

Committee of the Joint Boards of Nursing and Medicine

Instructions for Accessing December 9, 2020 at 9:00 A.M.

Virtual Business Meeting and Providing Public Comment

- ❖ **Access:** Perimeter Center building access remains restricted to the public due to the COVID-19 pandemic. To observe this virtual meeting, use one of the options below. Participation capacity is limited and is on a first come, first serve basis due to the capacity of CISCO WebEx technology.
- ❖ **Public comment:** Comments will be received during the public hearings and during the board meeting from those persons who have submitted an email to huong.vu@dhp.virginia.gov no later than 8 am on December 9, 2020 indicating that they wish to offer comment. Be sure to specify if the comment is associated with the public hearing or the board meeting. Comment may be offered by these individuals when their names are announced by the chairman.
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**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

VIRTUAL BUSINESS MEETING FINAL AGENDA
December 9, 2020 at 9:00 A.M.

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

Establishment of Quorum

Announcement

- ❖ Welcome new Committee Members
 - Lori Conklin, MD replaced Nathaniel Ray Tuck, Jr., DC
 - David Archer, MD replaced Kenneth Walker, MD

A. Review of Minutes

- | | | |
|----|------------------|-------------------|
| A1 | October 21, 2020 | Business Meeting* |
| A2 | October 21, 2020 | Formal Hearing* |

Public Comment

Dialogue with Agency Director – Dr. Brown and or Dr. Allison-Bryan

B. Legislation/Regulations – Ms. Yeatts

- B1 Regulatory Update
- B2 Report of the 2021 General Assembly

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: 2020*
- Virginia’s Licensed Nurse Practitioner Workforce: Comparison by Specialty*

C. New Business

- Board of Nursing Executive Director Report – **Ms. Douglas (verbal report)**
- **C1** - Revision of Guidance Document 90-11 *Continuing Competency and Protocol Requirements Violations for Nurse Practitioners*
- Re-appointment of Advisory Committee Members (see attached **CONFIDENTIAL information**)

Environmental Scan – Advisory Committee Members (**verbal report**)

Next Meeting – Wednesday, February 17, 2021, at 9:00 A.M in Board Room 2

10:00 A.M - Agency Subordinate Recommendations Consideration – Joint Boards Members ONLY

#1 - Renee Marie Messina Essary, LNP

Consent Order Consideration – Joint Boards Members ONLY

- Jennifer Renae Perry Battani, LNP Reinstatement Applicant

Possible Summary Suspension Consideration – Joint Boards Members ONLY

- Charmayne Lanier-Eason, LNP (cases # 194486 and 200282)

Adjourn

(* mailed 11/24 - ** mailed 12/1)

Our mission is to ensure safe and competent practice of nursing to protect the health, safety of the citizens of the Commonwealth

**VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
BUSINESS MEETING
MINUTES
October 21, 2020**

TIME AND PLACE: The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:00 A.M., October 21, 2020 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
Karen Ransone, MD
Nathiel Ray Tuck, Jr., DC
Kenneth Walker, MD

MEMBERS ABSENT: None

ADVISORY COMMITTEE

MEMBERS PRESENT: Kevin E. Brigle, RN, NP
Kathleen Bailey, RN, CNM, MA, MS
David Alan Ellington, MD
Sarah E. Hobgood, MD
Thokozeni Lipato, MD
Janet L. Setnor, CRNA

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director; Board of Nursing
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice; Board of Nursing
Stephanie Willinger; Deputy Executive Director for Licensing; Board of Nursing
Huong Vu, Executive Assistant; Board of Nursing

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General; Board Counsel
Elaine Yeatts, Policy Analyst, Department of Health Professions
William L. Harp, MD, Executive Director; Board of Medicine

IN THE AUDIENCE: Benjamin Traynham, Hancock, Daniel & Johnson

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

Ms. Gerardo welcomed Ms. Bailey as a new Advisory Committee Member to the Committee of the Joint Boards of Nursing and Medicine. Ms. Bailey shared her background information with the Committee.

ESTABLISHMENT OF A QUORUM:

Ms. Gerardo called the meeting to order and established that a quorum consisting of 6 members was present.

ANNOUNCEMENT:

Ms. Gerardo noted the announcement as presented in the Agenda:

- New Member of Advisory Committee to the Committee of the Joint Boards – Kathleen J. Bailey, RN, CNM, MA, MS.
- Robin Hills, RN, DNP, WHNP, transferred to the Deputy Executive Director for Advanced Practice position effective June 1, 2020 (**replacing Terri Clinger**).

REVIEW OF MINUTES:

The minutes of the February 12, 2020 Business Meeting, February 12, 2020 Informal Conferences, July 21, 2020 Agency Subordinate Recommendation Consideration and August 18, 2020 Telephone Conference Call were reviewed. Ms. Hershkowitz 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:**

Ms. Gerardo noted that Drs. Brown and Allison-Bryan are not available to attend the meeting.

**LEGISLATION/
REGULATIONS:**

B1 Regulatory Update:

Ms. Yeatts reviewed the chart of Regulatory Actions provided in the agenda noting that Regulations for Prescriptive Authority for Nurse Practitioners (18VAC90-40) are now at the Secretary's Office for review.

B2 Legislation Passed by the 2020 General Assembly (GA) Report:

Ms. Yeatts reviewed the report of the Legislation passed by the 2020 General Assembly that was provided in the agenda.

Dr. Ellington asked for clarification of the phrase "*expediting the issuance of credentials*" stated in **HB967 (Military service members and veterans; expediting the issuance of credentials to spouses)**.

Ms. Yeatts said it means licensing credentials.

Dr. Ellington questioned whether the five-year range for screening for post-partum depression should be required as stated in **HB42 (Prenatal and postnatal depression, etc.; important of screening patients)**

Ms. Yeatts replied that full assessment of screening rather than specific is required.

Dr. Ellington asked how would the Board address a complaint?

Dr. Harp stated that since it is a disciplinary matter, the Board will look at the facts in the complaint and make a determination on a case-by-case basis.

Ms. Yeatts reminded the Committee that the Board of Medicine is mandated to send a communication annually.

Dr. Harp added that the annual communication is a reminder regarding predisposing factors and available screening instruments and tools to encourage providers to screen

Ms. Douglas noted that Boards receive a wide range of cases and information provided might not rise to the level of disciplinary action.

NEW BUSINESS:

Board of Nursing Executive Director Report:

- ❖ **C1 Committee of the Joint Boards Update** sent to Nurse Practitioners in July 2020 – Ms. Douglas highlighted the written report provided in the agenda noting:
 - ✓ Effective July 1, 2020, Certified Registered Nurse Anesthetists (CRNAs) have the authority to prescribe Schedule II through VI and they do not have to apply for nor will they receive a separate *Rx Authority* designation. Verification of a nurse practitioner license number that begins with 0024 combined with the CRNA specialty category indicates that the CRNA is eligible to apply for a DEA number.
 - ✓ Effective March 4, 2020, the NP Prescriptive Authority license (beginning with 0017) was eliminated. Nurse practitioners (categories other than CRNAs) now practice on a single license (beginning with 0024). These authority to prescribe designation is on the NP license viewable through License Lookup
- ❖ **E-Prescribing Waivers Update** – Ms. Douglas reported that the Board approved 233 waivers.
- ❖ **Autonomous Practice Update** – Ms. Douglas reported the Board issued 1,039 autonomous practice designations. Ms. Douglas added that only one application was referred to informal conference due to insufficient documentation to support the issuing of the license and was ultimately granted the designation.

C2 2021 Joint Boards Meeting Dates:

Ms. Douglas stated that the Committee will look at conducting some meetings virtually. Ms. Douglas asked Members to hold those dates in their calendar.

C3 American Association of Nurse Anesthetists (AANA) Scope of Nurse Anesthesia Practice – Incorporated by references into 18VAC90-30:

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

Incorporating Nurse Practitioners (NPs) into online practitioner profile (report is due November 1, 2020): :

Ms. Douglas stated that HB793 requires the Boards of Medicine and Nursing to establish a mechanism for NPs to create profiles into the online practitioner profile and report it by November 1, 2020. This report has been submitted.

HB793 also requires that the Boards of Medicine and Nursing report the number of NPs who have the autonomous practice designation accompanied by the geographic and specialty areas in which these NPs are practicing in 2021. Ms. Douglas added that this report is in process.

Ms. Hershkowitz asked if all categories of NPs will be included in the profile creation. Ms. Douglas said yes.

Report of the NCSBN virtual Annual Meeting on August 12, 2020:

Ms. Gerardo asked Ms. Hershkowitz to report.

Ms. Hershkowitz reported that both she and Ms. Gerardo served as delegates at the meeting and 2/3 of the NCSBN delegates voted to approve the revised Advanced Practice Registered Nurse (APRN) Compact as follows:

- Decrease the number of states required for the compact to be in effect from ten to seven
- 2,080 hours of practice (equivalent to one-year full-time practice) as a requirement for a multistate license
- Incorporate the requirement of criminal background check

Ms. Douglas noted that three states have indicated they are going to begin legislative activity to authorize membership this year.

Ms. Hershkowitz stated that Ms. Douglas was elected as President-Elect of NCSBN Board of Directors to serve from 2020-2022. However, Ms. Hershkowitz noted that due to the resignation of the former president, Ms. Douglas is now serving as the President for the next 4 years (2020-2024)

ENVIRONMENTAL SCAN: Ms. Gerardo asked for the updates from the Advisory Committee Members.

Dr. Lipato shared that more questions received from sickle cell patients on medical marijuana and the recertification requirement for patients and

prescribers every six months. Dr. Hobgood stated that geriatric patients are asking the same questions.

Mr. Brigle shared that concerns were being raised by VCU nursing ambulatory staff who are being required to move into areas where they don't have expertise/certification.

Ms. Setnor shared that CRNAs are now authorized to prescribe and are reimbursed from Anthem and for Medicaid. Ms. Setnor added that many CRNAs are without jobs due to a decrease in elective surgeries, but have seamlessly moved into intensivist roles and taught other nurses how to care for COVID patients with respiratory distress.

Dr. Ellington shared that he is no longer practicing but still active on the American Medical Association (AMA) Current Procedural Terminology (CPT) Code Workgroup. Dr. Ellington noted that the workgroup is currently working on Long Term Care and Emergency Room code revisions to reduce paperwork.

Dr. Hobgood shared that there is an increased need throughout the state for mental health practitioners.

Ms. Gerardo shared that the MCV COVID has included providing care remotely through telemedicine. In addition, patients are being discharged with Kindle Fire devices to monitor patients during the 2-week post-operative period. Plans are in the works to do so with COVID and renal transplant patients.

Ms. Yeatts responded to the concerns raised by Drs. Lipato and Hobgood stating that the board registration issued to the practitioner is valid for one year and must be renewed annually to remain valid.

Ms. Bailey shared that Certified Nurse Midwives (CNM) association is tracking legislative issues and facing challenges such as getting personal protective equipment (PPE) and devices (Rh factor/IUDs) that require a physician signature.

The Advisory Committee Members, Dr. Harp and Ms. Yeatts left the meeting at 10:02 A.M.

RECESS:

The Committee recessed at 10:02 A.M.

RECONVENTION:

The Committee reconvened at 10:17 A.M.

AGENCY SUBORDINATE RECOMMENDATION CONSIDERATION

Alison Christine Ahrens Maddox, LNP 0024-169397

Ms. Maddox 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 suspend the license of Alison Christine Ahrens Maddox to practice as a nurse practitioner in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Maddox’s entry into a Contract with the Virginia Practitioners’ Monitoring Program (HPMP) and in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

Ms. Mitchell noted that §54.1-3007(5) and (6) of the Code of Virginia referencing in Findings of Fact and Conclusions of Law #2 and #4 needed to be removed.

CONSENT ORDER CONSIDERATION

Kimberly A. Whalen Josephson, LNP 0024-164919

Ms. Hershkowitz moved that Committee of the Joint Boards of Nursing and Medicine to accept the consent order to indefinitely suspend the right of Kimberly A. Whalen Josephson to renew her license to practice as a nurse practitioner in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

ADJOURNMENT:

As there was no additional business, the meeting was adjourned at 10:19 A.M.

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

VIRGINIA COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
FORMAL HEARING
MINUTES
October 21, 2020

- TIME AND PLACE: The formal hearing of the Committee of the Joint Boards of Nursing and Medicine was convened at 10:36 A.M., 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, Chairperson
Louise Hershkowitz, CRNA, MSHA; Board of Nursing
Ann Tucker Gleason, PhD; Board of Nursing
Karen A. Ransone, MD; Board of Medicine
Nathaniel Ray Tucker, Jr., DC; Board of Medicine
- STAFF PRESENT: Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advance Practice
Darlene Graham, Senior Discipline Specialist
- OTHER PRESENT: Charis Mitchell, Assistant Attorney General, Board Counsel
- ESTABLISHMENT OF A QUORUM: With five members of the Committee present, a quorum was established.
- FORMAL HEARING: **Caleb Lesch, LNP Reinstatement** **0024-172289**
Mr. Lesch appeared and was accompanied by his wife, Kellyn Lesch.
Tammie Jones, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Pamela Lima Vasquez, court reporter with Able Forces Professional Services, recorded the proceeding.
The following witnesses testified via telephone:
Mark O'Shea, LCSW Therapist
Sherry Conner, Regional Vice President, American Renal Associates
Joyce Johnson, Senior Investigator, Department of Health Professions
Rebecca Britt, Health Practitioners' Monitoring Program Case Manager
- CLOSED MEETING: Dr. Gleason moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to Section 2.2-3711(A)(28) of the *Code of Virginia* at 11:54 A.M. for the purpose of deliberation to reach a decision in the matter of Caleb Lesch. Additionally, Dr. Gleason moved that Dr. Hills, Ms. Graham and Ms. Mitchell, Board Counsel, attend the closed meeting because their

Virginia Board of Nursing
The Committee of the Joint Boards of
Nursing and Medicine – Formal Hearing
October 21, 2020

presence in the closed meeting is deemed necessary, and their presence will aid the Committee in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Committee reconvened in open session at 12:15 P.M.

Dr. Gleason moved that the Committee of the Joint Boards of Nursing and Medicine certifies 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.

ACTION:

Ms. Hershkowitz moved to approve the application of Caleb Lesch for reinstatement to practice as a nurse practitioner in the Commonwealth of Virginia and indefinitely suspend said license with suspension stayed contingent upon his continued compliance with the Health Practitioners' Monitoring Program (HPMP). The basis for this decision will be set forth in a final Board Order which will be sent to Mr. Lesch at his address of record. The motion was seconded and carried with four votes in favor of the motion. Dr. Gleason opposed the motion.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing quorum.

ADJOURNMENT:

The meeting was adjourned at 12:17 P.M.

Robin Hills, DNP, RN, WHNP
Deputy Executive Director for Advance Practice

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions
As of December 1, 2020**

B1

| | | |
|------------------|--|--|
| VAC 90 - 30] | Regulations Governing the Licensure of Nurse Practitioners | <u>Unprofessional conduct/conversion therapy</u> [Action 5441] Proposed - <i>DPB Review in progress for 32 days</i> |
| [18 VAC 90 - 40] | Regulations for Prescriptive Authority for Nurse Practitioners | <u>Waiver for electronic prescribing</u> [Action 5413] Proposed - <i>At Secretary's Office for 47 days</i> |

Report of the 2021 General Assembly
Joint Boards of Nursing and Medicine

HB 1737 Nurse practitioners; practice without a practice agreement.

Chief patron: Adams, D.M.

Summary as introduced:

Nurse practitioners; practice without a practice agreement. Reduces from five to two the number of years of full-time clinical experience a nurse practitioner must have to be eligible to practice without a written or electronic practice agreement.

10/27/20 House: Prefiled and ordered printed; offered 01/13/21 21100242D

10/27/20 House: Committee Referral Pending

HB 1747 Clinical nurse specialist; licensure of nurse practitioners as specialists, etc.

Chief patron: Adams, D.M.

Summary as introduced:

Clinical nurse specialist; licensure; practice. Provides for the licensure of nurse practitioners as clinical nurse specialists by the Boards of Medicine and Nursing and provides that a nurse practitioner licensed as a clinical nurse specialist shall practice pursuant to a practice agreement between the clinical nurse specialist and a licensed physician. The bill requires the Boards of Medicine and Nursing to jointly issue a license to practice as a nurse practitioner in the category of a clinical nurse specialist to an applicant who is an advance practice registered nurse who has completed an advanced graduate-level education program in the specialty category of clinical nurse specialist and who is registered by the Board of Nursing as a clinical nurse specialist on July 1, 2021.

12/04/20 House: Prefiled and ordered printed; offered 01/13/21 21100541D

12/04/20 House: Committee Referral Pending

Counts: HB: 3

DRAFT

Virginia's Licensed Nurse Practitioner Workforce: 2020

Healthcare Workforce Data Center

November 2020

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 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/>

4,024 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

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The Licensed Nurse Practitioner Workforce: At a Glance:

The Workforce

| | |
|-----------------------|--------|
| Licenses: | 13,063 |
| Virginia's Workforce: | 10,650 |
| FTEs: | 9,383 |

Background

| | |
|---------------------|-----|
| Rural Childhood: | 34% |
| HS Degree in VA: | 46% |
| Prof. Degree in VA: | 52% |

Current Employment

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

Survey Response Rate

| | |
|-------------------------|-----|
| All Licensees: | 31% |
| Renewing Practitioners: | 77% |

Education

| | |
|---------------------|-----|
| Master's Degree: | 77% |
| Post-Masters Cert.: | 8% |

Job Turnover

| | |
|----------------------|-----|
| Switched Jobs: | 9% |
| Employed over 2 yrs: | 56% |

Demographics

| | |
|------------------|-----|
| Female: | 90% |
| Diversity Index: | 38% |
| Median Age: | 44 |

Finances

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

Time Allocation

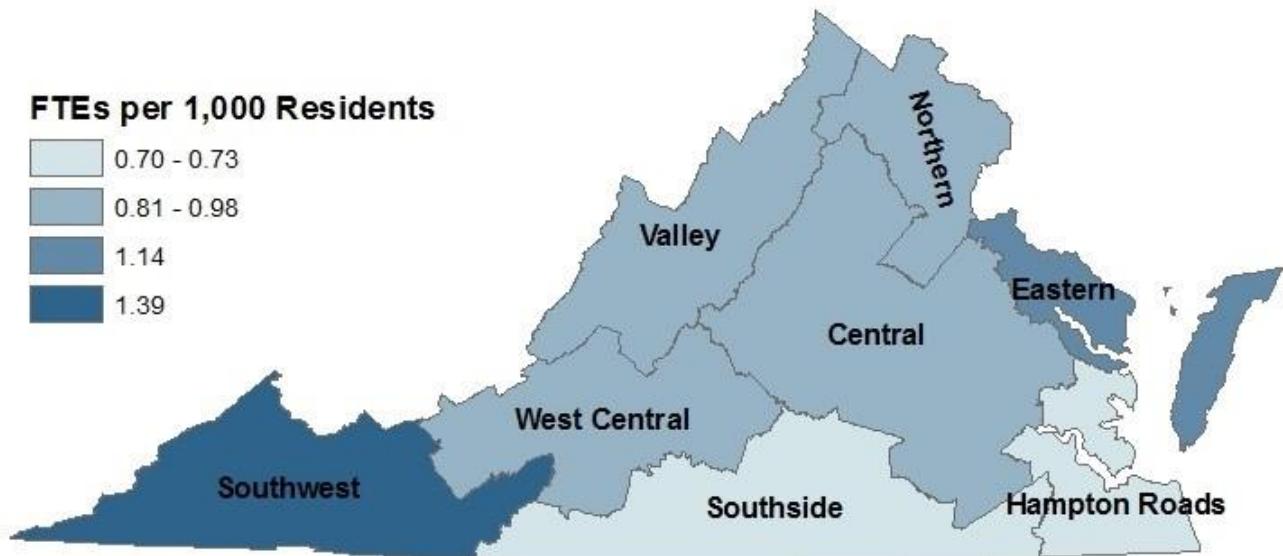
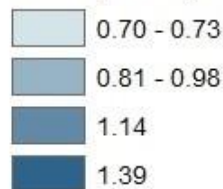
| | |
|--------------------|---------|
| Patient Care: | 90%-99% |
| Patient Care Role: | 89% |
| Admin. Role: | 3% |

Source: Va. Healthcare Workforce Data Center

Full Time Equivalency Units Provided by Nurse Practitioners per 1,000 Residents by Virginia Performs Areas

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division



Results in Brief

Over 4,000 Licensed Nurse Practitioners (NPs) voluntarily took part in the 2020 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. The 2020 survey respondents represent 31% of the 13,063 NPs who are licensed in the state and 77% of renewing practitioners.

