

Charting the Course:

Regulatory Excellence from the Shores of Providence



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September 25, 2026

Advancing State Veterinary Workforce Intelligence

Unleashing the Potential Contributions of Regulators

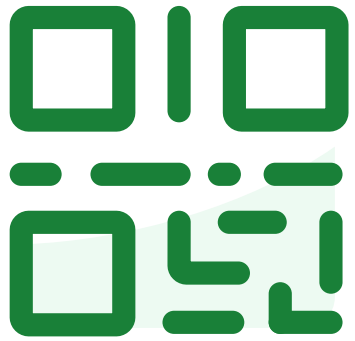
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#2746627**

What are we going to talk about today?

- Why is workforce data important?
- What workforce data can be captured by regulators?
- How might your jurisdiction move toward enhanced workforce data?

Before we begin, a little about us and our family.



RORY



CHARLESTON



SAINT



LUCKY



Johnny & June Cash



Bunny the
Barn Cat

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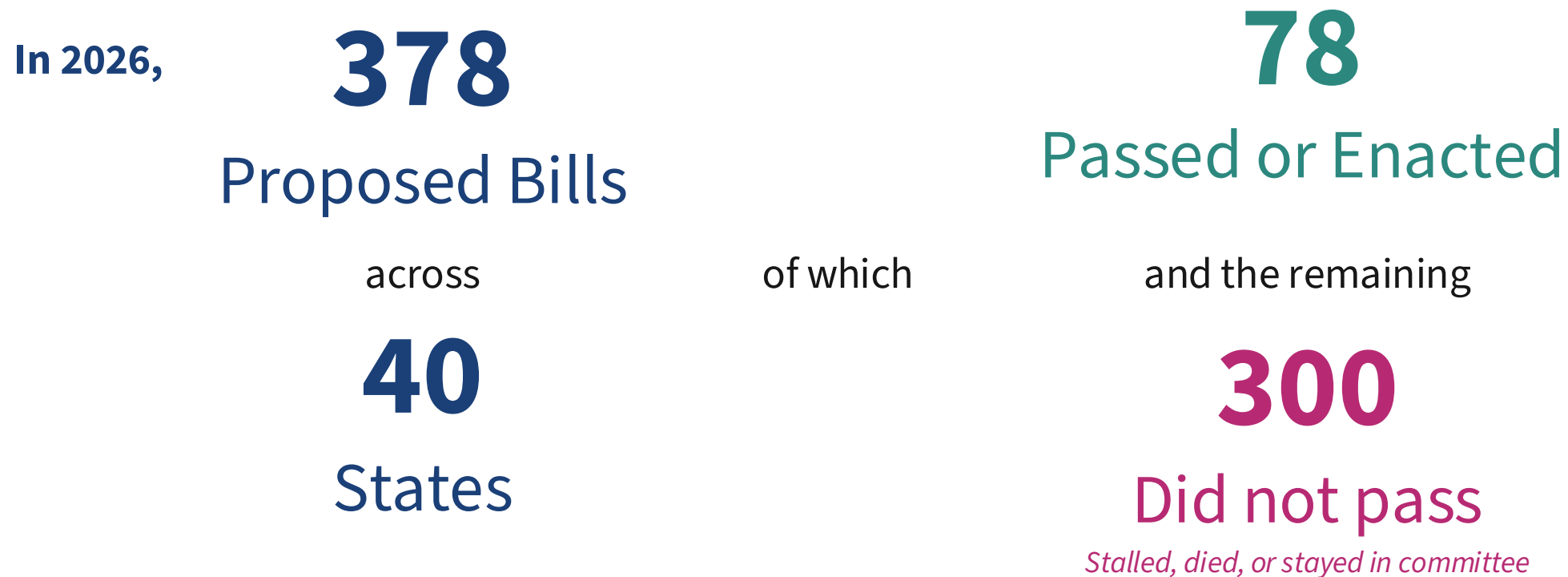
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How confident are you in your board's ability to report the number of licensed veterinarians/technicians that are actively practicing within your state?

