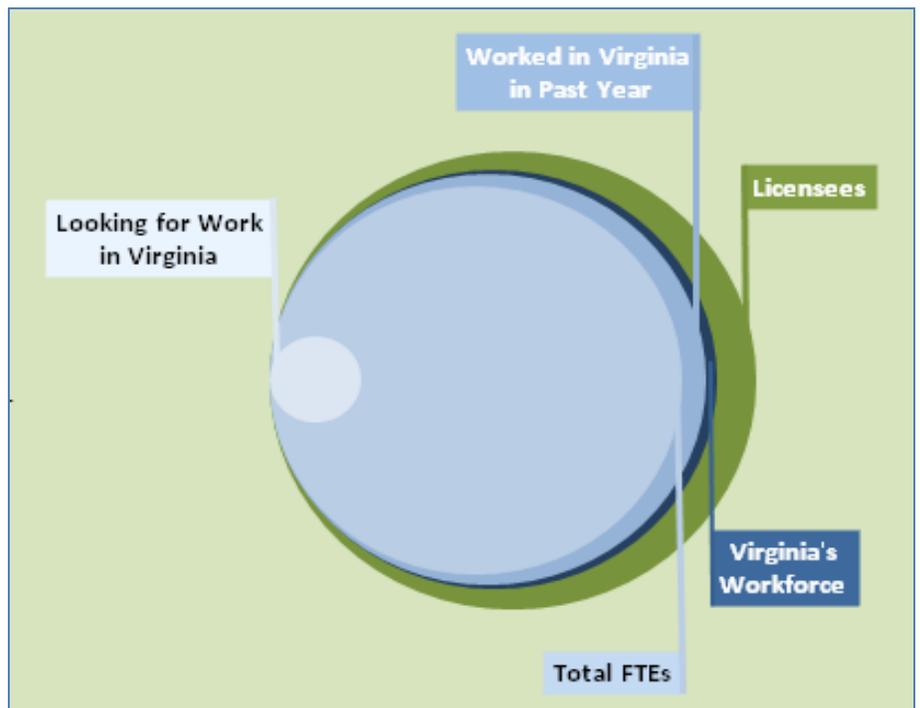
Source: Va. Healthcare Workforce Data Center

Definitions

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

Virginia's NP Workforce		
Status	#	%
Worked in Virginia in Past Year	9,679	98%
Looking for Work in Virginia	211	2%
Virginia's Workforce	9,891	100%
Total FTEs	8,827	
Licenses	11,840	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit:

www.dhp.virginia.gov/hwdc

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	33	8%	377	92%	410	5%
30 to 34	102	7%	1,301	93%	1,404	16%
35 to 39	156	10%	1,368	90%	1,523	17%
40 to 44	136	11%	1,083	89%	1,219	14%
45 to 49	119	11%	997	89%	1,115	13%
50 to 54	96	11%	772	89%	867	10%
55 to 59	87	10%	778	90%	865	10%
60 +	157	11%	1,270	89%	1,427	16%
Total	886	10%	7,945	90%	8,830	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender
 % Female: 90%
 % Under 40 Female: 91%

Age
 Median Age: 44
 % Under 40: 38%
 % 55+: 26%

Diversity
 Diversity Index: 35%
 Under 40 Div. Index: 38%

Source: Va. Healthcare Workforce Data Center

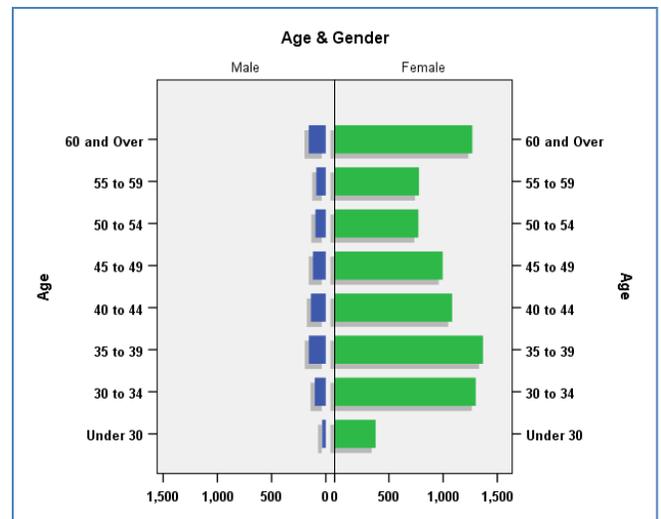
Race & Ethnicity					
Race/ Ethnicity	Virginia*	NPs		NPs under 40	
	%	#	%	#	%
White	61%	7,079	80%	2,593	78%
Black	19%	797	9%	273	8%
Asian	7%	473	5%	234	7%
Other Race	0%	113	1%	51	2%
Two or more races	3%	143	2%	63	2%
Hispanic	10%	230	3%	102	3%
Total	100%	8,835	100%	3,316	100%

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

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two NPs, there is a 35% chance they would be of a different race/ethnicity (a measure known as the Diversity Index), compared to a 57% chance for Virginia's population as a whole.

38% of NPs are under the age of 40. 91% of these professionals are female. In addition, the diversity index among NPs under the age of 40 is 38%, which is slightly higher than the diversity index among Virginia's overall NP workforce.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 13%
 Rural Childhood: 34%

Virginia Background

HS in Virginia: 44%
 Prof. Ed. in VA: 50%
 HS or Prof. Ed. in VA: 55%
 Initial NP Degree in VA: 54%

Location Choice

% Rural to Non-Metro: 24%
 % Urban/Suburban to Non-Metro: 5%

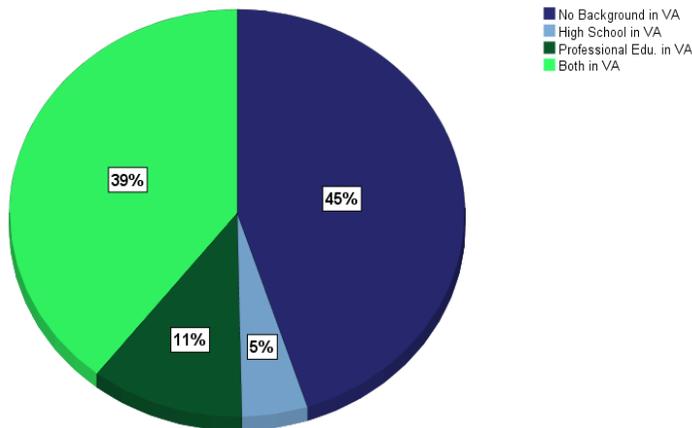
Source: Va. Healthcare Workforce Data Center

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+	23%	62%	15%
2	Metro, 250,000 to 1 million	51%	39%	11%
3	Metro, 250,000 or less	46%	45%	9%
Non-Metro Counties				
4	Urban pop 20,000+, Metro adjacent	70%	16%	14%
6	Urban pop, 2,500-19,999, Metro adjacent	66%	28%	5%
7	Urban pop, 2,500-19,999, non adjacent	87%	12%	2%
8	Rural, Metro adjacent	71%	19%	10%
9	Rural, non adjacent	55%	37%	8%
Overall		34%	53%	13%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

34% of all NPs grew up in self-described rural areas, and 24% of these professionals currently work in non-Metro counties. Overall, 11% of all NPs currently work in non-Metro counties.

Top Ten States for Licensed Nurse Practitioner Recruitment

Rank	All NPs					
	High School	#	Init. Prof Degree	#	Init. NP Degree	#
1	Virginia	3,858	Virginia	4,395	Virginia	4,678
2	Outside of U.S./Canada	527	Pennsylvania	459	Washington, D.C.	623
3	Pennsylvania	468	New York	429	Pennsylvania	386
4	New York	467	West Virginia	316	New York	245
5	West Virginia	376	Maryland	286	Tennessee	240
6	Maryland	265	North Carolina	273	North Carolina	232
7	North Carolina	229	Florida	220	West Virginia	225
8	New Jersey	227	Tennessee	188	Florida	187
9	Ohio	221	Ohio	187	Illinois	173
10	Florida	219	Outside of U.S./Canada	166	Minnesota	172

Source: Va. Healthcare Workforce Data Center

Rank	Licensed in the Past 5 Years					
	High School	#	Init. Prof Degree	#	Init. NP Degree	#
1	Virginia	1,819	Virginia	2,104	Virginia	1,941
2	Outside of U.S./Canada	322	Pennsylvania	213	Washington, D.C.	317
3	West Virginia	215	West Virginia	180	Pennsylvania	193
4	Pennsylvania	196	New York	158	Minnesota	166
5	New York	149	North Carolina	137	Tennessee	149
6	Maryland	139	Maryland	135	North Carolina	139
7	Florida	115	Florida	117	Illinois	136
8	North Carolina	108	Tennessee	110	West Virginia	100
9	New Jersey	103	South Carolina	95	Ohio	93
10	Ohio	90	Outside of U.S./Canada	92	Florida	88

Source: Va. Healthcare Workforce Data Center

17% of Virginia's licensees did not participate in Virginia's NP workforce during the past year. 91% of these licensees worked at some point in the past year, including 85% who worked in a nursing-related capacity.

At a Glance:

Not in VA Workforce

Total:	1,976
% of Licensees:	17%
Federal/Military:	17%
Va. Border State/DC:	26%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
NP Certificate	266	3%
Master's Degree	6,790	78%
Post-Masters Cert.	775	9%
Doctorate of NP	654	8%
Other Doctorate	234	3%
Post-Ph.D. Cert.	0	0%
Total	8,719	100%

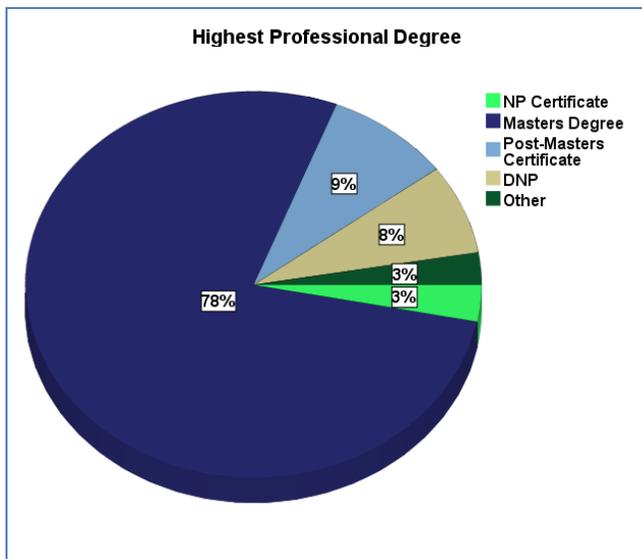
Source: Va. Healthcare Workforce Data Center

At a Glance:

Education
 Master's Degree: 78%
 Post-Masters Cert.: 9%

Educational Debt
 Carry debt: 50%
 Under age 40 w/ debt: 64%
 Median debt: \$60k-\$70k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than three-quarters of all NPs hold a Master's degree as their highest professional degree. Half of NPs carry education debt, including 64% of those under the age of 40. The median debt burden among NPs with educational debt is between \$60,000 and \$70,000.

Amount Carried	All NPs		NPs under 40	
	#	%	#	%
None	3,987	50%	1,075	36%
\$10,000 or less	271	3%	112	4%
\$10,000-\$19,999	287	4%	121	4%
\$20,000-\$29,999	302	4%	112	4%
\$30,000-\$39,999	358	5%	145	5%
\$40,000-\$49,999	292	4%	146	5%
\$50,000-\$59,999	296	4%	132	4%
\$60,000-\$69,999	286	4%	161	5%
\$70,000-\$79,999	296	4%	134	5%
\$80,000-\$89,999	270	3%	144	5%
\$90,000-\$99,999	192	2%	58	2%
\$100,000-\$109,999	288	4%	158	5%
\$110,000-\$119,999	114	1%	59	2%
\$120,000 or more	711	9%	414	14%
Total	7,950	100%	2,971	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialty

Family Health:	27%
RN Anesthetist:	19%
Acute Care/ER:	8%

Credentials

AANPCP – Family NP:	20%
ANCC – Family NP:	20%
ANCC – Adult NP:	3%

Source: Va. Healthcare Workforce Data Center

Specialty	Primary	
	#	%
Family Health	2,361	27%
Certified Registered Nurse Anesthetist	1,672	19%
Acute Care/Emergency Room	701	8%
Pediatrics	587	7%
Adult Health	572	7%
Psychiatric/Mental Health	369	4%
OB/GYN - Women's Health	319	4%
Surgical	275	3%
Geriatrics/Gerontology	247	3%
Certified Nurse Midwife	216	2%
Neonatal Care	126	1%
Gastroenterology	59	1%
Pain Management	42	0%
Organ Transplant	27	0%
Other	1,122	13%
Total	8,695	100%

Source: Va. Healthcare Workforce Data Center

Credentials

Credential	#	%
AANPCP: Family NP	2,020	20%
ANCC: Family NP	1,951	20%
ANCC: Adult NP	344	3%
ANCC: Adult-Gerontology Acute Care NP	308	3%
ANCC: Acute Care NP	265	3%
NCC: Women's Health Care NP	261	3%
ANCC: Pediatric NP	171	2%
ANCC: Family Psychiatric-Mental Health NP	158	2%
AANPCP: Adult-Gerontology Primary Care NP (A-GNP-C)	155	2%
ANCC: Adult Psychiatric-Mental Health NP	149	2%
ANCC: Adult-Gerontology Primary Care NP	137	1%
NCC: Neonatal NP	124	1%
AANPCP: Adult NP	100	1%
All Other Credentials	68	1%
At Least One Credential	5,926	60%

Source: Va. Healthcare Workforce Data Center

Over a quarter of all NPs had a primary specialty in family health, while another 19% had a primary specialty as a Certified RN Anesthetist. 60% of all NPs also held at least one credential. AANPCP: Family NP was the most common credential held by Virginia's NP workforce.

At a Glance:

Employment

Employed in Profession: 96%
 Involuntarily Unemployed: <1%

Positions Held

1 Full-time: 65%
 2 or More Positions: 17%

Weekly Hours:

40 to 49: 50%
 60 or more: 5%
 Less than 30: 11%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	5	0%
Employed in a nursing- related capacity	8,391	96%
Employed, NOT in a nursing-related capacity	37	0%
Not working, reason unknown	0	0%
Involuntarily unemployed	28	0%
Voluntarily unemployed	222	3%
Retired	85	1%
Total	8,768	100%

Source: Va. Healthcare Workforce Data Center

96% of NPs are currently employed in their profession. 65% of NPs hold one full-time job, while 17% currently have multiple jobs. Half of all NPs work between 40 and 49 hours per week, while just 5% work at least 60 hours per week.

Current Weekly Hours		
Hours	#	%
0 hours	250	3%
1 to 9 hours	143	2%
10 to 19 hours	202	2%
20 to 29 hours	596	7%
30 to 39 hours	1,659	20%
40 to 49 hours	4,291	50%
50 to 59 hours	895	11%
60 to 69 hours	284	3%
70 to 79 hours	60	1%
80 or more hours	121	1%
Total	8,501	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	250	3%
One Part-Time Position	1,253	15%
Two Part-Time Positions	215	3%
One Full-Time Position	5,598	65%
One Full-Time Position & One Part-Time Position	1,040	12%
Two Full-Time Positions	26	0%
More than Two Positions	165	2%
Total	8,547	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	61	1%
Less than \$40,000	324	5%
\$40,000-\$49,999	129	2%
\$50,000-\$59,999	225	3%
\$60,000-\$69,999	250	4%
\$70,000-\$79,999	357	5%
\$80,000-\$89,999	611	9%
\$90,000-\$99,999	995	14%
\$100,000-\$109,999	1,178	17%
\$110,000-\$119,999	628	9%
\$120,000 or more	2,301	33%
Total	7,059	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$100k-\$110k

Benefits
Retirement: 76%
Health Insurance: 66%

Satisfaction
Satisfied: 95%
Very Satisfied: 63%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	5,382	63%
Somewhat Satisfied	2,720	32%
Somewhat Dissatisfied	314	4%
Very Dissatisfied	97	1%
Total	8,514	100%

Source: Va. Healthcare Workforce Data Center

The typical NP had an annual income of between \$100,000 and \$110,000. Among NPs who received either a wage or salary as compensation at the primary work location, 76% also had access to a retirement plan and 66% received health insurance.

