

*Health Professions
Quality Assurance Division*

**1993-95 Biennial Report
of
The Health Professions
Regulatory Activities**

December 1995



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**Bruce A. Miyahara
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STATE OF WASHINGTON

DEPARTMENT OF HEALTH

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March 19, 1996

The Honorable Mike Lowry
Governor
Post Office Box 40002
Olympia, Washington 98504-0002

Dear Governor Lowry:

The Washington State Department of Health (DOH) is pleased to present to you the fourth Biennial Report of the Health Professions Regulatory Activities, as required by RCW 18.130.310.

The Department of Health was created in 1989 to focus on the preservation and improvement of public health, monitoring of health care costs, and the setting and maintenance of standards for quality in health care delivery facilities and professionals. It is also responsible for the general oversight and planning for all the state's activities as they relate to the health of its citizenry.

The Health Professions Quality Assurance Division in the Department of Health, is responsible for promoting an effective partnership between DOH, the professional licensing boards, commissions, committees and councils, the public, and the health professions by: setting professional standards; examining applicants for licensure; reviewing applicant qualifications and background; receiving and processing complaints; conducting investigations, audits, and inspections; supporting licensing disciplinary hearings, meetings, and adjudicative processes; developing and implementing administrative rules; and developing and implementing legislation.

This report provides information on regulatory activities for all health professions, including tables for easy reference. The data submitted is for the 1993-95 biennium.

During the upcoming biennium we will be focusing on implementing 1995 legislation. Major emphasis will be placed on enhancing the regulatory process and regulatory reform. Developing and implementing technical assistance plans and procedures will play a major role in the manner in which we handle many disciplinary cases.

Sincerely,

A handwritten signature in black ink, appearing to read "Bruce A. Miyahara".

BRUCE A. MIYAHARA
Secretary

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Executive Summary

This is the fourth biennial report of the Department of Health on disciplinary actions for regulated health care professionals as required under the Uniform Disciplinary Act, RCW 18.130.310.

Workload Increases

Expectations on the part of consumers continue to increase and the workload of the programs has increased during the last few years. Increased consumer awareness, mandatory malpractice reporting, peer review and facility reporting have led to a significant increase in the number of complaints the Department has received. During the 1989-91 biennium, the Department received 4,874 complaints relating to health care professionals. This last biennium it received 8,970 complaints. This represents a 46% increase since 1989. The number of active licensees has increased from 164,355 in 1991 to 202,627 in 1995 (an 18.9% increase). During the past few years a greater emphasis has been placed on settling cases in lieu of formal hearing. Last biennium the disciplinary authorities conducted formal hearings in approximately 10% of the disciplinary cases. Several disciplinary authorities have also opted to delegate cases to the presiding officers at the Office of Professional Standards.

Unlicensed Practice

One-hundred-fifty-one unlicensed practice investigations were conducted last biennium, 29 of which involved denturists who are now licensed. Responsibility and funding for unlicensed practice activity for the investigation and subsequent legal action against unlicensed individuals lies solely with the Secretary of the Department of Health rather than with the individual boards and commissions. Due to limited allocations and minimal resources for unlicensed practice, the Department will continue to focus its resources on only those unlicensed practice cases which present a substantial risk to the public.

Common Violations

It is interesting to note that six of the twenty five UDA violations account for 79.6% of the violations cited:

- Incompetence, negligence or malpractice (RCW 18.130.180 (4))
- Violation of any state or federal statute (RCW 18.130.180 (7))
- Personal drug and alcohol abuse (RCW 18.130.180 (23))
- Personal drug and alcohol impairment (RCW 18.130.170)
- Diversion and prescription violations (RCW 18.130.180 (6))
- Abuse of a client or patient (RCW 18.130.180 (24))

Resolution of Cases

Of the 874 orders written between January 1994 and June 1995, the disciplinary authorities imposed rehabilitative sanctions 49% of the time. The practitioners were allowed to remain in practice while fulfilling the conditions of the order. In 20% of the cases, practitioner's licenses were revoked or indefinitely suspended, and in 17% of the cases, the practitioner's license was suspended with rehabilitative conditions required prior to practicing again. The remaining 14% were reprimanded or asked to pay a fine.

Work in Progress to Improve Disciplinary Process

The Department, boards and commissions are working in partnership to evaluate and revise systems for accomplishing necessary work. While continued adjustments and refinements have led to significant improvements in the system, a full system analysis is needed. Discussions with legislators, attorneys, members of the professions and internal staff have derived some elements of the analysis to date. Further systematic inquiry was conducted in the spring of 1995 by Executive Directors with their respective professions. A need for a broader based perspective on the process was determined, thus an Adjudicative Work Group convened in August through October 1995. Members of the work group consisted of assistant attorney's general, commission members, a representative of the health section of the Washington State Bar, an investigator, a consumer representative and staff. The group analyzed strengths and weaknesses of the current system, alternative approaches to reaching the goal of public protection and defined principles for an ideal system. A discussion draft paper was created to provide a framework for further discussions. Recommendations for legislative and policy changes will be presented to the Secretary of the Department of Health for possible consideration this spring.

The disciplinary process continues to evolve into a complex and costly legal process. Legislative and legal communities' emphasis on consistency and uniformity has resulted in continual review and enhancement of uniform procedures.

NOTE: This report contains a great deal of quantitative data relating to disciplinary actions taken against health care practitioners. Because the disciplinary authorities began utilizing the disciplinary guidelines after October 1993, most of the disciplinary data contained in this report is from January 1994 through June 1995.

Section 1

Overview of Health Professions Quality Assurance Division

The following Information Provides an Overview of:

- Health Professions Quality Assurance Division
- Health Professions Regulated by Health Professions Quality Assurance Division
- Department Boards, Commissions, Advisory Committees & Councils
- Significant Accomplishments During the 1993-1995 Biennium
- Ongoing Strategies Towards the Year 2000
- Current Disciplinary Process
- Statutes Impacting the Regulatory Process

Health Professions Quality Assurance Division Overview

Mission

To promote an effective partnership among the Department of Health, Boards, Commissions, Committees, Councils, health professions and the public, which improves the quality of health care in the state of Washington.

Overview

The Health Professions Quality Assurance Division regulates professional licensing programs to promote access to high quality, cost-effective health services. Division personnel work to promote and maintain open and continuing consultation and partnership with Boards, Commissions, Committees, Councils, professional associations, other interested organizations and the public to achieve program goals and objectives, and assure health care consumer protection, including protection from impaired providers.

Relationship With Boards Commissions Committees and Councils

Especially important to the Division's success are close and open working relationships with the 23 Boards, Commissions, Committees and Councils. The Boards, Commissions, Committees and Councils provide a critical link to over 365,000 health care professionals either licensed, certified or registered by the state, of which over 202,000 hold current active licenses. Recruitment and development of well-qualified Board, Commission, Committee and Council members, including members who represent the public at large, are a high priority. The Division works closely in this area with provider associations, other interested organizations and the Governor's Office.

Division Activities

The Division achieves its mission through a variety of activities, which include:

- Providing administrative support for Board, Commission, Committee and Council hearings and meetings.
- Reviewing applicant qualifications and background.
- Examining applicants for licensure.
- Processing complaints.
- Conducting investigations, audits and inspections.
- Adjudicating disciplinary cases.
- Researching, developing, and implementing rules and policies.
- Providing educational services and disseminating information.
- Developing and monitoring proposed legislation.
- Providing monitoring services to impaired practitioners.
- Providing consultation services on standards of practice, scope of practice and consumer protection issues.

**Health Professions Regulated By
Health Professions Quality Assurance Division**

Health Professions Quality Assurance Division consists of 8 sections including: Health Professions Sections 1 through 6, Operations and Support and Health Policy and Constituent Relations sections.

Health Professions Section One

- Acupuncturists
- Dietitians
- Massage Therapists
- Naturopathic Physicians
- Nutritionists
- Occupational Therapists
- Occupational Therapy Assistants
- Physical Therapists
- Veterinarians
- Veterinary Med Clerks
- Veterinary Technicians

Health Professions Section Two

- Adult Family Home Operators
- Counselors
- Hearing Aid Fitters & Dispensers
- Hypnotherapists
- Marriage and Family Therapists
- Mental Health Counselors
- Nursing Home Administrators
- Psychologists
- Sex Offender Treatment Providers
- Social Workers

Health Professions Section Three

- Chiropractors
- Chiropractic X-Ray Technicians
- Dentists
- Dental Hygienists
- Denturists

Health Professions Section Four

- Dispensing Opticians
- Dispensing Optician Apprentices
- Ocularists
- Optometrists
- Pharmacists
- Pharmacy Assistants
- Pharmacy Firms
- Pharmacy Interns

Health Professions Section Five

- Health Care Assistants
- Medical Physicians
- Osteopathic Physicians and Surgeons
- Osteopathic Physicians and Surgeons Assistants
- Physician Assistants
- Podiatric Physicians and Surgeons
- Radiation Technologists
- Respiratory Therapists
- X-Ray Technologists

Health Professions Section Six

- Advanced Registered Nurse Practitioners
- Licensed Practical Nurses
- Midwives
- Nursing Assistants
- Nursing Pools
- Registered Nurses

Health Professions Operations and Support

- Information Services
- Investigative Service Unit
- Unlicensed Practice
- Washington Health Professions Services
- Office of Professional Standards Administration
- Receptionist
- Graphics and Word Processing
- Financial Management
- Division Facility Coordination
- Operations Procedures
- Staff Development and Training
- Emergency Preparedness
- Contracts and Performance Review

Health Policy and Constituent Relations

- Board and Commission Review
- Health Policy
- Rules Review
- Constituent Relations
- Technical Services
- Research, Planning and Development