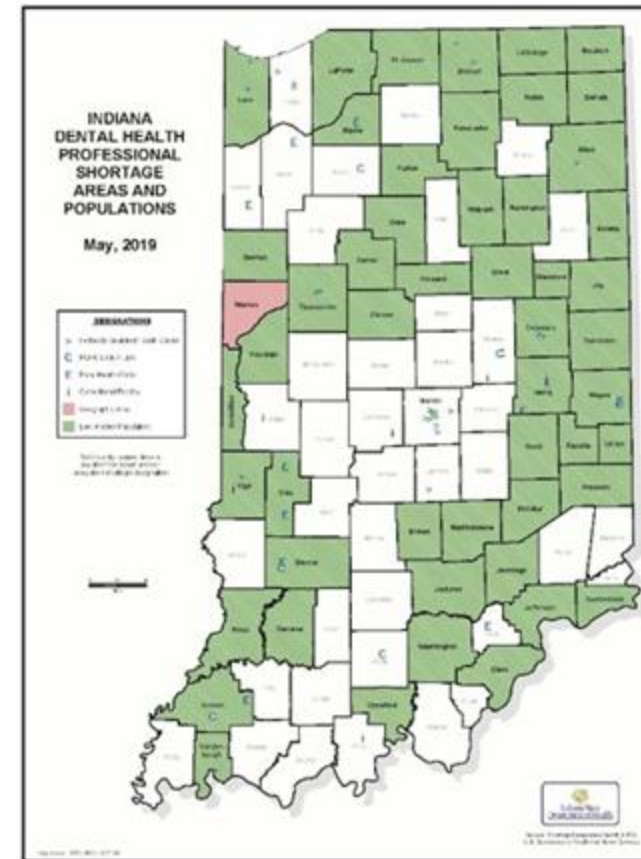
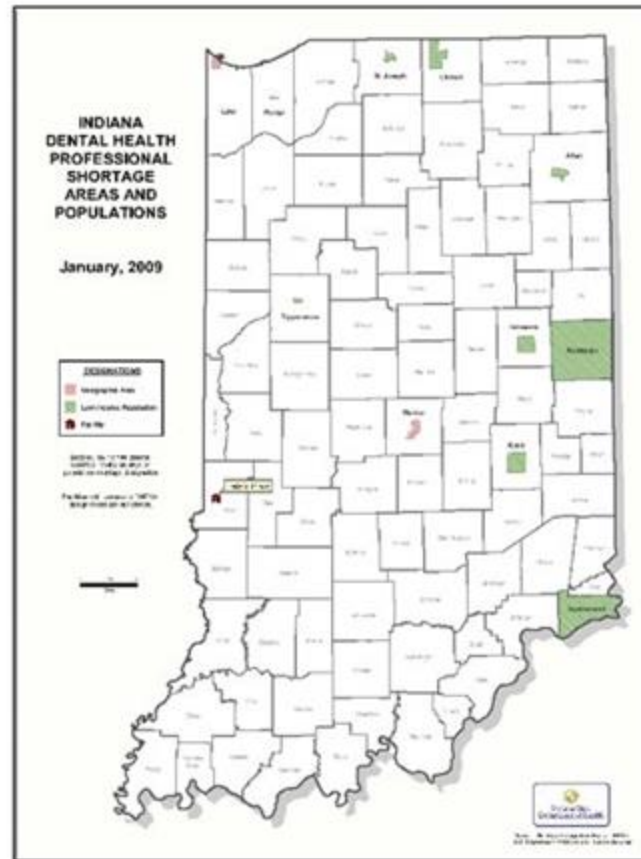
Why is veterinary workforce data important?

Licensing Boards, other executive branch officials, and legislators need data.



Source: [Bill Track 50](#) using keyword = “veterinary”, filtered to only include bills with “veterinary” in AI bill summary

Do you know where shortages exist?



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But what if your state had better data?

Would more of those **300 bills** have passed?

Would the **78 bills** that passed be easier to implement?

Would we know whether they actually worked?

What could better veterinary workforce data change?

- Could data help...
 - **Determine whether shortages exist?**
 - **Make the case** for policies addressing veterinary shortages?
 - **Target solutions** to the communities and practice areas with the greatest need?
 - **Design programs** that actually address workforce gaps?
 - **Implement and administer** new policies and programs?
 - **Measure whether they worked?**

State Workforce Data

Regulators as champions for veterinary workforce data

What are the types of health workforce data?

Regulatory
Identifiers (Name, DOB, SSN)
Address (commonly <u>license</u> address: home or central employer office)
License Qualifying Compliance (Education, Exams, Licenses in Other States, etc.)

VS

Supplemental	
Practice (Role/Specialty, Empl Location, Hours/Week, Employment plans, Populations served, Services provided, etc.)	Employment (Arrangement, Future Plans, Educational pursuits, etc.)