The HWDC estimates that 10,650 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 2019 and September 2020, Virginia's NP workforce provided 9,383 "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 38% 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 42%.

One-third of NPs grew up in a rural area, and 23% of these professionals currently work in non-Metro areas of the state. Overall, 11% of NPs work in rural areas. Meanwhile, 46% of Virginia's NPs graduated from high school in Virginia, and 52% of NPs earned their initial professional degree in the state. In total, 57% of Virginia's NP workforce have some educational background in the state.

Over three quarters of all NPs hold a Master's degree as their highest professional degree, while another 8% have a Post-Masters certificate. Half of all NPs currently carry educational debt, including 66% 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 six years. The number of licensed NPs in the state has grown by 69%; the number in the state's workforce has also grown by 69% and the FTEs provided have increased by 62%. Compared to 2018, the response rate of renewing NPs increased from 68% to 77% in 2020 although this is still lower than the 2014 level of 79%. The percent of licensed NPs working in Virginia increased from 81% in 2014 to 83% in 2019 but most recently declined to 82% in 2020. As seen in 2019, 11% of NPs reported that they worked in non-metro areas in 2020 compared to the 10% who did the same from 2014 to 2018.

The percent female has stayed consistently around 90%. The diversity index continues to increase from 28% in 2014 to a five-year high of 38% in 2020. The diversity index for NPs under 40 years of age has also increased from 34% in 2014 to 42% in 2020. Median age also declined from 48 years in 2014 to 44 years in 2020.

Over the past six years, educational attainment has increased for NPs. In 2020, the percent of NPs with a doctorate NP increased to an all-time high of 9%, this level is considerably higher than the 2014 level of 4%. Not surprisingly, 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, up from \$40,000-\$50,000 in 2014 and \$50,000-\$60,000 in 2018. Median income has stayed at \$100,000-\$110,000 since 2017. Involuntary unemployment increased from less than 1% in previous years to 4% in 2020; this is likely due to the coronavirus pandemic. Retirement expectations has declined over time; only 19% intend to retire within a decade of the survey compared to 24% in 2014.

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 more 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 | 4,950 | 38% |
| New Licensees | 1,586 | 12% |
| Non-Renewals | 649 | 5% |
| Renewal date not in survey period | 5,878 | 45% |
| All Licensees | 13,063 | 100% |

Source: Va. Healthcare Workforce Data Center

Our surveys tend to achieve very high response rates. 77% of renewing NPs submitted a survey. These represent 31% of NPs who held a license at some point during the licensing period.

Definitions

- 1. The Survey Period:** The survey was conducted between October 2019 and September 2020 in 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 | 391 | 55 | 12% |
| 30 to 34 | 1,277 | 589 | 32% |
| 35 to 39 | 1,662 | 556 | 25% |
| 40 to 44 | 1,159 | 662 | 36% |
| 45 to 49 | 1,276 | 471 | 27% |
| 50 to 54 | 827 | 525 | 39% |
| 55 to 59 | 932 | 356 | 28% |
| 60 and Over | 1,515 | 810 | 35% |
| Total | 9,039 | 4,024 | 31% |
| New Licenses | | | |
| Issued After Sept. 2018 | 1,486 | 100 | 6% |
| Metro Status | | | |
| Non-Metro | 708 | 408 | 37% |
| Metro | 5,531 | 3,029 | 35% |
| Not in Virginia | 2,799 | 587 | 17% |

Source: Va. Healthcare Workforce Data Center

| Response Rates | |
|-------------------------------------|-------|
| Completed Surveys | 4,024 |
| Response Rate, all licensees | 31% |
| Response Rate, Renewals | 77% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed NPs

Number: 13,063
 New: 12%
 Not Renewed: 5%

Response Rates

All Licensees: 31%
 Renewing Practitioners: 77%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's NP Workforce: 10,650
 FTEs: 9,383

Utilization Ratios

Licenses in VA Workforce: 82%
 Licenses per FTE: 1.39
 Workers per FTE: 1.13

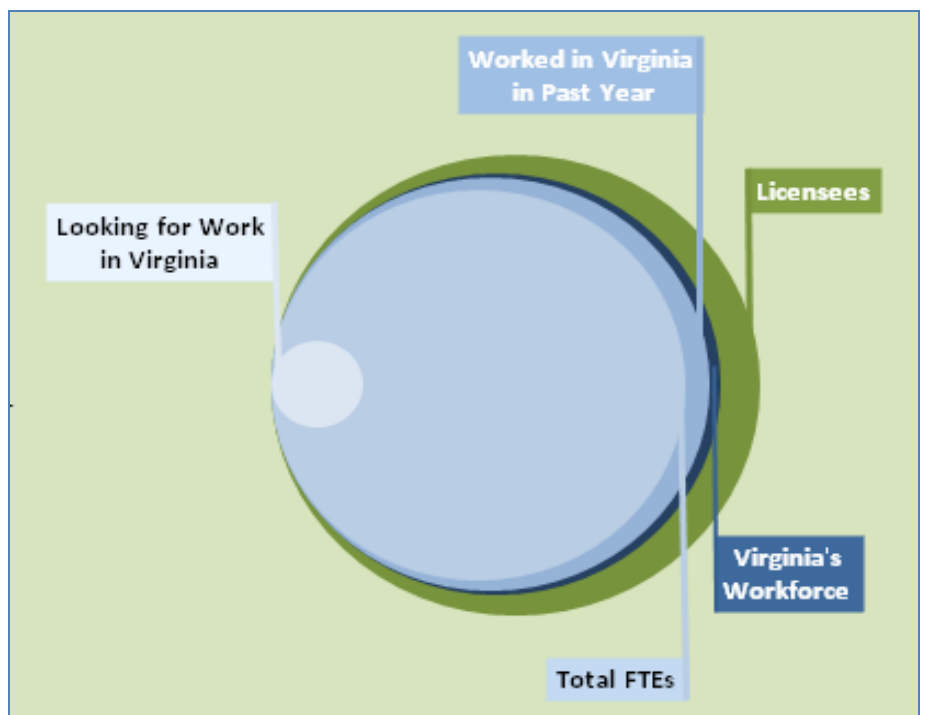
Source: Va. Healthcare Workforce Data Center

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 | 10,470 | 98% |
| Looking for Work in Virginia | 181 | 2% |
| Virginia's Workforce | 10,650 | 100% |
| Total FTEs | 9,383 | |
| Licenses | 13,063 | |

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 | 53 | 16% | 274 | 84% | 327 | 3% |
| 30 to 34 | 118 | 8% | 1,362 | 92% | 1,480 | 16% |
| 35 to 39 | 165 | 10% | 1,484 | 90% | 1,650 | 17% |
| 40 to 44 | 135 | 10% | 1,262 | 90% | 1,398 | 15% |
| 45 to 49 | 163 | 13% | 1,100 | 87% | 1,263 | 13% |
| 50 to 54 | 136 | 15% | 786 | 85% | 922 | 10% |
| 55 to 59 | 75 | 8% | 829 | 92% | 903 | 10% |
| 60 + | 134 | 9% | 1,375 | 91% | 1,509 | 16% |
| Total | 980 | 10% | 8,472 | 90% | 9,452 | 100% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

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

Age
 Median Age: 44
 % Under 40: 37%
 % 55+: 26%

Diversity
 Diversity Index: 38%
 Under 40 Div. Index: 42%

Source: Va. Healthcare Workforce Data Center

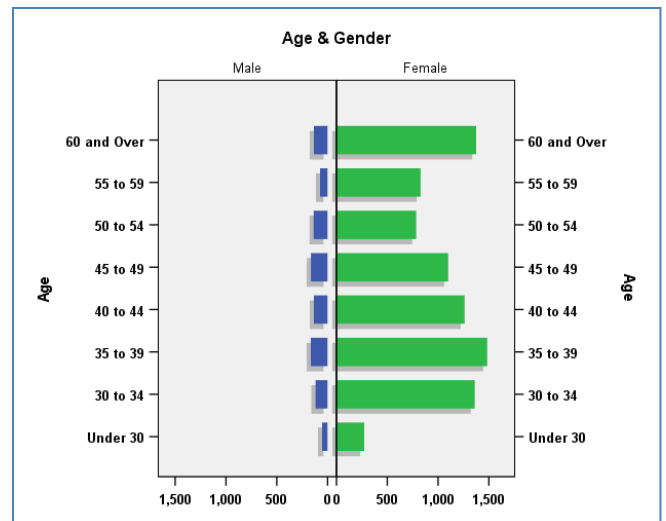
| Race & Ethnicity | | | | | |
|--------------------|-------------|--------------|-------------|--------------|-------------|
| Race/ Ethnicity | Virginia* | NPs | | NPs under 40 | |
| | % | # | % | # | % |
| White | 61% | 7,326 | 78% | 2,592 | 75% |
| Black | 19% | 1,121 | 12% | 424 | 12% |
| Asian | 7% | 432 | 5% | 183 | 5% |
| Other Race | 0% | 103 | 1% | 32 | 1% |
| Two or more races | 3% | 167 | 2% | 94 | 3% |
| Hispanic | 10% | 290 | 3% | 140 | 4% |
| Total | 100% | 9,439 | 100% | 3,465 | 100% |

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2019.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two NPs, there is a 38% 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.

37% of NPs are under the age of 40. 90% of these professionals are female. In addition, the diversity index among NPs under the age of 40 is 42%, 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: 46%
 Prof. Ed. in VA: 52%
 HS or Prof. Ed. in VA: 57%
 Initial NP Degree in VA: 53%

Location Choice

% Rural to Non-Metro: 23%
 % Urban/Suburban to Non-Metro: 5%

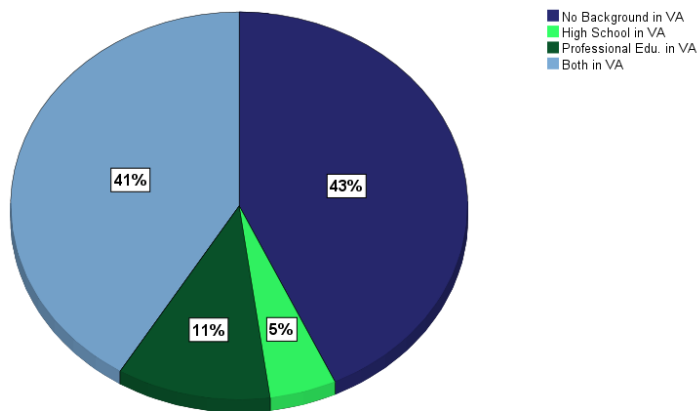
Source: Va. Healthcare Workforce Data Center

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% | 63% | 15% |
| 2 | Metro, 250,000 to 1 million | 54% | 37% | 10% |
| 3 | Metro, 250,000 or less | 46% | 45% | 9% |
| Non-Metro Counties | | | | |
| 4 | Urban pop 20,000+, Metro adjacent | 54% | 35% | 11% |
| 6 | Urban pop, 2,500-19,999, Metro adjacent | 67% | 20% | 13% |
| 7 | Urban pop, 2,500-19,999, non adjacent | 86% | 9% | 6% |
| 8 | Rural, Metro adjacent | 60% | 31% | 9% |
| 9 | Rural, non adjacent | 66% | 27% | 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 23% 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 | 4,302 | Virginia | 4,860 | Virginia | 4,947 |
| 2 | Outside of U.S./Canada | 544 | Pennsylvania | 457 | Washington, D.C. | 682 |
| 3 | Pennsylvania | 477 | New York | 382 | Tennessee | 425 |
| 4 | New York | 465 | Tennessee | 300 | Pennsylvania | 329 |
| 5 | Maryland | 337 | Florida | 268 | North Carolina | 287 |
| 6 | Florida | 251 | North Carolina | 265 | Maryland | 247 |
| 7 | North Carolina | 244 | Maryland | 262 | Minnesota | 213 |
| 8 | West Virginia | 235 | West Virginia | 248 | New York | 208 |
| 9 | New Jersey | 196 | Washington, D.C. | 206 | Florida | 186 |
| 10 | Ohio | 176 | Outside of U.S./Canada | 173 | Alabama | 186 |

Source: Va. Healthcare Workforce Data Center

| Rank | Licensed in the Past 5 Years | | | | | |
|------|------------------------------|-------|------------------------|-------|------------------|-------|
| | High School | # | Init. Prof Degree | # | Init. NP Degree | # |
| 1 | Virginia | 1,995 | Virginia | 2,299 | Virginia | 2,052 |
| 2 | Outside of U.S./Canada | 321 | Pennsylvania | 212 | Washington, D.C. | 357 |
| 3 | Pennsylvania | 205 | Florida | 157 | Tennessee | 247 |
| 4 | New York | 159 | Tennessee | 152 | Minnesota | 185 |
| 5 | Maryland | 159 | West Virginia | 152 | Pennsylvania | 165 |
| 6 | Florida | 158 | Maryland | 135 | Maryland | 132 |
| 7 | North Carolina | 143 | New York | 125 | Illinois | 126 |
| 8 | West Virginia | 126 | North Carolina | 124 | North Carolina | 120 |
| 9 | New Jersey | 100 | Outside of U.S./Canada | 95 | Alabama | 104 |
| 10 | Georgia | 83 | Ohio | 87 | Florida | 104 |

Source: Va. Healthcare Workforce Data Center

18% of Virginia's licensees did not participate in Virginia's NP workforce during the past year. 90% 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

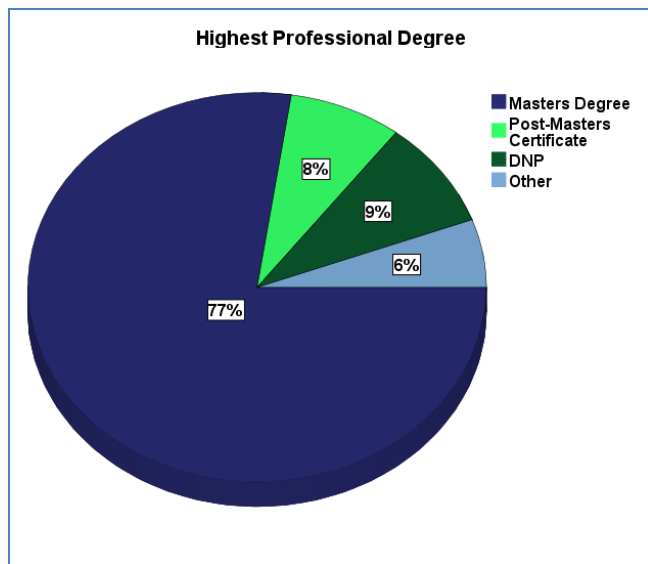
| | |
|----------------------|-------|
| Total: | 2,405 |
| % of Licensees: | 18% |
| Federal/Military: | 13% |
| Va. Border State/DC: | 24% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Highest Degree | | |
|--------------------|--------------|-------------|
| Degree | # | % |
| NP Certificate | 207 | 2% |
| Master's Degree | 7,182 | 77% |
| Post-Masters Cert. | 740 | 8% |
| Doctorate of NP | 833 | 9% |
| Other Doctorate | 317 | 3% |
| Post-Ph.D. Cert. | 0 | 0% |
| Total | 9,279 | 100% |

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 66% of those under the age of 40. The median debt burden among NPs with educational debt is between \$60,000 and \$70,000.

At a Glance:

Education
 Master's Degree: 77%
 Post-Masters Cert.: 8%

Educational Debt
 Carry debt: 50%
 Under age 40 w/ debt: 66%
 Median debt: \$60k-\$70k

Source: Va. Healthcare Workforce Data Center

| Amount Carried | All NPs | | NPs under 40 | |
|---------------------|--------------|-------------|--------------|-------------|
| | # | % | # | % |
| None | 4,224 | 50% | 1,032 | 34% |
| \$10,000 or less | 301 | 4% | 122 | 4% |
| \$10,000-\$19,999 | 320 | 4% | 127 | 4% |
| \$20,000-\$29,999 | 316 | 4% | 116 | 4% |
| \$30,000-\$39,999 | 314 | 4% | 155 | 5% |
| \$40,000-\$49,999 | 338 | 4% | 151 | 5% |
| \$50,000-\$59,999 | 363 | 4% | 144 | 5% |
| \$60,000-\$69,999 | 296 | 4% | 162 | 5% |
| \$70,000-\$79,999 | 288 | 3% | 172 | 6% |
| \$80,000-\$89,999 | 237 | 3% | 120 | 4% |
| \$90,000-\$99,999 | 192 | 2% | 99 | 3% |
| \$100,000-\$109,999 | 264 | 3% | 124 | 4% |
| \$110,000-\$119,999 | 182 | 2% | 111 | 4% |
| \$120,000 or more | 748 | 9% | 384 | 13% |
| Total | 8,383 | 100% | 3,019 | 100% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialty

| | |
|-----------------|-----|
| Family Health: | 27% |
| RN Anesthetist: | 16% |
| Acute Care/ER: | 9% |

Credentials

| | |
|--------------------------|-----|
| AANPCP – Family NP: | 23% |
| ANCC – Family NP: | 21% |
| ANCC – Adult-Gerontology | |
| Acute Care NP: | 4% |

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 | 2,466 | 23% |
| ANCC: Family NP | 2,234 | 21% |
| ANCC: Adult-Gerontology Acute Care NP | 415 | 4% |
| ANCC: Adult NP | 368 | 3% |
| ANCC: Acute Care NP | 331 | 3% |
| NCC: Women's Health Care NP | 288 | 3% |
| ANCC: Adult Psychiatric-Mental Health NP | 209 | 2% |
| ANCC: Family Psychiatric-Mental Health NP | 208 | 2% |
| ANCC: Adult-Gerontology Primary Care NP | 156 | 1% |
| AANPCP: Adult-Gerontology Primary Care NP (A-GNP-C) | 150 | 1% |
| ANCC: Pediatric NP | 147 | 1% |
| NCC: Neonatal NP | 145 | 1% |
| AANPCP: Adult NP | 108 | 1% |
| All Other Credentials | 73 | 1% |
| At Least One Credential | 6,926 | 65% |

Source: Va. Healthcare Workforce Data Center

Over a quarter of all NPs had a primary specialty in family health, while another 16% had a primary specialty as a Certified RN Anesthetist. 65% 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: 18%

Weekly Hours:

40 to 49: 48%

60 or more: 7%

Less than 30: 11%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Current Work Status | | |
|---|--------------|-------------|
| Status | # | % |
| Employed, capacity unknown | 10 | 0% |
| Employed in a nursing- related capacity | 8,951 | 96% |
| Employed, NOT in a nursing-related capacity | 55 | 1% |
| Not working, reason unknown | 0 | 0% |
| Involuntarily unemployed | 58 | 1% |
| Voluntarily unemployed | 207 | 2% |
| Retired | 68 | 1% |
| Total | 9,348 | 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 18% currently have multiple jobs. Nearly half of all NPs work between 40 and 49 hours per week, while 7% work at least 60 hours per week.

