

Department of Consumer Affairs
Veterinary Medical Board

Mission Inn Hotel & Spa
3649 Mission Inn Avenue
Riverside, California 92501

Wednesday, April 17, 2019
10:00 a.m.

Thursday, April 18, 2019
9:00 a.m.

Board Members

Jaymie Noland, DVM, President
Cheryl Waterhouse, DVM, Vice President
Mark Nunez, DVM
Jennifer Loreda, RVT
Kathy Bowler, Public Member
Alana Yanez, Public Member

Executive Officer

Jessica Sieferman

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916-515-5220 • 916-928-6849 (Fax)



MEETING NOTICE AND AGENDA VETERINARY MEDICAL BOARD

Board Members

Jaymie Noland, DVM, President
Cheryl Waterhouse, DVM, Vice President
Kathy Bowler
Christina Bradbury, DVM
Jennifer Loreda, RVT
Mark Nunez, DVM
Alana Yanez

April 17-18, 2019

Action may be taken on any
item listed on the agenda.

**Mission Inn Hotel
3649 Mission Inn Avenue
Riverside, California 92501**

10:00 a.m. Wednesday, April 17, 2019

1. Call to Order/Roll Call/Establishment of a Quorum
2. Introductions
3. Public Comment on Items Not on the Agenda
4. Review and Approval of January 23-24, 2019 Board Meeting Minutes
5. Report and Update from Department of Consumer Affairs
6. Review, Discussion, and Possible Action on Multidisciplinary Advisory Committee (MDC) Report – *Jeff Pollard, DVM*
 - A. Overview of April 16, 2019 MDC Meeting ([Agenda](#))
 - B. MDC Recommendations to Amend Sections 2035.5 and 2030.6, Article 4, Division 20, Title 16 of the California Code of Regulations (CCR) Regarding Minimum Standards and Protocols for Shelter Medicine
7. Interviews, Discussion, and Possible Appointment to Fill Vacant Veterinarian MDC Position
8. Update, Discussion, and Possible Board Action on 2019 Legislation
 - A. Update on Pet Cremation Legislative Proposal
 - B. Assembly Bill (AB) [312](#) (Cooley, 2019) State government: administrative regulations: review
 - C. AB [366](#) (Bloom, 2019) Animals: blood, blood components, and biologics
 - D. AB [496](#) (Low, 2019) Business and professions
 - E. AB [611](#) (Nazarian, 2019) Sexual abuse of animals
 - F. AB [613](#) (Low, 2019) Professions and vocations: regulatory fees
 - G. AB [1230](#) (Quirk, 2019) Veterinary medicine: declawing animals
 - H. AB [1553](#) (Fong, 2019) Animal impoundment
 - I. Senate Bill (SB) [53](#) (Wilk, 2019) Open meetings
 - J. SB [202](#) (Wilk, 2019) Animal blood donors
 - K. SB [627](#) (Galgiani, 2019) Medicinal cannabis and medicinal cannabis products: veterinary medicine

MISSION: To protect consumers and animals by regulating licensees, promoting professional standards, and diligent enforcement of the California Veterinary Medicine Practice Act.

9. Update, Discussion, and Possible Action Regarding SB 1480 (Hill, Chapter 571, Statutes of 2018), Business and Professions Code Section 4829.5, Drug Consultation
10. Update, Discussion, and Possible Action on Proposed Regulations
 - A. Status Update on Pending Regulations
 - B. Sections 2027 and 2027.5, Article 3, Division 20, Title 16 of the CCR Regarding DVM Graduates – Veterinary Technician Registration
 - C. Sections 2003, Article 1, Section 2017, Article 2, and Section 2042, Article 5, Division 20, Title 16 of the CCR Regarding Consumer Protection Enforcement Initiative (CPEI)
11. Update, Discussion, and Possible Action Regarding Uniform Standards for Substance Abusing Licensees Subcommittee Report – *Mark Nunez, DVM, and Kathy Bowler*
12. Update, Discussion, and Possible Action Regarding the Administration of the California Veterinary Technician Examination
13. Review and Possible Approval of Records Retention Schedule
14. Board President Report – *Jaymie Noland, DVM*
15. Registered Veterinary Technician Report – *Jennifer Loreda, RVT*
16. Executive Officer and Staff Reports
 - A. DCA Internal Audit
 - B. Sunset Review
 - C. Administrative/Budget
 - D. Enforcement
 - E. Licensing/Examination
 - F. Hospital Inspection
 - G. Strategic Plan Update
17. Future Agenda Items and Next Meeting Dates:
 - July 17-18, 2019 – Bay Area
 - October 9-11, 2019 - Sacramento
18. Recess until April 18, 2019, at 9:00 a.m.

9:00 a.m. Thursday, April 18, 2019

19. Reconvene - Establishment of a Quorum
20. Special Order of Business
 - A. Petition for Reinstatement– Lisa Grosso, Registration No. [9644](#)
 - B. Petition for Termination of Probation - Amanda Jones, RVT, Registration No. [12441](#)

CLOSED SESSION

VISION: An environment in which Californians have access to high-quality veterinary care for all animals.

21. Pursuant to Government Code Section [11126\(c\)\(3\)](#), the Board Will Deliberate on the Above Petitions and Disciplinary Actions.

RETURN TO OPEN SESSION

22. Reconvene Open Session

23. Adjournment

This agenda can be found on the Veterinary Medical Board website at www.vmb.ca.gov. Action may be taken on any item on the agenda. The time and order of agenda items are subject to change at the discretion of the Board President and may be taken out of order. Items scheduled for a particular day may be moved to an earlier or later day to facilitate the effective transaction of business. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public.

This meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit thedcapage.wordpress.com/webcasts/. The meeting will not be cancelled if webcast is not available. If you wish to participate or to have a guaranteed opportunity to observe and participate, please plan to attend at a physical location. Meeting adjournment may not be webcast if it is the only item that occurs after a closed session.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board President may, at his or her discretion, apportion available time among those who wish to speak. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125, 11125.7(a)).

The meeting locations are accessible to the physically disabled. A person who needs disability-related accommodations or modifications to participate in the meeting may make a request by contacting the Board at (916) 515-5220, email: vmb@dca.ca.gov, or send a written request to the Board of Veterinary Medicine, 1747 N. Market St., Suite 230, Sacramento, CA 95834. Providing your request at least five (5) business days prior to the meeting will help ensure availability of the requested accommodations. TDD Line: (916) 326-2297



MEETING MINUTES VETERINARY MEDICAL BOARD

University of California Davis
Veterinary Medicine Research Facility 3B,
Room 1105
1089 Veterinary Medicine Drive
Davis, California 95616

10:00 a.m. Wednesday, January 23, 2019

1. Call to Order/Roll Call/Establishment of a Quorum

Dr. Jaymie Noland called the Veterinary Medical Board (Board) meeting to order at 10:02 a.m. Executive Officer, Ms. Jessica Sieferman, called roll; seven members of the Board were present, and a quorum was established.

2. Board President's Remarks, Board Member Comments and Introductions

Dr. Noland thanked Dr. Richard Sullivan for his time and dedication to both the Board and the Multidisciplinary Advisory Committee (MDC) since 2012 and presented him with a plaque thanking him for his exemplary service. Dr. Noland also thanked Ms. Judie Mancuso for her service since 2010.

Members Present

Jaymie Noland, Doctor of Veterinary Medicine (DVM), President
Cheryl Waterhouse, DVM, Vice President
Kathy Bowler, Public Member
Christina Bradbury, DVM
Jennifer Loreda, Registered Veterinary Technician (RVT)
Mark Nunez, DVM
Alana Yanez, Public Member

Staff Present

Jessica Sieferman, Executive Officer
Robert Stephanopoulos, Enforcement Manager
Patty Rodriguez, Inspections Manager
Amanda Drummond, Administrative Program Analyst
Virginia Gerard, Enforcement Analyst
Kimberly Gorski, Enforcement Analyst
Helen Park, Associate Enforcement Analyst
Moneel Singh, Licensing Analyst

Sidney Villareal, Probation Monitor
Tara Welch, Legal Counsel

Guests Present

Kelsey Burns, University of San Diego, Center for Public Interest Law (CPIL)
Lauren Burton, Attorney
Mark Cushing, Animal Policy Group
Valerie Fenstermaker, California Veterinary Medical Association (CVMA)
Patrick Le, Department of Consumer Affairs (DCA)
Hillarie Levy
Grant Miller, DVM, CVMA
Rafael Moore, General Counsel for Veterinary Information Network (VIN)
John Pascoe, DVM, University of California (UC) Davis
Ken Pawlowski, DVM, CVMA
Jeff Pollard, DVM, MDC
Marc Robinson, Attorney
Cindy Savely, RVT, CVMA and Sacramento Valley Veterinary Technician Association
Carol Schumacher, RVT
Solomon Stupp, The Lizzie Initiative for Pet Protection
Richard Sullivan, DVM

3. Public Comment on Items Not on the Agenda

Mr. Raphael Moore, General Counsel for VIN, addressed the Board that there is a concern amongst the veterinary community about implementing Senate Bill (SB) 1480 (Hill, Chapter 571, Statutes of 2018), specifically the requirements for drug counseling. He advised he would like to work with the Board to resolve some of the issues and questions that have been raised. Ms. Sieferman advised that she and legal counsel, Ms. Tara Welch, are working on some information to be posted on the website regarding drug counseling, and she would be meeting with the Senate Business, Professions and Economic Development (BP&ED) Committee next week to discuss this issue as well.

Due to additional public comments, the Board returned to this agenda item at a later time

Mr. Solomon Stupp addressed the Board to let them know that he would be pursuing legislation to make it a requirement that veterinary premises be required to display the new drug counseling requirements in Business and Professions Code (BPC) section 4829.5.

4. Review and Approval of November 14-15, 2018 Board Meeting Minutes

The Board made minor changes to the November 14-15, 2018 meeting minutes.

- Dr. Mark Nunez moved and Ms. Kathy Bowler seconded the motion to approve the minutes as amended. The motion carried 7-0.

5. Report and Update from Department of Consumer Affairs

Mr. Patrick Le, Assistant Deputy Director, Board and Bureau Relations, DCA, updated the Board and provided highlights from 2018. Updates included a transition to new Governor Newsom, as well as the release of the new budget. The Board had questions about the new budget and its impact on the Board. Ms. Sieferman advised that the Board already submitted Budget Change Proposals (BCPs) that were approved and included in the Governor's budget. The Board also had questions about the Executive Officer salary study, and Mr. Le advised that the salary study contractor was still interviewing individuals and conducting additional research; an update should be available within the next few months.

6. Veterinary Medicine Multidisciplinary Advisory Committee (MDC) Report – Dr. Jeff Pollard

Dr. Jeff Pollard, MDC Chair, addressed the Board regarding MDC discussion. Dr. Pollard advised that the MDC reviewed a report from the Complaint Process Audit Subcommittee and reviewed the chronology of the past four years and highlights of the subcommittee. The recommendation was made to share the information from the subcommittee with the expert witnesses for future training and to provide them with immediate feedback. The MDC also discussed the Shelter Medicine Minimum Standards and moved forward proposed language for California Code of Regulations (CCR) sections 2035.5 and 2030.6. The MDC voted to strike CCR section 2030.7 and retain CCR sections 2034 and 2035 for further discussion and revisions. Dr. Pollard also updated the Board on MDC discussion regarding pet ambulances and their relation to mobile clinics. The MDC requested additional direction from the Board about how to proceed with this topic. The Board agreed to allow Board staff to conduct research to see if pet ambulances are associated with existing premises or fall under the category of mobile practices. The final topic of discussion at the MDC meeting was regarding cannabis guidelines. There was a report from a subcommittee providing initial guidelines and significant public input regarding this discussion. Dr. Pollard advised that the MDC will continue the discussion at the next MDC meeting and consider continuing education (CE), toxicity (dose, concentration, product regulation, etc.), and better determining the line between a cannabis use recommendation and a discussion. The Board discussed the relationship between "herd health" in shelter medicine minimum standards, and how it relates to "range setting" in other regulations such as musculoskeletal manipulation and animal physical rehabilitation. The Board determined that they will hold off on discussing these topics for the time being.

7. Review and Possible Approval of Records Retention Schedule

Ms. Sieferman requested that this discussion be tabled to allow Board staff to conduct additional research regarding the current schedule in relation to DCA policies and propose any changes at the April meeting.

8. Update, Discussion, and Possible Action on Proposed Regulations

A. Status of Pending Regulations

Ms. Amanda Drummond provided an update on the status of current regulations. Changes since the November Board meeting include: the rulemaking package for Fee Schedule has been submitted to DCA and is with the California Business, Consumer Services and Housing Agency (Agency) as of January 15, 2019; the initial rulemaking package for Consumer Protection Enforcement Initiative (CPEI) has received comments from Agency and has been returned to the Board for additional consideration; the initial rulemaking package for Telemedicine is with Agency for their review as of January 4, 2019; and Ms. Drummond is actively working on Disciplinary Guidelines, RVT Education, Drug Compounding, Animal Physical Rehabilitation, RVT Emergency Animal Care, RVT Tasks Under Indirect Supervision, and the rulemaking package relating to implementation of Assembly Bill (AB) 2138.

B. Sections 2006 and 2006.5, Article 1, and Section 2076, Article 8, Division 20, Title 16 of the California Code of Regulations (CCR) Regarding Uniform Standards for Substance Abusing Licensees

Ms. Sieferman provided an update to the Board that this regulatory proposal was placed on hold when the Legal Affairs Division of DCA was researching this topic. This topic was mentioned in the last few Board sunset review reports and given that this is also a consumer protection issue, Ms. Sieferman recommended that the Board develop a subcommittee to work on proposing the regulations for the Uniform Standards and bring it back to the Board at its April meeting.

- Dr. Cheryl Waterhouse moved and Dr. Jaymie Noland seconded the recommendation to create a two-member subcommittee to look at implementation of Uniform Standards for Substance Abusing Licensees and consist of Dr. Mark Nunez and Ms. Kathy Bowler, and that they develop regulations for this topic and present their recommendations at the April 2019 Board meeting. The motion carried 7-0.

C. Section 2032.1, Article 4, Division 20, Title 16 of the CCR Regarding Veterinarian-Client-Patient Relationship and Informed Consent of a Client

Legal counsel briefed the Board that at the last meeting, the Board was discussing dental radiographs and whether clients were informed and giving informed consent for these procedures. Legal counsel's memorandum to the Board identified what is required to be discussed with clients pursuant to the veterinarian-client-patient relationship (VCPR) regulations (CCR section 2032.1). The memorandum included for Board consideration proposed language to require a veterinarian to communicate the medical, treatment, diagnostic, and/or therapeutic plan to help resolve the dental radiographic question posed by the Board. Legal counsel also advised that the regulatory packages for Telemedicine and VCPR contain language that could be affected by this proposed language and advised that if the Board votes to adopt the proposed changes, that they specify that it will not impact the regulatory packages already in process.

- Dr. Mark Nunez moved and Dr. Jaymie Noland seconded the motion to approve the proposed regulatory changes as modified, direct the Executive Officer to take all steps necessary to initiate the rulemaking process, authorize the Executive Officer to make any technical or non-substantive changes to the rulemaking package, notice the proposed text for a 45-day public comment period, and if no adverse comments are received during the 45-day comment period and no hearing is requested, adopt the proposed regulatory changes. The Board also clarified that the adoption of this language would not affect the regulatory proposal for Telemedicine and VCPR, which are already in process. The motion carried 7-0.

D. Section 2003, Article 1, Section 2017, Article 2, and Section 2041, Article 5, Division 20, Title 16 of the CCR Regarding the Consumer Protection Enforcement Initiative (CPEI)

Ms. Sieferman advised that the Board received comments from Agency regarding the CPEI regulatory package, and legal counsel drafted revisions to the proposed language to address some of Agency's concerns. Legal counsel advised that the proposed language originally contained repealed language, but due to Agency's concerns, the language previously repealed will be removed from the text of the proposal. Additionally, the revised proposal clarifies when the Board may require a mental or physical exam. Further amendments to the language include modifications based on the new limitations contained in AB 2138 that put into question whether the Board can require individuals to report convictions, so the proposed language strikes (a)(1). The Board asked clarifying questions about the mandates of AB 2138 and how it affects the application process.

- Dr. Cheryl Waterhouse moved and Ms. Kathy Bowler seconded the motion to approve the proposed regulatory changes as modified, direct the Executive Officer to take all steps necessary to initiate the rulemaking process, authorize the Executive Officer to make any technical or non-substantive changes to the rulemaking package, notice the proposed text for a 45-day public comment period and if no adverse comments are received during the 45-day comment period and no hearing is requested, adopt the proposed regulatory changes. The motion carried 7-0.

E. Section 2040 and 2041, Article 5, Division 20, Title 16 of the CCR to comply with the Requirements of Assembly Bill (AB) 2138 (Chiu, Chapter 995, Statutes of 2018) Regarding Criminal Conviction Substantially Related and Rehabilitation Criteria

Ms. Sieferman advised the Board that AB 2138 has passed, and part of the bill's requirement is to develop and implement new regulations that specify the substantially related criminal conviction and rehabilitation criteria by July 1, 2020. Included in the Board packet is a template for implementing these regulations from DCA that include two options when establishing rehabilitation criteria. The Board decided to go with option 1, which would allow the Board to consider rehabilitation on a case-by-case basis and would provide better consumer protection.

- Dr. Mark Nunez moved and Dr. Christina Bradbury seconded the motion to approve the rulemaking proposal detailed in 2040 and 2041 Option 1 as provided and approve the proposed regulatory changes, direct the Executive Officer to take all steps necessary to initiate the rulemaking process, authorize the Executive Officer to make any technical or non-substantive changes to the rulemaking package, notice the proposed text for a 45-day public comment period, and if no adverse comments are received during the 45-day comment period and no hearing is requested, adopt the proposed regulatory changes as modified. The motion carried 7-0.

9. Discussion and Possible Board Action on 2019 Legislative Proposals:

A. [Update on the 2019 Omnibus Provisions Approved by the Board](#)

Ms. Sieferman provided a recap of the Omnibus bill provisions requested by the Board and submitted to the Senate BP&ED Committee. The corporate practice proposal has been tabled by the Senate BP&ED Committee staff for further review and will not be included in the Omnibus bill. During a teleconference between Ms. Sieferman and Senate BP&ED Committee staff, they expressed concern that the corporate practice proposal may add a new ban on corporate practice, and Ms. Sieferman stated that the proposal does not add a new ban but clarifies the existing corporate practice law. Senate BP&ED staff offered several options regarding the corporate practice proposal and offered to convene stakeholder meetings with the corporations for legislation to be introduced in 2020. Ms. Sieferman noted that the corporate practice legislation recommendation was publicly noticed since February 2018 and approved by the Board at its November 2018 meeting. Ms. Sieferman also noted that the corporations were invited to participate at the November 2018 hearing, and there were corporation representatives at that meeting who did not participate in the Board's discussion. Public comment was received from Mark Cushing, Founder and CEO of Animal Policy Group, a lobbying entity who represents Banfield and MARS group, which includes VCA. Mr. Cushing stated he had watched the Board's February 2018 meeting and attended the November meeting but did not testify. He stated he was probably the individual most familiar with the corporate practice issue since the Board released its legal counsel's memo last February that included the proposed legislation and regulation. Mr. Cushing stated that no one thought the Board would move to a vote on the corporate practice proposal, even though he understood that the Board's public notice that warned that the Board could take action. He attended the November meeting to see if the public would comment and if the Board wanted to push the issue forward and seek legislation. He advised that the corporate practice issue is really complicated, and he has commitments from the practices he represents to participate in a work or task force or with the MDC. He cautioned the Board about national legislation that provided solutions in search of a problem and advised the Board to sort through the problems and the intellectual or philosophical issues to address. He stated there are different types of practices in play that should be looked at. Rather than go through each paragraph of the proposed legislation at a Board meeting, Mr. Cushing advised that is best done by a work or task force. The Board discussed sending this issue to the MDC for further review and discussion.

- Dr. Mark Nunez moved and Dr. Jaymie Noland seconded the motion to pull back the corporate practice recommendation that was submitted to the Legislature and refer the

topic to the MDC for guidance, instruction, research, and stakeholder meetings. The motion carried 6-1. Ms. Alana Yanez voted no.

The Board returned to this agenda item at a later time.

Ms. Sieferman advised that the proposed language contained in the Omnibus proposal regarding premises managing licensees had been approved by the Board and that the language for the fee exemption for vaccination clinics was drafted by legal counsel and included in the packet for the Board's review. The Board clarified that the fee exemption is for non-profits not associated with a fixed premises who are providing vaccination clinics and made minor amendments to the language including:

- Revising the proposed language for BPC section 4905, subdivision (n) to remove "low-cost" and include only "no-cost vaccination services"
 - Replacing "immunization services" with "preventative procedures for parasite control"
 - Clarifying that the non-profit or not-for-profit entity will not be associated with a fixed veterinary premises
- Dr. Christina Bradbury moved and Ms. Alana Yanez seconded the motion to approve the proposed language for BPC section 4905 as amended. The motion carried 7-0.

The Board returned to this agenda item at a later time.

Dr. Sullivan asked for clarification about the proposed legislation for managing licensees and if the Board is creating a new registration. The Board clarified that they are not creating a new registration, but trying to obtain information about the premises owner. There was a discussion between the public and the Board about whether the business owner or the building owner needs to be named on the premises application. Legal counsel identified that the veterinary registration statute only requires the managing licensee to be identified on premises applications, the Board is currently only receiving the managing licensee information and not the owner of the business/premises, who could potentially have had a negative administrative action taken against them.

- Dr. Cheryl Waterhouse moved and Dr. Jaymie Noland seconded the motion to continue working with the Legislature to modify the proposed legislation for BPC section 4853 to capture the business owner information, and not the building owner, and continue the recommendation to the Legislature the proposed language for BPC sections 4853.1, 4853.6, and 4875.2.

B. Potential Legislation Related to Regulating Pet Cremation Service

Ms. Sieferman provided a brief introduction to this topic. The Senate BP&ED Committee staff requested that the Board review the legislative proposal and whether the Board should have oversight over pet cremation facilities. The Cemetery and Funeral Bureau has no oversight over these facilities and only regulates human cremation services. Members of the public, including Ms. Hillarie Levy, and attorneys Ms. Lauren Burton and Mr. Marc Robinson, shared their

experience with the lack of oversight of pet cremations and their legislative proposal on how to resolve these issues. Members of the public requested Board support for this legislation and guidance on how to proceed. The Board expressed sympathy and support for the public members but advised that this would be an issue best suited for the Cemetery and Funeral Bureau, as the Board lacks the training needed to regulate and inspect the crematory facilities. The Board stated they would assist in facilitating a conversation with the Cemetery and Funeral Bureau and offer their support.

Ms. Carol Schumacher also shared her experiences with pet crematory services and clients believing the wrong ashes were received. She also advised that prior clients had gone to the District Attorney because the client believed the pet crematory service was committing fraud, but there was no regulatory oversight over this practice so there was little recourse.

- Dr. Jaymie Noland motioned and Ms. Jennifer Loredo seconded the motion to have Board staff communicate with the Cemetery and Funeral Bureau to schedule a session to discuss this legislative proposal with the Senate Business and Professions Committee staff and have Board staff report back at the next Board meeting. The motion carried 7-0.

10. Update on AB 1753 (Low, Chapter 479, Statutes of 2018) Regarding Serialized Controlled Substance Prescription Forms

Ms. Sieferman updated the Board that AB 1753 requires new serialized prescription forms. DCA, the Medical Board, and the Board of Pharmacy developed a template and the information was disseminated via ListServ to subscribers. Multiple agencies identified that there will be a backlog to having the serialized controlled substance prescription forms filled and recommended some leeway in terms of enforcement.

11. American Association of Veterinary State Boards Call for 2019 Elected Leadership Nominations

The Board discussed the nomination of members to the American Association of Veterinary State Boards (AAVSB) due to multiple vacancies being available and the importance that the Board put forth one of more nominations for representation.

- Dr. Cheryl Waterhouse nominated Dr. Mark Nunez for the position of AAVSB Director. Dr. Mark Nunez accepted the nomination. The motion carried 7-0.

12. Update, Discussion, and Possible Action Regarding the Administration of the California Veterinary Technician Examination

Ms. Sieferman updated the Board that legal counsel provided research regarding the practical portion of the California Registered Technician Examination (CRTE) and if it could be administered online. Ms. Loredo discussed the history of the CRTE and that the purpose of creating a separate state exam was to decrease exam costs. However, the exam costs to RVT

applicants have not decreased. Ms. Loredo stated that ideas to decrease the exam costs is to decrease the cost of retaking the exams and since the CRTE has a 96 % pass rate, it appears to be an educational tool as opposed to an exam. Ms. Loredo noted that the VTNE is an inclusive exam covering nursing and pharmacology, and the California specific items could be covered in a mail-in exam. Ms. Loredo also noted that a prior issue raised with the CRTE was that there was not enough material to make multiple versions of the exam. The Board expressed support for offering this examination as an online exam as a means of reducing costs and because of the high pass rate, it is already serving as more of a guidance tool than an examination. Ms. Sieferman also advised that AAVSB had mentioned it could be possible and relatively inexpensive to incorporate California-specific questions into the Veterinary Technician National Examination (VTNE), which would cover the gap between the VTNE and California requirements, and also require only one examination for RVTs. The Board requested that Ms. Sieferman follow up with AAVSB and report back at the April meeting regarding the incorporating the California practical requirements into the VTNE.

13. Board President Report – Jaymie Noland, DVM

Dr. Waterhouse provided the Board President Report up until January 1, 2019, as she was the President until that time. Dr. Waterhouse updated the Board that since the November 2018 Board meeting, she participated in a DCA teleconference that discussed the Executive Officer salary study, there were already 210 legislative bills introduced for 2019 as of the beginning of December, and there was a discussion regarding AB 2138, which has an implementation date of July 1, 2020. Dr. Waterhouse also advised the Board on required training and forms that the Board members need to complete and that she and Ms. Sieferman will be presenting at Western University in February. Additionally, Dr. Waterhouse met with Assemblymember Kalra's office regarding the cannabis bill and stressed the need for further cannabis research to be conducted. Dr. Noland updated that she also participated in the cannabis discussion. Dr. Noland noted that Assemblymember Kalra's office expressed their willingness to work with the Board, are open to new ideas and discussions, and that within the new marijuana bill, they are requesting \$10 million in research with some of those funds to be allocated to animal research.

14. Registered Veterinary Technician Report – Jennifer Loredo, RVT

Ms. Loredo stated that the AAVSB formalized the Program for the Assessment of Veterinary Equivalence (PAVE) and appointed her to the committee regarding foreign RVT graduates. There have been issues obtaining the VTNE pass rates, and hopefully by the next meeting, there will be updated results. The RVT test plan for California had some issues, but that is pending research and action following the discussion with AAVSB.

15. Executive Officer and Staff Reports

A. Administrative/Budget

Ms. Sieferman thanked Mr. Ethan Mathes for all of his hard work and dedication to DCA and presented his report to the Board. The report indicated there would be a hand-carried expenditure report, but due to concerns with the accuracy of the report, Ms. Sieferman decided not to report it until the errors have been resolved. The fund condition has been provided to the Board and it reflects that the months in reserve are increasing. Additionally, the BCPs have been approved and there are ongoing issues with FI\$CAL.

B. Enforcement

Mr. Robert Stephanopoulos addressed the Board and provided an update on the enforcement unit. The enforcement unit is fully staffed, and he is impressed with the commitment of staff. Mr. Stephanopoulos stated that complaints continue to increase and discussed plans to streamline the various enforcement processes to help close the pending cases sooner.

C. Licensing/Examination

Mr. Moneel Singh presented the report for licensing and examinations that was drafted by Mr. Mathes prior to his departure. Highlights from the report include that veterinary assistant controlled substance permit (VACSP) applications continue to increase, the Board website has been updated, and license renewals for veterinarians and RVTs will be completely online as of June 2019. Additional updates include the implementation of SB 1491 (Committee on Business, Professions and Economic Development, Chapter 703, Statutes of 2018), which authorizes the veterinary law exam (VLE) to be administered by regular mail, email, or by both regular mail and email, and Board staff is working on providing this service.

D. Hospital Inspection

Ms. Patty Rodriguez provided the report for hospital inspections and highlights include the approval of three staff positions, the implementation of SB 1480, which mandates 20% of veterinary premises to be inspected annually, and streamlining processes. The Board is working with the Office of Information Services (OIS) to determine if additional resources can be utilized to make the inspection process more efficient. Additionally, Ms. Rodriguez advised that the compliance rate of veterinary premises continues to rise.

E. Strategic Plan Update

Ms. Sieferman advised that a report for the 2015-2019 Strategic Action Plan is included in the packet and includes updates since the November meeting. The current plan expires this year, and the Board will be holding another Strategic Action Planning Session in October.

16. Future Agenda Items

Ms. Sieferman advised that the April meeting will be at Mission Inn in Riverside, and the July meeting will be hosted by the RVT program at Foothill College in Los Altos. The Board moved the October 16-18, 2019 meeting to October 9-11, 2019, to incorporate the Strategic Planning Session.

17. Recess until Thursday, January 24, 2019, at 9:00 a.m.

The meeting was recessed at 5:14 p.m.

9:00 a.m., Thursday, January 24, 2019

18. Reconvene - Establishment of a Quorum

Dr. Noland called the Board meeting to order at 9:00 a.m. Ms. Sieferman called roll; seven members of the Board were present, and a quorum was established.

19. Introductions

Members Present

Jaymie Noland, DVM, President
Cheryl Waterhouse, DVM, Vice President
Kathy Bowler, Public Member
Christina Bradbury, DVM
Jennifer Loreda, Registered Veterinary Technician (RVT)
Mark Nunez, DVM
Alana Yanez, Public Member

Staff Present

Jessica Sieferman, Executive Officer
Robert Stephanopoulos, Enforcement Manager
Amanda Drummond, Administrative Program Analyst
Virginia Gerard, Enforcement Analyst
Sidney Villareal, Probation Monitor
Tara Welch, Legal Counsel

Guests Present

James Coghlan, Petitioner
Summer Haro, Deputy Attorney General (DAG), Office of the Attorney General, Department of Justice
Coren D. Wong, Administrative Law Judge (ALJ), Office of Administrative Hearings

20. Special Order of Business

A. [Petition for Reinstatement – James Coghlan, Revoked Veterinarian License No. 9742](#)

ALJ Wong presided over the petition for reinstatement. DAG Summer Haro updated and presented the case against James Coghlan. Mr. Coghlan represented himself and presented his petition for reinstatement. Mr. Coghlan answered questions from the DAG and members of the Board. ALJ Wong closed the hearing.

CLOSED SESSION

21. Pursuant to Government Code Section 11126(c)(3), the Board Will Deliberate on Disciplinary Actions.

[Petition for Reinstatement – James Coghlan, Revoked Veterinarian License No. 9742](#)

The Board moved to deny the petition for reinstatement of licensure.

[In the Matter of the Accusation Against Heidi Hilleary, DVM; Mother Lode Pet Emergency Clinic' Lou's Place – Low Cost Vet Care – Board Case No. 1002459492, OAH No. 2018060233](#)

The Board moved to reject the stipulated settlement and submit a counter offer.

[In the Matter of the Accusation Against Katherine Walker, RVT No. 9294 – Board Case No. 1002512686](#)

The Board moved to reject the stipulated settlement and submit a counter offer.

[In the Matter of the Accusation Against Jessica Nazareth Portela, Veterinarian License Applicant – Board Case No. 4602019000224](#)

The Board moved to adopt the stipulated settlement.

[In the Matter of the Accusation Against Skye Stanley, DVM, Veterinarian License No. VET 20846 - Board Case No. 4602017000249, OAH No. 2018090759](#)

The Board moved to adopt the stipulated surrender.

[In the Matter of the Accusation Against Aidin Rahbari-Khazari, DVM Applicant - Board Case No. 4602017000537, OAH No. 2017090717.1](#)

The Board moved to adopt the Decision After Non-Adoption.

22. [Adjournment](#)

- Dr. Cheryl Waterhouse moved, and Ms. Kathy Bowler seconded, to adjourn the meeting.

