



## **AGENDA**

Multidisciplinary Advisory Committee  
1625 N. Market Blvd. – 1<sup>st</sup> Floor Hearing Room  
Sacramento, California

**9:00 a.m. Tuesday, April 19, 2016**

1. Call to Order- Establishment of a Quorum
2. Introductions
3. Review and Approval of January 19, 2016 Meeting Minutes
4. Update on the Complaint Process Audit Task Force – Report from the Expert Witness Review Subcommittee
5. Update on Minimum Standards for Alternate Premises
6. Update on Report for Shelter Medicine Minimum Standards & Protocols
7. Review and Discuss Veterinary Student Exemption [Duties and Supervision at University Hospitals]; Potential Recommendation to Full Board
8. Discussion and Consideration of “Extended Duty” for Registered Veterinary Technicians Regulations; Potential Recommendation to Full Board
9. Update from Sunset Review Hearing
10. Public Comments on Items Not on the Agenda  
Note: The board may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code Sections 11125 and 11125.7(a)).
11. Agenda Items and Next Meeting Dates – July 19, 2016 (TBD); October 18, 2016 (TBD)
  - A. Multidisciplinary Advisory Committee Assignment Priorities
  - B. Agenda Items for Next Meeting

## 12. Adjournment

This agenda can be found on the Veterinary Medical Board website at [www.vmb.ca.gov](http://www.vmb.ca.gov). Times stated are approximate and subject to change. This meeting will conform to the Open Meeting Act. Agenda discussions and report items are subject to action being taken on them during the meeting by the Board at its discretion. The Board provides the public the opportunity at meetings to address each agenda item during the Board’s discussion or consideration of the item. Total time allocated for public comment may be limited.

The Board plans to webcast items 1-10 at this meeting on its website at [www.vmb.ca.gov](http://www.vmb.ca.gov). Webcast availability cannot, however, be guaranteed due to limitations on resources or technical difficulties that may arise. If you wish to participate or to have a guaranteed opportunity to observe, please plan to attend at a physical location.

The meeting locations are accessible to the physically disabled. Other disability-related accommodations or modifications can be provided upon request. Please make your request for disability-related accommodations by contacting the Board at (916) 515-5220 or sending a written request to 1747 N. Market St., Suite 230, Sacramento, CA 95834. Provide at least five (5) business days’ notice prior to the meeting to help ensure availability of requested accommodations.

### **MISSION**

The mission of the Veterinary Medical Board is to protect consumers and animals by regulating licensees, promoting professional standards and diligent enforcement of the practice of veterinary medicine.



## **MEETING MINUTES**

Multidisciplinary Advisory Committee  
1747 N. Market Blvd. – Hearing Room  
Sacramento, California

**9:00 a.m. Tuesday, January 19, 2016**

### 1. Call to Order- Establishment of a Quorum

Multidisciplinary Advisory Committee (MDC) Vice Chair, Dr. Allan Drusys, called the meeting to order at 9:07 a.m. Veterinary Medical Board (Board) Executive Officer, Annemarie Del Mugnaio, called roll; six members of the MDC were present and thus a quorum was established.

### 2. Introductions

#### Members Present

Jon A. Klingborg, DVM, Chair  
Allan Drusys, DVM, Vice Chair  
William A. Grant II, DVM  
Diana Woodward Hagle, Public Member  
David F. Johnson, RVT  
Kristi Pawlowski, RVT  
Jeff Pollard, DVM  
Richard Sullivan, DVM, Board Liaison

#### Staff Present

Annemarie Del Mugnaio, Executive Officer, Veterinary Medical Board  
Elizabeth Bynum, Associate Enforcement Analyst  
Nina Galang, Administrative Program Coordinator  
Bryce Penney, DCA Television Specialist  
Kurt Heppler, Legal Counsel  
Candace Raney, Enforcement Manager

#### Guests Present

Nancy Ehrlich, RVT, California Registered Veterinary Technician Association  
Mark Nunez, DVM, Veterinary Medical Board  
Dan Segna, DVM, California Veterinary Medical Association  
Cheryl Waterhouse, DVM, Veterinary Medical Board  
Erin Troy, DVM  
Jessica Waldmen, DVM  
Nicole Bellington, Senate Fellow, Senate Business Professions and Economic Development Committee  
Jonathan Burke, DCA  
Kathy Bowler, DVM, Veterinary Medical Board

### 3. Review and Approval of July 20, 2015 Meeting Minutes

Dr. William Grant made a clerical change to page three of the meeting minutes.

- Dr. William Grant motioned and Dr. Richard Sullivan seconded the motion to approve the July 20, 2015 meeting minutes. The motion carried 6-0.

Dr. Klingborg and Mr. Johnson were not present for this portion of the agenda and therefore, were unable to vote.

### 4. Discuss Draft Statutory Language Authorizing Veterinarians to Compound Drugs; Potential Recommendation to Full Board

Ms. Del Mugnaio reviewed the background and intent of the drug compounding statutory language discussion, which originated from deficiencies of expired or mislabeled drugs found during hospital inspections. Federal rule allows for limited compounding on the part of veterinarians if there are no other Food and Drug Administration (FDA) approved drug or other compounded formula in an appropriate strength for a particular animal patient. However, there is currently no specific grant of authority in the Veterinary Medicine Practice Act that includes drug compounding in the scope of veterinary medicine. The MDC's charge is to discuss what statutory changes the Board should consider to provide the authority for veterinarians to compound drugs in limited circumstances.

Dr. Sullivan provided a summary of the minutes from the meeting with the California Board of Pharmacy regarding allowing veterinarians to compound drugs. The discussion included the issue of compounding intra-venous (IV) injectable products, which the Board of Pharmacy currently refers to as "tabletop compounding," which can legally be performed by a prescriber or dispenser based on current regulations, as long as the compounding mixture is administered immediately. The Board ultimately learned that the Board of Pharmacy regulations relating to dispensing a compounding drug apply only to the compounding pharmacists, not to dispensers.

The MDC discussed the start and completion time of administration of an injectable compound.

Ms. Del Mugnaio clarified that we do not have the authority to go beyond Federal rule, which restricts compounded drugs administered to be used on individual patients only, as opposed to batch administration.

The MDC made the following changes to the proposed language: add "anesthesia" to section 4826.3 (a), change "used" to "administer," and remove "properly" from the language, as it does not add anything of value. The MDC also agreed to add a new section, (h), which states that any deviation from this statute will be considered a violation of the veterinary medicine practice act.

The MDC agreed that if the drug is to be used for immediate administration, it needs only a label stating "for immediate use only." If the drug is to be used within one hour from the time that the drug has been compounded, the drug must be labeled with patient identification information, name and amount of all ingredients, name or initials of the person who prepared the compounded sterile preparation, and the exact one-hour beyond use date and time.

Legal Counsel, Kurt Heppler, suggested that 1751.8 (f) should be handled through regulations, which may need specialized rulemaking authority in order to do so.

Nancy Ehrlich requested clarity regarding the level of supervision of a Registered Veterinary Technician who is following a written protocol. Dr. Sullivan clarified that the intention is for the RVT to following

a written protocol under indirect supervision of a licensed veterinarian. If the drug is administered as an IV product, it should be under direct supervision. The MDC agreed to clarify this point.

- Dr. Richard Sullivan motioned and Mrs. Diana Woodward-Hagle seconded the motion to forward the Drug Compounding draft statutory language to the Veterinary Medical Board for action at the next Board meeting (on January 20-21, 2016). The motion carried 8-0.

#### 5. Discuss Draft Regulatory Language Regarding Animal Rehabilitation [California Code of Regulations, Title 16, Division 20, Section 2038.5]; Potential Recommendation to Full Board

Dr. Klingborg reported that the MDC was tasked with reviewing the Animal Rehabilitation draft regulatory language, including the supplemental packet provided by the Board and the video testimony provided by the public and various interested parties at the Board meeting on October 20, 2015.

Kristi Pawlowski shared the following concerns regarding the language:

- subsection (a) could be interpreted to include surgery
- unclear definition of “wellness modality”

Language was provided from the Physical Therapy Practice Act to use as a model, however, the MDC discussed that we cannot simply use the Physical Therapy Practice Act language and add “animal rehabilitation.”

Mr. Heppler reminded the MDC and the public that the purpose of regulations is to implement, interpret, or make specific the statute. The test of a good regulation is that it should be consistent with, and not in conflict with, existing statute, and reasonably necessary to effectuate the purpose. Mr. Heppler advised the MDC to determine if the language satisfies that obligation.

Ms. Del Mugnaio clarified that the current statute does not provide the authority to exempt other licensed health care practitioners (e.g. physical therapists) from the Practice Act. Ms. Del Mugnaio identified two possible approaches: 1) expand statutory authority to exempt other health care practitioners from the Practice Act and only allow the practice of animal rehabilitation to those specifically named in statute, or 2) develop regulations to allow the practice of animal rehabilitation, regardless of who is performing the service, provided they meet minimum standards set by the Board, including supervision. Minimum standards can be defined through regulations.

Ms. Del Mugnaio added that a hearing was held in 2013 and again in 2015, and comments from the Board and the public were considered when developing the proposed language. Ms. Del Mugnaio noted that the MDC has options, which include: proceed with formulating language for Board consideration, recommending to the Board that animal rehabilitation cases be handled through enforcement based on unlicensed activity or unprofessional conduct on the part of a veterinarian, or tabling the discussion until Legislative recommendations are revealed during Sunset Review.

Dr. Klingborg identified the following points of discussion:

- Is animal rehabilitation the practice of veterinary medicine?
- Should we stipulate what is and what is not animal rehabilitation?
- Supervision must be considered
- Location (i.e. premises) must be considered
- “Competency” in animal rehabilitation must be determined.

The MDC discussed the difficulty in certifying animal rehabilitation schools without also requiring Board oversight.

Comments from the public included the following:

- support for supervision by a veterinarian
- support for direct supervision by a veterinarian
- support for defining animal rehabilitation as the practice of veterinary medicine and requiring certification in animal rehabilitation
- the Practice Act, as it stands today, is already set up to support animal rehabilitation if it is considered the practice of veterinary medicine, as the liability falls on the licensed veterinarian who is delegating tasks
- in urban areas, it can be difficult to have a veterinarian on-site
- suggestion to develop a veterinary rehabilitation license program
- proposed language does not include Board directive to consider education and competency standards for all of those who practice animal rehabilitation
- must determine what training is necessary and how many hours are required to be considered competent
- support regarding establishing a Veterinarian-Client-Patient Relationship (VCPR) prior to referring animal rehabilitation services
  - length of clearance from veterinarian would need to be determined
- veterinarians do not have the competency to perform animal rehabilitation without a certification
- support for another task force
- recommendation for two separate definitions: “animal rehabilitation” and “animal physical therapy”
- identify whose license is at stake (i.e. physical therapist, veterinarian) and what entity has the regulatory authority for disciplinary action of license (i.e. Physical Therapy Board, Veterinary Medical Board)
- the animal rehabilitation regulations work in other states and there has been no evidence of animal harm

The MDC asked follow-up questions to Dr. Jessica Waldmen and Dr. Erin Troy, two veterinarians with a certification in animal rehabilitation. Dr. Waldmen and Dr. Troy expressed support for direct supervision since animal patients often come to their office without a diagnosis and the health status may continually change even after the initial examination. Based on their experience, they have witnessed animals come in for rehabilitation who are found to have non-rehabilitation related conditions or illnesses, such as cancer, and the owner is unaware of the condition. In their opinion, an RVT would not have the competency to perform animal rehabilitation without specialized training.

Mrs. Ehrlich noted that the Board’s job is not to set the highest standard, only a minimum standard.

Mrs. Ehrlich expressed concern that requiring direct supervision increases costs and decreases access to those who cannot afford it. If indirect supervision is allowed, Mrs. Ehrlich expressed that the individual performing animal rehabilitation should be certified.

Dr. Sullivan expressed concern regarding decreasing the level of supervision from “direct” to “indirect,” but noted that the Board’s goal to increase hospital inspections may compensate for the lower level of supervision.

Ms. Del Mugnaio noted that the Board can provide numbers of unlicensed activity complaints; however, the complaints are not currently tracked by the type of service being provided.

- Dr. William Grant motioned and Dr. Allan Drusys seconded the motion to suspend discussion until recommendations are known through the Sunset Review process. The motion carried 8-0.

## 6. Review and Consider Recommendations from the Complaint Process Audit Task Force Report; Potential Recommendation to Full Board

The Complaint Process Audit Task Force, Dr. Grant and Dr. Jeff Pollard, reported on the issue of consistency and quality of the reports written by expert witnesses with regards to the complaint process. More specifically, there appeared to be an inconsistent application of law by which different experts came to their conclusions. In-house experts appeared to be more consistent when compared with external experts.

The Task Force felt that additional training must be provided to expert witnesses. Dr. Pollard suggested that a template should be created to standardize how expert reports are written, as well as a suggestion to have more than one expert review a case. Mrs. Diana Woodward-Hagle shared her experience with giving expert witness seminars and noted that it can be harder to decide on the appropriate discipline when there are two expert witnesses, as they may be in conflict with one another.

Dr. Sullivan noted that there does not seem to be oversight over expert witnesses. Ms. Del Mugnaio added that the Medical Board of California will be speaking at the Veterinary Medical Board meeting the next day, January 20, 2016 to share their experience with how expert witnesses are vetted, evaluated, and monitored. Mr. Heppler provided an overview on the internal process for monitoring expert witnesses within the Medical Board of California based on his experience as Legal Counsel.

Enforcement Manager, Candace Raney, added that two expert witness trainings were conducted by Diann Sokoloff last year, one in April (Sacramento) and the other in October (San Diego). Most of the information covered during the training addressed how to testify in court.

Ms. Del Mugnaio suggested having expert witnesses submit a sample report using a test case, before evaluating a real case. Mrs. Raney added that the Board currently has 16 expert witnesses, of which 12 are actively being used.

- Dr. Allan Drusys motioned and Dr. William Grant seconded the motion to forward the recommendation to continue the Complaint Audit Task Force to the full Board. The motion carried 8-0.