| Current Weekly Hours | | |
|----------------------|--------------|-------------|
| Hours | # | % |
| 0 hours | 265 | 3% |
| 1 to 9 hours | 150 | 2% |
| 10 to 19 hours | 271 | 3% |
| 20 to 29 hours | 573 | 6% |
| 30 to 39 hours | 1,993 | 22% |
| 40 to 49 hours | 4,337 | 48% |
| 50 to 59 hours | 882 | 10% |
| 60 to 69 hours | 335 | 4% |
| 70 to 79 hours | 96 | 1% |
| 80 or more hours | 181 | 2% |
| Total | 9,083 | 100% |

Source: Va. Healthcare Workforce Data Center

| Current Positions | | |
|---|--------------|-------------|
| Positions | # | % |
| No Positions | 265 | 3% |
| One Part-Time Position | 1,249 | 14% |
| Two Part-Time Positions | 316 | 3% |
| One Full-Time Position | 5,950 | 65% |
| One Full-Time Position & One Part-Time Position | 1,185 | 13% |
| Two Full-Time Positions | 27 | 0% |
| More than Two Positions | 161 | 2% |
| Total | 9,153 | 100% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Income | | |
|---------------------|--------------|-------------|
| Hourly Wage | # | % |
| Volunteer Work Only | 58 | 1% |
| Less than \$40,000 | 313 | 4% |
| \$40,000-\$49,999 | 127 | 2% |
| \$50,000-\$59,999 | 204 | 3% |
| \$60,000-\$69,999 | 237 | 3% |
| \$70,000-\$79,999 | 304 | 4% |
| \$80,000-\$89,999 | 608 | 8% |
| \$90,000-\$99,999 | 977 | 13% |
| \$100,000-\$109,999 | 1158 | 16% |
| \$110,000-\$119,999 | 860 | 12% |
| \$120,000 or more | 2,532 | 34% |
| Total | 7,378 | 100% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

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

Benefits
Retirement: 74%
Health Insurance: 66%

Satisfaction
Satisfied: 95%
Very Satisfied: 64%

Source: Va. Healthcare Workforce Data Center

| Job Satisfaction | | |
|-----------------------|--------------|-------------|
| Level | # | % |
| Very Satisfied | 5,838 | 64% |
| Somewhat Satisfied | 2,793 | 31% |
| Somewhat Dissatisfied | 298 | 3% |
| Very Dissatisfied | 178 | 2% |
| Total | 9,106 | 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, 74% also had access to a retirement plan and 66% received health insurance.

| Employer-Sponsored Benefits* | | | |
|-------------------------------------|--------------|------------|----------------------------|
| Benefit | # | % | % of Wage/Salary Employees |
| Paid Leave | 6,281 | 88% | 76% |
| Retirement | 6,103 | 85% | 74% |
| Health Insurance | 5,512 | 77% | 66% |
| Dental Insurance | 5,281 | 74% | 64% |
| Group Life Insurance | 4,424 | 62% | 53% |
| Signing/Retention Bonus | 1,392 | 19% | 17% |
| Receive at least one benefit | 7,162 | 80% | 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? | 404 | 4% |
| Experience Voluntary Unemployment? | 481 | 5% |
| Work Part-time or temporary positions, but would have preferred a full-time/permanent position? | 320 | 3% |
| Work two or more positions at the same time? | 1,983 | 19% |
| Switch employers or practices? | 919 | 9% |
| Experienced at least 1 | 3,295 | 31% |

Source: Va. Healthcare Workforce Data Center

Only 4% of Virginia's NPs experienced involuntary unemployment at some point in the prior year. By comparison, Virginia's average monthly unemployment rate was 5.4% during the same period.¹

| Location Tenure | | | | |
|---|---------------|-------------|---------------|-------------|
| Tenure | Primary | | Secondary | |
| | # | % | # | % |
| Not Currently Working at this Location | 200 | 2% | 168 | 7% |
| Less than 6 Months | 667 | 7% | 301 | 13% |
| 6 Months to 1 Year | 1,016 | 11% | 387 | 17% |
| 1 to 2 Years | 2,037 | 23% | 482 | 21% |
| 3 to 5 Years | 2,242 | 25% | 500 | 21% |
| 6 to 10 Years | 1,220 | 14% | 264 | 11% |
| More than 10 Years | 1,532 | 17% | 231 | 10% |
| Subtotal | 8,914 | 100% | 2,332 | 100% |
| Did not have location | 191 | | 8,257 | |
| Item Missing | 1,545 | | 61 | |
| Total | 10,650 | | 10,650 | |

Source: Va. Healthcare Workforce Data Center

67% of NPs receive a salary at their primary work location, while 27% receive an hourly wage.

At a Glance:

Unemployment Experience
 Involuntarily Unemployed: 4%
 Underemployed: 3%

Turnover & Tenure
 Switched Jobs: 9%
 New Location: 27%
 Over 2 years: 56%
 Over 2 yrs, 2nd location: 43%

Employment Type
 Salary: 70%
 Hourly Wage: 26%

Source: Va. Healthcare Workforce Data Center

56% 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 | 4,799 | 67% |
| Hourly Wage | 1,920 | 27% |
| By Contract | 376 | 5% |
| Business/ Practice Income | 0 | 0% |
| Unpaid | 35 | 0% |
| Subtotal | 7,129 | |
| Missing location | 191 | |
| Item missing | 3,146 | |

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.4% and a high of 10.8%. At the time of publication, the unemployment rate for September 2020 was still preliminary.

At a Glance:

Concentration

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

Locations

| | |
|------------------------|-----|
| 2 or more (Past Year): | 26% |
| 2 or more (Now*): | 24% |

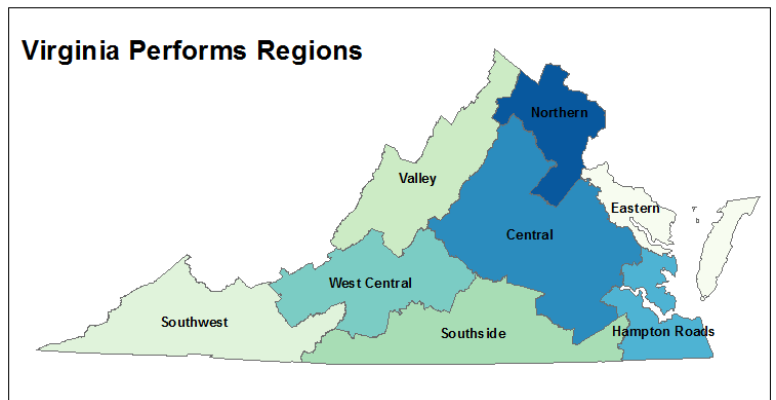
Source: Va. Healthcare Workforce Data Center

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 | 2,353 | 26% | 522 | 22% |
| Eastern | 143 | 2% | 43 | 2% |
| Hampton Roads | 1,617 | 18% | 395 | 17% |
| Northern | 2,367 | 27% | 549 | 23% |
| Southside | 305 | 3% | 65 | 3% |
| Southwest | 585 | 7% | 129 | 5% |
| Valley | 483 | 5% | 122 | 5% |
| West Central | 877 | 10% | 245 | 10% |
| Virginia Border State/DC | 65 | 1% | 89 | 4% |
| Other US State | 102 | 1% | 189 | 8% |
| Outside of the US | 9 | 0% | 11 | 0% |
| Total | 8,906 | 100% | 2,359 | 100% |
| Item Missing | 1,553 | | 34 | |

Source: Va. Healthcare Workforce Data Center



72% of all NPs had just one work location during the past year, while 26% of NPs had multiple work locations.

| Number of Work Locations | | | | |
|--------------------------|-----------------------------|-------------|---------------------|-------------|
| Locations | Work Locations in Past Year | | Work Locations Now* | |
| | # | % | # | % |
| 0 | 181 | 2% | 322 | 4% |
| 1 | 6,503 | 72% | 6,546 | 72% |
| 2 | 1,231 | 14% | 1,233 | 14% |
| 3 | 908 | 10% | 790 | 9% |
| 4 | 115 | 1% | 86 | 1% |
| 5 | 33 | 0% | 36 | 0% |
| 6 or More | 100 | 1% | 56 | 1% |
| Total | 9,070 | 100% | 9,070 | 100% |

*At the time of survey completion (Oct. 2019 - Sept. 2020, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Sector | Location Sector | | | |
|---------------------------------|------------------|-------------|--------------------|-------------|
| | Primary Location | | Secondary Location | |
| | # | % | # | % |
| For-Profit | 4,447 | 53% | 1,431 | 63% |
| Non-Profit | 2,806 | 33% | 602 | 27% |
| State/Local Government | 677 | 8% | 163 | 7% |
| Veterans Administration | 210 | 2% | 14 | 1% |
| U.S. Military | 188 | 2% | 32 | 1% |
| Other Federal Government | 93 | 1% | 16 | 1% |
| Total | 8,421 | 100% | 2,258 | 100% |
| Did not have location | 191 | | 8,257 | |
| Item Missing | 2,039 | | 135 | |

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

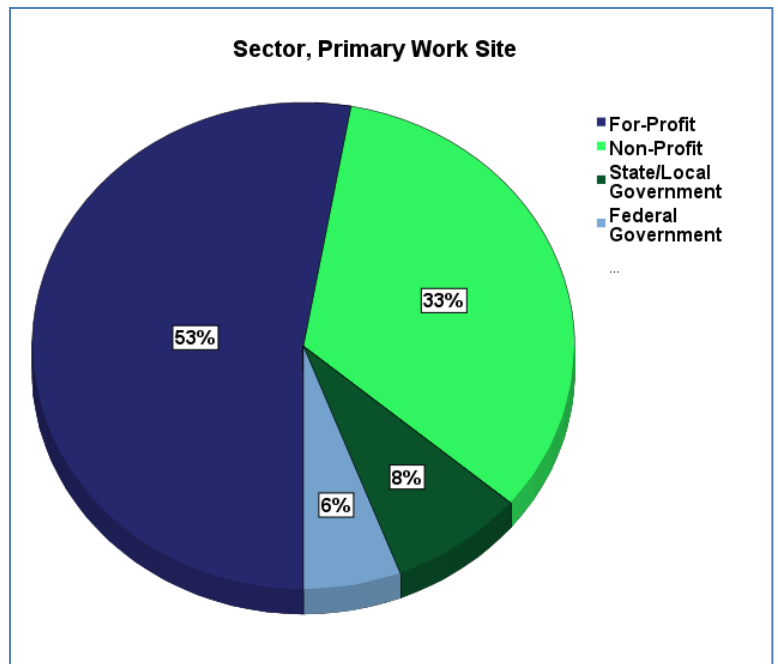
| | |
|-------------|-----|
| For Profit: | 53% |
| Federal: | 6% |

Top Establishments

| | |
|-----------------------|-----|
| Hospital, Inpatient: | 20% |
| Clinic, Primary Care: | 17% |
| Physician Office: | 9% |

Source: Va. Healthcare Workforce Data Center

More than 80% of all NPs work in the private sector, including 53% in for-profit establishments. Meanwhile, 8% of NPs work for state or local governments, and 6% work for the federal government.



Source: Va. Healthcare Workforce Data Center

36% of the state's NP workforce use EHRs. 15% also provide remote health care for Virginia patients.

| Electronic Health Records (EHRs) and Telehealth | | |
|---|--------------|------------|
| | # | % |
| Meaningful use of EHRs | 3,037 | 29% |
| Remote Health, Caring for Patients in Virginia | 1,638 | 15% |
| Remote Health, Caring for Patients Outside of Virginia | 360 | 3% |
| Use at least one | 3,822 | 36% |

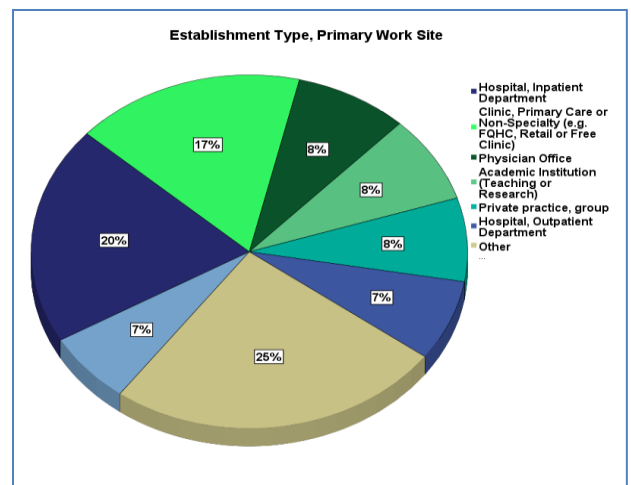
Source: Va. Healthcare Workforce Data Center

| Establishment Type | Location Type | | | |
|--|------------------|-------------|--------------------|-------------|
| | Primary Location | | Secondary Location | |
| | # | % | # | % |
| Hospital, Inpatient Department | 1,604 | 20% | 390 | 18% |
| Clinic, Primary Care or Non-Specialty | 1,371 | 17% | 270 | 12% |
| Physician Office | 675 | 8% | 92 | 4% |
| Academic Institution (Teaching or Research) | 641 | 8% | 188 | 9% |
| Private practice, group | 613 | 8% | 111 | 5% |
| Hospital, Outpatient Department | 594 | 7% | 93 | 4% |
| Ambulatory/Outpatient Surgical Unit | 321 | 4% | 155 | 7% |
| Clinic, Non-Surgical Specialty | 275 | 3% | 77 | 4% |
| Long Term Care Facility, Nursing Home | 240 | 3% | 64 | 3% |
| Mental Health, or Substance Abuse, Outpatient Center | 184 | 2% | 69 | 3% |
| Hospital, Emergency Department | 168 | 2% | 78 | 4% |
| Private practice, solo | 155 | 2% | 78 | 4% |
| Home health care | 108 | 1% | 34 | 2% |
| Other Practice Setting | 1,085 | 14% | 463 | 21% |
| Total | 8,034 | 100% | 2,162 | 100% |
| Did Not Have a Location | 191 | | 8,257 | |

The single largest employer of Virginia's NPs is the inpatient department of hospitals, where 20% of all NPs have their primary work location. Primary care/non-specialty clinics, physicians' offices, academic institutions, and group private practices 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, 18% work at the inpatient department of a hospital and 12% work in a primary care/non-specialty clinic.



Source: Va. Healthcare Workforce Data Center

95% of NPs who responded to the question about forms of payment reported accepting private insurance as a form of payment for services rendered.

| Accepted Forms of Payment | | |
|---------------------------|-------|----------------|
| Payment | # | % of Workforce |
| Private Insurance | 1,581 | 95% |
| Medicaid | 1,506 | 91% |
| Medicare | 1,462 | 88% |
| Cash/Self-Pay | 1,348 | 81% |

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

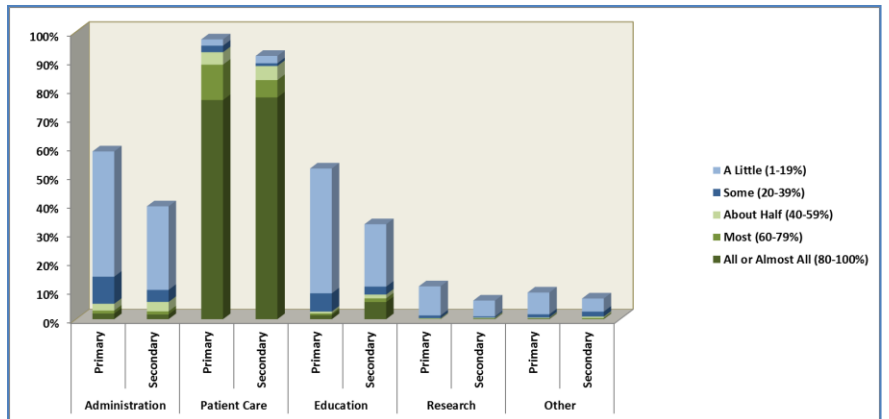
Patient Care: 89%
Administration: 3%
Education: 2%

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. 89% 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% | 77% | 1% | 6% | 0% | 0% | 0% | 0% |
| Most (60-79%) | 1% | 1% | 12% | 6% | 1% | 1% | 0% | 0% | 0% | 0% |
| About Half (40-59%) | 2% | 3% | 4% | 5% | 1% | 1% | 0% | 0% | 0% | 1% |
| Some (20-39%) | 9% | 4% | 2% | 1% | 6% | 3% | 1% | 0% | 1% | 2% |
| A Little (1-20%) | 44% | 29% | 2% | 3% | 43% | 22% | 10% | 6% | 8% | 5% |
| None (0%) | 42% | 61% | 3% | 8% | 48% | 67% | 89% | 94% | 91% | 93% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Retirement Expectations | | | | |
|----------------------------------|--------------|-------------|--------------|-------------|
| Expected Retirement Age | All NPs | | NPs over 50 | |
| | # | % | # | % |
| Under age 50 | 82 | 1% | 0 | 0% |
| 50 to 54 | 231 | 3% | 8 | 0% |
| 55 to 59 | 641 | 8% | 90 | 3% |
| 60 to 64 | 1,972 | 25% | 590 | 21% |
| 65 to 69 | 3,118 | 39% | 1,215 | 43% |
| 70 to 74 | 1,101 | 14% | 562 | 20% |
| 75 to 79 | 257 | 3% | 135 | 5% |
| 80 or over | 103 | 1% | 52 | 2% |
| I do not intend to retire | 479 | 6% | 177 | 6% |
| Total | 7,984 | 100% | 2,829 | 100% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All NPs

Under 65: 37%
Under 60: 12%

NPs 50 and over

Under 65: 24%
Under 60: 3%

Time until Retirement

Within 2 years: 5%
Within 10 years: 19%
Half the workforce: By 2045

Source: Va. Healthcare Workforce Data Center

37% of NPs expect to retire by the age of 65, while 24% 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 6% 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.