Employer-Sponsored Benefits*			
Benefit	#	%	% of Wage/Salary Employees
Signing/Retention Bonus	1,324	16%	17%
Dental Insurance	5,024	60%	63%
Health Insurance	5,248	63%	66%
Paid Leave	5,809	69%	74%
Group Life Insurance	4,365	52%	56%
Retirement	6,009	72%	76%
Receive at least one benefit	6,836	81%	86%

*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?	90	1%
Experience Voluntary Unemployment?	440	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	218	2%
Work two or more positions at the same time?	1,696	17%
Switch employers or practices?	775	8%
Experienced at least 1	2,783	28%

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's NPs experienced involuntary unemployment at some point in the prior year. By comparison, Virginia's average monthly unemployment rate was 2.8% during the same period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	133	2%	92	5%
Less than 6 Months	621	7%	204	10%
6 Months to 1 Year	942	11%	291	14%
1 to 2 Years	2,056	25%	513	25%
3 to 5 Years	1,838	22%	500	25%
6 to 10 Years	1,251	15%	247	12%
More than 10 Years	1,494	18%	172	9%
Subtotal	8,334	100%	2,020	100%
Did not have location	219		7,801	
Item Missing	1,337		70	
Total	9,891		9,891	

Source: Va. Healthcare Workforce Data Center

68% of NPs receive a salary at their primary work location, while 27% receive an hourly wage.

At a Glance:

Unemployment Experience
 Involuntarily Unemployed: 1%
 Underemployed: 2%

Turnover & Tenure
 Switched Jobs: 8%
 New Location: 25%
 Over 2 years: 55%
 Over 2 yrs, 2nd location: 45%

Employment Type
 Salary: 70%
 Hourly Wage: 26%

Source: Va. Healthcare Workforce Data Center

55% of NPs have worked at their primary location for more than 2 years—the job tenure normally required to get a conventional mortgage loan.

Employment Type		
Primary Work Site	#	%
Salary/ Commission	4,588	68%
Hourly Wage	1,812	27%
By Contract	319	5%
Business/ Practice Income	0	0%
Unpaid	30	0%
Subtotal	6,749	100%
Missing location	219	
Item missing	2,774	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the US Bureau of Labor Statistics. In the past 12 months, the non-seasonally adjusted monthly unemployment rate ranged from a low of 2.5% in September 2019 to 3.2% in January and February 2019. At the time of publication, the unemployment rate for September 2019 was still preliminary.

At a Glance:

Concentration

Top Region:	27%
Top 3 Regions:	71%
Lowest Region:	2%

Locations

2 or more (Past Year):	24%
2 or more (Now*):	22%

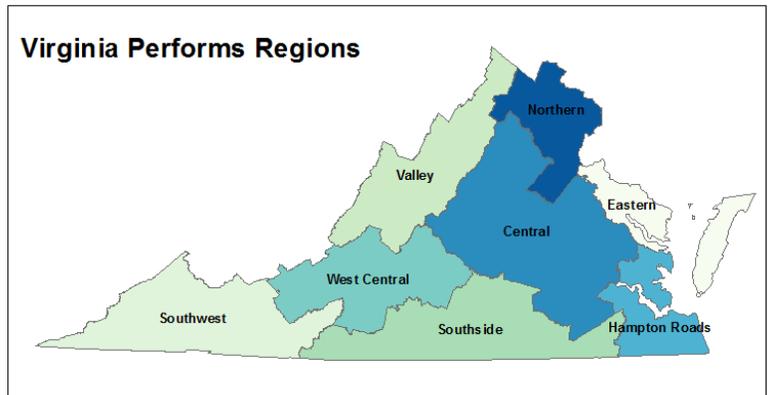
Source: Va. Healthcare Workforce Data Center

Northern Virginia is the region that has the largest number of NPs in the state, while Eastern Virginia has the fewest number of NPs in Virginia.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	2,185	26%	362	18%
Eastern	127	2%	42	2%
Hampton Roads	1,541	18%	375	18%
Northern	2,235	27%	521	26%
Southside	261	3%	93	5%
Southwest	475	6%	179	9%
Valley	582	7%	107	5%
West Central	745	9%	182	9%
Virginia Border State/DC	86	1%	61	3%
Other US State	131	2%	106	5%
Outside of the US	0	0%	10	0%
Total	8,368	100%	2,038	100%
Item Missing	1,304		52	

Source: Va. Healthcare Workforce Data Center



73% of all NPs had just one work location during the past year, while 24% of NPs had multiple work locations.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	209	2%	319	4%
1	6,267	73%	6,325	74%
2	1,134	13%	1,081	13%
3	662	8%	631	7%
4	131	2%	89	1%
5	61	1%	46	1%
6 or More	91	1%	63	1%
Total	8,555	100%	8,555	100%

*At the time of survey completion (Oct. 2018 - Sept. 2019, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	4,035	51%	1,137	59%
Non-Profit	2,778	35%	580	30%
State/Local Government	687	9%	136	7%
Veterans Administration	204	3%	18	1%
U.S. Military	212	3%	44	2%
Other Federal Government	72	1%	24	1%
Total	7,988	100%	1,939	100%
Did not have location	219		7,801	
Item Missing	1,684		152	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

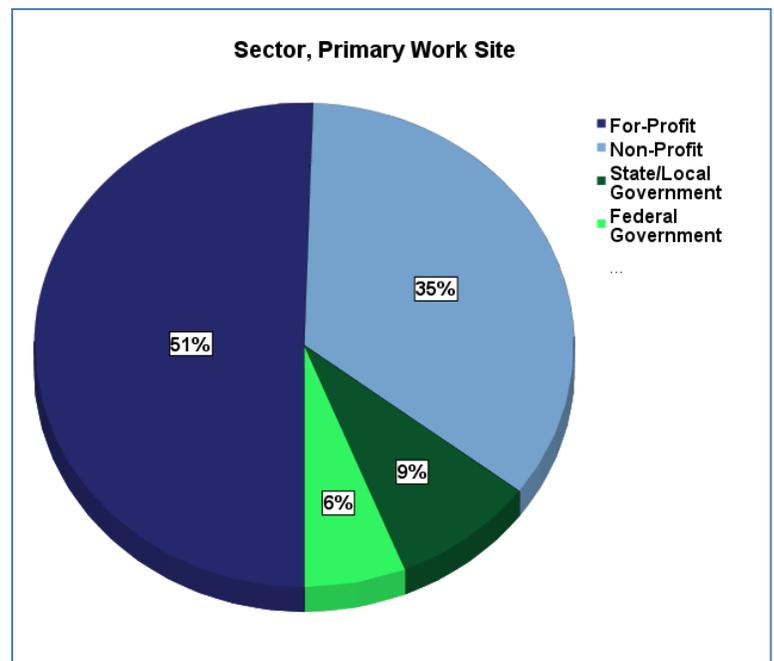
For Profit:	51%
Federal:	6%

Top Establishments

Hospital, Inpatient:	20%
Clinic, Primary Care:	17%
Private practice (Group):	9%

Source: Va. Healthcare Workforce Data Center

More than 80% of all NPs work in the private sector, including 51% in for-profit establishments. Meanwhile, 9% of NPs work for state or local governments, and 6% work for the federal government.



Source: Va. Healthcare Workforce Data Center

Over a quarter of the state's NP workforce use EHRs. 6% also provide remote health care for Virginia patients.

Electronic Health Records (EHRs) and Telehealth		
	#	%
Meaningful use of EHRs	2,574	26%
Remote Health, Caring for Patients in Virginia	600	6%
Remote Health, Caring for Patients Outside of Virginia	175	2%
Use at least one	2,891	29%

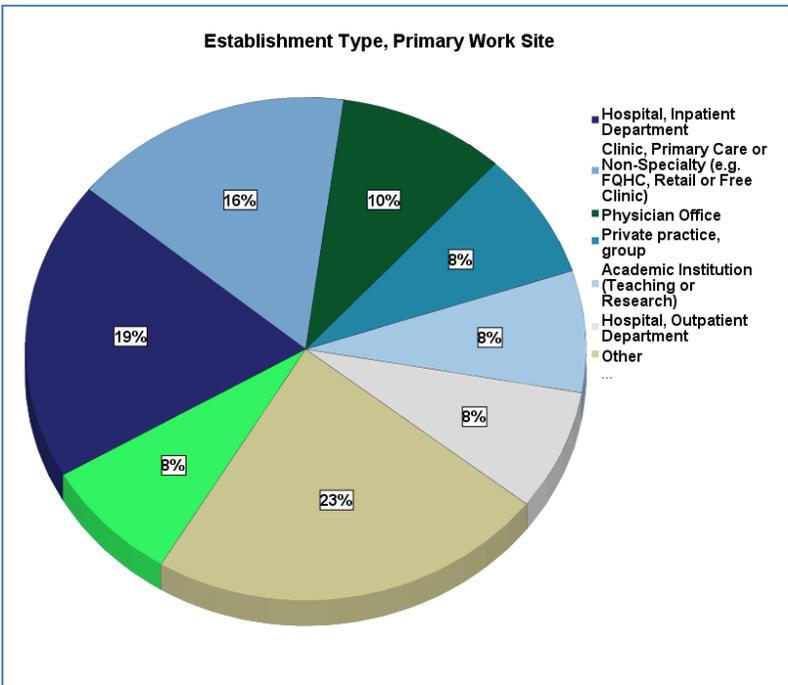
Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Hospital, Inpatient Department	1,476	19%	375	20%
Clinic, Primary Care or Non-Specialty	1,244	16%	222	12%
Physician Office	738	10%	98	5%
Private practice, group	624	8%	79	4%
Academic Institution (Teaching or Research)	598	8%	157	8%
Hospital, Outpatient Department	596	8%	91	5%
Ambulatory/Outpatient Surgical Unit	357	5%	138	7%
Clinic, Non-Surgical Specialty	268	4%	55	3%
Long Term Care Facility, Nursing Home	182	2%	79	4%
Hospital, Emergency Department	179	2%	83	4%
Private practice, group	136	2%	24	1%
Mental Health, or Substance Abuse, Outpatient Center	132	2%	47	3%
Hospice	87	1%	39	2%
Other Practice Setting	1,040	14%	387	21%
Total	7,657	100%	1,874	100%
Did Not Have a Location	219		7,801	

The single largest employer of Virginia's NPs is the inpatient department of hospitals, where 19% of all NPs have their primary work location. Primary care/non-specialty clinics, physicians' offices, group private practices, and academic institutions were also common primary establishment types for Virginia's NP workforce.

Source: Va. Healthcare Workforce Data Center

Among those NPs who also have a secondary work location, 20% work at the inpatient department of a hospital and 12% work in a primary care/non-specialty clinic.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

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

Roles

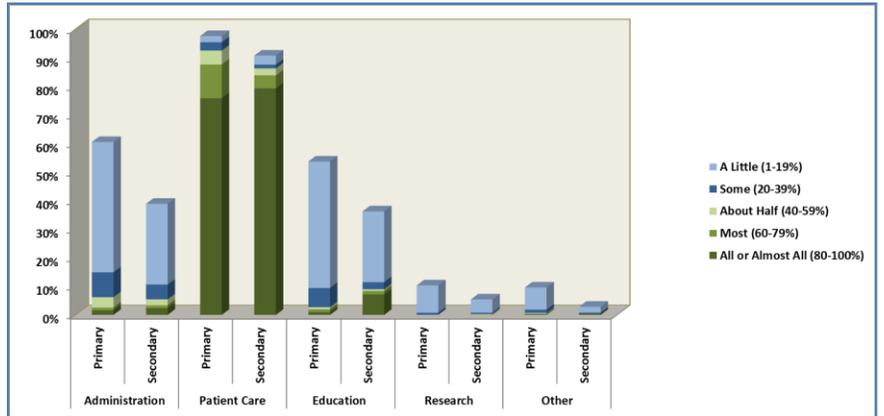
Patient Care: 88%
Administration: 3%
Education: 2%

Patient Care NPs

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

A typical NP spends most of her time on patient care activities, with most of the remaining time split between administrative and educational tasks. 88% of all NPs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation										
Time Spent	Admin.		Patient Care		Education		Research		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	2%	2%	76%	79%	1%	7%	0%	0%	0%	0%
Most (60-79%)	1%	1%	12%	5%	1%	1%	0%	0%	0%	0%
About Half (40-59%)	4%	2%	5%	2%	1%	1%	0%	0%	0%	0%
Some (20-39%)	9%	5%	3%	1%	7%	2%	1%	0%	1%	0%
A Little (1-20%)	46%	28%	2%	3%	44%	25%	10%	5%	8%	2%
None (0%)	40%	61%	2%	9%	46%	64%	90%	95%	90%	97%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All NPs		NPs over 50	
	#	%	#	%
Under age 50	89	1%	0	0%
50 to 54	189	2%	10	0%
55 to 59	661	9%	107	4%
60 to 64	1,925	25%	581	21%
65 to 69	2,924	39%	1,162	43%
70 to 74	1,116	15%	517	19%
75 to 79	202	3%	110	4%
80 or over	98	1%	49	2%
I do not intend to retire	385	5%	185	7%
Total	7,589	100%	2,721	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All NPs

Under 65: 38%
Under 60: 12%

NPs 50 and over

Under 65: 26%
Under 60: 4%

Time until Retirement

Within 2 years: 6%
Within 10 years: 20%
Half the workforce: By 2043

Source: Va. Healthcare Workforce Data Center

38% of NPs expect to retire by the age of 65, while 26% of NPs who are age 50 or over expect to retire by the same age. Meanwhile, 39% of all NPs expect to retire in their late 60s, and 24% of all NPs expect to work until at least age 70, including 5% who do not expect to retire at all.

Within the next two years, only 4% of Virginia's NPs plan on leaving either the profession or the state. Meanwhile, 10% of NPs plan on increasing patient care hours, and 13% plan on pursuing additional educational opportunities.

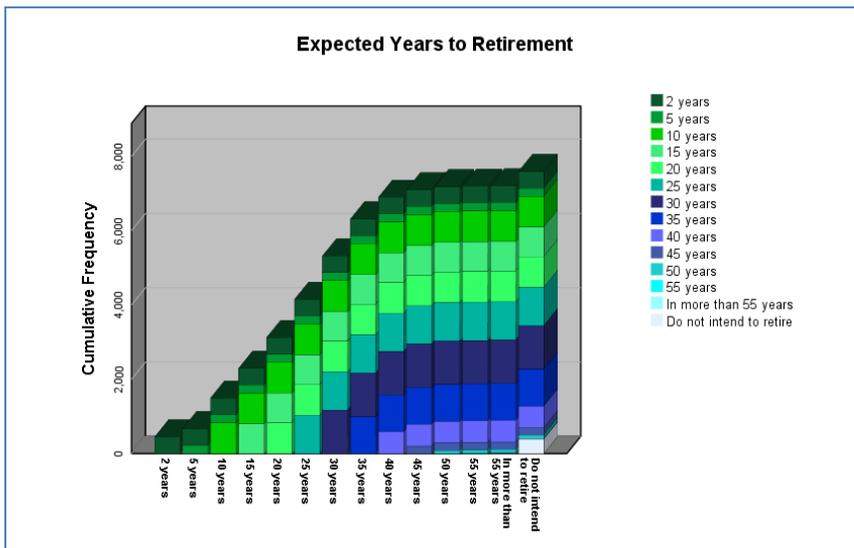
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	86	1%
Leave Virginia	284	3%
Decrease Patient Care Hours	820	8%
Decrease Teaching Hours	112	1%
Increase Participation		
Increase Patient Care Hours	954	10%
Increase Teaching Hours	1,096	11%
Pursue Additional Education	1,266	13%
Return to Virginia's Workforce	96	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for NPs. 6% of NPs expect to retire in the next two years, while 20% expect to retire in the next 10 years. More than half of the current NP workforce expect to retire by 2044.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	445	6%	6%
5 years	223	3%	9%
10 years	828	11%	20%
15 years	796	10%	30%
20 years	827	11%	41%
25 years	1,030	14%	55%
30 years	1,170	15%	70%
35 years	994	13%	83%
40 years	585	8%	91%
45 years	197	3%	94%
50 years	83	1%	95%
55 years	15	0%	95%
In more than 55 years	10	0%	95%
Do not intend to retire	385	5%	100%
Total	7,588	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach over 10% of the current workforce every 5 years by 2029. Retirements will peak at 15% of the current workforce around 2049 before declining to under 10% of the current workforce again around 2059.