## 7. Update on Report for Shelter Medicine Minimum Standards & Protocols

The Shelter Medicine Subcommittee, Dr. Allan Drusys and Mr. Johnson, reported on the Shelter Medicine standards and protocols that need clarity and require guidance by Legal Counsel in terms of existing statutory authority. The first goal of the Subcommittee was to identify statutes that may need revisions and then determine if statutory changes are needed versus handling the changes through regulations. More specifically, Ms. Del Mugnaio noted that we need to determine if the statute, as defined today, allows for the authority of shelters to operate based on veterinary guidelines intended as written orders that RVTs may follow when providing services without a veterinarian on site.

The MDC discussed the difficulty in having a veterinarian look at each animal prior to the delegation of a health care task due to the sheer volume of animals coming into animal shelters, and also discussed the need for an RVT to immediately perform certain tasks on animals upon intake, as failure to do so may be considered harm or neglect for an animal that requires immediate care.

The MDC noted that there is a question regarding the purpose of sedation and who has control over the purchase and possession of controlled substances in a shelter where there are no on-site veterinarians. The Subcommittee expressed strong support regarding the requirement for animal shelters providing service to the public to obtain a premises permit to promote consumer protection.

The Subcommittee noted that there is a potential conflict regarding the inability to treat “owned” animals without the owner’s consent.

Mr. Johnson noted that RVTs may receive a 2N classification Drug Enforcement Administration (DEA) license, which only allows for the purchase of the controlled substance, phenobarbital, for the purposes of euthanasia. The 2N classified DEA license does not authorize the traditional level of controlled substances authorized to DEA licensed veterinarians.

Ms. Del Mugnaio noted that the California Veterinary Medical Association (CVMA) has also developed a Task Force to identify minimum standards for shelter premises types. The next CVMA Task Force meeting will be February 10, 2016.

Mr. Johnson noted that the next step would be to obtain guidance from Legal Counsel regarding what the statute provides for in terms of the written order exemption.

Dr. Klingborg identified three options: 1) define written order, 2) continue developing language regarding the RVT’s role within the shelter, and 3) hold a public hearing to gather additional input.

Mr. Johnson noted that there is an open forum at the Animal Care Conference coming up in March, whose attendees include the Board of the State Humane Association, the Animal Control Directors, and other stakeholders. Ms. Del Mugnaio suggested that the Subcommittee should attend the conference to ask the questions regarding the shelter environment and the relevant staffing challenges, and bring information back to the MDC.

Mr. Heppler suggested having an "interested parties" meeting, in order to allow staff and the public to meet and discuss ideas.

- David Johnson motioned to: 1) direct Legal Counsel to review and provide guidance on section 4840 that allows RVTs to work under a written order in an animal shelter environment, 2) direct the Subcommittee continue to develop minimum standards on the practice of veterinary medicine in the shelter community, and 3) direct the Subcommittee attend the Animal Care Conference on behalf of the MDC. Dr. William Grant seconded the motion. The motion carried 8-0.

## 8. Public Comments on Items Not on the Agenda

*There were no comments from public/outside agencies/associations.*

## 9. Agenda Items and Next Meeting Dates – April 19, 2016; Los Angeles

The MDC agreed to meet on April 19, 2016 for the next meeting (proposed location is Los Angeles), and also agreed to meet on July 19, 2016 and October 18, 2016 in Sacramento for the remaining 2016 quarterly MDC meetings.

### A. Multidisciplinary Advisory Committee Assignment Priorities

Dr. Klingborg reviewed the items on MDC assignment priority list that have been discussed and may be ongoing:

- Animal Rehabilitation Regulations
- Drug Compounding Statutory Language
- Complaint Audit Task Force Report
- Minimum Standards for Premises

- Veterinary Student Exemption.

Other assignments that have moved up on the priority list include: "Extended Duty" for RVTs and Standard of Care for Animal Dentistry.

Ms. Del Mugnaio noted that there may be more assignments delegated to the MDC based on Sunset Review.

B. Agenda Items for Next Meeting – Veterinary Student Exemption [Duties and Supervision at University Hospitals]

Mrs. Woodward-Hagle provided an overview of her research which addresses what animal health care tasks a veterinary student may perform off campus under the direct supervision of a veterinarian and in what off campus settings a veterinary student may perform these tasks. Mrs. Woodward-Hagle identified issues regarding "exemptions" versus "tasks." Mrs. Woodward-Hagle also recommended looking at the free-standing clinic at University of California, Davis, which advertises services to the public, as a potential premises requiring registration with the Board.

The MDC will discuss this item at length at the next meeting.

C. Multidisciplinary Advisory Committee Meetings – 2016 Schedule

10. Adjournment

The MDC adjourned at 2:58 p.m.

## RVT and Animal Shelter Subcommittee Research Report Outline

B&P 4840

- (a) Describes RVT **and** assistants are approved..."under the *supervision* of a veterinarian" ....Not otherwise defined. We feel a premise permit should be a prerequisite.
- (b) As discussed at the last MDC meeting and also in our directions from Dr. Klingborg, the term "written order" as used in the context of this article needs to be better defined to address how animal health care services are provided in a shelter setting. Legislative change would be required to better define it here so it is best to define it within the sections of CCR Article 4 - Practice, possibly in CCR 2034 or 2036 Animal Health Care Tasks Definitions.

B&P 4840.2

This article addresses unauthorized practices. (b) Specifically states that diagnosis and prognosis is prohibited. Diagnosis is further defined in B&P 4825.1 (a).

We need to somehow address the issue that exams and diagnostic tests are performed (i.e parvo etc) prior to an examination by a veterinarian or subsequent euthanasia. These tests are performed to protect the health and well-being of every other animal and the personnel within the shelter. The issue of appliances/splints needs discussion.

B&P 4840.5

This article defines and authorizes emergency aid with those specific tasks listed in CCR 2069 We may need to look at the phrase " may only be continued under the direction of a licensed veterinarian" to see if any clarification is needed for a shelter setting

B&P 4853

(a) and (b) describe premises. Should include animal shelters (or limit to those who are animal control jurisdictions or who have contracts to provide animal sheltering services).  
Could RVTs hold an "animal shelter premise license"?

CCR 2032.1

This section defines the Veterinarian-Client -Patient Relationship (VCPR). At the end of (a) where is states "or the owner is unknown" do we need a special reference to impounded shelter animals which may be owned or whose owners are not forthcoming? Do we need to add a reference to animals seized under the provisions of PC 597?

CCR 2032.4

CCR 2036(b) in conflict with PC 597.1 (2) relative to administration of controlled substances/anesthesia by ACO and RVT? Is it not anesthesia as defined in CCR 2032.4?

## CCR 2035

This section defines the duties of the supervising veterinarian, In (c) it states that " the supervising veterinarian shall have examined the animal patient prior to the delegation of an animal health care task"

This is a major issue with regards to how animal health care tasks are performed in a shelter setting and needs to be reviewed and modified.

## CCR 2069

This is one of the original RVT task sections and it has worked well over the years. It has direct application in a shelter setting. It has not been updated in many years. With the current standards of practice for both shelter medicine and private practice, it would be appropriate to add an additional treatment type for "pain management"

In addition to the points that we have raised in the above articles and regulations, these other issues require consideration:

1. Sedation/anesthesia of animals in a shelter setting for the purpose of:
  - (a) Grooming severely matted hair coats
  - (b) Cleaning wounds
  - (c) Bandaging
  - (d) Splinting
  - (e) Removing foxtails from the eye
2. Sedation of animals in the field - (this is different than chemical capture by ACOs)
3. Vaccination upon entry into a shelter setting which is considered best practice in today's shelter environment
4. Diagnostic testing upon entry into a shelter setting or when herd health management practice would call for it.
5. Treatment of commonly recognized animal shelter disease symptoms (cough, upper-respiratory signs, diarrhea, endoparasites) prior to an examination by a veterinarian.
6. How long may an animal be treated under a written protocol before a veterinarian would be required to examine the animal? Redefine CCR 4840.5 to include shelter impounds?

## Working Draft of Regulatory Changes

### CVMA Premises Task Force Meeting 2/10/16

#### Shelter Medicine

**2035 (d)** Notwithstanding subsections (b) and (c) and pursuant to 4840(b), in a shelter setting the supervising veterinarian shall examine the animal patient at such time as good veterinary medical practice requires consistent with the particular delegated animal health care tasks.

**2034. (f)** "Indirect Supervision" means: (1) that the supervisor is not physically present at the location where animal health care job tasks are to be performed, but has given either written or oral instructions ( "direct orders") for treatment ~~of the animal patient~~; and (2) the animal has been examined by a veterinarian at such times as good veterinary medical practice requires, consistent with the particular delegated animal health care task and the animal is not anesthetized as defined in Section 2032.4

Joint Session of the  
California Animal Control Directors Association  
& State Humane Association of California

March 5, 2016  
1:00 p.m.-2:30 p.m.

Overview by the Shelter Medicine Subcommittee of the Multidisciplinary Advisory Committee, California Veterinary Medical Board – Allan Drusys, DVM & David Johnson, RVT

- A. Limitations on Practice Authorization for RVTs and Unregistered Veterinary Assistants to Provide In-take Treatment to Shelter Animals.
- B. Shelter Premises Registration Requirements
  - 1) How Many Public and Private Shelters Operate in the State
  - 2) Which Shelters or Humane Societies Provide Veterinary Care
- C. Standardized Protocols Written/Telephonic Orders
- D. Shelter Staffing Issues



## MEMORANDUM

<b>DATE</b>	January 1, 2016
<b>TO</b>	Multidisciplinary Advisory Committee
<b>FROM</b>	Jon Klingborg, DVM, Chair MDC/Veterinary Medical Board
<b>SUBJECT</b>	DVM Student Exemption

### **Background:**

Business and Professions Code Sections 4828 & 4830, and California Code of Regulations Section 2027 provide for the authority of licensing based on specified settings. BPC 4830 (a)(5), exempts students in a school of veterinary medicine from licensure provided the student's participation in diagnosis and treatment is part of their educational experience within the university. Section 2037 further defines that type of services a student or a graduate may perform in a registered veterinary premises without first obtaining a license.

### **Statutory Reference:**

#### **BPC 4828**

*All veterinarians actually engaged and employed as veterinarians by the state, or a county, city, corporation, firm or individual are practicing veterinary medicine and shall secure a license issued by the board.*

#### **BPC 4830**

- (1) Veterinarians while serving in any armed branch of the military service of the United States or the United States Department of Agriculture while actually engaged and employed in their official capacity.*
- (2) Regularly licensed veterinarians in actual consultation from other states.*
- (3) Regularly licensed veterinarians actually called from other states to attend cases in this state, but who do not open an office or appoint a place to do business within this state.*
- (4) Veterinarians employed by the University of California while engaged in the performance of duties in connection with the College of Agriculture, the Agricultural Experiment Station, the School of Veterinary Medicine, or the agricultural extension work of the university or employed by the Western University of Health Sciences while engaged in the performance of duties in connection with the College of Veterinary Medicine or the agricultural extension work of the university.*
- (5) Students in the School of Veterinary Medicine of the University of California or the College of Veterinary Medicine of the Western University of Health Sciences who participate in diagnosis and treatment as part of their educational experience, including those in off-campus educational programs under the direct supervision of a licensed veterinarian in good standing, as defined in paragraph (1) of subdivision (b) of Section 4848, appointed by the University of California, Davis, or the Western University of Health Sciences.*
- (6) A veterinarian who is employed by the Meat and Poultry Inspection Branch of the California Department of Food and Agriculture while actually engaged and employed in his or her official*

*capacity. A person exempt under this paragraph shall not otherwise engage in the practice of veterinary medicine unless he or she is issued a license by the board.*

*(7) Unlicensed personnel employed by the Department of Food and Agriculture or the United States Department of Agriculture when in the course of their duties they are directed by a veterinarian supervisor to conduct an examination, obtain biological specimens, apply biological tests, or administer medications or biological products as part of government disease or condition monitoring, investigation, control, or eradication activities.*

*(b) This section shall become operative on January 1, 2011.*

### **CCR Section 2027**

*A junior or senior student or a graduate of a recognized veterinary college listed in Section 2022(a) who is performing any animal health care task in a veterinary premises registered by the Board may perform only the identical job tasks with the identical degree of supervision by the supervisor as specified for a R.V.T. pursuant to Section 2036.*

### **Issue:**

UCD has noted that there is confusion regarding student exemptions and the Veterinary Practice Act. UCD has been previously informed by the Board that “including those in off-campus educational programs” only applied to institutionally approved training and not ‘voluntary’ experience (ie, extra-curricular). Further CCR Section 2027 pertains to students in their junior or senior year of the program or as a graduate of a recognized veterinary college, “functioning as an RVT” has been interpreted to mean that DVM students cannot perform surgery even under direct supervision.

Clearly, it is desirable to facilitate learning opportunities in practice to better prepare graduates for entry level practice, we just need to have unambiguous language that governs that.

The two fundamental questions are:

- 1) What is permissible for a student under direct supervision of a veterinarian?
- 2) What settings are covered under the student exemptions– curricular and extracurricular?

### **Action(s) Requested**

Review and discuss proposed changes to the existing language regarding the student exemption as provided below:

### **Proposed language for 4830**

(5) Students in the School of Veterinary Medicine of the University of California or the College of Veterinary Medicine of the Western University of Health Sciences who participate in diagnosis and treatment as part of their educational experience, including those in off-campus educational programs, **provided the student has satisfactorily completed training in these activities as part of the formal curriculum of their veterinary program,** under the direct supervision of a licensed veterinarian in good standing, as defined in paragraph(1) of subdivision (b) of Section 4848, appointed by the University of California, Davis, or the Western University of Health Sciences.

### **Attachment(s):**

- Veterinary Student Tasks Document
- COE Accreditation Policies and Procedures: Off-campus - March 2014

## **ANIMAL HEALTH CARE TASKS VETERINARY STUDENTS MAY PERFORM AT OFF-CAMPUS LOCATIONS**

### **FACTS**

There are two AVMA-accredited veterinary schools in California: the University of California School of Veterinary Medicine at Davis (UCD) and Western University of Health Sciences at Pomona (Western).