The meeting adjourned at 3:34 p.m.



MEETING NOTICE and AGENDA MULTIDISCIPLINARY ADVISORY COMMITTEE

Committee Members

Jeff Pollard, DVM, Chair
Kristi Pawlowski, RVT, Vice-Chair
Allan Drusys, DVM
Stuart Eckmann,
Kevin Lazarcheff, DVM
Jennifer Loreda, RVT
Leah Shufelt, RVT
Margaret Warner, DVM

April 16, 2019

Action may be taken on any item listed on the agenda.

**Mission Inn Hotel & Spa
3649 Mission Inn Avenue
Riverside, California 92501**

10:00 a.m., Tuesday, April 16, 2019

1. Call to Order/ Roll Call/ Establishment of a Quorum
2. Committee Chair's Remarks, Committee Member Comments, and Introductions
3. Public Comment on Items Not on the Agenda
Note: The Committee 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).)
4. Review and Approval of January 22, 2019 Committee Meeting Minutes
5. Discussion on Legislative and Regulatory Proposals Regarding the Corporate Practice of Veterinary Medicine; Potential Recommendation to Full Board
6. Discussion and Development of Guidelines for Discussion of Cannabis with Veterinary Clients; Potential Recommendation to Full Board
7. Update from the Complaint Process Audit Subcommittee
8. Future Agenda Items and Meeting Dates
 - July 16, 2019 – Bay Area
 - October 9, 2019 - Sacramento
 - A. Multidisciplinary Advisory Committee Assignment Priorities
 - B. Agenda Items for Next Meeting
9. Adjournment

This agenda can be found on the Veterinary Medical Board website at www.vmb.ca.gov. Action may be taken on any item on the agenda. The time and order of agenda items are subject to change at the discretion of the Committee Chair and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Committee are open to the public.

MISSION: To protect consumers and animals by regulating licensees, promoting professional standards, and diligent enforcement of the California Veterinary Medicine Practice Act.

This meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit thedcapage.wordpress.com/webcasts/. The meeting will not be cancelled if webcast is not available. If you wish to participate or to have a guaranteed opportunity to observe and participate, please plan to attend at a physical location. Meeting adjournment may not be webcast if it is the only item that occurs after a closed session.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Committee prior to the Committee taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Committee, but the Committee Chair may, at his or her discretion, apportion available time among those who wish to speak. Individuals may appear before the Committee to discuss items not on the agenda; however, the Committee can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125, 11125.7(a)).

The meeting locations are accessible to the physically disabled. A person who needs disability-related accommodations or modifications to participate in the meeting may make a request by contacting the Committee at (916) 515-5220, email: vmb@dca.ca.gov, or sending a written request to the Veterinary Medical Board, 1747 N. Market St., Suite 230, Sacramento, CA 95834. Providing your request at least five (5) business days prior to the meeting will help ensure availability of the requested accommodations. TDD Line: (916) 326-2297.

VISION: An environment in which Californians have access to high-quality veterinary care for all animals.



MEMORANDUM

DATE	April 17, 2019
TO	Veterinary Medical Board
FROM	Amanda Drummond, Administrative Programs Coordinator
SUBJECT	Agenda Item 6B. MDC Recommendations to Amend Sections 2035.5 and 2030.6, Article 4, Division 20, Title 16 of the California Code of Regulations (CCR) Regarding Minimum Standards and Protocols for Shelter Medicine

Background:

The Veterinary Medical Board (Board) requested the MDC develop minimum standards for various premise types, including public and private shelters. The MDC has discussed minimum shelter standards at multiple meetings since 2015; all historical webcasts, materials and minutes can be viewed on the Board’s website [here](#).

In December 2017, the MDCA held a stakeholder meeting with the State Humane Association of California, the California Animal Control Director's Association (CACDA), the California Veterinary Medical Association (CVMA). Four issues were identified as needing resolution to specifically address shelter needs:

1. Prevention and treatment of infectious disease
2. Animal shelter definition
3. Authority of RVTs and Staff in Shelters
4. Rabies Vaccinations

Once the recommendations were presented to the MDC, members discussed and developed language throughout 2018 and in January of 2019:

February
[Webcast](#)
[Materials](#)
[Minutes](#)

May
[Webcast](#)
[Materials](#)
[Minutes](#)

August
[Webcast](#)
[Materials](#)
[Minutes](#)

January
[Webcast](#)
[Materials](#)
[Minutes](#)

At the January 2019 MDC meeting, the MDC members made additional changes to the proposed language and voted to submit the approved language for CCR sections 2035.5 and 2030.6 forward to the Board for their review and consideration.

Attachments:

1. [Proposed](#) Shelter Minimum Standards

California Code of Regulations
Title 16. Professional and Vocational Regulations
Division 20. Veterinary Medical Board

PROPOSED LANGUAGE

Proposed amendments to the regulatory language are shown in single underline for new text and ~~single strikethrough~~ for deleted text.

{Text in brackets indicates the existing CCR section/subsection on which the language is based.}

CCR 2030.6. Minimum Standards – Animal Shelter Medicine in Fixed Facility

For purposes of these regulations, “animal shelter facility” shall mean a building, or part of a building, where veterinary medicine and its various branches are being practiced on stray, unwanted, or seized animals that are deposited with or impounded by a privately or publicly operated agency or organization. An animal shelter facility shall meet the following standards:

- (a) All instruments, apparatus, and apparel shall be kept clean and sanitary at all times. **{2030}**
- (b) Indoor lighting for halls, wards, reception areas, and examining and surgical rooms shall be adequate for their intended purpose. **{2030 (a)}**
- (c) Fire precautions shall meet the requirements of local and state fire prevention codes. **{2030 (f)(1)}**
- (d) The facility, temperature, and ventilation shall be maintained so as to assure the comfort of all patients. **{2030 (f)(2)}**
- (e) The floors, table tops, and counter tops in areas where animals are being treated shall be made of a material suitable for regular disinfecting and cleaning and shall be cleaned and disinfected regularly. **{2030 (g)(7)}**
- (f) The animal shelter facility ~~where public spay and neuter services are provided~~ shall have a reception area or office. **{2030(b)}**
- (g) The animal shelter facility shall have an examination room separate from other areas of the facility. **{2030(c)}**
- (h) Current veterinary reference materials shall be readily available at the facility. **{2030(f)(9)}**
- (i) All drugs and biologicals shall be stored and maintained according to the manufacturer’s recommendations and administered, prescribed, and dispensed in compliance with state and federal laws. **{2030(f)(6)}**
- (j) The animal shelter facility shall have the ability to provide diagnostic radiological services either on the premises or through outside services. Radiological procedures shall be conducted in accordance with Health and Safety Code standards. **{2030 (f)(4)}**
- (k) The animal shelter facility shall have the ability to provide clinical pathology and histopathology diagnostic laboratory services either on the premises or through outside services. **{2030 (f)(5)}**

- (m) The disposal of waste material shall comply with all applicable federal, state, and local laws and regulations. {2030 (f)(3)}
- (n) If animals are housed or retained in the animal shelter facility for treatment, the following shall be provided: {2030 (d)}
- (1) Compartments or exercise runs or areas for animals shall be consistent with husbandry standards and shall be comfortable, sanitary, and provide for effective separation of animals and waste products. {2030 (d)(1)}
 - (2) Effective separation of known or suspected contagious animals. {2030 (d)(2)}
 - (3) When medically, safely, and/or species appropriate for a given species, where animals are kept on the veterinary premises for 24 hours or more, the animals shall be provided with an opportunity for proper exercise. Compliance with this paragraph may be achieved by the use of exercise runs/areas or by providing the animal with the opportunity for outdoor walks. {2030.1 (a)}
- (o) When the facility is closed, a sign shall be posted and visible outside the primary entrance with a telephone number and location where emergency care is available. An answering machine or service shall be used to notify the public when the facility will be re-opened and where after-hours emergency care is available. If no after-hours emergency care is available, full disclosure shall be provided to the public prior to rendering services. {2030 (e)}
- (p) Anesthetic equipment in accordance with the procedures performed shall be maintained in proper working condition and available at all times. {2030 (f)(10)}
- (q) Sanitary methods for the disposal of deceased animals shall be provided. {2030 (f)(7)}
- (r) If aseptic surgery is performed, the following shall be provided: {2030 (g)}
- (1) A room, separate and distinct from all other rooms, shall be reserved for aseptic surgical procedures that require aseptic preparations. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable. {2030 (g)(1)}
 - (2) Storage in the surgery room shall be limited to items and equipment normally related to aseptic surgery and surgical procedures. Equipment not normally related to surgery and surgical procedure includes, but is not limited to, equipment used for dental prophylaxis, autoclaves, and non-surgical radiographic equipment. {2030 (g)(2)}
 - (3) Open shelving is prohibited in the surgical room. {2030 (g)(3)}
 - (4) The surgical room shall not contain a functional sink with an open drain. {2030 (g)(4)}
 - (5) Surgery room doors shall be able to be fully closed, fill the entire door space, be made of a material suitable for regular disinfecting and cleaning, and be cleaned and disinfected regularly, and not provide access from outside the facility when aseptic surgery services are provided. {2030 (g)(5)}
 - (6) The surgery room shall be well-lighted, have equipment for viewing radiographs, and have effective emergency lighting with a viable power source. {2030 (g)(6)}
 - (7) Surgical instruments and equipment shall be:
 - a. Adequate for the type of surgical procedures performed. {2030 (g)(8)(A)}

- b. Sterilized as required by the surgical procedure performed and instruments used. {2030 (g)(8)(B)}
- (8) In any sterile procedure, a separate sterile pack shall be used for each animal. {2030 (g)(9)}
- (9) All instruments, packs, and equipment shall be sterilized and have an indicator that reacts to and verifies sterilization. {2030 (g)(10)}
- (10) The following attire shall be required for aseptic surgery: {2030 (g)(11)}
 - (A) Each member of the surgical team shall put on an appropriate sanitary cap and sanitary mask that covers his or her hair and mouth, nose, and any facial hair, except for eyebrows or eyelashes. All members of the surgical team who will be handling the instruments or touching the surgical site shall wear sterilized surgical gowns with long sleeves and sterilized gloves. {2030 (g)(11)(A)}
 - (B) Ancillary personnel in the surgery room shall wear clean clothing, footwear, sanitary cap, and mask. {2030 (g)(11)(B)}
- (s) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized, and the surgeon(s) and ancillary personnel shall wear appropriate apparel. {2030 (h)} For purposes of this subsection, "clean surgery" shall mean the performance of a surgical procedure for the treatment of a condition and under circumstances that, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures. {2030 (h)}

Note: Authority cited: Sections 4808 and 4854, Business and Professions Code. Reference: Sections 4854 and 4883, Business and Professions Code.

CCR Section 2035.5. Duties of Supervising Veterinarian and Animal Health Care Tasks for R.V.T., VACSP Holder, and Veterinary Assistant in Animal Shelter Setting

- (a) Notwithstanding subsection (c) of section 2035 and pursuant to subdivisions (a) and (b) of section 4840 of the code, limited medical care may be provided in a shelter setting by an R.V.T., VACSP holder, or veterinary assistant for the specific purpose of controlling infectious and zoonotic disease, controlling acute pain, and preventing environmental contamination if all the following are met:
 - (1) The supervising veterinarian has direct knowledge of the animal population and examines the animal(s) at such time as good veterinary medical practice requires consistent with the particular delegated animal health care tasks.
 - (2) The supervising veterinarian establishes written orders for:
 - (A) The indirect supervision of an R.V.T., VACSP holder, or veterinary assistant for vaccinations and prophylactic control of internal parasites and external parasites on intake.
 - (B) The indirect supervision of an R.V.T. for the treatment of clinical conditions based on an animal's symptoms.
 - (C) The direct supervision of a VACSP holder or veterinary assistant by an R.V.T. for the treatment of clinical conditions based on an animal's symptoms.

- (3) Treatment rendered under paragraph (2) may be continued only under the direction of a licensed veterinarian.
- (b) Emergency animal care may be rendered by an R.V.T. pursuant to section 2069.
- (c) An R.V.T., VACSP holder, or veterinary assistant shall not diagnose, perform surgery, or prescribe pursuant to section 4840.2 of the code.
- (d) The supervising veterinarian shall maintain whatever physical presence is reasonable within the facility to ensure that the requirements in subsections (a) through(c) are met.
- (e) Animals that have been adopted and returned to the shelter by the owner for treatment of a medical condition shall be examined by a veterinarian prior to treatment or dispensing medication pursuant to section 2032.1, unless the care is continued treatment of an existing medical condition prior to the animal being adopted and the R.V.T. is following the treatment protocol established by the veterinarian.
- (f) For animals surrendered to a shelter with valid prescription medication, an R.V.T., VACSP holder, or veterinary assistant may continue administration of the prescription medication prior to veterinarian examination.
- (g) Rabies vaccines may be administered to an owned animal upon redemption from an animal shelter and pursuant to the direct order, written order, or telephonic order of a veterinarian licensed in this state.

Note: Authority cited: Sections 4808 and 4836, Business and Professions Code. Reference: Sections 4836, 4836.1, and 4840, Business and Professions Code.



MEMORANDUM

DATE	April 17, 2019
TO	Veterinary Medical Board
FROM	Jessica Sieferman, Executive Officer
SUBJECT	Agenda Item 7. Interviews, Discussion, and Possible Appointment to Fill Vacant Veterinarian MDC Position

Starting on July 1, 2019, the Veterinary Medical Board (Board) will have one vacant veterinarian position on its nine-member Multidisciplinary Advisory Committee (MDC). This term begins July 1, 2019 and goes through June 30, 2022.

The vacant position was posted on the Board's website, emailed to the Board's electronic notification subscribers, and sent to the California Veterinary Medical Association for distribution to their members. After three weeks of recruitment, the Board's Executive Committee conducted five interviews and selected the following top two candidates for Board consideration:

- Dr. Richard Sullivan, DVM, License No. [5911](#)
- Dr. Jamie Peyton, DVM, License No. [17492](#)

Interviews of these two candidates will be conducted during the April 17, 2019 Board meeting.

Attachments:

- MDC Candidate Packets

Jamie L Peyton, DVM, DACVECC
28302 Encina Drive
Winters, CA 95694

3/21/19

Veterinary Medical Board
1747 North Market Blvd., Suite 230
Sacramento, CA 95834-2987

Dear members of the Veterinary Medical Board,

To me, veterinary medicine is not only a passion, but also a continuing opportunity to learn and be a part of a growing community. We are so fortunate to be able to care for our animal patients and their family unit as a whole. Given this level of responsibility, I feel it is important to be aware of the issues that may impact the safety and wellbeing of our consumers.

I am interested in being part of the Multidisciplinary Advisory Committee to help deliberate on issues that impact our consumers and the veterinary profession in California. I feel strongly that we have an obligation to uphold the highest level of standards in our profession, and thoroughly investigate all avenues of issues that impact the profession. As a critical care specialist, I understand the value of listening and gathering details to find the ideal solutions. I also enjoy working as part of a team and would value exploring different viewpoints to derive the best course of action for California veterinarians and consumers alike.

Over the last two years, I have been fortunate to learn more about the role and importance of the regulatory bodies such as the Veterinary Medical Board within the Department of Consumer Affairs by taking an active role in current issues. I have spoken at both animal rehabilitation task force meetings as well attending the Assembly Business and Professions Committee meeting regarding a proposed bill on this topic. I have also been involved in the development and evolution of AB2215 regarding the discussion of cannabis with clients. This is still an ongoing issue that I hope to be able to contribute my experience to protecting patients and providing guidelines for the veterinary profession.

As a clinician within the UC Davis School of Veterinary Medicine, I feel passionate about issues affecting veterinarians, veterinary students, and technicians alike. I also feel it is important to have a liaison between views in academia and private practice. Given my experience working in both arenas, I feel I could bring a broad perspective on issues and work well with all members of the committee. Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'JL Peyton', with a stylized flourish extending to the right.

Jamie L Peyton, DVM, DACVECC
Chief, Integrative Medicine Service
William R. Pritchard Veterinary Medical Teaching Hospital
University of California Davis

Jamie Lynn Peyton

28302 Encina Drive
Winters, CA 95694
Phone: 530-405-6053
Email: jlpeyton@ucdavis.edu

Education

Education and Training

September 1996-March 2000	Auburn University, Auburn, AL Bachelor of Science, Zoology, Summa Cum Laude GPA 4.0
August 2000-May 2004	University of Florida, College of Veterinary Medicine, Gainesville, FL Doctorate of Veterinary Medicine, highest honors, GPA 3.92, Class rank 5th out of 75
July 2004-July 2005	Texas A&M University, College of Veterinary Medicine, College Station, TX Small Animal Medicine and Surgery Internship
August 2005- July 2008	University of California at Davis William R. Pritchard Veterinary Medical Teaching Hospital Davis, CA Small Animal Emergency and Critical Care Residency
September 2010- March 2011	International Veterinary Acupuncture Society, Portland, OR US Acupuncture Course
March 2013-April 2013	Canine Rehabilitation Institute, Coral Springs, Florida CCRT certification courses
February 2016 - June 2016	Options for Animals Chiropractic College Wellsville, Kansas Animal Chiropractic Course

Licenses and Certifications

September 2009	Diplomate American College of Veterinary Emergency and Critical Care
2009	California Veterinary License #17492
2011	International Veterinary Acupuncture Society Certification
April 2013	Certified Canine Rehabilitation Therapist Certification
June 2016	International Veterinary Chiropractic Association Certification

Education: Additional Information

Degrees

Bachelor of Science, Zoology

Doctorate of Veterinary Medicine

Diplomate American College Veterinary Emergency and Critical Care

Honors

March 3, 1997	Phi Eta Sigma, Auburn University
April 27, 1997	Alpha Lambda Delta, Auburn University
May 23, 1999	Golden Key Honor Society, Auburn University
March 3, 1999	Phi Kappa Phi, Auburn University
1996-2000	Preston S. Howard Tampa Bay Full Tuition Scholarship Auburn University
1996-2000	Deans List, Auburn University
May 1997	Auburn University Junior Honors College Scholar, Auburn University
May 2000	Auburn University Senior Honors College Scholar, Auburn University
May 2000	Dean's medalist Award, College of Math and Science, Auburn University
2001-2004	Alumni sponsored Scholarships, University of Florida
May 23, 2003	Phi Zeta, Veterinary Honor Society, University of Florida
May 28, 2004	Merck Manual Veterinary Award, University of Florida
May 28, 2004	Joe and Sophie Whitten Scholarship, University of Florida
September 27, 2007	Best Case report presentation, International Veterinary Emergency and Critical Care Conference, New Orleans, LA

Memberships

2004- present: Member, American Veterinary Medicine Association

2005- present: Member, American College of Veterinary Emergency and Critical Care

2010-present: Member, International Veterinary Acupuncture Society

2010- present: Member, American Academy of Veterinary Acupuncture

2011-present: Member, International Veterinary Academy of Pain Management

2013-present: Member, American Association of Rehabilitation Veterinarians

2014-2015: Chair, Membership committee, American Association of Rehabilitation Veterinarians

2014-present: Reviewer, Journal of Veterinary Emergency and Critical Care

2015-2017: Chair, University Liaison committee, American Association of Rehabilitation Veterinarians

2015-2016: Chair, Integrative Medicine Track, American Association of Veterinary Surgeons

2015-present: Reviewer, Journal of Anesthesia and Analgesia

2016- present: Founding Member and Associate Director, UC Davis Center of Advancing Pain Relief

2016-present: Member, International Veterinary Chiropractic Association

2018-present: Member, American Burn Association

Employment

Employment History

July 1, 2004 – July 5, 2005	Texas A&M University, College of Veterinary Medicine College Station, TX Small Animal Medicine and Surgery internship
Aug 1, 2005- Jul 31, 2008	University of California at Davis William R. Pritchard Veterinary Medical Teaching Hospital Davis, CA Small Animal Emergency and Critical Care Residency
January 2009-July 2010	PetCare Veterinary Hospital Santa Rosa, CA Emergency and critical care specialist Intern mentor
July 2010- December 2013	Solano-Napa Pet Emergency Clinic Fairfield, CA Relief emergency veterinarian
August 2010- November 2013	Four Seasons Animal Hospital Lafayette, CA Emergency and critical care specialist ACVECC resident mentor Associate veterinarian in Integrative and Rehabilitation medicine
January 2014- present	University of California Davis William R Pritchard Veterinary Medical Teaching Hospital Davis, CA Chief, Small Animal Integrative Medicine Service

Publications

2005	Milner RJ, Peyton JL, Cooke K, Fox LE, Gallagher A, Gordon P, Hester J. Response rates and survival times for cats with lymphoma treated with the University of Wisconsin-Madison chemotherapy protocol: 38 cases (1996-2003). <i>J Am Vet Med Assoc.</i> 2005. Oct 1:227 (7): 1118-22
2009	Peyton JL, Burkitt JM. Critical illness-related corticosteroid insufficiency in a dog with septic shock. <i>JVECC.</i> 2009. June 19: 3: 262-268.
2013	Fernandez C, Peyton JL, Miller M, Kovacic J. Successful Cardiopulmonary Resuscitation Following Cardiopulmonary Arrest in a Geriatric Chinchilla. <i>JVECC:</i> January 2013
2014	Peyton JL. Neurological Rehabilitation for IVDD. Proceedings UC Davis Back to School Conference. Davis, CA
2014	Peyton JL. Integrative Palliative Care for Oncology Patients. Proceedings UC Davis Back to School Conference. Davis, CA
2014	Peyton JL. Common Nutraceuticals: What's the evidence?. Proceedings UC Davis Back to School Conference. Davis, CA
2016	Peyton JL. Role of Cannabinoids in Veterinary Patients. Proceedings ACVS 2016. Seattle
2016	Peyton JL. Role of Treatment approach for Myofascial Pain. Proceedings ACVS 2016. Seattle
2016	Peyton JL. Integrative Approach to Pain Management in Orthopedic Trauma Patients. Proceedings ACVS 2016. Seattle
2016	Peyton JL. Integrative Pain Management in Livestock. Proceedings ACVS 2016. Seattle
2016	Peyton JL. Advancing Pain Recognition in Veterinary Medicine. Proceedings for Advancing Pain Relief Symposium 2016. Sacramento, CA November 2016.
2016	Integrative veterinary medical education and consensus guidelines for an integrative veterinary medicine curriculum within veterinary colleges M.A. Memon ¹ , J. Shmalberg ² , H.S. Adair III ³ , S. Allweiler ⁴ , J.N. Bryan ⁵ , S. Cantwell ⁶ , E. Carr ⁷ , C. Chrisman ² , C.M. Egger ³ , S. Greene ¹ , K.K. Haussler ⁴ , B. Hershey ⁸ , G.R. Holyoak ⁹ , M. Johnson ² , S. Le Jeune ¹⁰ , A. Looney ¹¹ , R.S. McConnico ¹² , C. Medina ¹³ , A.J. Morton ² , A. Munsterman ¹⁴ , G.J. Nie ¹⁵ , N. Park ¹⁶ , M. Parsons-Doherty ¹⁷ , J.A. Perdrizet ¹⁸ , J.L. Peyton ¹⁰ , D. Raditic ¹⁹ , H.P. Ramirez ² , J. Saik ²⁰ , S. Robertson ⁷ , M. Sleeper ² , J. Van Dyke ²¹ and J. Wakshlag ²² <i>Open Veterinary Journal</i> , (2016), Vol. 6(1): 44-56
2016	Peyton, JL. Use of Acupuncture for Urinary Retention in a canine. <i>IVIS Point</i> May 2016
2018	Peyton JL. Essentials of Burn Pain and Wound Care. Proceedings Redwood Empire Veterinary Medical

	Association Conference 2018. Santa Rosa, CA.
2018	Peyton JL. Postoperative Animal Rehabilitation. Proceedings Redwood Empire Veterinary Medical Association Conference 2018. Santa Rosa, CA.
2018	Peyton JL. Novel Fish Skin Treatments for Wildlife. California Wildlife Rehabilitation Conference 2018. Petaluma, CA
2018	Peyton JL. Novel Fish Skin for Burn Wounds. Proceedings Winter Conference 2019. Davis, CA
2018	Peyton JL. Integrative Approach to Myofascial Pain. Proceedings Winter Conference 2019. Davis, CA
2018	Peyton JL. Cannabis and Veterinary Clients: What they think. Proceedings Winter Conference 2019. Davis, CA
2019	Peyton JL. Essential of Burn Pain and Wound Care. Proceedings NSVMA Annual Conference 2019. Fairfield, CA.

Abstracts

2007	Peyton JL, Burkitt JM. The use of pulmonary artery catheters in a population of critically ill dogs. In: Proceedings of the 13th International Veterinary Emergency and Critical Care Symposium, September 27-30, 2007, New Orleans
2007	Peyton JL, Jandrey KE. Caffeine toxicity in two dogs. In: Proceedings of the 13th International Veterinary Emergency and Critical Care Symposium, September 27-30, 2007, New Orleans, LA.
2019	Di Salvo AR, Peyton JL, Clifford DL. Novel Therapies for Treating Burned Wildlife. The Wildlife Society Conference Feb 4-8, 2019, Yosemite, CA

Grants

November 2014: Co-investigator	Center for Companion Animal Health (CAAH) Koret Grant: Evaluation of the Live Biotherapeutic Product, Asymptomatic Bacteriuria <i>E. coli</i> 2-12, in Dogs with Recurrent UTI	Funded: \$30,000
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November 2015: Co-investigator	United States Military Grant: 1) Paw Cooling during fieldwork in combat zones 2) Paw Warming during casualties	Not Funded
February 2016: Co-investigator	Center for Companion Animal Health: Canine Longevity Genetics Study	Funded
April 2016: Principal Investigator	UC Davis Big Idea submission grant "Center of Comparative Pain Medicine"	Accepted: Combined with Center of Advancing Pain Relief
April 2016: Co-investigator	UC Davis Big Idea submission grant "Center for Advancing Pain Relief"	Funded
March-April 2016: Principal Investigator	Center for Companion Animal Health Equipment Grant Proposal: Digatherm Thermal Camera	Funded: \$10,000
November 2016: Co-Investigator	Keck Foundation Grant Human and Animal Bond Collaboration with UCSD Med School	Not Funded
January 2016: Co-Investigator	Development of Automated Recognition using Facial Action Coding System in Equines and Canines	Funded: \$90,000
January 2017: Principal Investigator	California National Primate Research Center: Remote pain monitoring in colony Rhesus Macaques	Not Funded
February 2018: Principal Investigator	California National Primate Research Center Pilot Grant: Rhesus Monkey Model to Detect Spinal Pain using	Not Funded

	Translational PET/CT	
April 2018: Principal Investigator	Center for Companion Animal Health Equipment Grant Proposal: VacMaster VP545	Funded: \$2,842.91
August 2018: Principal Investigator	Center for Equine Health: Development and Validation of an Automated Facial Action Coding System for the Recognition and Quantification of Orthopedic Pain in Horses	Funded: \$27,240
November 2018: Principal Investigator	Global Affairs Seed Grant: Impact of Animal Burns on the International Veterinary Medicine Community and the Development of the UC Davis Global Veterinary Burn Care Center	Funded: \$30,000
March 2019: Principal Investigator	UC Davis Science Translation And Innovation Research grant: Novel Fish Skin Biologic Bandage for Treatment of Partial and Full Thickness Wounds	Pending

2015-2018 Pain Medicine Collaboration with:

- UCD Pain Medicine Service
- UCD Burn Care Center
- UCD Center for Equine Health
- California National Primate Research Center
- UCD San Diego Pediatric Medicine
- Swedish University of Agriculture
- UCD Translating Engineering Advances to Medicine (TEAM)

Teaching

2014- present	UC Davis Integrative Medicine 4 th year student 2 week elective
2015-present	UC Davis Integrative Medicine mini-rotations for 1-3 rd year students
2014- present	Canine Rehabilitation Institute approved internship program advisor
2014- present	Vet aide undergraduate program advisor: 8-10 undergraduate volunteer once weekly each semester
2014- present	Integrative Medicine Club Shadow Days: allow 1-3 rd year vet student to spend the day on clinics
2014- present	Integrative/Pain management didactic teaching in Vet School 3 rd year curriculum: 432A, 433A, 433B

Service

University Service:

2014-present: Service Chief: Integrative Medicine Service

2014-present: Mentor for Student Integrative Medicine Club

Search Committees:

- 2014: Animal Health Technician 3 Integrative Medicine
 - 2015: Animal Health Technician 2 Integrative Medicine
 - 2015: Staff Veterinarian Integrative Medicine
 - 2016: Animal Technician Integrative Medicine
 - 2016: Animal Technician Integrative Medicine
 - 2019: Physical Therapist Integrative Medicine
- 2014: Back to School Technician Conference
2014: VMTH Internal Advisory Board Presentation
2014: Glide Foundation Presentation

2014: Dean's Council Presentation
 2014: Bernice Barbour Foundation Presentation
 2014: Clemens Family Presentation
 2014- present: Inter-professional Pain Consortium
 2014- present: Journal Reviews:

- JVECC
- Vet Analgesia and Anesthesia

 2015: Spring Showcase Presentation 5/3/15
 2016- present: Center for Advancing Pain Relief: Founding Member
 2016: Pain Symposium Presentation
Outreach
 2011-2015: Golden State German shepherd Rescue Consultant
 2012- present: Tookie and Friends Animal Foundation: Founder and Chair
 2014, 2016: Dog Days Run: hosted booth
 2014: Coast Guard Collaboration on Dog Rescue Harness
 2016, 2017, 2018: Pug-tastic Event: hosted booth
 2014-2016: Canine Field Trials Volunteer
 Jan 2015-April 2015: American Association of Rehabilitation Veterinarians: Co-Chair Membership Committee
 April 2015- 2017: American Association of Rehabilitation Veterinarians: Chair University Liaison Committee
 2016 American College of Veterinary Surgeons Summit: Chair for Integrative Medicine Lecture Track
 2016: Breeders Association Symposium Presentation
 2017: Delta Veterinary Medical Association Presentation
 2018: Rainbow Equine Clinic: Joint Burn case
 2018: CA Veterinary Medical Board Speaker: Animal Rehabilitation, Cannabis
 2018: Contra Costa Veterinary Medical Association Presentation
 2018: Redwood Veterinary Medical Association Presentation
 2018: California Wildlife Rehabilitation Conference
 1/16/19: UC Regents Presentation to Public and Community Outreach Committee
 1/18/19: Stakeholder Meeting: Cannabis for Animal Use; Assembly member Kalra office
 2/10/19: UCD Winter Conference Integrative Track leader
 3/17/19: NSVMA Keynote speaker annual spring fling meeting

Bay Cities Pet Hospital
20447 Hawthorne Blvd.
Torrance
CA 90503

Phone (310)371-6508
Fax (310)214-4133
E-mail sullydvm@gmail.com

Richard J. Sullivan, DVM

Education

Purdue University
West Lafayette, IN
Doctorate of Veterinary Medicine, June 1972

Professional experiences

Sept., 1972 – Dec., 1974
Peace Corps Volunteer
Extension Veterinarian
ACARMAT
Comapua, Mato Grosso, Brazil

Jan., 1975 – Sept., 1975
Associate Veterinarian
Madison Veterinary Clinic
Madison, WI

Sept., 1975 – Dec., 1979
Associate Veterinarian
Bay Cities Pet Hospital
Torrance, CA

Jan., 1980 – present
Owner/Manager Veterinarian
Bay Cities Pet Hospital
Torrance, CA

Jan., 1981 – Mar. 2009
Member of the Board of Directors
South Bay Emergency Pet Clinic, Corp.
Torrance, CA

Professional offices held

SCVMA Board of Trustees 1981 – 1988

SCVMA Treasurer 1985

SCVMA President 1987

CVMA Board of Governors Jan. 1989 – June 1995

CVMA President July 1993 – June 1994

CVMA Legislative Committee Chair 1995 - 1997

Wild West Convention Board (A Four State Western States Regional Veterinary Medical Convention) Member 1995 - 1998

Wild West Convention Treasurer 1995 - 1998

AVMA Judicial Council Member 1994 - 2000

AVMA Judicial Council Chairman 2000

CVMA Animal Welfare Chairman 2009 - 2013

CVMA Alternate Delegate to AVMA HOD 2003 – 2011

CVMA Delegate to the AVMA HOD 2011 - present

AVMA State Advocacy Committee July 2009 – 2015

Multidisciplinary Advisory Committee of the California Veterinary Medical Board 2010 – 2012

California Veterinary Medical Board, professional member June 2012 – 2018

California Veterinary Medical Board, Vice President January 2017 – 2018

American Association of Veterinary State Boards, Regulatory Policy Task Force Member 2018 - present

Awards received

SCVMA Don Mahan Community Service Award 1993

American Animal Hospital Association Western Regional Service Award Sept. 17, 1994

CVMA President's Service Award, Oct. 14, 1995

AVMA Certificate of Appreciation, Judicial Council, May, 2000

CVMA Distinguished Life Membership Award, June 22, 2007.