At a Glance:

FTEs

Total: 8,827
 FTEs/1,000 Residents: 1.05
 Average: 0.91

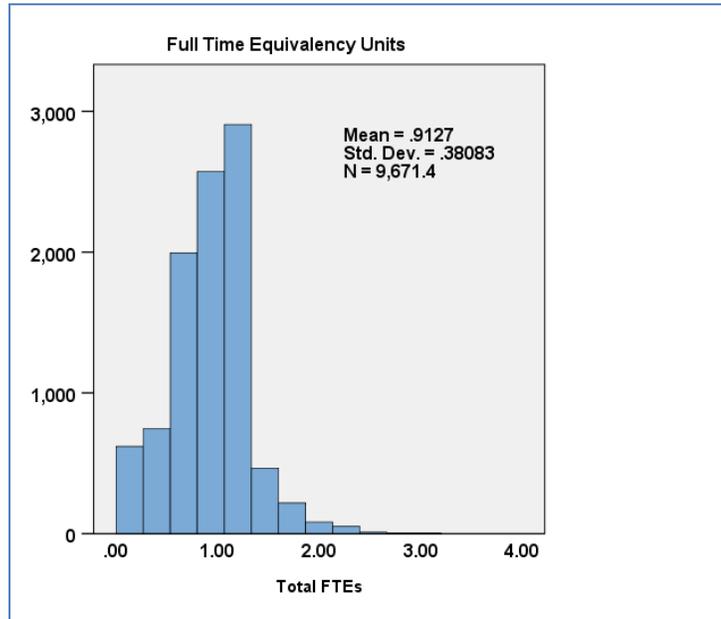
Age & Gender Effect

Age, Partial Eta²: Negligible
 Gender, Partial Eta²: Negligible

Partial Eta² Explained:
 Partial Eta² is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

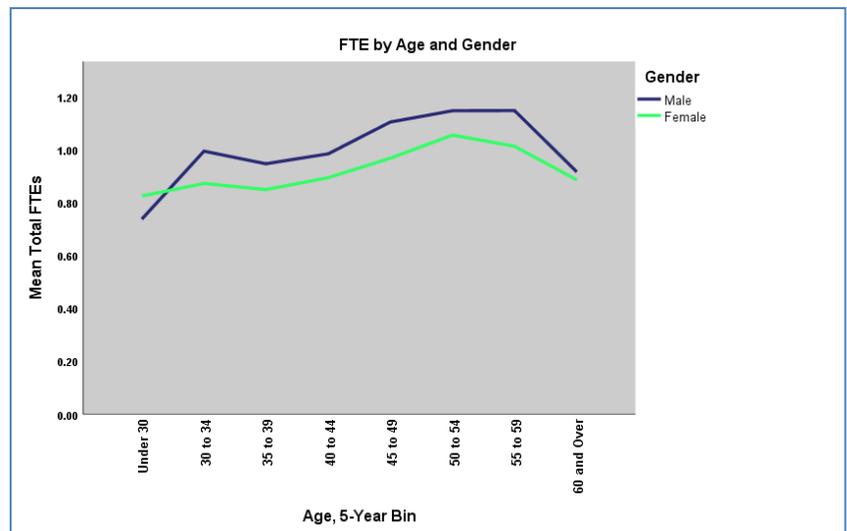


Source: Va. Healthcare Workforce Data Center

The typical (median) NP provided 0.91 FTEs, or approximately 36 hours per week for 52 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify a difference exists.³

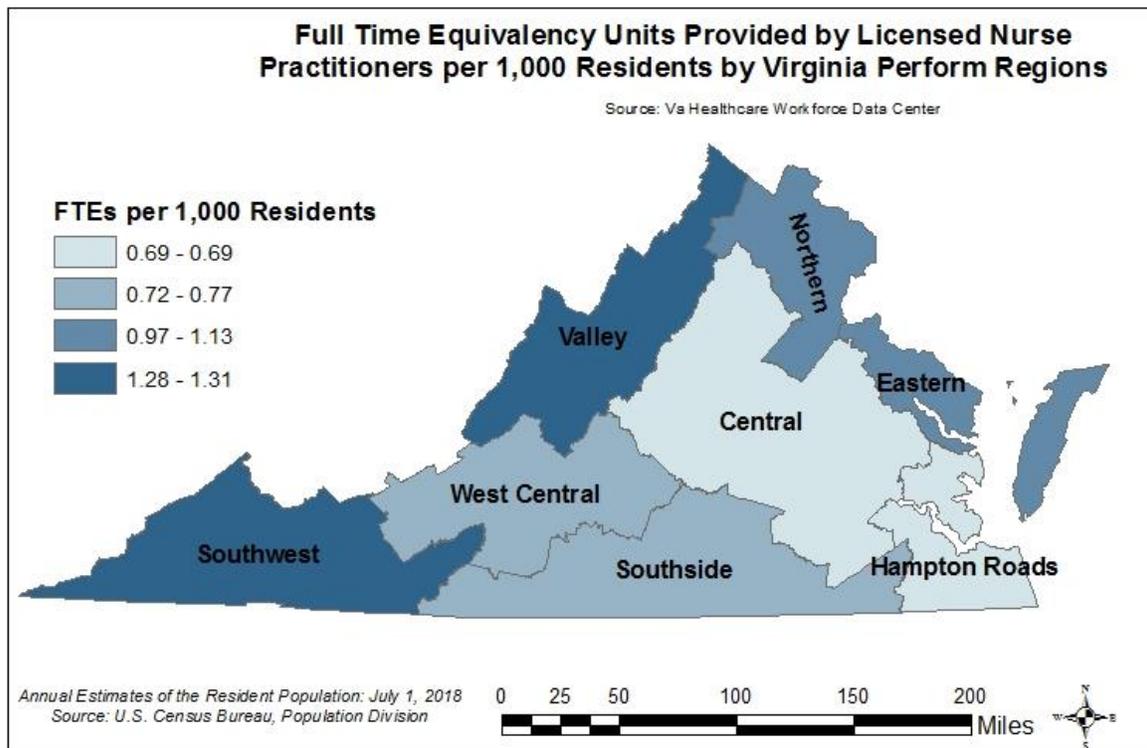
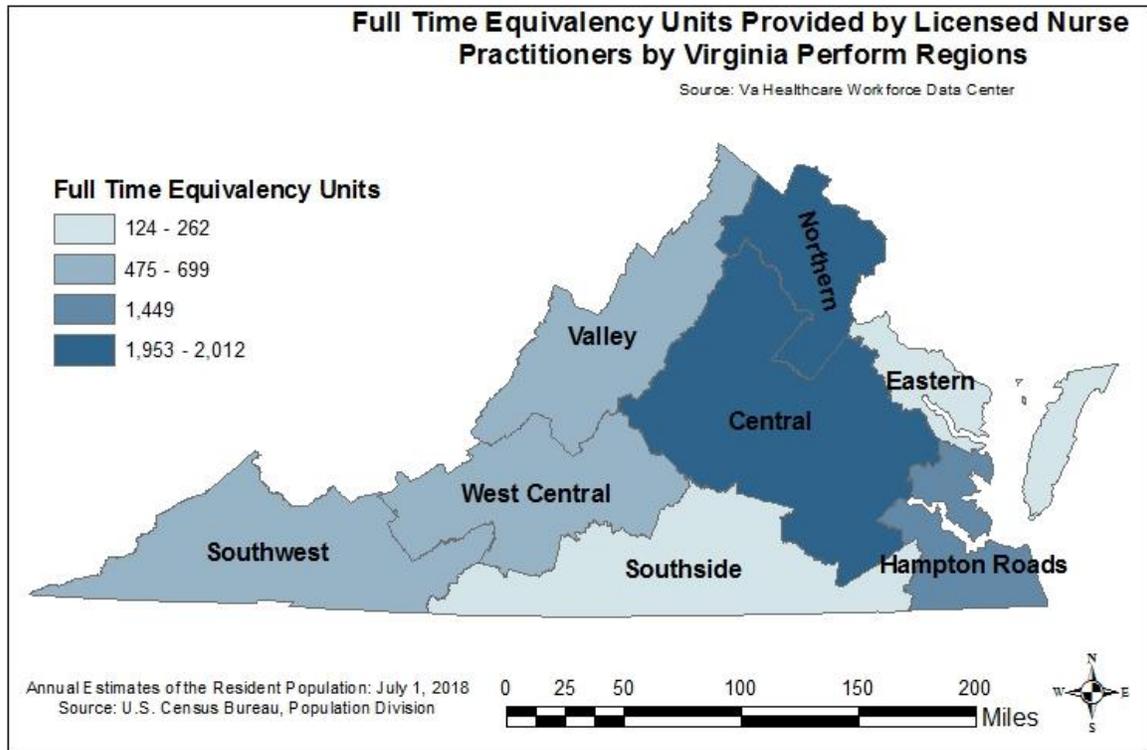
Full-Time Equivalency Units		
Age	Average Age	Median
Under 30	0.82	0.88
30 to 34	0.90	1.01
35 to 39	0.85	0.86
40 to 44	0.89	0.90
45 to 49	0.96	0.99
50 to 54	1.02	1.03
55 to 59	0.99	1.03
60 and Over	0.89	0.90
Gender		
Male	1.01	1.06
Female	0.91	0.95

Source: Va. Healthcare Workforce Data Center

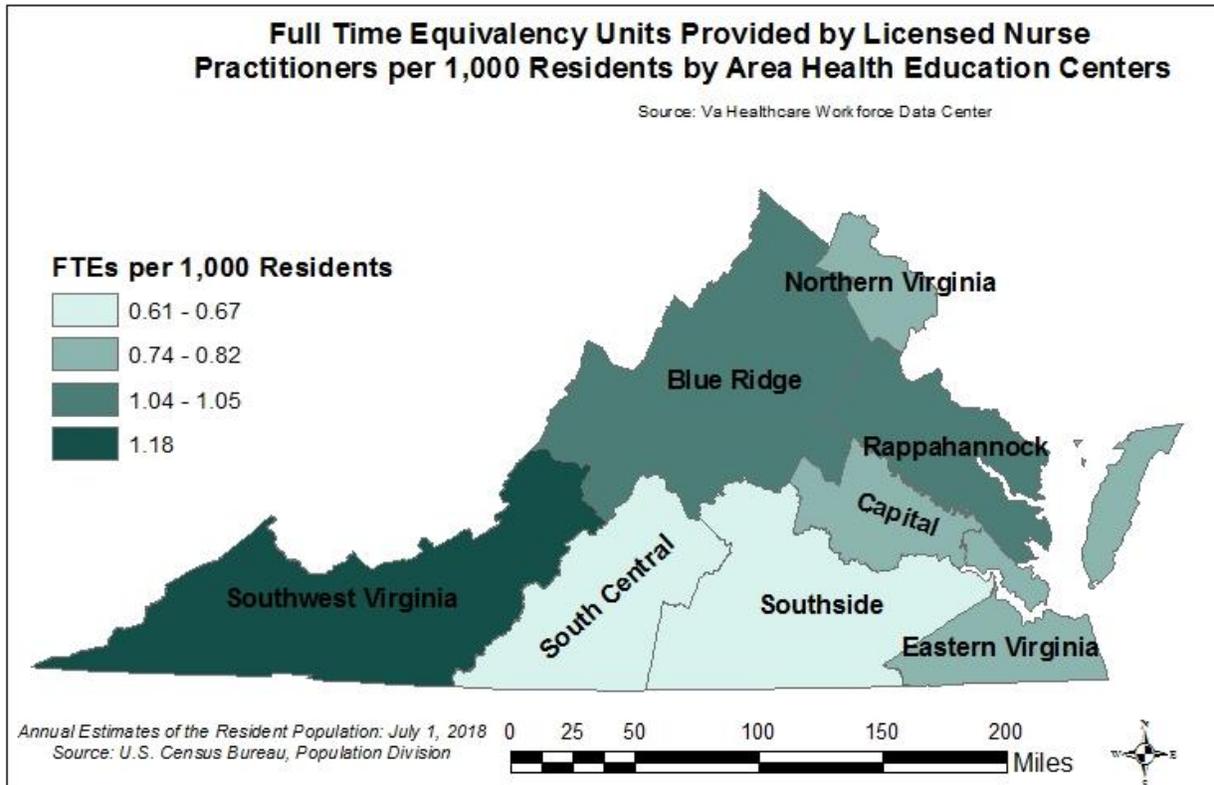
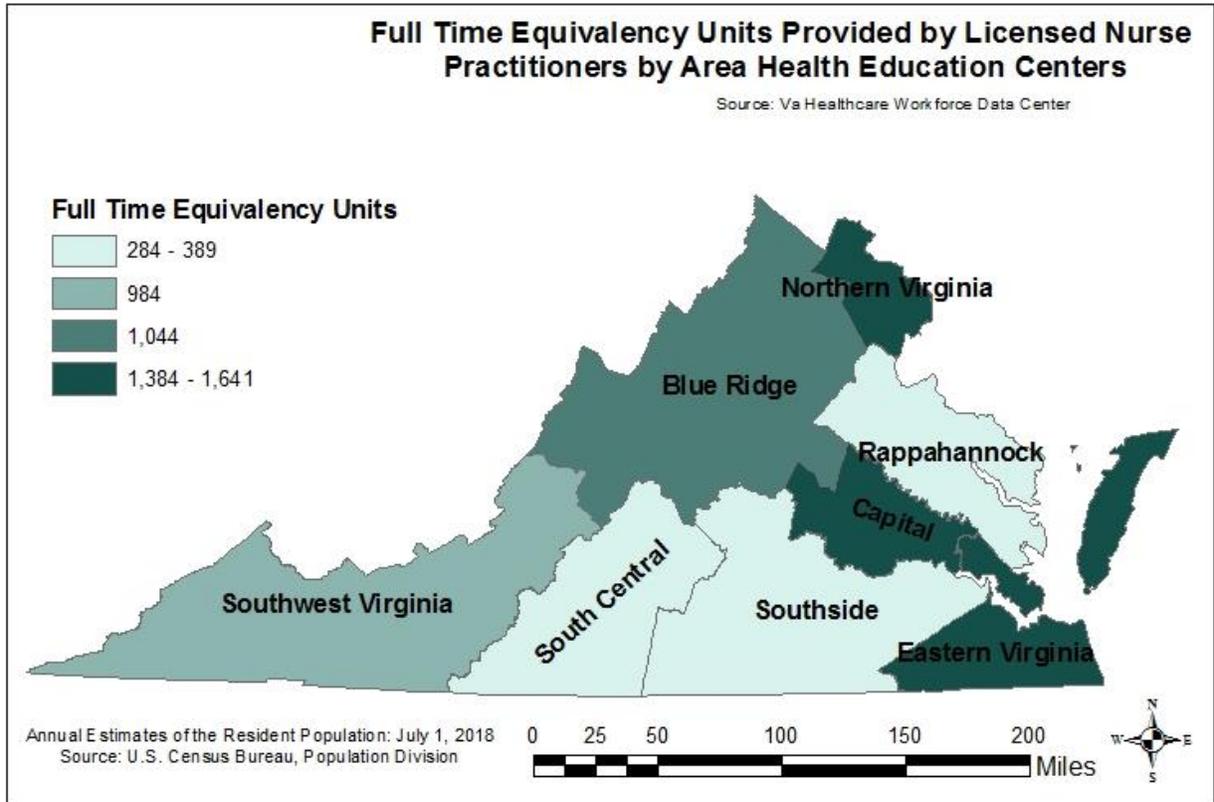