Both UCD and Western have established off-campus veterinary clinical sites:

Since January 2006, the clinical facilities of the "University of California Veterinary Medical Center - San Diego" (UCVMC-SD) have been located at 10435 Sorrento Valley Road, Suite #101, San Diego 92121. UCD faculty members engage in "veterinary teaching", as well as participating in research and service programs. The clinic, which offers "...specialized clinical services to ... pet owners living in Southern California", is not registered with the Board.<sup>1</sup>

Since about 2005, Western has had an "affiliation agreement" with Banfield Pet Hospital at 611 East Second Street, Pomona 91766, presumably to offer clinical teaching opportunities for its veterinary students. In late 2014 or early 2015, Western took over the Banfield "primary care facility", renaming it WesternU Pet Health Center; the clinic offers the same veterinary services to the public as before.<sup>2</sup> On November 7, 2014, WesternU Pet Health Center became a Board-registered facility (HSP 7669).

### **QUESTIONS**

What animal health care tasks may a veterinary student perform off-campus under direct supervision of a veterinarian?

In what off-campus settings may a veterinary student perform animal health care tasks? Does the answer depend upon whether the student is in an off-campus veterinary-school educational experience or is working or volunteering independent of the student's veterinary school's programs?

### **ANSWERS**

Clearly, there is no authority for a student to perform surgery at an off-campus site.

Other than surgery, the answer may depend on whether the student is performing the tasks as part of their educational program or outside their educational program (whether as a volunteer or for compensation). And conflicts between the Veterinary Medicine Practice Act (VPA) (dealing with exemptions from the VPA's provisions) and regulations (which deal with tasks) complicate the analysis.

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<sup>1</sup> The center was established in 1988 as a joint venture between UCD and UC San Diego and, from 1988 to 2006, was located at the Helen Woodward Animal Center in Rancho Santa Fe, which is registered with the Board (HSP 2359, 5400, and 6987).

<sup>2</sup> "All the onsite veterinarians are...Western faculty...[and] the clinic is "part of clinical skills courses for first- and second-year [Western] students, is home to the two-week medicine rotation for third years, and is a general practice location for fourth-year students." Veterinary Practice News (2/20/2015)

## DISCUSSION

### "Animal Health Care Tasks"

#### (16 California Code of Regulations sections 2027, 2034, 2036, 2036.5)

##### Junior and Senior Veterinary Students

16 CCR section 2027<sup>3</sup> specifically deals with junior and senior veterinary students<sup>4</sup> enrolled in AVMA-accredited schools who are "...performing any animal health care task in a veterinary premises registered by the Board." These students "...may perform only the identical job tasks with the identical degree of supervision by the supervisor as specified for a R.V.T. pursuant to Section 2036."<sup>5</sup> (Emphasis added.)

Section 2027 applies to students at all off-campus "registered veterinary premises".<sup>6</sup> And because there is no limiting language, it applies to students performing animal health care tasks both as part of their educational program or outside an educational program.

We then look to 16 CCR section 2036<sup>7</sup>, as the animal health care tasks which junior and senior veterinary students are permitted off-campus is "identical" to those which an R.V.T. may perform. Section 2036 states the following:

*"(a) Unless specifically so provided by regulation, a R.V.T. shall not perform the following functions or any other activity which represents the practice of veterinary medicine or requires the knowledge, skill and training of a licensed veterinarian:*

*(1) Surgery;*

*(2) Diagnosis and prognosis of animal diseases;*

*(3) Prescription of drugs, medicines or appliances.*

*(b) An R.V.T. may perform the following procedures only under the direct supervision of a licensed veterinarian:*

*(1) Induce anesthesia;*

*(2) Apply casts and splints;*

*(3) Perform dental extractions;*

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<sup>3</sup> Captioned, "**Graduates and Students of Veterinary Colleges - Job Tasks**".

<sup>4</sup> And also "graduates of ...recognized veterinary college[s]...", although these individuals were not included in the question posed to the committee.

<sup>5</sup> That the word "identical" is used twice, and the word "only" also appears in a short paragraph emphasizes the intent to treat these students 'identically' to R.V.T.'s in the off-campus veterinary practice setting.

<sup>6</sup> Captioned, "**Registration of place of practice**", Bus. & Prof. Code section 4853(a) states that "[a]ll premises where veterinary medicine, veterinary dentistry, veterinary surgery, and the various branches thereof is being practiced shall be registered with the board...".

<sup>7</sup> Captioned, "**Animal Health Care Tasks for R.V.T.**".

(4) Suture cutaneous and subcutaneous tissues, gingiva and oral mucous membranes;

(5) Create a relief hole in the skin to facilitate placement of an intravascular catheter.

(c) An R.V.T. may perform the following procedures under indirect supervision of a licensed veterinarian:

(1) Administer controlled substances.

(d) Subject to the provisions of subsection(s) (a), (b) and (c) of this section, an R.V.T. may perform animal health care tasks under the direct or indirect supervision of a licensed veterinarian. The degree of supervision by a licensed veterinarian over a R.V.T. shall be consistent with standards of good veterinary medical practices."

#### Freshman and Sophomore Veterinary Students

The VPA is silent as to animal health care tasks which may be performed off-campus by freshman and sophomore veterinary students. This being so, they fall squarely within the definition of "unregistered assistants" [16 CCR section 2034(c)]<sup>8</sup>. Permissible tasks for unregistered assistants are stated in 16 CCR section 2036.5<sup>9</sup>, as follows:

"(a) Unregistered assistants shall be prohibited from performing any of the functions or activities specified in subsections (a) (b) and (c) of Section 2036 of these regulations, except that an unregistered assistant under the direct supervision of a licensed veterinarian or registered technician may administer a controlled substance.

(b) Subject to the provisions of subsection (a) of this section, unregistered assistants in an animal hospital setting<sup>10</sup> may perform auxiliary animal health care tasks<sup>11</sup> under the direct or indirect supervision of an R.V.T.. The degree of supervision by a licensed veterinarian over an unregistered assistant shall be higher than or equal to the degree of supervision required when an R.V.T. performs the same task and shall be consistent with standards of good veterinary medical practices."

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<sup>8</sup> Section 2034(c) defines "unregistered assistant" as "...any individual who is not an R.V.T. or a licensed veterinarian."

<sup>9</sup> Captioned, "**Animal Hospital Health Care Tasks for Unregistered Assistants**".

<sup>10</sup> Note that the "animal hospital" need not be registered with the board.

<sup>11</sup> "Auxiliary animal health care tasks" is not defined.

## Exemptions

### (Business & Professions Code sections 4828, 4830)

Basically, anyone who practices veterinary medicine<sup>12</sup> in the State of California must have a license issued by the Veterinary Medical Board and be subject to the VPA. (Bus. & Prof. Code sections 4825, 4828)

However, some individuals are exempt from the application of the VPA (Bus. & Prof. Code section 4830). Among the exemptions are veterinary students, as follows:

*"This chapter [Chapter 11, the Veterinary Medicine Practice Act, Bus. & Prof. Code sections 4800-4917] does not apply to:*

....

*(5) Students in the School of Veterinary Medicine of the University of California or the College of Veterinary Medicine of the Western University of Health Sciences who participate in diagnosis and treatment as part of their educational experience, including those in off-campus educational programs under the direct supervision of a licensed veterinarian in good standing, as defined in paragraph (1) of subdivision (b) of Section 4848, appointed by the University of California, Davis, or the Western University of Health Sciences."* [Bus. & Prof. Code section 4830(5)]

Note that section 4830(5) does not limit the off-campus student experience to a fixed facility or even to a veterinary facility; students are covered even if the facility is not registered with the Board. Nor does the section limit its application to a student's particular class year.

According to section 4830(5), students stay within the exemption from the VPA when, off campus, they perform only certain animal health care tasks<sup>13</sup>, under supervision. In particular, all of the following conditions of section 4830(5) must be met in off-campus sites:

- (1) The student is attending one of the two AVMA-rated California veterinary schools;
- (2) The student is "...participat[ing] in diagnosis and treatment...";
- (3) Performing the tasks must be "...part of [the student's] educational experience...".
- (4) When the "educational experience" is off campus, the student must be in an "...off campus educational program...".
- (5) The student must be "under the direct supervision of a licensed veterinarian in good standing...appointed by [one or the other] of the two California veterinary schools."<sup>14</sup>

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<sup>12</sup> "Practice of veterinary medicine" is defined in Bus. & Prof. Code section 4826.

<sup>13</sup> Actually, the practice of veterinary medicine is not limited to "tasks", but includes representing oneself as a veterinarian. [Bus. & Prof. Code section 4826(f)]

<sup>14</sup> The way the current subsection is written, only reciprocal licensees may supervise off-campus student experiences! (Bus. & Prof. Code Section 4848(b)(1). Note that the definition of "in good standing" is found in Section 4848 (b)(1)(A) and (B).

However---unlike R.V.T.'s, who are expressly prohibited from "diagnosis or prognosis of animal diseases" [16 CCR section 2036(a)(2)]---"[veterinary students ...who] participate in diagnosis and treatment as part of their educational experience, including those in off-campus educational programs...[are exempt from the application of Bus. & Prof. Code Chapter 11 (Veterinary Medicine)]...".

Thus, there is an ambiguity between the regulation setting forth permissible student tasks (which excludes "diagnosis"<sup>15</sup>) and the Code section exempting veterinary students from the application of the Veterinary Practice Act (VPA) while "...participat[ing] in diagnosis and treatment...".

Moreover, the exemption regulation simply contemplates that a veterinary student will be doing certain tasks ("participat[ing] in diagnosis and treatment...") so, when that occurs, the student is exempt from registration as an R.V.T. or licensure as a veterinarian. However, the regulation does not expressly give the student the right to engage in those tasks. (Perhaps the definition of "treatment" would be arguably broad enough to cover the permissible R.V.T. tasks and even more tasks---such as "diagnosis"---but that is engaging in a guessing game.<sup>16</sup>)

### **COMMENTS/RECOMMENDATIONS**

1. The off-campus clinical facilities of the two AVMA-accredited veterinary schools in California hold themselves out to the public as "clinics" and are sites for off-campus learning for veterinary students. But Western's clinic in Pomona is a registered premise with the Board, while UCVMC-SD's clinic in San Diego is not.

Even without more, this is an obvious anomaly.

But it also impacts the student experience: as noted above, 16 CCR section 2027 states that junior or senior veterinary students performing any animal health care task in a veterinary hospital registered by the Board may only perform those tasks permitted an R.V.T. .

As it appears that UCVMC-SD's veterinary facility meets the criteria of Bus. & Prof. Code section 4853, subsections (a) and (b), recommend that the Board direct staff to take action to register the clinic to ensure that it is subject to the same Board oversight as other California veterinary practices.

2. Recommend consistently defining the off-campus locations where students may be engaging in educational programs under the aegis of their veterinary schools as "off-campus educational program sites", language used in Bus. & Prof. Code Section 4854.5(a). This encompasses not only fixed facilities, but also ranges and barns---any location where teaching takes place.<sup>17</sup>

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<sup>15</sup> See Bus. & Prof. Code section 4825.1(a) for the definition of "diagnosis".

<sup>16</sup> Note that "...diagnosis and treatment of animals..." is also found in Bus. & Prof. Code section 4854.5(a), which requires "[e]very off-campus educational program site [to] display in a conspicuous place a consumer notification specifying that the veterinary facilities are also being used for diagnosis and treatment of animals by graduate students enrolled in a veterinary medicine program." However, this section adds to the analysis problem here, in that it only refers to "graduate students" while 16 CCR Section 2027 makes an explicit distinction between "junior or senior student[s]" and "graduate[s] of ...recognized veterinary college[s]...".

<sup>17</sup> This language appears in Bus. & Prof. Code section 4854.5.

3. Separately deal with students performing tasks in off-campus settings which are part of their educational program versus students working or volunteering off-campus.

4. If the intent is to treat freshman and sophomore students in off-campus settings as "unregistered assistants", say so definitively.

5. The particular animal health care tasks, and the degree of supervision, which veterinary students may perform in off-campus educational settings is a matter of policy, to be determined by veterinarians. Here is a proposed framework:

"(a) Veterinary students enrolled in an AVMA-accredited veterinary school<sup>18</sup> may perform animal health care tasks in off-campus educational program sites as part of the clinical portion of their studies, as long as the following conditions are met:

(1) The students are under the direct supervision of a California licensed veterinarian in good standing; and

(2) If the site is a veterinary facility, it shall be registered with the Board and shall comply with Bus. & Prof. Code section 4854.5(a), or

(3) If the site is other than a veterinary facility, the supervising veterinarian shall, if practicable, orally inform the owner or custodian of the animal that graduate veterinary students may participate in the diagnosis and treatment of the animal.

(b) Students<sup>19</sup> may perform the following animal health care tasks in off-campus educational program sites as part of the clinical portion of their studies:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Etc.....

(c) As used herein, "direct supervision" shall mean \_\_\_\_\_

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"In good standing" shall be as set forth in Bus. & Prof. Code section 4848(b)(1)(A) and (B)."

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<sup>18</sup> Per 16 CCR Section 2022(a), there is no reason to specifically name UCD and Western veterinary schools. Moreover, students may be from AVMA-accredited schools outside California.

<sup>19</sup> If it's important to break out permissible tasks of junior and senior students versus freshmen and sophomores, simply say "Junior and senior students...." and, in a separate paragraph, "Freshmen and sophomore students....".



# COE Accreditation Policies and Procedures: Off-campus

March 2014

## 8. Off-campus and Distributive Sites

### 8.1. Off-campus Clinical Education Sites for Colleges with Teaching Hospitals

1. An off-campus site where a specific educational objective is offered.
2. The site is externally located from the main campus and is (usually) not administratively associated with the degree granting institution.
3. Professional staff providing education might not be employees of the degree granting institution but may be receiving remuneration as a contractor, fee-for-service provider, etc. for time/effort devoted to the educational program.
4. The off-campus site must be reviewed to ensure that the educational program is being delivered appropriately.
5. There must be a written description of the educational objectives expected to be achieved at the site and a mechanism for assessing the success of the educational process, i.e. proof that educational objectives are being met.
6. These guidelines do not apply to off-campus educational experiences that are attended sporadically by individual students to augment their on-campus education.