CVMA President's Service Award, July 2012

CVMA Lifetime Achievement Award, July 2014

Professional memberships

Southern California Veterinary Medical Association (SCVMA)

California Veterinary Medical Association (CVMA)

American Veterinary Medical Association (AVMA)



Valley Animal Hospital of Merced
58 W. 16th Street
209.384.7387

March 11, 2019

Dear Veterinary Medical Board:

I am writing to strongly encourage you to appoint Dick Sullivan, DVM to the Multi-Disciplinary Advisory Committee (MDC.)

Dr. Sullivan has been a strong advocate for the California consumer and their animals throughout his career. He has a keen understanding of the issues and challenges that face the Veterinary Medical Board.

As a Board & Committee member, Dr. Sullivan also studies the issues intensely. His work ethic is extraordinary and his commitment will help the MDC to thoroughly discuss a topic and provide the best possible recommendations to the VMB.

Dr. Sullivan also possesses invaluable institutional knowledge that guarantees he will be able to 'hit the ground running' and be an asset to the Committee.

Thank You,

Jon Klingborg, DVM
MDC Member, 2009 - 2018
MDC Chairman, 2015 - 2018



Community Veterinary Hospital, Inc.

13200 EUCLID • GARDEN GROVE, CALIFORNIA 92843

SMALL ANIMAL MEDICINE
SURGERY & DENTISTRY

Phone: (714) 537-5390
Fax: (714) 537-1971

March 12, 2019

Veterinary Medical Board
1747 North Market Blvd
Sacramento, Ca 95834

Dear Board

It is with enthusiasm that I highly recommend Dr Richard Sullivan for the veterinarian appointment to the Multidisciplinary Committee (MDC). Dr Sullivan brings a wealth of experience from within our profession. His experiences include practicing as a small animal veterinarian in southern California for over forty years and being very active in organized veterinary medicine. He truly has a passion for helping people and their pets. Dr Sullivan will always try to find a way to help clients and their pets no matter what their personal or financial situation is.

Dr Sullivan's honesty, ethics, and integrity and unparalleled within our profession. His opinions are solicited on a multitude of matters by our colleagues on a regular basis. This respect is sought by veterinarians on a local, state, and national level.

I have had the pleasure to work with Dr Sullivan on a number of committees, boards, and medical, surgical cases. While we agree on a preponderance of the issues at hand, we have had our disagreements, it is these times when we disagree that I have my greatest respect for Dr Sullivan. His willingness and ability to analyze an issue from many sides, consider alternatives, and work within a group are his strong personality traits and are the hallmarks of the type of individual that is needed on the MDC. I have great respect for both the VMB and the MDC and understand the difficult issues that face you, Dr Sullivan brings the skill set necessary to work collaboratively to help solve these challenges.



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SURGERY & DENTISTRY

Phone: (714) 537-5390
Fax: (714) 537-1971

Dr Sullivan also has significant experience working diligently on the Veterinary Practice Act as a VMB member and he is committed to doing what is right thus ensuring the Board's mission of consumer protection.

I give my strongest recommendation for Dr Richard Sullivan to be selected for the veterinary appointment to the MDC.

Warm Regards,

William A Grant II, DVM
MDC Chair 2009 - 2016



MEMORANDUM

DATE	April 17, 2019
TO	Veterinary Medical Board
FROM	Jessica Siefertman, Executive Officer
SUBJECT	Agenda Item 8. Discussion and Possible Board Action on 2019 Legislative Proposals

The information below was based on legislation, statuses, and analyses (if any) publicly available on March 29, 2019. Legislation is amended, statuses are updated, and analyses are added frequently; thus, hyperlinks are provided throughout this document to ensure members and the public have access to the most up to date information. Printed legislation will not be included in meeting packets.

A. Update on Pet Cremation Legislative Proposal

During the Board's January meeting, the Veterinary Medical Board (Board) discussed a constituent's legislative proposal submitted to the Senate Business, Professions and Economic Development Committee (Senate B&P) that would address the lack of regulation over pet cremation services.

The Board was in support of pet cremation oversight but expressed concern if the proposal made the Board responsible for regulation and oversight of pet crematories. The Board directed the Executive Officer to work with the Department of Consumer Affairs (DCA), Cemetery and Funeral Bureau (CFB), which likely would be better equipped to regulate pet cremation services as it is well versed in human cremation procedures and enforcement mechanisms, such as inspections and complaint investigations.

DCA's Legislative Affairs Office held a meeting with Board staff and CFB staff on Friday, February 15, 2019. A subsequent meeting was held on Thursday, February 21, 2019, with representatives from the Board, CFB, DCA, Senate B&P, and the Assembly Business and Professions Committee. All parties agreed that this issue requires further research and collaboration prior to proposing any legislation.

CFB testified during their March Sunset Hearing that they will continue to work with all parties to develop a solution.

B. Assembly Bill (AB) 312 (Cooley, 2019) State government: administrative regulations: review

Status: In Committee: Asm Appropriations

Hearing Date: 4/2/19

Analysis: Assembly Accountability and Administrative Review, 3/25/19

This bill would require each state agency to, on or before January 1, 2022, review its regulations, identify any regulations that are duplicative, overlapping, inconsistent, or out of date, revise those identified regulations, as provided, and report its findings and actions taken to the Legislature and Governor, as specified. The bill would repeal these provisions on January 1, 2023.

C. AB 366 (Bloom, 2019) Animals: blood, blood components and biologics

Status: In Committee: Asm Agriculture

Hearing Date: 4/10/19

Analysis: None as of March 29, 2019

This bill notwithstanding any law, commencing January 1, 2022, prohibit a person from engaging in the production of canine blood and blood component products or for retail sale and distribution unless that person is licensed as a canine blood bank by the Secretary of Food and Agriculture, among other specified requirements, including the requirement that the operations are performed under the direct supervision of a licensed veterinarian or board-certified specialist.

The bill would prohibit a canine blood bank from paying a person for canine blood or blood component products and would require a canine blood bank to keep specified records.

D. AB 496 (Low, 2019). Business and professions

Status: In Committee: Assembly Business and Professions

Hearing Date: 4/2/19

Analysis: None as of March 29, 2019

This bill would replace gendered terms with nongendered terms and make various other nonsubstantive changes.

Existing law authorizes the director to audit and review, upon the director's own initiative or upon the request of a consumer or licensee, inquiries and complaints regarding, among other things, dismissals of disciplinary cases of specified licensees and requires the director to report to the Chairpersons of the Senate Business and Professions Committee and the Assembly Health Committee annually regarding any findings from such an audit or review.

This bill would instead require the director to report to the Chairpersons of the Senate Business, Professions and Economic Development Committee and the Assembly Business and Professions Committee.

Existing law defines the term "licentiate" to mean any person authorized by a license, certificate, registration, or other means to engage in a business or profession regulated or referred to, as specified.

This bill would instead define "licensee" to mean any person authorized by a license, certificate, registration, or other means to engage in a business or profession regulated or referred to, as specified, and would provide that any reference to licentiate be deemed to refer to licensee.

E. AB 611 (Nazarian, 2019) Sexual abuse of animals

Status: In Committee: Asm Appropriations

Hearing Date: 4/3/19

Analysis: Assembly Public Safety, 3/18/19

Existing law makes it a misdemeanor to sexually assault certain animals for the purpose of gratifying the sexual desires of a person.

This bill would repeal that provision and would instead prohibit sexual contact, as defined, with any animal. The bill would make a violation of these provisions punishable as a misdemeanor. The bill would also authorize the seizure of an animal used in the violation of this offense.

Existing law makes it a misdemeanor for persons convicted of certain animal abuse crimes to own, possess, maintain, care for, reside with, or have custody of an animal for a specified period after conviction.

This bill would add animal sexual abuse to the list of offenses which result in that prohibition.

Existing law requires a veterinarian that has reasonable cause to believe an animal under their care has been a victim of animal abuse or cruelty to promptly report the abuse or cruelty to the appropriate law enforcement authorities of the county, city, or city and county in which it occurred. Existing law makes a violation of these provisions a misdemeanor.

This bill would expand that reporting requirement to include when the veterinarian has reasonable cause to believe an animal has been a victim of sexual abuse or kept without proper care and attention, as specified.

F. AB 613 (Low, 2019) Professions and vocations: regulatory fees.

Status: In Committee: Assembly Business and Professions

Hearing Date: 4/23/19

Analysis: None as of March 29, 2019

This bill would authorize each board within the department to increase every 4 years any fee authorized to be imposed by that board by an amount not to exceed the increase in the California Consumer Price Index for the preceding 4 years, subject to specified conditions. The bill would require the Director of Consumer Affairs to approve any fee increase proposed by a board except under specified circumstances. By authorizing an increase in the amount of fees deposited into a continuously appropriated fund, this bill would make an appropriation.

G. AB 1230 (Quirk) Veterinary medicine: declawing animals

Status: In Committee: Assembly Business and Professions

Hearing Date: 4/9/19

Analysis: None as of March 29, 2019

This bill would prohibit a person from performing a declawing on a cat or other animal unless the person is licensed as a veterinarian and the veterinarian is performing the declawing for a therapeutic purpose. The bill would require a veterinarian to prepare and file a written statement with the board if the veterinarian determines that a declawing is necessary for a therapeutic purpose and would make a veterinarian subject to a determination by the board to revoke the veterinarian's license if the veterinarian does not comply with that requirement within 30 days of the procedure. Because a violation of these provisions would be a crime, the bill would impose a state-mandated local program.

H. AB 1553 (Fong, 2019) Animal impoundment

Status: In Committee: Assembly Business and Professions

Hearing Date: 4/23/19

Analysis: None as of March 29, 2019

Existing law governs the seizure, rescue, adopting out, and euthanasia of abandoned and surrendered animals by animal control officers, law enforcement officers, animal shelters, and rescue organizations.

This bill would make technical, nonsubstantive changes to those provisions by replacing references to a “pound” with references to an animal shelter and by replacing references to destroying an animal with references to humanely euthanizing the animal.

I. Senate Bill (SB) 53 (Wilk, 2019) Open meetings

Status: In Committee: Sen. Appropriations

Hearing Date: 4/8/19

Analysis: Senate Governmental Organization, 3/8/19

This bill would specify that the definition of “state body” includes an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body of a state body that consists of 3 or more individuals, as prescribed, except a board, commission, committee, or similar multimember body on which a member of a body serves in his or her their official capacity as a representative of that state body and that is supported, in whole or in part, by funds provided by the state body, whether the multimember body is organized and operated by the state body or by a private corporation.

J. SB 202 (Wilk, 2019) Animal blood donors

Status: In Committee: Sen. Agriculture

Hearing Date: 4/2/19

Analysis: Senate Agriculture, 3/28/19

This bill would modify the definition of a commercial blood bank for animals to include establishments that collect blood not only from “captive closed-colony” animals that are kept, housed, or maintained for the purpose of collecting blood, but also “community-sourced” animals, as defined, that are brought by their guardians to the commercial blood bank for animals to have their blood collected. The bill would require a commercial blood bank for animals to include, in its written protocol, blood-borne pathogen testing for all canine and feline blood donors, as provided. The bill would delete the above-described exemption from the California Public Records Act, except for personal information of guardians of community-sourced animal donors, as provided.

K. SB 627 (Galqiani, 2019) Medicinal cannabis and medicinal cannabis products: veterinary medicine

Status: In Committee: Sen Business, Professions and Economic Development

Hearing Date: Not set

Analysis: None as of March 29, 2019

This bill would repeal the provision prohibiting a licensed veterinarian from dispensing or administering cannabis or cannabis products to an animal patient, and would, instead, authorize a qualified veterinarian, as defined, to discuss the use of, and issue a recommendation for the use of, medicinal cannabis or medicinal cannabis products on an animal patient for any condition for which cannabis or cannabis products provide relief. The bill would require the recommendation to include, at a minimum, the condition for which the recommendation is issued and the name of the patient and the primary caregiver, as defined. The bill would prohibit a qualified veterinarian who makes a recommendation under these provisions from being punished, or denied any right or privilege, for having recommended medicinal cannabis or medicinal cannabis products to a patient

for medical purposes, except as provided, and would provide that a qualified veterinarian who makes a recommendation pursuant to these provisions is entitled to the same protections as a physician and surgeon under the Compassionate Use Act of 1996. The bill would prohibit a qualified veterinarian from advertising that the qualified veterinarian offers recommendations for medicinal cannabis. Because a violation of that prohibition would be a crime, the bill would impose a state-mandated local program. The bill would provide that a qualified veterinarian may, but is not required to, follow the guidelines adopted by the board when discussing cannabis within the veterinarian-client-patient relationship. The bill would make related conforming changes.

This bill would expand the purpose and intent of MAUCRSA to control and regulate those above-mentioned activities for patients with a valid veterinarian's recommendation, as defined, and would make conforming changes, including revising the definitions of "medicinal cannabis" and "medicinal cannabis product" to include cannabis and a cannabis product, respectively, intended to be sold for use on an animal patient pursuant to a veterinarian's recommendation for purposes of MAUCRSA. The bill would authorize a primary caregiver on a veterinarian's recommendation to purchase medicinal cannabis or medicinal cannabis products for use on an animal that the primary caregiver owns. The bill would prohibit adult-use cannabis products from being marketed as a veterinary product and would require medicinal cannabis or medicinal cannabis products for use on an animal to meet certain requirements. The bill would provide that information on a veterinarian's recommendation and received by a licensee is deemed medical information for purposes of the Confidentiality of Medical Information Act, and would prohibit a licensee from disclosing that information, except as specified. The bill would make related findings and declarations.



MEMORANDUM

DATE	April 17, 2019
TO	Veterinary Medical Board
FROM	Jessica Sieferman, Executive Officer
SUBJECT	Agenda Item 9. Update, Discussion, and Possible Action Regarding SB 1480 (Hill, Chapter 571, Statutes of 2018), Business and Professions Code Section 4829.5, Drug Consultation

Pursuant to Senate Bill (SB) [1480](#) (Hill, Chapter 571, Statutes of 2018), effective January 1, 2019, veterinarians are required to offer to provide drug consultations for dangerous drugs¹ (Business and Professions Code (BPC) section [4829.5](#)).

The Board received numerous questions regarding this new statutory drug consultation requirement. To provide clarity, the Board posted [this](#) document, which included a discussion and responses to some frequently asked questions, to its website.

Since posting the document, the Senate Business, Professions and Economic Development Committee (Committee) raised concerns that the Board's interpretation and implementation does not meet the intention of SB 1480. The Committee believes veterinarians may have concerns with the requirement as well.

As background, SB 546 (Hill, 2017) would have established the drug consultation requirement and, in nonemergency situations and outpatient settings, would have required the veterinarian to offer to provide the client a drug consultation each time the veterinarian prescribed, administered, dispensed, or furnished a dangerous drug or prescription medication. Following stakeholder input to Committee staff, SB 546 was proposed to be amended, among other things, to strike the term "administer" from the bill because in many instances the administration of medication for the animal patient would take place when the client is not present, which would be burdensome to veterinarians in trying to track down the client each time they have to administer a drug. In addition, the proposed amendments to SB 546 would have deleted the requirement that "for injections, the consultation shall be provided before the injection is administered to the animal patient." Notably, SB 1480 enacted the revised version of SB 546 that did not include drug consultation requirements for the administration of a drug.

Concern has now been raised that the Board's website posting of the new drug consultation requirements in BPC section 4829.5 should not include the instruction that the new statute does not apply to the administration of a drug. The argument before the Board is that the terms "dispense" and "furnish" include "administration" of a drug. Purportedly, if an animal owner is

¹ "Dangerous drug" means any drug requiring a prescription. (BPC § [4022](#))

present in an exam room and a veterinarian orders the administration of an injectable medication directly into the animal patient at the veterinary premises, the veterinarian must offer to provide the drug consultation in accordance with BPC section 4829.5.

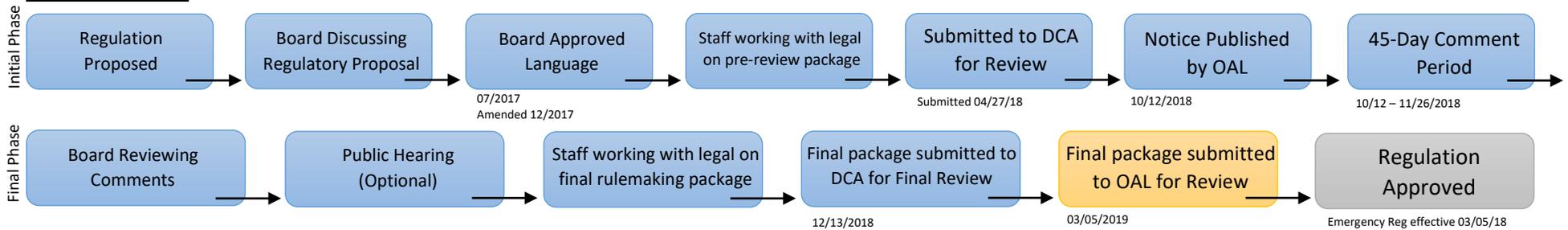
Recognizing the differing interpretations of the new drug consultation requirement and whether the administration of a dangerous drug at the veterinary premises to the animal patient in an outpatient setting requires a drug consultation, Committee staff requests the Board discuss this further and consider potential legislative solutions.

To assist the discussion, the Board members are asked to consider the following questions:

1. Do veterinarians understand “dispense” or “furnish” to include “administer?”
2. What outpatient procedures may require administration of a drug where veterinarians are able to provide consultation without compromising the animal patient’s health, safety, or welfare?
3. What outpatient procedures may require administration of a drug where veterinarians would be unable to provide consultation without compromising the animal patient’s health, safety, or welfare?

Status of Pending VMB Regulations – April 2019

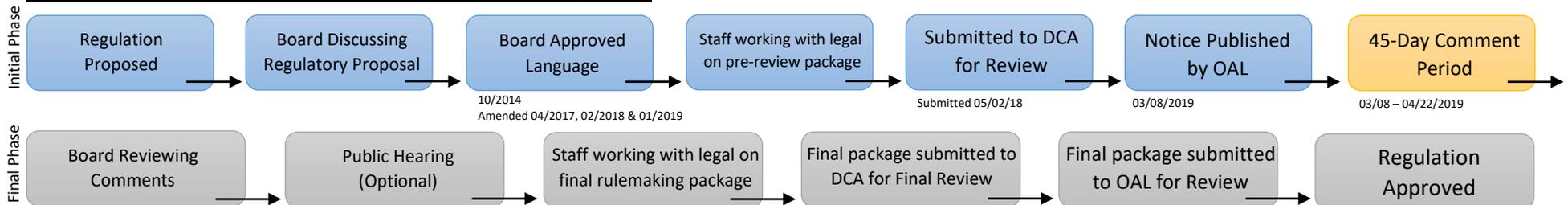
Fee Schedule



CCR Section: [2070](#), [2071](#)

Notes: The emergency rulemaking package was approved [03/05/2018](#) and a standard rulemaking package has been submitted to DCA for review effective 04/27/2018. The package was noticed by OAL on [10/12/2018](#) and the [45-day comment period](#) closed on 11/26/2018. A re-adoption of the emergency regulations package was approved by OAL on [08/01/2018](#) and granted a 90-day extension. A 2nd re-adoption of the emergency regulations package approved by OAL on [10/16/2018](#). The final rulemaking package was submitted to DCA for their review on 12/13/2018. The final rulemaking package was submitted to OAL on [03/05/2019](#). OAL has until 04/17/2019 to notify the Board of their decision.

Consumer Protection Enforcement Initiative (CPEI)

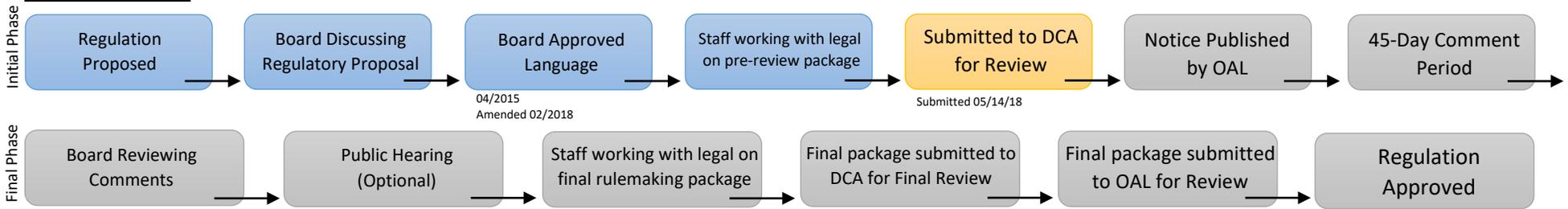


CCR Section: [2003](#), [2017](#), [2042](#)

Notes: The CPEI rulemaking package was originally submitted through DCA for review in 07/2017, but due to recommendations received from Legal Affairs, the package was returned to the Board and amendments were made to the proposed language effective [02/2018](#). The rulemaking package has been re-submitted to DCA for review effective 05/02/2018. The package is with Agency for review as of 10/24/18. Comments and recommendations were received from Agency and the Board amended the proposed language at the [01/2019](#) meeting. The package was noticed by OAL [03/08/2019](#) and the 45-day comment period is open from 03/08/19-04/22/19.

Status of Pending VMB Regulations – April 2019

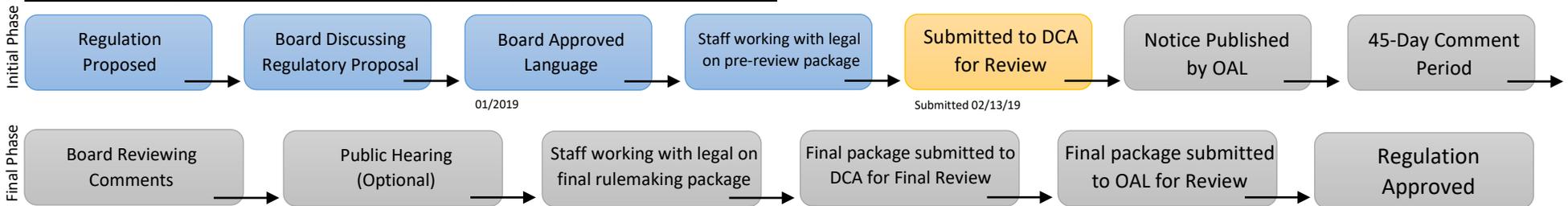
Telemedicine



CCR Section: 2032.1

Notes: The Telemedicine proposed language was approved in [04/15](#) and then amended in [02/2018](#). The rulemaking package has been submitted to DCA for review effective 05/14/2018. The package is with Agency for review as of 01/04/2019.

Substantially Related Criteria Regarding Criminal Convictions

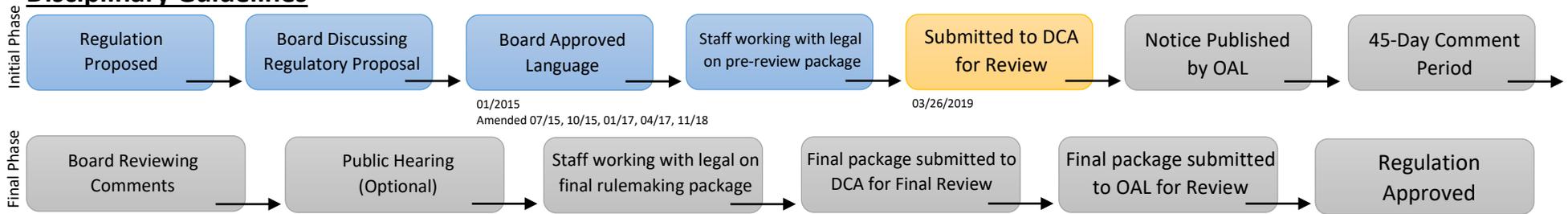


CCR Section: [2040](#) and [2041](#)

Notes: This regulation was approved by the Board at the [01/2019](#) meeting. This regulatory proposal is mandated by [AB 2138](#) (Chiu, Chapter 995, Statutes of 2018) and must be implemented by July 1, 2020. The rulemaking package has been submitted to DCA for review effective 02/13/2019.

Status of Pending VMB Regulations – April 2019

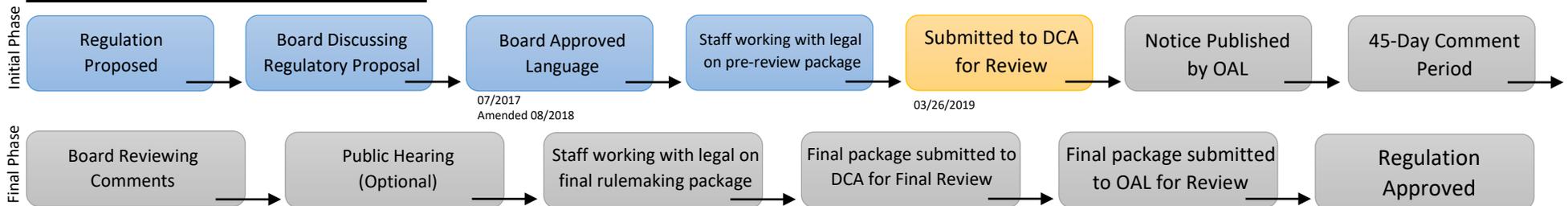
Disciplinary Guidelines



CCR Section: [2006](#)

Notes: The Disciplinary Guidelines rulemaking package proposed language was approved in [01/15](#) and then amended [07/2015](#), [10/2015](#), [01/2017](#), [04/2017](#) and [11/2018](#). The rulemaking package has been submitted to DCA for review effective 03/26/2019.

Veterinary Technician Education

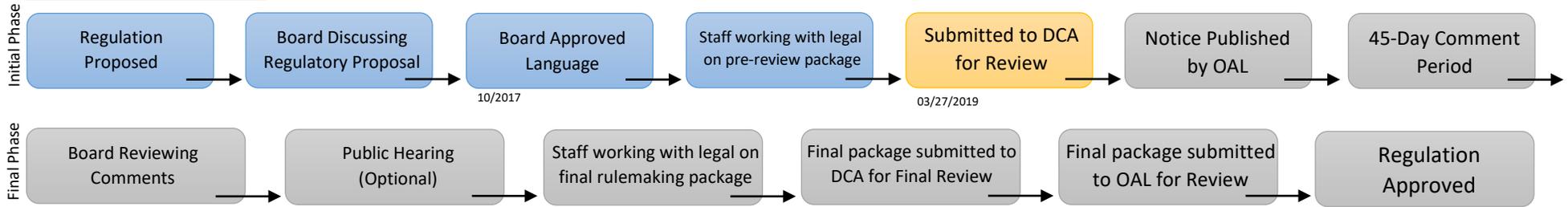


CCR Section: [2036.1](#), [2064](#), [2065.1](#), [2065.2](#), [2065.6](#), [2065.7](#), [2065.8](#), [2066](#), [2068.5](#)

Notes: *RVT Alternate Route:* In [02/2015](#) the MDC approved proposed language. In [07/2015](#) the Board approved proposed language.
RVT Student Exemption: In [07/2015](#) the MDC approved proposed language. In [10/2015](#) the Board approved proposed language.
RVT AVMA School Approval: In [07/2016](#) the Board approved proposed language.
 The RVT Alternate Route, RVT Student Exemption and RVT AVMA School Approval were combined and approved in [07/2017](#). The language was amended at the [08/2018](#) Board meeting. The rulemaking package has been submitted to DCA for review effective 03/26/2019.

Status of Pending VMB Regulations – April 2019

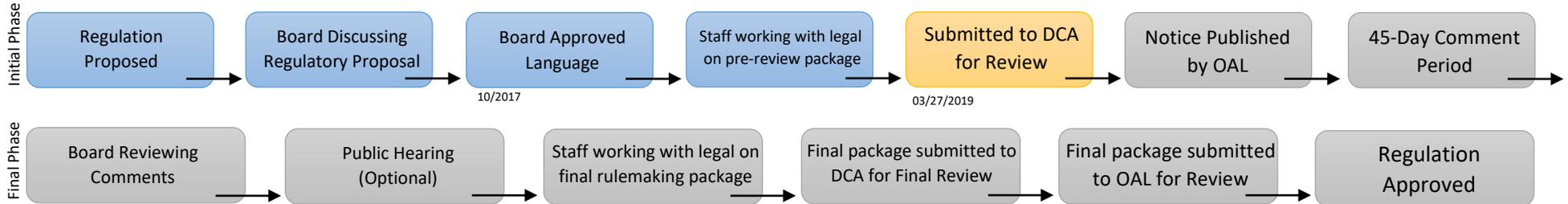
Drug Compounding



CCR Section: 2090-2096

Notes: The Drug Compounding rulemaking package proposed language was approved in [10/2017](#). The rulemaking package has been submitted to DCA for review effective 03/27/2019.

Animal Physical Rehabilitation

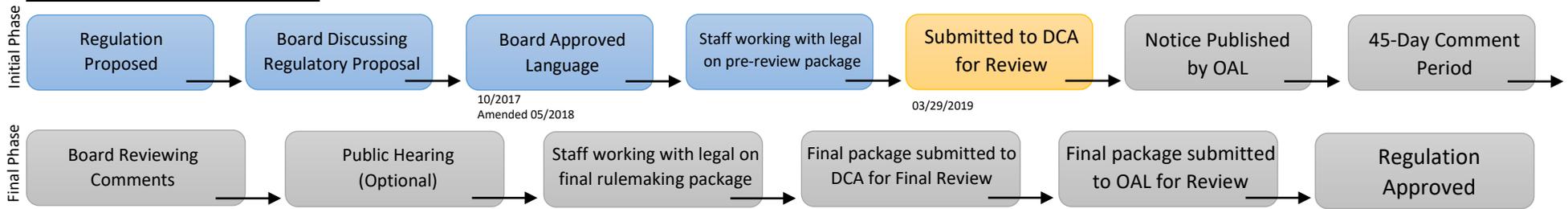


CCR Section: 2038.5

Notes: The Animal Rehabilitation rulemaking package was previously filed with OAL and withdrawn in [11/2015](#). Three taskforce meetings were held to discuss this issue ([06/2016](#), [10/2016](#), [02/2017](#)). In [10/2017](#) the Board approved proposed language. The rulemaking package has been submitted to DCA for review effective 03/27/2019.

Status of Pending VMB Regulations – April 2019

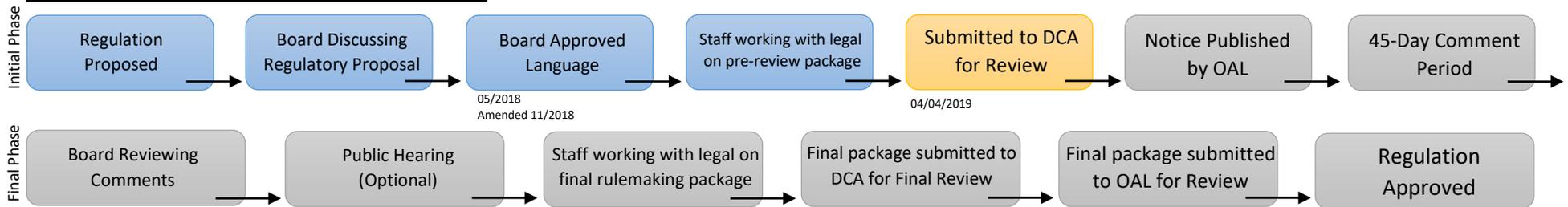
Emergency Animal Care



CCR Section: [2069](#)

Notes: The Emergency Animal Care rulemaking package proposed language was approved by the Board in [10/2017](#) but brought back for further discussion at its [02/2018](#) meeting. The Board approved language at the [05/2018](#) meeting. The rulemaking package has been submitted to DCA for review effective 03/29/2019.