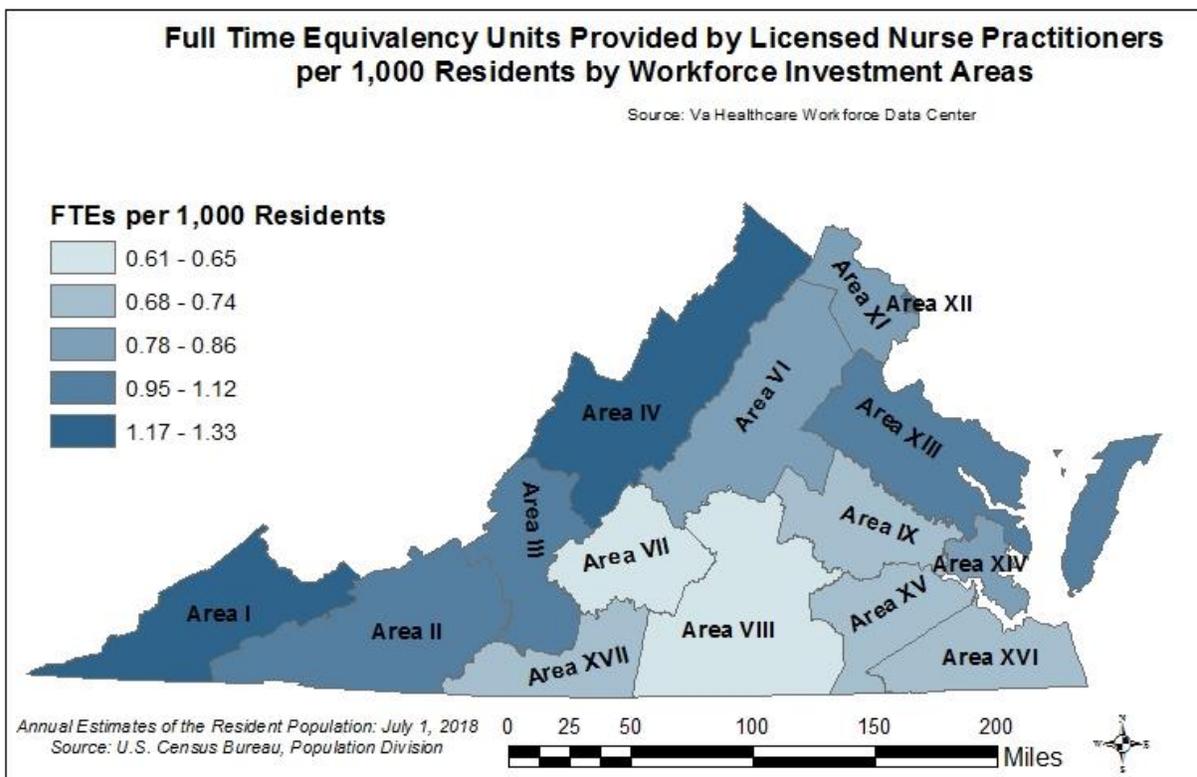
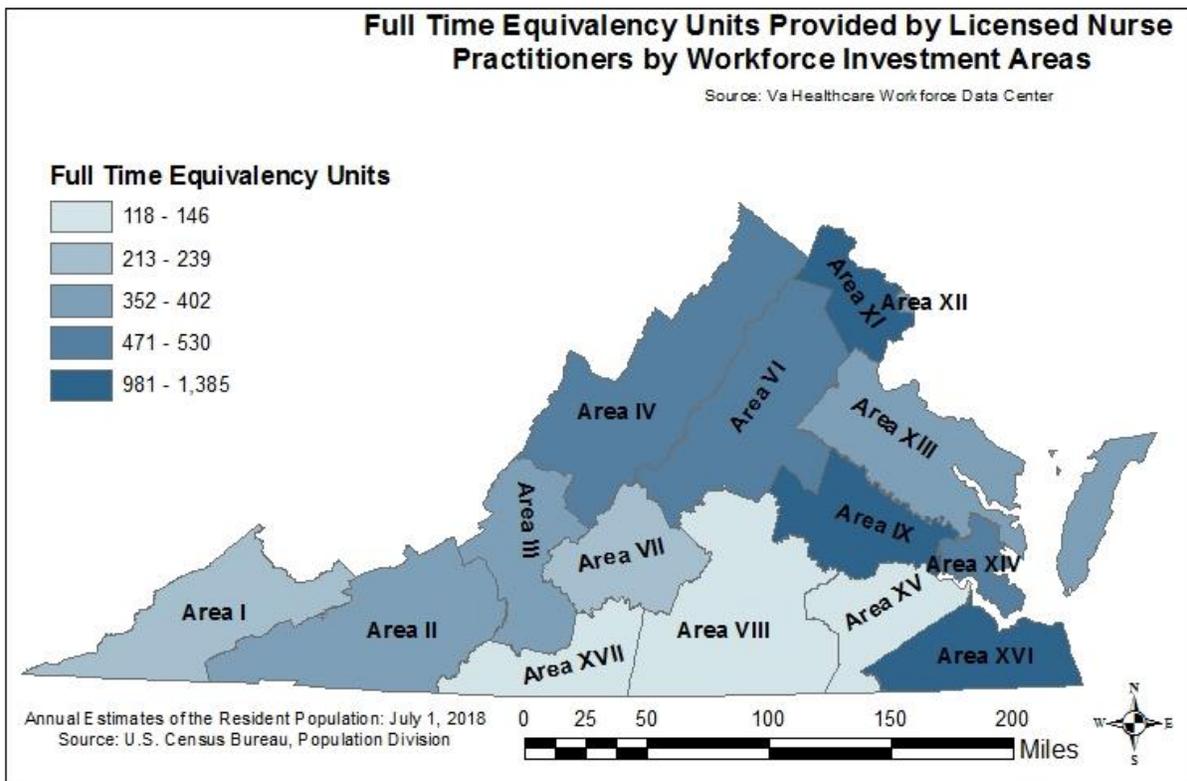
Source: Va. Healthcare Workforce Data Center

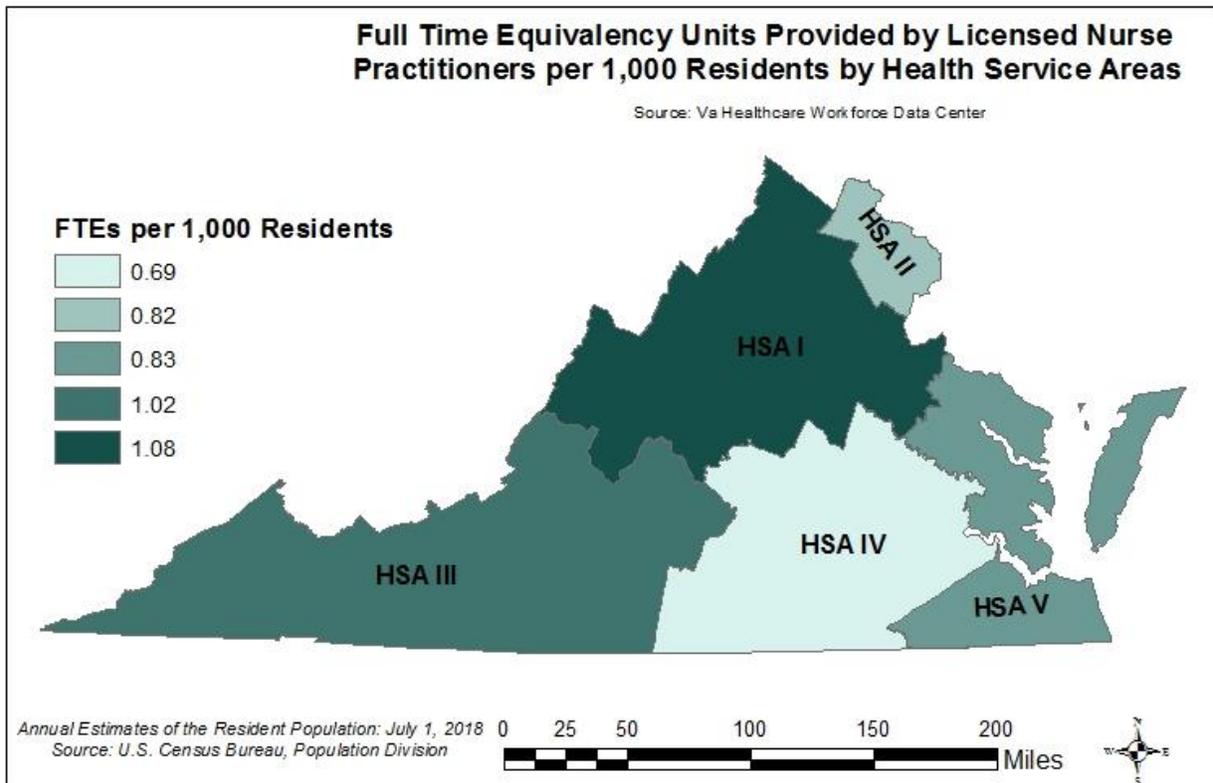
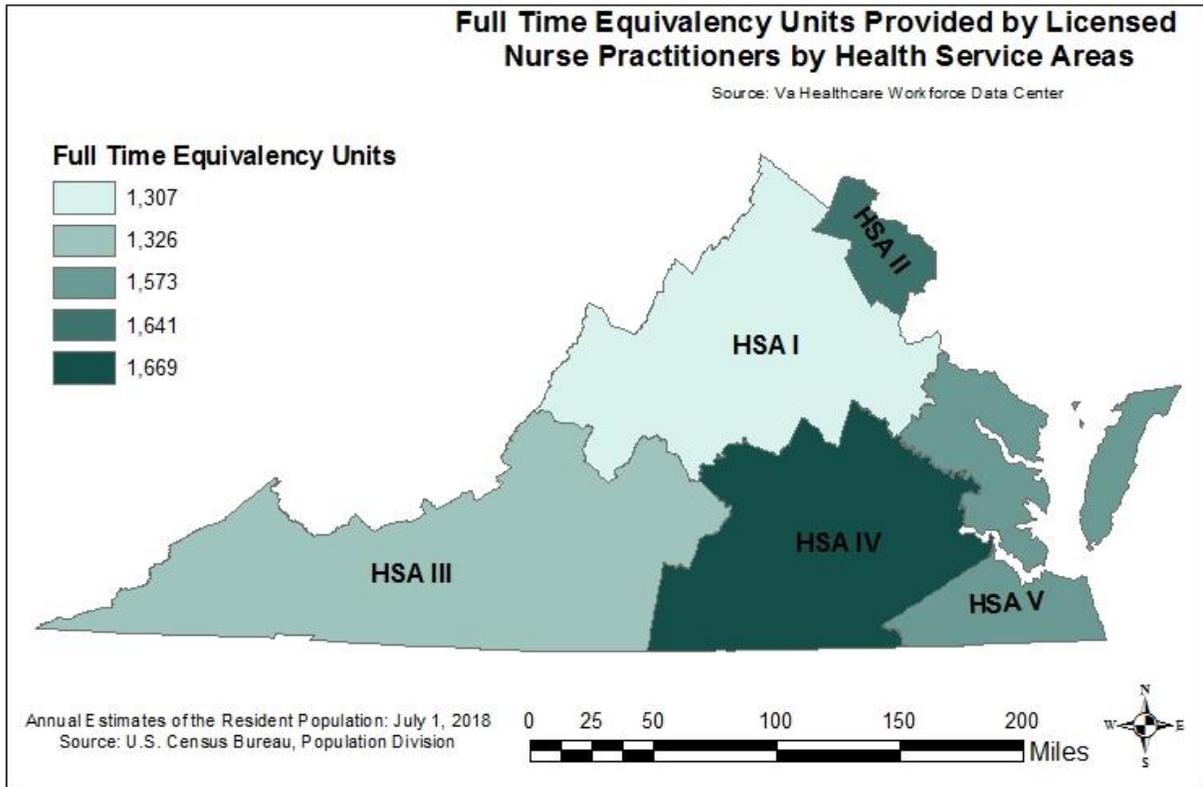
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect are significant)

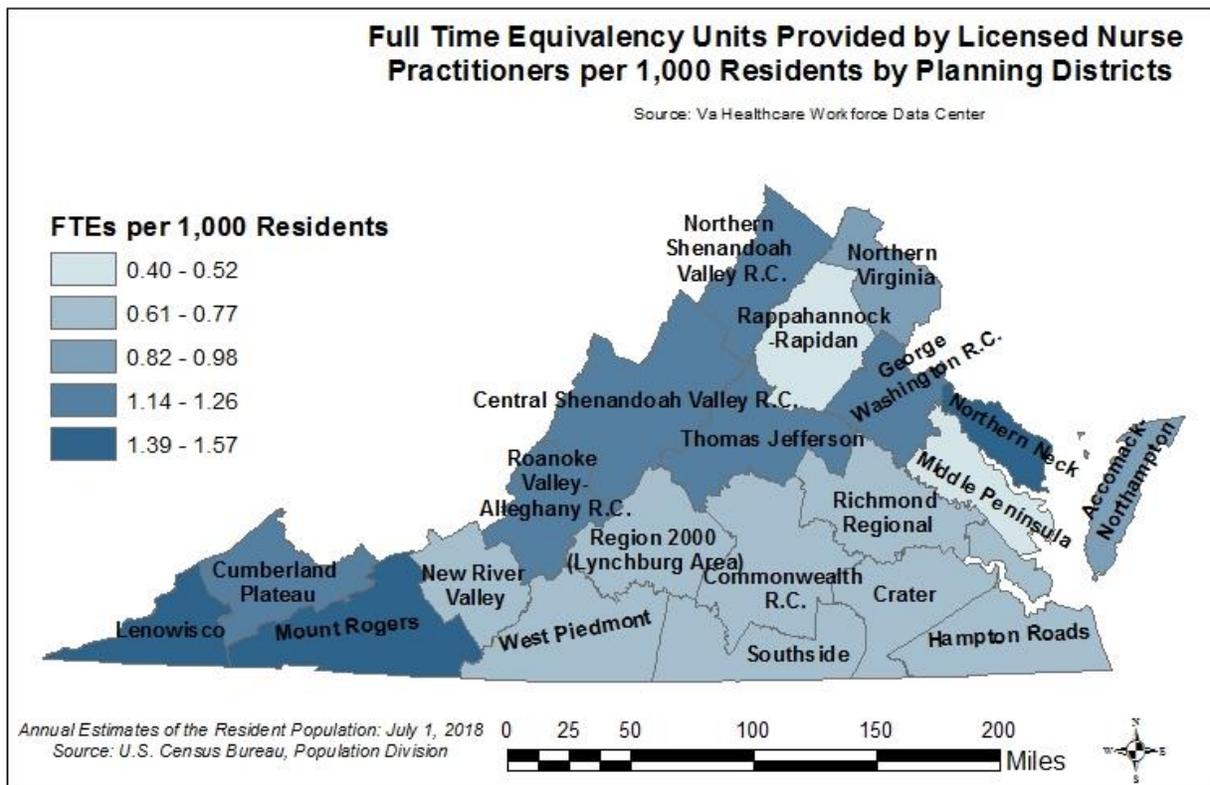
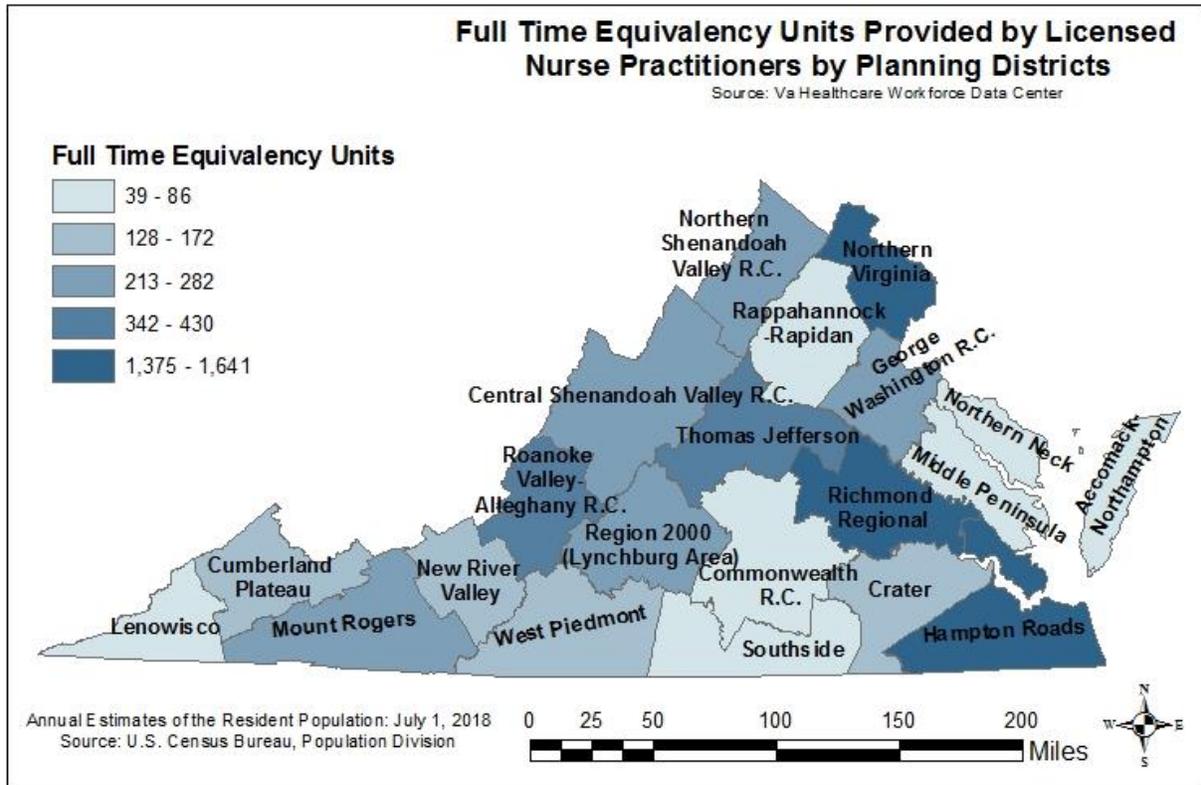