### 8.2. COE Guidelines for Implementation of a Distributive Veterinary Clinical Education Model

1. The clinical sites selected by a college to serve in a distributive clinical educational model should receive appropriate financial remuneration per student from the college in order to help ensure that students receive on-site supervised clinical instruction, with formal written contract of expectations.
2. The college must prepare and distribute appropriate materials for clinical site educators that detail objectives of the program, expectations of the site coordinators, clinical site educator training materials, instructions concerning the format the college wants used to evaluate student performance and provide feedback to students on progress/deficiencies associated with site experience.
3. Additionally the college must provide to the students, and clinical site educators alike, the expectations of the college for student safety and security while the student is on site.

4. Distributed clinical sites must be selected on the basis of specific criteria and identified for instruction in precise disciplines (defined by the college) such as, but not limited to: Food Animal/Equine/Small Animal Medicine; Food Animal/Equine/Small Animal Surgery or Food Animal or Equine or Small Animal Medicine and Surgery; Dermatology, Imaging (radiology, etc.), Neurology, Cardiology, Critical Care Emergency Medicine, etc.
5. For distributed clinical sites the college must take steps to ensure that the educational objectives and anticipated outcomes are thoroughly promulgated and understood by students and clinical site coordinators alike.
6. The college must designate to the COE what clinical sites are considered as primary instructional sites as defined by Standard 9 (c) and these will be considered by COE as core instructional sites. These sites must be in compliance with AVMA-COE Standards.
7. The college must document/assess that students and educators clearly understand how evaluation and grading practices will be conducted at each clinical site including clinical competencies.
8. Veterinarians must be licensed and technicians should be certified, licensed, or registered as appropriate to that jurisdiction.
9. The college must document that students are fully informed concerning their ability to report any and all safety, physical, and emotional concerns to the college.
10. The college must put in place a system to regularly monitor/supervise the instructional activities at each clinical site and report this system with any subsequent changes and outcomes to the COE.
11. Each clinical site educator must abide by a process devised by the college to provide a written evaluation of the performance of each student.
12. Students must provide the college with an evaluation of each site (after the respective rotation) including an evaluation of teaching at the site and the student's opportunity to perform hands-on procedures at the site. The college must summarize this information for the COE.
13. The COE may inspect clinical sites at any time students are present; these inspections, including travel and per diem costs, will be at the expense of the college.
14. The college must put in place a system to measure and document clinical competencies outcomes at clinical sites as specified by the COE (see Section 12.11.2) to assess clinical sites

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**BACKGROUND PAPER FOR THE  
Veterinary Medical Board  
(Oversight Hearing, March 14, 2016, Senate Committee on  
Business, Professions and Economic Development and the Assembly  
Committee on Business and Professions)**

**IDENTIFIED ISSUES, BACKGROUND,  
AND RECOMMENDATIONS REGARDING  
THE VETERINARY MEDICAL BOARD**

**BRIEF OVERVIEW OF THE  
VETERINARY MEDICAL BOARD**

**History and Function of the Veterinary Medical Board**

Created in 1893, the Veterinary Medical Board (Board) licenses and regulates veterinarians, registered veterinary technicians (RVTs), RVT schools and programs, and veterinary premises and hospitals through the enforcement of the California Veterinary Medicine Practice Act (Practice Act).

The veterinary medical profession provides health care to livestock, poultry, and pets from birds, fish, rabbits, hamsters, and snakes to dogs, cats, goats, pigs, horses, and llamas. The quality of health care is on a par with that of human medicine. Currently there are 36 recognized specialties in veterinary medicine such as surgery, internal medicine, pathology, and ophthalmology. In some cases, drugs and procedures are identical in human and animal medicine. Frequently, techniques and procedures are developed in veterinary medical research prior to their use in human medicine.

Every day, Californians are protected by the veterinary profession through its responsibilities for food safety and control of zoonotic diseases (diseases spread from animals to people). Early recognition of symptoms, aggressive vaccination campaigns, and accompanying education by veterinarians have significantly reduced the public health threat of rabies, the most well-known disease that is transmitted between animals and people. Although there are fluctuations in numbers of occurrences of other diseases such as tuberculosis, brucellosis, Eastern and Western encephalomyelitis, and West Nile virus, the overall low incidence rate of these diseases is due to the competency of veterinarians who diagnose and supervise preventive medicine programs. In addition, veterinary medicine is on the front line of defense against bio-terrorism threats such as anthrax, foot and mouth disease, and food and water resource contamination.

The services veterinarians and registered veterinary technicians (RVTs) provide to the food, agricultural, pharmaceutical, research, horse racing, and pet care industries have a major impact on the State's economy. According to the American Veterinary Medical Association (AVMA), veterinary services are a \$1.2 billion industry in the State. Based on 2010 statistics from the California Department of Food and Agriculture, livestock and poultry products alone generate over \$9.8 billion in

sales with dairy as the leading commodity.

In its 2014-2015 Annual Report, the California Horse Racing Board estimates that the horse racing industry generates revenue in California in excess of \$3 billion per year. All of these services are dependent on veterinary services and the figures do not include the revenues generated by support industries such as feeds, equipment, construction, advertising, financial services, real estate, and transportation.

In a pet ownership survey based on data from 2011, the AVMA shows that 56% of all American households own at least one pet. A national average shows that dog owners spend approximately \$19.1 billion and cat owners spend approximately \$7.4 billion for veterinary health care maintenance. Ninety percent of dog owners use veterinary services at least once per year and make 2.2 repeat visits, while 75% of cat owners use veterinary services with 1.2 repeat visits per year.

The Board protects the public from the incompetent, unprofessional, and unlicensed practice of veterinary medicine. The Board requires adherence to strict licensure requirements for California veterinarians and RVTs. The pet-owning public expects that the providers of their pet's health care are well-trained and are competent to provide these services. The Board assures the public that veterinarians and RVTs possess the level of competence required to perform these services by developing and enforcing standards for examinations, licensing, and hospital and school inspection. The Board also conducts regular practice analyses to validate the licensing examinations for both veterinarians and RVTs. Additional eligibility pathways have also been approved for licensure of internationally trained veterinary graduates and certification of RVTs to allow qualified applicants from other states in the U.S. and countries around the world to come to California and to improve the provision of veterinary health care for consumers and their animals.

The Board's current mission statement is as follows:

***The mission of the Veterinary Medical Board (VMB) is to protect consumers and animals through development and maintenance of professional standards, licensing of veterinarians, registered veterinary technicians, and premises, and diligent enforcement of the California Veterinary Medicine Practice Act.***

To meet this mission, the Board: promotes legal and ethical standards of professional conduct, conducts background checks for all applicants; promotes a national examination reflective of the current practice of veterinary medicine, in addition to a jurisprudence examination focused specifically on California laws and regulation; provides for an examination for RVTs, both a state laws and regulations examination and the National Veterinary Technician Examination; licenses veterinarians and RVTs and maintains oversight responsibility for others working within veterinarian offices and hospitals such as veterinarian assistants; establishes animal health care tasks and the appropriate degree of supervision required for those tasks that may be performed by a licensed veterinarian, RVT, or a veterinarian assistant; investigates complaints on veterinarians, RVTs, and unlicensed veterinary medicine practice; takes disciplinary action and issues citations when appropriate; conducts various outreach activities to provide the public, licensees, and potential licensees the most comprehensive and current information and; routinely develops a Strategic Plan to establish goals and objectives for the Board. The Board's goals, as stated in its Strategic Plan, include decreased enforcement cycle times, enhanced quality and training of hospital inspectors, inspecting existing hospitals within one year of

registration, and working with DCA to reduce the amount of unlicensed activity occurring in the marketplace.

The Board is composed of eight members: four veterinarians, one RVT, and three public members. An RVT was added as a full member of the Board in 2010, and the RVT Committee consisting of five members was allowed to sunset on June 30, 2011. The Board meets about four times per year. All Board meetings are subject to the Bagley-Keene Open Meetings Act and are webcasted. The following is a listing of the current members of the Board:

Name and Short Bio	Appointment Date	Term Expiration Date	Appointing Authority	Professional or Public
<p><b>Mark T. Nunez, DVM - President, Professional Member</b></p> <p>Dr. Mark T. Nunez of Burbank was appointed to the Board in August, 2013.</p> <p>Dr. Nunez has been associate veterinarian at the Veterinary Care Center since 2012. He was practice owner and veterinarian at Animal Medical Center Inc., Van Nuys from 2006 to 2012 and held multiple positions at the Veterinary Centers of American (VCA), including medical director and veterinarian at VCA Animal Hospital, Burbank 2002 to 2005 and VCA regional medical director from 1999 to 2001. Dr. Nunez was associate veterinarian at the Animal Medical Center Inc., Van Nuys from 1994 to 1999 and at Dill Veterinary Hospital from 1993 to 1994. He earned a Doctor of Veterinary Medicine degree from the University of California, Davis.</p>	08/14/2013	06/01/2017	Governor	Professional
<p><b>Cheryl Waterhouse, DVM – Vice President, Professional Member</b></p> <p>Dr. Cheryl Waterhouse of Fresno was appointed to the Board in July, 2012. She is a 1981 graduate of Iowa State University School of Veterinary Medicine, and has practiced in Iowa, Kansas, and for the last 23 years, in Fresno, California. She started her own small animal practice in 1995.</p> <p>Dr. Waterhouse is a member of AVMA, AAHA, CVMA, the Southern California Veterinary Medical Association, the Central California Veterinary Medical Association, and the American Veterinary Dental Society.</p>	05/31/2012	06/01/2016	Governor	Professional
<p><b>Richard Sullivan, DVM – Professional Member</b></p> <p>Dr. Richard Sullivan of Palos Verdes Estates was</p>	06/01/2014	06/01/2018	Governor	Professional

<p>appointed to the Board in June, 2012, and reappointed in June of 2014. He graduated from Purdue University School of Veterinary Medicine in 1972. After serving two years in the Peace Corps in Mato Grosso, Brazil, he has been practicing small animal medicine and surgery at Bay Cities Pet Hospital in Torrance.</p> <p>He is co-owner of a six-person practice. He was also on the Board of Directors of the South Bay Emergency Pet Clinic, Torrance, CA, for 20 years.</p> <p>Dr. Sullivan has been active in organized veterinary medicine at the local, state and national level.</p>				
<p><b>Judie Mancuso – Public Member</b></p> <p>Judie Mancuso of Laguna Beach was appointed to the Board in July, 2010 and reappointed in June 2014.</p> <p>Following a successful 20+ year career in the Information Technology industry, Ms. Mancuso left the corporate world to volunteer full time to improve the care and welfare of animals in California through legislation, animal rescue, advocacy and program development.</p> <p>In 2007, Ms. Mancuso founded Social Compassion, a 501(c)(3) organization formed to raise awareness and funding for free spay and neuter programs for pets of low-income families, and founded Social Compassion in Legislation, a 501(c)(4) organization which was created to sponsor and support legislation that promotes the care and protection of animals.</p> <p>She is the former President of the California Spay and Neuter License Plate Fund, Inc., a 501(c)(3) organization formed to administer the new “Pet Lover’s License Plate” and oversee the distribution of grants generated by the fund for free and low-cost spay and neuter programs statewide.</p>	06/01/2014	06/01/2018	Assembly	Public
<p><b>Kathy Bowler – Public Member</b></p> <p>Kathy Bowler of Fair Oaks was appointed to the Board in August, 2014. Ms. Bowler has been a political consultant at the K. Bowler Group since 2009. She was the California director for Gore 2000 in 2000 and executive director of the California Democratic Party from 1995 to 2009. Ms. Bowler was chief executive officer at Statewide Information Systems from 1987 to 1993 and consultant for California State</p>	07/24/2014	06/01/2018	Governor	Public

<p>Senator David Roberti from 1985 to 1987.</p>				
<p><b>Jennifer Loreda, RVT – Professional Member</b></p> <p>Jennifer Loreda of Riverside was appointed to the Board in September, 2014. Ms. Loreda has been the supervising Registered Veterinary Technician (RVT) at the Riverside County Department of Animal Services since 2005. She was an RVT at Advanced Critical Care and Internal Medicine from 2004 to 2005 and at the Animal Hospital of Walnut from 2001 to 2004. Ms. Loreda was a patient relations representative at Magan Medical Clinic from 1997 to 2003.</p>	<p>08/28/2014</p>	<p>06/01/2018</p>	<p>Governor</p>	<p>Professional</p>
<p><b>Jaymie J Noland, DVM – Professional Member</b></p> <p>Dr. Jaymie J Noland of Los Osos was appointed to the Board in September, 2015. Dr. Noland has been head of the California Polytechnic State University, San Luis Obispo Animal Science Department since 2013, where she has been an animal science professor since 1998. She has been an independent thoroughbred breeder consultant since 2008. Noland was an associate veterinarian at the Oak Park Veterinary Clinic from 1996 to 2000 and at the South County Veterinary Hospital from 1991 to 1996 and was co-owner and operator at Cal-Tex Feed Yard from 1977 to 1988.</p>	<p>9/01/2015</p>	<p>06/01/2019</p>	<p>Governor</p>	<p>Professional</p>
<p><b>Lee Heller, PhD, JD – Public Member</b></p> <p>Lee Heller of Summerland was appointed to the Board February, 2016. Dr. Heller is a retired assistant professor (at Mercer University and Hampshire College) and education consultant. She previously served on the boards of the Animal Shelter Assistance Program, and Dog PAC, among others, and is a former Board President of the Environmental Defense Center. She has been active in animal welfare policy and rescue since 1997.</p>	<p>02/24/2016</p>	<p>06/01/2016</p>	<p>Senate</p>	<p>Public</p>

The Board has one ongoing working committee, the Executive Committee consisting of the President and the Vice President, and one statutorily mandated advisory committee, the Multidisciplinary Advisory Committee (MDC). In addition, the Board utilizes working Ad Hoc Committees that consist of two board members each. Examples of some of the Ad Hoc Committees the Board has utilized in the past few years include: Legislative and Sunset Review Committees.