RVT Tasks Under Indirect Supervision

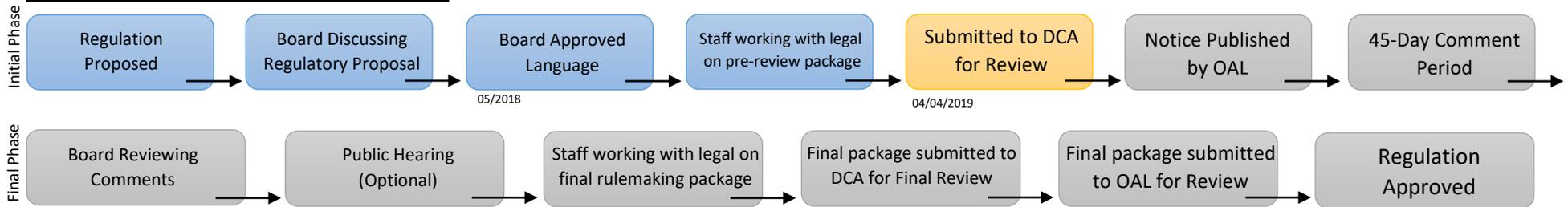


CCR Section: [2036](#)

Notes: The RVT Tasks rulemaking package proposed language was approved by the MDC at their [10/2017](#) meeting and discussed at the Board's [02/2018](#) meeting. The Board approved language at the [05/2018](#) meeting. At the [11/2018](#) meeting, the Board amended the approved language to include drug compounding. The rulemaking package has been submitted to DCA for review effective 04/04/2019.

Status of Pending VMB Regulations – April 2019

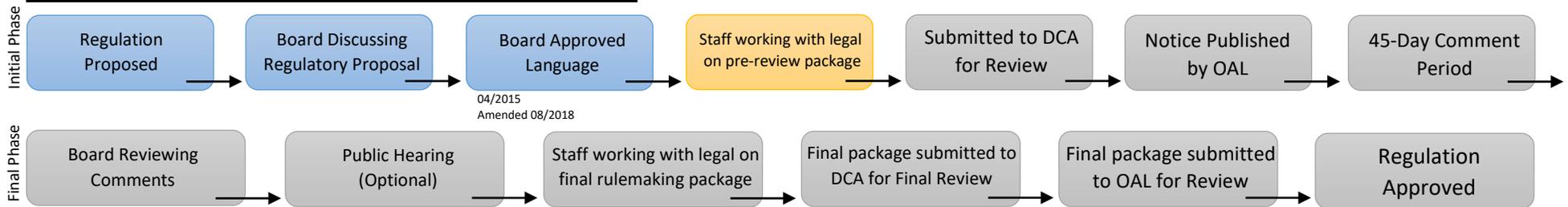
Duties of Supervising Veterinarian



CCR Section: [2035](#)

Notes: The Duties of a Supervising Veterinarian proposed regulations were approved by the Board at the [05/2018](#) meeting. This regulation was previously called “Extended Duty” for Registered Veterinary Technicians. The rulemaking package has been submitted to DCA for review effective 04/04/2019.

Veterinarian-Client-Patient Relationships (VCPRs)

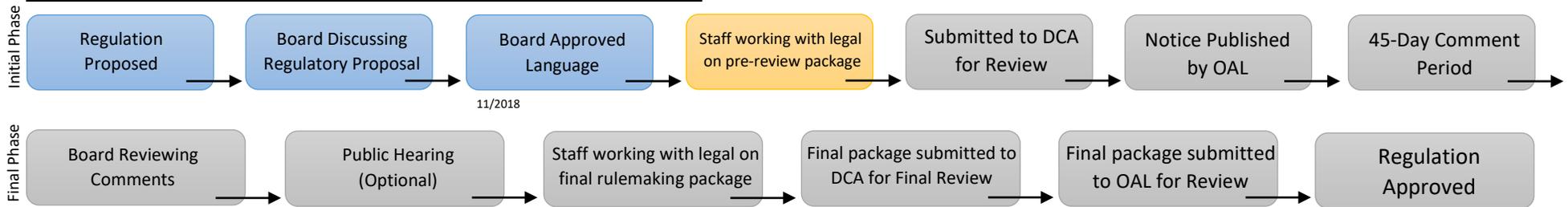


CCR Section: [2032.15](#), [2032.25](#)

Notes: VCPRs was originally included with Telemedicine and Minimum Standards and approved at the [04/2015](#) meeting, but a byproduct of separating the Telemedicine from Minimum Standards cause the VCPRs to be dropped off. The language was re-presented to the Board at the [08/2018](#) meeting where additional changes were approved. Board staff is working with legal to develop the initial rulemaking package prior to submitting to DCA for review.

Status of Pending VMB Regulations – April 2019

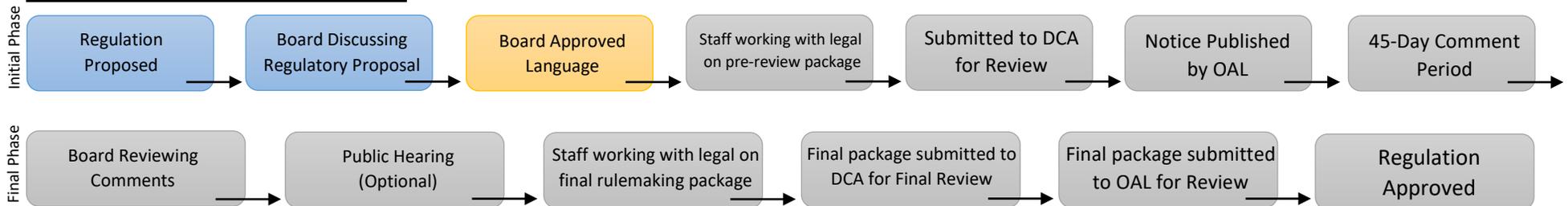
Minimum Standards for Alternate Veterinary Premises



CCR Section: [2030](#), [2030.05](#), [2030.1](#), [2030.15](#), [2030.2](#), [2030.3](#), [2030.4](#), [2030.5](#)

Notes: The Minimum Standards for Alternate Veterinary Premises proposed regulations were approved by the MDC at their [02/2018](#) meeting and forwarded to the Board for discussion. The Board approved language at the [11/2018](#) meeting. Board staff is working with legal to develop the initial rulemaking package prior to submitting to DCA for review.

VCPR/Informed Client Consent

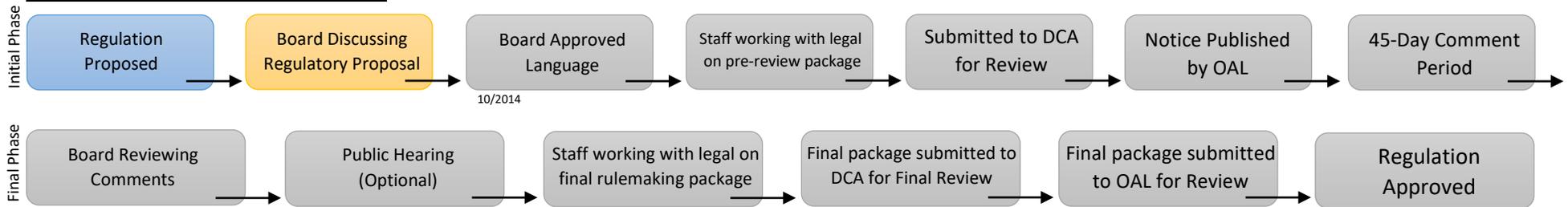


CCR Section: [2032.1](#)

Notes: The VCPR/Informed Client Consent proposed regulations was presented as a question from the MDC regarding the requirements of a veterinarian to advise clients about dental radiographs at the [11/2018](#) meeting. The Board reviewed this at the [01/2019](#) meeting and decided to proceed with regulatory amendments. This regulatory package is on hold pending the approval of the Telemedicine regulations.

Status of Pending VMB Regulations – April 2019

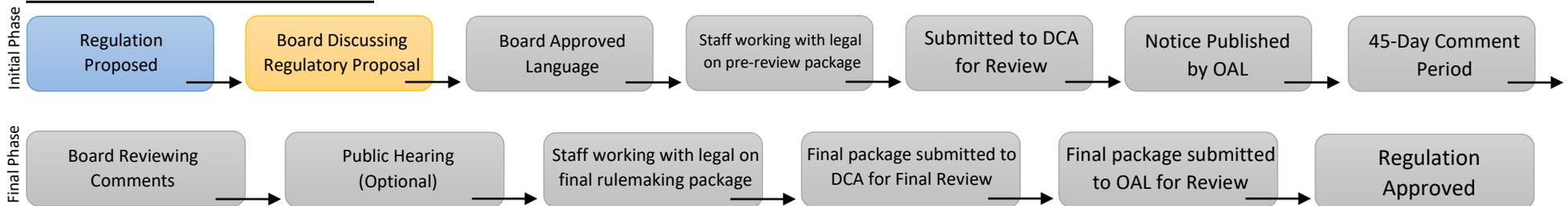
Uniform Standards for Abuse



CCR Section: [2006](#), [2006.5](#), [2076](#)

Notes: The Uniform Standards for Abuse rulemaking proposed language was approved in [10/2014](#) and was on hold per legal from 04/2015-03/2016. Pending amendments to be re-submitted to the Board for review and approval. As discussed at the [11/2018](#) meeting, DCA is reviewing the Uniform Standards of other healing arts Boards and it was recommended to hold off on developing the regulatory package until DCA has completed their review and recommendations. At the [01/2019](#) meeting, the Board created a subcommittee to look at Uniform Standards further.

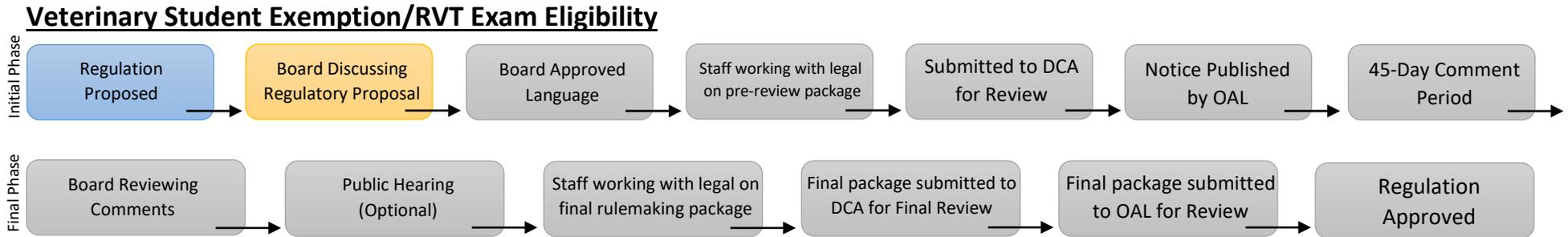
Shelter Minimum Standards



CCR Section: [2035.5](#), [2030.6](#)

Notes: The Shelter Minimum Standards concept was approved by the MDC at the [01/2019](#) meeting. The Board is reviewing the proposed language at the April 2019 meeting.

Status of Pending VMB Regulations – April 2019



CCR Section: [2027](#), [2027.5](#)

Notes: The Veterinary Student Exemption proposal was discussed and conceptionally approved 04/2017. This regulation is pending updates required by new Business and Professions Code (BPC) 4841.2 per [SB 1480](#) (Hill, Chapter 571, Statutes of 2018). The Board is reviewing the proposed language at the April 2019 meeting.



MEMORANDUM

DATE	April 17, 2019
TO	Veterinary Medical Board
FROM	Amanda Drummond, Administrative Programs Coordinator
SUBJECT	Agenda Item 10B. Sections 2027 and 2027.5, Article 3, Division 20, Title 16 of the California Code of Regulations (CCR) Regarding DVM Graduates – Veterinary Technician Registration

Background

For over three years, the Veterinary Medical Board’s (Board) Multidisciplinary Advisory Committee (MDC) discussed the issue of licensure exemptions for students and graduates of doctors of veterinary medicine (DVM). The initial focus of the discussion was the license exemption language in Business and Professions Code (BPC) [section 4830](#), and CCR [section 2027](#) and what is permissible for a DVM student under direct supervision of a veterinarian and what curricular or non-curricular settings are covered under the student licensure exemptions.

The issues evolved over time to include the regulatory authority of DVM graduates to perform health care tasks of a registered veterinary technician (RVT) and whether DVM graduates were practicing as an RVT without ever becoming licensed or registered by the Board. The issue was resolved through a legislative recommendation of the Board to clarify that a DVM graduate could not perform animal health care tasks of an RVT unless the DVM graduate obtained Board licensure or registration. The recommendation also included a delayed implementation of the statute to provide appropriate notice and due process to DVM graduates who were working as RVTs without Board licensure or registration. The Board’s recommendation was enacted by Senate Bill (SB) 1480 (Hill, Chapter 571, Statutes of 2018) and provides, in new Business and Professions Code (BPC) section 4841.2, that DVM graduates must be licensed or registered on or after January 1, 2020 in order to perform RVT health care tasks.

The issue of DVM graduate registration is now before the Board for review of CCR section 2027 for a determination as to whether that section should be revised to conform to the new license or registration requirements of DVM graduates. In addition, the Board is asked to review the proposed regulation, CCR section 2027.5, previously put before the Board during its last discussion of section 2027 in April 2017, to determine whether the regulation should provide for veterinary technician registration of DVM graduates and whether the existing RVT examination and registration requirements need to be addressed to incorporate the education and training of DVM graduates seeking veterinary technician registration.

Attachments

- BPC sections [4830](#), [4841.2](#), and [4841.5](#)
- CCR sections [2027](#) and [2036](#)
- Previous proposed language for CCR sections [2027](#) and 2027.5

Business and Professions Codes

Section 4830

(a) This chapter does not apply to:

(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) Veterinarians holding a current, valid license in good standing in another state or country who provide assistance to a California-licensed veterinarian and attend on a specific case. The California-licensed veterinarian shall maintain a valid veterinarian-client-patient relationship. The veterinarian providing the assistance shall not establish a veterinarian-client-patient relationship with the client by attending the case or at a future time and shall not practice veterinary medicine, open an office, appoint a place to meet patients, communicate with clients who reside within the limits of this state, give orders, or have ultimate authority over the care or primary diagnosis of a patient that is located within this state.

(3) Veterinarians called into the state by a law enforcement agency or animal control agency pursuant to subdivision (b).

(4) A student of a veterinary medical program accredited by the American Veterinary Medical Association Council on Education who participates as part of his or her formal curriculum in the diagnosis and treatment with direct supervision, or in surgery with immediate supervision, provided all of the following requirements are met:

(A) The clinical training site has been approved by the university where the student is enrolled.

(B) The student has prior training in diagnosis, treatment, and surgery as part of the formal curriculum.

(C) The student is being supervised by a California-licensed veterinarian in good standing, as that term is defined in paragraph (1) of subdivision (b) of Section 4848.

(5) 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.

(6) 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) (1) For purposes of paragraph (3) of subdivision (a), a regularly licensed veterinarian in good standing who is called from another state by a law enforcement agency or animal control agency, as defined in Section 31606 of the Food and Agricultural Code, to attend to cases that are a part of an investigation of an alleged violation of federal or state animal fighting or animal cruelty laws within a single geographic location shall be exempt from the licensing requirements of this chapter if the law enforcement agency or animal control agency determines that it is necessary to call the veterinarian in order for the agency

or officer to conduct the investigation in a timely, efficient, and effective manner. In determining whether it is necessary to call a veterinarian from another state, consideration shall be given to the availability of veterinarians in this state to attend to these cases. An agency, department, or officer that calls a veterinarian pursuant to this subdivision shall notify the board of the investigation.

(2) Notwithstanding any other provision of this chapter, a regularly licensed veterinarian in good standing who is called from another state to attend to cases that are a part of an investigation described in paragraph (1) may provide veterinary medical care for animals that are affected by the investigation with a temporary shelter facility, and the temporary shelter facility shall be exempt from the registration requirement of Section 4853 if all of the following conditions are met:

(A) The temporary shelter facility is established only for the purpose of the investigation.

(B) The temporary shelter facility provides veterinary medical care, shelter, food, and water only to animals that are affected by the investigation.

(C) The temporary shelter facility complies with Section 4854.

(D) The temporary shelter facility exists for not more than 60 days, unless the law enforcement agency or animal control agency determines that a longer period of time is necessary to complete the investigation.

(E) Within 30 calendar days upon completion of the provision of veterinary health care services at a temporary shelter facility established pursuant to this section, the veterinarian called from another state by a law enforcement agency or animal control agency to attend to a case shall file a report with the board. The report shall contain the date, place, type, and general description of the care provided, along with a listing of the veterinary health care practitioners who participated in providing that care.

(c) For purposes of paragraph (3) of subdivision (a), the board may inspect temporary facilities established pursuant to this section.

Section 4841.2

(a) Except as provided in subdivision (b), a graduate of a recognized veterinary college shall not perform animal health care tasks otherwise performed by a registered veterinary technician unless the graduate has obtained licensure or registration as otherwise required under this chapter.

(b) If, on or before January 1, 2020, a graduate of a recognized veterinary college has performed animal health care tasks otherwise performed by a registered veterinary technician, the graduate shall discontinue performing such duties on or after January 1, 2020, unless the graduate is issued a license or registration as otherwise required under this chapter.

Section 4841.5

To be eligible to take the written and practical examination for registration as a registered veterinary technician, the applicant shall:

(a) Be at least 18 years of age.

(b) (1) Furnish satisfactory evidence of graduation from, at 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 for Private Postsecondary Education.

(2) For purposes of this subdivision, education or a combination of education and clinical practice experience may constitute the equivalent of the graduation requirement imposed under this subdivision, as determined by the board.

California Code of Regulations (CCR)

Section 2027 – Graduates and Students of Veterinary Colleges – Job Tasks

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.

Section 2036 – Animal Health Care Tasks for RVT

(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;
- (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 RVT 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.

Previously proposed language for CCR sections 2027 and 2027.5

CCR Section 2027 – Graduates and Students of Veterinary Colleges – Job Tasks

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 that is 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.

CCR Section 2027.5 - Veterinary Medical School Graduates – Eligibility for RVT Licensure

(a) Any person who receives a veterinary medical degree from an accredited veterinary college listed in Section 2022(a), or a person who is within eight (8) months of his or her anticipated graduation from an accredited veterinary college, shall be eligible to apply for the national veterinary technician examination and the California veterinary technician examination as provided for in section 2010.

(b) A person who graduates from an accredited veterinary college listed in Section 2022(a) may perform the RVT tasks as enumerated in Section 2036 for a period of one year from the date of graduation from the accredited veterinary college without holding an RVT license.

(c) Any person who is currently performing the RVT job tasks as enumerated in Section 2036 without a license shall cease practice after one year, unless the person applies for and passes the national veterinary technician examination and the California veterinary technician examination as provided for in section 2010.



MEMORANDUM

DATE	April 17, 2019
TO	Veterinary Medical Board
FROM	Amanda Drummond, Administrative Programs Coordinator
SUBJECT	Agenda Item 10C. Comments Received Regarding Sections 2003, Article 1, Section 2017, Article 2, and Section 2042, Article 5, Division 20, Title 16 of the California Code of Regulations (CCR) Regarding Consumer Protection Enforcement Initiative (CPEI)

Background

The regulatory language for CPEI was approved by the Board in October 2014, and the regulatory package was submitted to the Department of Consumer Affairs (DCA) in February 2015. The package was returned to the Board with recommendations from DCA Legal Affairs, and amendments were made to the proposed language at the [February 2018 Board meeting](#). The package was resubmitted to DCA on May 2, 2018. The package was returned to the Board again with recommendations from the Business, Consumer Services, and Housing Agency (Agency), and the Board amended the proposed regulatory language at the [January 2019 Board meeting](#).

The regulatory proposal for CPEI was noticed by the Office of Administrative Law (OAL) on [March 8, 2019](#), which began the 45-day comment period. The 45-day comment period will close on April 22, 2019. The Board has received one comment to date. Following the 45-day comment period, Board staff will prepare the final rulemaking package that includes the Final Statement of Reasons, which will address all comments received during the comment period.

- Summary of comment one (1):
There is a lack of resources for doctors who need mental health support. The loss of licensure results in a loss of income and health insurance, which makes obtaining help difficult. Additionally, finding therapists and other medical providers who can understand and treat the specific issues that veterinarians face is a serious challenge. The Board should include provisions to provide assistance to doctors who are cited.
- Board staff recommended response to comment one (1):
The proposed language would adopt CCR section 2017 to authorize the Board to require a license applicant to be examined by one or more physicians and surgeons or psychologists designated by the Board, if it reasonably appears that the applicant may be unable to practice veterinary medicine safely due to mental or physical illness affecting competency. This proposal is based on the Board's existing authority to require a licensee to submit for a mental or physical examination pursuant to Business

and Professions Code sections 820 and 4883. The proposed regulation provides that the Board “shall pay the full cost” of the examination. However, the Board does not have statutory authority or the funds to provide mental and physical health support for licensees or applicants at the Board’s expense. Accordingly, the Board is unable to resolve this concern as it is outside the scope of the Board’s authority.

Attachments

- Comments received to date regarding the CPEI regulatory proposal.

Drummond, Amanda@DCA

From: Kirstin K <kkamps@dvm.com>
Sent: Wednesday, March 13, 2019 1:57 PM
To: Drummond, Amanda@DCA
Subject: Comment on

[EXTERNAL]: kkamps@dvm.com

.....

As a locum veterinarian for 6 years, these proposed changes are wonderful. I've come across several practitioners over the years that appeared to need intervention based on mental health. It has been hard to sort out if reporting is applicable or even acceptable.

My concern is there are no resources available for doctors who do need mental health support. Losing a license generally results in losing income and health insurance which makes it impossible to get needed help. Additionally finding therapists and other medical providers who can understand and treat the specific issues Veterinarians face is a serious challenge. The way the system is currently set up punishes doctors who need help rather than supporting them in making changes. The board should also include provisions to provide this assistance to doctors who are cited for the items in this proposed regulation change.

Thanks for all you do!

Dr. Kirstin Kamps
Vet License 18895
kkamps@dvm.com
858-449-4566

Sent from my iPhone

MEMORANDUM

DATE	April 17, 2019
TO	Veterinary Medical Board
FROM	Jessica Siefertman, Executive Officer
SUBJECT	Agenda Item 12. Update, Discussion, and Possible Action Regarding the Administration of the California Veterinary Technician Examination

In recent meetings of the Veterinary Medical Board (Board), concern has been raised as to examination, and costs associated therewith, of applicants seeking Board registration as a veterinary technician. This memorandum provides the background of the examination requirements, discussion points regarding the California Veterinary Technician Examination (CVTE), and recommendations thereon.

Background

Licensing for Consumer Protection

Protection of the public is the highest priority of the Board in exercising its licensing, regulatory, and disciplinary functions. For this reason, individuals seeking to be licensed or registered with the Board to perform veterinary medicine on animals must satisfy requirements established by the Legislature, via statutes, and the Board implements, interprets, and makes specific those requirements via regulation. The Board is required, by means of examination, to ascertain the professional qualifications of all applicants for licensure. This includes individuals seeking registration as a veterinary technician (RVT).

Prior to 2010, RVT candidates had to pass a written and practical examination and take and pass the national licensing examination. In 2009, the Legislature amended the examination requirements for RVT candidates (see AB [107](#), Galgiani, Chapter 80, Statutes of 2009). AB 107 established, under new Business and Professions Code (BPC) Section [4841.4](#), the examination for RVT applicants would consist of both of the following:

1. A national licensing examination (VTNE); and
2. “An examination specific to the animal health care tasks *limited* to California registered veterinary technicians, as approved by the board.” [Emphasis added.]

The CVTE is intended to satisfy the examination specific to California animal health care tasks. Unlike veterinarian applicants,¹ RVT applicants are not required to pass a jurisprudence (statutes and regulations) exam.

¹ BPC § [4848](#) requires veterinarians to take three exams: national exam; California state exam (covering practice specific gaps); and jurisprudence exam (covering California specific statutes and regulations).

Board Discussion

During prior Board meetings, Board members and the public raised concerns related to the cost of the CVTE, stating the original intent of adding the national examination was to reduce costs; however, costs were not reduced. At the January meeting, the Board discussed the possibility of the CVTE being offered online and used as an educational tool rather than a practical exam.

The Executive Officer (EO) reported that, prior to the meeting, the American Association of Veterinary State Boards (AAVSB) offered to work with the Board to address concerns and research the possibility of adding California-specific questions to the national exam for little to no cost to RVT applicants. The Board directed the EO to research this further with the AAVSB and report back to the Board.

CVTE Research and Review

The EO conducted a thorough review of the [Occupational Analysis \(OA\), Review, and Linkage Study](#) provided by the Department of Consumer Affairs, Office of Professional Examination Services (OPES), the December 2018 [candidate bulletin](#) provided by PSI (AAVSB's examination vendor) outlining examination content, and the CVTE test questions, answers, and reference sheet.

Findings

1. The CVTE is an examination specific to California statutes and regulations; it is not an examination specific to animal health care tasks limited to California RVTs.

Each question on the CVTE can be linked back to a specific California statute, regulation, and/or the Board's 2012 [Radiation Safety Guide](#).² According to the candidate bulletin examination outline, 100% of the CVTE content assesses the candidates' knowledge of laws and regulations.

After its OA and Linkage study, OPES concluded "the VTNE does not measure entry-level practice related to California-specific laws, rules, regulations, and practice." As a result, OPES recommended the Board continue using its supplemental examination. However, no California-specific "practice" areas were identified in the study.

2. There does not appear to be any animal health care task limited to California RVTs.

Since OPES did not identify California-specific animal health care tasks in its study, the EO contacted AAVSB. Upon request, PSI conducted a comparative analysis of roughly 500 California resident responses to its 2017 Job Analysis for the VTNE. The analysis (Attachment 1) indicated that there are no significant differences identified between veterinary technicians practicing in California versus those practicing in other jurisdictions across the United States and Canada.

3. California statutes and regulations aside, the CVTE is duplicative of the VTNE.

After receiving PSI's comparative analysis, the EO asked AAVSB to compare the Board's 2018 examination outline to its 2017 VTNE outline (Attachment 2). AAVSB's subject matter

² Diagnostic imaging and radiation safety is not limited to California and is included on the VTNE.

experts concluded that “[a]ll California clinical practice content areas are covered in much greater depth and detail by the current VTNE blueprint.”

AAVSB noted that the “CA OPES recommended exam outline does have some areas listed that are not covered by the VTNE, but they are all California-specific law/regulation knowledge areas rather than clinical knowledge used to determine minimal competency for veterinary technicians.”

4. The CVTE is costly to applicants and the Board.

Applicants currently pay \$300 to take the CVTE. In addition, the Board spends roughly \$50,000 annually in exam development and implementation (includes OPES and SME per diem/travel costs).

Other Considerations

As previously stated, license requirements are created to determine who is qualified to provide competent and safe services to the consumer. In recent years, the Legislature and the prior administration focused on easing unnecessary barriers to licensure.

In an [October 2016 Report](#), the Little Hoover Commission (LHC) stated, in part, the following:

“The effects of occupational licensing extend well beyond people encountering hurdles to entering an occupation, the Commission learned. When government limits the supply of providers, the cost of services goes up.

Those with limited means have a harder time accessing those services. Consequently, occupational licensing hurts those at the bottom of the economic ladder twice: first by imposing significant costs on them should they try to enter a licensed occupation and second by pricing the services provided by licensed professionals out of reach.

The Commission found that over time, California has enacted a thicket of occupational regulation that desperately needs untangling in order to ease barriers to entering occupations and ensure services are available to consumers of all income levels.”

(Jobs for Californians: Strategies to Ease Occupational Licensing Barriers, pg. 1.)

Recommendation

1. If the Board concludes there are no “animal health care tasks limited to California” RVTs, the Board should consider eliminating the current administration of the CVTE, as it no longer meets the legislative requirement and appears to be a costly, unnecessary barrier to licensure.

As a result, RVT applicants would only be required to take the VTNE. If, at any point, the RVT scope expands in California alone, the Board could re-evaluate and approve an examination specific to the California-limited scope of RVT practice.

2. The Board may wish to discuss whether RVTs should be tested on California statutes and regulations. If the Board believes a jurisprudence examination is necessary for consumer protection, the Board may propose a legislative change during Sunset

Review. If a proposal is made, staff highly recommends the same administration method as the current veterinarian jurisprudence examination.

Attachments

1. VTNE 2017 Comparative Analysis Report
2. AAVSB Comparison of the VTNE and California RVT Examination Outline, April 2, 2019



AAVSB Comparison of the VTNE and the California RVT Examination Outlines

April 2, 2019

The AAVSB asked two Subject Matter Experts (SMEs) to evaluate the task and knowledge statements from the AAVSB 2017 VTNE blueprint to the 2016 CA RVT and 2018 CA RVT exam outlines. The SMEs are a veterinary technician and veterinarian, former Program Directors of AVMA-CVTEA veterinary technology programs with extensive involvement in both the VTNE exam development, previous job task analysis projects, and knowledge of regulatory policy.

In completing the analysis, the SMEs indicated comparison of the VTNE and the 2016 California exam outline shows that California statute laws are the only content areas not covered quite adequately by the VTNE. All California clinical practice content areas are covered in much greater depth and detail by the current VTNE blueprint. It appears that the CA 2016 exam outline is largely repetitive of the VTNE, with the exception of questions about California statute and regulations.

The CA OPES 2018 CA RVT exam outline does have some areas listed that are not covered by the VTNE but they are all California-specific statute/regulation knowledge areas rather than clinical practice knowledge used to determine minimal competency for veterinary technicians. As with the CA RVT 2016 exam outline, the VTNE covers the clinical practice areas of the CA RVT 2018 exam outline in much greater depth and detail than the CA state examination.

In conclusion, other than the California state-specific statute/regulation items, the current VTNE blueprint adequately covers the clinical practice tasks and knowledge areas of the CA RVT 2018 exam outline in determining minimal competency for veterinary technicians.



The Veterinary Technician National Examination (VTNE) 2017 Job Analysis Study

COMPARATIVE ANALYSIS FOR THE CALIFORNIA VETERINARY MEDICAL BOARD

March 2019

PSI SERVICES

Kelly Zhao, PhD – Psychometrician
Neil Guman, MA – Research Associate

SUBMITTED TO



AAVSB
AMERICAN ASSOCIATION OF
VETERINARY STATE BOARDS

EXECUTIVE SUMMARY

This report, prepared for the American Association of Veterinary State Boards (AAVSB), describes the comparative analysis results on the 2017 Veterinary Technician National Examination (VTNE) job analysis survey data. The results of this comparison on data collected from veterinary technicians practicing in California jurisdiction versus those practicing in any other jurisdiction districts across the U.S. and Canada are twofold:

1. providing statistical evidences that there were no significant differences identified between the two groups of responses on the survey questions in regard to ratings on the frequency and importance of the job tasks performed by veterinary technicians. Both groups of survey respondents considered the task list to adequately cover what a veterinary technician would do in practice.
2. providing support to the content validity of the VTNE exam that the exam content outline developed from the 2017 survey analysis results is adequate and appropriate to be used for the examination construction initiatives for the Veterinary Technician National Examination regardless of jurisdiction districts.

Specifically, data collected from the following four main sections on the survey were compared:

Appendix A contains the data comparison on the survey respondents' demographic background and practice.

Appendix B and Appendix C contain the data comparison on a comprehensive list of job tasks that may be performed by a veterinary technician. The respondents were asked to rate the frequency in which they perform these tasks, and the importance of these tasks. These sections are organized into the nine major areas of practice listed below.