**Department of Health
Board or Commission Authority
Governor Appointed**

Board or Commission	Members
Chiropractic Commission	14 Members <ul style="list-style-type: none"> • 11 Chiropractors • 3 Public Members
Dental Commission	14 Members <ul style="list-style-type: none"> • 12 Dentists • 2 Public Members
Hearing Aid Fitters & Dispenser Board	7 Members <ul style="list-style-type: none"> • 4 Hearing Aid Fitters • 1 Physician • 2 Public Members
Massage Therapy Board Note: Secretary has disciplinary authority	5 Members <ul style="list-style-type: none"> • 4 Massage Therapists • 1 Public Member
Medical Commission	19 Members <ul style="list-style-type: none"> • 13 Physicians • 2 Physician Assistants • 4 Public Members
Nursing Commission	11 Members <ul style="list-style-type: none"> • 3 Registered Nurses • 2 ARNPs • 3 LPNs • 1 non-voting Midwife • 2 Public Members
Nursing Home Administrator Board	9 Members <ul style="list-style-type: none"> • 4 Nursing Home Administrators • 4 Reps. of Health Care Profession • 1 Public Member
Occupational Therapist Board	5 Members <ul style="list-style-type: none"> • 3 Occupational Therapists • 1 Occupational Therapy Assistant • 1 Public Member

**Department of Health
Board or Commission Authority
Governor Appointed**

Board or Commission	Members
Optometry Board	6 Members <ul style="list-style-type: none"> • 5 Optometrists • 1 Public Member
Osteopathic Physician & Surgeon Board	7 Members <ul style="list-style-type: none"> • 6 Osteopathic Physicians • 1 Public Member
Pharmacy Board	7 Members <ul style="list-style-type: none"> • 5 Registered Pharmacists • 2 Public Members
Physical Therapy Board	5 Members <ul style="list-style-type: none"> • 4 Physical Therapists • 1 Public Member
Podiatry Board	5 Members <ul style="list-style-type: none"> • 4 Podiatrists • 1 Public Member
Psychology Board	9 Members <ul style="list-style-type: none"> • 7 PhD • 2 Public Members
Veterinarian Board	6 Members <ul style="list-style-type: none"> • 5 Veterinarians • 1 Public Member

**Department of Health
Secretary Authority
Secretary Appointed**

Committee, Council or Board	Members
Dental Hygiene Committee	4 Members <ul style="list-style-type: none"> • 3 Dental Hygienists • 1 Public Member
Denture Technology Board	7 Members <ul style="list-style-type: none"> • 4 Denturists • 1 Dentist • 2 Public Members
Dispensing Optician Committee	3 Members <ul style="list-style-type: none"> • 3 Dispensing Opticians • No Public Members
Health Care Assistant Committee	4 Members <ul style="list-style-type: none"> • 1 Registered Nurse • 1 Podiatrist • 1 Osteopathic Physician • 1 Physician
Mental Health Council	7 Members <ul style="list-style-type: none"> • 1 Certified Social Worker • 1 Certified Mental Health Counselor • 1 Registered Mental Health Counselor • 1 Marriage and Family Therapist • 1 Hypnotherapist • 2 Public Members

**Department of Health
Secretary Authority
Secretary Appointed**

Committee, Council or Board	Members
Midwife Committee	<ul style="list-style-type: none"> • 7 Members • 1 Certified Nurse Midwife • 2 Physicians • 3 Licensed Midwife • 1 Public Member
Naturopathic Committee	<ul style="list-style-type: none"> • 5 Members • 3 Naturopath • 2 Public Members
Sex Offender Treatment Provider Committee	<ul style="list-style-type: none"> • 9 Members • 3 Sexual Offender Treatment Providers • 1 Mental Health Practitioner • 1 Defense Attorney • 1 Representative of Prosecuting Attorney • 1 Representative of DSHS • 1 Representative of Dept. of Corrections • 1 Superior Court Judge

**Significant Accomplishments
During the 1993-1995 Biennium**

Policy Development

Adopted procedures to ensure substantially consistent application of the Uniform Disciplinary Act.

Established Adjudicative Process Work Group and began analysis of adjudicative process.

Developed guidelines for use of psychological and physical evaluations during the investigative process.

Administration

Implemented legislation which consolidated a number of boards and committees.

Revised personal data questions on the applications for licensure to comply with the American's with Disabilities Act.

Implemented use of scheduling orders throughout the disciplinary process.

Access and Quality

Established uniform use of presiding officers to conduct hearings convened by boards and commissions.

Established external work group forums as a resource for project analysis.

Developed a uniform procedure for taking summary actions against practitioners.

**Health Professions Quality Assurance Division has Developed the Following
Ongoing Strategies Towards the Year 2000**

Policy Development

Implement a centralized framework for the review of all proposed rules, policies and interpretive statements.

Utilize cross professional and public work groups for evaluation of agency and profession health policies.

Integrate and focus health profession's role in the Public Health Improvement Plan.

Be consistent among professions in procedures, philosophies and processes.

Develop trust and mutual understanding of roles, authority, responsibilities and expectations relating to internal and external entities.

Administration

Continue organizational refinements which, in alliance with the health professions, protects the public in an effective and efficient manner through a multi-disciplinary approach in defining and evaluating quality issues, standards of practice and creates a unified approach to health care.

Enhance regulatory bodies' accountability through annual evaluation tools.

Standardize licensing, administration and examination processes and statutory frameworks where appropriate.

Redesign the current adjudicative process to focus limited resources on high impact quality of care violations.

Upgrade regulatory mechanisms to collect workforce data.

Facilitate communication by assuring optimal information.

Build ownership in mission and goals.

Enhance external constituent relationships.

Establish staff development training program.

Match allocation of time to priorities of activities.

Prevention

Improve consumer decision making with maximum information and education.

Redesign adjudicative process to ensure consistent and timely evaluation of processing complaints through the adjudicative process.

Move primary focus from enforcement to educational strategies and health care outcomes.

Refocus boards and commissions workload on professional practice issues in addition to ongoing disciplinary activities.

Access and Quality

Enhance the competency and quality of health care professionals by monitoring qualifications for licensure, consistent standards of practice and competency mechanisms.

Enhance recruiting and education strategies for board's and commission's professional and public members.

Develop and refine regulatory systems which mirror health care delivery systems.

Assure access to safe, competent practitioners.

Enhance consistent application of disciplinary sanctions for all health professions.

Ongoing Studies

Credentialing Clearing House: Develop proposal for centralized intra-agency state repository for health professionals credentials/qualifications information. Identify pros and cons of centralized repository for use by private organizations.

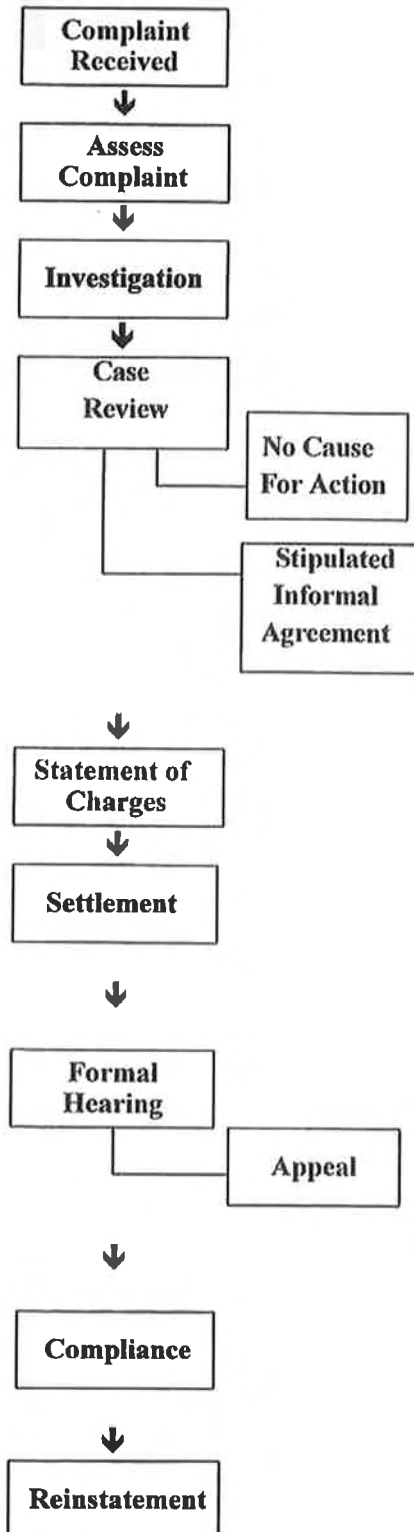
Latex Gloves: The Board of Pharmacy has received a contract to test latex rubber gloves to determine factors affecting the shelf life of these products and test for the growth of microorganisms.

Nurse Delegation: House bill 1908 requires the study of the implementation of nurse delegation protocols.

Pain Management: A task force was convened to develop guidelines for management of pain and list recommendations for the Secretary of the Department of Health to consider. A report will also be prepared for the legislative committee.

Telemedicine: A task force will be established to review the legal issues, determine the appropriate licensing and regulatory needs and assess if there is a need for legislation on telemedicine.

Current Disciplinary Process



Complaints are received from a variety of sources and reflect widely varying degrees of seriousness.

Upon receipt of a complaint, a file is set up, licensure status is checked and former cases are traced.

Cases requiring investigation are forwarded to a health professional investigator to gather the facts surrounding the case.

Individual members of the disciplinary authority receive cases and make recommendations to the disciplinary authority for no cause for action or a decision regarding the issuance of a statement of charges.

A non-reportable method for the disciplinary authority to allow for the informal resolution of allegations in cases where there is evidence of a violation of the uniform disciplinary act but where the imposition of sanctions would not provide additional protection to consumers.

Information obtained in the investigation substantiate the allegations and statement of charges are issued.

Settlement conference is made available to all respondents who have formally received a statement of charges. The desired outcome of the settlement conference is a mutually agreed upon Stipulation and Agreed Order which can be presented to the disciplinary authority for approval.

The cases are presented by an Assistant Attorney General. Final orders called Findings of Fact, Conclusion of Law may mandate revocation, suspension, restriction or limitation. All statement of charges and final orders are publicly disclosed. The respondent has the right to appeal the decision of the disciplinary authority to the superior court.

The monitoring of the conditions stipulated in the final order such as practice reviews, urinalysis reports, patient notification progress reports, and continuing education.

When conditions of compliance are met, the respondent requests a removal of the disciplinary authorities' jurisdiction and the license becomes unencumbered.