The Board’s MDC was created in 2009 by the Legislature to assist, advise, and make recommendations for the implementation of rules and regulations necessary to ensure proper

administration and enforcement of the Board's laws and regulations and to assist the Board in its examination, licensure, and registration programs. It was also created to address the various practices of the profession and address veterinarian, RVT, and veterinarian assistant issues. The MDC was initially created as a seven member committee, composed of four veterinarians, two RVTs and one public member. In June 2011, the Legislature sunsetted the RVT Committee and added two additional members to the MDC, one veterinarian member of the Board, and the RVT member of the Board, who are both voting members of the MDC. Today, the composition of the MDC is nine members: five licensed veterinarians, three registered veterinary technicians, and one public member. The MDC has made recommendations to the Board regarding RVT school approvals, the RVT Student Exemption, and other major policy decisions such as telemedicine. Currently, the MDC is working on resolving issues with related to shelter medicine, advance practice by RVTs, and animal rehabilitation.

### **Fiscal, Fund, and Fee Analysis**

The Board is a special fund agency with revenue primarily generated from the licensing of veterinarians and registration of RVTs and veterinary premises, and their corresponding biennial and annual renewal fees.

With the new Veterinary Assistant Controlled Substances Permit (VACSP) program launching in FY 2015/2016, the Board anticipates an additional \$680,000 in revenue in FYs 2015/2016 and 2016/2017, bringing total revenue anticipated for FY 2015/16 to \$7,732,000 and \$7,377,000 in FY 2016/2017. However, if implementation of the Program is not realized during FY 2015/2016 due to regulatory approvals being delayed, the Board's anticipated revenue is decreased to \$7,050,000 in FY 2015/2016 and \$6,010,000 in FY 2016/2017. The total expenditures anticipated for the Board for FY 2015/16 is \$4,686,000 and for FY 2016/2017 is \$4,520,000. The Board anticipates it will have approximately 8.0 months in reserve for FY 2016/17 with projected VACSP revenue. Without the projected revenue, the Board's reserve may drop to 4.1 months. It is prudent for boards to have from three to six months in reserve for unintended expenditures.

According to the Board, enforcement expenditures accounted for 56 percent of expenditures, licensing expenditures account for 15 percent of the Board's budget, and administration represents 17 percent of expenditures for FY 2014/15.

Through its divisions, DCA provides centralized administrative services to all boards, committees, commissions, and bureaus, which are funded through a pro rata calculation that appears to be based on the number of authorized staff positions for an entity rather than actual number of employees. DCA Pro Rata accounted for 12 percent of expenditures in FY 2014/15.

### **Staffing Levels**

Currently, the Board is authorized 23.2 positions, with eight positions identified as two-year limited term positions. The Board had a history of being short staffed, especially between 2007 and 2014 with less than 12 authorized positions. The Board was successful in securing a fee increase in 2012 which generated an additional \$455,000 in new revenue starting in FY 2013-14 and on-going to support increasing the Board's staff size though BCP requests.

The Board has endured major transition the past two years. In late 2013, the former Executive Officer of the Board retired after more than twenty-years with the Board. Shortly thereafter,

75 percent of the existing staff moved on to other opportunities in the state. In July 2014, the Board was appropriated 11 new staff which nearly doubled its staff size and provided opportunities to address an enforcement backlog, promulgating regulations, bolstering its hospital inspection program as well as planning for the transition to the BreEZe program. The Governor's 2016/17 budget includes a budget change proposal (BCP) for the Board to allow it to transition a number of authorized positions from limited term to permanent which will result in dedicated staff to administer and enforce the VACSP program.

The Board was successful in securing a fee increase in 2012, which generated an additional \$455,000 in new revenue starting in FY 2013/14 and on-going to support increasing the Board's staff size. Currently, the initial veterinary license fee for a veterinarian is \$290 and the biennial license fee is \$290. The initial registration fee for an RVT is \$140 and the biennial registration fee is \$140. The initial registration fee for a veterinary premise is \$200 and the annual registration fee is \$200. The Board's license and registration fees are 40% to 60% of the statutory limit allowed by law. The Board does not anticipate increasing fees since legislation in 2010 increased the statutory maximums allowed, and the Board increased its fees via regulation in 2012.

### **Licensing**

The Board licenses 12,086 Veterinarians and 6,424 RVTs. The licensee population has increased steadily over the past five years. The Board also requires registration of all premises where veterinary medicine, veterinary dentistry, veterinary surgery, and the various branches thereof, is being practiced. The Board currently registers 3,636 veterinary premises.

The requirements for licensure as a veterinarian generally includes graduation from a degree program of an accredited postsecondary institution or institutions approved by the Board and passing a national veterinarian examination and an examination provided by the Board to test the knowledge of the laws and regulations related to the practice of veterinary medicine in California. If a veterinary college is not recognized by the Board, the Board has the authority to determine the qualifications of such graduates and to review the quality of the educational experience attained by them in an unrecognized veterinary college.

The requirements for licensure as a RVT is to be at least 18 years of age and graduation from, at a minimum, a two-year curriculum in veterinary technology, in a college or other postsecondary institution approved by the Board, or the equivalent thereof as determined by the Board. In the case of a private postsecondary institution, the institution shall also be approved by the Bureau of Private Postsecondary Education. The Board may also consider a combination of education and clinical experience of the RVT as equivalent of the graduation requirement. The RVT must pass a national examination and another state examination provided by the Board.

Veterinary assistants, under the supervision of a veterinarian, and an RVT, are not required to meet any specific requirements for education or examination. RVTs and veterinary assistants may perform those animal health care services and tasks as prescribed by law or regulation under the supervision of a veterinarian. However, RVTs may perform animal health care services on impounded animals pursuant to direct, written, or telephonic order of a veterinarian and may directly purchase sodium pentobarbital for performance of euthanasia without the supervision or authorization of a veterinarian.

Historically, veterinary assistants who obtained or administered controlled substances under the supervision of a licensed veterinarian were not required to hold a license or permit with the Board. However, SB 304, effective July 1, 2015, requires a veterinary assistant who obtains or administers a controlled substance pursuant to the order, control, and professional responsibility of a licensed veterinarian to hold a permit as issued by Board. The new VACSP program will require every applicant to be fingerprinted through the Department of Justice (DOJ) and will enable the Board to determine whether an individual seeking a permit has a history of controlled substance offenses that may prevent the individual from being granted the authority to hold the VACSP permit.

The Board requires both primary source documentation of training and education and certification verification of documents to prevent falsification of licensing documents. To ensure authenticity, all documents verifying an applicant's training, examination status, out-of-state licensure, and disciplinary actions must be sent directly to the Board from the respective agency rather than from the applicant. As part of the licensing process, all applicants are required to submit fingerprint cards or utilize the "Live Scan" electronic fingerprinting process in order to obtain prior criminal history and criminal record clearance from DOJ and FBI. Licenses are not issued until clearance is obtained from both DOJ and FBI background checks. Additionally, since applicants are fingerprinted, the Board is able to obtain any subsequent criminal conviction information that may occur while the individual is licensed. The Board also queries the American Association of Veterinary State Board's national disciplinary database – the Veterinary Information Verifying Agency – to determine if prior disciplinary actions have been taken against licensees in other states.

The Board states in its veterinary, RVT, and premises permit eligibility application instructions that the application will take up to eight weeks to review. Applications that are received in completed form are being processed within the Board's prescribed review timeline. The average review time of a complete application is 30 days or less. With the augmentation in staffing in FY 2014/2015, the Board states that it is able to meet and is in fact exceeding its licensing goals in terms of processing applications and renewals.

### **Enforcement**

The Board has historically struggled to meet its enforcement mandates. Under the DCA Consumer Protection Enforcement Initiative (CPEI), aimed at overhauling the enforcement process of healing arts boards and reduce timeframes for cases, the Board requested 7.1 first year and 8.1 ongoing staff positions but received approval for only 1.0 special non-sworn investigator position, which was further reduced in later budget years, resulting in the Board not being provided sufficient staffing to enhance its enforcement program and meet goals. Due to the number of years the Board was severely understaffed, processing times for enforcement cases, especially in the area of formal discipline exceeded three years. While the Board is still working through older cases in an effort to bring dated cases to resolution, significant strides have been made to reduce the overall processing timelines – specifically in complaint intake and investigations. The Board is now meeting its target performance measures in these two areas. However, the Board still struggles with meeting its target of 540 days in formal discipline which is discussed further in Issue #11.

The Board contracts with Maximus Inc. to provide licensees with access to its Diversion Program. The purpose of such a program is to identify and rehabilitate licensed veterinary professionals whose competency is impaired due to the abuse of drugs and/or alcohol. There are currently six licensees enrolled in the Diversion Program. Typically, the length of the program for a licensee seeking

treatment is anywhere from three to five years, and the cost to the licensee is \$2,000 for the entire length of the program. The cost to the Board for each licensee enrolled is currently \$338.15 per month. Over the course of the program, the Board may incur costs of \$10,000 to \$20,000 per licensee. Annually, the Board enters into a contract with Maximus Inc. for \$24,400 to cover its costs for its program participants.

## **PRIOR SUNSET REVIEW: CHANGES AND IMPROVEMENTS**

The Board was last reviewed by the Senate Committee on Business, Professions and Economic Development and Assembly Committee on Business, Professions and Consumer Protection [now Assembly Business and Profession] (Committees) in 2012-13. At that time, both committees identified 12 issues for discussion. The Board's sunset date was only extended for two years because of serious concerns raised by the Committees during its review. However, it was determined that the Board would only have to submit a report to the Committees that addressed only the most significant issues for the Board to discuss. On December 1, 2015, the Board submitted its required Supplemental Sunset Review Report to the Committees.

Below are prior issues raised by the Committees in the Background Paper of 2013, the Committees' recommendations, and the Board's responses to how the issues or recommendations were addressed by the Board. (The prior "Veterinary Medical Board's Background Paper of 2013", which details these issues and the staff Recommendations regarding the Board, can be obtained from this Committee or found on its website.)

- **Consumer Outreach Efforts Have Improved**

The Committees raised concerns about lack of public information and lack of knowledge about the public's impression of dealing with the Board. The Board now plans to include provisions in its Minimum Standards to require signage in veterinary premises notifying consumers of Board contact information in the case that they wish to file a complaint regarding a veterinarian, RVT, or veterinarian assistant. The Board also created a new web-based consumer satisfaction survey that accepts complaints and also allows users to provide information about experiences based on interaction with the Board. The Board also revamped its website and added social media to improve access to pertinent information regarding practice issues, enforcement matters, and new mandates. In addition, the Board now posts all disciplinary documents and citation information on the website. The Board also provided outreach to local groups regarding minimum standards for veterinary hospitals and expectations for compliant medical records.

- **Staffing Levels Are Stabilizing and Funding For Staff Is Available**

In response to concerns about the Board's significantly inadequate staffing and the impacts to the Board's productivity, the Board is now staffed at a more appropriate level and has secured funding for ongoing maintenance of staff levels. Since the prior review, the Board increased staff from 12.2 to 23.5, created two managers positions to lead licensing/administration and enforcement efforts and hired an additional 13 inspectors. The Board also developed a report outlining plans for succession of staff when vacancies occur and created desk manuals for Board staff. As a result of increases in staff, the Board has been more responsive to Legislative concerns about its programs and is now able to resolve issues raised by the Legislature in a more timely manner than the troubling rate highlighted to prior reviews of the Board.

- **Enforcement Strides Have Been Made**

While the Board still faces some challenges in processing time for its enforcement cases, it has made improvements to its enforcement program since the prior review. Timelines for processing complaint intake and desk investigations have improved. The Board updated its citation and fine regulations and Disciplinary Guidelines. The Board's expert witness pool was expanded, training was provided to witnesses in both Northern and Southern California and the Board created a new manual for these important individuals. The Board also hired a dedicated probation monitor to closely monitor compliance issues. Specific to CPEI, the Committees were concerned that disciplinary cases were taking three years or more on average to complete. The Board believes that it has made progress by increasing staffing and is addressing the backlog of complaints identified in the prior review. The Board is now meeting its 10 day performance measure target for complaint intake.

- **Licensing and Examination Improvements Have Been Made**

The Board implemented a new RVT state exam since the prior review and updated the criteria necessary for Board approval of a RVT school. The Board also transitioned to the National Veterinary Technician Examination. In response to a recommendation from the Committees that veterinary assistants obtain a permit from the Board so they may be allowed to access controlled substances under a veterinarian's supervision, the Board is in the process of implementing the VACSP described above. The Board is now part of the Department's BreZE online application and licensing portal allowing applicants and licensees to access most Board applications online.

- **Veterinary Premises Are Inspected More Regularly**

The Committees were concerned about its inspection program, lack of inspections and lack of staff to increase the number of inspections of veterinary premises it was able to manage. The Board reports that it has bolstered its inspection program and has already reached the requirement to inspect 20 percent of premises for FY 2015/16. The Board received a budget augmentation in order to hire additional staff and support current Hospital Inspector staff throughout the state. Staff members attend an extensive inspection training workshop and the Board appears able to continue to meet the important requirement for inspections.

- **The Board's Strategic Plan Is Current**

Throughout 2015, the Board held strategic planning and action planning sessions with Board members, key staff, and interested stakeholders, resulting in an updated Strategic Plan that was adopted and published in May 2015. The Board also updated its Administrative Procedures Manual. The 2015 VMB Strategic Plan was adopted and published in May 2015.

## **CURRENT SUNSET REVIEW ISSUES**

The following are unresolved issues pertaining to the Board, or areas of concern for the Committees to consider, along with background information concerning the particular issue. Also included are recommendations made by Committee staff regarding particular issues or problem areas that need to be addressed. The Board and other interested parties, including the professions, have been provided with this Background Paper and can respond to the issues presented and the recommendations of staff.

## **BOARD ADMINISTRATION ISSUES**

**ISSUE #1: (BREEZE.) Board staff is significantly impacted by BreEZe implementation and the potential costs to the Board are still uncertain.**

**Background:** The DCA has been working since 2009 on replacing multiple antiquated standalone information technology (IT) systems with one fully integrated system. In September 2011, the DCA awarded Accenture LLC (Accenture) with a contract to develop a new customized IT system, which it calls BreEZe. According to the DCA, BreEZe is intended to provide applicant tracking, licensing, renewals, enforcement, monitoring, cashiering, and data management capabilities. In addition, BreEZe is web-enabled and designed to allow licensees to complete and submit applications, renewals, and the necessary fees through the internet. The public also will be able to file complaints, access complaint status, and check licensee information if and when the program is fully operational.