1. Pharmacy and Pharmacology
2. Surgical Nursing
3. Dentistry
4. Laboratory Procedures
5. Animal Care and Nursing
6. Diagnostic Imaging
7. Anesthesia
8. Emergency Medicine/Critical Care
9. Pain Management/Analgesia

Appendix D contains the data comparison on a separate listing of 9 areas of practice. The respondents were asked to provide percentage of time spent and patient harm ratings to each of the nine areas.

Appendix E contains the data comparison on respondents' perceptions on how adequate this list of job tasks covering what a veterinary technician would do in practice.

INTRODUCTION

The American Association of Veterinary State Boards (AAVSB) owns and administers the Veterinary Technician National Examination (VTNE). The VTNE is designed to assess the competencies required of entry-level veterinary technicians. Most states and provinces require a passing score on the VTNE as one criterion for credentialing.

The AAVSB conducts periodic job analysis studies to identify and verify the job tasks and knowledge bases that describe entry-level practice. The Veterinary Technician job analysis study facilitated by PSI Services was conducted in 2017 at the request of the American Association of Veterinary State Boards (AAVSB).

The purpose of the 2017 job analysis was to provide a detailed study of the job activities of the veterinary technician in an effort to provide a sound basis for the continuing development of the VTNE. When completed, the job analysis process yields exam specifications that accurately reflect the scope of practice, allowing for the development of fair, accurate, and realistic assessments of candidates' readiness for certification. The results of this job analysis were the 2018 VTNE exam content outline (Appendix F) that specifies the domains, tasks, and knowledge bases that comprise entry-level practice of veterinary technicians and the percentage of test questions focusing on each domain.

Representativeness of the Job Analysis Task Force and VTNE Committee

Several practitioners were assembled by the AAVSB to serve as subject matter experts (SMEs). The individuals selected represent a wide variety of work-related characteristics such as years of experience, work setting, geographic location, and areas of specialty. This helps in developing a scope of practice that is reflective of the roles and responsibilities of the job role and is relatively free from bias. The practitioners on the Job Analysis Task Force and VTNE Committee were from California, Colorado, Florida, Iowa, Kansas, Minnesota, Massachusetts, Nova Scotia, Ontario, Saskatchewan, Texas, Washington, and Wisconsin.

Survey Assembly and Distribution

With the assistance of PSI project staff, the job analysis committee met in March 2017 and drafted an inventory containing a comprehensive list of job task statements as well as knowledge topics. The final job analysis survey consisted of 16 demographic questions, 71 task statements, and 50 knowledge topics. The survey was sent out to 39,132 individual's emails. After removing the undeliverable emails and the opted out ones, there were a total of 38,721 email recipients.

A total of 5,776 individuals accessed the survey. Specifically, there were 489 respondents identifying their location within the state of California and the rest of the 5,287 respondents indicated they are located in other states of the U.S or the provinces of Canada.

Job Analysis Survey

PSI developed, administered, and monitored the job analysis survey to validate the tasks and knowledge areas developed by the job analysis committee and to help determine content weighting. To this end,

the survey collected respondents' ratings of the importance and frequency for each task and knowledge area. Below are the prompts for each rating scale.

Frequency How frequently do you perform this **task** in your role as a Veterinary Technician?

- 0 - Never
- 1 - Rarely
- 2 - Quarterly
- 3 - Monthly
- 4 - Weekly
- 5 - Daily/several times a day

Importance How important is this **task** to your role as a Veterinary Technician?

- 1 - Minimally Important
- 2 - Below average importance
- 3 - Average importance
- 4 - Above average importance
- 5 - Extreme importance

RESULTS

Appendix A shows the demographic information of the two respondent groups. The demographic profiles of the two groups are quite comparable in terms of the percentage of respondents identifying themselves as veterinary technicians; distribution of their primary work setting; average years of experience as a veterinary technician; credentialing status as a Veterinary Nurse (VN), a Veterinarian, or in other specialties; primary job role; type of species seen; the percentage for each type of species seen; and educational background.

Appendix B provides the percent of respondents who indicated they perform a task at work. The largest difference of 7.3% between the two jurisdiction groups occurred for the task of "Utilize devices and equipment to restrain large animals for treatment per patient safety protocols". Appendix C provides the average ratings on the importance of a task to the respondents' work as a veterinary technician. The largest difference between the two sets of task ratings was 0.17 for the task of "Calculate fluid therapy rate".

Appendix D indicates that the two groups have a high degree of agreement in terms of the distribution of the exam items on the nine content areas of the VTNE examination. The percentage distribution of the time spent at the different practice areas are quite similar between the two groups as well.

Appendix E indicated that the majority of the California respondents (99.2%), as well as the majority of all other respondents (98.8%), considered this job task list to at least adequately cover what they would do in practice as a veterinary technician. This is direct evidence that the majority of the respondents considered this task list as highly inclusive of what a veterinary technician would do in practice, therefore should be included on the VTNE exam content outline for the purpose of exam development.

APPENDIX A

DEMOGRAPHICS

Comparison results of the demographic questions about respondents' background and practice.

Are you currently working as a certified, licensed, or registered veterinary technician or have you worked as a certified, licensed, or registered veterinary technician in the last 24 months?	California		All Others	
	<i>n</i>	%	<i>n</i>	%
Yes	475	97.1	4940	95.3
No	14	2.9	246	4.7
Total	489	100.0	5186	100.0

What is your primary work setting?	California		All Others	
	<i>n</i>	%	<i>n</i>	%
Animal Shelter or Humane Society	19	3.9	128	2.5
General Veterinary Hospital/Clinic	259	53.5	3180	61.8
Industry/Sales	1	0.2	48	0.9
Referral/Emergency/ Specialty Veterinary Hospital/Clinic	145	30.0	982	19.1
Research	18	3.7	171	3.3
State/Provincial/Federal Government	0	0	26	0.5
Veterinary Technology University/College	6	1.2	129	2.5
Veterinary University/College	10	2.1	199	3.9
Zoo/Wildlife	4	0.8	77	1.5
Other (please specify)	22	4.5	202	3.9
Total	484	100.0	5142	100.0

How many years of experience do you have as a Veterinary Technician?	California		All Others	
	<i>n</i>	Mean	<i>n</i>	Mean
	481	9.52	5121	8.95

Have you taken the VTNE?	California		All Others	
	<i>n</i>	%	<i>n</i>	%
Yes	331	68.4	5005	97.3
No	153	31.6	138	2.7
Total	484	100.0	5143	100.0

Which of the following credentials do you currently hold? (Select all that apply.)	California		All Others	
	<i>n</i>	%	<i>n</i>	%
Animal Health Technician (AHT)	8	1.6	247	4.7
Certified Animal Health Technician (CAHT)	--	--	61	1.2
Certified Veterinary Technician (CVT)	29	5.9	2217	41.9
Licensed Veterinary Medical Technician (LVMT)	1	0.2	69	1.3
Licensed Veterinary Technician (LVT)	19	3.9	1255	23.7
Registered Veterinary Technician (RVT)	474	96.9	1853	35.0
Animal Health Technician (AHT)	8	1.6	247	4.7

Do you currently hold an International Credential as a Veterinary Nurse (VN)?	California		All Others	
	<i>n</i>	%	<i>n</i>	%
Yes	4	0.8	31	0.6
No	479	99.2	5113	99.4
Total	483	100.0	5144	100.0

Do you currently hold an International Credential as a Veterinarian?	California		All Others	
	<i>n</i>	%	<i>n</i>	%
Yes	2	0.4	12	0.2
No	481	99.6	5122	99.8
Total	483	100.0	5134	100.0

Do you have a Veterinary Technician Specialty (VTS) credential? (Select all that apply.)	California		All Others	
	<i>n</i>	%	<i>n</i>	%
Anesthesia and Analgesia	5	1	19	0.4
Behavior	--	--	5	0.1
Clinical Pathology	--	--	3	0.1
Clinical Practice	1	0.2	5	0.1
Dentistry	3	0.6	27	0.5
Dermatology	--	--	3	0.1
Emergency and Critical Care	5	1	40	0.8
Equine Veterinary Nursing	1	0.2	15	0.3
Internal Medicine	1	0.2	17	0.3
Laboratory Animal	4	0.8	25	0.5
Nutrition	1	0.2	5	0.1
Ophthalmology	--	--	3	0.1
Physical Rehabilitation	2	0.4	14	0.3
Surgery	2	0.4	6	0.1
Zoological Medicine	1	0.2	3	0.1

What is your primary role in your current job?	California		All Others	
	<i>n</i>	%	<i>n</i>	%
Direct patient care	352	75.7	3786	76.4
Education	8	1.7	169	3.4
Employee supervision	26	5.6	153	3.1
Hospital administration	17	3.7	181	3.7
Laboratory/Research	19	4.1	178	3.6
Sales/marketing	1	0.2	36	0.7
Training	9	1.9	62	1.3
Other (please specify)	33	7.1	389	7.9
Total	465	100.0	4954	100.0

Please indicate the percentage for each type of species seen.	California		All Others	
	<i>n</i>	%	<i>n</i>	%
Exotic animal (e.g., pocket pets, birds, reptiles)	388	5.72	3964	5.05
Interactions other than animal patients	297	9.43	2955	10.78
Lab animal	309	5.6	3005	5.35
Large animal	312	4.11	3229	9.69
Small animal	438	86.06	4619	82.29
Zoo and wildlife	299	2.24	2990	3.37

Please indicate the percentage for each type of species seen.	California		All Others	
	<i>n</i>	%	<i>n</i>	%
Amphibians	291	0.5	2843	0.64
Birds	326	2.82	3311	2.53
Camelids	264	0.17	2645	0.37
Cats	425	38.46	4554	36.29
Cattle	266	0.88	2774	3.92
Dogs	432	53.06	4582	51.13
Ferrets	276	0.38	3049	1.15
Goats	267	0.45	2785	0.92
Horses	269	3.37	2877	5.75
Pigs	273	0.88	2796	1.57
Non-Human Primates	268	1.6	2587	1.35
Rabbits	340	2.58	3513	2.28
Reptiles	310	1.38	2961	1.21
Rodents	341	5.02	3372	3.96
Sheep	261	0.27	2678	0.8

How many hours do you work per week as a Veterinary Technician?	California		All Others	
	<i>n</i>	Mean	<i>n</i>	Mean
	448	39.08	4730	37.86

What is your highest level of education?	California		All Others	
	<i>n</i>	%	<i>n</i>	%
High school diploma/equivalency	45	9.7	152	3.1
College diploma (Canada)	3	0.6	587	12.0
Associate degree (US)	239	51.7	2724	55.6
Baccalaureate degree	133	28.8	1203	24.5
Master's degree	9	1.9	112	2.3
Doctoral degree	2	0.4	11	0.2
Other (please specify)	31	6.7	113	2.3
Total	462	100.0	4902	100.0

Gender	California		All Others	
	<i>n</i>	%	<i>n</i>	%
Female	425	92.0	4674	95.3
Male	34	7.4	194	4.0
Prefer not to Answer	3	0.6	37	0.8
Total	462	100.0	4905	100.0

APPENDIX B

PERCENT OF RESPONDENTS WHO PERFORM THE TASK AT JOB

Comparison results of tasks that may be performed by a veterinary technician.

	California		All Others	
	N	% Performing	N	% Performing
1. Pharmacy and Pharmacology				
Utilize knowledge of anatomy, physiology and pathophysiology as it applies to the use of pharmacological and biological agents.	397	97.73	4309	96.40
Prepare medications in compliance with veterinarian's orders.	396	98.23	4326	96.76
Educate the client regarding pharmacological and biological agents administered or dispensed to ensure the safety of the patient/client and efficacy of the products.	397	93.70	4314	93.02
Calculate fluid therapy rate.	397	89.42	4314	84.14
Calculate medications based on the appropriate dosage in compliance with veterinarian's orders.	394	95.43	4310	93.13
Dispense medications in compliance with veterinary orders.	395	95.44	4303	94.89
Maintain controlled drug inventory and related log books.	395	84.30	4296	83.80
Recognize classifications of drugs, their mechanisms, and clinically relevant side effects.	396	96.72	4300	94.93
Store, handle, and safely dispose of pharmacological and biological agents.	395	96.20	4307	95.22
2. Surgical Nursing				
Utilize knowledge of anatomy, physiology and pathophysiology as it applies to surgical nursing.	357	95.52	3894	93.14
Prepare the surgical environment, equipment, instruments, and supplies to meet the needs of the surgical team and patient.	358	94.69	3893	91.50
Prepare patient for surgical procedure.	359	95.26	3892	92.45
Function as a sterile surgical technician to ensure patient safety and procedural efficiency.	359	78.83	3880	77.50
Function as a circulating (non-sterile) surgical technician to ensure patient safety and procedural efficiency.	358	93.58	3886	89.60
Clean instruments by the appropriate method (e.g., manual, soak, or ultrasonic).	357	90.20	3896	88.81
Maintain aseptic conditions in surgical suite and during surgical procedures.	356	94.94	3880	90.41
Maintain the surgical environment, equipment, instruments, and supplies to meet the needs of the surgical team and patient.	355	91.83	3886	88.91
Sterilize equipment and supplies by the appropriate method (e.g., steam, gas).	357	86.83	3887	85.62

	California		All Others	
	N	% Performing	N	% Performing
3. Dentistry				
Utilize knowledge of anatomy, physiology and pathophysiology as it applies to dentistry.	342	78.95	3728	77.90
Prepare the environment, equipment, instruments, and supplies for dental procedures.	339	73.45	3719	73.68
Maintain the environment, equipment, instruments, and supplies for dental procedures.	339	73.45	3712	73.22
Perform routine dental prophylaxis (e.g., manual and machine cleaning, polishing).	339	69.03	3707	69.27
Educate the client regarding dental health, including prophylactic and post-treatment care.	341	76.25	3709	73.82
Perform oral examination and documentation.	341	68.33	3706	69.05
Produce diagnostic dental images and/or radiographs.	340	57.94	3705	53.71
4. Laboratory Procedures				
Utilize knowledge of anatomy, physiology and pathophysiology as it applies to laboratory procedures.	325	92.00	3608	92.85
Prepare specimens and documentation for in-house or outside laboratory evaluation.	324	96.60	3614	95.43
Maintain specimens for in-house or outside laboratory evaluation.	324	92.59	3607	92.99
Perform laboratory tests and procedures (including but not limited to microbiology, serology, cytology, hematology, urinalysis, and parasitology).	326	90.49	3606	92.07
Maintain laboratory equipment and related supplies to ensure quality of test results and safety of operation.	325	82.77	3607	85.89
5. Animal Care and Nursing				
Utilize knowledge of anatomy, physiology and pathophysiology as it applies to patient care and nursing.	300	99.67	3381	98.11
Document initial and ongoing evaluations of physical, behavioral, nutritional, clinical procedures, and mentation status of patients to provide optimal patient/client safety and health.	300	98.00	3380	96.27
Perform patient nursing procedures (including but not limited to restraint, catheterization, wound management and bandaging) in the implementation of prescribed treatments.	296	98.65	3383	97.31
Perform clinical diagnostic procedures (including but not limited to blood pressure measurement, electrocardiography, and oximetry) to aid in diagnosis and prognosis.	297	95.62	3376	92.27
Educate clients and the public about animal care (including but not limited to behavior, nutrition, pre- and post-operative care, preventative care, zoonosis) to promote and maintain the health of animals and the safety of clients/public.	298	92.28	3379	91.77

	California		All Others	
	N	% Performing	N	% Performing
Provide a safe, sanitary, and comfortable environment for patients to ensure optimal healthcare and client/personnel safety.	297	98.99	3376	96.62
Maintain diagnostic equipment and related supplies to ensure quality of test results and safety of operation.	296	90.20	3376	89.87
Administer medications via the appropriate routes (e.g., aural, intravenous, subcutaneous).	296	98.65	3385	97.46
Collect specimens for in-house or outside laboratory evaluation.	296	97.64	3372	96.32
Collect patient information (e.g., signalment, medical history, primary complaint).	297	94.61	3353	93.41
Adherence to appropriate disposal protocols of hazardous materials.	295	97.97	3369	96.05
Maintain therapeutic treatments (including but not limited to catheters, wound management and bandages).	296	96.96	3375	94.76
Manage hospitalized patients (e.g., appetite, TPR, nutritional needs, medication, mentation).	296	93.58	3378	92.69
Perform physical rehabilitation as directed.	295	59.66	3337	58.53
Provide assistance with the euthanasia process (e.g., disposal, consent, counseling).	292	94.86	3362	94.02
Recognize behavioral characteristics of patients.	294	96.94	3355	97.11
Utilize devices and equipment to restrain large animals (e.g., horses, cattle, goats, swine) for treatment per patient safety protocols.	292	17.12	3336	24.46
Utilize devices and equipment to restrain small animals (e.g., dogs, cats, birds) for treatment per patient safety protocols.	295	96.61	3381	93.14
6. Diagnostic Imaging				
Utilize knowledge of anatomy, physiology, and pathophysiology as it applies to diagnostic images.	277	94.58	3303	92.43
Produce diagnostic images and/or radiographs (excluding dental) following protocols for quality and operator/patient safety.	276	91.67	3307	90.29
Maintain imaging/radiograph equipment and related materials to ensure quality of results and equipment, operator, and patient safety.	274	73.72	3294	77.63
7. Anesthesia				
Utilize knowledge of anatomy, physiology and pathophysiology as it applies to anesthesia.	268	95.90	3202	93.60
Assist in the development of the anesthetic plan to ensure patient safety and procedural efficacy.	268	83.58	3198	82.77
Implement the anesthetic plan (including but not limited to administration of medication and monitoring) to facilitate diagnostic, therapeutic, or surgical procedures.	269	92.94	3197	91.05
Prepare anesthetic equipment and related materials to ensure operator and patient safety.	267	94.76	3200	91.78

	California		All Others	
	N	% Performing	N	% Performing
Maintain anesthetic equipment and related materials to ensure reliable operation.	267	92.13	3200	87.91
Educate the client about anesthetics and anesthesia to ensure the safety of the patient/client and efficacy of the product(s) or procedure(s).	269	83.64	3192	82.52
Maintain a patent airway using endotracheal intubation.	267	94.76	3200	90.66
Monitor patients during all stages of anesthesia (pre-, peri-, and post-).	264	95.83	3199	92.84
Obtain patient related information in the development of an appropriate anesthetic plan.	267	89.14	3195	87.64
Respond appropriately to changes in patient status during all stages of anesthesia.	267	95.13	3198	92.78
8. Emergency Medicine/Critical Care				
Utilize knowledge of anatomy, physiology and pathophysiology as it applies to emergency medicine and critical care.	261	89.66	3118	90.03
Perform triage of a patient presenting with emergency/critical conditions (including but not limited to shock, acute illness, acute trauma, and toxicity).	263	88.59	3121	87.18
Perform emergency nursing procedures (including but not limited to cardiopulmonary resuscitation (CPR), control acute blood loss, and fracture stabilization) in the implementation of prescribed treatments.	262	80.53	3122	80.11
Perform critical care nursing procedures (including but not limited to blood component therapy, fluid resuscitation, and ongoing oxygen therapy) in the implementation of prescribed treatments.	262	80.15	3118	82.07
Perform ongoing evaluations of physical, behavioral, nutritional, and mentation status of patients in emergency and critical conditions.	262	84.35	3114	85.52
9. Pain Management/Analgesia				
Utilize knowledge of anatomy, physiology and pathophysiology as it applies to pain management and analgesia.	260	95.38	3082	95.39
Assess need for analgesia in patient.	259	95.37	3079	94.06
Educate client regarding patient pain assessment and management to ensure the safety of the patient/client, and efficacy of the product(s) or procedure(s).	261	88.51	3080	88.41
Assist in the development and implementation of the pain management plan to optimize patient comfort and/or healing.	260	86.92	3069	86.77

APPENDIX C

AVERAGE RATINGS ON THE IMPORTANCE OF THE TASKS

Comparison results of the importance of these tasks to a veterinary technician.

	California			All Others		
	N	Mean	Standard of Error	N	Mean	Standard of Error
1. Pharmacy and Pharmacology						
Utilize knowledge of anatomy, physiology and pathophysiology as it applies to the use of pharmacological and biological agents.	231	4.18	0.06	2082	4.10	0.02
Prepare medications in compliance with veterinarian's orders.	235	4.55	0.05	2093	4.56	0.02
Educate the client regarding pharmacological and biological agents administered or dispensed to ensure the safety of the patient/client and efficacy of the products.	220	4.51	0.05	1975	4.42	0.02
Calculate fluid therapy rate.	212	4.31	0.05	1779	4.14	0.02
Calculate medications based on the appropriate dosage in compliance with veterinarian's orders.	226	4.65	0.04	1992	4.60	0.02
Dispense medications in compliance with veterinary orders.	227	4.42	0.05	2021	4.40	0.02
Maintain controlled drug inventory and related log books.	194	4.41	0.06	1770	4.41	0.02
Recognize classifications of drugs, their mechanisms, and clinically relevant side effects.	231	4.35	0.05	2033	4.23	0.02
Store, handle, and safely dispose of pharmacological and biological agents.	229	4.03	0.06	2034	3.98	0.02
2. Surgical Nursing						
Utilize knowledge of anatomy, physiology and pathophysiology as it applies to surgical nursing.	196	4.32	0.06	1733	4.29	0.02
Prepare the surgical environment, equipment, instruments, and supplies to meet the needs of the surgical team and patient.	196	4.33	0.05	1700	4.28	0.02
Prepare patient for surgical procedure.	199	4.49	0.05	1723	4.41	0.02
Function as a sterile surgical technician to ensure patient safety and procedural efficiency.	162	4.45	0.06	1389	4.41	0.02
Function as a circulating (non-sterile) surgical technician to ensure patient safety and procedural efficiency.	194	4.42	0.05	1651	4.31	0.02
Clean instruments by the appropriate method (e.g., manual, soak, or ultrasonic).	184	4.03	0.06	1650	4.03	0.02
Maintain aseptic conditions in surgical suite and during surgical procedures.	196	4.58	0.05	1676	4.49	0.02
Maintain the surgical environment, equipment, instruments, and supplies to meet the needs of the surgical team and patient.	189	4.25	0.06	1640	4.21	0.02

	California			All Others		
	N	Mean	Standard of Error	N	Mean	Standard of Error
Sterilize equipment and supplies by the appropriate method (e.g., steam, gas).	177	4.20	0.06	1574	4.24	0.02
3. Dentistry						
Utilize knowledge of anatomy, physiology and pathophysiology as it applies to dentistry.	148	4.09	0.07	1301	3.96	0.03
Prepare the environment, equipment, instruments, and supplies for dental procedures.	138	3.86	0.07	1221	3.84	0.03
Maintain the environment, equipment, instruments, and supplies for dental procedures.	138	3.78	0.07	1207	3.80	0.03
Perform routine dental prophylaxis (e.g., manual and machine cleaning, polishing).	131	4.36	0.06	1133	4.31	0.02
Educate the client regarding dental health, including prophylactic and post-treatment care.	143	3.97	0.08	1212	4.05	0.02
Perform oral examination and documentation.	127	4.11	0.08	1121	3.98	0.03
Produce diagnostic dental images and/or radiographs.	110	4.11	0.08	869	4.15	0.03
4. Laboratory Procedures						
Utilize knowledge of anatomy, physiology and pathophysiology as it applies to laboratory procedures.	167	3.87	0.06	1595	3.93	0.02
Prepare specimens and documentation for in-house or outside laboratory evaluation.	179	3.97	0.06	1651	4.09	0.02
Maintain specimens for in-house or outside laboratory evaluation.	169	3.95	0.06	1587	4.02	0.02
Perform laboratory tests and procedures (including but not limited to microbiology, serology, cytology, hematology, urinalysis, and parasitology).	163	4.11	0.07	1562	4.25	0.02
Maintain laboratory equipment and related supplies to ensure quality of test results and safety of operation.	142	3.77	0.08	1426	3.91	0.02
5. Animal Care and Nursing						
Utilize knowledge of anatomy, physiology and pathophysiology as it applies to patient care and nursing.	173	4.43	0.06	1628	4.38	0.02
Document initial and ongoing evaluations of physical, behavioral, nutritional, clinical procedures, and mentation status of patients to provide optimal patient/client safety and health.	166	4.46	0.05	1579	4.44	0.02
Perform patient nursing procedures (including but not limited to restraint, catheterization, wound management and bandaging) in the implementation of prescribed treatments.	169	4.54	0.05	1607	4.50	0.02
Perform clinical diagnostic procedures (including but not limited to blood pressure measurement, electrocardiography, and oximetry) to aid in diagnosis and prognosis.	164	4.41	0.05	1499	4.35	0.02

	California			All Others		
	N	Mean	Standard of Error	N	Mean	Standard of Error
Educate clients and the public about animal care (including but not limited to behavior, nutrition, pre- and post-operative care, preventative care, zoonosis) to promote and maintain the health of animals and the safety of clients/public.	155	4.18	0.07	1494	4.25	0.02
Provide a safe, sanitary, and comfortable environment for patients to ensure optimal healthcare and client/personnel safety.	170	4.29	0.06	1596	4.28	0.02
Maintain diagnostic equipment and related supplies to ensure quality of test results and safety of operation.	149	3.91	0.07	1427	3.94	0.02
Administer medications via the appropriate routes (e.g., aural, intravenous, subcutaneous).	170	4.62	0.05	1617	4.56	0.02
Collect specimens for in-house or outside laboratory evaluation.	169	4.18	0.06	1579	4.10	0.02
Collect patient information (e.g., signalment, medical history, primary complaint).	161	4.12	0.07	1517	4.19	0.02
Adherence to appropriate disposal protocols of hazardous materials.	167	4.04	0.07	1568	4.03	0.02
Maintain therapeutic treatments (including but not limited to catheters, wound management and bandages).	164	4.27	0.06	1540	4.25	0.02
Manage hospitalized patients (e.g., appetite, TPR, nutritional needs, medication, mentation).	157	4.40	0.06	1490	4.46	0.02
Perform physical rehabilitation as directed.	91	3.78	0.10	829	3.79	0.03
Provide assistance with the euthanasia process (e.g., disposal, consent, counseling).	159	4.03	0.07	1528	4.14	0.02
Recognize behavioral characteristics of patients.	163	4.31	0.06	1596	4.23	0.02
Utilize devices and equipment to restrain large animals (e.g., horses, cattle, goats, swine) for treatment per patient safety protocols.	28	4.07	0.18	353	4.07	0.05
Utilize devices and equipment to restrain small animals (e.g., dogs, cats, birds) for treatment per patient safety protocols.	163	4.18	0.06	1526	4.12	0.02
6. Diagnostic Imaging						
Utilize knowledge of anatomy, physiology, and pathophysiology as it applies to diagnostic images.	154	4.06	0.07	1472	4.16	0.02
Produce diagnostic images and/or radiographs (excluding dental) following protocols for quality and operator/patient safety.	149	4.27	0.07	1421	4.23	0.02
Maintain imaging/radiograph equipment and related materials to ensure quality of results and equipment, operator, and patient safety.	108	4.03	0.10	1143	3.87	0.03
7. Anesthesia						
Utilize knowledge of anatomy, physiology and pathophysiology as it applies to anesthesia.	149	4.67	0.05	1442	4.59	0.02
Assist in the development of the anesthetic plan to ensure patient safety and procedural efficacy.	121	4.64	0.06	1213	4.55	0.02

	California			All Others		
	N	Mean	Standard of Error	N	Mean	Standard of Error
Implement the anesthetic plan (including but not limited to administration of medication and monitoring) to facilitate diagnostic, therapeutic, or surgical procedures.	145	4.72	0.05	1388	4.67	0.02
Prepare anesthetic equipment and related materials to ensure operator and patient safety.	146	4.58	0.05	1409	4.51	0.02
Maintain anesthetic equipment and related materials to ensure reliable operation.	140	4.49	0.06	1326	4.40	0.02
Educate the client about anesthetics and anesthesia to ensure the safety of the patient/client and efficacy of the product(s) or procedure(s).	125	4.23	0.07	1214	4.22	0.02
Maintain a patent airway using endotracheal intubation.	146	4.82	0.03	1388	4.77	0.01
Monitor patients during all stages of anesthesia (pre-, peri-, and post-).	149	4.85	0.03	1426	4.80	0.01
Obtain patient related information in the development of an appropriate anesthetic plan.	130	4.56	0.06	1320	4.47	0.02
Respond appropriately to changes in patient status during all stages of anesthesia.	145	4.88	0.03	1424	4.83	0.01
8. Emergency Medicine/Critical Care						
Utilize knowledge of anatomy, physiology and pathophysiology as it applies to emergency medicine and critical care.	132	4.53	0.06	1317	4.48	0.02
Perform triage of a patient presenting with emergency/critical conditions (including but not limited to shock, acute illness, acute trauma, and toxicity).	130	4.65	0.06	1269	4.63	0.02
Perform emergency nursing procedures (including but not limited to cardiopulmonary resuscitation (CPR), control acute blood loss, and fracture stabilization) in the implementation of prescribed treatments.	113	4.71	0.06	1160	4.65	0.02
Perform critical care nursing procedures (including but not limited to blood component therapy, fluid resuscitation, and ongoing oxygen therapy) in the implementation of prescribed treatments.	116	4.66	0.06	1178	4.57	0.02
Perform ongoing evaluations of physical, behavioral, nutritional, and mentation status of patients in emergency and critical conditions.	124	4.58	0.06	1222	4.51	0.02
9. Pain Management/Analgesia						
Utilize knowledge of anatomy, physiology and pathophysiology as it applies to pain management and analgesia.	140	4.43	0.07	1427	4.30	0.02
Assess need for analgesia in patient.	139	4.50	0.05	1403	4.42	0.02
Educate client regarding patient pain assessment and management to ensure the safety of the	126	4.17	0.08	1290	4.25	0.02

	California			All Others		
	N	Mean	Standard of Error	N	Mean	Standard of Error
patient/client, and efficacy of the product(s) or procedure(s).						
Assist in the development and implementation of the pain management plan to optimize patient comfort and/or healing.	123	4.37	0.07	1247	4.26	0.02

APPENDIX D

THE PERCENTAGE OF TIME SPENT AND PATIENT HARM RATINGS

Comparison results of the percentage of time spent and patient harm ratings to each of the nine areas.

What percentage of the Veterinary Technician examination would you allocate to each of the following content areas?	California		All Others	
	n	average %	n	average%
1. Pharmacy and Pharmacology	251	11.7	2991	11.8
2. Surgical Nursing	251	12.0	2973	11.0
3. Dentistry	250	8.9	2931	8.6
4. Laboratory Procedures	249	8.4	2991	11.3
5. Animal Care and Nursing	252	18.9	3000	17.6
6. Diagnostic Imaging	246	8.0	2967	8.33
7. Anesthesia	251	14.7	2996	14.1
8. Emergency Medicine/Critical Care	245	10.2	2952	9.5
9. Pain Management/Analgesia	249	8.5	2970	9.1

Within the last month, what percentage of your time did you spend in each of the following areas of practice?	California		All Others	
	n	average %	n	average%
1. Pharmacy and Pharmacology	232	9.2	2741	10.5
2. Surgical Nursing	231	10.6	2701	10.5
3. Dentistry	230	10.1	2616	7.6
4. Laboratory Procedures	229	8.2	2735	11.9
5. Animal Care and Nursing	237	19.7	2762	19.6
6. Diagnostic Imaging	227	8.0	2680	7.9
7. Anesthesia	234	15.2	2732	13.5
8. Emergency Medicine/Critical Care	224	8.7	2607	7.8
9. Pain Management/Analgesia	232	6.9	2673	7.2
10. Administrative/Managerial	214	8.3	2542	8.2
11. Other Areas	145	4.7	1547	6.2

Please indicate the potential for harm to the patient, client, and/or staff if the veterinary technician did not have sufficient knowledge in the following nine job content areas.