Licensing (Occupational) Regulatory Data Alone Provides Some Insights

Number of Active Licensees in a Jurisdiction
+ Some Demographics, Educational/Exam History, Disciplinary Information

Regulatory Data
Identifiers (Name, DOB, SSN)
Address (commonly license address: home or central employer office)
License Qualifying Compliance (Education, Exams, Licenses in Other States, etc.)

But Supplemental Data Greatly Expands the Power of Workforce Data

Number of Active Licensees in a Jurisdiction
+ Some Demographics, Educational/Exam History, Disciplinary Information

Number of Active Licensees Working in a Jurisdiction

Number of Active Licensees Working in the Profession

Number of Overall FTEs

Number of Patient Care FTEs

Supplemental Data

Demographics

Education

Practice

(Role/Specialty, Location, Hours/Week, Employment plans, Populations served, Services provided, etc.)

Employment

(Arrangement, Future Plans, Educational pursuits, etc.)

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As of today, does your board/state collect supplemental data from licensees (at any point)?

Collecting Workforce Data

Where does one even begin?

A Framework for Data Collection Already Exists

The CPMDS



Cross-Profession Minimum Data Set
With Optional Supplemental Questions

June 2026



[Source](#)

Many critical data elements are the same across professions

- Some have the opportunity for full standardization
- Others can be standardized to an extent
- The Cross-Profession Minimum Data Set (CPMDS) supports that balance

Endorsed by
several health
regulatory
groups



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CPMDS – What is it?

- Demographics
 - Sex, Race, Ethnicity, Age
- Education
 - Highest, Location
- Regulatory
 - Licenses/Privileges in other states
- Employment
 - Status, Future Plans
- Practice
 - Specialty, Telehealth, Location, Arrangement, Role, Setting, Hours/Week
- Optional Supplement
 - Gender, Qualifying Education, Year of Education, Practice Location City & Street Address, Populations Served

17 Questions in Core Tool 6 Optional Questions in Addendum

Cross-Profession Minimum Data Set

Core CPMDS Questions

Sex

(Standard question, Standard Response)

1. What is your sex?
SINGLE-SELECT
 - a. Female
 - b. Male

Race/Ethnicity

(Standard question, Standard response)

2. What is your race and/or ethnicity? Select all that apply:
MULTI-SELECT
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Hispanic or Latino
 - e. Middle Eastern or North African
 - f. Native Hawaiian/Pacific Islander
 - g. White

Age/Year of Birth

(Standard question, Standard response)

3. What is your year of birth?^{1,2}
OPEN FIELD

¹ Note: If possible through survey administration software, encode the response field as required to be numeric (number validation), with length maximum (i.e. 4 numeric characters) or validation (ex. must be a number between 1920-20XX).

² This is a fixed data point that may be readily available for analysis through other sources (such as initial license application). If this information is already available for respondents and can be individually linked to CPMDS response, this question can be excluded from implementation.

FAQ Supplement

Describing Question Origin and Value to States

Professional/Practice Characteristics

Why are professional characteristics included in the CPMDS?

Professional characteristics, such as specialty, practice locations, hours per week, etc., provide information that is critical to understanding the workforce capacity that is available to provide certain types of health care services, in certain locations. These questions are useful to support the identification of workforce shortages, including federal designations such as health professional shortage areas (HPSAs) and medically underserved areas/populations (MUA/P).

Why is "specialty" included in the CPMDS?

Specialty, field, or area of practice provides important insight into the distribution of workforce capacity within a profession. While health professionals are generally licensed within a profession rather than a specialty, many develop expertise through additional education, certification, experience, or focused practice. Understanding specialty distribution supports workforce planning, identification of shortages, and assessment of access to specialized services.

Why aren't specialty response options standardized across professions?

Specialty, field, and area of practice vary substantially across health professions, making a single standardized list impractical. The CPMDS standardizes the question while allowing professions to customize response options that reflect their unique practice areas. Where possible, implementing organizations are encouraged to align specialty categories with existing national standards or common terminology to support comparisons (example: states may be interested in monitoring primary care capacity among physicians, advanced practice registered nurses, physician assistants, and others).

Why is "telehealth" included in the CPMDS?

The rapid adoption of telehealth over the past decade and state implementation of regulatory policies aimed at enhancing interstate mobility of the workforce (licensure compacts, reciprocity agreements, mutual recognition), has implications for tracking and monitoring the health workforce. This question has been added to enable monitoring of telehealth participation among health professionals. The definition of telehealth used in this question was sourced from a [CMS Telehealth Toolkit](#).