**Statutes Impacting Regulatory Process
Department of Health**

Operating Framework

- ❖ Administrative Procedures Act (RCW 34.05)
- ❖ Professional Practice Acts (various chapters in Title 18)
- ❖ Department of Health Act (RCW 43.70)
- ❖ Health Services Act (WA Laws of 1993 Chapters 492 and 494)
- ❖ Open Public Meetings Act (RCW 42.30)
- ❖ Public Disclosure Act (RCW 42.17)
- ❖ Uniform Disciplinary Act (RCW 18.130)
- ❖ American's with Disabilities Act

Section 2

Data for 1993-95 Biennium

The 2 tables on the following 4 pages represent workload activity for the 1993 1995 biennium. The number of cases received between July 1, 1993 and June 30, 1995 was 8,970. Of this number 85% of the cases resulted in no formal disciplinary action.

Section 2 focuses specifically on the findings and disposition of cases in the last 18 months of the biennium. Uniform Disciplinary Guidelines were developed to assist the disciplinary authorities in determining what sanctions to impose on practitioners who violate the UDA. Since October 1993, the disciplinary authorities have collectively implemented the uniform disciplinary guidelines as one step towards achieving uniformity and consistency in the disciplinary process. Since these guidelines were developed and adopted during the 1993-95 biennium, statistics and information used in the analysis of the violations and the types of sanctions imposed is between January 1994 and June 1995. As of July 1995, the determination of the severity or category of the violations (minor, moderate or severe) is being collected. This will assist us in further evaluating the disciplinary process for uniformity and consistency.

Table 1: Adjudicative Workload Data for 1993-95 Biennium

Profession	# of Active Licenses	# of Complaints	Investigations Completed	Closed no cause for action or no jurisdiction	Informal Dispositions	Formal Orders
Acupuncturist	224	10	0	7	0	0
Adult Family Home Operator	0	0	0	0	0	0
Advanced Registered Nurse Practitioner	2,312	0	0	179	3	11
Chiropractor	1,583	272	74	259	44	31
Chiropractic X-Ray Technician	160	0	0	0	0	0
Counselor	14,605	262	54	123	7	49
Dental Hygienist	3,455	11	8	6	0	4
Dentist	4,349	823	754	948	92	57
Denturist	15	0	0	0	0	0
Dietitian	625	4	0	5	0	0
Dispensing Optician	769	35	8	53	3	7
Apprentice Dispensing Optician	897	8	0	5	0	2
Health Care Assistant	7,449	7	7	1	0	0
Hearing Aid Fitter	387	66	14	49	6	9
Hypnotherapist	341	5	0	10	0	7
Marriage & Family Therapist	766	19	2	11	0	2
Massage Therapist	5,561	91	28	63	0	16
Medical Physician	16,541	2,162	1,809	1,137	41	90
Mental Health Counselor	2,541	70	4	44	1	5
Midwife	101	19	2	2	1	1
Naturopathic Physician	286	31	4	7	2	8
Nursing Assistant	37,153	2,170	316	1,528	17	53
Nursing Home Administrator	435	29	5	22	0	9
Nursing Pools	87	1	0	1	0	0
Nutritionist	25	0	0	0	0	0
Occupational Therapist	1,794	7	4	4	0	0

Table 1: Adjudicative Workload Data for 1993-95 Biennium

Profession	# of Active Licenses	# of Complaints	Investigations Completed	Closed no cause for action or no jurisdiction	Informal Dispositions	Formal Orders
Occupational Therapy Assistant	427	7	6	7	0	0
Ocularist	8	0	0	0	0	0
Optometrist	1,219	105	15	80	0	10
Osteopathic Physician	570	153	97	107	11	6
Osteopathic Physician Assistant	36	0	1	0	0	1
Pharmacist	5,751	196	245	60	4	89
Pharmacy Assistant	3,376	28	25	5	0	15
Pharmacy Firms	1,318	177	16	24	0	0
Pharmacy Intern	495	2	1	1	0	1
Physical Therapist	3,420	29	15	31	1	4
Physician Assistant	903	67	64	0	6	5
Podiatric Physician	223	73	52	57	4	2
Practical Nurse	14,211	533	333	224	12	151
Psychologist	1,350	164	1	198	2	3
Radiologic Technologist	2719	8	17	18	0	0
Registered Nurse	56,196	755	450	1,107	15	180
Respiratory Therapist	1,729	13	0	4	1	1
Sex Offender Treatment Provider	152	25	0	16	1	1
Social Worker	2,207	41	2	26	0	3
Veterinarian	1,713	233	214	64	2	4
Animal Technician	490	22	2	0	0	0
Veterinary Med Clerk	104	0	0	0	0	0
X-Ray Technologist	1,497	52	42	44	0	0
Total	202,575	8,785	4,691	6,537	276	837

Table 2: Workload Activity for 1993-95 Biennium

Profession	Unlicensed Practice Investigations	Treatment Self Referral	Compliance & Monitoring	Public Disclosure Requests
Acupuncturist	2	0	5	11
Adult Family Home Operator	0	0	0	0
Advanced Registered Nurse Practitioner	0	0	0	0
Chiropractor	4	2	5	165
Chiropractic X-Ray Technician	0	0	0	0
Counselor	15	4	20	75
Dental Hygienist	0	0	4	5
Dentist	1	10	50	299
Denturist	29	0	0	0
Dietitian	1	0	0	0
Dispensing Optician	10	0	5	18
Apprentice Dispensing Optician	0	0	3	3
Health Care Assistant	0	0	0	2
Hearing Aid Fitter	0	0	10	17
Hypnotherapist	0	0	0	13
Marriage & Family Therapist	0	0	3	41
Massage Therapist	36	0	12	63
Medical Physician	15	43	213	9,266
Mental Health Counselor	0	0	2	65
Midwife	3	0	2	6
Naturopathic Physician	5	0	5	21
Nursing Assistant	5	0	222	40
Nursing Home Administrator	2	0	1	9
Nursing Pools	0	0	0	0
Nutritionist	1	0	0	0
Occupational Therapist	0	1	0	0
Occupational Therapy Assistant	0	0	0	0
Ocularist	0	0	0	0
Optometrist	2	0	16	43
Osteopathic Physician	1	0	30	40
Osteopathic Physician Assistant	0	0	0	0
Pharmacist	0	12	253	2
Pharmacy Assistant	0	0	0	0
Pharmacy Firms	0	0	0	0
Pharmacy Intern	0	0	1	0

Profession	Unlicensed Practice Investigations	Treatment Self Referral	Compliance & Monitoring	Public Disclosure Requests
Physical Therapist	1	2	2	10
Physician Assistant	0	0	0	0
Podiatric Physician	0	0	80	22
Practical Nurse	0	62	25	3
Psychologist	5	0	19	306
Radiologic Technologist	1	4	0	5
Registered Nurse	0	147	338	511
Respiratory Therapist	0	0	1	3
Sex Offender Treatment Provider	0	0	0	21
Social Worker	0	0	2	41
Veterinarian	12	6	0	29
Animal Technician	0	0	0	0
Veterinary Med Clerk	0	0	0	0
X-Ray Technologist	0	0	0	3
Total	151	293	1,329	11,158

Section 3

**Disciplinary Data for Cases Finalized
between January 1994 and June 1995**

The decision-making process the disciplinary authorities utilize to determine what needs to be done to protect the public is very complex and essentially qualitative in nature. The disciplinary authority must weigh the nature and evidence surrounding the complaint and make decisions concerning the practitioner's ability to safely and competently practice the profession.

This section of the report contains quantitative data concerning the disciplinary actions taken against health care professionals. Disciplinary actions taken against practitioners between January 1994 and June 1995 are analyzed. The report focuses specifically on the findings and disposition of cases. These findings include cases closed by stipulated informal dispositions and cases adjudicated through settlements and formal hearings.

In order to make comparisons, a primary violation was determined for each case. The primary violations include drug-related offenses, physical or sexual abuse of a patient, incompetence or negligence, the violation of federal or state statutes regulating the profession and non-compliance with previous disciplinary orders. Most orders contain more than one violation. In cases where there could be more than one primary violation, a judgment was made based on the manner in which the order was written.

An exploratory analysis is used to help us understand the relationship between sanctions and violations. The analysis is presented both in the aggregate and by profession.

- The different types of sanctions were broken down into conceptual categories for analysis: removal from practice, removal from practice with conditions, rehabilitative and symbolic.
 - ◆ Removal from practice are those cases in which the practitioner's license was revoked or was indefinitely suspended.
 - ◆ Removal from practice with conditions are those orders in which the respondent's license was suspended for any length of time and conditions for rehabilitation and reinstatement were identified. These conditions are imposed to rehabilitate the respondent and get him or her back into practice.
 - ◆ Rehabilitative sanctions include probation, substance abuse treatment and monitoring, counseling and continuing education. Stayed suspensions are considered rehabilitative since, in essence, the practitioner is placed on probation.
 - ◆ Symbolic sanctions include requests for voluntary compliance, reprimands and fines. Although fines are punitive in nature, they do nothing to protect the public from future harm and are considered more symbolic.
- The categories of the primary violations are used as the unit of analysis to explore the range of sanctions imposed. For example, what sanctions are imposed on practitioners when they have been charged with substance abuse?
- Sanctions are then used as the unit of analysis to explore the kinds of sanctions imposed for the various types of violations (e.g., what violations result in the revocation of a licensee?)
- A comparison between the types of orders (STIDS, Agreed Orders, Default Orders, or Final Orders) and the sanctions imposed is also reviewed.

The information contained in Table 3 identifies the types of orders for the professions (refer to Table A1 in Appendix A for the detailed information by profession). Of the 43 professions regulated, 32 professions had disciplinary activity resulting in 874 orders written. Although

“Settlements of Informal Dispositions” (STIDS) are not considered to be a formal disciplinary action since a statement of charges was not issued, they are included in the analysis since sanctions were imposed. Refer to appendix C for definition of terms utilized.

	Agreed Orders	Default Orders	Final Orders	STIDS	Total
Secretary Professions	49	55	18	19	141
Boards and Commissions	338	124	67	204	733
Total	387	179	85	223	874

Tables 4-6 contain the breakdown of the category of sanctions imposed in the orders. Table 4 compares the category of sanctions by secretary controlled professions and board or commission controlled professions. Tables 5 and 6 contain the breakdown of the category of sanctions imposed in the orders according to the types of orders.