Pharmacy and Pharmacology	California		All Others	
	n	%	n	%
No harm	6	2.4	70	2.3
Minimal harm	6	2.4	137	4.6
Moderate harm	66	26.4	594	19.8
Extreme harm	172	68.8	2196	73.3
Total	250	100.0	2997	100.0

Surgical Nursing	California		All Others	
	<i>n</i>	%	<i>n</i>	%
No harm	5	2.0	63	2.1
Minimal harm	12	4.8	157	5.2
Moderate harm	60	24.1	853	28.5
Extreme harm	172	69.1	1920	64.1
Total	249	100.0	2993	100.0

Dentistry	California		All Others	
	<i>n</i>	%	<i>n</i>	%
No harm	7	2.8	105	3.5
Minimal harm	39	15.8	656	22.0
Moderate harm	116	47.0	1509	50.7
Extreme harm	85	34.4	709	23.8
Total	247	100.0	2979	100.0

Laboratory Procedures	California		All Others	
	<i>n</i>	%	<i>n</i>	%
No harm	19	7.6	182	6.1
Minimal harm	99	39.4	1077	36.0
Moderate harm	99	39.4	1274	42.6
Extreme harm	34	13.5	456	15.3
Total	251	100.0	2989	100.0

Animal Care and Nursing	California		All Others	
	<i>n</i>	%	<i>n</i>	%
No harm	2	0.8	52	1.7
Minimal harm	15	6.0	154	5.2
Moderate harm	73	29.4	922	30.9
Extreme harm	158	63.7	1856	62.2
Total	248	100.0	2984	100.0

Diagnostic Imaging	California		All Others	
	<i>n</i>	%	<i>n</i>	%
No harm	14	5.6	203	6.8
Minimal harm	121	48.8	1347	45.1
Moderate harm	88	35.5	1103	36.9
Extreme harm	25	10.1	334	11.2
Total	248	100.0	2987	100.0

Anesthesia	California		All Others	
	<i>n</i>	%	<i>n</i>	%
No harm	3	1.2	54	1.8
Minimal harm	4	1.6	63	2.1
Moderate harm	11	4.4	98	3.3
Extreme harm	232	92.8	2778	92.8
Total	250	100.0	2993	100.0

Emergency Medicine / Critical Care	California		All Others	
	<i>n</i>	%	<i>n</i>	%
No harm	4	1.6	56	1.9
Minimal harm	3	1.2	65	2.2
Moderate harm	37	14.9	328	11.0
Extreme harm	205	82.3	2544	85.0
Total	249	100.0	2993	100.0

Pain Management /Analgesia	California		All Others	
	<i>n</i>	%	<i>n</i>	%
No harm	5	2.0	67	2.2
Minimal harm	22	8.8	260	8.7
Moderate harm	118	47.2	1389	46.4
Extreme harm	105	42.0	1277	42.7
Total	250	100.0	2993	100.0

APPENDIX E

PERCEPTION OF SURVEY ADEQUACY

Comparison results of the survey adequacy.

How well did this survey cover the job of a Veterinary Technician?	California			All Others		
	<i>n</i>	%	<i>Cumulative %</i>	<i>n</i>	%	<i>Cumulative %</i>
Completely	104	41.8	41.8	1292	43.5	43.5
Adequately	143	57.4	99.2	1644	55.3	98.8
Inadequately	2	0.8	100.0	36	1.2	100.0
Total	249	100.0		2972	100.0	

APPENDIX F

EXAMINATION CONTENT OUTLINE

<i>Practice Domains</i>	<i>No. of Items</i>	<i>% of Items</i>
Domain 1. Pharmacy and Pharmacology	18	12%
Domain 2. Surgical Nursing	17	11%
Domain 3. Dentistry	12	8%
Domain 4. Laboratory Procedures	17	12%
Domain 5. Animal Care and Nursing	30	20%
Domain 6. Diagnostic Imaging	11	7%
Domain 7. Anesthesia	22	15%
Domain 8. Emergency Medicine/Critical Care	12	8%
Domain 9. Pain Management/Analgesia	11	7%
Total	150	100%

AAVSB VETERINARY TECHNICIAN NATIONAL EXAMINATION (VTNE®)

*To be implemented with VTNE administration beginning July
2018*

DOMAIN CONTENT OUTLINE, TASK STATEMENTS, EXAMINATION SPECIFICATIONS

Domain 1 Pharmacy and Pharmacology (18 items, 12%)

- TASK 1A Utilize knowledge of anatomy, physiology and pathophysiology as it applies to the use of pharmacological and biological agents.
- TASK 1B Prepare medications in compliance with veterinarian's orders.
- TASK 1C Educate the client regarding pharmacological and biological agents administered or dispensed to ensure the safety of the patient/client and efficacy of the products.
- TASK 1D Calculate fluid therapy rate.
- TASK 1E Calculate medications based on the appropriate dosage in compliance with veterinarian's orders.
- TASK 1F Dispense medications in compliance with veterinary orders.
- TASK 1G Maintain controlled drug inventory and related log books.
- TASK 1H Recognize classifications of drugs, their mechanisms, and clinically relevant side effects.
- TASK 1I Store, handle, and safely dispose of pharmacological and biological agents.

Domain 2 Surgical Nursing (17 items, 11%)

- TASK 2A Utilize knowledge of anatomy, physiology and pathophysiology as it applies to surgical nursing.
- TASK 2B Prepare the surgical environment, equipment, instruments, and supplies to meet the needs of the surgical team and patient.
- TASK 2C Prepare patient for surgical procedure.
- TASK 2D Function as a sterile surgical technician to ensure patient safety and procedural efficiency.
- TASK 2E Function as a circulating (non-sterile) surgical technician to ensure patient safety and procedural efficiency.
- TASK 2F Clean instruments by the appropriate method (e.g., manual, soak, or ultrasonic).
- TASK 2G Maintain aseptic conditions in surgical suite and during surgical procedures.
- TASK 2H Maintain the surgical environment, equipment, instruments, and supplies to meet the needs of the surgical team and patient.
- TASK 2I Sterilize equipment and supplies by the appropriate method (e.g., steam, gas).

Domain 3 Dentistry (12 items, 8%)

- TASK 3A Utilize knowledge of anatomy, physiology and pathophysiology as it applies to dentistry.
- TASK 3B Prepare the environment, equipment, instruments, and supplies for dental procedures.
- TASK 3C Perform routine dental prophylaxis (e.g., manual and machine cleaning, polishing).
- TASK 3D Educate the client regarding dental health, including prophylactic and post-treatment care.

Domain 3 Dentistry (12 items, 8%) continued...

- TASK 3E Maintain the environment, equipment, instruments, and supplies for dental procedures.
- TASK 3F Perform oral examination and documentation.
- TASK 3G Produce diagnostic dental images and/or radiographs.

Domain 4 Laboratory Procedures (17 items, 12%)

- TASK 4A Utilize knowledge of anatomy, physiology and pathophysiology as it applies to laboratory procedures.
- TASK 4B Prepare specimens and documentation for in-house or outside laboratory evaluation.
- TASK 4C Perform laboratory tests and procedures (including but not limited to microbiology, serology, cytology, hematology, urinalysis, and parasitology).
- TASK 4D Maintain laboratory equipment and related supplies to ensure quality of test results and safety of operation.
- TASK 4E Maintain specimens for in-house or outside laboratory evaluation.

Domain 5 Animal Care and Nursing (30 items, 20%)

- TASK 5A Utilize knowledge of anatomy, physiology and pathophysiology as it applies to patient care and nursing.
- TASK 5B Document initial and ongoing evaluations of physical, behavioral, nutritional, clinical procedures, and mentation status of patients to provide optimal patient/client safety and health.
- TASK 5C Perform patient nursing procedures (including but not limited to restraint, catheterization, wound management and bandaging) in the implementation of prescribed treatments.
- TASK 5D Perform clinical diagnostic procedures (including but not limited to blood pressure measurement, electrocardiography, and oximetry) to aid in diagnosis and prognosis.
- TASK 5E Educate clients and the public about animal care (including but not limited to behavior, nutrition, pre- and post-operative care, preventative care, zoonosis) to promote and maintain the health of animals and the safety of clients/public.
- TASK 5F Provide a safe, sanitary, and comfortable environment for patients to ensure optimal healthcare and client/personnel safety.
- TASK 5G Maintain diagnostic equipment and related supplies to ensure quality of test results and safety of operation.
- TASK 5H Administer medications via the appropriate routes (e.g., aural, intravenous, subcutaneous).
- TASK 5I Collect specimens for in-house or outside laboratory evaluation.
- TASK 5J Collect patient information (e.g., signalment, medical history, primary complaint).
- TASK 5K Adherence to appropriate disposal protocols of hazardous materials.
- TASK 5L Maintain therapeutic treatments (including but not limited to catheters, wound management and bandages).
- TASK 5M Manage hospitalized patients (e.g., appetite, TPR, nutritional needs, medication, mentation).
- TASK 5N Perform physical rehabilitation as directed.
- TASK 5O Provide assistance with the euthanasia process (e.g., disposal, consent, counseling).

Domain 5 Animal Care and Nursing (30 items, 20%) continued...

- TASK 5P Recognize behavioral characteristics of patients.
- TASK 5Q Utilize devices and equipment to restrain large animals (e.g., horses, cattle, goats, swine) for treatment per patient safety protocols.
- TASK 5R Utilize devices and equipment to restrain small animals (e.g., dogs, cats, birds) for treatment per patient safety protocols.

Domain 6 Diagnostic Imaging (11 items, 7%)

- TASK 6A Utilize knowledge of anatomy, physiology, and pathophysiology as it applies to diagnostic images.
- TASK 6B Produce diagnostic images and/or radiographs (excluding dental) following protocols for quality and operator/patient safety.
- TASK 6C Maintain imaging/radiograph equipment and related materials to ensure quality of results and equipment, operator, and patient safety.

Domain 7 Anesthesia (22 items, 15%)

- TASK 7A Utilize knowledge of anatomy, physiology and pathophysiology as it applies to anesthesia.
- TASK 7B Assist in the development of the anesthetic plan to ensure patient safety and procedural efficacy.
- TASK 7C Implement the anesthetic plan (including but not limited to administration of medication and monitoring) to facilitate diagnostic, therapeutic, or surgical procedures.
- TASK 7D Prepare anesthetic equipment and related materials to ensure operator and patient safety.
- TASK 7E Educate the client about anesthetics and anesthesia to ensure the safety of the patient/client and efficacy of the product(s) or procedure(s).
- TASK 7F Maintain anesthetic equipment and related materials to ensure reliable operation.
- TASK 7G Maintain a patent airway using endotracheal intubation.
- TASK 7H Monitor patients during all stages of anesthesia (pre-, peri-, and post-).
- TASK 7I Obtain patient related information in the development of an appropriate anesthetic plan.
- TASK 7J Respond appropriately to changes in patient status during all stages of anesthesia.

Domain 8 Emergency Medicine/Critical Care (12 items, 8%)

- TASK 8A Utilize knowledge of anatomy, physiology and pathophysiology as it applies to emergency medicine and critical care.
- TASK 8B Perform triage of a patient presenting with emergency/critical conditions (including but not limited to shock, acute illness, acute trauma, and toxicity).
- TASK 8C Perform emergency nursing procedures (including but not limited to cardiopulmonary resuscitation (CPR), control acute blood loss, and fracture stabilization) in the implementation of prescribed treatments.
- TASK 8D Perform critical care nursing procedures (including but not limited to blood component therapy, fluid resuscitation, and ongoing oxygen therapy) in the implementation of prescribed treatments.
- TASK 8E Perform ongoing evaluations of physical, behavioral, nutritional, and mentation

status of patients in emergency and critical conditions.

Domain 9 Pain Management/Analgesia (11 items, 7%)

- TASK 9A Utilize knowledge of anatomy, physiology and pathophysiology as it applies to pain management and analgesia.
- TASK 9B Assess need for analgesia in patient.
- TASK 9C Educate client regarding patient pain assessment and management to ensure the safety of the patient/client, and efficacy of the product(s) or procedure(s).
- TASK 9D Assist in the development and implementation of the pain management plan to optimize patient comfort and/or healing.

KNOWLEDGE STATEMENTS

1. Anatomy
2. Normal physiology
3. Pathophysiology
4. Common animal diseases
5. Medical terminology
6. Toxicology
7. Applied mathematics (including but not limited to metric system/weights, measures/percentage solutions, dosage calculations)
8. Drug classification
9. Routes of administration of pharmacological and biological agents
10. Legal requirements and procedures for acquiring, preparing, storing, dispensing, documenting and disposing of pharmacological and biological agents
11. Safe handling practices for pharmacological and biological agents
12. Pharmacokinetics (drug absorption, metabolism, excretion), normal and abnormal drug reactions, indications, contraindications, side effects, and interactions
13. Fluid balance and therapy, including calculation
14. Aseptic techniques
15. Patient preparation and positioning techniques (including but not limited to diagnostic imaging, surgery, medical procedures)
16. Surgical procedures
17. Surgical equipment, instruments, and supplies
18. Sterilization techniques and quality assurance for equipment, instruments, and supplies
19. Safety considerations related to surgical equipment, instruments, and supplies
20. Wound closure (including suture materials and patterns, staples, and tissue adhesives)
21. Dental procedures (including but not limited to cleaning, floating, charting, preventive procedures, dental imaging)
22. Dental equipment, instruments, and supplies
23. Safety considerations related to dental procedures
24. Sample collection, preparation, analysis, storing, and shipping techniques
25. Laboratory diagnostic principles, procedures, and methodologies (including but not limited to microbiology, serology, cytology, hematology, urinalysis, and parasitology)
26. Quality assurance in the laboratory (including but not limited to maintenance of equipment, verification of test results, calibration, and controls)
27. Normal and abnormal laboratory and diagnostic test results
28. Animal assessment and monitoring techniques, excluding anesthetic monitoring
29. Principles of animal behavior
30. Clinical diagnostic procedures
31. Nutrition
32. Safe animal handling and restraint techniques
33. Animal husbandry
34. Animal nursing procedures and rehabilitation therapies
35. Animal first aid, triage, and emergency/critical care techniques
36. Public health (including but not limited to infection control, zoonosis and epidemiology)
37. Environmental health and safety procedures (including but not limited to handling and disposing of hazardous material, personal safety, evacuation procedures, safety plans, equipment, and instrumentation)

38. Disease control and prevention techniques (including but not limited to quarantine, isolation, vaccination, wellness care, and herd health)
39. Facility cleaning and disinfection techniques
40. Diagnostic imaging equipment and procedures (including but not limited to radiography, ultrasonography, and contrast studies)
41. Quality assurance and safety for diagnostic imaging
42. Pre- and post-anesthetic assessment and care
43. Anesthetic induction, maintenance, monitoring, and recovery including stages of anesthesia and troubleshooting
44. Pre-anesthetic and anesthetic medications reactions, indications, contraindications, side effects, and interactions
45. Pain assessment and analgesic administration techniques
46. Procedures for care, maintenance, and use of diagnostic, therapeutic, surgical, dental, monitoring, and anesthetic equipment and supplies
47. Professional ethics (including but not limited to the Veterinary Technician Code of Ethics)
48. Techniques for communicating with the veterinary medical team and client
49. Record keeping



TITLE	ELECTRONIC DATA RETENTION POLICY		
POLICY OWNER	LEGAL AFFAIRS AND DCA BUSINESS RESOURCE UNIT		
POLICY NUMBER	LGL 11-01	SUPERSEDES	NEW
ISSUE DATE	January 3, 2011	EFFECTIVE	IMMEDIATELY
DISTRIBUTE TO	ALL EMPLOYEES		
ORIGINAL APPROVED BY	Original signature on file Brian J. Stiger, Acting Director Department of Consumer Affairs		
PAGE	1 of 4		

POLICY

The Department of Consumer Affairs (DCA) is committed to the efficient retention and periodic purging of the Department's electronic data for the purposes of providing cost-effective and efficient recordkeeping practices. Thus, the retention of DCA's electronic records shall adhere to this policy regarding retention and preservation of electronic records.

APPLICABILITY

The Electronic Data Retention policy applies to all employees, governmental officials, and temporary staff of DCA, and any of its divisions, boards, bureaus, programs, and other constituent agencies that are required to maintain a records retention schedule. Within this policy, the generic acronym "DCA" applies to all of these entities.

This policy statement applies to all computer and data communication systems owned by or administered by DCA. This policy covers only information that constitutes "electronic data or records."

PURPOSE

The Electronic Data Retention policy is based on the State policy delineated in the State Administrative Manual (SAM) and on the requirements in State law for retaining records, including the State Records Management Act. Further, this policy is promulgated to implement State requirements to establish and maintain an active program for the economical and efficient management of the electronic records and information collection practices of DCA (Government Code section 14750).

AUTHORITY

- Business and Professions Code section 110;
- Government Code sections 14740–14774; and
- Sections 1600–1695 of the State Administrative Manual (SAM).

DEFINITIONS

“**Electronic data**” or “**electronic records**” are applicant, cashiering, licensee, and enforcement records created, generated, sent, communicated, received, or stored by electronic means that are maintained and stored on all computer and data communication systems owned by or administered by DCA.

“**Staff**” refers to all governmental officials and employees of DCA, and any of its divisions, bureaus, boards, and other constituent agencies collectively and individually.

PROVISIONS

The use of electronic data and records is one of DCA’s essential tools for doing business. In order to ensure good recordkeeping practices, DCA staff shall adhere to the following electronic data retention policy:

1. Each DCA division, board, bureau, program, and other constituent agency, that is required to maintain a records retention schedule, shall review its statutory and regulatory obligations related to the retention of information that is stored in electronic form. This shall be accomplished prior to the migration of any electronic data to a different software or hardware platform.
2. Each division, bureau, board and constituent agency within DCA that maintains electronic records shall adopt, or incorporate into its existing records retention schedule, a retention schedule for electronic records that shall include the media type and time period for which the data shall be retained.
3. The policy shall apply to all aspects of electronic records, including information related to application requirements, cashiering, complaint investigation information, etc.

PROVISIONS (continued)

- 4. Once an electronic record reaches the maximum specified retention period, it shall be purged from all DCA maintained media.
- 5. The following are recommended electronic record retention timeframes for common electronic records maintained by DCA licensing agencies:

a. Licensee Records

<u>Record Status Description</u>	<u>Maximum Retention Recommendation</u>
Cancelled	25 years
Deceased	5 years
Delinquent	25 years
Revoked	75 years
Retired	25 years (after the ability to renew)
Surrender	75 years

b. Enforcement Records / Licensee Records with Enforcement-Related Activity

<u>Record Status Description</u>	<u>Maximum Retention Recommendation</u>
Non-Jurisdictional, Referred to Another Agency	2 years
No Violation, Closed Without Merit	5 years
Non-Disciplinary Action Taken, Insufficient Evidence, Administrative Action Taken	5 years
Disciplinary Action Attempted	75 years

c. Applicant Records

<u>Record Status Description</u>	<u>Maximum Retention Recommendation</u>
Abandoned	1 year from date of abandonment
Deceased	1 year from date of notice of death

The above retention timeframes are recommended and are not required timeframes. In circumstances where two timeframes may apply to one record, it is recommended to defer to the longer timeframe. The recommended timeframes begin on the record's date of action.

REVISIONS

Determination of the need for revisions to this policy is the responsibility of the Legal Affairs Division at (916) 574-8220.

Specific questions regarding the status or maintenance of this policy should be directed to the Legislative Policy & Review office at (916) 574-7814.

(1) DEPARTMENT, BOARD OR COMMISSION Department of Consumer Affairs		(2) AGENCY BILLING CODE 57230	(3) PAGE 1 OF 3
(4) DIVISION/ BRANCH/ SECTION Veterinary Medical Board	(5) ADDRESS 1747 North Market Blvd., Ste. 230, Sacramento, CA 95834		

CHECK THE APPROPRIATE BOX

(6) New schedule of records that have never been scheduled. [Complete boxes (9)-(12)]

(7) Revising a previous schedule. [Complete boxes (9)-(16)] (A new approval number will be assigned.)

(8) Amending some pages of a previous schedule. [Complete boxes (13)-(16)] (The original approval number will remain in effect.)

NEW SCHEDULE INFORMATION (If applicable)	(9) SCHEDULE NUMBER VM-2 A1	(10) SCHEDULE DATE May 2, 0014	(11) NUMBER OF PAGES 7	(12) CUBIC FEET (Total Schedule) 147.85
PREVIOUS SCHEDULE INFORMATION (If applicable)	(13) SCHEDULE NUMBER VM-2	(14) APPROVAL NUMBER 2013-257	(15) APPROVAL DATE(S) October 23, 2013	(16) PAGE NUMBER(S) REVISED 7

(17) MISSION/FUNCTIONAL STATEMENT

Mission: To protect consumers and animals by regulating Licensees, promoting professional standards and diligent enforcement of the practice of Veterinary Medicine.

The Veterinary Medical Board protects consumers and animals through the development and maintenance of professional standards; the licensing of Veterinarians, Registered Veterinary Technicians, and Veterinary Premises; and through diligent enforcement of the California Veterinary Medicine Practice Act.

PART I - AGENCY STATEMENTS

As the program manager (or person authorized to sign for the program manager) directly responsible for the records listed on this records retention schedule, I certify that all records listed are necessary and that each retention period is correct. For revisions, all items on the previous schedule are included or accounted for on the recapitulation. Vital records identified by this schedule are protected. If protection is not currently provided but plans are underway, the details of such plans are shown in Column 48, Remarks.

(18) SIGNATURE - MANAGER RESPONSIBLE FOR THE RECORDS <i>Annemarie Del Mugnaio</i>	(19) TITLE Annemarie Del Mugnaio, Executive Officer	(20) PHONE NUMBER 916-515-5222	(21) DATE SIGNED 5-2-14
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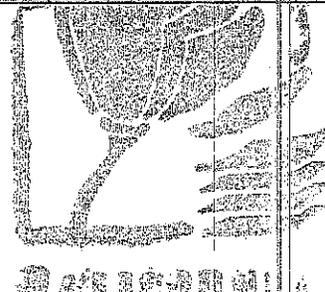
In accordance with Government Code 14755, approval of this Records Retention Schedule by the Department of General Services is hereby requested. Retention periods shown have been established in accordance with the criteria set forth by Section 1667 of the State Administrative Manual.

(22) SIGNATURE - RECORDS MGMT. ANALYST <i>[Signature]</i>	(23) CLASSIFICATION DCA-RMIC (REGA)	(24) NAME (Printed or Typed) Mae Aguilar	(25) PHONE NUMBER 916-5747260	(26) DATE SIGNED 5/8/2014
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PART II - DEPARTMENT OF GENERAL SERVICES APPROVAL (Per Government Code Section 14755)

(27) SIGNATURE - CalRIM CONSULTANT <i>Janice C. Sanchez</i>	(28) APPROVAL NUMBER 2013-257	(29) DATE SIGNED 5/8/2014	(30) EXPIRATION DATE 10/23/2019
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PART III - ARCHIVAL SELECTION (Per Government Code Section 14755)

THE ATTACHED RECORDS RETENTION SCHEDULE: (31) <input type="checkbox"/> Contains no material subject to further review by the California State Archives (32) <input checked="" type="checkbox"/> Contains material subject to archival review. Items stamped "NOTIFY ARCHIVES" may not be destroyed without clearance by the California State Archives. (Per Section 1671 of the State Administrative Manual.)	Keep 34613	FOR ARCHIVES STAMP 
(33) SIGNATURE - CHIEF OF ARCHIVES OR DESIGNATED REPRESENTATIVE <i>Sydney Bailey, August</i>		(34) DATE SIGNED May 22, 2014

(35) CalRIM APPROVAL NUMBER

2013-257

(36) PAGE 2 OF 8

ITEM #	CUBIC FEET *	CA. STATE ARCHIVES USE ONLY	TITLE AND DESCRIPTION OF RECORDS <i>(Double spaces between items)</i>	MEDIA	VITAL	RETENTION				PRA (Exempt) & IPA	REMARKS	PAGES
						OFFICE	DEPT.	SRC	TOTAL			
(37)	(38)	(39)	(40)	(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	
1	.1		ADMINISTRATIVE MANAGEMENT RECORDS MANAGEMENT STD. 73 Records Retention Schedule Approval Request and Records Retention Schedule	P					Curr.		Retain as current until superseded. Although revision is required every five years from the date approved by DGS, RRS that are not revised remain in effect but are considered non-current	
2			STD.70 Records Inventory Worksheet	P					Curr.		Retain as "Current" until next inventory or when no longer needed for reference of analysis which ever is later.	
3			STD. 71 Records Transfer List	P					Curr.		Retain as "Current" until all records listed have been either destroyed, retired permanently, transferred to the State Archives, or when no longer needed, whichever is later.	
4			STD. 76 State Records Center Reference Request	P					Active		Retain as "active" until request for referral or withdrawal is completed	
5			Authorization for Records Destruction Computer printout	P		4			4		Retain for 2 years from date destruction is authorized. then retain 2 more or until audited, whichever occurs first	

* Provide total of office and departmental

(35) CalRIM APPROVAL NUMBER

2013-257

(36) PAGE 3 OF 8

ITEM #	CUBIC FEET *	CA. STATE ARCHIVES USE ONLY	TITLE AND DESCRIPTION OF RECORDS <i>(Double spaces between items)</i>	MEDIA	VITAL	RETENTION				PRA (Exempt) & IPA (47)	REMARKS	PAGES
						OFFICE (43)	DEPT. (44)	SRC (45)	TOTAL (46)			
(37)	(38)	(39)	(40)	(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	
6			ADMINISTRATION Administrative a. Budget Documents b. Contracts c. Invoices/Statements	P		5		5	10			
7			Personnel: includes but not limited to a. Personnel Files b. Travel Expense Claims PROGRAM MANAGEMENT Application for Licensure: includes but not limited to a. Original application b. diploma c. transcripts d. Arrest/conviction record e. Copies of exam results f. Letter requiring more info from applicant g. Verification out-of-state work experience h. Letters from fellow practitioner verifying out-of-state work experience	P		Active +4			Active +4		Active means currently employed	
8			Applications in Progress - Current	P		2			2	XI	Information required for evaluation, will be transferred to licensee file upon licensure Exempt per Public Records Act, (PRA) Govt. Code 6254(c) Access by date subject: Practice Act Article 8, Civil Code, Section 1798. Current applies to applications that are complete and waiting to sit for examination	

* Provide total of office and departmental

RECORDS RETENTION SCHEDULE

(35) CalRIM APPROVAL NUMBER

2013-257

(36) PAGE 4 OF 8

ITEM #	CUBIC FEET *	CA. STATE ARCHIVES USE ONLY	TITLE AND DESCRIPTION OF RECORDS <i>(Double spaces between items)</i>	MEDIA	VITAL	RETENTION				PRA (Exempt) & IPA	REMARKS	PAGES
						OFFICE	DEPT.	SRC	TOTAL			
(37)	(38)	(39)	(40)	(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	
9			Applications - Pending	P		2			2	XI	Pending applies to incomplete including but not limited to exam results, fingerprints or required additional paperwork	
10			Applications - Enforcement Denied	P		2			2	XI		
11			Applications - Abandoned fees forfeited or Failure to appear	P		2			2	XI	CCR Section 2015.5 (a-b), Confidential shred	
			Licensee Files: includes but not limited to all materials listed in application for licensure a. A copy of wall certificate b. Address and/or name change request c. Continuing Education documentation							XI	Exempt per PRA Govt. Code 6254(c) Access by date subject: Practice Act Article 8, Civil Code, Section 1798.	
12			Current Active/Inactive Licenses	P		Active			Active		Active applies to licensees that are paid in full active or inactive	
13			Delinquent Licenses	P		6		90	96		B & P Code Sections 4844 and 4902 a person who fails to renew within 5 yrs. after expiration date, may reapply for new number	
14		NOTIFY ARCHIVES	Deceased Licenses	P		1		1	2			
15			License Renewal Applications	P		4			4		Retain for 4 yrs. or until audited, which ever occurs first	

* Provide total of office and departmental

(35) CalRIM APPROVAL NUMBER

2013-257

(36) PAGE 5 OF 8

ITEM #	CUBIC FEET *	CA. STATE ARCHIVES USE ONLY	TITLE AND DESCRIPTION OF RECORDS <i>(Double spaces between items)</i>	MEDIA	VITAL	RETENTION				PRA (Exempt) & IPA	REMARKS	PAGES
						OFFICE	DEPT.	SRC	TOTAL			
(37)	(38)	(39)	(40)	(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	
16			BOARD INFORMATION: Board Personnel: includes but not limited to a. Personnel Files b. Travel Expense Claims	P		Active +4			Active +4		Active means for the duration of their term of office	
17		NOTIFY ARCHIVES	Board and/or Committee Meeting Minutes Original documents used for mtgs including but not limited to agenda and backup material	P		20		80	100			
18			Board and/or Committee Meeting Minutes	E		Curr.			Curr.		*Note Mtg recordings kept until mins. are approved usually @ next Mtg.	
19		NOTIFY ARCHIVES	Miscellaneous information including a. Board Policy b. General Correspondence c. Public Records Act Requests d. Subpoena e. Rodeo Injury Report	P		5		5	10			
20		NOTIFY ARCHIVES	Legal Opinions	P		Active +20		80	100			
21		NOTIFY ARCHIVES	Legislative info including but not limited to a. Bills b. Analysis c. Budget Backup d. General Correspondence	P		Active +5		5	10		Active means in the Legislative process	

* Provide total of office and departmental

(35) CalRIM APPROVAL NUMBER				2013-257						(36) PAGE 6 OF 8		
ITEM #	CUBIC FEET *	CA. STATE ARCHIVES USE ONLY	TITLE AND DESCRIPTION OF RECORDS <i>(Double spaces between items)</i>	MEDIA	VITAL	RETENTION				PRA (Exempt) & IPA	REMARKS	PAGES
						OFFICE	DEPT.	SRC	TOTAL			
(37)	(38)	(39)	(40)	(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	
22		NOTIFY ARCHIVES	Regulation info including but not limited to a. Notice documentation b. Public comments	P		Active +5		5	10			
23			CASHIERING: Miscellaneous Cashiering Documents a. Report of collections b. Revenue Refunds/Transfers c. Return check letters d. NSF / Franchise Tax Collections PREMISE PERMIT FILES: These files include but not limited to a. Original application b. Inspections reports c. Revised applications d. General correspondence	P		5			5		5 yrs. or until audited whichever occurs first	
24			Current Active Premise Permits	P		Active			Active		Active applies to Premise Permits that are paid in full	
25			Delinquent Premise Permits	P		5			5		5 years from expiration date Confidential Shred	

* Provide total of office and departmental

(35) CalRIM APPROVAL NUMBER										2013-257		(36) PAGE 7 OF 8	
ITEM #	CUBIC FEET *	CA. STATE ARCHIVES USE ONLY	TITLE AND DESCRIPTION OF RECORDS <i>(Double spaces between items)</i>	MEDIA	VITAL	RETENTION				PRA (Exempt) & IPA (47)	REMARKS (48)	PAGES	
						OFFICE (43)	DEPT. (44)	SRC (45)	TOTAL (46)				
(37)	(38)	(39)	(40)	(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)		
26			Cancelled Premise Permits ENFORCEMENT FILES: These files contain all documentation of complaints, investigation and accusations against a licensee, includes but not limited to a. Original Complaint b. Requests for investigation c. Status reports d. Findings and recommendations e. Copies of legal documents	P		3			3		Retain for 3 yrs. after date of cancellation Confidential Shred		
27			Complaints Active	P		Active			Active	X	Active means until completion of complaint review process and disposition of review committee's recommendation		
28			Complaints Closed No Violations 1E.	P		3			3	X	Confidential Shred		

* Provide total of office and departmental

RECORDS RETENTION SCHEDULE

2013-257

(36) PAGE 8 OF 8

(35) CalRIM APPROVAL NUMBER

ITEM #	CUBIC FEET *	CA. STATE ARCHIVES USE ONLY	TITLE AND DESCRIPTION OF RECORDS <i>(Double spaces between items)</i>	MEDIA	VITAL	RETENTION				PRA (Exempt) & IPA	REMARKS	PAGES
						OFFICE	DEPT.	SRC	TOTAL			
(37)	(38)	(39)	(40)	(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	
29			Citaaion and Fine	P		5			5		Per Board policy October 2002, remove from licensee file and confidential destruction 5 yrs. after final payment received	
30			Investigations	P		Active +3		97	100	X	Active means until completion of investigation and/or final action Exempt per PRA Govt. Code 6254(k) Not available by date subject: Practice Act Article 8, Civil Code, Section 1798.3 (4)	
31			Accusation / Discussion	P		Active +3		97	100		Active means until completion of investigation and/or final action	

* Provide total of office and departmental

ITEM #	CUBIC FEET *	CA. STATE ARCHIVES USE ONLY	TITLE AND DESCRIPTION OF RECORDS (Double spaces between items)	MEDIA	VITAL	RETENTION				PRA (Exempt) & IPA (47)	REMARKS
						OFFICE	DEPT.	SRC	TOTAL		
(37)	(38)	(39)	(40)	(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)
24	12.25		<p><u>Enforcement Files</u> This file contains all documentation of complaints, investigations, and accusations against a licensee. File includes, but is not limited to:</p> <ul style="list-style-type: none"> a. original complaint b. requests for investigation d. status reports e. findings and recommendations f. copies of legal documents <p>Complaints</p>	P		Active +3			Active +3		Active means until completion of complaint review process and dispositions of complaint review committee's recommendation.
25	26.75		<p>Investigations/Accusations</p>	P		Perm.			Perm.		<p>Need to say something here. Exempt from Public Records Act, Govt Code Section 6254(K)</p> <p>Not available to the data subject to Section 1798.3(4) of the Information Practices Act.</p> <p>Disposal Criteria: Confidential Witnessed Destruction.</p>
26			<p>Citation and Fine</p>	P		5			5		Per Board policy October 2002, destroy citation and fine records five years after fine payment received.
27	13.5		<p><u>Premises Files</u> Veterinary Hospitals files may include, but not limited to:</p> <ul style="list-style-type: none"> a. Original application b. Inspection Report c. Copy of original certificate 	P		Active +5			Active +5		



Department of Consumer Affairs
Veterinary Medical Board
Records Retention Schedule
May 2, 2014

2013-257

Revision made to page 5, item 19:

- Added
- c. Public Records Act Requests
 - d. Subpoena
 - e. Rodeo Injury Report

The items entered into the records retention schedule caused the items below item 19 to be moved down therefore, the schedule increased from seven to eight pages.