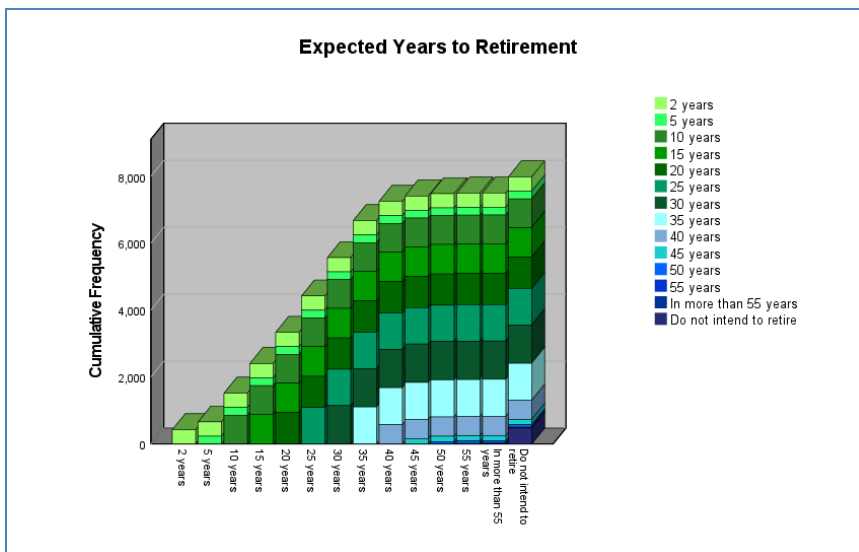
| Future Plans | | |
|---------------------------------------|-------|-----|
| 2 Year Plans: | # | % |
| Decrease Participation | | |
| Leave Profession | 100 | 1% |
| Leave Virginia | 304 | 3% |
| Decrease Patient Care Hours | 797 | 7% |
| Decrease Teaching Hours | 66 | 1% |
| Increase Participation | | |
| Increase Patient Care Hours | 1,081 | 10% |
| Increase Teaching Hours | 1,176 | 11% |
| Pursue Additional Education | 1,344 | 13% |
| Return to Virginia's Workforce | 71 | 1% |

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for NPs. 5% of NPs expect to retire in the next two years, while 19% expect to retire in the next 10 years. More than half of the current NP workforce expect to retire by 2045.

| Time to Retirement | | | |
|--------------------------------|--------------|-------------|--------------|
| Expect to retire within. . . | # | % | Cumulative % |
| 2 years | 426 | 5% | 5% |
| 5 years | 233 | 3% | 8% |
| 10 years | 858 | 11% | 19% |
| 15 years | 884 | 11% | 30% |
| 20 years | 935 | 12% | 42% |
| 25 years | 1,088 | 14% | 55% |
| 30 years | 1,146 | 14% | 70% |
| 35 years | 1,106 | 14% | 84% |
| 40 years | 576 | 7% | 91% |
| 45 years | 158 | 2% | 93% |
| 50 years | 73 | 1% | 94% |
| 55 years | 15 | 0% | 94% |
| In more than 55 years | 6 | 0% | 94% |
| Do not intend to retire | 479 | 6% | 100% |
| Total | 7,983 | 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 2030. Retirements will peak at 14% of the current workforce around 2045 before declining to under 10% of the current workforce again around 2060.

At a Glance:

FTEs

Total: 9,380
 FTEs/1,000 Residents: 1.10
 Average: 0.90

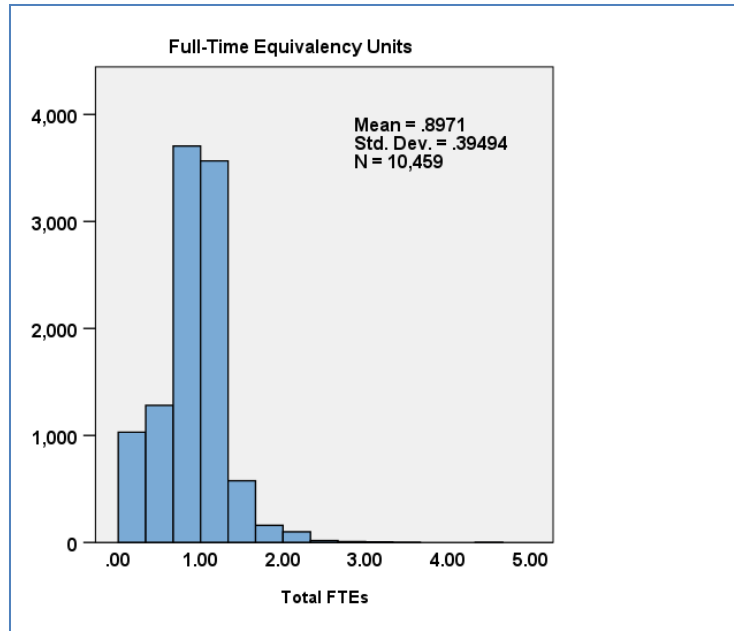
Age & Gender Effect

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:

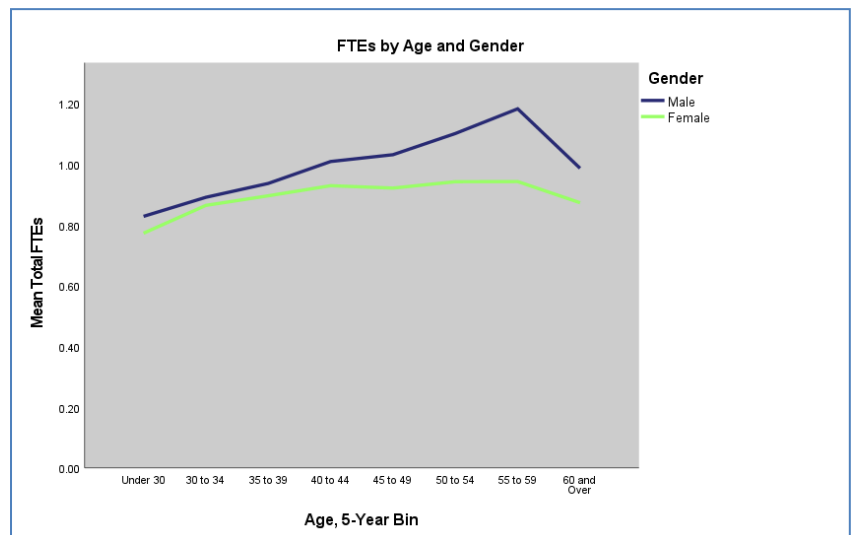


Source: Va. Healthcare Workforce Data Center

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 exists².

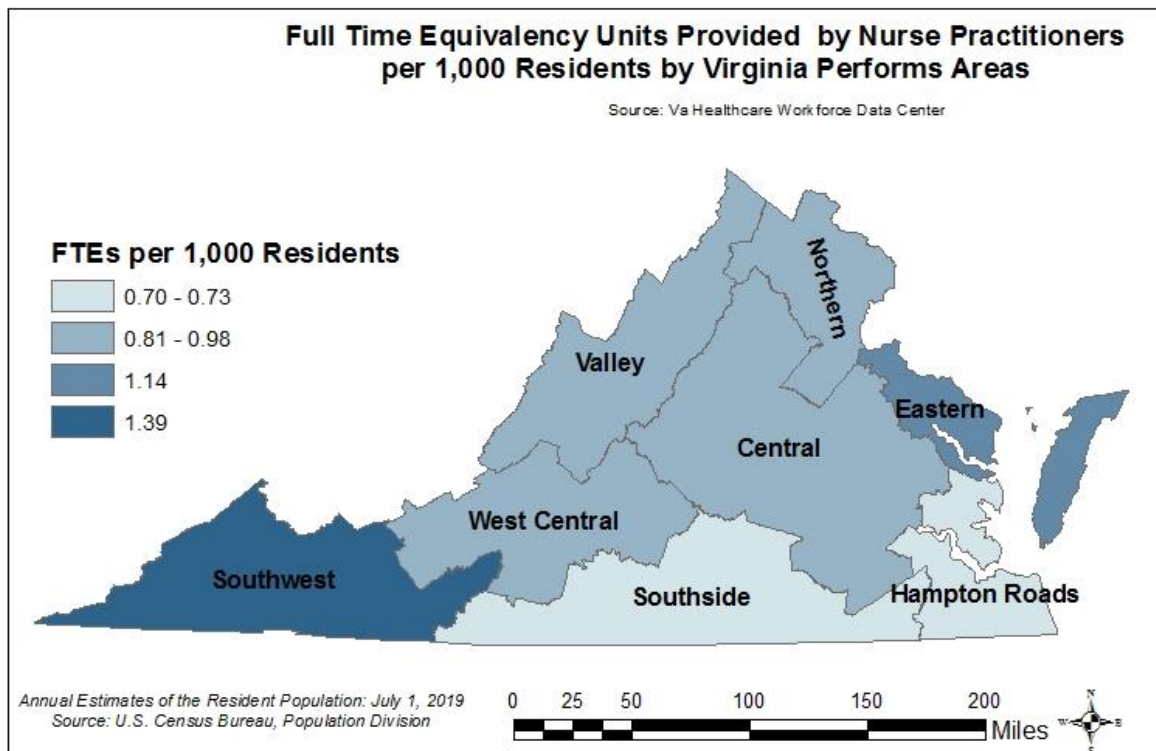
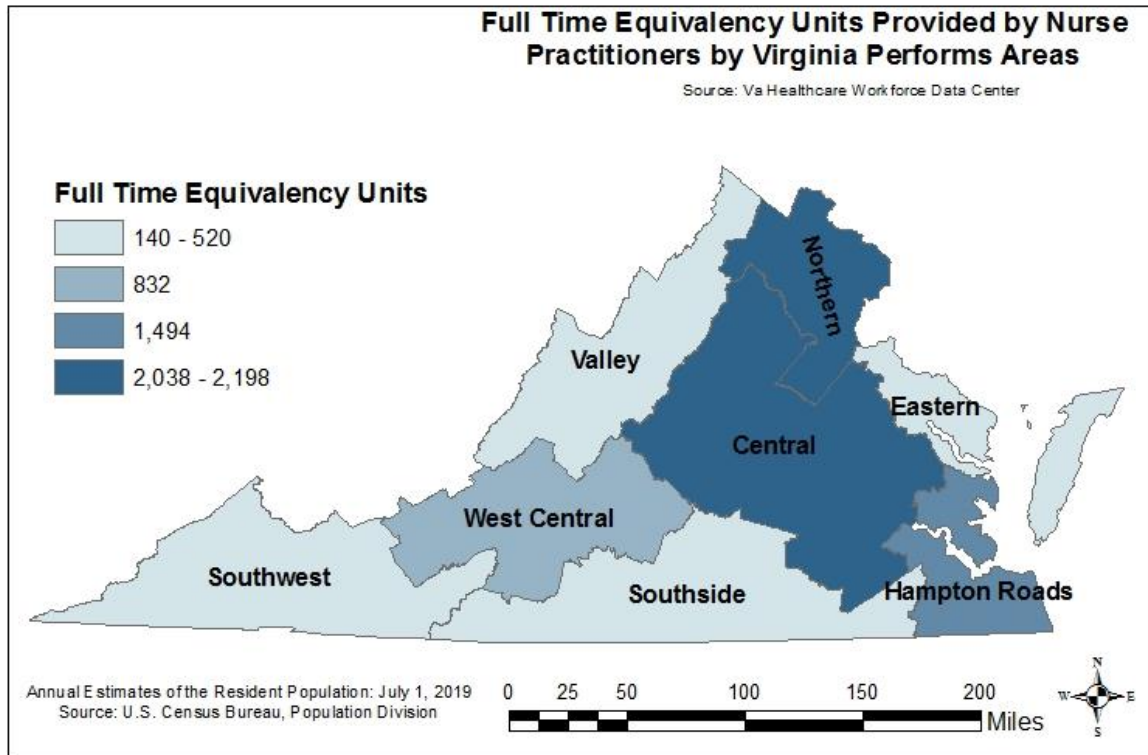
| Full-Time Equivalency Units | | |
|-----------------------------|-------------|--------|
| Age | Average Age | Median |
| Under 30 | 0.78 | 0.81 |
| 30 to 34 | 0.86 | 0.88 |
| 35 to 39 | 0.90 | 0.91 |
| 40 to 44 | 0.92 | 0.90 |
| 45 to 49 | 0.92 | 0.91 |
| 50 to 54 | 0.99 | 1.10 |
| 55 to 59 | 0.89 | 0.91 |
| 60 and Over | 0.86 | 0.84 |
| Gender | | |
| Male | 1.00 | 1.06 |
| Female | 0.90 | 0.91 |

Source: Va. Healthcare Workforce Data Center

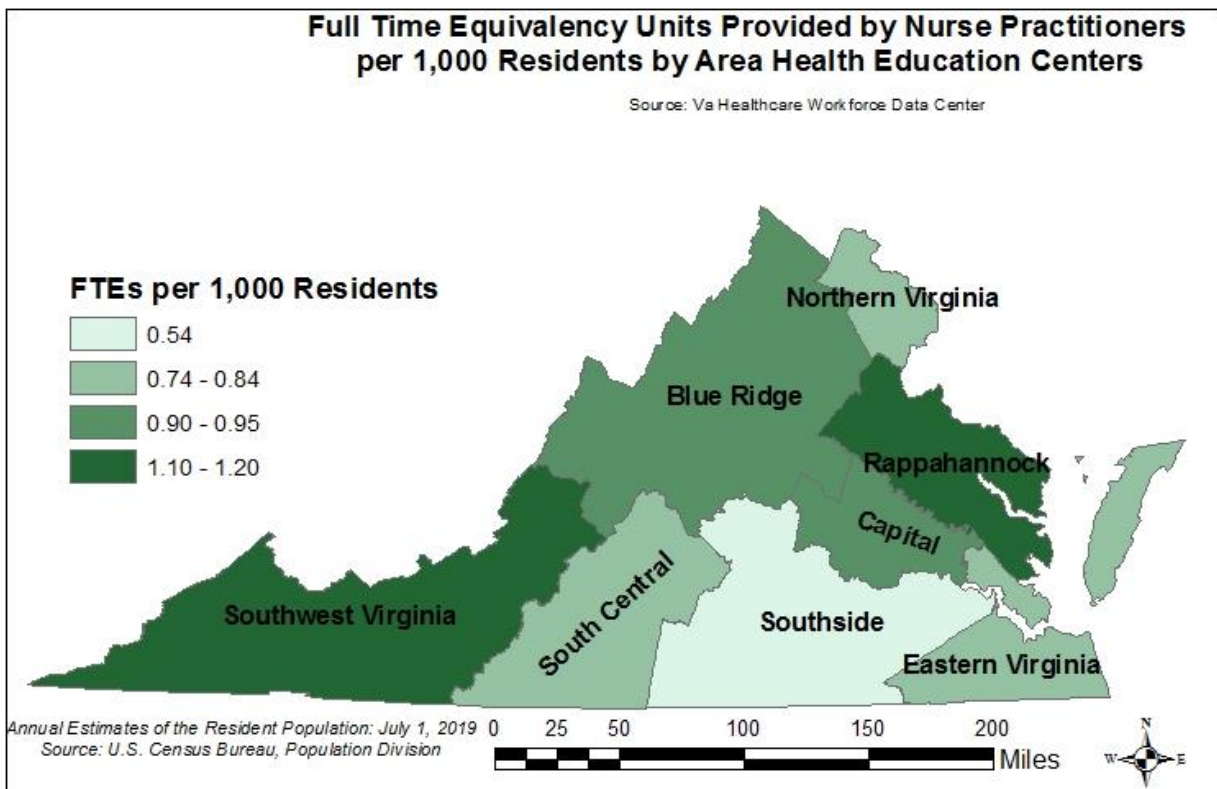
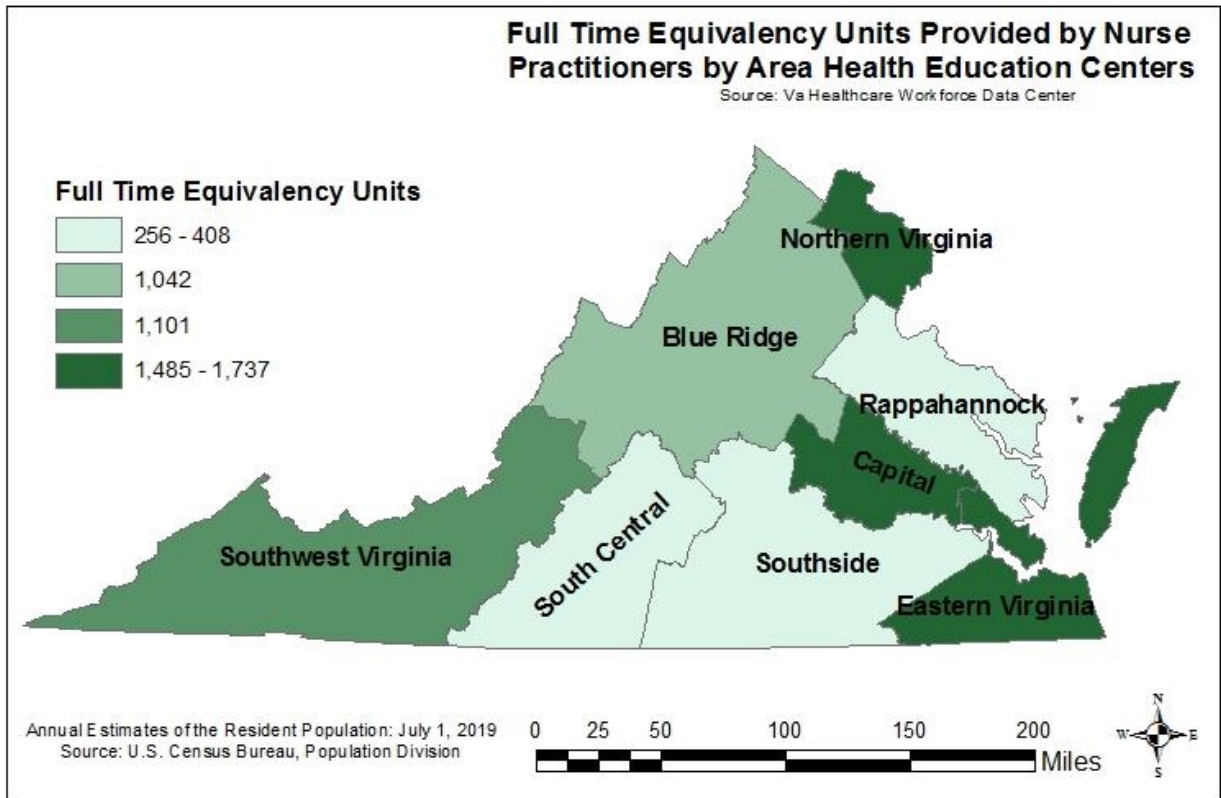