	Removal from Practice	Removal with Conditions	Rehabilitative	Symbolic	Total
Secretary Professions	67	14	57	3	141
Board and Commissions	110	131	373	119	733
Total	177	145	430	122	874

Secretary Professions	Removal from Practice	Removal with Conditions	Rehabilitative	Symbolic	Total
Agreed Orders	8	8	32	1	49
Default Orders	48	3	4	0	55
Final Orders	10	3	5	0	18
STIDS	1	0	16	2	19
Total	67	14	57	3	141

Board or Commission Professions	Removal from Practice	Removal with Conditions	Rehabilitative	Symbolic	Total
Agreed Orders	40	61	180	57	338
Default Orders	61	44	11	8	124
Final Orders	8	23	30	6	67
STIDS	1	3	152	48	204
Total	110	131	373	119	733

It is interesting to note that 60.9% of the time a default order ends up with the practitioner's license being revoked or being indefinitely suspended. This could be explained by the fact that the disciplinary authority has limited information on which to make a decision. The practitioner has not made any attempt to defend him or herself or supply the disciplinary authority with additional information concerning the allegation for them to make a decision. The secretary-controlled professions removed practitioners from practice far more than board or commission-controlled professions. The board or commission professions tend to apply symbolic sanctions or rehabilitate the practitioner more often than the secretary-controlled professions.

Figures 1-3 give a visual representation of the relative proportion of sanctions imposed by the secretary-controlled professions and the board or commission-controlled professions. Table A2 and Figures B1 through B9 detail the category of sanctions by profession.

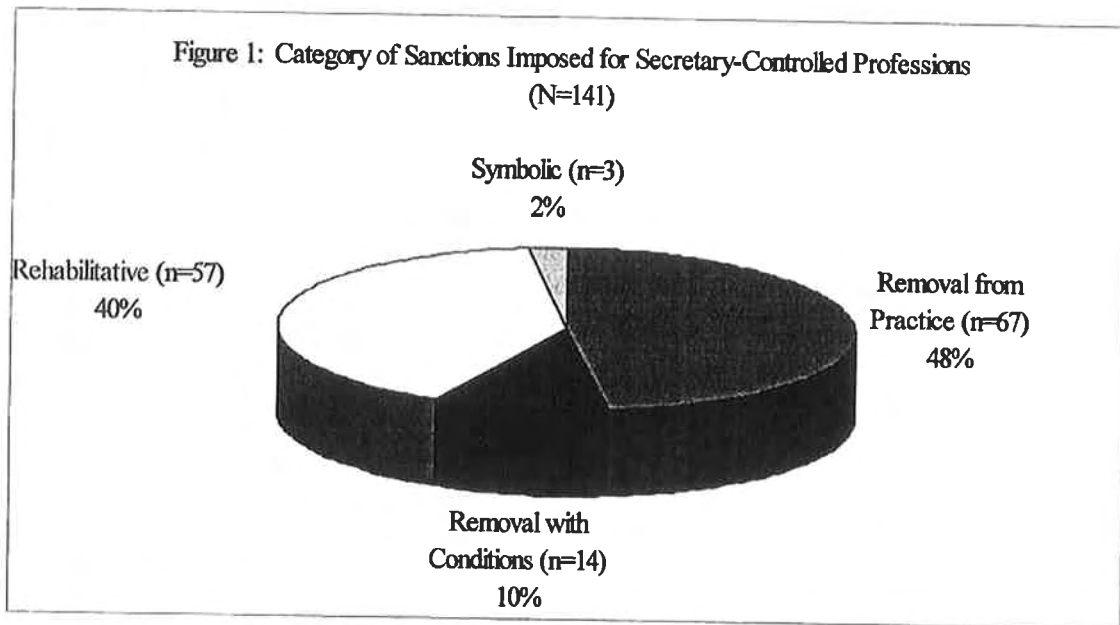


Figure 2: Category of Sanctions Imposed for Board or Commission-Controlled Professions (N=733)

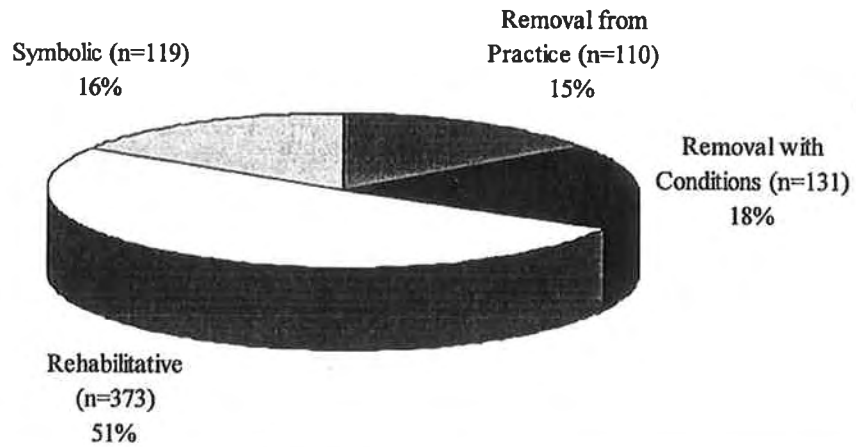
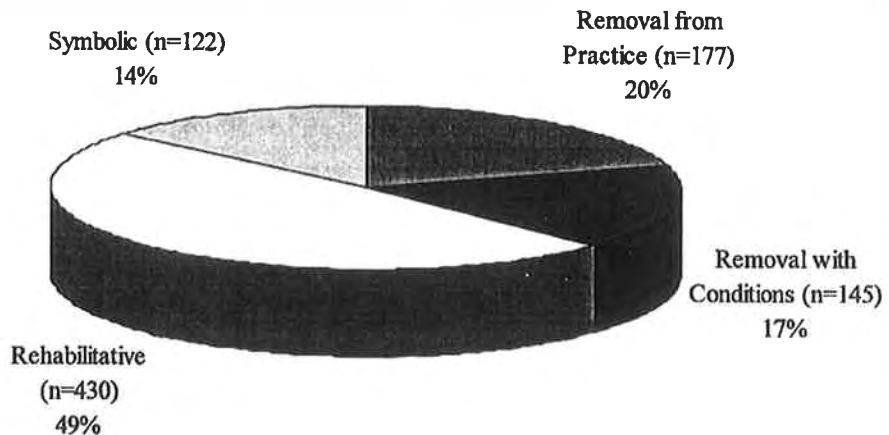


Figure 3: Category of Sanctions Imposed for All Professions (N=874)



Four violations account for 63.9% of the time a practitioner's license is revoked or indefinitely suspended:

1. Abuse of a client or patient or sexual contact with a client or patient (RCW 18.130.180 (24)) accounts for 24.9%.
2. Failure to comply with an order issued by the disciplinary authority (RCW 18.130.180 (9)) accounts for 15.3%.
3. Incompetence, Negligence or Malpractice (RCW 18.130.180 (4)) accounts 14.7%.
4. Diversion of controlled substances or legend drugs for personal use (RCW 18.130.160 (6)) account for 9.0%.

Six violations account for 83.5% of the time a practitioner was removed from practice with conditions for reinstatement imposed.

1. Diversion of controlled substances or legend drugs for personal use (RCW 18.130.160 (6)) account for 26.0% (emphasis added).
2. Incompetence, Negligence or Malpractice (RCW 18.130.180 (4)) accounts for 23.1%.
3. Current misuse of alcohol, controlled substances or legend drugs (18.13.180 (23)) accounts for 11.6%.
4. The licensee is unable to practice with reasonable skill and safety to consumers by reason of any mental or physical condition (RCW 18.130.170) accounts for 8.9%.
5. Violation of any state or federal statute regulating the profession (18.130.180 (7)) accounts for 8.2%.
6. Failure to comply with an order issued by the disciplinary authority (RCW 18.130.180 (9)) accounts for 6.2%.

Two violations account for 60.9% of the rehabilitative sanctions: Incompetence, Negligence or Malpractice (RCW 18.130.180 (4)) account for 41.4% and a violation of any state or federal statute regulating the profession (18.130.180 (7)) accounts for 19.5%. Two violations account for 80.9% of the symbolic sanctions: Fifty-six percent of the symbolic sanctions are accounted for by one violation—the violation of any state or federal statute regulating the profession (18.130.180 (7)) accounts for 53% and incompetence, negligence or malpractice (RCW 18.130.180 (4)) accounts for another 27.9% of the sanctions.

Using violations as the unit of analysis, we get a different perspective of the disciplinary activity. Six violations accounted for 79.6% of all primary violations cited. Incompetence, negligence or malpractice (18.130.180 (4)) accounted for 30.9% of the cases. RCW 18.130.180 (7)—violation of any state or federal statute accounted for 19.7% of the cases. Drug and alcohol related cases (18.130.180 (6), 18.130.180 (23) and 18.130.170) accounted for 18.1% (personal drug or alcohol abuse or impairment (13.4%) and prescription violations (4.7%)). Abuse of a client or patient or sexual contact with a patient (18.130.180 (24)) was cited 11.1% of the time (abuse of a client or patient (5.8%) and sexual contact with a patient or client (5.3%)).

Table 7 identifies the violations and the primary sanctions for the most cited violations, the remainder of the violations cited are presented in aggregate. It should be noted that there is not a statistically significant difference in the types of sanctions imposed for four out of the five violations.

We must use caution in interpreting the meaning of this difference. Because the guidelines were not completed by the disciplinary authorities, we are missing an important variable which would help explain the difference. We do not know the severity of the violations involved. For example, a practitioner charged with RCW 18.130.180 (7), (the violation of any state or federal statute regulating the profession) could have neglected to pay his or her renewal fee or may be dispensing controlled substances without a federal drug enforcement administration (DEA) license.