The project plan called for BreEZe to be implemented in three releases. The Board is part of the Release 2 (R2) plan for BreEZe rollout which went live on January 19, 2016. Board staff has provided regular updates on the project to the Board and has explained that the system consists of two main components, Versa Regulation and Versa Online. Versa Regulation is the back-office component of the BreEZe database system and is utilized for internal processes that guide an initial application through licensure. Versa Online is the front facing component of the BreEZe database system and is used by external customers for online payments and activities such as submitting a complaint, checking the status of a complaint, applying for examination eligibility, applying for licensure, renewing a license, updating an address of record, etc.

According to information presented to the Board, the process of transitioning to BreEZe has required a substantial staff commitment, with up to 30 to 40 percent of Board staff working full-time on BreEZe programming tasks, including system configuration and testing. As of November 2015, Board staff continued to be heavily impacted by BreEZe activities and was working on various components of the rollout leading up to Release 2 of the BreEZe system. Preparation activities included validating legacy systems data to ensure that all legacy data will be accurately converted to the BreEZe system, continued review of the Board's system design Profile Reports, and user acceptance testing. User acceptance testing started September 23, 2015 and lasted approximately 8-10 weeks. Staff members were asked to commit a significant amount of time to assist in testing the functionality of the BreEZe system during this testing period. Board staff additionally participated in training for all staff, in addition to continued Organizational Change Management efforts to ensure staff is prepared to adjust processes for the new system. Board staff has worked on various outreach components of BreEZe including updating Board forms and the Board website as well as interfacing with various interested parties, professional organizations, and schools.

The Board reports that BreEZe has had fiscal impacts on the Board's budget. The Board has paid \$270,608 in BreEZe related costs from FY 2009/10 to FY 2014/15. According to an analysis of the Board's 2016/17 fund, total projected BreEZe expenditures for the Board will be \$809,248 by FY 2016/17. The current project budget augmentation authorized for the Board under the most recent special project report for BreEZe is \$786,896.

**Staff Recommendation:** *The Board should report to the Committees on the status of the transition to BreEZe. Does the Board expect to have any maintenance needs? Has staff been able to resume*

*normal duties now that R2 is live? It would be helpful to understand how BreEZe related costs will continue to impact the Board's budget.*

## **ISSUE #2: (RVT ISSUES.) RVT issues appear to still be persisting.**

**Background:** According to representatives of the RVT profession, there have been several RVT issues that either the MDC or the Board have not addressed or have delayed action in resolving. During the prior sunset review, the Committees were concerned the Board had no direct input during MDC meetings and had not given the MDC clear directives to address RVT issues. The Committee also acknowledged that the Board had allowed RVT matters to be splintered between different subcommittees. While the Board did make improvements by removing RVT issues from subcommittees and handling them more directly through appointments to the MDC, concern remains, that RVT issues are not being prioritized by the Board.

In 1975, the profession of Animal Health Technician (AHT) was created by the Legislature in response to the desire by the veterinary profession to have a well-trained and reliable work force. The AHT Examining Committee (AHTEC) was created as an independent committee with a separate budget to assist the Board with issues related to the new profession. In 1994, the title “Animal Health Technician” was changed to Registered Veterinary Technician, and AHTEC was renamed the RVTEC. In 1998, the original independent RVTEC was allowed to sunset, and a new committee of the Board, the Registered Veterinary Technician Committee (RVTC), was created. The Legislature gave the new RVTC the statutory authority to advise the Board on issues pertaining to the practice of RVTs, assist the Board with RVT examinations, CE, and approval of RVT schools. The Legislature also specifically stated in the law its intent that the Board give specific consideration to the recommendations of the RVTC. In 2004, the Joint Legislative Sunset Review Committee was concerned that the RVTC had no independent authority over issues within its jurisdiction like examinations, eligibility categories and establishing criteria for and approval of RVT school programs. In 2006, the duties of the RVTC were expanded to include assisting the Board in developing regulations to define procedures for citations and fines. In 2010, the Legislature added an RVT to the Board for the first time, increasing the Board composition to a total of eight members: four veterinarians, one RVT and three public members. At the same time the RVTC was allowed to sunset upon appointment of this RVT. The newly created MDC was made up of four veterinarians, two RVTs, and one public member.

Today, the MDC includes one veterinarian member of the Board and the RVT member of the Board, both of whom are voting members of the MDC. There are no longer RVT or MDC subcommittees addressing RVT matters, as RVT professional issues are delegated to the MDC by the Board. It appeared that both veterinarians and RVTs believed this structure would allow for issues regarding the RVT profession to be adequately addressed. Current concerns indicate, however, that this may not be the case. RVTs may not be able to provide important input about regulations to define the parameters for a student exemption allowing them to perform restricted RVT job tasks. Additionally, a regulation to clarify the Board's authority over RVT schools took two and half years to go to public hearing after approval by the Board. The Board also was significantly delayed in transition from using the state RVT examination to using a national RVT exam.

While the Board has historically cited limited staffing as the rationale for past unresponsiveness to RVT issues, some of those within the RVT profession believe that the lack of responsiveness has persisted past the 2010 change in MDC structure. Some RVTs have cited the supervisory relationship

between veterinarians and RVTs as a barrier to success in the current structure. The power dynamic naturally creates an imbalance in the issues that are addressed by the Board and MDC. Additionally, with over 6,000 licensed RVTs in California, many believe that issues of the profession require more significant and consistent attention.

**Staff Recommendation:** *RVTs represent an important part of animal care services whose issues are significant and warrant consistent attention. If the Committees believe that RVT issues are not be adequately addressed then consideration should be given to recreating the RVTC with a legislative mandate to advise the VMB on issues pertaining to the practice of veterinary technicians and assist the VMB with RVT examinations, continuing education, and approval of RVT schools. The MDC should continue considering issues referred by the Board with its current structure. To provide necessary context and continuity, the RVT member who sits on the Board and MDC should also serve as a voting member of the RVTC.*

## **LICENSING AND EXAMINATION ISSUES**

### **ISSUE #3: (RVT LAW EXAM COSTS.) Should the California RVT Law Examination be converted to a mail out examination?**

**Background:** For a profession in which the cost of education can be upwards of \$40,000 and the starting wage is roughly \$12 to \$17 per hour, the cost of licensure can be a barrier to potential RVT candidates. In March of 2014, the Board transitioned from use of its own RVT examination to utilizing the national RVT examination (VTNE). The national RVT examination does not test candidates on their knowledge of California-specific veterinary practice; therefore, RVT candidates are required to take an additional California-specific practice examination. This examination predominately serves as a jurisprudence examination for RVT. Business and Professions Code Section 4841.1 (c) requires the Board to administer an examination specific to the animal health care tasks limited to California RVTs. This transition from a single examination to two separate examinations brought about a total examination cost increase from \$300 to \$600 for RVT candidates. Concern has been raised that the higher cost for RVT candidates is burdensome, unjustified, and inconsistent with requirements for veterinary candidates.

The California law examination for veterinary candidates is administered in a mail out format. However, in practice, only out of state veterinary candidates are required to take the mail out law examination. Veterinary students at UC Davis and Western University are exempt from the law examination because they complete a Board approved course on veterinary law and ethics that covers the Medicine Practice Act.

It is inconsistent and arbitrary to impose a more stringent standard at a higher cost on RVTs than what is required for the veterinarians who will be supervising them.

**Staff Recommendation:** *No recommendation at this time.*

#### **ISSUE #4: (University Licensure.) Should the Board license veterinarians employed by veterinary medical schools?**

Background: Existing law, BPC Section 4830(a)(4) allows for an exemption to licensure for veterinarians working at both veterinary medical schools in California, UC Davis and Western University.

States that have veterinary schools typically have exemptions or some form of university licensure to accommodate the schools' hiring needs. Veterinary schools hire veterinarians from all over the world who sometimes come into a state for a limited period of time, and who do not practice outside the confines of the university. However, problems can arise when the university veterinary hospital is providing services to the general public and the consumer does not have recourse through a licensing board for standard of care issues.

The Board receives calls periodically from consumers whom are unhappy with the services at a university teaching hospital and request the Board to intervene. Since veterinarians working at the universities are exempt from licensure, the Board states that it has no authority to pursue disciplinary action and must advise the consumer to seek recourse through the university's complaint mediation process. The exemption presents consumer protection issue, and the Board believes that all veterinarians providing treatment to the public's animals should be licensed and regulated. Faculty recruited for clinical positions within the university typically specialize in certain species and conditions, are experts in their field of study, and have undergone intensive specialty testing that exceeds the examinations required for entry-level licensure. In fact, for employment in clinical faculty positions, the university requires specialty training or other advanced clinical training. Some faculty may have graduated from foreign veterinary schools that are recognized but not accredited by the American Veterinary Medical Association. As reported by UC Davis and Western University, requiring full licensure would negatively impact the universities' ability to attract and recruit the best qualified veterinarians.

During the past two years, the MDC has debated the issue of requiring veterinarians working in a university setting to obtain a University License and therefore, no longer be exempt from Board oversight. As part of the MDC's research, former legal counsel reviewed the pertinent statutes, BPC section 4830 (a)(4), and concluded that the existing exemption for veterinarians employed by the universities would need to be amended to either to strike the language in section 4830 (a)(4) and thus require a license for university personnel or include language in 4830 (a)(4) that would qualify when a "University License" must be issued in order for a veterinarian employed by a university to provide veterinary services to the public's animals.

The MDC voted to recommend to the Board that a separate University License be issued to veterinarians who are employed by and who engage in the practice of veterinary medicine in the performance of their duties for the university. Both UC Davis and Western University are supportive of requiring a University License for veterinarians practicing within the university setting as it will provide consumer recourse through the Board and the Board may assist the university in handling enforcement matters involving university employees.

The Board voted to approve the request for a statutory change at its October 2015 meeting and is requesting assistance from the Legislature to amend Section BPC Section 4830 and add new BPC 4848.1.

The change would require an implementation date set out at least 6 months from the effective date to enable university personnel to comply with the proposed examination requirements (California jurisprudence exam) and educational course on regionally specific diseases and conditions.

**Staff Recommendation:** *The exemption for university-employed veterinarians presents a consumer protection issue. The Committees should amend the Business and Professions Code to require the Board to separately license veterinarians practicing within the university setting.*

***Add New BPC 4848.1 – University License Status***

**(a) Veterinarians engaged in the practice of veterinary medicine as defined in Section 4826, employed by the University of California while engaged in the performance of duties in connection with the School of Veterinary Medicine or employed by the Western University of Health Sciences while engaged in the performance of duties in connection with the College of Veterinary Medicine shall be licensed in California or shall hold a University License issued by the Board.**

**(b) An applicant is eligible to hold a University License if all of the following are satisfied:**  
**(1) The applicant is currently employed by the University of California or Western University of Health Sciences as defined in subdivision (a);**  
**(2) Passes an examination concerning the statutes and regulations of the Veterinary Medicine Practice Act, administered by the board, pursuant to Section 4848, subdivision (a) paragraph (2) subparagraph (C); and**  
**(3) Successfully completes the approved educational curriculum described in Section 4848 subdivision (b) paragraph 5 on regionally specific and important diseases and conditions.**

**(c) A University License:**  
**(1) Shall be numbered as described in Section 4847;**  
**(2) Shall cease to be valid upon termination of employment by the University of California or by the Western University of Health Sciences;**  
**(3) Is subject to the license renewal provisions pursuant to Section 4846.4; and**  
**(4) Is subject to denial, revocation, or suspension pursuant to Sections 4875 and 4883.**

**(d) Individuals who hold a University License are exempt from satisfying the license renewal requirements of Section 4846.5.**

***Strike BPC 4830(a)(4) – Practice Provisions Exception***

***~~(4) Veterinarians employed by the University of California while engaged in the performance of duties in connection with the College of Agriculture, the Agricultural Experiment Station, the School of Veterinary Medicine, or the agricultural extension work of the university or employed by the Western University of Health Sciences while engaged in the performance of duties in connection with the College of Veterinary Medicine or the agricultural extension work of the university.~~***

**ISSUE #5: (DELINQUENT REGISTRATION STATUS.) Should the premises registration be cancelled after 5 years if they are in a delinquent status?**

**Background:** Currently there is no provision for the premises registration to cancel after five years, as would be consistent with other license types regulated by the Board. Instead hospital premises

registrations are left in a delinquent status indefinitely and remain on the Board's records. The records are accessible on the Board's website under the "License Verification" feature. It is confusing for consumers who use the website to find registered veterinary premises and retrieve data on hospitals that have been in a delinquent status for more than five years. Many of these hospitals are no longer operating veterinary premises, yet there is not mechanism by which the Board may cancel the premises registration. In addition, the retention of electronic records for delinquent premises registrations is a resource issue for the Board as there is a "per record" cost for maintaining the data.

**Staff Recommendation:** *The Committees may wish to consider adding language that would allow the Board to cancel the premises registration of veterinary premises that have remained in delinquent status for more than five years.*

## **VETERINARY PRACTICE ISSUES**

### **ISSUE #6: (COMPOUNDING OF DRUGS.) Should veterinarians be granted authority to compound drugs for animal patients?**

**Background:** During hospital inspections, Board inspectors routinely encounter bulk form drugs used for compounding medications stored at veterinary hospitals. If the drugs are not properly stored, labeled, or are expired, the inspector will advise the Licensing Manager of the compliance issue. However, there are no specific provisions in the Practice Act to provide oversight of a veterinarian compounding drugs for use in day-to-day veterinary practices and for dispensing to clients. Instead, the Board has looked to laws and regulations governing pharmacies (BPC Sections 4051, 4052, and 4127 & Title 16 CCR Sections 1735-1735.8 and 1751 et. seq.) since veterinarians are authorized prescribers under BPC Section 4170. Pharmacy regulations not only include specific requirements for pharmacies that compound and dispense medications, but also define the "reasonable quantity" of a compounded medication that may be furnished to a prescriber (in this case, veterinarian) by the pharmacy to administer to the prescriber's patients within their facility, or to dispense to their patient/client. It should be noted that the Board of Pharmacy is currently pursuing a regulatory amendment to its Compounding Drug Preparation regulations that includes amendments to the "reasonable quantity" definition of compounded drugs that may be supplied to veterinarians for the purposes of dispensing. In addition to pharmacy provisions, federal law provides for *Extralabel Drug Use in Animals*, CFR Title 21 Part 530.13, which authorizes veterinarians to compound medications in following situations:

- There is no approved animal or human drug available that is labeled for, and in a concentration or form appropriate for, treating the condition diagnosed.
- The compounding is performed by a licensed veterinarian within the scope of a professional practice.
- Adequate measures are followed to ensure the safety and effectiveness of the compounded product.
- The quantity of compounding is commensurate with the established need of the identified patient.