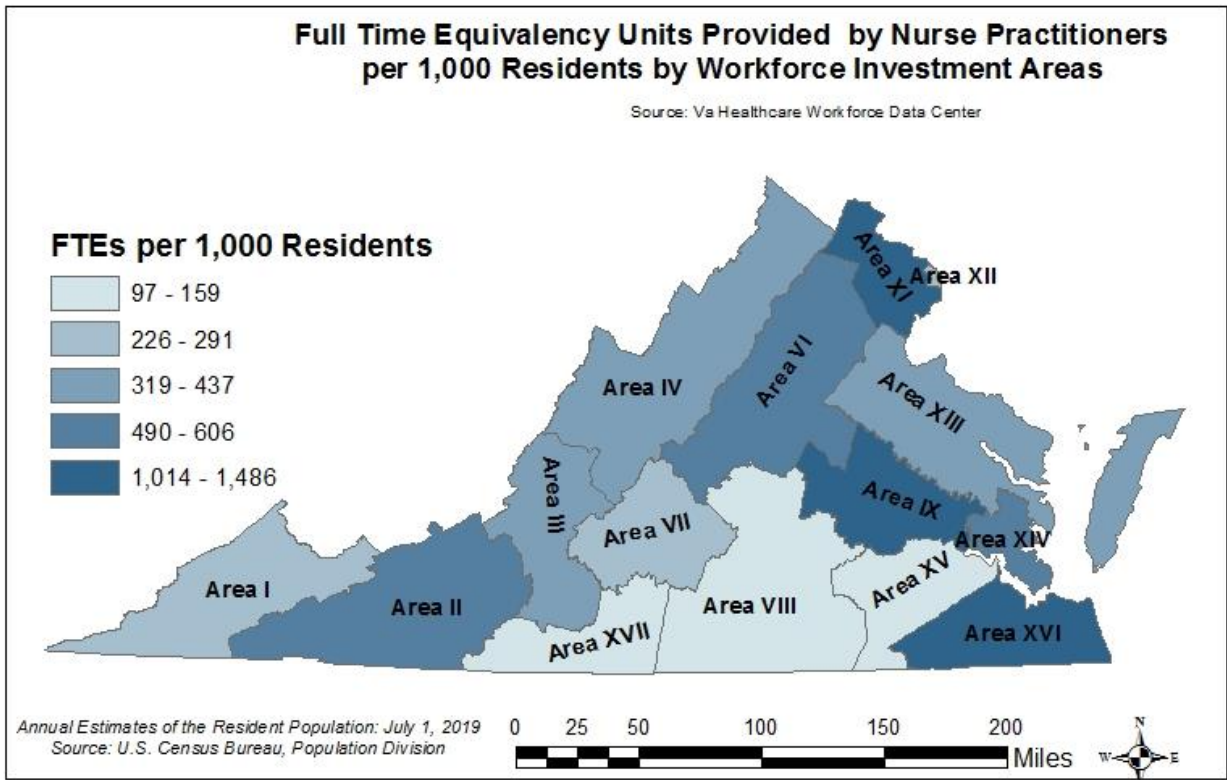
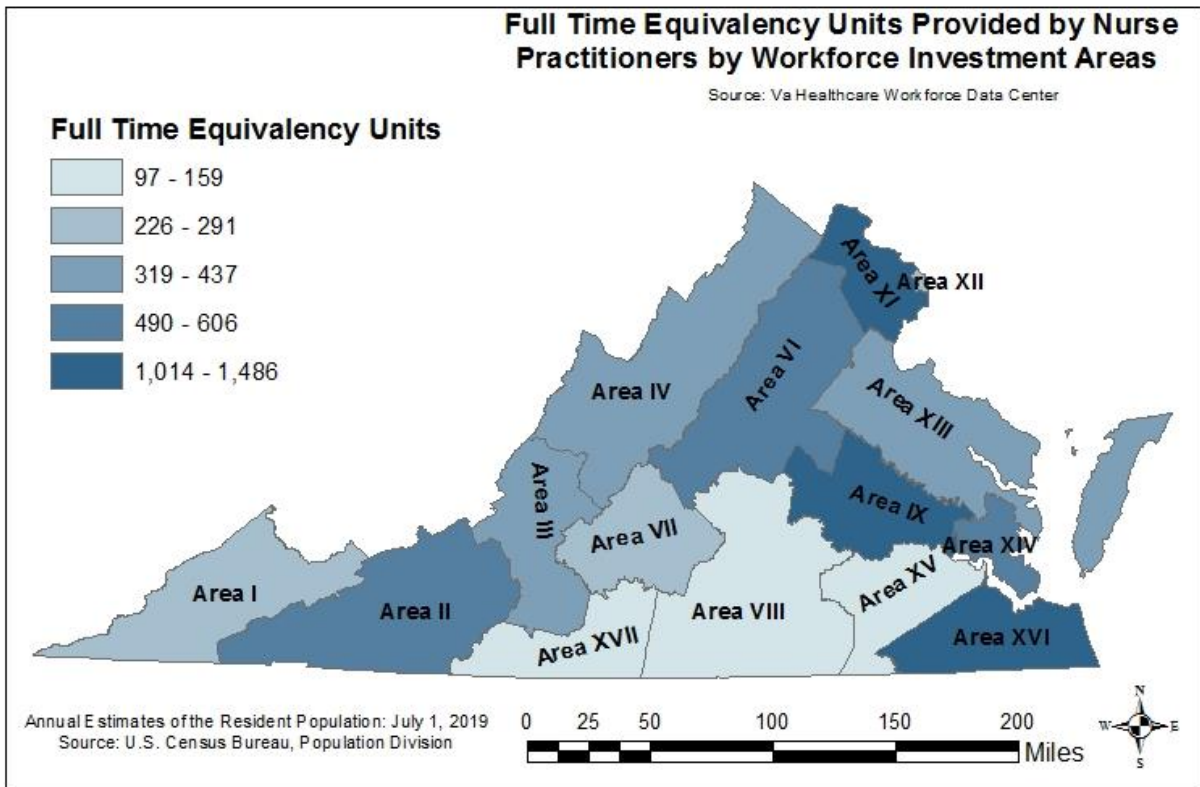
Source: Va. Healthcare Workforce Data Center

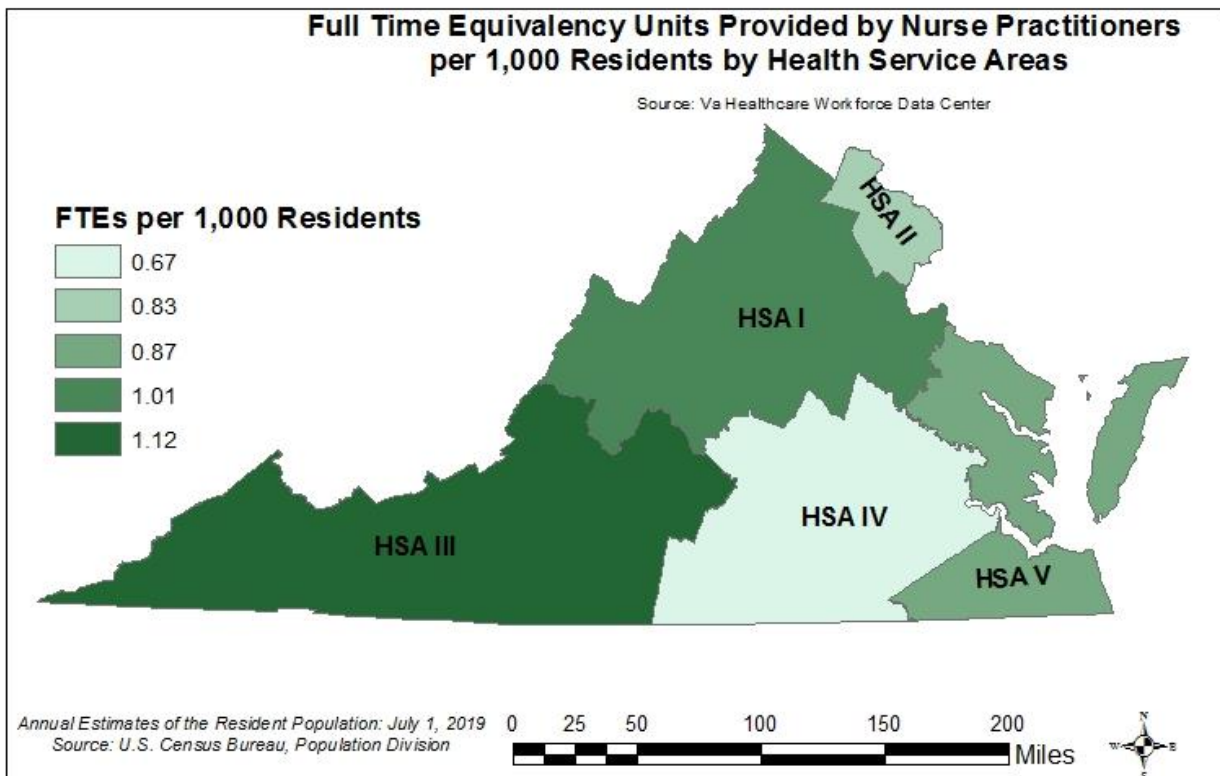
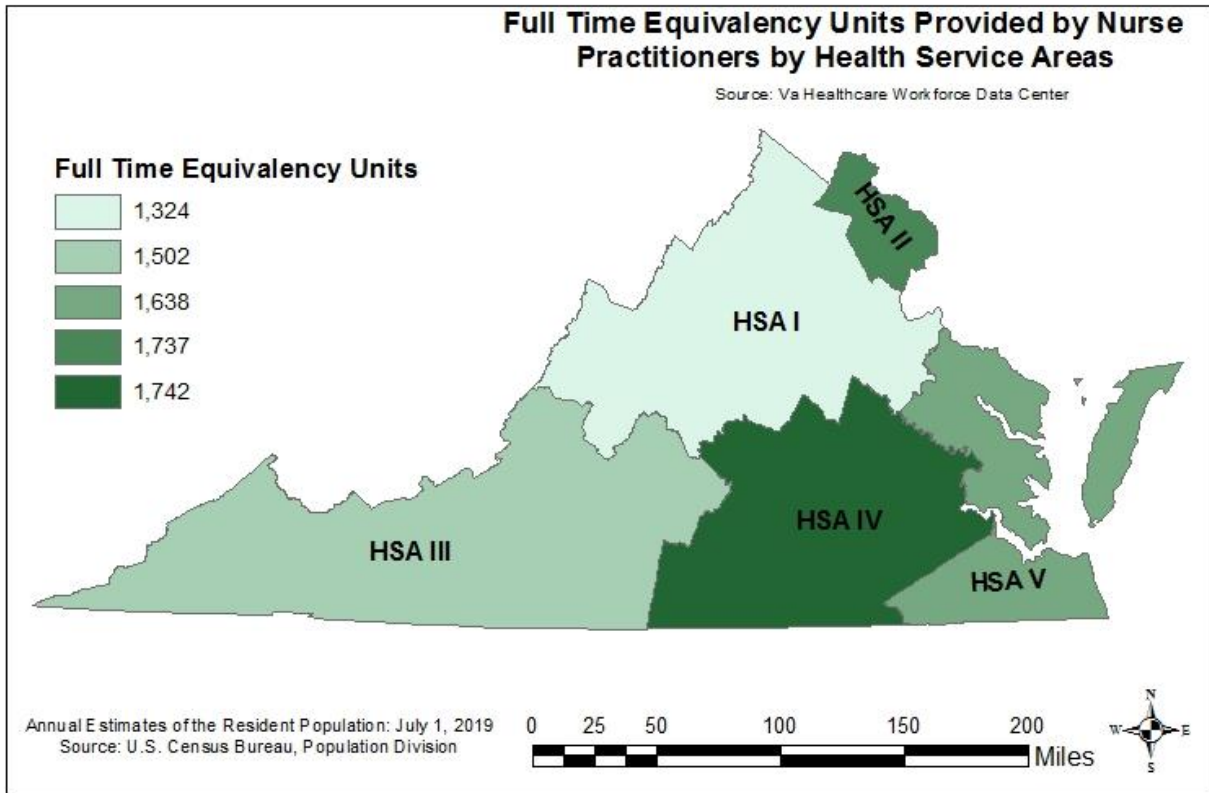
² Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect are significant)

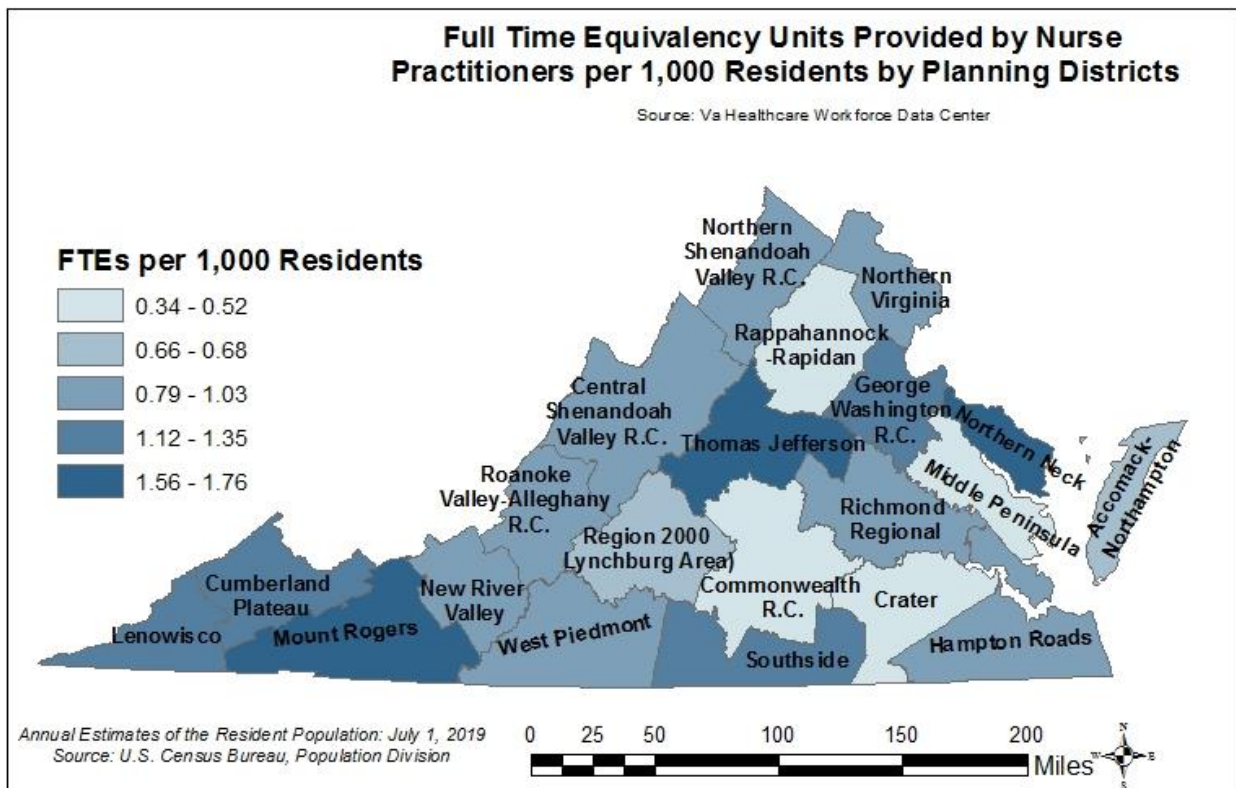
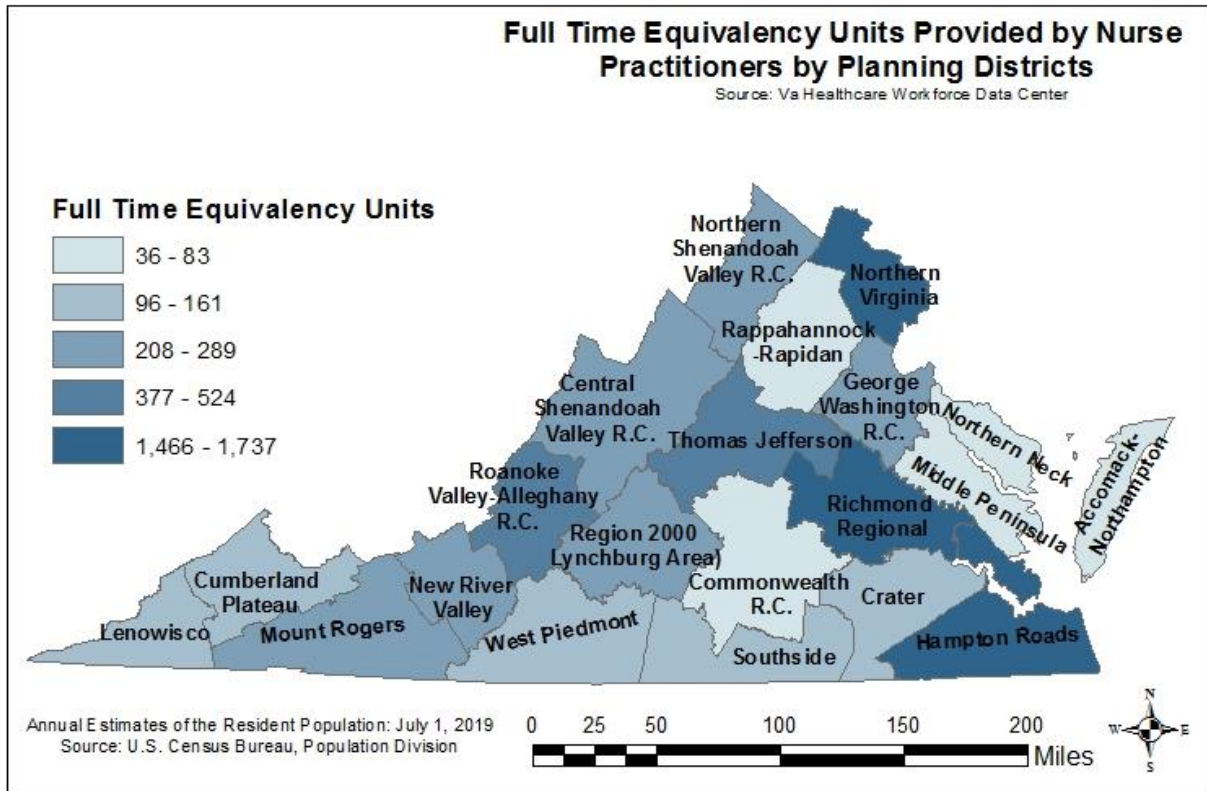


Area Health Education Center Regions









Appendices

Appendix A: Weights

| Rural Status | Location Weight | | | Total Weight | |
|------------------------------------|-----------------|--------|--------|--------------|---------|
| | # | Rate | Weight | Min | Max |
| Metro, 1 million+ | 6,665 | 35.24% | 2.8374 | 2.2509 | 7.0877 |
| Metro, 250,000 to 1 million | 823 | 33.78% | 2.9604 | 2.3485 | 7.3951 |
| Metro, 250,000 or less | 1,072 | 37.50% | 2.6667 | 2.1154 | 6.6613 |
| Urban pop 20,000+, Metro adj | 165 | 38.18% | 2.6190 | 2.0777 | 6.5423 |
| Urban pop 20,000+, nonadj | 0 | NA | NA | NA | NA |
| Urban pop, 2,500-19,999, Metro adj | 309 | 32.04% | 3.1212 | 2.4760 | 7.7967 |
| Urban pop, 2,500-19,999, nonadj | 302 | 39.74% | 2.5167 | 1.9964 | 6.2866 |
| Rural, Metro adj | 236 | 33.90% | 2.9500 | 2.3402 | 3.6251 |
| Rural, nonadj | 104 | 44.23% | 2.2609 | 1.7935 | 5.6476 |
| Virginia border state/DC | 1,656 | 15.10% | 6.6240 | 5.2548 | 16.5466 |
| Other US State | 1,730 | 19.48% | 5.1335 | 4.0724 | 12.8234 |

Source: Va. Healthcare Workforce Data Center

| Age | Age Weight | | | Total Weight | |
|-------------|------------|--------|--------|--------------|---------|
| | # | Rate | Weight | Min | Max |
| Under 30 | 446 | 12.33% | 8.1091 | 5.6476 | 16.5466 |
| 30 to 34 | 1,866 | 31.56% | 3.1681 | 2.2064 | 6.4645 |
| 35 to 39 | 2,218 | 25.07% | 3.9892 | 2.7783 | 8.1400 |
| 40 to 44 | 1,821 | 36.35% | 2.7508 | 1.9158 | 5.6129 |
| 45 to 49 | 1,747 | 26.96% | 3.7091 | 2.5832 | 7.5685 |
| 50 to 54 | 1,352 | 38.83% | 2.5752 | 1.7935 | 5.2548 |
| 55 to 59 | 1,288 | 27.64% | 3.6180 | 2.5197 | 7.3825 |
| 60 and Over | 2,325 | 34.84% | 2.8704 | 1.9991 | 5.8570 |

Source: Va. Healthcare Workforce Data Center

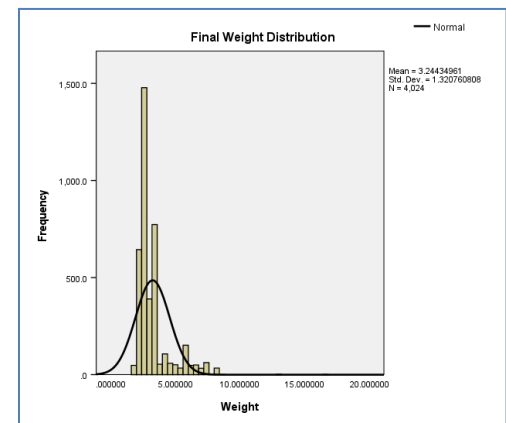
See the Methods section on the HWDC website for details on HWDC Methods:

<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: 0.30805



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty

Healthcare Workforce Data Center

November 2020

Virginia Department of Health Professions
Healthcare Workforce Data Center
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Get a copy of this report from:

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

Over 7,500 Licensed Nurse Practitioners voluntarily participated in the 2019 and 2020 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!