Table 7: Violations and Primary Sanctions for All Professions between January 1994 and June 1995

Violation cited	Primary sanction	% of sanctions imposed
Incompetence, negligence, or malpractice	Removal from practice	9.6%
	Removal with conditions	12.2%
	Rehabilitative	65.7%
	Symbolic	12.5%
Violation of any state or federal statute regulating the profession	Removal from practice	6.4%
	Removal with conditions	7.0%
	Rehabilitative	48.8%
	Symbolic	37.8%
Abuse of a client or patient or sexual contact with a client or patient	Removal from practice	45.4%
	Removal with conditions	9.2%
	Rehabilitative	41.3%
	Symbolic	4.1%
Drug related violations: personal drug or alcohol abuse	Removal from practice	22.7%
	Removal with conditions	47.8%
	Rehabilitative	28.6%
	Symbolic	0.9%
Drug related violations: prescription violations	Removal from practice	16.2%
	Removal with conditions	16.2%
	Rehabilitative	60.5%
	Symbolic	7.1%
Other violations	Removal from practice	35.8%
	Removal with conditions	16.5%
	Rehabilitative	39.2%
	Symbolic	8.5%

Figures 4 through 9 give a visual representation of the types of sanctions which were imposed for the various violations noted above.

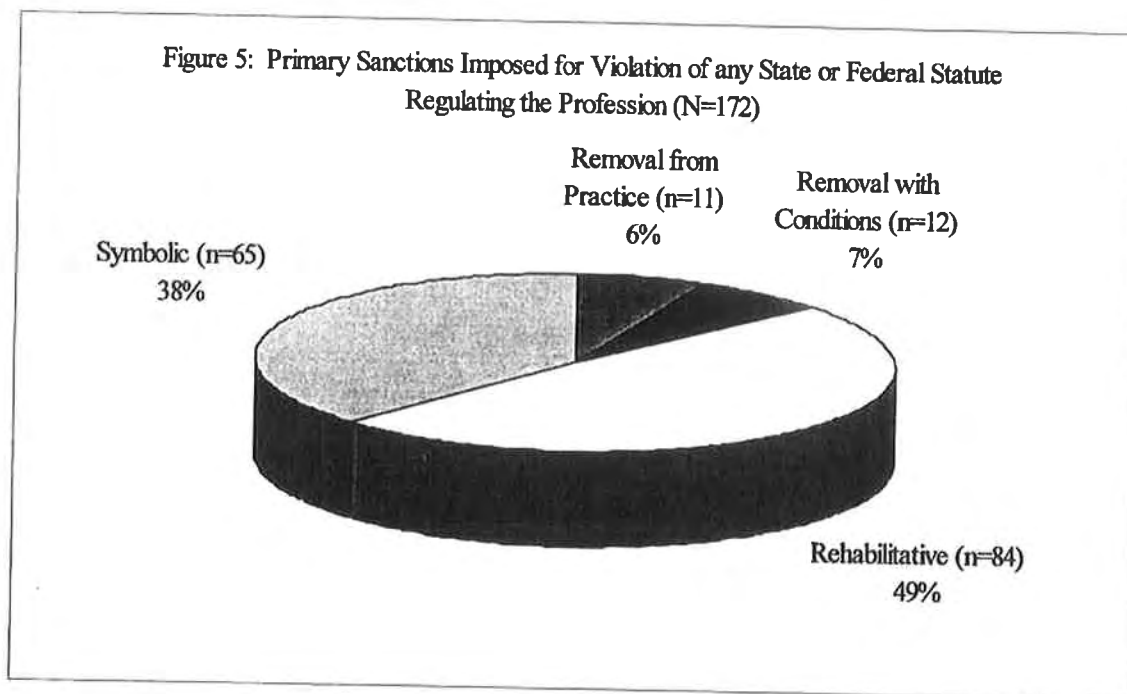
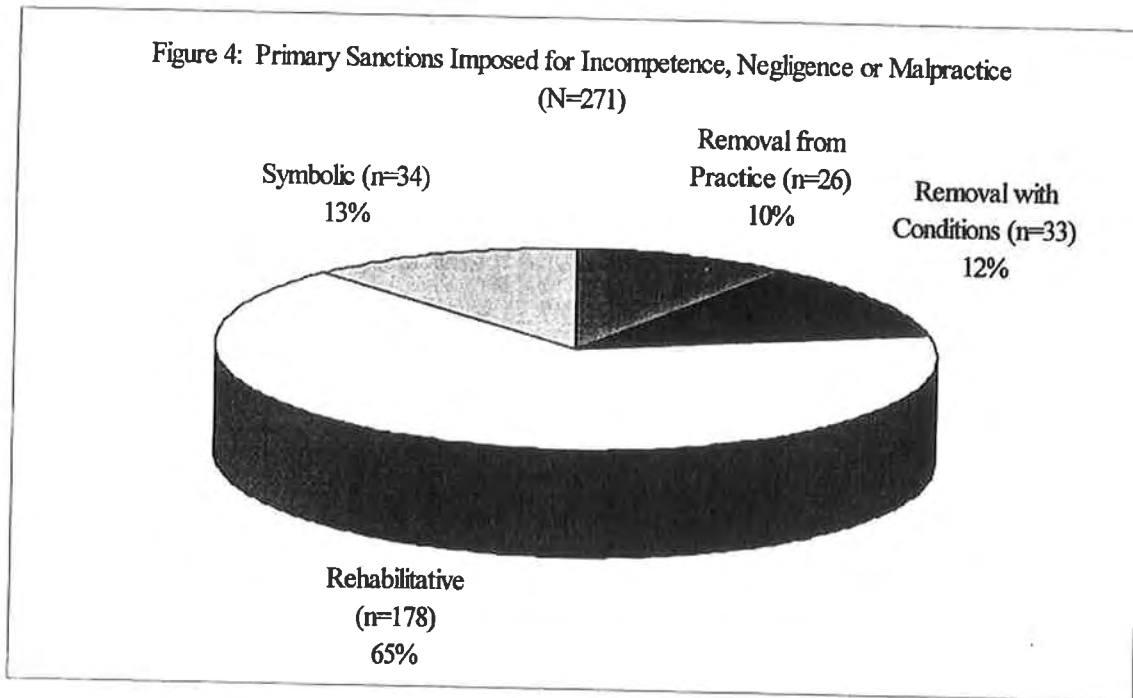


Figure 6: Primary Sanctions Imposed for Abuse of a Client or Patient or Sexual Contact with a Client or Patient (N=97)

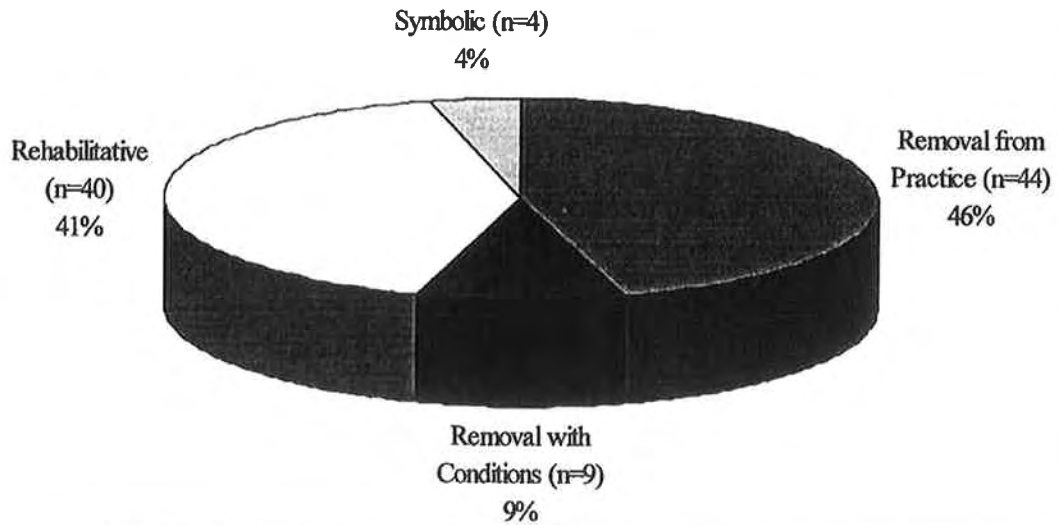


Figure 7: Primary Sanctions Imposed for Drug Related Violations: Personal Drug or Alcohol Abuse (N=115)

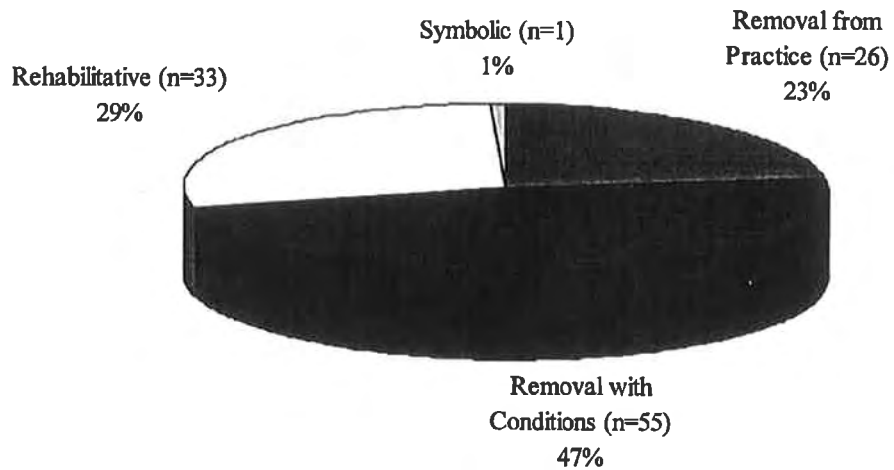


Figure 8: Primary Sanctions Imposed for Drug Related Violations: Prescription Violations (N=43)