Why is "practice location" included in the CPMDS?

The location a health professional practices in may or may not be the same as the location associated with their license. Practice location information is needed to determine capacity of health professionals within certain communities/geographies. Depending on intended objectives, practice location questions should be repeated for up to three practice locations.

Why are there four separate questions for practice location?

The level of geographic detail needed depends on the intended use of the data. For many workforce assessment, state and ZIP code provide sufficient geographic information. However, some federal workforce designation programs require street address and city to accurately assign providers to service

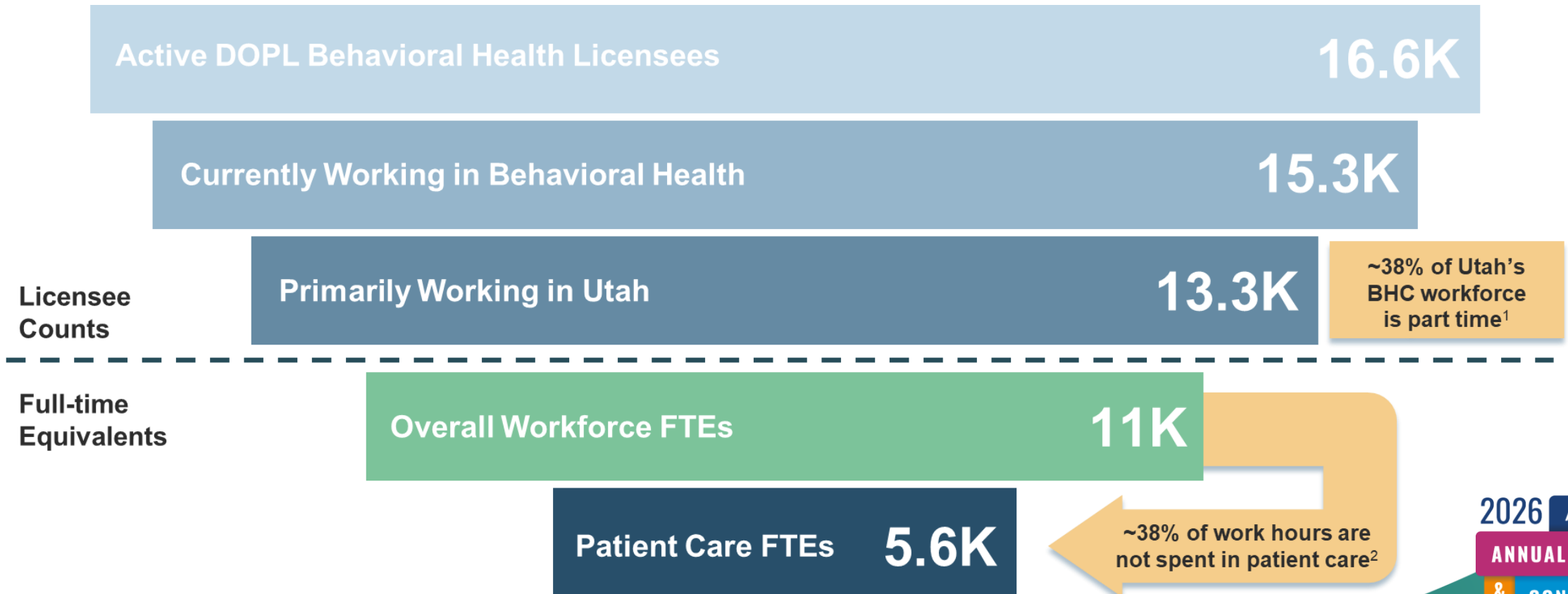
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An Example of CPMDS Implementation to Quantify a Workforce

Utah, 2023





In one or two words, what could more robust workforce data do for your board/state/jurisdiction?



Collecting Workforce Data

What actionable next steps can I take?



The CPMDS is a framework, but if you have the authority/ability, standardized questions can be implemented immediately by regulators.