The Board has been actively engaged in discussions regarding the regulation of veterinarians compounding drugs since October 2014 when the US Government Accountability Office contacted the

Board to obtain information on California's regulation of animal drug compounding. At that time, the federal Food and Drug Administration (FDA) was considering changes to its guidance on Compounding Animal Drugs from Bulk Drug Substances. Ultimately, the FDA released Draft Guidance #230 in May 2015, which was intended to provide parameters for compounding animal drugs.

At its October 20, 2014 meeting, the MDC reviewed the issue of drug compounding by veterinarians for their animal patients. The issue, as raised by Board legal counsel, was that there is no explicit grant of authority in the Practice Act authorizing licensed veterinarians to compound drugs pursuant to federal law. Board counsel advised that provisions for veterinarians to compound drugs for animal patients would need to be added to the veterinary medicine scope of practice. The MDC examined the lack of statutory guidance for veterinarians and ultimately recommended that the Board consider a legislative proposal to grant veterinarians the authority to compound drugs for their animal patients under the existing limitations of CFR Title 21 Part 530.13.

***Staff Recommendation:*** *The Board should continue its work with the Pharmacy Board and legal counsel to develop language to be added to the Veterinary Medicine Practice Act granting limited state authority for veterinarians to compound drugs.*

**ISSUE #7: (ANIMAL REHABILITATION.) Should the Board continue to pursue regulations to more clearly define and describe the scope of animal rehabilitation, the level of veterinary supervision, and what minimum education and training requirements may be necessary?**

**Background:** For the past four years, the Board, with the help of the MDC, has examined the issue of persons involved in rehabilitative services for animals. The impetus for the research, and an eventual regulatory solution, was the number of concerns the Board received regarding unlicensed persons diagnosing and treating animals under the guise of "animal rehabilitation". The Board became increasingly concerned about the welfare of the animals being treated by unlicensed personnel, and ultimately learned through oral testimony at its public meetings, that animal harm has occurred.

Thirty-five states define Animal Physical Therapy, also known as "Animal Rehabilitation" (AR), as the practice of veterinary medicine. A few states such as Colorado, Nevada, and Utah include some authority to provide AR under the scope or practice of physical therapists who work under the authorization or supervision of a licensed veterinarian. State provisions vary in terms of the level of veterinary oversight required in order for physical therapists, registered veterinary assistants, or other support personnel to provide AR services. At least four states require direct or immediate supervision, while others allow a less restrictive oversight role by a veterinarian.

The Board has included the issue of AR at a number of its meetings throughout 2012-2013 and the discussion has generated a great deal of interest from the public who attended the Board meetings to express their support or concern regarding the Board's role in regulating AR services. In June 2015, the Board filed its regulatory proposal for AR, and a public hearing was held September 10, 2015. The Board received several hundred comments, thousands of signed petitions, and heard testimony from over 60 interested parties. The testimony at that hearing included similar opposition as was raised in public meetings in 2012/2013 and highlighted the following sentiments:

- Complementary therapy, such as massage, should not be defined as AR.

- Supervision parameters are overly restrictive.
- The lack of specific training in AR for all providers poses a consumer protection problem.
- The definition of AR in the Board's proposal is too broad.

The following reflects some of the more recent concerns and feedback from interested parties in response to the Board's regulatory proposal:

- This is an attempt by the Board to restrict business competition.
- AR should be regulated to protect animal patients from incompetent providers.
- Specifically state that Musculoskeletal Manipulation (chiropractic treatment) 16 C.C.R. Section 2038 is not being modified by the regulatory proposal.
- Since animals are deemed property, the consumer should have a right to choose complementary services for their animals.
- Significant negative impact to jobs and businesses would result if the regulations were to take effect.
- The supervision requirement is far too restrictive; there should be a change from the direct supervision requirement to indirect supervision.
- The level of supervision should be determined by the referring veterinarian.
- Massage should be removed from the definition of AR.
- Exercise for the prevention of disease is not medicine and should be excluded.
- Horse trainers are not licensed and yet provide most of the exercise therapy for race horses.
- There are not enough veterinarians to oversee AR services and thus the regulations present a barrier to access for the consumer.
- The regulations will drive up consumer costs for AR.

Although this issue has been considered by the Board for some time, several more recent policy and legal issues have been raised. Initially, the Board must consider the definition of the practice of veterinary medicine and whether the practice of veterinary medicine pursuant to BPC Section 4825 authorizes the Board to adopt regulations that would allow other practitioners who are not licensed by the Board to engage in aspects of veterinary medicine. If the modalities or interventions included in the regulatory proposal do not constitute the practice of veterinary medicine, it is questionable whether the Board can adopt regulations to govern areas outside its scope of practice.

In either case, concerns have been raised that the Board is attempting to limit business competition and protect the profession's financial interests, not to further its consumer protection mandate. The Board is confident that the impetus and rationale for pursuing a regulatory proposal regarding AR is purely motivated by the concerns raised before the Board regarding animal welfare and not a form of protectionism. That being said, the Board is mindful of the public perception and is taking another look at how the regulatory proposal may be modified to address the public's concerns.

At its October 20, 2015 meeting, the Board voted to withdraw its regulatory action on AR from the OAL and delegate to the MDC the task of revising the proposed regulation in light of the numerous challenges raised by interested parties. The Board provided specific direction to the MDC to formulate language that would: define that AR is the practice of veterinary medicine, describe the practice of AR and eliminate the laundry list of modalities, address whether minimal education or training requirements should be specified, explore the option of an indirect supervision parameter, and include the requirement that the settings where AR is performed is subject to holding a premises registration with the oversight of a Licensee Manager (BPC Section 4853).

At the January 2016 meeting, after a lengthy discussion, the MDC decided to table consideration of the animal rehabilitation issue pending a recommendation from the legislature through the sunset process.

***Staff Recommendation:*** *The Board should create a task force comprised of stakeholders including veterinarians, RVTs, animal rehabilitation and related animal industry professionals, consumers, and representatives from the legislature to further examine the issue and present a recommendation to the Board by January 1, 2017.*

**ISSUE #8: (ANIMAL INJURIES AT RODEO EVENTS.) Should there be better oversight and more immediate treatment of injured animals by veterinarians and possibly RVT's at rodeo events?**

**Background:** The welfare of animals in rodeo events has been a topic of discussion for the industry, the public, and the law for decades. The American Humane Association (AHA) has worked with the rodeo industry, specifically the Professional Rodeo Cowboys Association (PRCA) to establish rules improving animal welfare in rodeo events and the treatment of rodeo animals. The PRCA has adopted what it considers as 60 humane rules for the protection of rodeo animals for all PRCA-sanctioned events. One of the rules requires that a veterinarian be present for every performance. There are approximately about 90 sanctioned rodeos in California per year and many more amateur events some of which are considered as "backyard events" with little if any oversight. (It has been indicated that there may be as many as 800 of these rodeo events per year.) The PRCA acknowledges that they only sanction about 30 percent of all rodeos, while another 50 percent are sanctioned by other organizations and 20 percent are completely unsanctioned.

The types of injuries that can occur to rodeo animals include the following:

- Traumatic leg injuries
- Back injuries
- Spinal cord injuries

- Neck injuries
- Internal injuries
- Trachea injuries
- Sprained and torn ligaments
- Broken horns and spurring injuries

Although the injuries suffered by animals in rodeo events can be severe, past studies by both the PRCA and American Veterinary Medical Association (AVMA) have indicated that the rate of animal injury is less than one percent for sanctioned events which require a veterinarian present at the day(s) of the event. (There appear to be no more recent independent studies on animal injuries at rodeos than the survey conducted by the AVMA of 21 PRCA sanctioned rodeos in 2001.)

Veterinarians who have had extensive experience with rodeo events, and may now serve as the veterinarian on-site, have indicated that having a veterinarian present at the rodeo event helps in preparing the rodeos for the best outcome possible for the health and welfare of the animals. There are meetings with rodeo management and officials both before the event and immediately after the event to evaluate, assess, discuss and, if needed, change any practice for animal handling or health procedures at the rodeo. This also provides an opportunity to help prevent further injuries and evaluate the level of care to the animals and revise procedures as necessary. As one veterinarian, Chairman of the PRCA Animal Welfare Committee, has stated, veterinarians themselves agree that the mere fact that they are the caregiver to animals, lends them more credibility. This individual went on to indicate that as veterinarians they are expected to know more on these issues and are able to work more closely with rodeo committees and the rodeo community as a whole to provide for the care of these animals. Of greater importance is that veterinarians are able to identify possible disease outbreaks. For example, the veterinarians on-site were able to deal with outbreak of equine herpesvirus (EH-1) in 2012, and also bovine tuberculosis regarding Mexico-origin cattle. Rodeos (at least sanctioned rodeos) rely on veterinarians when such as outbreak occurs and they are really the professionals that can work closely with government officials and others to assure there is not a widespread outbreak of a disease.

In response to the concerns of potential animal injuries at rodeo events and the availability of a veterinarian, California law (Penal Code § 596.7) requires that the management of any professionally sanctioned or amateur rodeo that intends to perform in any city or county shall ensure that there is a licensed veterinarian present at all times during the performances of a rodeo, or that a licensed veterinarian is “on-call” and able to arrive at the rodeo within one hour after a determination has been made that there is an injury which requires treatment to be provided by a veterinarian. PC § 596.7 also requires that any animal that is injured during the course of, or as a result of, any rodeo event shall receive immediate examination and appropriate treatment by the attending veterinarian or shall begin receiving examination and appropriate treatment by a licensed veterinarian within one hour of the determination of the injury requiring veterinary treatment. The attending veterinarian must also submit a brief written listing of any animal injury requiring veterinary treatment to the Veterinary Medical Board within 48 hours of the conclusion of the rodeo. Business and Professions Code § 4830.8 also restates this requirement to report an animal injury and further states that the attending veterinarian shall also report to the Board within seven days of rendering treatment to an animal for an injury that

the veterinarian knows occurred at a rodeo event.

Animal welfare groups have continued to voice concerns about animal injuries that may be occurring at rodeo events. They argue that many animals are injured and even killed in rodeos and that because they are only able to observe a very small percentage of rodeos each year, that only a very small percentage of injuries or deaths are documented. In some instances they believe that rodeos frequently try to cover up animal injuries and even deaths. Some groups have even attempted or captured video footage documenting animals injured at an event. Of most concern is that unsanctioned rodeos which do not require veterinarians on-site may have higher abuse and injury rates. Likewise, anecdotal reports suggest that events held in small venues with little public notice, some of which are considered as private “backyard” events, may have some of the highest injuries. It is argued that even though California now requires reporting of animal injuries by veterinarians to the Board, this is not an adequate reflection of the amount of injuries that actually occur. They believe there is underreporting or no reporting at all for many of the rodeo events held in California and that rodeos are not forthcoming about the animals injured in an event so as to avoid any problem with animal authorities. For example, based on the chart below, since 2002 when reporting became required, there have been only 43 injury reports up to June, 2015 and in some years there were zero.

**STATISTICS FOR RODEO INJURY REPORTS**

<b>Fiscal Year</b>	<b>Rodeo Injury Report</b>
7/1/2014 - 6/30/2015	5
7/1/2014 - 6/30/2015	1
7/1/2013 - 6/30/2014	3
7/1/2012 - 6/30/2013	6
7/1/2011 - 6/30/2012	4
7/1/2010 - 6/30/2011	4
7/1/2009 - 6/30/2010	2
7/1/2008 - 6/30/2009	0
7/1/2007 - 6/30/2008	6
7/1/2006 - 6/30/2007	2
7/1/2005 - 6/30/2006	0
7/1/2004 - 6/30/2005	2
7/1/2003 - 6/30/2004	7
7/1/2002 - 6/30/2003	1
<b>Total</b>	<b>43</b>

Animal welfare groups believe that requiring a veterinarian to be present at every rodeo event and to provide immediate veterinary care to injured animals must be established and that requirements to report animal injuries must be enforced to at least provide some protection to rodeo animals. As an alternative to having to use a veterinarian for every rodeo event, a RVT could be utilized if under the appropriate supervision of a veterinarian.

***Staff Recommendation:*** *It should be required that the management of any professionally sanctioned or amateur rodeo that intends to perform in any city or county shall ensure that there is a licensed veterinarian present at all times during the performances of the rodeo or a RVT who is under the appropriate degree of supervision of the veterinarian for those animal health care tasks that may be performed by the RVT at a rodeo event. The on-call requirement for a veterinarian should be considered as insufficient to provide for appropriate oversight and the immediate treatment of injured animals at rodeo events.*

## **CONTINUING EDUCATION REQUIREMENTS**

**ISSUE #9: (USE OF ANTIMICROBIAL DRUGS.)** Are there any additional requirements or resources necessary to implement SB 27 (Hill) and SB 361 (Hill)?

**Background:** The Board has reviewed the provisions of SB 27 and SB 361 and has not identified the need for additional resources and implementing regulations at this time.

SB 27 (Hill, Statutes of 2015) places the onus on veterinarians to only prescribe medically important antimicrobial drugs for livestock if, in the professional judgment of the veterinarian, the drugs are necessary to treat or control the spread of a disease or infection or is warranted as a preventative measure to address an elevated risk of contraction of a disease or infection. If a veterinarian was found to have prescribed a medically important antimicrobial drug that was not warranted or medically necessary based on expert review, the Board would be responsible to pursue disciplinary action against the licensed veterinarian. SB 27 also calls for the development of antimicrobial stewardship guidelines and best management practices on the proper use of medically important antimicrobial drugs. The Board is one of the consulting entities involved in the development of such guidelines however, since the mandate is placed on the California Department of Food and Agriculture (CDFA), any necessary resources to develop the guidelines would be identified by the CDFA.