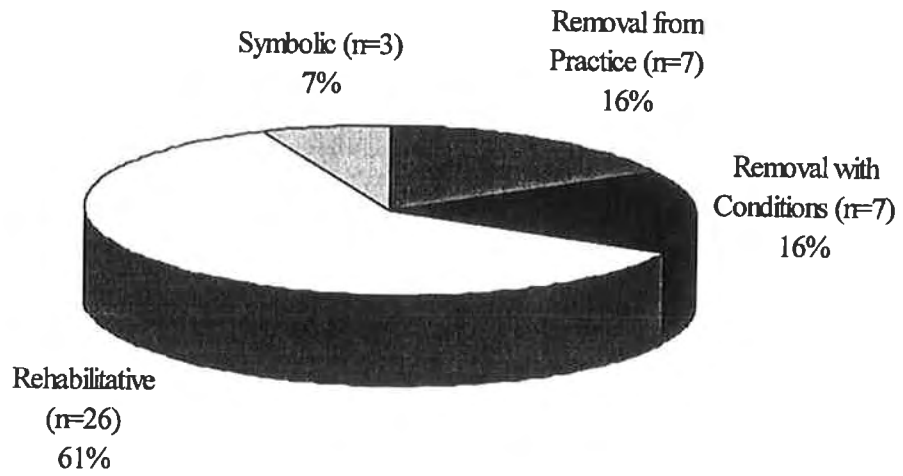
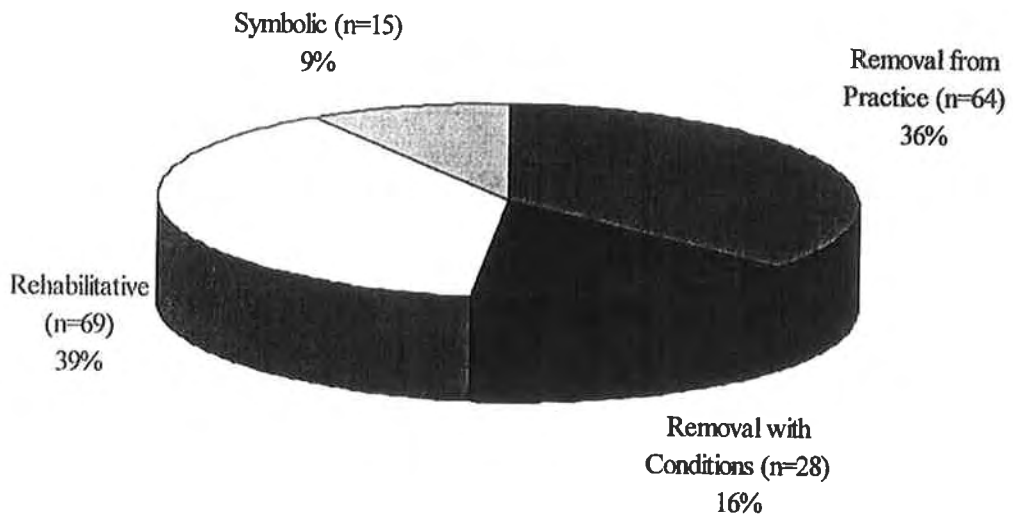


Figure 9: Primary Sanctions Imposed for Other Violations (N=176)



Chiropractors, Counselors (includes Hypnotherapists, Mental Health Counselors, Registered Counselors, Marriage and Family Counselors and Social Workers), Dentists, Medical Physicians, Nursing Assistants, Pharmacists, Practical Nurses and Registered Nurses (including Advanced Registered Nurse Practitioners) account for 86.6% of the disciplinary action taken between January 1994 and June 1995. (Refer to Tables A3 through A8 in Appendix A and Figures B1 through B9 in Appendix B for a breakdown by individual professions the violations and primary sanctions.)

Conclusion

The data collected contains a lot of valuable information. The data leads us to the conclusion that there are differences in the way the different disciplinary authorities sanction practitioners. Until we can get all the information concerning the cases, we need to be very careful in making recommendations and inferences. We must remember that the primary function of the disciplinary authorities is to protect the public in the least restrictive manner to the practitioner. It is the sole responsibility of the disciplinary authorities to review each case, evaluate the facts, and weigh the aggravating and mitigating circumstances prior to issuing an order.

Appendix A

**The following appendices contain disciplinary actions for all professions
between January 1994 and June 1995**

Table A1: Case Disposition by Profession between January 1994 and June 1995 (Note: 32 out of 43 professions had disciplinary activity)

Profession	Agreed Order	Default Order	Final Order	STIDS	Total
Advanced RN Practitioner	9	0	2	0	11
Chiropractor	5	0	3	37	45
Counselor	16	11	1	7	35
Dental Hygienist	1	0	0	0	1
Dentist	31	6	5	70	112
Dispensing Optician	5	1	1	3	10
Hearing Aid Fitters & Dispenser	7	0	2	5	14
Hypnotherapist	2	3	1	0	6
Marriage and Family Therapist	1	0	0	0	1
Massage Therapist	10	1	5	0	16
Medical Physician	46	1	2	41	90
Mental Health Counselor	3	0	1	1	5
Midwife	0	0	1	1	2
Naturopathic Physician	0	0	0	1	1
Nursing Assistant	9	37	7	4	57
Nursing Home Administrator	3	0	0	0	3
Optometrist	2	0	0	0	2
Osteopathic Physician	4	0	2	6	12
Osteopathic Physician Assistant	1	0	0	0	1
Pharmacist	27	6	9	5	47
Pharmacy Assistant	7	8	2	0	17
Pharmacy Intern	0	1	0	0	1
Physical Therapist	3	0	1	1	5
Physician Assistant	5	0	0	6	11
Podiatric Physician	3	0	1	2	6

Table A1: Case Disposition by Profession between January 1994 and June 1995 (Note: 32 out of 43 professions had disciplinary activity)

Profession	Agreed Order	Default Order	Final Order	STIDS	Total
Practical Nurse	78	58	21	12	169
Psychologist	2	0	0	2	4
Registered Nurse	103	44	15	15	177
Respiratory Therapist	0	1	0	1	2
Sex Offender Treatment Provider	1	0	0	1	2
Social Worker	1	1	1	0	3
Veterinarian	2	0	2	2	6
Total	387	179	85	223	874

Table A2: Category of Sanctions Imposed by Profession between January 1994 and June 1995

Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Symbolic	Total
Advanced RN Practitioner	2	1	3	5	11
Chiropractor	2	3	16	24	45
Counselor	13	4	18	0	35
Dental Hygienist	0	1	0	0	1
Dentist	5	7	87	13	112
Dispensing Optician	1	0	8	1	10
Hearing Aid Fitters/Dispenser	0	0	11	3	14
Hypnotherapist	3	0	3	0	6
Marriage and Family Therapist	0	0	1	0	1
Massage Therapist	7	2	7	0	16
Medical Physician	9	7	72	2	90
Mental Health Counselor	1	2	2	0	5
Midwife	0	0	2	0	2
Naturopathic Physician	0	0	0	1	1
Nursing Assistant	41	4	12	0	57
Nursing Home Administrator	1	2	0	0	3
Optometrist	0	2	0	0	2
Osteopathic Physician	2	0	10	0	12
Osteopathic Physician Assistant	0	0	1	0	1
Pharmacist	3	20	19	5	47
Pharmacy Assistant	3	8	5	1	17
Pharmacy Intern	0	1	0	0	1
Physical Therapist	0	1	1	3	5
Physician Assistant	0	1	9	1	11

Table A2: Category of Sanctions Imposed by Profession between January 1994 and June 1995

Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Symbolic	Total
Podiatric Physician	0	0	5	1	6
Practical Nurse	43	33	60	33	169
Psychologist	2	0	2	0	4
Registered Nurse	38	42	70	27	177
Respiratory Therapist	1	0	1	0	2
Sex Offender Treatment Provider	0	0	1	1	2
Social Worker	0	1	2	0	3
Veterinarian	0	3	2	1	6
Total	177	145	430	122	874

Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Symbolic	Total
Chiropractors	0	0	2	1	3
Counselors	0	1	11	0	12
Dentists	2	4	46	9	61
Medical Physicians	3	3	25	0	31
Nursing Assistants	3	0	3	0	6
Pharmacists	1	2	10	3	16
Practical Nurses	10	8	33	11	62
Registered Nurses	5	10	35	6	56
Other Professions	2	5	13	4	24
Total	26	33	178	34	271

Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Symbolic	Total
Chiropractors	0	1	5	19	25
Counselors	3	0	6	0	9
Dentists	0	0	28	2	30
Medical Physicians	0	0	3	0	3
Pharmacists	0	3	4	0	7
Practical Nurses	3	1	7	16	27
Registered Nurses	4	4	14	19	41
Other Professions	1	3	17	9	30
Total	11	12	84	65	172

Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Symbolic	Total
Chiropractors	2	1	4	0	7
Counselors	6	0	1	0	7
Dentists	0	0	1	0	1
Medical Physicians	3	0	5	0	8
Nursing Assistants	18	2	4	0	24
Pharmacists	0	1	0	0	1
Practical Nurses	2	3	7	3	15
Registered Nurses	3	0	9	1	13
Other Professions	10	2	9	0	21
Total	44	9	40	4	97

Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Symbolic	Total
Chiropractors	0	0	1	0	1
Counselors	1	3	0	0	4
Dentists	0	0	2	0	2
Medical Physicians	1	2	8	0	11
Nursing Assistants	1	0	0	0	1
Pharmacists	0	7	3	0	10
Practical Nurses	11	16	5	1	33
Registered Nurses	10	22	8	0	40
Other Professions	2	5	6	0	13
Total	26	55	33	1	115

Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Symbolic	Total
Dentists	0	1	1	0	2
Medical Physicians	1	0	15	0	16
Nursing Assistants	1	0	0	0	1
Pharmacists	2	3	1	2	8
Practical Nurses	1	0	3	0	4
Registered Nurses	0	0	1	1	2
Other Professions	2	3	5	0	10
Total	7	7	26	3	43

Profession	Removal from Practice	Removal with Conditions	Rehabilitative	Symbolic	Total
Chiropractors	0	1	4	4	9
Counselors	7	3	8	0	18
Dentists	3	2	9	2	16
Medical Physicians	1	2	16	2	21
Nursing Assistants	18	2	5	0	25
Pharmacists	0	4	1	0	5
Practical Nurses	16	5	5	2	28
Registered Nurses	16	6	3	0	25
Other Professions	2	4	18	5	29
Total	63	29	69	15	176

Appendix B

Result Figures
Category of Sanctions Imposed by Profession
between January 1994 and June 1995

Figure B1: Category of Sanctions Imposed for Counselors (N=50)