Area Health Education Center Regions









Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	6,177	35.37%	2.8270	2.1963	5.5328
Metro, 250,000 to 1 million	753	35.59%	2.8097	2.1829	5.4989
Metro, 250,000 or less	1,018	34.09%	2.9337	2.2792	5.7416
Urban pop 20,000+, Metro adj	150	31.33%	3.1915	2.4795	4.3090
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	298	38.59%	2.5913	2.0132	5.0715
Urban pop, 2,500-19,999, nonadj	280	38.21%	2.6168	2.0330	5.1214
Rural, Metro adj	204	29.90%	3.3443	2.5982	6.5451
Rural, nonadj	99	33.33%	3.0000	2.3307	5.8713
Virginia border state/DC	1,437	9.05%	11.0538	8.5878	21.6337
Other US State	1,423	21.01%	4.7592	3.6974	9.3143

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	445	15.51%	6.4493	5.0715	21.6337
30 to 34	1,701	30.81%	3.2462	2.5527	10.8891
35 to 39	1,882	22.48%	4.4492	3.4987	14.9244
40 to 44	1,618	39.06%	2.5601	2.0132	8.5878
45 to 49	1,546	27.23%	3.6722	2.8877	12.3182
50 to 54	1,196	37.29%	2.6816	2.1087	8.9953
55 to 59	1,229	27.75%	3.6041	2.8341	12.0897
60 and Over	2,223	33.15%	3.0163	2.3719	10.1179

Source: Va. Healthcare Workforce Data Center

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

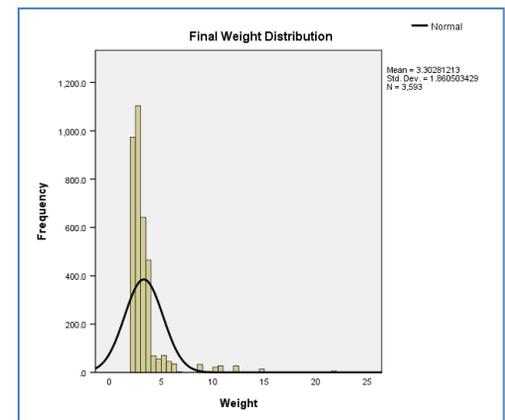
Methods:

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

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

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

Overall Response Rate: 0.30346



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty

Healthcare Workforce Data Center

December 2019

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

Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

6,600 Licensed Nurse Practitioners voluntarily participated in the 2018 and 2019 surveys. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Joint Boards of Nursing and Medicine express our sincerest appreciation for your ongoing cooperation.

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Dr. Elizabeth Carter, PhD
Executive Director

Yetty Shobo, PhD
Deputy Director

Laura Jackson, MSHSA
Operations Manager

Rajana Siva, MBA
Data Analyst

Christopher Coyle
Research Assistant

Joint Boards of Nursing and Medicine

Chair

Marie Gerardo, MS, RN, ANP-BC
Midlothian

Members

Ann Tucker Gleason, PhD
Zion Crossroads

Louise Hershkowitz, CRNA, MSHA
Reston

Karen A. Ransone, MD
Cobbs Creek

Nathaniel Ray Tuck, Jr, DC
Blacksburg

Kenneth J. Walker, MD
Pearisburg

Executive Director, Board of Medicine

William Harp, MD

Executive Director, Board of Nursing

Jay P. Douglas, MSM, RN, CSAC, FRE

Contents

Results in Brief.....	4
Survey Response Rates	5
The Workforce.....	6
Demographics – Age and Gender.....	7
Demographics – Race/Ethnicity	8
Background	9
Education	10
Current Employment Situation	11
Employment Quality.....	12
Labor Market.....	13
Work Site Distribution	14
Establishment Type	15
Time Allocation	17
Retirement & Future Plans	18
Map of Full Time Equivalency Units – Certified Nurse Anesthetists	20
Map of Full Time Equivalency Units – Certified Nurse Midwives	21
Map of Full Time Equivalency Units – Certified Nurse Practitioners.....	22

Results in Brief

This is a special report created for the Joint Boards of Nursing and Medicine. The report uses data from the 2018 and 2019 Nurse Practitioners Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of all NPs have access to the survey in any given year. Two years' worth of data, therefore, will allow all eligible Nurse Practitioners (NPs) the opportunity of completing the survey. The 2018 survey occurred between October 2017 and September 2018; the 2019 survey occurred between October 2018 and September 2019. The survey was available to all renewing NPs who held a Virginia license during the survey period and who renewed their licenses online. It was not available to those who did not renew, including NPs who were newly licensed during the survey period.

This report breaks down survey findings for certified registered nurse anesthetists (CRNA), certified nurse midwives (CNM), and Certified Nurse Practitioners (CNP). CNPs make up the highest proportion of NPs. Over three-quarters of NPs are CNPs whereas CNMs constitute only 3% of NPs. The full time equivalency units provided by each specialty are also similarly distributed. Some CNPs now practice autonomously because of House Bill 793 which was implemented in January 2019. Subsequent reports will examine this group separately if there are sufficient data.

Nine out of 10 NPs are female; CNMs are all female whereas slightly less than three-quarters of CRNAs are female; 94% of CNPs are female. The median age of all NPs is 44. However, the median age of CRNAs and CNMs is 46 and the median age for CNPs is 44. In a random encounter between two NPs, there is a 35% chance that they would be of different races or ethnicities, a measure known as the diversity index. CNMs were the least diverse with 22% diversity index whereas CRNAs and CNPs had 30% and 36% diversity index, respectively. Overall, 11% of NPs work in rural areas. CNPs had the highest rural workforce participation; 12% of CNPs work in rural areas compared to 4% and 2% of CRNAs and CNMs, respectively.

CRNAs had the highest educational attainment with 15% reporting a doctorate degree; only 8% of CNMs and 9% of CNPs did. Not surprisingly, CRNAs also reported the highest median education debt although less than half of CRNAs had debt; CRNAs reported \$80-\$90k in education debt. CNMs also had \$80-\$90k in education debt but 51% of them had debt. CNPs reported \$50k-\$60k in educational debt but 49% had debt. Further, 16% of CRNAs reported over \$120,000 in education debt compared to 16% of CNMs and 6% of CNPs.

CRNAs also reported the highest median annual income; they reported \$120k-\$130k in median income. The average for all other NPs is \$90k-\$100k. Further, 83% of CRNAs reported more than \$120,000 in income compared to 26% of CNMs and 18% of CNPs. However, only 78% of CRNAs and 81% of CNPs received at least one employer-sponsored benefit compared to 85% of CNMs. Overall, 95% of NPs are satisfied with their current employment situation. However, only 86% of CNMs are satisfied compared to 97% of CRNAs and 95% of CNPs. Close to a third of CNPs reported employment instability in the year prior to the survey compared to 27% of CRNAs and CNMs.

CRNAs had the highest participation in the private sector, 91% of them worked in the sector compared to 87% of CNMs and 84% of CNPs. Meanwhile, CRNAs had the lowest percent working in state or local government. CRNAs were most likely to be working in the inpatient department of hospitals whereas CNMs were most likely to work in private practice and CNPs were most likely to work in primary care clinics. About 9% of CNPs cared for Virginia patients using telehealth compared to 5% and 3% of CNMs and CRNAs, respectively.

About 26% of CRNAs plan to retire within the next decade compared to 23% of CNMs and 19% of CNPs. About 38%, 32% and 37% of CRNAs, CNMs, and CNPs, respectively, plan to retire by the age of 65. Further, 26%, 22%, and 24% of CRNAs, CNMs, and CNPs, respectively, who are age 50 or over expect to retire by the same age. Meanwhile, 3%, 10%, and 6% of CRNAs, CNMs, and CNPs, respectively, do not plan to retire at all.

A Closer Look:

At a Glance:

Licensed NPs

Total:	11,846
CRNA:	2,070
CNM:	355
CNP:	9,361

Response Rates

All Licensees: (2018 & 2019)	56%
---------------------------------	-----

Source: Va. Healthcare Workforce Data Center

This report uses data from the 2018 and 2019 Nurse Practitioner Surveys, and licensure data retrieved in October 2019. Two years of survey data were used to get a complete portrait of the NP workforce since NPs are surveyed every two years on their birth month. Thus, every eligible NP would have been eligible to complete the survey in either of the two years. Newly licensed NPs do not complete the survey so they will be excluded from the survey. From the licensure data, 2,070 of NPs reported their first specialty as CRNA; 355 had first specialty of CNM, 9,361 had other first specialties. Of the 9,361, 50 had a second specialty of CNM and six had a second specialty of CRNA. Therefore, after assigning any mention of CNM as CNM and similarly for CRNAs, “At a Glance” shows the break down by specialty. Over three-quarters are CNPs and about 3% are CNMs.

Response Rates				
	CRNA	CNM	CNP	Total
Completed Surveys 2018	556	99	2,329	2,984
Completed Surveys 2019	649	146	2,821	3,616
Response Rate, all licensees	58%	69%	55%	56%

Source: Va. Healthcare Workforce Data Center

Our surveys tend to achieve very high response rates. An average of 56% of NPs submitted a survey in both 2018 and 2019. As shown above, response rates are most similar between CRNAs and CNPs; CNMs had a much higher response rate.

Not in Workforce in Past Year				
	CRNA	CNM	CNP	All 2019
% of Licensees not in VA Workforce	22%	19%	16%	17%
% in Federal Employee or Military:	8%	20%	22%	17%
% Working in Virginia Border State or DC	19%	38%	28%	26%

Source: Va. Healthcare Workforce Data Center

CRNAs were most likely to not be working in the state workforce whereas CNMs were most likely to be working in border states.

Definitions

- 1. The Survey Period:** The survey was conducted between October 2017 and September 2018, and between October 2018 and September 2019, on the birth month of each renewing practitioner.
- 2. Target Population:** All NPs who held a Virginia license at some point during the survey time period.
- 3. Survey Population:** The survey was available to NPs who renewed their licenses online. It was not available to those who did not renew, including NPs newly licensed during the survey time frame.

A Closer Look:

At a Glance:

2018 and 2019 Workforce

Virginia's NP Workforce: 9,891
 FTEs: 8,827

Workforce by Specialty

CRNA: 1,634
 CNM: 306
 CNP: 7,833

FTE by Specialty

CRNA: 1,444
 CNM: 304
 CNP: 6,954

Source: Va. Healthcare Workforce Data Center

Definitions

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

Virginia's NP Workforce								
Status	CRNA		CNM		CNP		All (2019)	
	#	%	#	%	#	%	#	%
Worked in Virginia in Past Year	1,619	99%	299	98%	7,647	98%	9,679	98%
Looking for Work in Virginia	15	1%	8	3%	186	2%	211	2%
Virginia's Workforce	1,634	100%	306	100%	7,833	100%	9,891	100%
Total FTEs	1,444		304		6,954		8,827	
Licensees	2,070		355		9,361		11,840	

Source: Va. Healthcare Workforce Data Center

CNPs provided about 80% of the nurse practitioner FTEs in the state. CRNAs provided 17% whereas CNMs provided 3% of the FTEs.

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	33	8%	377	92%	410	5%
30 to 34	102	7%	1,301	93%	1,404	16%
35 to 39	156	10%	1,368	90%	1,523	17%
40 to 44	136	11%	1,083	89%	1,219	14%
45 to 49	119	11%	997	89%	1,115	13%
50 to 54	96	11%	772	89%	867	10%
55 to 59	87	10%	778	90%	865	10%
60 +	157	11%	1,270	89%	1,427	16%
Total	886	10%	7,945	90%	8,830	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 90%

% Under 40 Female: 91%

% Female by Specialty

CRNA: 72%

CNM: 100%

CNP: 94%

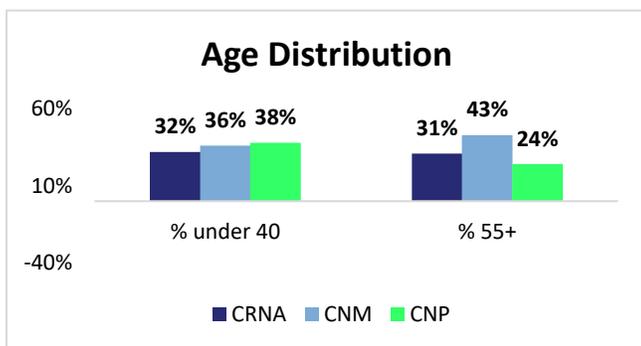
% Female <40 by Specialty

CRNA: 79%

CNM: 100%

CNP: 94%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Median age is 46 for CRNAs and CNMs, and 44 for CNPs.