Karen Robison
Administrative Analyst



MEMORANDUM

DATE	April 17, 2019
TO	Veterinary Medical Board
FROM	Jessica Sieferman, Executive Officer
SUBJECT	Agenda Item 16 C. Administrative/Budget Report

Administrative Report

The Board’s new Administrative/Licensing Manager, Moneel Singh, will audit all administrative staff duty statements to ensure current job duties are accurately captured. Mr. Singh and his administrative team will also focus on streamlining current administrative processes.

Expenditure Report and Fund Condition Status

The Board requested a budget augmentation for the Attorney General and the Office of Administrative Hearings costs in February 2019. Attached are projected expenditure reports through Fiscal Month 8 with and without the augmentation.

The fund condition with preliminary actuals are also attached.

Budget Activities

The Board’s inspection-related budget change proposal (BCP) in the Governor’s budget is currently moving through the legislative process. The Senate Budget Subcommittee 4 hearing is scheduled for April 4, 2019. Updates will be provided at the Board meeting.

VETERINARY MEDICAL BOARD - 0777
BUDGET REPORT
FY 2018-19 EXPENDITURE PROJECTION
Prelim FM 8

OBJECT DESCRIPTION	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19				
	ACTUAL	ACTUAL	ACTUAL	BUDGET	CURRENT YEAR	PERCENT	PROJECTIONS	UNENCUMBERED
	EXPENDITURES	EXPENDITURES	EXPENDITURES	ACT	EXPENDITURES	SPENT	TO YEAR END	BALANCE
	(MONTH 13)	(MONTH 13)	(Prelim 12)	2018	2/28/2019			
PERSONNEL SERVICES								
Salary & Wages (Staff)	993,433	1,019,574	992,880	1,143,000	725,310	63%	1,105,556	37,444
Statutory Exempt (EO)	90,636	94,812	101,102	82,000	64,496	79%	96,744	(14,744)
Temp Help Reg (Seasonals)		25,472	33,116	33,000	39,927	1	68,986	(35,986)
Board Member Per Diem	6,900	7,700	9,500	14,000	200	0%	9,600	4,400
Committee Members (DEC)	5,700	4,600	3,400	11,000	0	0%	7,400	3,600
Overtime	1,995	426	2,259	0	0	N/A	1,750	
Staff Benefits	610,044	666,328	679,391	741,000	458,855	62%	699,411	41,589
TOTALS, PERSONNEL SVC	1,708,708	1,818,912	1,821,648	2,024,000	1,288,788	64%	1,989,446	36,304
OPERATING EXPENSE AND EQUIPMENT								
General Expense	39,907	34,243	20,335	26,000	10,999	42%	16,499	9,502
Fingerprint Reports	520	512		6,000	291	0%	500	5,500
Minor Equipment	6,919	124	10,393	7,000	0	0%	1,000	6,000
Printing	19,795	26,881	43,491	18,000	44,781	249%	37,172	(19,172)
Communication	5,416	1,336	1,721	18,000	1,345	7%	2,018	15,983
Postage	28,278	23,402	28,498	26,000		0%	26,726	(726)
Insurance		20	6,280	0	0	0%	0	0
Travel In State	70,768	72,636	32,523	148,000	4,615	0%	58,642	89,358
Travel, Out-of-State	0	0	0	0	0	0%	0	0
Training	6,244	68		18,000	4,835	27%	6,200	11,800
Facilities Operations	114,242	117,554	120,058	102,000	80,783	79%	121,740	(19,740)
C & P Services - Interdept.	2		84	0	0	0%	0	0
C & P Services - External	227,251	257,713		148,000	83,003	56%	83,003	64,997
DEPARTMENTAL SERVICES (PRO RATA):								
Office of Information Services	453,708	488,657	506,000	487,000	324,667	67%	487,000	0
Admin/Exec	286,698	261,981	301,000	333,000	222,000	67%	333,000	0
Interagency Services					1,735	0%	2,100	(2,100)
IA w/ OPES	72,166	70,832	0	50,000	52,774	106%	52,774	(2,774)
DO I- Spec Ops (Internal)	6,882	6,439	7,000	10,000	6,667	67%	10,000	0
Communications Division	19,000	50,079	9,000	11,000	7,333	67%	11,000	0
Program Policy Review Division		1,308	47,000	39,000	26,000	67%	39,000	0
INTERAGENCY SERVICES:								
Consolidated Data Center	2,230	26	8,070	8,000	1	0%	50	7,950
DP Maintenance & Supply	10,884			0	0	0%	0	0
Information Technology	0	3,369	27,033	5,000	39,066	0%	28,500	(23,500)
EXAM EXPENSES:								
Exam Supplies				1,000	0	0%	0	1,000
Exam Freight				0	0	0%	0	0
Exam Site Rental				5,000	0	0%	0	5,000
C/P Svcs-External Expert Administrative	26,988			0	0	0%	0	0
C/P Svcs-External Expert Examiners		40,686	288,948	31,000	0	0%	0	31,000
C/P Svcs-External Subject Matter	55,341	36,688		0	23,528	0%	46,015	(46,015)
ENFORCEMENT:								
Attorney General	510,785	657,122	837,755	672,000	481,915	72%	804,055	(132,055)
Office Admin. Hearings	105,233	151,691	113,215	134,000	111,630		195,720	(61,720)
Court Reporters	6,043	9,363	59,601		16,287		35,000	(35,000)
Evidence/Witness Fees	173,628	162,244	124,067	163,000	64,272	39%	114,050	48,950
DOI - Investigations	617,594	825,796	522,000	549,000	366,000	67%	549,000	0
CI/Ext - Subject Matter Experts				0	122,866		170,476	(170,476)
Major Equipment								0
Other (Vehicle Operations)				3,000		0%	0	3,000
TOTALS, OE&E	2,866,522	3,300,770	3,114,072	3,018,000	2,097,393	69%	3,231,239	(213,239)
TOTAL EXPENSE	4,575,230	5,119,682	4,935,720	5,042,000	3,386,181	67%	5,220,685	(176,935)
Sched. Reimb. - External/Private								
Sched. Reimb. - Fingerprints		(5,640)		(11,000)	(2,820)		(11,000)	
Sched. Reimb. - Other	(3,525)		(4,225)	(15,000)	(134,697)		(15,000)	
Unsched. Reimb. - Other	(158,407)	(197,407)	(215,789)					
NET APPROPRIATION	4,413,298	4,916,635	4,715,706	5,016,000	3,248,664	65%	5,194,685	(176,935)
SURPLUS/(DEFICIT):								-3.5%

VETERINARY MEDICAL BOARD - 0777
BUDGET REPORT
FY 2018-19 EXPENDITURE PROJECTION
Prelim FM 8

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Overtime	1,995	426	2,259	0	0	N/A	1,750	
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Insurance		20	6,280	0	0	0%	0	0
Travel In State	70,768	72,636	32,523	148,000	4,615	0%	58,642	89,358
Travel, Out-of-State	0	0	0	0	0	0%	0	0
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Communications Division	19,000	50,079	9,000	11,000	7,333	67%	11,000	0
Program Policy Review Division		1,308	47,000	39,000	26,000	67%	39,000	0
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Exam Site Rental				5,000	0	0%	0	5,000
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DOI - Investigations	617,594	825,796	522,000	549,000	366,000	67%	549,000	0
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Unsched. Reimb. - Other	(158,407)	(197,407)	(215,789)					
NET APPROPRIATION	4,413,298	4,916,635	4,715,706	5,212,000	3,248,664	62%	5,194,685	19,065
SURPLUS/(DEFICIT):								0.4%

0777 - Veterinary Medical Board Analysis of Fund Condition

Prepared April 1, 2019

(Dollars in Thousands)

Gov Budget	Preliminary Actuals 2017-18	CY 2018-19	BY 2019-20
BEGINNING BALANCE	\$ 1,822	\$ 745	\$ 936
Prior Year Adjustment	\$ -	\$ -	
Adjusted Beginning Balance	<u>\$ 1,822</u>	<u>\$ 745</u>	<u>\$ 936</u>
REVENUES AND TRANSFERS			
Revenues:			
4129200 Other regulatory fees	\$ 86	\$ 91	\$ 91
4129400 Other regulatory licenses and permits	\$ 1,448	\$ 1,402	\$ 1,429
4127400 Renewal fees	\$ 2,830	\$ 4,037	\$ 4,276
4121200 Delinquent fees	\$ 16	\$ 22	\$ 22
4163000 Income from surplus money investments	\$ 13	\$ 9	\$ 10
Totals, Revenues	<u>\$ 4,393</u>	<u>\$ 5,561</u>	<u>\$ 5,828</u>
Totals, Revenues and Transfers	<u>\$ 4,393</u>	<u>\$ 5,561</u>	<u>\$ 5,828</u>
Totals, Resources	<u>\$ 6,215</u>	<u>\$ 6,306</u>	<u>\$ 6,764</u>
EXPENDITURES			
Disbursements:			
1111 Program Expenditures (S/O)	\$ 5,108	\$ 5,016	\$ 5,237
8880 Financial Information System for California (S/O)	\$ 6	\$ -	\$ -1
9892 Supplemental Pension Payments	\$ -	\$ 37	\$ 80
9990 Statewide Pro Rata	\$ 356	\$ 317	\$ 275
Total Disbursements	<u>\$ 5,470</u>	<u>\$ 5,370</u>	<u>\$ 5,591</u>
FUND BALANCE			
Reserve for economic uncertainties	<u>\$ 745</u>	<u>\$ 936</u>	<u>\$ 1,173</u>
Months in Reserve	1.7	2.0	2.5

MEMORANDUM

DATE	April 17, 2018
TO	Veterinary Medical Board
FROM	Robert Stephanopoulos. Enforcement Manager
SUBJECT	Enforcement Report

Staff Update

Pending Cases

All pending investigations have officially been redistributed to the enforcement unit's four analysts. Investigations will now remain with a single analyst from initial assignment through discipline. Due to this increased scope of work, analysts will be collaborating regularly with one another as well as management to ensure complete understanding and consistency in the investigation process. As previously mentioned, this "start to finish" investigation model will lessen the risk of misinterpreted or lost information and increase overall staff engagement.

As mentioned during the prior Board meeting, the number of pending investigations can't be adequately addressed under current staffing levels. The Board's four enforcement analysts are each responsible for over 300 cases, which is several times the number an average analyst can/should maintain (many other boards don't break 100 cases per analyst). This large discrepancy between staff bandwidth and workload will continue to affect the enforcement numbers, resulting in higher cycle times and an ever-growing backlog of cases.

Process Mapping

The enforcement mapping process continues, with management looking at all existing procedures to identify duplicative/unnecessary steps to implement efficiencies. In addition, DCA's Organizational Change Management (OCM) team recently met with the Board's management team to assist with the creation of process maps for all procedures in the licensing, inspection, and enforcement sections. The OCM team will likely begin this mapping process after the end of FY 18/19. These maps will be used for desk procedure manuals, BreEZe transaction updates, and audit compliance.

Enforcement Process Overview

Staff will provide enforcement training during the Board's October meeting to give Board members a better understanding of the enforcement process. In addition, the Board's biological fluid testing vendor, FSSolutions, will provide an overview of their methods regarding substance abuse related testing.

Restitution

The enforcement team is exploring potential restitution on all cases involving complainants who were provided insufficient care by a licensee/registrant as well as those complainants who had to incur additional costs with subsequent veterinarians due to poor initial care.

Unlicensed Practice

Enforcement has begun utilizing a tool via the California Public Utilities Commission (CPUC) to curb the unlicensed practice of veterinary medicine. Pursuant to BPC §149, the Board has the ability to request the CPUC disconnect the phone service of unlicensed individual engaged in unlawful advertising of veterinary services. Enforcement will make this request whenever appropriate.

Attorney General’s Office Updates

Below you will find the VMB section of the Attorney General’s (AG) Annual Report for FY 17/18. According to the full report (available upon request), VMB’s cycle times are one of the highest of all DCA boards. In response, staff and management have committed to frequent communication with the Deputy Attorney Generals assigned to our referred cases as well as their Supervising Deputy Attorney Generals, when necessary. Further, settlement discussions are starting earlier in the process (upon referral to the AG’s office) to expedite discipline, which can save on costs and provide a quicker means of consumer protection. In addition, as previously indicated, VMB has submitted an AG augmentation request to avoid going over our AG budget; this request is pending.

The Veterinary Medical Board regulated 29,545 licensees in Fiscal Year 2016-17 with six license types. The Board receives consumer complaints and routinely inspects veterinary hospital premises for compliance. The Board’s cases are investigated by the Board’s own inspectors or other staff, and when appropriate, may also be referred to the Department of Consumer Affairs Division of Investigation, Investigations and Enforcement Unit. There were multiple respondents in about 23 percent of the Board’s accusation cases prosecuted by the Office of the Attorney General in Fiscal Year 2017-18. There is no statute of limitations within which to file accusations for this agency.

The tables below show data for Fiscal Year 2017-18.

Table 1 – Business and Professions Code Section 312.2, Subdivision (a)	
Number of –	Count
(1) accusation matters referred to the Attorney General.	45
(2) accusation matters rejected for filing by the Attorney General.	0
(3) accusation matters for which further investigation was requested by the Attorney General.	5
(4) accusation matters for which further investigation was received by the Attorney General.	6
(5) accusations filed.	44
(6) accusations withdrawn.	0
(7) accusation matters adjudicated by the Attorney General.	22

Table 2 is based on the adjudicated accusation matters reported under Business and Professions Code section 312.2, subdivision (a)(7) in Table 1.

Table 2 – Business and Professions Code Section 312.2, Subdivision (b)				
Average number of days for adjudicated accusation matters –	Mean	Median	SD	Count
(1) from receipt of referral by the Attorney General to when an accusation is filed.	251	197	160	22
(2) to prepare an accusation for a case that is rereferred to the Attorney General after further investigation is received.	352	366	103	4
(3) from the filing of an accusation to when a stipulated settlement is sent to the agency.	313	287	154	16
(4) from the filing of an accusation to when a default decision is sent to the agency.	79	84	28	4
(5) from the filing of an accusation to the Attorney General requesting a hearing date.	93	78	51	11
(6) from the Attorney General’s receipt of a hearing date to the commencement of a hearing.	317	317	172	2

Expert Witness Program

The Board's expert witness program is being examined to better streamline the complete process and ensure consistency of information between the Board and its experts. To that end, enforcement staff are now responsible for facilitating the assignment of cases to experts pursuant to their contracts. Consequently, DCA's secured cloud drive will not only be utilized for the transmittal of cases, it will also be used for task order and invoices. To ensure compliance with expert contract requirements, enforcement staff have taken training specific to contracts, which should result in quicker assignment of tasks and payment for case reviews.

Division of Investigation

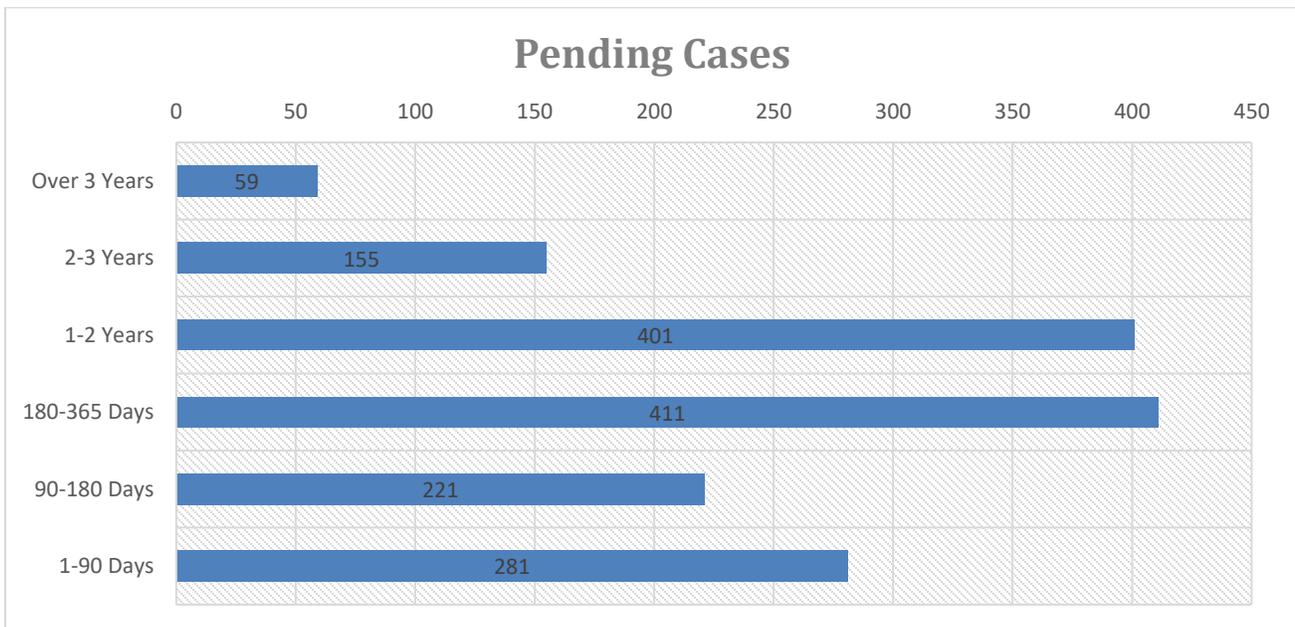
Central Services Project

The enforcement team recently met with DCA's OCM team, who are conducting a central services project related to DOI. During this meeting enforcement discussed some of the challenges and opportunities they have come across when interacting with DOI. The OCM team hopes to put together this information to identify improvements that will benefit DOI and the boards and bureaus overall.

DOI Investigations

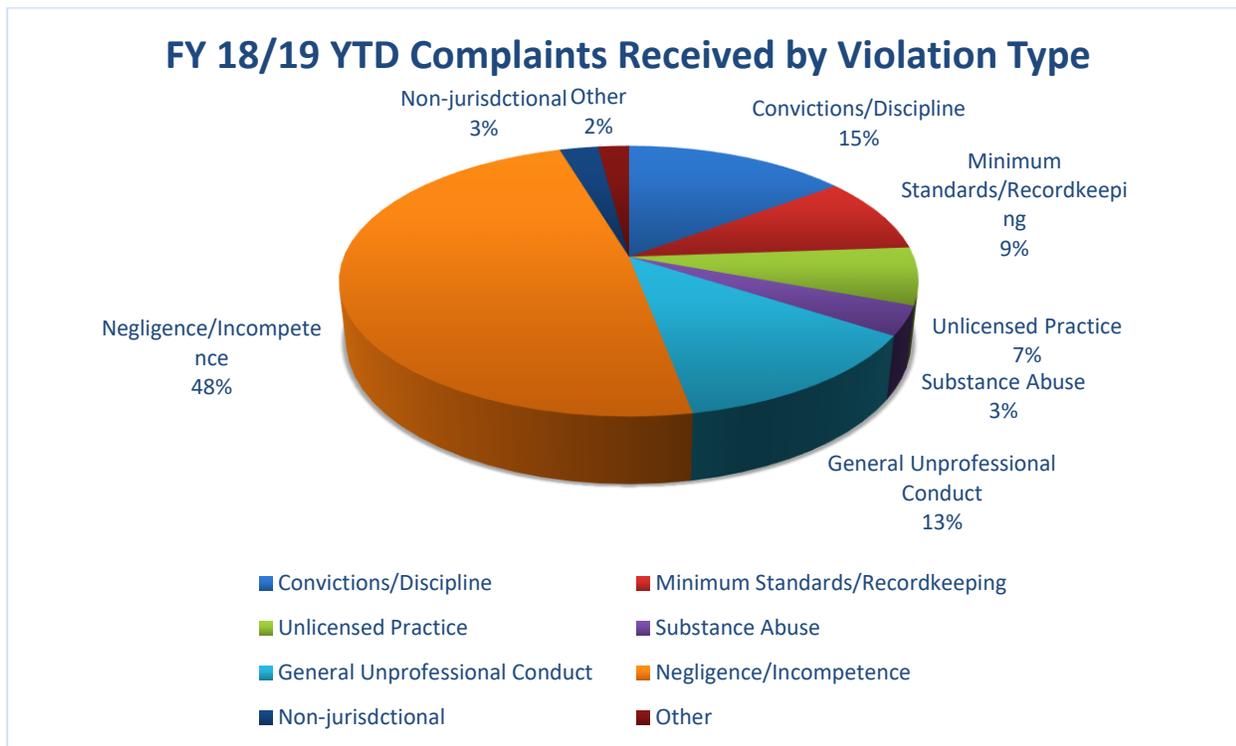
Enforcement has been more engaged in determining the necessity of DOI's involvement on many of its cases, as well as the necessity of Board inspectors in cases to be assigned to DOI. As a result, enforcement staff have begun utilizing more internal investigative opportunities as well as the Board's inspections unit on cases which may have otherwise been referred to DOI. The result of this change should be a reduction in DOI costs as well as faster investigation times without compromising quality. Cases involving extreme or exigent circumstances will likely involve a phone call between management and the supervising DOI investigator to ensure expedient response.

Complaint Investigation



As shown in the previous graph, the number of cases over 3 years rose compared to the prior report, coming in at 59. This is due to the fact that nearly two thirds of these cases rolled over to the

3+ years category in the last quarter alone. Nevertheless, enforcement continues to prioritize the oldest cases (along with overall priority) for investigation.



The Board received a variety of complaint types last quarter, as displayed by the prior chart. Most of the complaints were fell under “Negligence/Incompetence,” which depending on the circumstances, may be the Board’s highest priority cases per BPC §[4875.1](#). This was followed by “Convictions/Discipline,” due in part to these cases being shifted from licensing to enforcement. Further, a fair portion of our cases involve complaints regarding minimum standards and recordkeeping, which can likely be addressed in concert with the Board’s inspection program. In addition to cases which don’t fall into a category, “Other” covers mental/physical impairment (1 case), fraud/deception (6 cases) and sexual misconduct (3 cases).

Pending complaints at intake rose 148 in January due to the shift of applicant convictions from licensing to enforcement that same month. These new cases added to intake’s existing backlog, as they are now tasked with logging both new and pending applicant conviction cases, along with regular complaints. Due to the hard work of the intake unit, the number of pending cases at intake was brought down to 116 at the end of March. Overtime will continue to be offered to help address the backlog.

Enforcement saw a sizeable jump in pending cases last quarter – ending at 1538, which is a direct result of the focus on more investigation-heavy cases older cases (which typically require more time). Moreover, as applicant convictions were shifted from licensing to enforcement, this resulted in a large, instant increase in pending cases (applicant convictions were not previously logged into the system by licensing).

The Board issued 3 citations last quarter resulting from its investigations; another 5-10 citation drafts are currently pending management approval.

Probation Monitoring

The Board is currently monitoring 106 probationers and has 19 Petitions to Revoke Probation pending for issues of non-compliance.

Mail Vote Results

The results of the February 1, 2019 and March 1, 2019 mail vote items can be viewed below.

STIPULATED SETTLEMENT	VOTE	RESULT
Hilleary, Heidi	6 – Adopt	Adopted
PROPOSED DECISION	VOTE	RESULT
Dhaliwal, Tej Pratap Singh	5 – Adopts 1 – Hold for Discussion	Adopt
STIPULATED SETTLEMENT	VOTE	RESULT
McCaffray, Teresa	6 – Adopts	Adopt
Mohiuddin, Harron	6 – Adopts	Adopt
Walker, Katherine	7 – Adopts	Adopt
Henderson, William	6 – Adopts 1 – Hold for Discussion	Adopt
REINSTATEMENT PETITION	VOTE	RESULT
Coghlan, James*	7 – Adopts	Adopt
DECISION AFTER NONADOPTION	VOTE	RESULT
Rahbari -Kharazi, Aidin*	6 – Adopts	Adopt

*As a reminder, the Coghlan and Rahbari-Kharazi matters were provided to determine whether you had any additional revisions to the Decisions.

Statistical Report

COMPLAINTS AND CONVICTIONS										
Complaints and Convictions	FY 2017 - 2018					FY 2018 - 2019				
	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD
Complaints Received	281	238	265	238	1022	235	230	297		762
Convictions Received	20	22	22	15	79	14	28	27		42
Average Days to Intake	3	3	7	12	6	50	56	33		45
Closed at Intake	0	0	0	0	0	1	1	0		2
Pending at intake	0	4	28	20	20	179	105	116		116
<i>Average Days to Intake - Average cycle time from complaint received, to assignment to an investigator.</i>										

UNLICENSED ACTIVITY COMPLAINTS RECEIVED										
Unlicensed Activity Complaints	FY 2017 - 2018					FY 2018 - 2019				
	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD
Received	34	27	9	24	94	19	8	5		32

DESK INVESTIGATIONS										
	FY 2017 - 2018					FY 2018 - 2019				
Desk Investigation	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD
Assigned	304	257	263	264	1088	95	340	318		753
Closed	201	268	186	114	769	98	171	105		374
Average Days to Complete	235	178	261	316	247	351	345	232		315
Pending	807	779	851	1002	1002	996	1151	1372		1372
<i>Average Days to Complete Desk Investigations - Average cycle time from complaint receipt to closure</i>										

SWORN INVESTIGATIONS										
	FY 2017 - 2018					FY 2018 - 2019				
Sworn Investigations	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD
Assigned	4	32	19	17	72	6	10	3		19
Closed	15	13	16	11	55	23	17	7		47
Average Days to Complete	490	279	482	345	349	279	400	484		353
Pending	60	77	81	81	81	62	55	50		50
<i>Average Days to Complete Sworn Investigations - Average cycle time from complaint receipt to closure.</i>										

ALL TYPES OF INVESTIGATIONS										
	FY 2017 - 2018					FY 2018 - 2019				
All Types of Investigations	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD
Closed Without Discipline	176	243	155	263	837	83	156	116		355
Cycle Time - No Discipline	261	161	233	333	247	330	369	240		318
All pending cases	867	860	960	1103	1103	1199	1311	1538		1538

CITATIONS										
	FY 2017 - 2018					FY 2018 - 2019				
Citations	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD
Issued	13	2	2	8	25	0	4	3		7
Avg Days to Complete Cite	703	175	753	755	596	N/A	1081	969		1033
Citations appealed	3	0	0	0	3	0	0	0		0
<i>Average Days to Issue a Citation - Average cycle time from complaint receipt to the effective date of the citation.</i>										

ATTORNEY GENERAL CASES										
	FY 2017 - 2018					FY 2018 - 2019				
Attorney General Cases	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD
Initiated / Referred to the AG	27	19	15	5	66	10	8	9		27
Pending at the AG	95	100	95	86	86	75	74	68		68
Statement of Issues Filed	11	8	16	8	43	1	1	1		3
Accusations Filed	9	11	5	11	36	8	2	9		19

ATTORNEY GENERAL CASES										
AG Case Action	FY 2017 - 2018					FY 2018 - 2019				
	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD
Closed Without Discipline	2	2	0	1	5	4	5	1		10
Closed With Discipline*	11	10	9	15	45	12	14	9		35
Probation	7	5	7	11	30	7	9	4		20
Public Letter of Reprimand	0	0	0	0	0	1	2	0		3
Surrender of License	1	3	0	4	8	2	2	3		7
License Revoked	3	1	2	0	6	0	1	1		2
License Denied (SOI)	0	1	0	0	1	2	0	1		3
Average Days to Close	756	553	566	909	696	807	643	239		612

*Average Days to Close a Discipline Case - Average cycle time from complaint receipt to the effective date of disciplinary order.
Closed without discipline relates to cases which have been withdrawn, dismissed, or declined by the AG's office.

ATTORNEY GENERAL CASES										
AG Case Violation Type	FY 2017 - 2018					FY 2018 - 2019				
	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD
Substance Abuse (A)	0	1	0	0	1	2	1	4		7
Unsafe/Unsanitary Cond (E)	0	0	0	0	0	0	0	0		0
Applicant Investigation (I)	2	3	5	6	16	0	8	0		8
Incompetence/Gross Negligence (N)	3	2	2	4	11	0	2	2		4
Unprofessional Conduct (R)	3	1	0	2	6	2	1	0		3
Criminal Conduct/Conv (V)	2	1	2	0	5	0	0	0		0
Discipline by Another State (T)	0	1	0	0	1	1	0	1		2
Unlicensed Activity (U)	1	0	0	1	2	1	0	0		1
Drug Related Offenses (D)	0	1	0	0	1	1	0	2		3
Fraud (F)	0	0	0	2	2	1	1	0		2

PROBATION										
Probation	FY 2017 - 2018					FY 2018 - 2019				
	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	YTD
New Probation Cases	11	4	8	8	31	10	8	3		21
Probation Completed	4	7	2	0	13	8	6	6		20
Active Cases	108	106	104	100	100	104	108	106		106
Probationary Licenses	4	1	0	1	6	0	5	2		7
All applicants pending licensure	17	22	18	16	16	22	20	16		16
Tolled	6	7	6	8	8	8	8	10		26
Petition to Revoke	4	9	12	18	18	15	17	19		51



MEMORANDUM

DATE	April 18, 2019
TO	Veterinary Medical Board
FROM	Moneel Singh, Licensing Manager
SUBJECT	Licensing/Examination Report

Applications

Applications Received										
	Fiscal Year 2017-18					Fiscal Year 2018-19				
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD
	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jul		Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jul	
VET	142	235	378	231	986	126	316	315		757
UNIV	0	0	52	16	68	24	9	19		52
RVT	246	193	206	250	895	250	205	219		829
HSP	82	78	57	85	302	54	53	62		169
VACSP	425	531	467	502	1925	426	421	463		1310
Total	895	1037	1160	1084	4176	880	1004	1078		3117

Initial Licensure

Licenses Issued										
	Fiscal Year 2017-18					Fiscal Year 2018-19				
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD
	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jul		Jul-Sep	Oct-Dec	Jan-Mar*	Apr-Jul	
VET	174	116	81	360	731	177	139	85		401
UNIV	0	0	1	37	38	15	22	8		45
RVT	146	129	154	172	601	144	132	187		463
HSP	74	61	47	71	253	39	19	59		117
VACSP	415	475	303	400	1593	275	322	293		890
Total	809	781	586	1040	3216	650	634	632		1916

Examinations

CALIFORNIA STATE BOARD EXAMINATION					
Nov. 2017 – Apr. 2018		May – Oct 2018		Nov. 2018 – Apr. 2019*	
Candidates	Pass %	Candidates	Pass %	Candidates	Pass %
334	84%	221	76%	186	82%
*PARTIAL NUMBERS (NOV-MAR)					

NORTH AMERICAN VETERINARY LICENSING EXAMINATION					
Nov./Dec. 2017		Mar./Apr. 2018		Nov./Dec. 2018	
Candidates	Pass %	Candidates	Pass %	Candidates	Pass %
412	85%	97	60%	395	86%

CALIFORNIA VETERINARY TECHNICIAN EXAMINATION					
Jan. – Jun. 2018		Jul. – Dec. 2018		Jan. – Jun. 2019*	
Candidates	Pass %	Candidates	Pass %	Candidates	Pass %
312	98%	369	96%	124	88%
* PARTIAL NUMBERS (JAN-MAR)					

VETERINARY TECHNICIAN NATIONAL EXAMINATION					
Mar./Apr. 2018		Jul./Aug. 2018		Nov./Dec 2018	
Candidates	Pass %	Candidates	Pass Pct.	Candidates	Pass Pct.
262	67%	267	68%	312	67%

Licensing

Licensees	
<i>as of March 2018</i>	
Veterinarian Licenses*/**	14,545/12,685
Veterinarian Licenses – California**	11,882
University Veterinarian*/**	83/83
Veterinarian – Internship**	30
Veterinarian – Reciprocity**	41
Registered Veterinary Technician Licenses*/**	8,886/7,074
Registered Veterinary Technician Licenses – California**	7,047
Premise Permits*/**	4,103/3,748
Premise Permits – Exempt**	161
Veterinary Asst. Cont. Sub. Permit*/**	5,158/4,136
*includes delinquent, inactive, and clear licensees; **clear licensees	

Examination Development and Workshops

Examination Development Workshops: Workshops include Item Writing, Item Review, Examination Construction, and Pass Score Setting. Staff recruits and contracts with licensees to serve as Workshop Subject Matter Experts (SME); approximately 6-8 SMEs participate in each Workshop.