SB 361 (Hill, Statutes of 2015) requires that on or after January 1, 2018, a licensed veterinarian must complete one hour of continuing education on the judicious use of medically important antimicrobial drugs every four years as part of the existing 36 hours of continuing education required every two years. Such courses would be offered by Board-approved providers. Since the provisions in the statute are specific, it does not appear that further regulations regarding the requirement for the new course work are necessary.

***Staff Recommendation:*** *The Board should continue implementation of SB 27 and SB 361 and report back to the Committees on the results of implementation during the next sunset review.*

## **ENFORCEMENT ISSUES**

### **ISSUE #10: (INCREASED INSPECTION OF VETERINARY PREMISES.) Are there any outstanding issues regarding the Board's inspection of veterinary premises?**

**Background:** California Code of Regulations Section 2030 sets the minimum standards for fixed veterinary premises where veterinary medicine is practiced, as well as all instruments, apparatus, and apparel used in connection with those practices. The method the Board has selected to enforce such standards is premises inspections.

SB 304 (Lieu, Chapter 515, Statutes of 2013) required the Board to make every effort to inspect at least 20% of veterinary premises on an annual basis. Pursuant to language in SB 304, the Board has bolstered its inspection program and is quickly approaching the 20% goal. In 2014-15, the Board's budget was augmented by \$277,000 for each fiscal year to fund the staff position authority for 2.0 positions (1.0 Staff Services Analyst and 1.0 Office Technician) and the work of the Hospital Inspectors.. In order to meet its mandate of SB 304, the Board contracted twelve new Hospital Inspectors located throughout the state in an effort to inspect at least 600 registered veterinary premises in 2014-15. The new inspection team included a veterinarian who specialized in avian and exotics, an equine specialist, a former Area Director for VCA Hospitals and a former Associate Dean of External Relations for Clinical Rotations for Western University. Staff completed an extensive Inspection Training Workshop in the fall of 2014 and ended the fiscal year with 590 inspections completed, or 19% of the premises population, just shy of the mandate. With the increase in in veterinary hospital inspection program staff and inspectors, the number of inspections completed per year has more than doubled since FY 2013/14. Keeping up on reviewing compliance documentation, the administrative paperwork to contract with and pay Inspectors, and the enforcement actions that result from non-complaint hospitals has been challenging. However, staff has eliminated the backlog of inspection compliance review documentation.

For 2015-16, the number of premises has increased 14% to nearly 3,500 facilities. This means approximately 700 inspections must be completed in order to meet the 20% mandate; 100 more inspections than were completed this past fiscal year. The Board has contracted with additional Inspectors, bringing the number of Inspectors to 16. The Board conducted Inspector training in January 2015, and again in August 2015, which included presentations from the Pharmacy Board, Radiologic Health Branch, and DOJ.

Also, the Board anticipates inspecting all new registered premises within the first year of opening as this is an objective in the VMB's Strategic Plan and will be phased in during the coming year.

The Board's Hospital Inspection Program costs were \$143,000 in FY 2014/15. With the increased workload for 2015-16, the Board's Inspection costs are anticipated to be approximately \$185,000.

**Staff Recommendation:** *The Board should continue its efforts to meet the inspection mandate of 20% and inform the Committees if additional resources are needed to comply with SB 304.*

**ISSUE #11: (FORMAL DISCIPLINE IS STILL TAKING MORE THAN TWO YEARS.) Are there other steps the Board can take to reduce the timeframe for taking formal disciplinary action against a licensee?**

**Background:** In 2009, the DCA evaluated the needs of the boards' staffing levels and put forth a new program titled the "Consumer Protection Enforcement Initiative" (CPEI) to overhaul the enforcement process of healing arts boards. According to the DCA, the CPEI was a systematic approach designed to address three specific areas: Legislative Changes, Staffing and Information Technology Resources, and Administrative Improvements. The CPEI was intended to streamline and standardize the complaint intake/analysis, reorganize investigative resources, and reduce the average enforcement completion timeline for healing arts boards to between 12-18 months by FY 2012/13. For purposes of funding the CPEI, the DCA requested an increase of 106.8 authorized positions and \$12,690,000 (special funds) in FY 2010-11 and 138.5 positions and \$14,103,000 in FY 2011-12 and ongoing to specified healing arts boards. As part of CPEI, the Board requested 7.1 first year and 8.1 ongoing staff positions. The Board received approval for only 1.0 special non-sworn investigator position. In 2010 and 2011, the position was reduced to .70 due to the Governor's Workforce Cap Reduction and Salary Savings Elimination plans, which left the Board with .30 of a non-sworn investigator position. Under the CPEI, this Board never had an opportunity to utilize any additional staffing to improve its enforcement program. There was an expectation that with additional staffing, the average enforcement completion timeframes (from intake, investigation of the case and prosecution of the case by the AG resulting in formal discipline) could be reduced. The implementation of the CPEI and the additional staff provided improved performance levels of some boards, but not this Board. The goal set for the Board, and all boards under CPEI, was 12 to 18 months to complete the entire enforcement process for cases resulting in formal discipline. In 2011/2012, it took the Board nearly three years (36 months) or more to complete a disciplinary action against a licensee.

Other reasons the Board is unable to meet its performance measures and goal of 12 to 18 months to complete disciplinary action include its necessary reliance on the Division of Investigation (DOI) to investigate the case, on the Attorney General's Office (AG) to file an accusation and prosecute the case, and on the Office of Administrative Law (OAL) to schedule an Administrative Law Judge (ALJ) to hear the case. According to the Board, an investigation by DOI can take anywhere from six to 18 months. Once the case is transferred to the AG, it can take six months to a year to file an accusation and another year to have the case heard before an ALJ. These timelines are outside the Board's control, but add greatly to the overall length of time it takes from receipt of a complaint to ultimate resolution.

With the increased staffing in the enforcement unit, that being: two AGPAs, two SSAs, and one OT, as authorized by the Budget Change Proposal effective July 1, 2014, the Board has made significant progress toward elimination of a backlog of complaints identified in its 2012 Sunset Report. Additionally, the Board continues to work toward meeting its performance measures for handling of disciplinary cases through reduction of processing timeframes. The following is an update to the focused efforts in each of the Board's enforcement program areas:

Complaint Intake and Investigation:

The Board, with the increased staffing levels, has worked diligently to reduce the timeframe for intake of a complaint despite an increasing number of incoming complaints.

The performance measure target for intake of a complaint as established during the Consumer Protection Enforcement Initiative (CPEI) is 10 days. Over the past four years, the average number of

days to complete the intake process hit a high of 147 days in FY 2012/13 Quarter 4. As of June 30, 2015, this number has decreased to 21 days. It is anticipated that the Board will meet this performance measure target of 10 days in FY 15/16 Q2.

The performance measure target established pursuant to CPEI for the average time from complaint receipt to closure of the investigation process is 365 days. The Board has met this goal of 365 days in 13 of the 16 quarters that make up FY 2011/12 through 2014/15. During the first six months of 2015, the enforcement unit's newly trained staff was tasked with conducting a comprehensive audit of all pending complaint investigation cases to identify the status of the all pending investigations and to determine how many cases were beyond the established performance target of 365 days. As of June 30, 2015, staff has nearly eliminated the backlog with a mere 124 of a total 598 cases pending resolution that were identified as beyond the target of 365 days.

#### Citation and Fine:

With the diminishing backlog, staff has been able to devote resources to other enforcement areas where process improvement was critical. Prior to 2014, the citation and fine program duties were bifurcated and the process for issuing citations, setting informal conferences, and monitoring outcomes was shared between multiple staff where important legal timeframes were not carefully monitored. Today, the program is centralized and has been overhauled to streamline the investigative process, the informal conference procedures, and the collection of fines levied against licensees.

As identified above, the Board is currently pursuing regulatory authority to increase its maximum fine authority to \$5,000. It is anticipated that the new regulatory language will be implemented March 2016.

Due to staffing shortages, the Board was forced to temporarily suspend its use of the Franchise Tax Board Intercepts Program. With increased staffing, the Board has been able to once again begin to employ the use of this program for those citations and fines that have been closed as uncollectible.

#### Expert Witness:

The Board conducted two separate Expert Witness trainings, December 2014 and August 2015. Approximately twenty (20) new Experts were trained in the two sessions facilitated by Board staff and the Office of the Attorney General (OAG). Prior to 2014, it had been several years since the Board conducted Expert Witness training and the Experts working for the Board at that time, were performing their services with limited knowledge of the administrative disciplinary process and basic confusion about their role within the process. The lack of guidance for the Experts resulted in expert reports that were not conclusive. However, as a result of the more recent training, the Board's Experts are now submitting complete reports with clear conclusions regarding substandard care. This has also resulted in a greater percentage of cases referred to the OAG being accepted and less cases being declined. Today, the percentage of cases accepted by the OAG is 98%.

#### Formal Discipline:

As indicated in the 2012 Sunset Review Report, in FY 2011/12, it took nearly three years (36 months) or more to complete a formal disciplinary action against a licensee by the Board. The Board continues to see extended processing timelines in the area of formal discipline.

The performance measure target established pursuant to CPEI for the average number of days to complete the entire enforcement process for cases resulting in formal discipline is 540 days (Initially, the Board identified its target at 740 days. However, the Department's CPEI target is 540 days.) Although staff has made significant progress in moving formal disciplinary actions through the adjudication process as expeditiously as possible, the average timeframes for completion continues to exceed two years.

In January 2015, staff was tasked with conducting a comprehensive audit of all pending formal discipline cases. It was determined that there were several cases that were completely resolved or very near complete resolution that had not been closed in the database which necessitated review and closure of the cases. The result was an unusual spike in the processing times for case closure.

In FY 2014/15, the Board closed a total of 60 formal discipline cases, many of which were over 540 days old. In the coming fiscal year, the Board should have identified and closed all dated disciplinary cases and as a result, the Board anticipates a significant reduction in processing timeframes. However, since many of the procedural factors involved in the resolution of formal disciplinary matters reside with the OAG and the Office of Administrative Hearings (OAH), it is unlikely the Board will meet its performance measure target of 540 days. The length of time necessary for processing of a formal discipline case through the OAG and the OAH continues to serve as a barrier in the enforcement process. In the past, it has taken anywhere from six months to one year to prepare an accusation and as much as one year to schedule and conduct a hearing. Unfortunately, this is still the case. These are factors outside the Board's control.

#### Probation:

The Board's probation program is critical to the formal disciplinary process. It provides the Board with a mechanism to consider practice restrictions that serve to protect the health, welfare, and safety of animals and their owners, while addressing the licensee's compliance issues, whether related to substandard care or ethical violations. It provides for appropriate and meaningful discipline and consumer protection, by placing the licensee under careful monitoring, while affording the licensee an opportunity to continue to practice and ultimately, demonstrate rehabilitation. The goal of the probation program is to ensure the practice deficiencies or unprofessional conduct behaviors are addressed through mandatory continuing education, examinations, practice monitoring, etc., and that the issues are corrected before the licensee returns to unrestricted practice.

With the improved focus on adjudication and resolution of formal disciplinary actions, the Board has seen a significant increase in the number of probationers currently being monitored. As of June 30, 2012, the Board was monitoring 36 probationers. Today, the Board's probationer caseload has more than doubled and the Board currently monitors a total of 76 probationers.

The increased staffing has allowed the Board to utilize a dedicated staff member to serve as a probation monitor and immediately address compliance issues while also serving as a resource to supervisors and practice monitors who are approved to supervise probationers.

***Staff Recommendation: The Board should continue strategies to decrease the timeframe for areas of the disciplinary process over which it has control. The Board should also continue to monitor***

*progress within each stage of the disciplinary process and provide the committee with an update during the next sunset review.*

## **CONTINUATION OF THE VETERINARY MEDICAL BOARD**

**ISSUE #12: (SHOULD THE VETERINARY MEDICAL BOARD BE CONTINUED?) Should the licensing and regulation of the practice of veterinarian medicine be continued and be regulated by the current Board membership?**

**Background:** The health, safety, and welfare of consumers are protected by a well-regulated veterinary profession. Although the Board has been slow to implement changes as recommended by the former JLSRC and other matters presented to the Board for consideration over the past eight years, it appears as if the current Board has shown a strong commitment to improving the Board's overall efficiency and effectiveness. The current Board has worked cooperatively with the Legislature and this Committee to bring about necessary changes. It is obvious that there are still important regulations and problems that need to be addressed by this Board, but it seems more than willing to work with the Legislature, the DCA, and other professional groups to act more expeditiously to deal with these issues in a timely fashion. The Board should be continued with a four-year extension of its sunset date so that the Committee may review once again if the issues and recommendations in this Paper and others of the Committee have been addressed.

**Staff Recommendation:** *Recommend that the practice of veterinary medicine continue to be regulated by the current Board members of the Veterinary Medical Board in order to protect the interests of the public and that the Board be reviewed by this Committee once again in four years.*

# Multidisciplinary Advisory Committee Assignments

*April 2016*

## EXISTING PRIORITIES – Currently being addressed by MDC

- 1) **Evaluate Structure and Audit Enforcement Case Outcomes**  
*Complaint Process/Audit Taskforce*  
*a. Expert Witness Subcommittee*
  
- 2) **Develop minimum standards for alternate premises (large animal, equine mobile, public and private shelter medicine, ambulatory, etc.)**
  - a. **Shelter Medicine Subcommittee**
  
- 3) **Review Business and Professions Code Section 4830(5) regarding veterinary student exemption, duties and supervision at a California veterinary university. (*Off-site surgery programs- should they be limited to 3<sup>rd</sup>/4<sup>th</sup> year students?*)**
  
- 4) **Pursue "extended duty" for Registered Veterinary Technicians.**

## FUTURE PRIORITIES

- 5) **Review standard of care for animal dentistry**
  
- 6) ***Animal Rehabilitation assigning task force – 5 specific content areas***  
*January 2016 - The Board voted to table the issue pending the outcome of the Sunset Review recommendation by the Legislature.*