Age & Gender by Specialty												
Age	CRNA				CNM				CNP			
	Female		Total		Female		Total		Female		Total	
	#	% Female	#	% in Age Group	#	% Female	#	% in Age Group	#	% Female	#	% in Age Group
Under 30	22	73%	30	2%	16	100%	16	6%	322	93%	346	5%
30 to 34	181	79%	229	15%	42	100%	42	16%	1,229	96%	1,279	18%
35 to 39	176	79%	221	15%	36	100%	36	14%	984	92%	1,066	15%
40 to 44	161	69%	234	16%	37	100%	37	14%	982	92%	1,066	15%
45 to 49	121	68%	178	12%	21	100%	21	8%	728	93%	781	11%
50 to 54	89	60%	148	10%	24	100%	24	9%	739	93%	794	11%
55 to 59	108	76%	141	9%	28	100%	28	11%	539	94%	576	8%
60 +	223	71%	317	21%	59	100%	59	23%	1,057	95%	1,116	16%
Total	1,081	72%	1,499	100%	262	100%	262	100%	6,579	94%	7,023	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Race & Ethnicity (2019)					
Race/ Ethnicity	Virginia*	NPs		NPs under 40	
	%	#	%	#	%
White	62%	7,079	80%	2,593	78%
Black	19%	797	9%	273	8%
Asian	6%	473	5%	234	7%
Other Race	0%	113	1%	51	2%
Two or more races	3%	143	2%	63	2%
Hispanic	9%	230	3%	102	3%
Total	100%	8,835	100%	3,316	100%

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

Source: Va. Healthcare Workforce Data Center

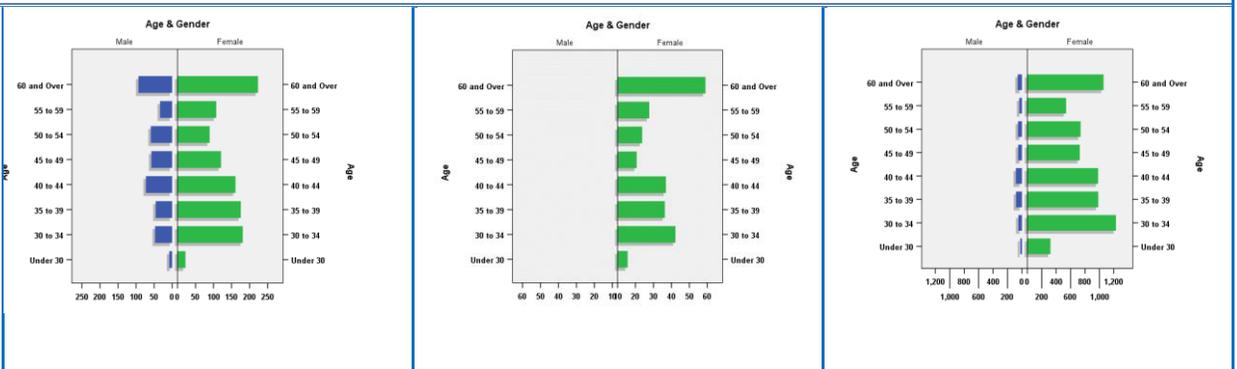
At a Glance:

2019 Diversity
 Diversity Index: 35%
 Under 40 Div. Index: 38%

By Specialty
 CRNA: 30%
 CNM: 22%
 CNP: 36%

Source: Va. Healthcare Workforce Data Center

Age, Race, Ethnicity & Gender												
Race/ Ethnicity	CRNA				CNM				CNP			
	NPs		NPs under 40		NPs		NPs under 40		NPs		NPs under 40	
	#	%	#	%	#	%	#	%	#	%	#	%
White	1,243	83%	398	83%	233	88%	83	87%	5,576	79%	2,051	77%
Black	66	4%	16	3%	15	6%	2	2%	732	10%	271	10%
Asian	86	6%	31	6%	2	1%	2	2%	343	5%	166	6%
Other Race	27	2%	11	2%	7	3%	6	6%	80	1%	35	1%
Two or more races	38	3%	8	2%	0	0%	0	0%	116	2%	61	2%
Hispanic	33	2%	15	3%	8	3%	2	2%	179	3%	90	3%
Total	1,493	100%	479	100%	265	100%	95	100%	7,026	100%	2,674	100%



Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

Rural Childhood

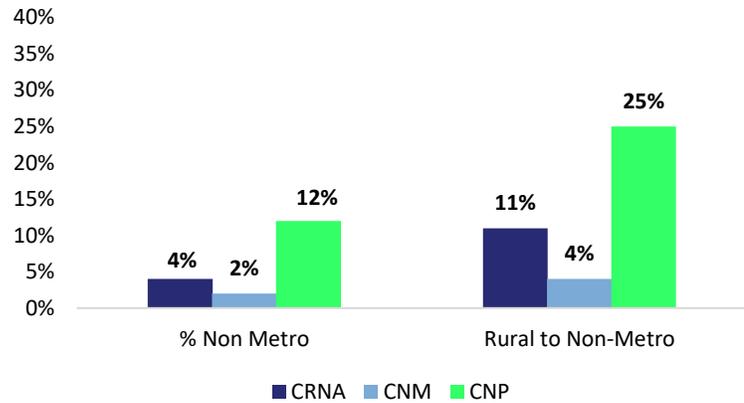
CRNA:	28%
CNM:	17%
CNP:	35%
All:	34%

Non-Metro Location

CRNA:	4%
CNM:	2%
CNP:	12%
All:	11%

Source: Va. Healthcare Workforce Data Center

Current Metro Status

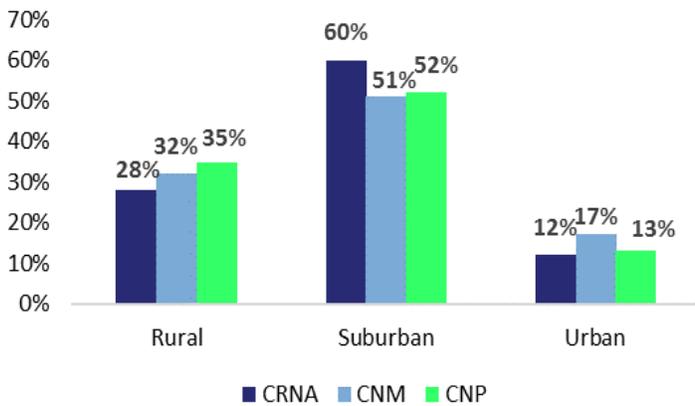


Source: Va. Healthcare Workforce Data Center

	HS in VA	Prof. Ed. in VA	HS or Prof in VA	NP Degree in VA
CRNA	29%	31%	36%	41%
CNM	28%	33%	38%	23%
CNP	50%	56%	61%	59%
All (2019)	44%	50%	55%	54%

Source: Va. Healthcare Workforce Data Center

Metro Status during Youth



Source: Va. Healthcare Workforce Data Center

CNPs were most likely to have been educated in the state. CNMs were least likely to have obtained their NP education in the state. Also, CNPs had the highest percent reporting a non-metro work location.

Education

A Closer Look:

At a Glance:

Median Educational Debt

CRNA:	\$80k-\$90k
CNM:	\$80k-\$90k
CNP:	\$50k-\$60k

Source: Va. Healthcare Workforce Data Center

CNMs were most likely to carry education debt; 51% and 79% of all CNMs and of CNMs under age 40, respectively, had education debt. Their median debt was \$80k-\$90k. CRNAs also had the same median education debt as CNMs but only 46% of them had education debt. CNPs had the lowest median education debt.

Degree	Highest Degree							
	CRNA		CNM		CNP		All (2019)	
	#	%	#	%	#	%	#	%
NP Certificate	189	13%	9	3%	104	2%	266	3%
Master's Degree	1,054	72%	192	74%	5,447	79%	6,790	78%
Post-Masters Cert.	11	1%	38	15%	690	10%	775	9%
Doctorate of NP	146	10%	16	6%	500	7%	654	8%
Other Doctorate	71	5%	5	2%	170	2%	234	3%
Post-Ph.D. Cert.	0	0%	0	0%	1	0%	0	0%
Total	1,471	100%	260	100%	6,912	100%	8,719	100%

Source: Va. Healthcare Workforce Data Center

Amount Carried	Educational Debt							
	CRNA		CNM		CNP		All (2019)	
	All NPs	NPs < 40	All NPs	NPs < 40	All NPs	NPs < 40	All NPs	NPs < 40
None	54%	25%	49%	21%	51%	38%	50%	36%
\$20,000 or less	5%	3%	5%	6%	8%	10%	3%	8%
\$20,000-\$29,999	4%	3%	6%	5%	4%	5%	4%	4%
\$30,000-\$39,999	3%	3%	2%	2%	5%	5%	5%	5%
\$40,000-\$49,999	3%	4%	0%	0%	4%	5%	4%	5%
\$50,000-\$59,999	3%	4%	4%	7%	4%	5%	4%	4%
\$60,000-\$69,999	2%	3%	4%	6%	4%	6%	4%	5%
\$70,000-\$79,999	2%	4%	4%	6%	4%	5%	4%	5%
\$80,000-\$89,999	3%	7%	3%	3%	3%	5%	3%	5%
\$90,000-\$99,999	1%	2%	3%	2%	2%	2%	2%	2%
\$100,000-\$109,999	2%	4%	2%	0%	3%	5%	4%	5%
\$110,000-\$119,999	1%	1%	4%	7%	1%	2%	1%	2%
\$120,000 or more	16%	37%	16%	34%	6%	7%	9%	14%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employed in Profession

CRNA:	98%
CNM:	91%
CNP:	96%

Involuntary Unemployment

CRNA:	<1%
CNM:	2%
CNP:	<1%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Hours	Current Weekly Hours			
	CRNA	CNM	CNP	All (2019)
0 hours	2%	6%	3%	3%
1 to 9 hours	1%	3%	2%	2%
10 to 19 hours	2%	0%	3%	2%
20 to 29 hours	7%	5%	7%	7%
30 to 39 hours	22%	12%	19%	20%
40 to 49 hours	55%	34%	49%	50%
50 to 59 hours	9%	15%	11%	11%
60 to 69 hours	1%	14%	4%	3%
70 to 79 hours	0%	4%	1%	1%
80 or more hours	0%	7%	1%	1%
Total	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

Over half of CRNAs work 40-49 hours and 10% work more than 50 hours whereas about 40% of CNMs work more than 50 hours. Half of CNPs work 40-49 hours and 16% work more than 50 hours.

Positions	Current Positions							
	CRNA		CNM		CNP		All (2019)	
	#	%	#	%	#	%	#	%
No Positions	25	2%	16	6%	198	3%	250	3%
One Part-Time Position	203	14%	38	15%	1,003	15%	1,253	15%
Two Part-Time Positions	51	3%	4	2%	181	3%	215	3%
One Full-Time Position	940	64%	165	64%	4,449	66%	5,598	65%
One Full-Time Position & One Part-Time Position	206	14%	27	11%	823	12%	1,040	12%
Two Full-Time Positions	1	0%	1	0%	16	0%	26	0%
More than Two Positions	36	2%	5	2%	115	2%	165	2%
Total	1,462	100%	256	100%	6,785	100%	8,547	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Benefit	Employer-Sponsored Benefits*			
	CRNA	CNM	CNP	All (2019)
Signing/Retention Bonus	24%	15%	13%	16%
Dental Insurance	60%	67%	60%	60%
Health Insurance	61%	72%	62%	63%
Paid Leave	65%	68%	69%	69%
Group Life Insurance	56%	50%	50%	52%
Retirement	71%	75%	71%	72%
Receive at least one benefit	78%	86%	81%	81%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Median Income

CRNA: \$120k-\$130k

CNM: \$90k-\$100k

CNP: \$90k-\$100K

All (2019): \$100k-\$110k

Percent Satisfied

CRNA: 97%

CNM: 85%

CNP: 95%

Source: Va. Healthcare Workforce Data Center

CRNAs reported \$120k-\$130k in median income. All other NPs, including CNMs, reported \$90k-\$100k in median income. CNMs were least satisfied with their current employment situation whereas CRNAs were the most satisfied. 2% of CNMs reported being very dissatisfied whereas 1% or less of the other NPs, including CRNAs, reported being very dissatisfied.

Annual Income	Income			
	CRNA	CNM	CNP	All (2019)
Volunteer Work Only	0%	0%	1%	1%
Less than \$40,000	1%	6%	5%	5%
\$40,000-\$49,999	1%	2%	2%	2%
\$50,000-\$59,999	1%	3%	3%	3%
\$60,000-\$69,999	0%	6%	4%	4%
\$70,000-\$79,999	2%	7%	6%	5%
\$80,000-\$89,999	2%	13%	12%	9%
\$90,000-\$99,999	2%	14%	19%	14%
\$100,000-\$109,999	4%	11%	19%	17%
\$110,000-\$119,999	3%	12%	11%	9%
\$120,000 or more	83%	26%	18%	33%
Total	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

Labor Market

A Closer Look:

Employment Instability in Past Year				
In the past year did you . . . ?	CRNA	CNM	CNP	All (2019)
Experience Involuntary Unemployment?	1%	4%	1%	1%
Experience Voluntary Unemployment?	3%	6%	5%	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	1%	5%	2%	2%
Work two or more positions at the same time?	19%	13%	17%	17%
Switch employers or practices?	7%	8%	9%	8%
Experienced at least 1	27%	27%	30%	28%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Involuntarily Unemployed

CRNA:	1%
CNM:	4%
CNP:	1%

Underemployed

CRNA:	1%
CNM:	5%
CNP:	2%

Over 2 Years Job Tenure

CRNA:	64%
CNM:	51%
CNP:	53%

Source: Va. Healthcare Workforce Data Center

Tenure	Job Tenure at Location					
	CRNA		CNM		CNP	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
Not Currently Working at this Location	1%	3%	6%	0%	1%	6%
< 6 Months	5%	10%	2%	10%	9%	11%
6 Months-1 yr	8%	13%	9%	7%	12%	14%
1 to 2 Years	21%	25%	32%	10%	25%	23%
3 to 5 Years	21%	25%	31%	33%	22%	23%
6 to 10 Years	17%	13%	9%	20%	14%	13%
> 10 Years	26%	11%	11%	20%	17%	10%
Total	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

CNMs were most likely to be paid by salary or commission. Over three-quarters of them were paid that way, compared to 71% of CNPs and 57% of CRNAs.

Primary Work Site	Forms of Payment			
	CRNA	CNM	CNP	All (2019)
Salary/ Commission	57%	76%	71%	68%
Hourly Wage	35%	17%	24%	27%
By Contract	7%	6%	4%	5%
Total	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

% in Top 3 Regions

CRNA:	79%
CNM:	71%
CNP:	70%

2 or More Locations

CRNA:	28%
CNM:	16%
CNP:	21%

Source: Va. Healthcare Workforce Data Center

For primary work locations, Northern Virginia has the highest proportion of CNMs whereas CRNAs and CNPs were equally concentrated in the Northern and Central Virginia regions.

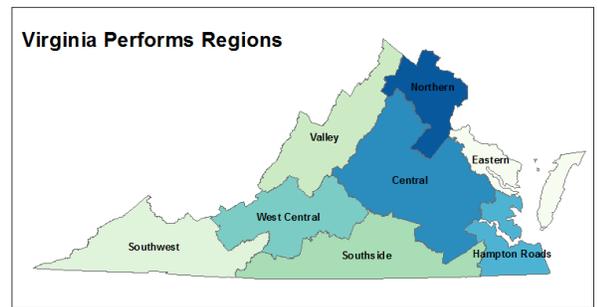
Virginia Performs Region	Regional Distribution of Work Locations					
	CRNA		CNM		CNP	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
Central	28%	17%	20%	19%	26%	19%
Eastern	1%	3%	1%	0%	1%	1%
Hampton Roads	23%	27%	18%	28%	18%	16%
Northern	28%	33%	33%	23%	26%	23%
Southside	2%	4%	0%	2%	4%	4%
Southwest	2%	3%	1%	2%	6%	9%
Valley	2%	4%	15%	12%	7%	6%
West Central	8%	6%	12%	7%	10%	11%
Virginia Border State/DC	2%	1%	0%	2%	1%	3%
Other US State	3%	4%	0%	5%	1%	7%
Outside of the US	0%	0%	0%	0%	0%	0%
Total	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

Locations	Number of Work Locations Now*					
	CRNA		CNM		CNP	
	#	%	#	%	#	%
0	26	2%	21	8%	253	4%
1	1,043	71%	193	75%	5,077	75%
2	214	15%	27	11%	874	13%
3	158	11%	15	6%	431	6%
4	19	1%	0	0%	57	1%
5	9	1%	0	0%	34	1%
6+	8	1%	0	0%	52	1%
Total	1,477	100%	256	100%	6,779	100%

Source: Va. Healthcare Workforce Data Center

*At survey completion (birth month of respondents)



A Closer Look:

Sector	Location Sector							
	CRNA		CNM		CNP		All (2019)	
	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec
For-Profit	54%	72%	60%	55%	50%	57%	51%	59%
Non-Profit	37%	24%	27%	39%	34%	29%	35%	30%
State/Local Government	3%	1%	7%	2%	10%	10%	9%	7%
Veterans Administration	2%	0%	0%	0%	3%	1%	3%	1%
U.S. Military	3%	2%	6%	5%	2%	2%	3%	2%
Other Federal Government	0%	0%	0%	0%	1%	1%	1%	1%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

CRNAs had the highest participation in the private sector, 91% of them worked in the sector compared to 84% of CNPs and 87% of CNMs. Meanwhile, CRNAs had the lowest percent working in state or local government.