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Results in Brief

This is a special report created for the Joint Boards of Nursing and Medicine. The report uses data from the 2019 and 2020 Nurse Practitioner Surveys. 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 to complete the survey. The 2019 survey occurred between October 2018 and September 2019; the 2020 survey occurred between October 2019 and September 2020. 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.

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 38% chance that they would be of different races or ethnicities, a measure known as the diversity index. CRNAs were the least diverse with 29% diversity index whereas CNMs and CNPs had 37% and 39% 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 7% and 4% of CRNAs and CNMs, respectively.

CRNAs had the highest educational attainment with 19% reporting a doctorate degree; only 11% of CNMs and 12% 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 had \$70-\$80k in education debt but 52% of them had debt. CNPs reported \$60k-\$70k in educational debt but 50% had debt. Further, 14% and 15% of CRNAs and CNMs, respectively, reported over \$120,000 in education debt compared to 8% of CNPs.

CRNAs also reported the highest median annual income; they reported \$120k-\$130k in median income. The average for all other NPs is \$100k-\$110k. Further, 82% of CRNAs reported more than \$120,000 in income compared to 32% of CNMs and 24% of CNPs. However, only 76% of CRNAs received at least one employer-sponsored benefit compared to 81% of CNMs and 82% of CNPs. Overall, 95% of NPs are satisfied with their current employment situation. However, only 92% of CNMs are satisfied compared to 97% of CRNAs and 94% of CNPs. Close to a third of all NPs reported employment instability in the year prior to the survey.

CRNAs had the highest participation in the private sector, 93% of them worked in the sector compared to 83% of CNMs and 85% of CNPs. Meanwhile, CRNAs had the lowest percent working in federal, state, or local government. CRNAs and CNMs were most likely to be working in the inpatient department of hospitals whereas CNPs were most likely to work in primary care clinics. Only 12% of CRNAs used at least one form of electronic health record or telehealth compared to 30% of CNMs and 41% of CNPs. About 21% of CRNAs plan to retire within the next decade compared to 26% of CNMs and 19% of CNPs. About 43%, 29% and 36% of CRNAs, CNMs, and CNPs, respectively, plan to retire by the age of 65. Meanwhile, 3%, 8%, and 7% of CRNAs, CNMs, and CNPs, respectively, do not plan to retire at all.

In 2018, the General Assembly authorized the Boards of Nursing and Medicine (the Joint Boards) to promulgate regulations that would permit qualified nurse practitioners to practice autonomously after the completion of five years of clinical experience as a nurse practitioner under a practice agreement. The bill required that the Joint Boards relate information regarding the practice of NPs without practice agreements to committees of the General Assembly by November 2021. That report will include demographic, complaint, and disciplinary data, and suggested modifications to the provisions of the law. The HWDC will also report on autonomous practicing NPs if their numbers are sufficient.

A Closer Look:

At a Glance:

Licensed NPs

| | |
|--------|--------|
| Total: | 13,010 |
| CRNA: | 2,112 |
| CNM: | 391 |
| CNP: | 10,507 |

Response Rates

| | |
|---------------------------------|-----|
| All Licensees: (2019 & 2020) | 58% |
|---------------------------------|-----|

Source: Va. Healthcare Workforce Data Center

This report uses data from the 2019 and 2020 Nurse Practitioner Surveys, and licensure data retrieved in October 2020. 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 NP would have been eligible to complete a survey in only one of the two years. Newly licensed NPs do not complete the survey so they will be excluded from the survey. From the licensure data, 2,105 of NPs reported their first specialty as CRNA; 378 had a first specialty of CNM, 10,527 had other first specialties. However, 7 of the 10,527 had a second specialty of CRNA and thirteen had a second specialty of CNM. Therefore, after assigning any mention of CNM as CNM and similarly for CRNAs, “At a Glance” shows the break down by specialty. Over 80% are CNPs and about 3% are CNMs.

| Response Rates | | | | |
|-------------------------------------|------|-----|-------|--------------|
| | CRNA | CNM | CNP | Total |
| Completed Surveys 2019 | 644 | 109 | 2,814 | 3,567 |
| Completed Surveys 2020 | 655 | 126 | 3,219 | 4,000 |
| Response Rate, all licensees | 62% | 60% | 57% | 58% |

Source: Va. Healthcare Workforce Data Center

Our surveys tend to achieve very high response rates. An average of 58% of NPs submitted a survey in both 2019 and 2020. As shown above, the response rate was highest for CRNAs and lowest for CNPs. We weight our analysis to address non-response.

Definitions

- 1. The Survey Period:** The survey was conducted between October 2018 and September 2019, and between October 2019 and September 2020, 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.

Not in Workforce in Past Year

| | CRNA | CNM | CNP | All 2020 |
|---|------|-----|-----|------------|
| % of Licensees not in VA Workforce | 24% | 17% | 2% | 17% |
| % in Federal Employee or Military: | 10% | 20% | 12% | 17% |
| % Working in Virginia Border State or DC | 11% | 32% | 18% | 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.

A Closer Look:

At a Glance:

2019 and 2020 Workforce

Virginia's NP Workforce: 10,650
 FTEs: 9,383

Workforce by Specialty

CRNA: 1,741
 CNM: 317
 CNP: 8,545

FTE by Specialty

CRNA: 1,511
 CNM: 301
 CNP: 7,524

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 (2020) | |
| | # | % | # | % | # | % | # | % |
| Worked in Virginia in Past Year | 1,735 | 100% | 303 | 96% | 8,383 | 98% | 10,470 | 98% |
| Looking for Work in Virginia | 6 | <1% | 14 | 4% | 161 | 2% | 181 | 2% |
| Virginia's Workforce | 1,741 | 100% | 317 | 100% | 8,545 | 100% | 10,650 | 100% |
| Total FTEs | 1,511 | | 301 | | 7,524 | | 9,383 | |
| Licensees | 2,112 | | 391 | | 10,507 | | 13,063 | |

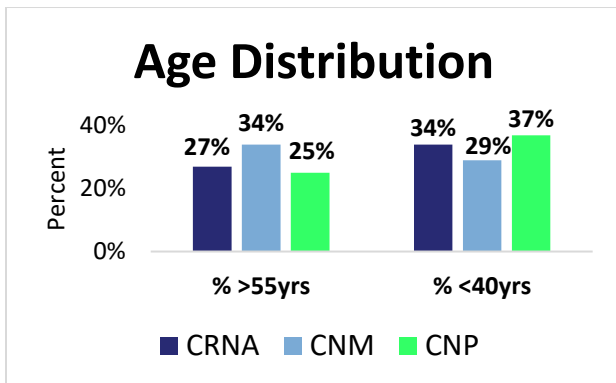
Source: Va. Healthcare Workforce Data Center

CNPs provided about 81% of the nurse practitioner FTEs in the state. CRNAs provided 16% whereas CNMs provided 3% of the FTEs. 4% of CNMs in the state's workforce were looking for work compared to 2% or less of other NPs.

A Closer Look:

| Age & Gender | | | | | | |
|--------------|------------|------------|--------------|------------|--------------|----------------|
| Age | Male | | Female | | Total | |
| | # | % Male | # | % Female | # | % in Age Group |
| Under 30 | 53 | 16% | 274 | 84% | 327 | 3% |
| 30 to 34 | 118 | 8% | 1,362 | 92% | 1,480 | 16% |
| 35 to 39 | 165 | 10% | 1,484 | 90% | 1,650 | 17% |
| 40 to 44 | 135 | 10% | 1,262 | 90% | 1,398 | 15% |
| 45 to 49 | 163 | 13% | 1,100 | 87% | 1,263 | 13% |
| 50 to 54 | 136 | 15% | 786 | 85% | 922 | 10% |
| 55 to 59 | 75 | 8% | 829 | 92% | 903 | 10% |
| 60 + | 134 | 9% | 1,375 | 91% | 1,509 | 16% |
| Total | 980 | 10% | 8,472 | 90% | 9,452 | 100% |

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 90%

% Under 40 Female: 90%

% Female by Specialty

CRNA: 70%

CNM: 100%

CNP: 94%

% Female <40 by Specialty

CRNA: 71%

CNM: 100%

CNP: 94%

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 | 21 | 60% | 35 | 2% | 7 | 100% | 7 | 3% | 246 | 86% | 284 | 4% |
| 30 to 34 | 140 | 75% | 187 | 12% | 39 | 100% | 39 | 14% | 1,163 | 95% | 1,229 | 16% |
| 35 to 39 | 214 | 70% | 304 | 20% | 35 | 100% | 35 | 13% | 1,224 | 94% | 1,299 | 17% |
| 40 to 44 | 188 | 78% | 241 | 16% | 46 | 100% | 46 | 17% | 1,028 | 93% | 1,111 | 15% |
| 45 to 49 | 130 | 62% | 211 | 14% | 29 | 100% | 29 | 10% | 941 | 93% | 1,012 | 13% |
| 50 to 54 | 91 | 62% | 147 | 10% | 25 | 100% | 25 | 9% | 667 | 89% | 747 | 10% |
| 55 to 59 | 117 | 74% | 158 | 10% | 37 | 100% | 37 | 13% | 674 | 95% | 708 | 9% |
| 60 + | 169 | 66% | 258 | 17% | 57 | 100% | 57 | 21% | 1,149 | 96% | 1,195 | 16% |
| Total | 1,071 | 70% | 1,542 | 100% | 277 | 100% | 277 | 100% | 7,092 | 94% | 7,585 | 100% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Race & Ethnicity (2020) | | | | | |
|-------------------------|-------------|--------------|-------------|--------------|-------------|
| Race/ Ethnicity | Virginia* | NPs | | NPs under 40 | |
| | % | # | % | # | % |
| White | 61% | 7,326 | 78% | 2,592 | 75% |
| Black | 19% | 1,121 | 12% | 424 | 12% |
| Asian | 7% | 432 | 5% | 183 | 5% |
| Other Race | 0% | 103 | 1% | 32 | 1% |
| Two or more races | 3% | 167 | 2% | 94 | 3% |
| Hispanic | 10% | 290 | 3% | 140 | 4% |
| Total | 100% | 9,439 | 100% | 3,465 | 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, 2019.

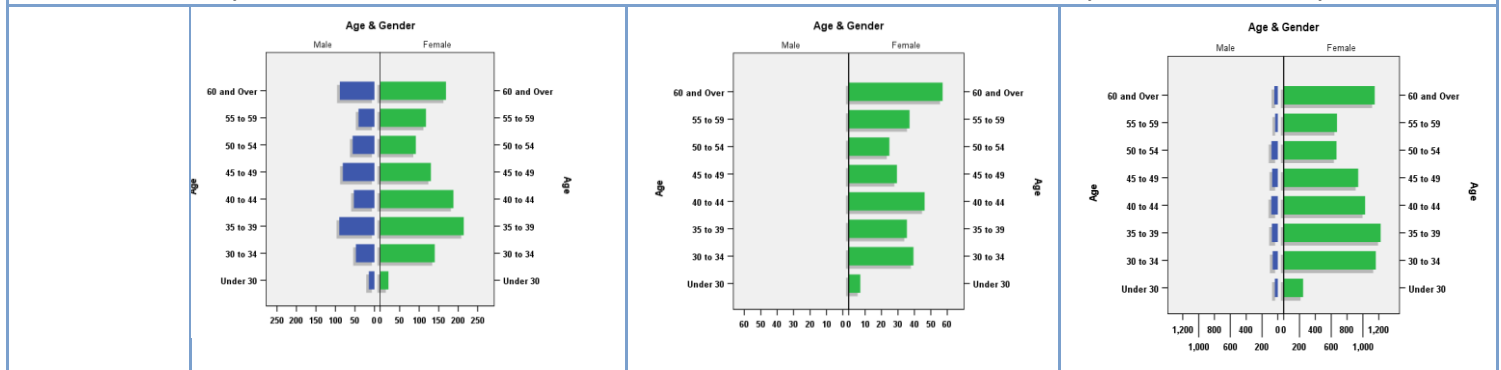
Source: Va. Healthcare Workforce Data Center

At a Glance:

2020 Diversity
 Diversity Index: 38%
 Under 40 Div. Index: 42%

By Specialty
 CRNA: 29%
 CNM: 37%
 CNP: 39%

| Age, Race, Ethnicity & Gender | | | | | | | | | | | | |
|----------------------------------|--------------|-------------|--------------|-------------|------------|-------------|--------------|-------------|--------------|-------------|--------------|-------------|
| Race/ Ethnicity | CRNA | | | | CNM | | | | CNP | | | |
| | NPs | | NPs under 40 | | NPs | | NPs under 40 | | NPs | | NPs under 40 | |
| | # | % | # | % | # | % | # | % | # | % | # | % |
| White | 1,259 | 84% | 436 | 84% | 217 | 78% | 52 | 63% | 5,820 | 77% | 2,088 | 74% |
| Black | 83 | 6% | 30 | 6% | 46 | 16% | 20 | 24% | 983 | 13% | 364 | 13% |
| Asian | 90 | 6% | 26 | 5% | 0 | 0% | 0 | 0% | 339 | 4% | 153 | 5% |
| Other Race | 19 | 1% | 6 | 1% | 3 | 1% | 3 | 4% | 80 | 1% | 23 | 1% |
| Two or more races | 27 | 2% | 13 | 3% | 0 | 0% | 0 | 0% | 140 | 2% | 81 | 3% |
| Hispanic | 27 | 2% | 9 | 2% | 14 | 5% | 7 | 9% | 244 | 3% | 119 | 4% |
| Total | 1,505 | 100% | 520 | 100% | 280 | 100% | 82 | 100% | 7,606 | 100% | 2,828 | 100% |



Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

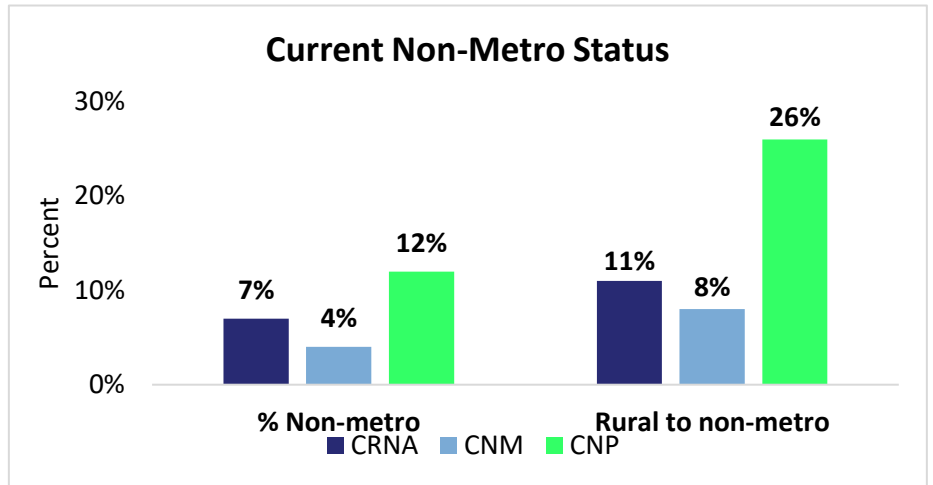
Rural Childhood

| | |
|-------|-----|
| CRNA: | 31% |
| CNM: | 29% |
| CNP: | 35% |
| All: | 34% |

Non-Metro Location

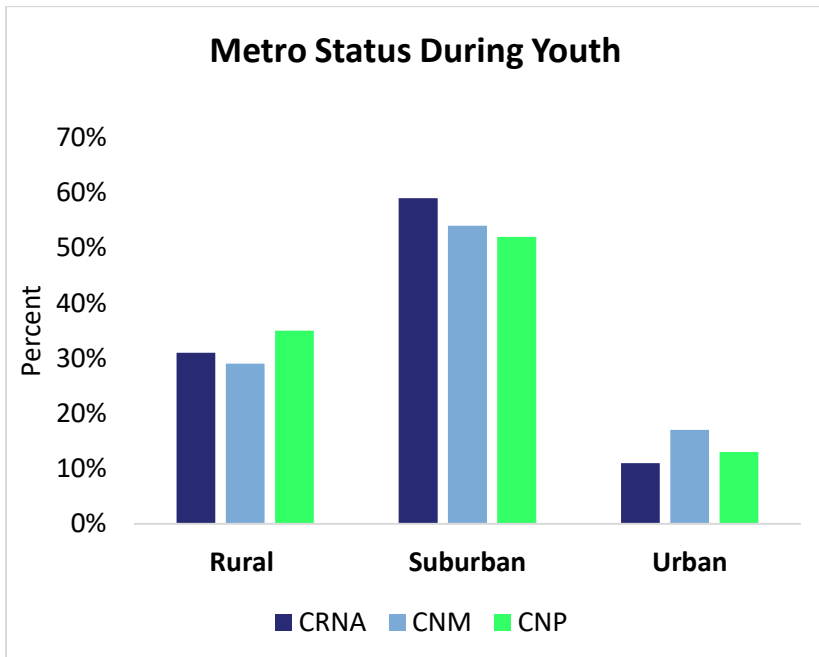
| | |
|-------|-----|
| CRNA: | 7% |
| CNM: | 4% |
| CNP: | 12% |
| All: | 11% |

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

| | HS in VA | Prof. Ed. in VA | HS or Prof in VA | NP Degree in VA |
|-------------------|------------|-----------------|------------------|-----------------|
| CRNA | 30% | 33% | 37% | 42% |
| CNM | 29% | 32% | 39% | 30% |
| CNP | 50% | 57% | 62% | 56% |
| All (2020) | 46% | 52% | 57% | 53% |



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.