The CPMDS



Cross-Profession Minimum Data Set
With Optional Supplemental Questions

June 2025



[Source](#)

Standardized Fields Ready for Immediate Implementation

- | | |
|--|--|
| <ul style="list-style-type: none">• Sex• Race/Ethnicity• Age/Year of Birth• Qualifying Education Location (state)• Highest Level of Education• States of Licensure/Practice Authority• Employment Status• Employment Plans• Telehealth Participation | <ul style="list-style-type: none">• Practice Location Information• Employment Type/Arrangement• Position Type/Role• Hours/Week• Hours/Week in Direct Patient Care• Gender• Qualifying Education Level• Year of Qualifying Education |
|--|--|

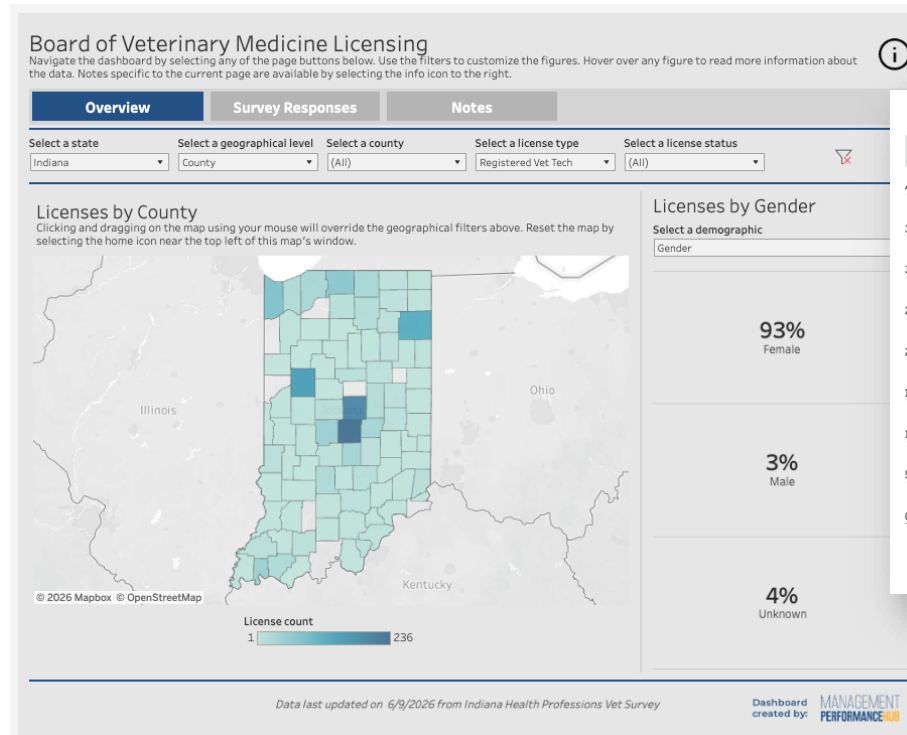
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Not sure if you have the authority for additional data collection?

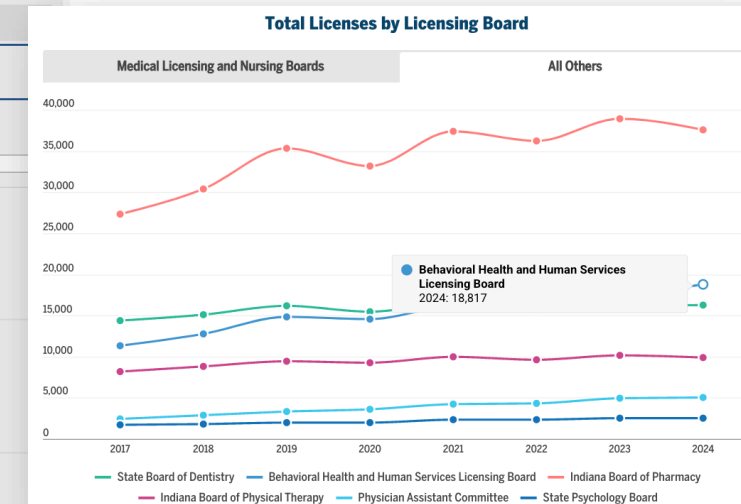
- Check with general counsel.
- Use what you have.
 - Several CPMDS elements are already captured as a part of routine regulatory processes.
 - Determine how you might leverage existing data to make information more available for workforce planning and policy.

Licenses by County



Indiana Board of Veterinary Medicine Dashboard:
<https://www.in.gov/animalpolicy/licensing-dashboard>

Licensing Trends



Indiana Health Workforce Licensing Trends. Available at: <https://bowenportal.org/licensing/>

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What thoughts or questions do you have regarding regulators as champions for workforce data collection or how to implement in your state?

Thank you!

Please feel free to reach out with any questions at:

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