**At a Glance:
(Primary Locations)**

For-Profit Primary Sector

CRNA: 54%
CNM: 60%
CNP: 50%

Top Establishments

CRNA: Inpatient Department
CNM: Primary Care Clinic
CNP: Group Private Practice

Source: Va. Healthcare Workforce Data Center

Electronic Health Records (EHRs) and Telehealth				
	CRNA	CNM	CNP	All (2019)
Meaningful use of EHRs	13%	29%	33%	30%
Remote Health, Caring for Patients in Virginia	3%	5%	9%	8%
Remote Health, Caring for Patients Outside of Virginia	1%	2%	2%	2%
Use at least one	15%	31%	38%	34%

Source: Va. Healthcare Workforce Data Center

A third of the state NP workforce use EHRs. 8% also provided remote health care for Virginia patients. CNPs were most likely to report using at least one EHR or telehealth whereas CRNAs were least likely to report doing so likely because of the nature of their job.

Establishment Type	Location Type							
	CRNA		CNM		CNP		All (2019)	
	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec
Hospital, Inpatient Department	37%	36%	21%	26%	15%	13%	19%	20%
Clinic, Primary Care or Non-Specialty	1%	2%	11%	19%	21%	16%	16%	12%
Physician Office	1%	3%	8%	2%	11%	6%	10%	5%
Private practice, group	4%	3%	21%	16%	9%	5%	8%	4%
Academic Institution (Teaching or Research)	9%	3%	10%	9%	8%	10%	8%	8%
Hospital, Outpatient Department	11%	10%	1%	0%	7%	4%	8%	5%
Ambulatory/Outpatient Surgical Unit	21%	33%	0%	0%	1%	1%	5%	7%
Clinic, Non-Surgical Specialty	0%	1%	5%	7%	4%	3%	4%	3%
Long Term Care Facility, Nursing Home	0%	0%	0%	0%	3%	4%	2%	4%
Hospital, Emergency Department	2%	4%	0%	0%	3%	6%	2%	4%
Private practice, group	0%	0%	4%	5%	2%	2%	2%	1%
Mental Health, or Substance Abuse, Outpatient Center	0%	0%	0%	0%	2%	3%	2%	3%
Hospice	0%	0%	0%	0%	1%	3%	1%	2%
Other Practice Setting	13%	5%	19%	16%	13%	24%	14%	21%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

The inpatient department of a hospital was the most mentioned primary work establishment for NPs on average. This result was driven primarily by CRNAs. For CNMs, both the inpatient department of a hospital and private practice were the most mentioned primary work establishments whereas for CNPs, primary care clinic was the most mentioned primary work establishment.

At a Glance: (Primary Locations)

Patient Care Role

CRNA:	95%
CNM:	85%
CNP:	86%

Education Role

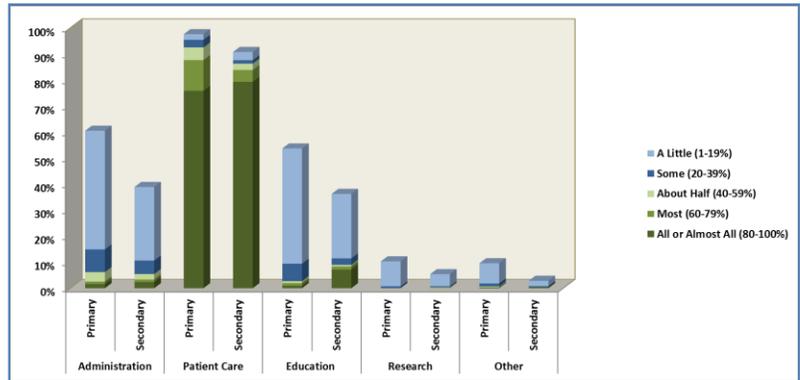
CRNA:	0%
CNM:	3%
CNP:	2%

Admin Role

CRNA:	2%
CNM:	6%
CNP:	3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

On average, 88% of all NPs fill a patient care role, defined as spending 60% or more of their time on patient care activities. CRNAs were most likely to fill a patient care role; 95% of CRNAs filled such role compared to 85% and 86% of CNMs and CNPs, respectively.

Time Spent	Patient Care Time Allocation							
	CRNA		CNM		CNP		All (2019)	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	89%	94%	63%	78%	73%	73%	76%	79%
Most (60-79%)	6%	3%	22%	8%	14%	6%	12%	5%
About Half (40-59%)	2%	0%	2%	5%	6%	4%	5%	2%
Some (20-39%)	1%	0%	3%	0%	3%	2%	3%	1%
A Little (1-20%)	1%	0%	6%	0%	2%	3%	2%	3%
None (0%)	1%	2%	4%	11%	3%	12%	2%	9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Future Plans						
2 Year Plans:	CRNA		CNM		CNP	
	#	%	#	%	#	%
Decrease Participation						
Leave Profession	20	1%	2	1%	67	1%
Leave Virginia	81	5%	10	3%	207	3%
Decrease Patient Care Hours	162	10%	27	9%	631	8%
Decrease Teaching Hours	6	0%	1	0%	98	1%
Increase Participation						
Increase Patient Care Hours	111	7%	14	5%	776	10%
Increase Teaching Hours	87	5%	41	13%	1,012	13%
Pursue Additional Education	76	5%	56	18%	1,094	14%
Return to Virginia's Workforce	1	0%	5	2%	70	1%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement within 2 Years

CRNA:	10%
CNM:	8%
CNP:	5%

Retirement within 10 Years

CRNA:	26%
CNM:	23%
CNP:	19%

Source: Va. Healthcare Workforce Data Center

38%, 32% and 37% of CRNAs, CNMs, and CNPs, respectively, expect to retire by the age of 65. Further, 26%, 22%, and 24% of CRNAs, CNMs, and CNPs, respectively, aged 50 or over expect to retire by the same age. Meanwhile, 3%, 10%, and 6% of CRNAs, CNMs, and CNPs, respectively, do not plan to retire at all.

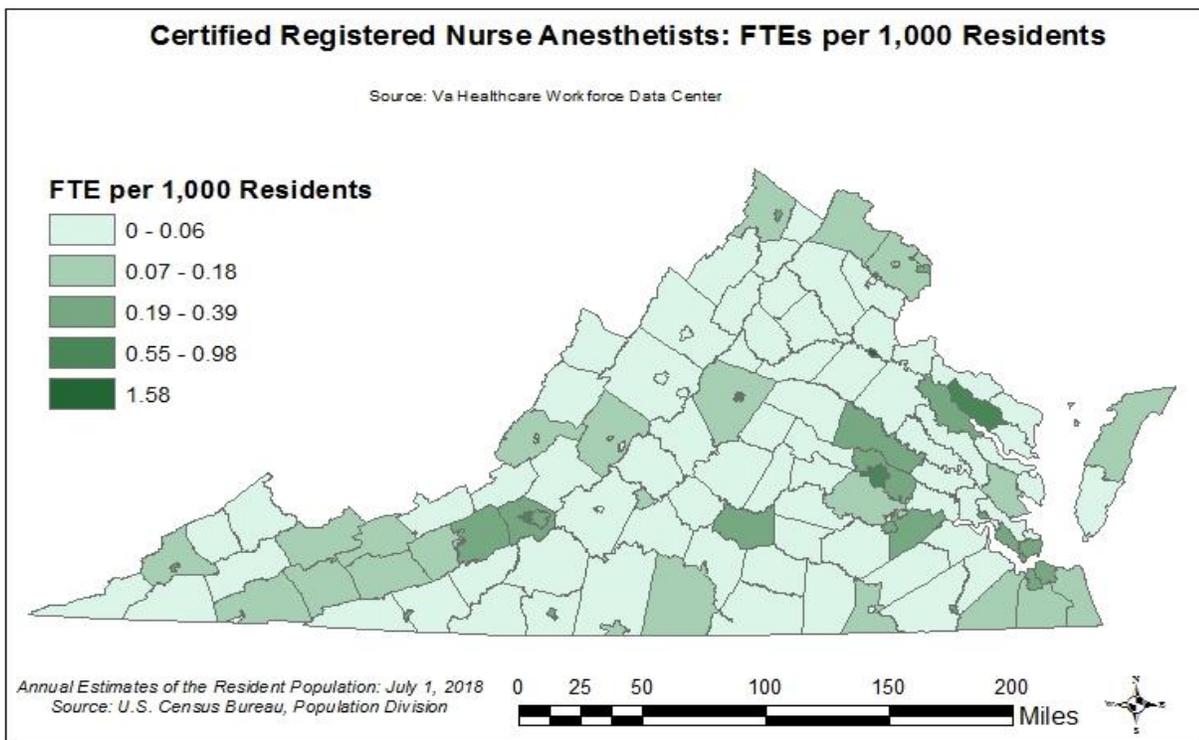
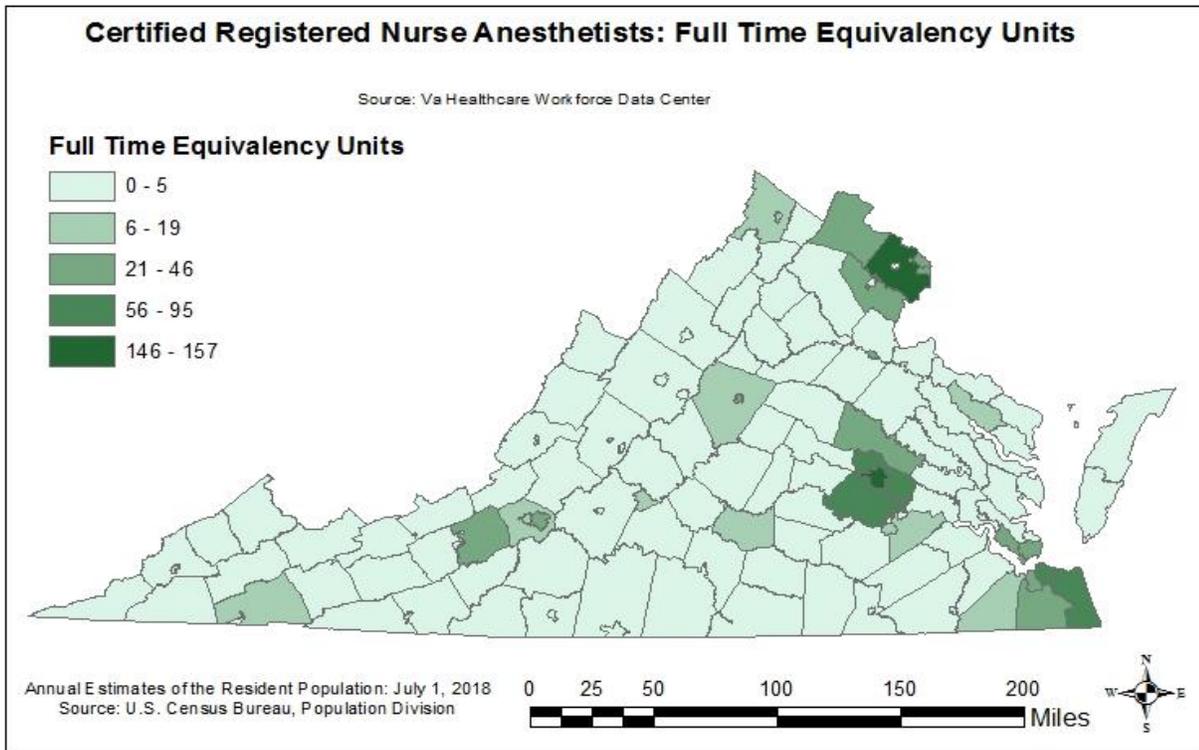
Expected Retirement Age	CRNA		CNM		CNP		All (2019)	
	All NPs	NP >50 yrs						
Under age 50	1%	-	2%	-	1%	-	1%	-
50 to 54	2%	0%	0%	0%	3%	0%	2%	0%
55 to 59	11%	4%	5%	0%	8%	4%	9%	4%
60 to 64	25%	21%	24%	22%	24%	20%	25%	21%
65 to 69	42%	49%	35%	46%	39%	43%	39%	43%
70 to 74	14%	19%	14%	14%	14%	19%	15%	19%
75 to 79	2%	2%	7%	4%	3%	4%	3%	4%
80 or over	1%	1%	2%	1%	1%	2%	1%	2%
I do not intend to retire	3%	3%	10%	12%	6%	7%	5%	7%
Total	100%							

Source: Va. Healthcare Workforce Data Center

	Time to Retirement							
	CRNA		CNM		CNP		All (2019)	
Expect to retire within. . .	#	%	#	%	#	%	#	%
2 years	128	10%	17	8%	291	5%	445	6%
5 years	66	5%	13	6%	184	3%	223	3%
10 years	140	11%	22	10%	626	11%	828	11%
15 years	155	12%	26	12%	633	11%	796	10%
20 years	149	12%	21	9%	669	11%	827	11%
25 years	161	12%	14	6%	801	14%	1,030	14%
30 years	206	16%	25	11%	859	15%	1,170	15%
35 years	119	9%	27	12%	791	13%	994	13%
40 years	100	8%	14	6%	493	8%	585	8%
45 years	19	1%	12	5%	181	3%	197	3%
50 years	17	1%	6	3%	40	1%	83	1%
55 years	0	0%	4	2%	5	0%	15	0%
In more than 55 years	3	0%	0	0%	8	0%	10	0%
Do not intend to retire	33	3%	23	10%	334	6%	385	5%
Total	1,294	100%	224	100%	5,916	100%	7,588	100%