For each yearly series of Workshops, the Board acquires two new examination forms for the State veterinary and veterinary technician examinations.

The following are scheduled Workshops for 2019:

Veterinarian Examination Workshops	
February 21-22, 2019	Occupational Analysis SME Interviews
June 27-28, 2019	Occupational Analysis
May 16-17, 2019	Exam Construction
June 20-21, 2019	Exam Passing Score
July 17-19, 2019	Exam Construction
August 8-9, 2019	Passing Score
Registered Veterinary Technician Examination Workshops	
July 30-31, 2019	Exam Item Writing
August 28-29, 2019	Exam Item Review
September 18-20, 2019	Exam Construction/Passing Score

Veterinary Occupational Analysis: The Department's Office of Professional Examination Services (OPES) has begun the Occupational Analysis (OA) and comparison study of the veterinary profession starting with the first workshop in October 2018; the last OA of the profession was completed in December 2013. OPES will be working with the American Association of Veterinary State Boards to evaluate the North American Veterinary Law Examination materials and compare its content with the California State Board Examination. Workshops and other OPES work will continue throughout 2019 with the veterinary OA and comparison study scheduled for completion in December 2019.

Veterinary Law Examination: Senate Bill 1491 (Hill, 2018), effective January 1, 2019, has authorized the Board the ability to administer the Veterinary Law Examination (VLE) by electronic means. Board staff will work in cooperation with OPES to develop an electronic VLE and in addition make any necessary regulatory amendments to launch the new electronic VLE.

Diversion Program

The next Diversion Evaluation Committee (DEC) meeting is scheduled for February 2019.

The DEC meets every February, June, and October. There is currently one participant in the Diversion Program and one participant has successfully completed the program in February.

The Board's Diversion Program contract with MAXIMUS expires December 2019; in collaboration with the Department's contract and legal staff, Departmental diversion program

managers are reviewing and updating the diversion program Request for Proposal with a solicitation for a new diversion program vendor to be noticed in early-2019.

Outreach

One page renewals are launching May 15, 2019. Veterinarians and Registered Veterinary Technicians will now be required to renew online. Currently Board staff are developing outreach content to put onto the website and supply to CVMA in efforts to alert as many licensees possible. Other content being developed is a step by step tutorial on how to create a Breeze account and renewing your license.

Personnel

Effective March 18, 2019 I have accepted the Licensing and Administration Manager position here at VMB. I am excited to join the management team and bring positive and streamline changes to the Board.

Applications Received Fiscal Year 2018-2019																	
License Type	Quarter 1				Quarter 2				Quarter 3				Quarter 4				
	July	August	September	Total	October	November	December	Total	January	February	March	Total	April	May	June	Total	
VET	48	39	39	126	198	65	53	316	98	91	126	315				0	
UNIV	11	13	0	24	4	5	0	9	0	0	19	19				0	
RVT	56	124	70	250	80	48	77	205	71	84	64	219				0	
HSP	13	26	15	54	36	6	11	53	25	21	16	62				0	
VACSP	153	152	121	426	163	127	131	421	205	127	131	463				0	
TOTAL	281	354	245	880	481	251	272	1004	399	323	356	1078	0	0	0	0	
YEAR TO DATE																	2962

Licenses Issued Fiscal Year 2018-2019																	
License Type	Quarter 1				Quarter 2				Quarter 3				Quarter 4				
	July	August	September	Total	October	November	December	Total	January	February	March	Total	April	May	June	Total	
VET	80	63	34	177	69	47	23	139	19	29	37	85				0	
UNIV	2	7	6	15	7	11	4	22	4	3	1	8				0	
RVT	41	54	49	144	54	41	37	132	80	61	46	187				0	
HSP	4	31	4	39	4	4	11	19	29	20	10	59				0	
VACSP	105	91	79	275	127	107	88	322	137	105	51	293				0	
TOTAL	232	246	172	650	261	210	163	634	269	218	145	632	0	0	0	0	
YEAR TO DATE																	1916

Inspection Program Report - April 2019

Staffing

Recruitment efforts are underway for three additional inspection positions. Staff is preparing duty statements and will be working with Personnel to post vacancies on CalHR's website. Every effort will be made for the new staff to start July 1.

Recruitment has also begun for Inspectors as well. We are looking to add an Inspector in Southern California.

This additional staffing will be crucial in meeting our new mandate to inspect 20% of all veterinary premises on an annual basis.

Outreach

Staff continues to participate in local VMA chapter meetings as requests are received. We will be looking at offering webcast presentations for out of town meetings.

Inspections

OIS staff has been meeting with vendors to streamline the Inspection Report process in the field as well as in the office. In addition to using cloud technology, we will also be exploring ways to utilize the Breeze to its fullest potential.

In an effort to reduce the compliance document review backlog, staff has been working overtime and some Licensing and Enforcement staff has been cross-trained to review Inspection Reports and compliance documents. We are working to have the backlog significantly reduced prior to the start of the new Inspection season.

Inspector Evaluations

Staff anticipates Inspector performance evaluations to take place next fiscal year.

Statistics (July 1 to February 28, 2019)

- Routine Inspections Assigned: 463
- Routine Inspections Performed: 423
- Complaint/Probation Related Inspections Performed: 29
- Complaint/Probation Related Inspections Pending: 26

- Document Review Status: reviewing compliance documents from September 2017 inspections
- Number of inspection reports pending review: 314
- Compliance Rate: approximately 45%
- Average number of days to close inspection: 426
- Top five compliance issues:
 - Expired drugs and controlled substance disposal
 - Controlled substance storage and drug logs
 - Separate surgery requirements
 - Contagious facilities
 - Record keeping
- Expenditures: Approximately \$147,000



MEMORANDUM

DATE	April 17, 2019
TO	Veterinary Medical Board
FROM	Amanda Drummond, Administrative Programs Coordinator
SUBJECT	Agenda Item 15.G - Veterinary Medical Board Strategic Action Plan

Background:

The Veterinary Medical Board (Board) Strategic Action Plan for 2015-2019 was developed at the Board Strategic Planning Meeting [April 1-2, 2015](#). During the April 2015 meeting, the Board discussed and developed objectives for six strategic goal areas: 1. Enforcement, 2. Customer Service and Administration, 3. Outreach, 4. Legislation and Regulations, 5. Licensing and Examinations, and 6. Hospital Inspection Program. Prior to the Strategic Planning Meeting, Board stakeholders were given the opportunity to participate in an online survey and the results of the survey were analyzed and presented to the Board as part of the planning session.

At the [April 28-29, 2015 Board Meeting](#), the Board reviewed the Strategic Action plan for 2015-2019 and approved the plan. The Board was presented with an updated Strategic Action Plan at the [August 2018 meeting](#) and the [January 2019 meeting](#), but due to time constraints the Board was unable to extensively go over the updates to the Strategic Action Plan. The Board will be constructing a new Strategic Action Plan in October of 2019.

The 2015-2019 Strategic Action Plan has been updated since that January 2019 meeting and the updates since the January 2019 meeting are documented in red.

Attachments:

The Veterinary Medical Board Action Planning Session for 2015-2019, updated April 2019.



MEMORANDUM

DATE	April 17, 2019
TO	Veterinary Medical Board
FROM	Amanda Drummond, Administrative Programs Coordinator
SUBJECT	Agenda Item 15.G - Veterinary Medical Board Strategic Action Plan

Background:

The Veterinary Medical Board (Board) Strategic Action Plan for 2015-2019 was developed at the Board Strategic Planning Meeting [April 1-2, 2015](#). During the April 2015 meeting, the Board discussed and developed objectives for six strategic goal areas: 1. Enforcement, 2. Customer Service and Administration, 3. Outreach, 4. Legislation and Regulations, 5. Licensing and Examinations, and 6. Hospital Inspection Program. Prior to the Strategic Planning Meeting, Board stakeholders were given the opportunity to participate in an online survey and the results of the survey were analyzed and presented to the Board as part of the planning session.

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Attachments:

The Veterinary Medical Board Action Planning Session for 2015-2019, updated April 2019.



Veterinary Medical Board Action Planning Session *for 2015-2019*

Updated April 2019

Goal Areas

1. Enforcement *(5 objectives, 17 action items)*

2. Licensing, Examinations & Permitting *(5 objectives, 20 action items)*

3. Legislation & Regulations *(4 objectives, 16 action items)*

4. Customer Service & Administration *(6 objectives, 22 action items)*

5. Outreach *(4 objectives, 12 action items)*

6. Hospital Inspection Program *(5 objectives, 19 action items)*

Total Objectives: 29

Total Action Items: 106

Goal #1: Enforcement

The goal of the Board is to safeguard consumers and the health and safety of their animals by preventing of the unlicensed, illegal, incompetent and unprofessional practice of veterinary medicine.

1.1 Maximize recourse against unlicensed persons to protect animal patients.

Start: TBD

End: TBD

Success Measure: Decrease unlicensed activity cases.		Responsibility
1.1.1	Implement new citation and fine regulations for unlicensed practice cases. Complete – Effective Oct 2016	Enforcement Analyst
1.1.2	Publish Unlicensed Activity (UA) articles on website, social media and through associations. Ongoing – Publishing arrests and citations for UL both on website and through social media outlets	Executive Officer, Board Members, Program Analyst
1.1.3	Strengthen relationships and increase collaboration with the District Attorney’s Office to pursue further legal action. Ongoing - Division of Investigation works on behalf of the VMB to collaborate w/ DA’s and local law enforcement on veterinary cases	Enforcement Manager
1.1.4	Identify external organizations/agencies that regulate some aspect of veterinary medicine. Ongoing - Continue to work with local law enforcement SPCAs, Animal Control, Department of Public Health, DEA, CDFA, FDA, CHRB	Executive Officer, Enforcement Manager, Program Analyst

1.2 Expedite all disciplinary case actions through proactive management of the Division of Investigation and Attorney General services to reduce the average disciplinary case time frames.

Start: Q1 2015

End: Ongoing

Success Measure: Decrease average disciplinary timeframes by 15%.		Responsibility
1.2.1	<p>Establish internal benchmarks for disciplinary action.</p> <p>Ongoing - Performance measures are established. Reduction of timelines has been difficult due to aging cases with extenuating factors outside Board control. Staff has identified outlier cases and a more detailed account of actual processing timeline shows a substantial overall reduction.</p>	Enforcement Manager
1.2.2	<p>Establish quarterly meetings with the Division of Investigation to coordinate investigation case activity.</p> <p>Ongoing- Meetings have been on an as needed basis and are handled telephonically and in-person. Typically, meetings are scheduled to address individual case specifics. However, procedural meetings have been conducted with the DOI Chief. Quarterly meetings were re-instated effective July 2018.</p>	Enforcement Manager

1.3 Improve and measure the quality of subject matter expert services, reports and testimony to encourage fair resolution of all cases.

Start: Q3 2015

End: Ongoing

Success Measure: Favorable case outcomes.		Responsibility
1.3.1	<p>Create an expert witness report template.</p> <p>In Progress – Witness report template was revised in 2016 and disseminated to experts. Currently, working with Complaint Audit Subcommittee to improve expert witness report template.</p>	Enforcement Manager

1.3.2	Conduct existing expert witness training. In Progress – Expert witness training was conducted in concert with the Medical Board of California in September of 2018. In addition, DCA’s Future Leadership Development team is developing an expert witness training for all programs to use.	Enforcement Manager
1.3.3	Legal review/audit of expert witness reports by liaison of the Attorney General’s Office. Ongoing - AG Diann Sokoloff assists with training experts, including report writing standards	Enforcement Manager
1.3.4	Partner with SOLID to develop a rating system of the expert witness skill level and evaluate witnesses annually. Pending	Enforcement Manager, SOLID

1.4 Create a Review Committee for complaints to increase objectivity of the complaint investigation process.

Start: Q2 2015

End: Ongoing

Success Measure: Increase objectivity of the complaint investigation process.		Responsibility
1.4.1	Implement multiple consultant reviews prior to initiating action. Complete - Existing procedures require in-house and external expert review.	Enforcement Manager and VMB Consultants
1.4.2	Create a review template for the Board MDC members who conduct audits. Complete – Template for MDC Member Review	Board Members, Executive Officer
1.4.3	Conduct Board MDC member audit of closed complaints. Ongoing	Board Members

1.5 Increase and support probation monitoring and quarterly contact with probationers for compliance with disciplinary orders.

Start: Q1 2015

End: Ongoing

Success Measure: Probationer compliance with specified terms and conditions.		Responsibility
1.5.1	Conduct in-person interviews with probationers to review disciplinary terms. Complete and ongoing - Existing procedures	Probation Monitor
1.5.2	Update all probation forms related to compliance orders, supervision/ practice monitoring, continuing education, clinical examination, etc. Complete	Probation Monitor
1.5.3	Contract with new laboratory for biological fluid testing (contract ends in December 2015). Complete – First Source Lab; effective 05/2016	Executive Officer, Enforcement Manager, Contract Analyst
1.5.4	Develop and promote web-based training for probation supervisors. In process - developing a PowerPoint to post on web	Probation Monitor

Goal #2: Licensing, Examinations & Permitting

The goal of the Board is to make certain that only qualified individuals are issued a license to practice as veterinarians or Registered Veterinary Technicians (RVTs), and that those holding a Veterinary Assistant Controlled Substance Permit have not engaged in the unlawful consumption or sale of controlled substances.

2.1 Complete a cost-benefit analysis of the RVT exam to determine reasonable and equitable fees.

Start: Q3 2016

End: Q3 2017

Success Measure: Justify costs of the RVT examination.		Responsibility
2.1.1	Review all aspects of the RVT exam costs. Complete - Fee Audit Report; 07/2017	Administrative Manager, Program Analyst, Examination Contractors
2.1.2	Determine appropriate fees and develop the appropriate course of action. Complete - Fee Schedule Regulation Package; 03/05/2018	Administrative Manager
2.1.3	Report findings to the Board. Complete – 07/2017	Executive Officer, Administrative Manager

2.2 Monitor and approve the education and training offered by RVTs alternative route programs to measure quality and consistency.

Start: Q1 2015

End: Ongoing

Success Measure: Approval of RVT alternate route programs.		Responsibility
2.2.1	Determine and develop regulations for RVT alternate route programs. Complete	Administrative Manager, Program Analyst, Multi-Disciplinary Committee (MDC)
2.2.2	Submit proposed regulations to the Board for approval. Complete	Executive Officer, Program Analyst

2.2.3	Finalize rulemaking. In Process – Submitted to DCA for initial review 03/26/2019	Program Analyst
2.2.4	Implement RVT alternate route program approval. In Process – Pending Approval of Rulemaking File	Administrative Manager, Program Analyst
2.2.5	Initiate outreach to inform and educate stakeholders. Pending	Administrative Manager, Program Analyst

2.3 Resolve faculty licensure issue to enforce the minimum standards for licensing applicable to all practice settings.

Start: Q1 2015

End: Q4 2017

Success Measure: All practice settings require a California veterinary license.		Responsibility
2.3.1	Continue to work with Board members and stakeholders to develop parameters of licensure. Complete	Executive Officer, MDC, Board Members
2.3.2	Examine grandfathering issues related to existing personnel at universities. Complete	Executive Officer, MDC, Board Members
2.3.3	Develop and implement legislation to remove exempt setting. Complete – 01/2017	Executive Officer, Legal, Board Members
2.3.4	Communicate to stakeholders any changes made and implement university licensure. Complete – 02/2018	Administrative Manager, Program Analyst

2.4 Implement a continuing education audit program for licensees and providers in order to verify compliance.

Start: Q2 2015

End: Ongoing

Success Measure: Conduct continuing education audits of licensees.		Responsibility
2.4.1	Research and develop internal continuing education audit guidelines. Complete Will be utilizing QBIRT (reporting tool) to pull a random extract of licensees monthly to audit 4/3/18	Administrative Manager, Administrative Staff
2.4.2	Create continuing education audit process. In process 4/3/18	Administrative Manager, Administrative Staff
2.4.3	Implement the continuing education audits. Pending	Administrative Manager, Administrative Staff
2.4.4	Report continuing education audits findings to the Board regularly. Pending	Administrative Manager

2.5 Coordinate with the Department of Consumer Affairs on creating and monitoring performance measures for licensing cycle times to expedite eligibility and renewals.

Start: Q1 2015

End: Ongoing

Success Measure: Licensing performance measures are created and implemented.		Responsibility
2.5.1	Provide requested licensing data that documents current benchmarks to DCA and BreEZe team. Complete – 09/2015	Administrative Manager, Program Analyst

2.5.2	<p>Review and update internal procedures for licensing to streamline licensing process.</p> <p>In Process</p> <ul style="list-style-type: none"> • Update: <ul style="list-style-type: none"> ○ Internal Audit Office will be conducting audits 	Administrative Manager, Administrative Staff
2.5.3	<p>Implement streamlined procedures based on established performance measures.</p> <p>In Process</p> <ul style="list-style-type: none"> • Update: <ul style="list-style-type: none"> ○ Breeze being utilize to generate letters upon approval of applications ○ One Page renewals 	Administrative Manager, Administrative Staff
2.5.4	<p>Continuously monitor cycle times and report findings to the Board.</p> <p>Pending</p>	Administrative Manager, Administrative Staff

Goal #3: Legislation & Regulations

The goal of the Board is to monitor and uphold the law and participate in the regulatory and legislative processes.

3.1 Take a Board position on issuing temporary licenses for out-of-state veterinarians during disasters in order to provide adequate veterinary care.

Start: Q2 May 2015

End: Q4 October 2015

Success Measure: Influence appropriate legislation regarding disaster recovery plans.		Responsibility
3.1.1	Review other states disaster recovery plans for veterinary care. Complete	Executive Officer, Program Analyst
3.1.2	Communicate Board position to bill author and stakeholders. Complete – Effective 01/2016	Executive Officer, Board Members

3.2 Create statutory authority for veterinarians to compound drugs for animal medicine, within Food and Drug Administration guidelines, to enforce minimum standards.

Start: Q1 2016

End: Q1 2017

Success Measure: Implement statutory authority.		Responsibility
3.2.1	Draft new laws authorizing veterinarians to compound drugs within existing federal limits. Complete	Executive Officer, Legal Counsel
3.2.2	Find an author to carry legislation authorizing veterinarians to compound drugs. Complete – Effective 01/2017	Executive Officer, Board Members
3.2.3	Develop regulations further defining parameters under which veterinarians may compound drugs. Pending – Pending approval of regulatory package; package submitted to DCA for initial review 03/27/2019	Executive Officer, Board Members, Legal Counsel, Program Analyst

3.2.4	Communicate limitations on compounding drugs and proposed laws to licensing population. Pending – Pending approval of regulatory package	Executive Officer, Board Members, Program Analyst
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3.3 Create public and private animal shelter regulations to address minimum standards for shelter medicine.

Start: Q4 Oct 2015

End: Q4 2017

Success Measure: Adopted minimum standards for shelter medicine.		Responsibility
3.3.1	Hold stakeholder meetings to obtain feedback regarding minimum standards for shelter medicine. Complete	MDC, Program Analyst, Executive Officer
3.3.2	Create minimum standards specific to shelter medicine. Complete – MDC approved at January meeting; Board reviewing proposed language at April meeting	MDC
3.3.3	Develop regulations for minimum standards for shelter medicine. Complete – MDC approved at January meeting; Board reviewing proposed language at April meeting	Program Analyst, Executive Officer
3.3.4	Submit proposed regulations to the Board for approval. In Process – Board reviewing proposed language at April meeting	Executive Officer, Program Analyst
3.3.5	Finalize rulemaking. Pending approval of proposed language	Program Analyst

3.4 Develop regulation language for large animal practice to establish minimum standards.

Start: Q4 Oct 2015

End: Q4 2017

Success Measure: Adopted minimum standards for large animal practice.		Responsibility
3.4.1	Hold stakeholder meetings to obtain feedback regarding minimum standards for large animal practice. Complete	MDC, Program Analyst, Executive Officer
3.4.2	Create minimum standards specific to large animal practice. Complete – 02/2018	MDC
3.4.3	Develop regulations for minimum standards for large animal practice. Complete – Board approved language at 11/2018 meeting	Executive Officer, Program Analyst
3.4.4	Submit proposed regulations to Board for approval. Complete – Board approved language at 11/2018 meeting	Executive Officer, Program Analyst
3.4.5	Finalize rulemaking. In Process – Board staff is working with legal on developing the regulatory package	Program Analyst

Goal 4: Customer Service & Administration

The goal of the Board is to confirm that consumers, licensees, schools and all other stakeholders receive service in a prompt, courteous, accurate and cost-effective manner.

4.1 Review and refine desk manuals and new employee orientation to reduce staff onboarding time.

Start: Q1 2015

End: Ongoing

Success Measure: Implement new employee orientation and updated desk manuals .		Responsibility
4.1.1	Review existing desk manuals and identify areas needing improvement. Complete and In Process	Program Managers, Staff
4.1.2	Update desk manuals (including lessons learned from BreZE OCM). Complete and In Process	Program Managers, Staff
4.1.3	Develop training and related materials for new employee orientation. Complete	Program Managers, Staff
4.1.4	Conduct training within two weeks of new employee's start date. Complete	Program Managers

4.2 Update frequently asked questions (FAQs) on the Web site to address consumer and licensee questions in order to improve customer service.

Start: Q3 2015

End: Ongoing

Success Measure: A reduced number of phone calls the Board receives.		Responsibility
4.2.1	Review existing FAQ's and obtain feedback from VMB staff regarding consumer and licensee questions. Completed – 09/2018	Program Analyst, All Staff
4.2.2	Update FAQ's on Web site. In process – Website updated 12/20/18, updating FAQs following website update	Program Analyst

4.4.2	Participate in BreEZe system design and User Acceptance Testing (UAT). Complete	Staff SMEs
4.4.3	Conduct staff training in BreEZe utilization. Complete	All Staff

4.5 Implement a consumer satisfaction survey to measure the Board’s effectiveness.

Start: Q1 2015

End: Q3 2015 and Then Ongoing

Success Measure: Create a performance satisfaction survey.		Responsibility
4.5.1	Collaborate with SOLID to create a survey instrument. Complete	Program Analyst
4.5.2	Approve and implement the survey instrument. Complete	Program Manager
4.5.3	Gather, analyze and report the survey results to the Board. Complete – 10/2017	Program Manager

4.6 Complete, deliver and testify to the 2015-2016 supplemental sunset review report.

Start: Q1 2015

End: Q2 2016

Success Measure: Timely submission of 2015-2016 sunset review report.		Responsibility
4.6.1	Gather data to respond to supplemental Sunset Review report questions. Complete	Program Managers, Executive Officer
4.6.2	Draft a supplemental Sunset Review report. Complete	Executive Officer, Board Members, Program Managers

4.6.3	Present the supplemental report to the Board and obtain approval. Complete	Executive Officer
4.6.4	Submit the supplemental Sunset Review report to the legislature and testify to the information therein. Complete	Executive Officer

Goal #5: Outreach

The goal of the Board is to educate consumers and licensees so that they are able to make informed decisions regarding the purchase and provision of veterinary medical services.

5.1 Encourage submission of email addresses for all licensees for efficient and timely communication.

Start: Q1 2016

End: Ongoing

Success Measure: Comprehensive compilation of email addresses.		Responsibility
5.1.1	Provide a means by which licensees can provide information. Complete – 01/2016	Administrative Manager
5.1.2	Communicate to licensees the value of providing email addresses. Ongoing	Program Analyst

5.2 Develop and circulate newsletter (at least twice per year) to provide updates on regulatory matters and topics of interest.

Start: Q3 2015

End: Ongoing

Success Measure: Publish newsletter two times per year.		Responsibility
5.2.1	Identify and gather newsworthy information including original and recurring content. In Process – Update via social media and website	All staff, Board Members
5.2.2	Work with DCA legal and PDE to publish the newsletter. In Process	Program Analyst, DCA, PDE
5.2.3	Disseminate the newsletter via mail, email, social media and VMB and DCA websites. In Process - Updates are sent via social media as well as website postings.	Program Analyst

5.3 Provide outreach presentations to local associations, consumer groups and schools to inform and educate stakeholders.

Start: Q1 2015

End: Q1 2016, Ongoing

Success Measure: Increase outreach presentations statewide.		Responsibility
5.3.1	Define topics for outreach presentations. Complete and Ongoing – Record Keeping/ Hospital Inspection/Complaint Process/VACSP/Marijuana and Pets/ Temporary License Curriculum/Law and Ethics	Executive Officer, Program Manager, Program Analyst
5.3.2	Identify stakeholder groups. Complete - CVMA/VMAs	Executive Officer
5.3.3	Create and develop presentations. Complete and Ongoing	Executive Officer, Program Manager, Program Analyst
5.3.4	Deliver and conduct presentations. Complete and Ongoing	Executive Officer, Program Manager, Program Analyst

5.4 Strengthen social media outlets and information posted on Web site to provide convenient, timely and accessible information.

Start: Q1 2015

End: Q4 2015, Ongoing

Success Measure: Increased number of followers, positive feedback from stakeholders and up-to-date information.		Responsibility
5.4.1	Identify current and relevant topics. Complete and Ongoing	Executive Officer, Board Members, Program Manager, Program Analyst

5.4.2	Seek input from Board members and associations regarding topics of interest. Complete and Ongoing	Executive Officer, Program Analyst
5.4.3	Partner with veterinary organizations to boost social media presence and increase awareness. Complete and Ongoing	Program Analyst

Goal #6 Hospital Inspection Program

The goal of the Board is to proactively educate veterinarians regarding the minimum standards requirements as provided by the California Veterinary Medicine Practice Act.

6.1 Improve Board member post-inspection feedback to address training issues relevant to hospital inspection processes.

Start: Q1 2015

End: Q3 2015, Ongoing

Success Measure: Board members are provided regular feedback regarding post-inspection feedback.		Responsibility
6.1.1	Review current post-inspection survey and update as necessary. <ul style="list-style-type: none"> Survey reviewed annually 	Inspection Manager
6.1.2	Gather and analyze data from completed surveys received. Post inspection surveys collected and reviewed at Annual Training <ul style="list-style-type: none"> Workshop every August. 	Inspection Manager
6.1.3	Identify areas that may require additional inspector training. <ul style="list-style-type: none"> In Process - Post inspection feedback has not provided specific training needs 	Inspection Manager
6.1.4	Report findings to the Board on a regular basis. <ul style="list-style-type: none"> Ongoing – Standing Board Report 	Executive Officer
6.1.5	Provide additional training as needed. <ul style="list-style-type: none"> Process updates provided to Inspectors as needed. 	VMB Consultants, Inspection Manager

6.2 Inspect new hospitals within one year of registration to validate that compliance is achieved.

Start: Q3 2016

End: Q3 2017 and Ongoing

Success Measure: All newly registered hospitals are inspected within one year of being issued a premise permit.		Responsibility
6.2.1	Increase the number of hospital inspectors. <ul style="list-style-type: none"> Increased to 15 inspectors August 2018. 	Inspection Manager
6.2.2	Disseminate hospital checklist in a timely manner (with wall certificate). <ul style="list-style-type: none"> Checklist disseminated to MGL's at time of premises registration issued. 	Inspection Manager
6.2.3	Create assessment criteria for compliance of minimum standards at newly registered hospitals. <ul style="list-style-type: none"> Fulfilled by Hospital Standards Self-Evaluation Checklist provided electronically at time of premises registration issued. 	Inspection Manager

6.3 Increase number of training sessions of hospital inspectors to twice a year to encourage ongoing consistency and timely application of minimum standards.

Start: Q3 2015

End: Q4 2016 and Ongoing

Success Measure: Consistent application of enforcement of all minimum standards.		Responsibility
6.3.1	Identify areas of complexity that require additional training. <ul style="list-style-type: none"> Complete – Marijuana, Drugs and Biologics and Record Keeping, etc. 	Inspection Manager
6.3.2	Partner with other regulatory agencies to provide additional training in areas identified in 6.3.1.	Inspection Manager

	<ul style="list-style-type: none"> Complete and ongoing – Staff regularly consults with DEA/DOJ/Depart Public Health/ Radiologic Health Branch/Pharmacy Board 	
6.3.3	<p>Create a training assessment for inspectors.</p> <ul style="list-style-type: none"> Assessment completed, implementation to begin FY 19-20 	Inspection Manager

6.4 Develop and publicize workshops and other educational tools to educate stakeholders on minimum standards.

Start: Q2 2016

End: Q4 2016 and Ongoing

Success Measure: Conduct minimum standards presentations statewide.		Responsibility
6.4.1	<p>Define minimum standards topics for outreach presentations.</p> <ul style="list-style-type: none"> Presentation consisting of all minimum standards including Controlled Substances, Drug Storage, Medical Records, Surgery Suite Standards, VACSP, Marijuana for Pets, Drugs and Biologics completed and utilized at outreach events. 	Executive Officer, Inspection Manager
6.4.2	<p>Identify stakeholder groups.</p> <ul style="list-style-type: none"> Complete - VMAs 	Executive Officer, Inspection Manager
6.4.3	<p>Create and develop presentations.</p> <ul style="list-style-type: none"> Complete and Ongoing 	Executive Officer, Inspection Manager
6.4.4	<p>Deliver and conduct presentations.</p> <ul style="list-style-type: none"> Presentations delivered at professional association meetings. 	Executive Officer, Inspection Manager

6.5 Distribute hospital inspection checklist with initial premise permits and encourage self-evaluation on minimum standards.

Start: Q1 2016

End: Ongoing

Success Measure: All initial premise permit holders will receive hospital inspection checklist.	Responsibility

6.5.1	Reproduce the hospital inspection checklist (at least 1,000/year). <ul style="list-style-type: none"> • 700 checklists ordered August 2018 	Inspection Manager
6.5.2	Distribute hospital inspection checklists with initial premise registrations. <ul style="list-style-type: none"> • Checklist electronically sent to MGL at time of premises registration issuance. 	Licensing Staff, Inspection Manager
6.5.3	Distribute hospital inspection checklists to hospitals at time of inspection. <ul style="list-style-type: none"> • Checklists provided to each facility at time of inspection. 	Inspectors
6.5.4	Utilize social media to encourage self-evaluation of minimum standards. Complete – posted to social media on 01/04/2019	Program Analyst