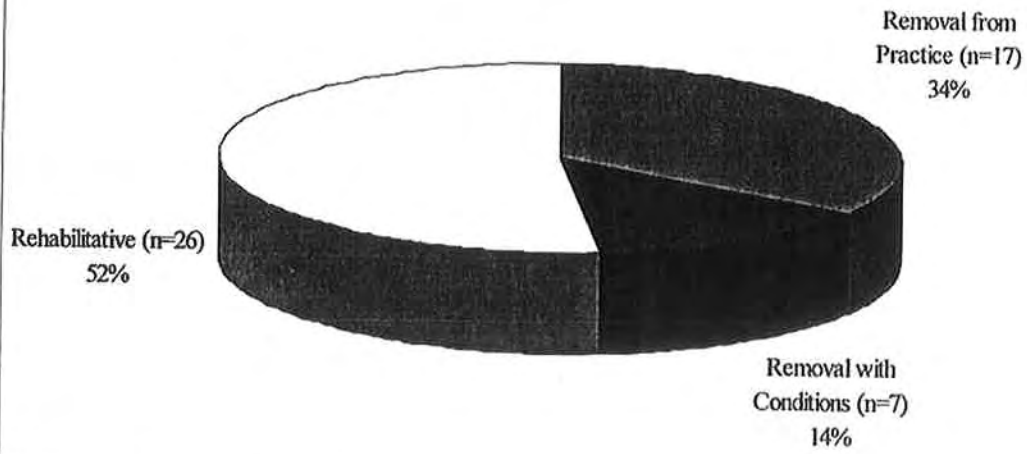
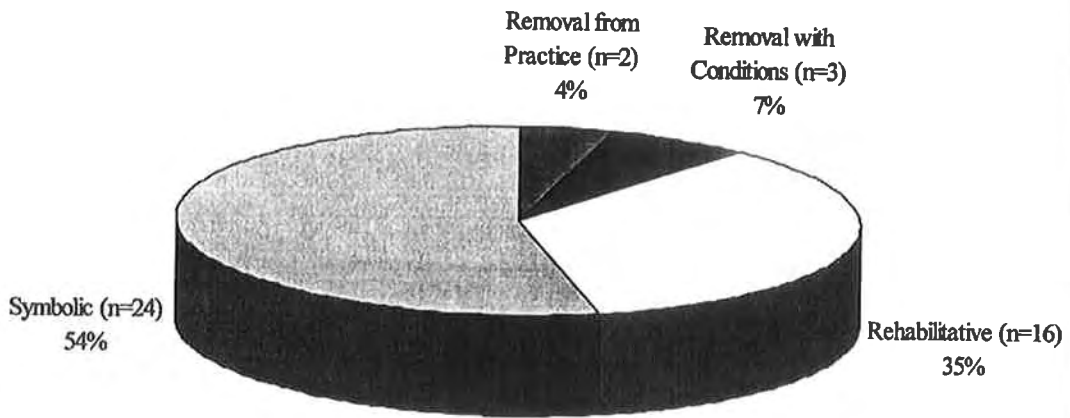
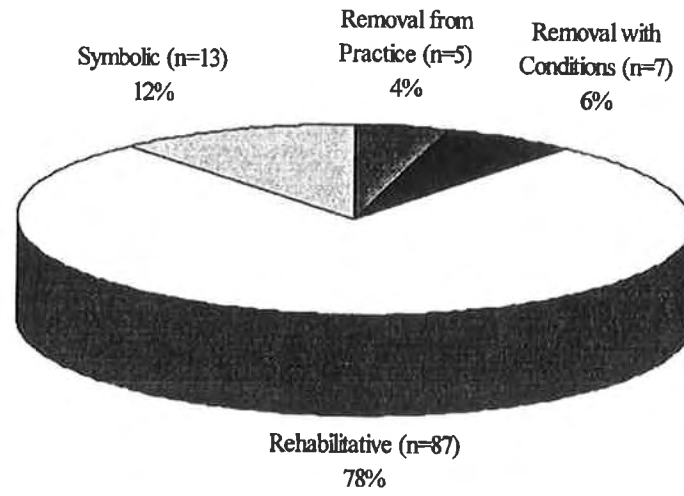


Figure B2: Category of Sanctions Imposed for Chiropractors (N=45)



FigureB3: Category of Sanctions Imposed for Dentists (N=112)



FigureB4: Category of Sanctions Imposed for Medical Physicians (N=90)

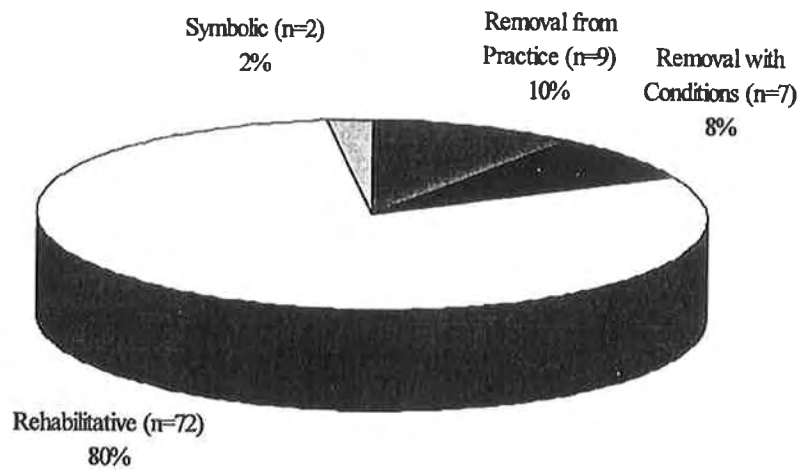


Figure B5: Category of Sanctions Imposed for Nursing Assistants (N=57)

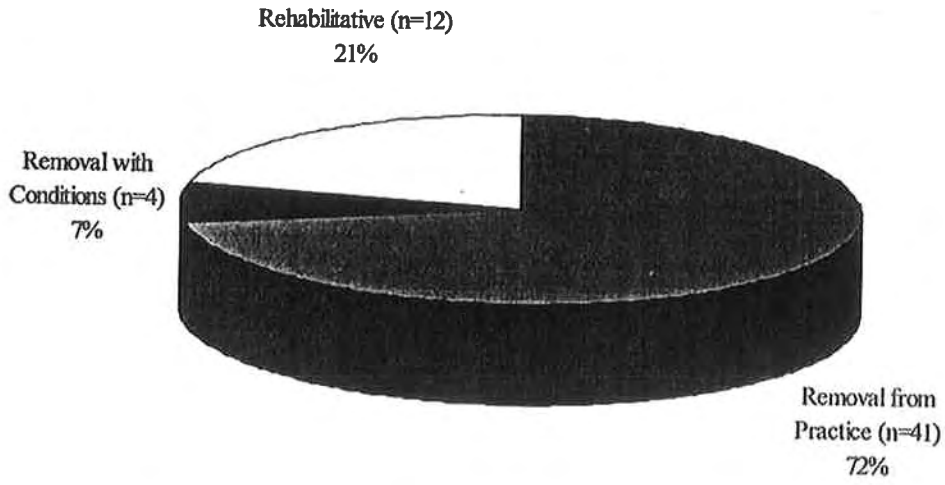


Figure B6: Category of Sanctions Imposed for Pharmacists (N=47)

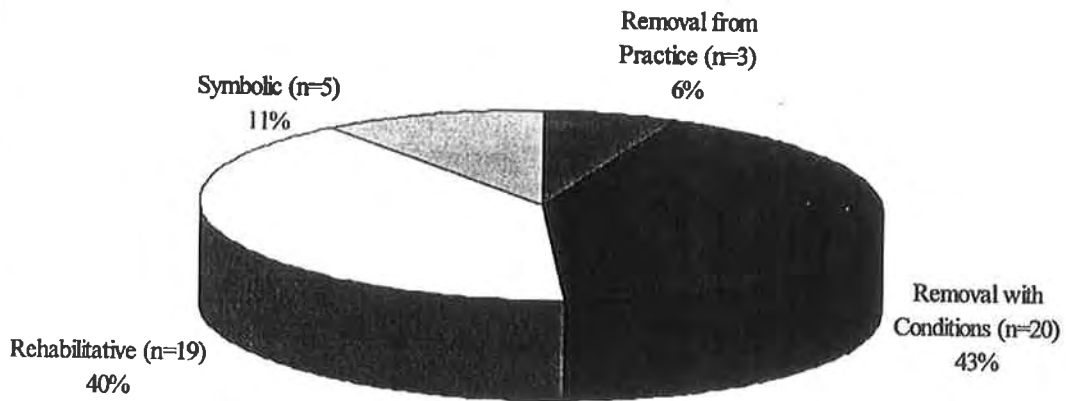


Figure B7: Category of Sanctions Imposed for Practical Nurses (N=169)

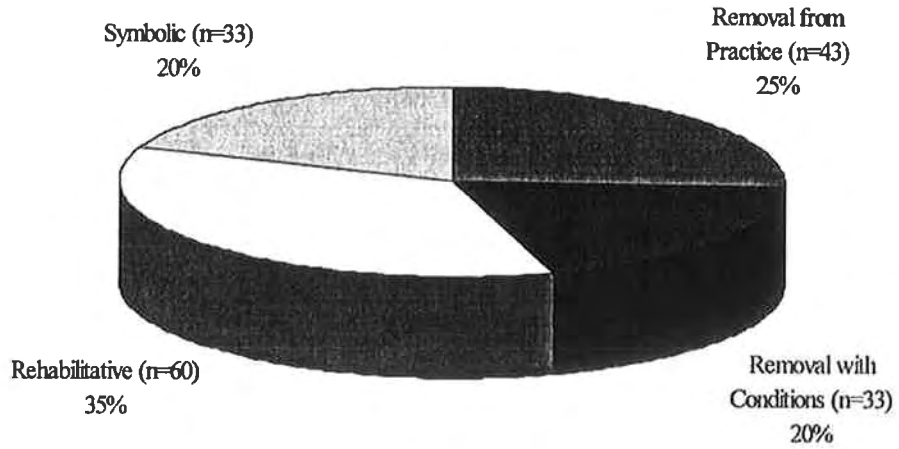


Figure B8: Category of Sanctions Imposed for Registered Nurses and ARNPs (N=188)