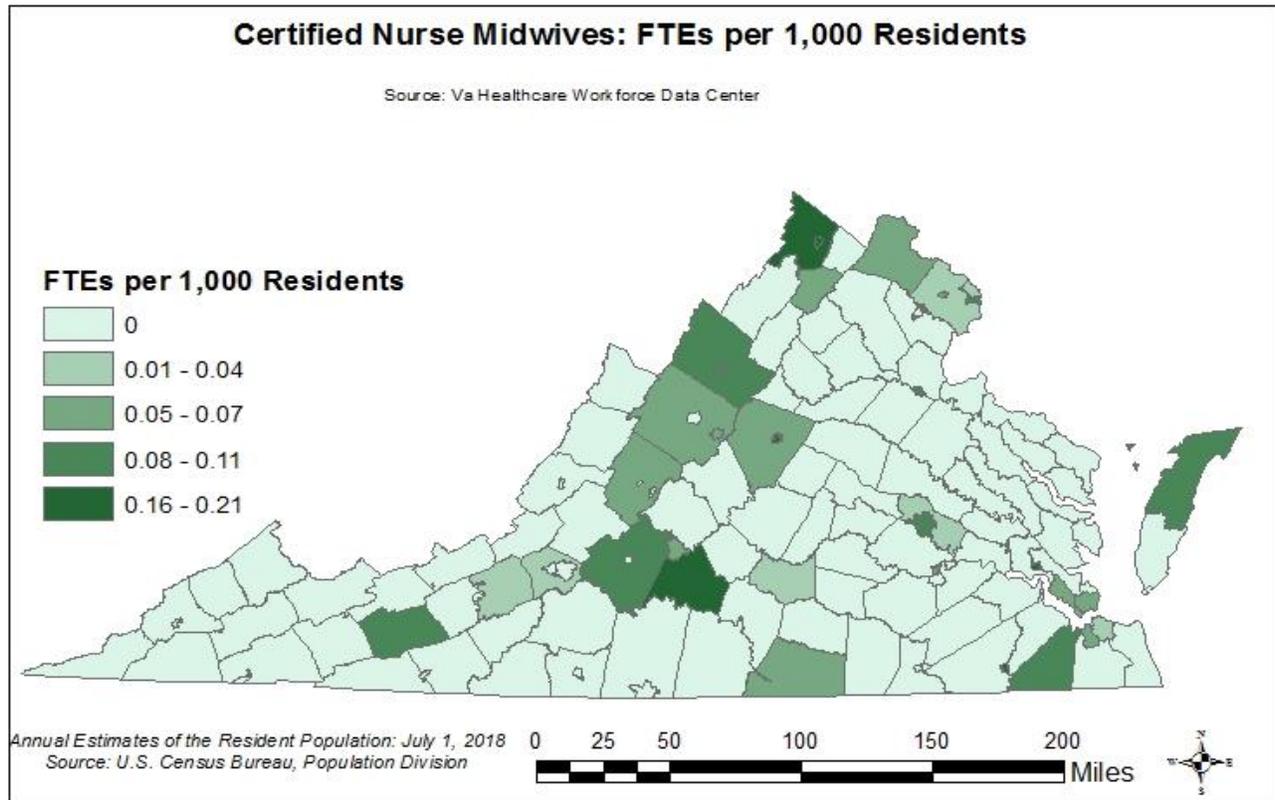
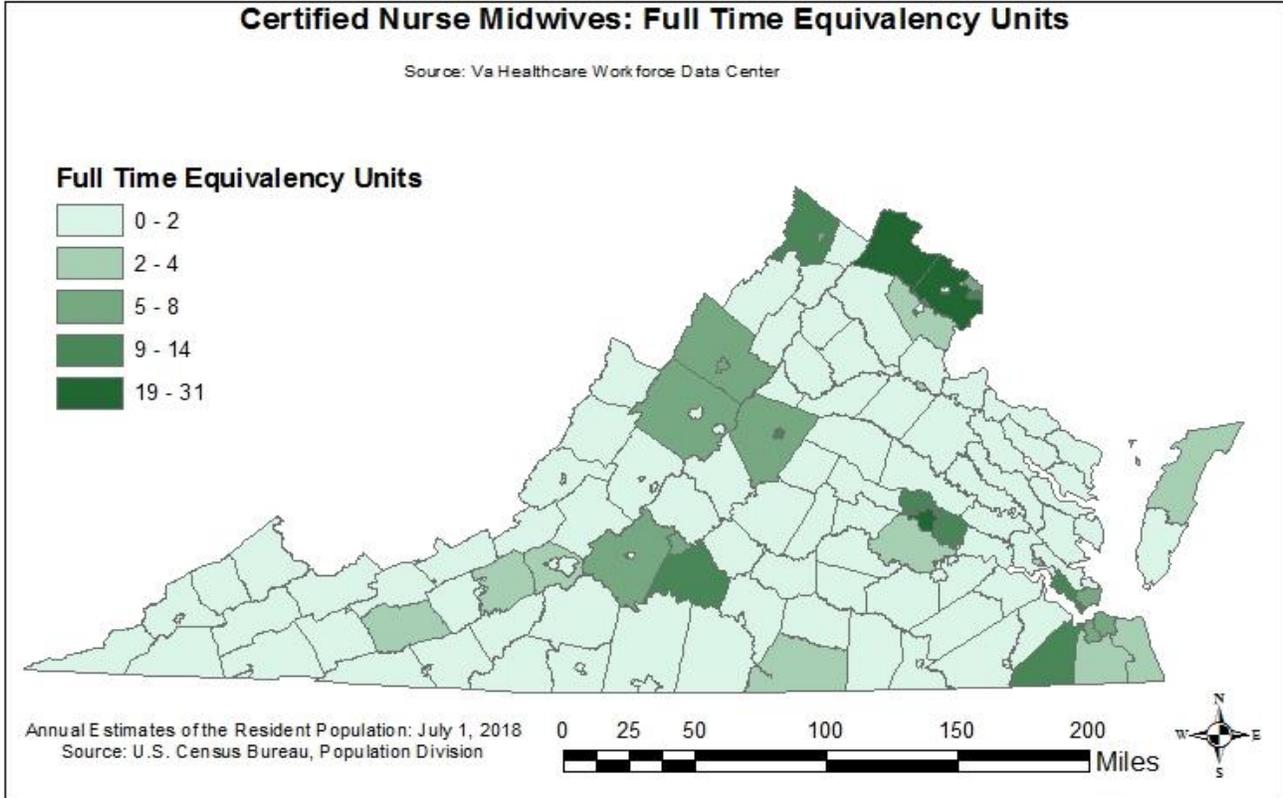
Source: Va. Healthcare Workforce Data Center

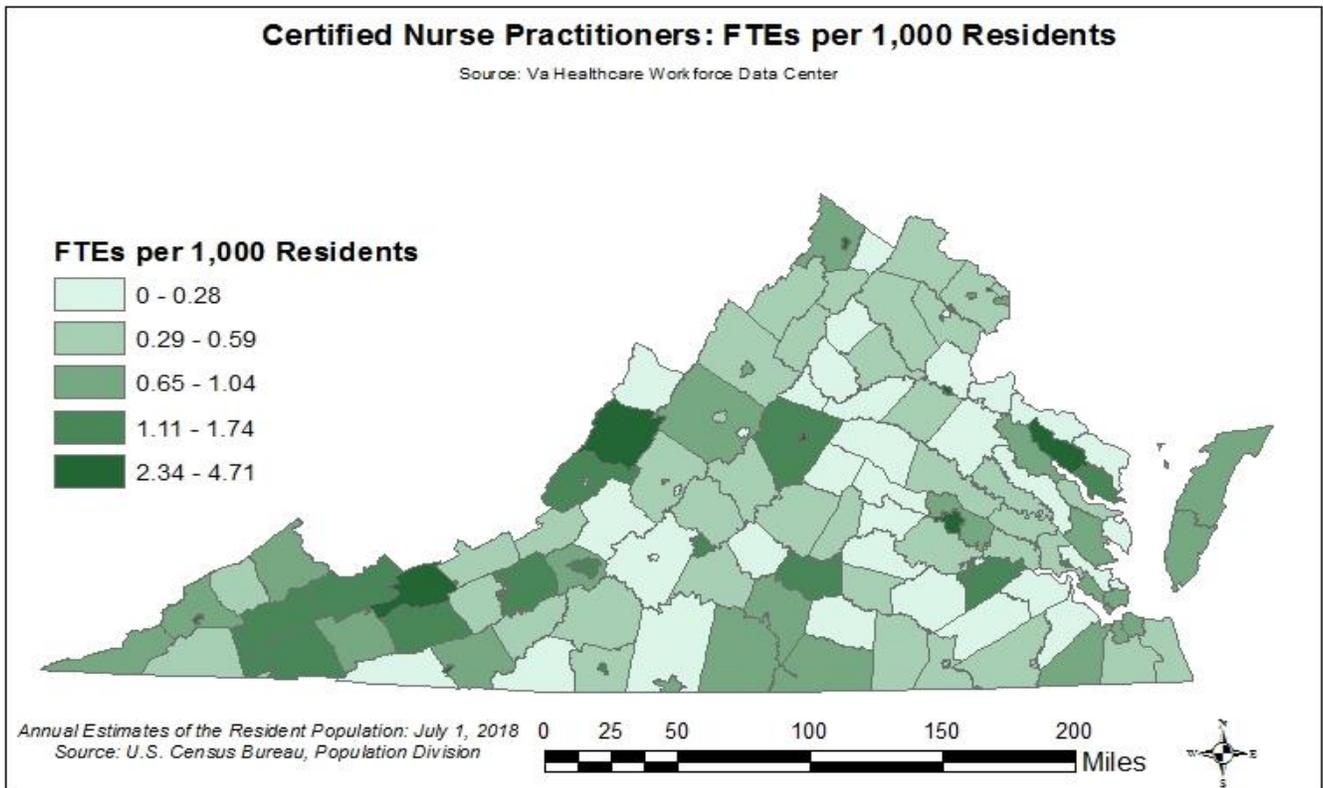
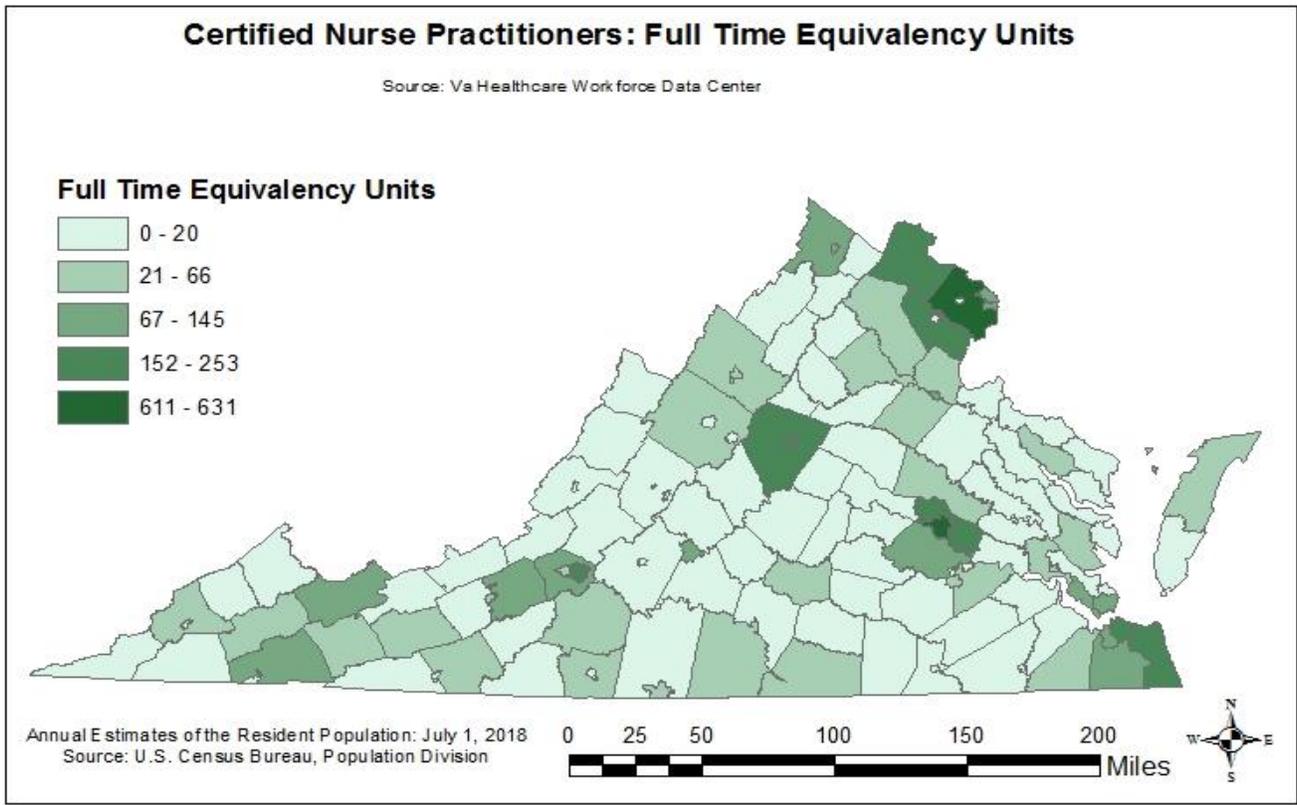
Using these estimates, retirements will begin to reach over 10% of the current workforce every 5 years by 2029. Retirements will peak at 13% of the current workforce around 2044 before declining to under 10% of the current workforce again around 2059.



Note:

Maps show reported work hours in primary and secondary locations of respondents who provided a response to the relevant question. Map may not reflect hours worked by all nurse practitioners licensed in the state since response rate was less than 100%.





From: **Virginia Board of Nursing** <nursebd@dhp.virginia.gov>
Date: Fri, Jan 24, 2020 at 10:55 AM
Subject: Nurse Practitioner – Eliminating Prescriptive Authority License
To: <mike.gallini@dhp.virginia.gov>



Virginia Board of Nursing

Subject: Nurse Practitioner – Eliminating Prescriptive Authority License

Dear Licensee:

You are receiving this email to let you know that the Committee of the Joint Boards of Nursing and Medicine promulgated regulation changes that resulted in the elimination of the requirement for nurse practitioners to obtain/maintain a separate prescriptive authority license (#0017). These changes go into effect on **March 4, 2020** so you will not receive a renewal notice and you do not need to renew your prescriptive authority license (#0017) after that date. Regulation changes will be posted in the Virginia Register after 2/4/2020.

FYI: information regarding these changes coming soon under Featured News on [Board of Nursing webpage](#).

Key points:

- If you have a separate prescriptive license (#0017), your license records will be merged resulting in one nurse practitioner license (#0024). Your nurse practitioner license will also be clearly designated with Rx Authority which may be viewable through [License Lookup](#).
- You are required to renew your current nurse practitioner license (#0024) and your pre-requisite registered nurse (RN) license (* Note: you must renew your RN license first before proceeding with renewing your nurse practitioner license).
- If you have prescriptive authority, compliance with the **continuing competency requirements** is necessary for NP licensure renewal, as indicated in 18 VAC 90-40-55.
- If you do not currently have a prescriptive authority license (#0017) and you meet the requirements as outlined in regulations, submission of a paper application (\$35 application fee) is required to add the Rx Authority designation to your

existing nurse practitioner license. Application instructions will be posted on or before March 4th under [Board of Nursing Nurse Practitioner Forms](#).

- See the [Board of Nursing staff listing](#) which contains information on where to go for licensing application or other assistance.

We hope this information is helpful. Thank you.



C1

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

Virginia Board of Nursing
Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director

Board of Nursing (804) 367-4515
www.dhp.virginia.gov/Boards/nursing

Memo

To: Board Members
From: Jay P. Douglas, MSM, RN, CSAC, FRE
Re: Guidance Document 90-11
Date: January 30, 2020

Attached is Guidance Document 90-11 *Continuing Competency Violations for Nurse Practitioners* for the Committee consideration.

- **C1a** The current version
- **C1b** The Proposed revision version

Staff completed a review and made the proposed amendments in yellow highlights.

Guidance Document: 90-11

Revised: Board of Nursing, July 14, 2015
Board of Medicine, June 18, 2015

Boards of Nursing and Medicine

Continuing Competency Violations for Nurse Practitioners

Should a nurse practitioner not complete their continuing competency requirements and it is determined that this is the first time and that the conduct is not willful or intentional, the Boards will offer a Confidential Consent Agreement (CCA) that will allow them to immediately obtain the missing hours. Original documentation of said missing hours shall be returned with the signed CCA.

Should it be determined that the conduct is willful or intentional, or it is the second or more occurrence for this violation, the Committee of the Joint Boards of Nursing and Medicine will proceed with an informal conference or offer a pre-hearing consent order and shall consider the nurse practitioner's previous violations. Suggested sanctions include a \$100 monetary penalty for each missing hour and a \$300 monetary penalty for each fraudulent renewal certifying that the licensee meets the renewal requirements. In addition the nurse practitioner will be required to complete the missing hours with documentation submitted to the Board within 60 days of order entry.

Nurse practitioners may request exemptions or extensions as provided in 18VAC90-30-105 (E) and (F) of the Regulations Governing the Practice of Nurse Practitioners. Should an extension be granted, the nurse practitioner must obtain the hours within the time frame allotted by the Board.

**PROPOSED REVISION
GUIDANCE DOCUMENT 90-11**

The Committee of the Joint Boards of Nursing and Medicine

Continued Competency Violations by Licensed Nurse Practitioners

Should a licensed nurse practitioner regulated by The Committee of the Joint Boards of Nursing and Medicine not complete the continued competency requirements for their occupation, and it is determined that this is a:

- First time occurrence, and that the conduct is neither willful nor intentional, the Committee may offer the practitioner a Confidential Consent Agreement (CCA) that would allow them to complete the continued competency requirements. The CCA may require the licensed nurse practitioner to submit original documentation of any missing continued competency requirements together with the signed CCA within 30 days.
- Recurrence, or that the conduct is willful and/or intentional, the Committee would proceed with an informal conference or offer a pre-hearing consent order, and would consider any previous violations. Suggested sanctions include:
 - A monetary penalty for each missing requirement of: \$100
 - A monetary penalty for each fraudulent renewal certifying that the practitioner met the renewal requirements of: \$300
 - The completion by the licensed nurse practitioner of any missing requirements, with documentation of the completion submitted to the Committee within 60 days of entry of the order.

A licensed nurse practitioner may request exemptions or extensions only as provided for in the regulations governing their practice: 18VAC90-30-105 (E) and (F).

A licensed nurse practitioner with prescriptive authority may request exemptions or extensions only as provided for in the regulations governing that practice: 18VAC90-40-55 (E).

Should an extension be granted, the licensed nurse practitioner must provide documentation of completion of any missing requirements within the time frame allotted by the Board.