Source: Va. Healthcare Workforce Data Center

Education

A Closer Look:

At a Glance:

Median Educational Debt

| | |
|-------|-------------|
| CRNA: | \$80k-\$90k |
| CNM: | \$70k-\$80k |
| CNP: | \$60k-\$70k |

Source: Va. Healthcare Workforce Data Center

CNMs were most likely to carry education debt; 52% and 87% of all CNMs and of CNMs under age 40, respectively, had education debt. Their median debt was \$70k-\$80k. CRNAs had the highest median education debt but only 45% of them had education debt. CNPs had the lowest median education debt.

| Degree | Highest Degree | | | | | | | |
|--------------------|----------------|-------------|------------|-------------|--------------|-------------|--------------|-------------|
| | CRNA | | CNM | | CNP | | All (2020) | |
| | # | % | # | % | # | % | # | % |
| NP Certificate | 120 | 8% | 5 | 2% | 83 | 1% | 207 | 2% |
| Master's Degree | 1,076 | 72% | 198 | 71% | 5,870 | 79% | 7,182 | 77% |
| Post-Masters Cert. | 22 | 1% | 44 | 16% | 664 | 9% | 740 | 8% |
| Doctorate of NP | 179 | 12% | 18 | 6% | 635 | 9% | 833 | 9% |
| Other Doctorate | 105 | 7% | 14 | 5% | 198 | 3% | 317 | 3% |
| Post-Ph.D. Cert. | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Total | 1,502 | 100% | 279 | 100% | 7,450 | 100% | 9,279 | 100% |

Source: Va. Healthcare Workforce Data Center

| Amount Carried | Educational Debt | | | | | | | |
|---------------------|------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | CRNA | | CNM | | CNP | | All (2020) | |
| | All NPs | NPs < 40 | All NPs | NPs < 40 | All NPs | NPs < 40 | All NPs | NPs < 40 |
| None | 55% | 32% | 48% | 13% | 50% | 35% | 50% | 34% |
| \$20,000 or less | 6% | 4% | 5% | 10% | 8% | 9% | 8% | 8% |
| \$20,000-\$29,999 | 3% | 1% | 3% | 0% | 4% | 5% | 4% | 4% |
| \$30,000-\$39,999 | 4% | 6% | 0% | 0% | 4% | 5% | 4% | 5% |
| \$40,000-\$49,999 | 4% | 5% | 1% | 0% | 4% | 5% | 4% | 5% |
| \$50,000-\$59,999 | 3% | 3% | 9% | 23% | 5% | 5% | 4% | 5% |
| \$60,000-\$69,999 | 2% | 3% | 4% | 0% | 4% | 6% | 4% | 5% |
| \$70,000-\$79,999 | 2% | 5% | 2% | 7% | 4% | 6% | 3% | 6% |
| \$80,000-\$89,999 | 1% | 1% | 4% | 0% | 3% | 5% | 3% | 4% |
| \$90,000-\$99,999 | 1% | 2% | 2% | 5% | 2% | 4% | 2% | 3% |
| \$100,000-\$109,999 | 2% | 4% | 3% | 5% | 3% | 4% | 3% | 4% |
| \$110,000-\$119,999 | 2% | 5% | 1% | 5% | 2% | 3% | 2% | 4% |
| \$120,000 or more | 14% | 30% | 15% | 32% | 8% | 9% | 9% | 13% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employed in Profession

| | |
|-------|-----|
| CRNA: | 98% |
| CNM: | 89% |
| CNP: | 96% |

Involuntary Unemployment

| | |
|-------|----|
| CRNA: | 1% |
| CNM: | 4% |
| CNP: | 1% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Hours | Current Weekly Hours | | | |
|-------------------------|----------------------|-------------|-------------|-------------|
| | CRNA | CNM | CNP | All (2020) |
| 0 hours | 1% | 6% | 3% | 3% |
| 1 to 9 hours | 1% | 3% | 2% | 2% |
| 10 to 19 hours | 4% | 0% | 3% | 3% |
| 20 to 29 hours | 5% | 5% | 6% | 6% |
| 30 to 39 hours | 27% | 12% | 21% | 22% |
| 40 to 49 hours | 53% | 34% | 47% | 48% |
| 50 to 59 hours | 5% | 15% | 10% | 10% |
| 60 to 69 hours | 2% | 14% | 4% | 4% |
| 70 to 79 hours | 0% | 4% | 1% | 1% |
| 80 or more hours | 0% | 7% | 2% | 2% |
| Total | 100% | 100% | 100% | 100% |

Source: Va. Healthcare Workforce Data Center

Over half of CRNAs work 40-49 hours and 7% work more than 50 hours whereas about 40% of CNMs work more than 50 hours. Close to half of CNPs work 40-49 hours and 17% work more than 50 hours.

Current Positions

| Positions | CRNA | | CNM | | CNP | | All (2020) | |
|--|--------------|-------------|------------|-------------|--------------|-------------|--------------|-------------|
| | # | % | # | % | # | % | # | % |
| No Positions | 19 | 1% | 22 | 8% | 224 | 3% | 265 | 3% |
| One Part-Time Position | 212 | 14% | 32 | 12% | 996 | 14% | 1,249 | 14% |
| Two Part-Time Positions | 60 | 4% | 3 | 1% | 254 | 3% | 316 | 3% |
| One Full-Time Position | 984 | 65% | 168 | 61% | 4,773 | 65% | 5,950 | 65% |
| One Full-Time Position & One Part-Time Position | 189 | 13% | 40 | 15% | 942 | 13% | 1,185 | 13% |
| Two Full-Time Positions | 0 | 0% | 0 | 0% | 27 | 0% | 27 | 0% |
| More than Two Positions | 44 | 3% | 10 | 4% | 108 | 1% | 161 | 2% |
| Total | 1,508 | 100% | 275 | 100% | 7,324 | 100% | 9,153 | 100% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Benefit | Employer-Sponsored Benefits* | | | |
|-------------------------------------|------------------------------|------------|------------|------------|
| | CRNA | CNM | CNP | All (2020) |
| Signing/Retention Bonus | 27% | 22% | 13% | 16% |
| Dental Insurance | 58% | 58% | 60% | 60% |
| Health Insurance | 61% | 61% | 62% | 63% |
| Paid Leave | 64% | 72% | 69% | 69% |
| Group Life Insurance | 55% | 46% | 50% | 52% |
| Retirement | 71% | 72% | 71% | 72% |
| Receive at least one benefit | 76% | 82% | 81% | 81% |

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Median Income

CRNA: \$120k-\$130k
 CNM: \$100k-\$110k
 CNP: \$100k-\$110k
 All (2020): \$100k-\$110k

Percent Satisfied

CRNA: 97%
 CNM: 92%
 CNP: 94%

Source: Va. Healthcare Workforce Data Center

CRNAs reported \$120k-\$130k in median income. All other NPs, including CNMs, reported \$100k-\$110k in median income. CNMs were least satisfied with their current employment situation whereas CRNAs were the most satisfied. 5% of CNMs reported being very dissatisfied whereas 2% of the other NPs and 1% of CRNAs reported being very dissatisfied.

| Annual Income | Income | | | |
|----------------------------|-------------|-------------|-------------|-------------|
| | CRNA | CNM | CNP | All (2020) |
| Volunteer Work Only | 0% | 2% | 1% | 1% |
| Less than \$40,000 | 2% | 5% | 5% | 4% |
| \$40,000-\$49,999 | 0% | 1% | 2% | 2% |
| \$50,000-\$59,999 | 2% | 2% | 3% | 3% |
| \$60,000-\$69,999 | 1% | 5% | 4% | 3% |
| \$70,000-\$79,999 | 1% | 2% | 5% | 4% |
| \$80,000-\$89,999 | 2% | 5% | 10% | 8% |
| \$90,000-\$99,999 | 2% | 16% | 16% | 13% |
| \$100,000-\$109,999 | 5% | 16% | 18% | 16% |
| \$110,000-\$119,999 | 4% | 12% | 13% | 12% |
| \$120,000 or more | 82% | 32% | 24% | 34% |
| Total | 100% | 100% | 100% | 100% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| Employment Instability in Past Year | | | | |
|--|------------|------------|------------|------------|
| In the past year did you . . . ? | CRNA | CNM | CNP | All (2020) |
| Experience Involuntary Unemployment? | 6% | 3% | 3% | 4% |
| Experience Voluntary Unemployment? | 3% | 7% | 5% | 5% |
| Work Part-time or temporary positions, but would have preferred a full-time/permanent position? | 2% | 3% | 3% | 3% |
| Work two or more positions at the same time? | 19% | 17% | 19% | 19% |
| Switch employers or practices? | 7% | 8% | 9% | 9% |
| Experienced at least 1 | 31% | 31% | 31% | 31% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Involuntarily Unemployed

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

Underemployed

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

Over 2 Years Job Tenure

CRNA: 68%
 CNM: 48%
 CNP: 54%

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 | 2% | 5% | 4% | 7% | 2% | 7% |
| < 6 Months | 5% | 9% | 3% | 10% | 8% | 14% |
| 6 Months-1 yr | 6% | 13% | 13% | 11% | 13% | 17% |
| 1 to 2 Years | 19% | 19% | 32% | 35% | 23% | 21% |
| 3 to 5 Years | 30% | 34% | 17% | 9% | 25% | 19% |
| 6 to 10 Years | 15% | 11% | 14% | 17% | 13% | 11% |
| > 10 Years | 23% | 9% | 17% | 11% | 16% | 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 85% of them were paid that way, compared to 55% of CRNAs and 69% of CNPs.

| Primary Work Site | Forms of Payment | | | |
|---------------------------|------------------|-------------|-------------|-------------|
| | CRNA | CNM | CNP | All (2020) |
| Salary/ Commission | 55% | 87% | 69% | 67% |
| Hourly Wage | 36% | 11% | 26% | 27% |
| By Contract | 9% | 3% | 4% | 5% |
| Unpaid | 0% | 0% | 1% | 0% |
| Total | 100% | 100% | 100% | 100% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

% in Top 3 Regions

CRNA: 76%
 CNM: 72%
 CNP: 70%

2 or More Locations Now

CRNA: 28%
 CNM: 24%
 CNP: 23%

Source: Va. Healthcare Workforce Data Center

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

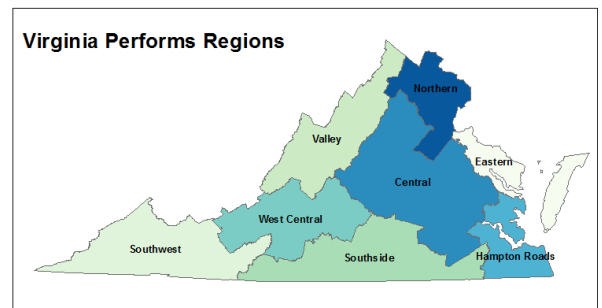
| Virginia Performs Region | Regional Distribution of Work Locations | | | | | |
|--------------------------|---|-------------|-------------|-------------|-------------|-------------|
| | CRNA | | CNM | | CNP | |
| | Primary | Secondary | Primary | Secondary | Primary | Secondary |
| Central | 27% | 22% | 19% | 29% | 27% | 22% |
| Eastern | 1% | 0% | 1% | 0% | 2% | 2% |
| Hampton Roads | 19% | 23% | 21% | 14% | 18% | 15% |
| Northern | 30% | 31% | 33% | 15% | 26% | 22% |
| Southside | 3% | 2% | 1% | 0% | 4% | 3% |
| Southwest | 2% | 2% | 1% | 4% | 8% | 6% |
| Valley | 2% | 3% | 10% | 8% | 6% | 6% |
| West Central | 12% | 8% | 14% | 5% | 9% | 11% |
| Virginia Border State/DC | 1% | 2% | 0% | 18% | 1% | 4% |
| Other US State | 1% | 4% | 0% | 7% | 1% | 9% |
| Outside of the US | 0% | 1% | 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 | 22 | 2% | 22 | 8% | 278 | 4% |
| 1 | 1,053 | 71% | 176 | 67% | 5,288 | 73% |
| 2 | 161 | 11% | 38 | 15% | 1,021 | 14% |
| 3 | 203 | 14% | 23 | 9% | 558 | 8% |
| 4 | 23 | 2% | 0 | 0% | 64 | 1% |
| 5 | 12 | 1% | 3 | 1% | 21 | 0% |
| 6 + | 16 | 1% | 0 | 0% | 40 | 1% |
| Total | 1,489 | 100% | 262 | 100% | 7,270 | 100% |

Source: Va. Healthcare Workforce Data Center

*At survey completion (birth month of respondents)



A Closer Look:

| Sector | Location Sector | | | | | | | |
|---------------------------------|-----------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | CRNA | | CNM | | CNP | | All (2020) | |
| | Primary | Sec | Primary | Sec | Primary | Sec | Primary | Sec |
| For-Profit | 56% | 67% | 53% | 56% | 52% | 63% | 53% | 63% |
| Non-Profit | 37% | 25% | 30% | 30% | 33% | 27% | 33% | 27% |
| State/Local Government | 3% | 3% | 8% | 7% | 9% | 8% | 8% | 7% |
| Veterans Administration | 2% | 0% | 0% | 0% | 3% | 1% | 2% | 1% |
| U.S. Military | 2% | 3% | 6% | 7% | 2% | 1% | 2% | 1% |
| Other Federal Government | 0% | 1% | 3% | 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, 93% of them worked in the sector compared to 83% of CNMs and 85% of CNPs. Meanwhile, CRNAs had the lowest percent working in state, local or federal government.

At a Glance:
(Primary Locations)

For-Profit Primary Sector

CRNA: 56%
CNM: 53%
CNP: 52%

Top Establishments

CRNA: Inpatient Department
CNM: Inpatient Department
CNP: Clinic, Primary Care

Source: Va. Healthcare Workforce Data Center

| Electronic Health Records (EHRs) and Telehealth | | | | |
|---|------------|------------|------------|------------|
| | CRNA | CNM | CNP | All (2020) |
| Meaningful use of EHRs | 11% | 22% | 32% | 29% |
| Remote Health, Caring for Patients in Virginia | 1% | 15% | 18% | 15% |
| Remote Health, Caring for Patients Outside of Virginia | 0% | 3% | 4% | 3% |
| Use at least one | 12% | 30% | 41% | 36% |

Source: Va. Healthcare Workforce Data Center

More than a third of the state NP workforce use at least one EHRs. 15% 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 (2020) | |
| | Primary | Sec | Primary | Sec | Primary | Sec | Primary | Sec |
| Hospital, Inpatient Department | 37% | 36% | 20% | 42% | 15% | 14% | 20% | 18% |
| Clinic, Primary Care or Non-Specialty | 1% | 2% | 12% | 3% | 21% | 16% | 17% | 12% |
| Physician Office | 1% | 3% | 12% | 5% | 10% | 5% | 8% | 4% |
| Academic Institution (Teaching or Research) | 4% | 3% | 11% | 8% | 8% | 10% | 8% | 9% |
| Private practice, group | 9% | 3% | 17% | 8% | 8% | 6% | 8% | 5% |
| Hospital, Outpatient Department | 11% | 10% | 5% | 0% | 7% | 3% | 7% | 4% |
| Ambulatory/Outpatient Surgical Unit | 21% | 33% | 0% | 0% | 1% | 1% | 4% | 7% |
| Clinic, Non-Surgical Specialty | 0% | 1% | 7% | 6% | 4% | 4% | 3% | 4% |
| Long Term Care Facility, Nursing Home | 0% | 0% | 0% | 0% | 4% | 4% | 3% | 3% |
| Mental Health, or Substance Abuse, Outpatient Center | 2% | 4% | 0% | 0% | 3% | 4% | 2% | 3% |
| Hospital, Emergency Department | 0% | 0% | 0% | 0% | 2% | 4% | 2% | 4% |
| Private practice, solo | 0% | 0% | 2% | 3% | 2% | 4% | 2% | 4% |
| Home health care | 0% | 0% | 0% | 0% | 2% | 2% | 1% | 2% |
| Other Practice Setting | 13% | 5% | 14% | 26% | 14% | 23% | 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 and CNMs. 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: | 87% |

Education Role

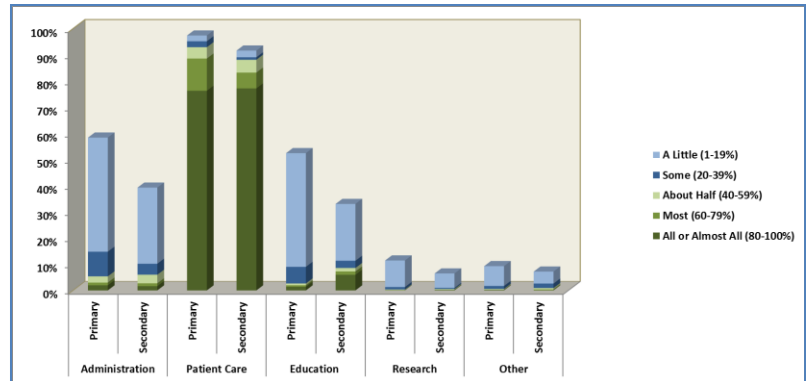
| | |
|-------|----|
| CRNA: | 1% |
| CNM: | 5% |
| CNP: | 2% |

Admin Role

| | |
|-------|----|
| CRNA: | 2% |
| CNM: | 3% |
| CNP: | 3% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

On average, 89% 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 87% of CNMs and CNPs, respectively.

| Time Spent | Patient Care Time Allocation | | | | | | | |
|------------------------------------|------------------------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | CRNA | | CNM | | CNP | | All (2020) | |
| | Prim. Site | Sec. Site | Prim. Site | Sec. Site | Prim. Site | Sec. Site | Prim. Site | Sec. Site |
| All or Almost All (80-100%) | 89% | 91% | 65% | 76% | 74% | 74% | 76% | 77% |
| Most (60-79%) | 6% | 3% | 21% | 0% | 13% | 7% | 12% | 6% |
| About Half (40-59%) | 1% | 3% | 5% | 8% | 5% | 5% | 4% | 5% |
| Some (20-39%) | 1% | 0% | 2% | 3% | 3% | 1% | 2% | 1% |
| A Little (1-20%) | 2% | 0% | 1% | 0% | 2% | 3% | 2% | 3% |
| None (0%) | 1% | 2% | 6% | 11% | 3% | 10% | 3% | 8% |

Source: Va. Healthcare Workforce Data Center

A Closer Look:

| | Future Plans | | | | | |
|--------------------------------|--------------|-----|-----|-----|-------|-----|
| | CRNA | | CNM | | CNP | |
| 2 Year Plans: | # | % | # | % | # | % |
| Decrease Participation | | | | | | |
| Leave Profession | 8 | 0% | 0 | 0% | 92 | 1% |
| Leave Virginia | 57 | 3% | 5 | 5% | 226 | 3% |
| Decrease Patient Care Hours | 167 | 10% | 26 | 8% | 597 | 7% |
| Decrease Teaching Hours | 3 | 0% | 3 | 1% | 60 | 1% |
| Increase Participation | | | | | | |
| Increase Patient Care Hours | 103 | 6% | 19 | 6% | 956 | 11% |
| Increase Teaching Hours | 76 | 4% | 47 | 15% | 1,050 | 12% |
| Pursue Additional Education | 72 | 4% | 49 | 15% | 1,207 | 14% |
| Return to Virginia's Workforce | 6 | 0% | 14 | 4% | 51 | 1% |

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement within 2 Years

| | |
|-------|----|
| CRNA: | 7% |
| CNM: | 9% |
| CNP: | 5% |

Retirement within 10 Years

| | |
|-------|-----|
| CRNA: | 21% |
| CNM: | 26% |
| CNP: | 19% |

Source: Va. Healthcare Workforce Data Center

43%, 29% and 36% of CRNAs, CNMs, and CNPs, respectively, expect to retire by the age of 65. Further, 26%, 25%, and 24% of CRNAs, CNMs, and CNPs, respectively, aged 50 or over expect to retire by the same age. Meanwhile, 3%, 8%, and 7% of CRNAs, CNMs, and CNPs, respectively, do not plan to retire at all.