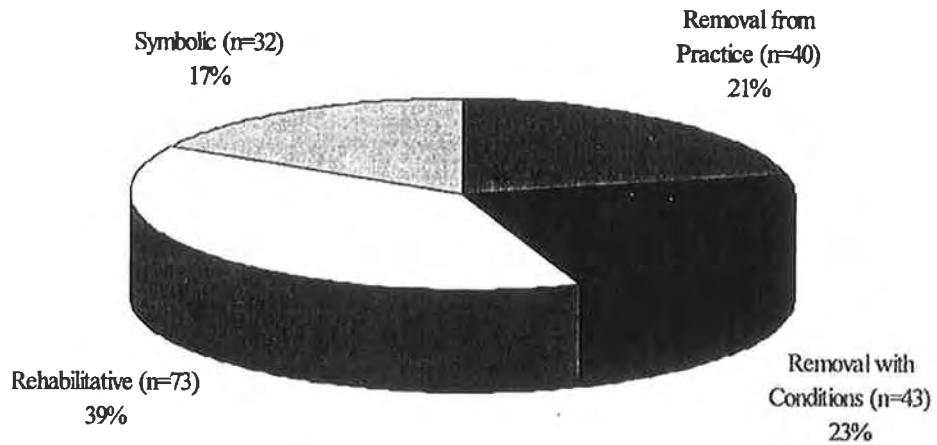
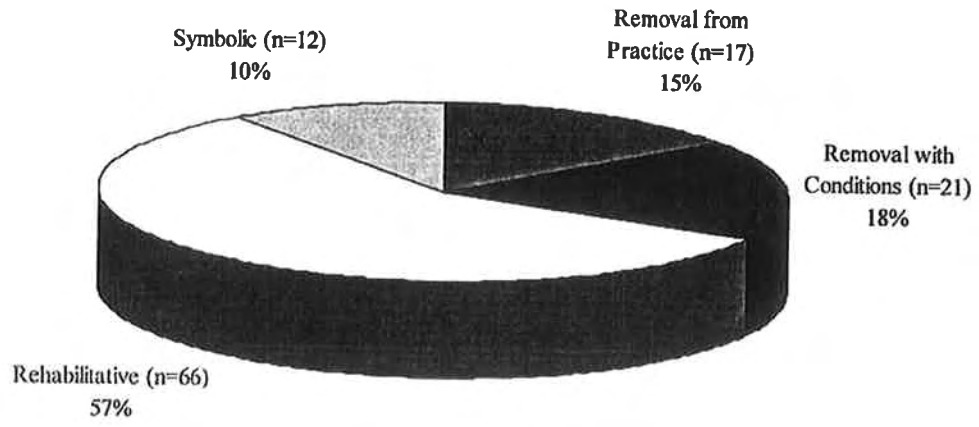


Figure B9: Category of Sanctions Imposed for Other Professions (N=116)



Appendix C

Glossary Of Terms

<i>Complaints:</i>	The number of complaints received. Licensees may have one to several complaints lodged against them. If these are received within a short time of each other and/or are related to each other by either complainant or nature of complaint, they may be combined into a single case for investigative and disciplinary purposes. After a case is received it is assessed by program staff to determine if there is jurisdiction for the complaint before proceeding to investigation.
<i>Compliance and Monitoring</i>	As part of the elements of a Final Order, licensees are frequently required to adhere to specific requirements. The count in this column is a total of the number of licensees on compliance or monitoring status.
<i>Default Order</i>	A final order issued by the board where the record shows the licensee was served and failed to answer the statement of charges.
<i>Disciplinary Action</i>	Actions a regulatory agency can take to limit or restrict a practitioner from practicing. This can include censure or reprimand, fines, continuing education, substance abuse monitoring, probation, suspension or revocation.
<i>Findings of Fact, Conclusions of Law and Order</i>	A final order entered into between the disciplinary authority and the respondent as a result of a formal hearing. Identifies substantiated violations and imposes sanctions.
<i>License Reinstatement</i>	Restrictions on a respondent's license are removed after fulfilling the requirements of a disciplinary order.
<i>Number of Licenses Issued</i>	This number reflects the number of individuals receiving a license for the biennium.
<i>Probation</i>	A disciplinary action or agreement wherein the practitioner must abide by certain conditions for a prescribed amount of time, includes stayed suspensions.
<i>Public Disclosure Requests</i>	The number of public disclosure requests for both disciplinary and licensing cases.
<i>Rehabilitative Sanctions</i>	Conceptual category of sanctions which are imposed on the practitioner. These sanctions are imposed to rehabilitate the practitioner and the practitioner is never taken out of practice. These sanctions include probation, substance abuse treatment and monitoring, counseling and continuing education.

<i>Removal From Practice Sanctions</i>	Conceptual category of sanctions which are imposed on the practitioner. The practitioner's license is revoked or indefinitely suspended.
<i>Removal With Conditions Sanctions</i>	Conceptual category of sanctions which are imposed on the practitioner. The practitioner's license is suspended for any length of time and conditions for rehabilitation and reinstatement are imposed.
<i>Revocation</i>	A disciplinary action where the practitioner's privilege to practice is taken away.
<i>Sanctions</i>	Conditions imposed upon the practitioner in a Findings of Fact, Conclusions of Law and Order or in a Stipulation and Agreed Order. Sanctions which can be imposed are defined in the Uniform Disciplinary Act (RCW 18.130.160) and range from censure or reprimand to revocation of a license.
<i>Statement of Charges</i>	Formal document alleging that a violation of the UDA or practice act has occurred.
<i>Stipulated Informal Disposition</i>	A non-reportable informal method for the disciplinary authority to allow for the informal resolution of allegations in cases where there is evidence of a violation of the uniform disciplinary act.
<i>Stipulation and Agreed Order</i>	An order entered into between the disciplinary authority and the respondent as a result of a statement of charges issued to the respondent. These orders are a result of a settlement between the respondent and the disciplinary authority and do not go through a formal hearing. It identifies agreed upon violations and imposes sanctions.
<i>Suspension</i>	A disciplinary action resulting in the temporary removal of a practitioner's privilege to practice.
<i>Symbolic Sanctions</i>	Conceptual category of sanctions which are imposed on the practitioner. These sanctions include requests for voluntary compliance, reprimands, and fines.
<i>Treatment Self Referral</i>	The number of known licensees who enter into a volunteer substance abuse monitoring program, e.g., Washington Health Professional Services or Washington Recovery Assistance Program for Pharmacy.
<i>Uniform Disciplinary Act (RCW 18.130)</i>	This act provides standardized procedures for licensure of health care professionals and the enforcement of laws to assure the public of adequacy of professional competence and conduct in the healing arts.

***Unprofessional
Conduct***

The Uniform Disciplinary Act (RCW 18.130.180) identifies 25 categories of unprofessional conduct for all health practitioners.

Appendix D

Health Professions Quality Assurance Division Phone Numbers

**Department of Health
Health Professions Quality Assurance Division**

Ron Weaver, Director (360) 753-7007

Sue Shoblom, Deputy Director, Health Professions Operations & Support (360) 586-5963

Pat Brown, Deputy Director, Health Policy & Constituent Relations (360) 664-4265

Health Profession

Executive Director

Acupuncture	Bob Nicoloff	(360) 753-0712
Adult Family Home Operator	Dee Spice	(360) 586-0453
Advanced Registered Nurse Practitioner	Patty Hayes	(360) 664-4100
Animal Technician	Keith Shafer	(360) 664-8480
Chiropractic	Gail Zimmerman	(360) 753-2461
Chiropractic X-Ray Technician	Gail Zimmerman	(360) 753-2461
Counselor	Dee Spice	(360) 586-0453
Dental Hygiene	Gail Zimmerman	(360) 753-2461
Dentistry	Gail Zimmerman	(360) 753-2461
Denturist	Gail Zimmerman	(360) 753-2461
Dietitian	Bob Nicoloff	(360) 753-0712
Dispensing Optician	Don Williams	(360) 753-6834
Apprentice Dispensing Optician	Don Williams	(360) 753-6834
Health Care Assistants	Keith Shafer	(360) 664-8480
Hearing Aid Fitters	Dee Spice	(360) 586-0453
Hypnotherapy	Dee Spice	(360) 586-0453
Marriage & Family Therapy	Dee Spice	(360) 586-0453
Massage Therapy	Bob Nicoloff	(360) 753-0712
Medical Physician	Keith Shafer	(360) 664-8480
Mental Health Counselor	Dee Spice	(360) 586-0453
Midwifery	Patty Hayes	(360) 664-4100
Naturopathic Physician	Bob Nicoloff	(360) 753-0712
Nursing Assistant	Patty Hayes	(360) 664-4100
Nursing Home Administrator	Dee Spice	(360) 586-0453
Nursing Pools	Patty Hayes	(360) 664-4100
Nutritionist	Bob Nicoloff	(360) 753-0712
Occupational Therapy	Bob Nicoloff	(360) 753-0712
Occupational Therapy Assistant	Bob Nicoloff	(360) 753-0712
Ocularist	Don Williams	(360) 753-6834
Optometry	Don Williams	(360) 753-6834
Osteopathic Physician	Keith Shafer	(360) 664-8480
Osteopathic Physician Assistant	Keith Shafer	(360) 664-8480
Pharmacy	Don Williams	(360) 753-6834
Pharmacy Assistant	Don Williams	(360) 753-6834
Pharmacy Firms	Don Williams	(360) 753-6834
Pharmacy Interns	Don Williams	(360) 753-6834
Physical Therapy	Bob Nicoloff	(360) 753-0712

Physician Assistants	Keith Shafer	(360) 664-8480
Podiatry	Keith Shafer	(360) 664-8480
Practical Nurse	Patty Hayes	(360) 664-4100
Psychology	Dee Spice	(360) 586-0453
Radiologic Technologist	Keith Shafer	(360) 664-8480
Registered Nurse	Patty Hayes	(360) 664-4100
Respiratory Therapy	Keith Shafer	(360) 664-8480
Sex Offender Treatment Provider	Dee Spice	(360) 586-0453
Social Worker	Dee Spice	(360) 586-0453
Veterinary	Bob Nicoloff	(360) 753-0712
Veterinary Med Clerk	Bob Nicoloff	(360) 753-0712
X-Ray Technologist	Keith Shafer	(360) 664-8480