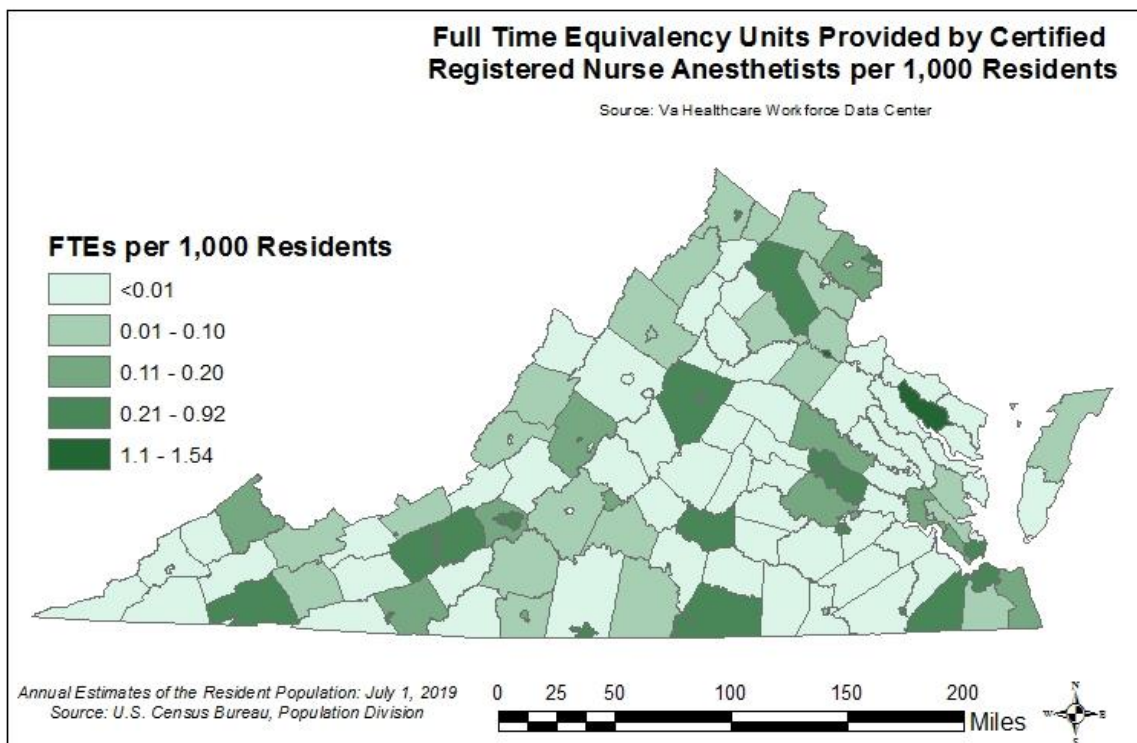
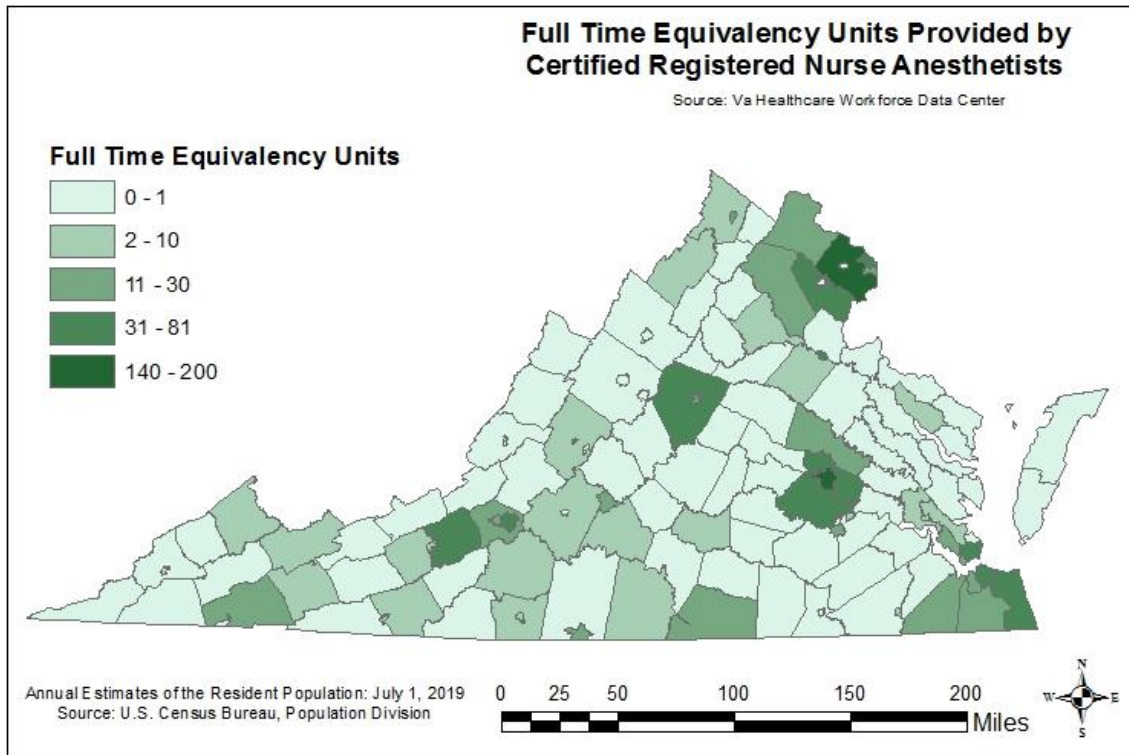
| Expected Retirement Age | CRNA | | CNM | | CNP | | All (2020) | |
|----------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | All NPs | NP >50 yrs | All NPs | NP >50 yrs | All NPs | NP >50 yrs | All NPs | NP >50 yrs |
| Under age 50 | 0% | - | 3% | - | 1% | - | 1% | - |
| 50 to 54 | 2% | 0% | 0% | 0% | 3% | 0% | 3% | 0% |
| 55 to 59 | 8% | 2% | 9% | 10% | 8% | 3% | 8% | 3% |
| 60 to 64 | 32% | 24% | 17% | 14% | 23% | 21% | 25% | 21% |
| 65 to 69 | 39% | 46% | 39% | 42% | 39% | 42% | 39% | 43% |
| 70 to 74 | 13% | 20% | 21% | 29% | 14% | 19% | 14% | 20% |
| 75 to 79 | 3% | 5% | 3% | 0% | 3% | 5% | 3% | 5% |
| 80 or over | 1% | 1% | 1% | 2% | 1% | 2% | 1% | 2% |
| I do not intend to retire | 3% | 2% | 8% | 2% | 7% | 7% | 6% | 6% |
| Total | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

Source: Va. Healthcare Workforce Data Center

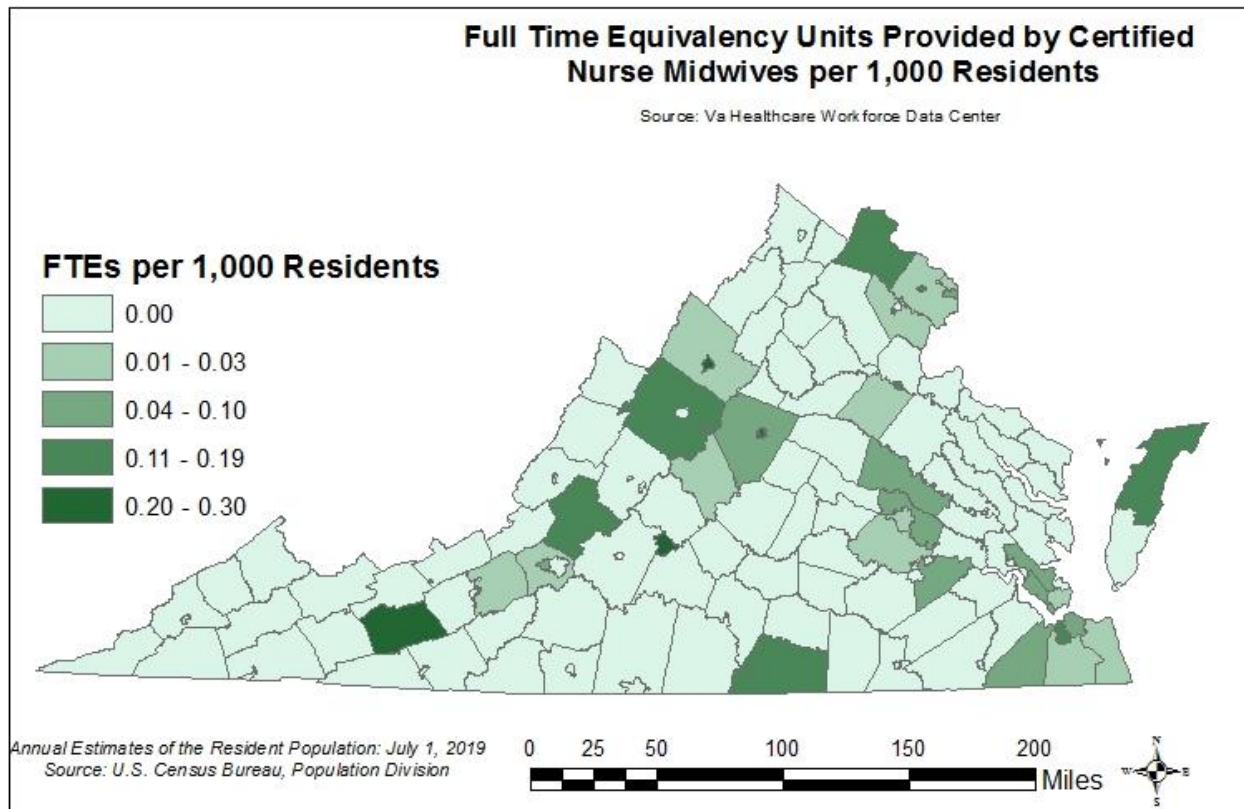
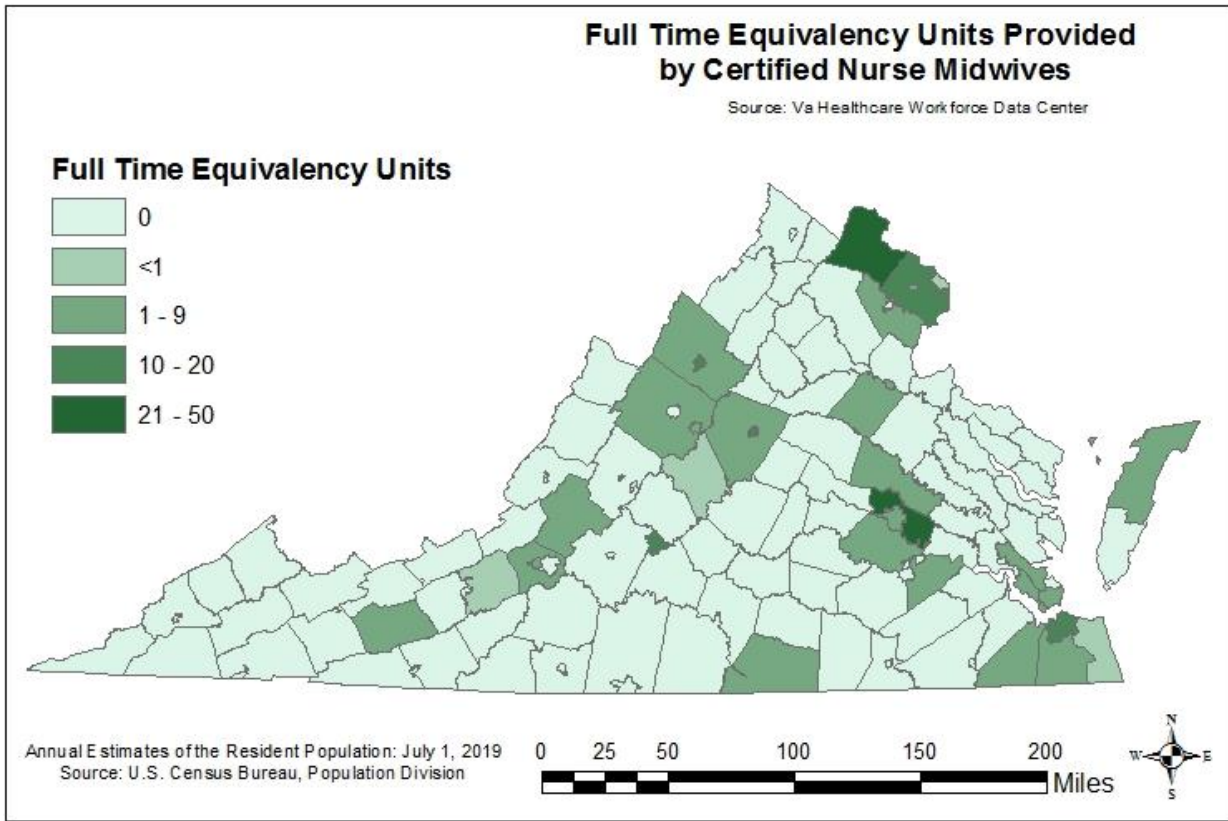
| Expect to retire within. . . | Time to Retirement | | | | | | | |
|--------------------------------|--------------------|-------------|------------|-------------|--------------|-------------|--------------|-------------|
| | CRNA | | CNM | | CNP | | All (2020) | |
| | # | % | # | % | # | % | # | % |
| 2 years | 94 | 7% | 20 | 9% | 312 | 5% | 426 | 5% |
| 5 years | 44 | 3% | 18 | 8% | 171 | 3% | 233 | 3% |
| 10 years | 144 | 11% | 23 | 10% | 692 | 11% | 858 | 11% |
| 15 years | 171 | 13% | 26 | 11% | 688 | 11% | 884 | 11% |
| 20 years | 193 | 14% | 23 | 10% | 716 | 11% | 935 | 12% |
| 25 years | 183 | 13% | 34 | 15% | 870 | 14% | 1,088 | 14% |
| 30 years | 222 | 16% | 9 | 4% | 905 | 14% | 1,146 | 14% |
| 35 years | 172 | 13% | 38 | 16% | 879 | 14% | 1,106 | 14% |
| 40 years | 70 | 5% | 17 | 7% | 484 | 8% | 576 | 7% |
| 45 years | 16 | 1% | 5 | 2% | 137 | 2% | 158 | 2% |
| 50 years | 10 | 1% | 0 | 0% | 63 | 1% | 73 | 1% |
| 55 years | 0 | 0% | 0 | 0% | 12 | 0% | 15 | 0% |
| In more than 55 years | 0 | 0% | 0 | 0% | 6 | 0% | 6 | 0% |
| Do not intend to retire | 40 | 3% | 18 | 8% | 413 | 7% | 479 | 6% |
| Total | 1,360 | 100% | 231 | 100% | 6,348 | 100% | 7,983 | 100% |

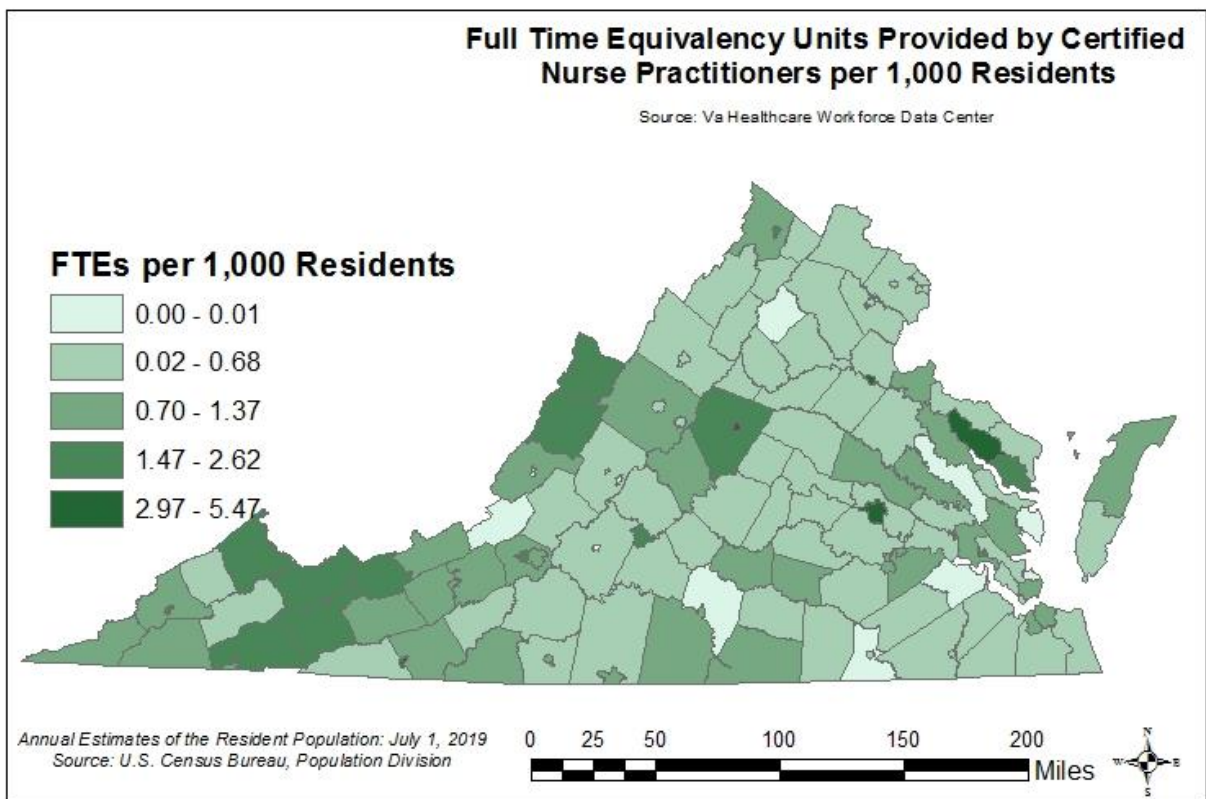
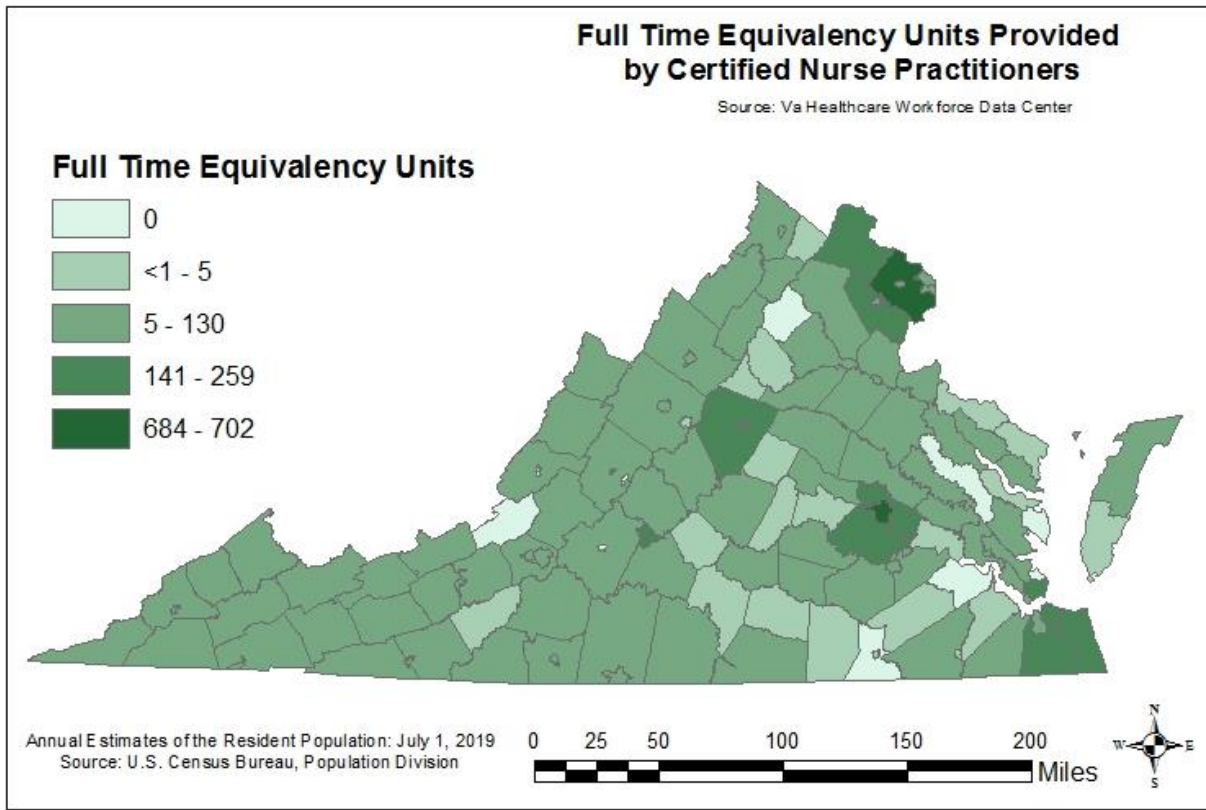
Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every 5 years by 2030. Retirement will peak at 14% of the current workforce around 2045 before declining to under 10% of the current workforce again around 2060.



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%.





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 ~~the licensee them~~ **the licensee them** to immediately obtain the missing hours. Original documentation of said missing hours shall be returned with the signed CCA **in accordance with the time frame indicated in the 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. ~~Recommended~~ **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.