



MEMORANDUM

DATE	January 9, 2026
TO	Multidisciplinary Advisory Committee (MDC)
FROM	<u>Enforcement Subcommittee (Subcommittee)</u> Jeni Goedken, DVM Cheryl Waterhouse, DVM
SUBJECT	Agenda Item 6. Update and Discussion from the Enforcement Subcommittee

Consultant and Subject Matter Expert Roundtables

Background: The California Veterinary Medical Board (Board) utilizes Consultant Veterinarians (Consultants) to perform an initial evaluation of a case file to determine whether there exists a potential departure from the standard of care; if this is the case, it is then forwarded to a Subject Matter Expert (Expert) to perform a full written review. Round Table meetings are held to give Consultants and Experts an opportunity to address any questions/issues discovered during the review process as well as to go over Standard of Care scenarios.

The Board currently has five Consultants and 53 Experts – comprised of 34 general practitioners and 19 specialists (38 of the Board's Experts are actively reviewing cases). Since the last quarterly Board meeting, the Board was able to add to the pool three new Experts, two of which are general practitioners and one of which is a specialist.

Case Reviews

As indicated in Attachment 1, from January 2025 through December 2025, Consultants reviewed 389 cases, of which 221 were determined to be no violation; 16 were found to be educational opportunities; 15 had insufficient evidence; and 137 (35% of cases reviewed) were determined to need a full Expert review. Notably, the Consultants resolved 65% of the standard of care cases without the need for a full Expert review/report.

In that same timeframe, Experts reviewed 177 cases, with 59 closed as no violation; 60 closed with an educational letter; 18 closed due to insufficient evidence/other; 1 resulted in a citation; and 42 referred for disciplinary action (for 11 Respondents). Based on this data, 92% of the cases closed involving an Expert review (which had been determined by a Consultant to be a potential standard of care departure) did not result in a citation or discipline against an individual Respondent.

Similar to what was reported at the October MDC 2025 meeting, the average number of cases reviewed monthly by Experts is around 30 cases, and the average number of cases reviewed by Consultants is 65. The number of cases pending Expert review has remained around the same since the last MDC meeting (625 cases for 431¹ Respondents); however, as mentioned during the prior meeting, Board staff is proactively requesting records for all cases, and the number of cases pending Consultant review has increased steadily (now at 1,1287 for 1,083 Respondents). As previously indicated, this number will continue to rise, as staff continues to request records for any and all standard of care complaints, which are then added to the Consultant queue.

Round Tables

Round Tables were held on November 18, 2025, for Consultants and November 20, 2025, for Experts. The Consultant Round Table had five attendees, and the Expert Round Table had 20 (not including the Consultants). During these Round Tables, a variety of topics were discussed, including:

- Not posting anything case-related to social media.
- Reminders about Expert requirements and clinical practice experience.
- Examples and information on passive vs. active voice in reports.
- Information on additional resource materials for Experts to obtain from the Board.
- Fees charged for reviewing records to issue prescriptions.
- Attributing standard of care departures accurately when work is performed by supporting staff (Registered Veterinary Technicians, Veterinary Assistant Controlled Substance Permit holders, and veterinary assistants).
- Relief veterinarian responsibility for work performed by support staff
- Invoice reminders

Post-Discipline Expert Reviews and Feedback

The Subcommittee reviewed six finalized cases to identify praise and opportunities for improvement to relay to the Expert who opined on the related case.

Beyond the feedback regarding standard of care findings, the Subcommittee also identified a few report writing opportunities, such as:

- Listing departures separately in the conclusion section.
- Splitting findings into two departures when appropriate.
- Using bullet points for record keeping violations.
- Confirming with the analyst that there was no subsequent veterinarian.
- Avoiding blanket statements.
- Use of some biased and/or leading phrases.
- Avoiding duplicating sections, such as “analysis” and “case opinion.”

¹ Inadvertently reported in the October 2025 MDC meeting materials as 706 pending cases for 503 Respondents.

- Not assuming everything the complainant states is a fact.

Upon receiving the feedback, one Expert said that the “feedback was incredibly helpful, thank you! I’m always looking for ways to improve my SME reviews; I am really thankful that you guys took the time to give this feedback.”

Quarterly case reviews will continue, provided there are finalized cases from active Experts for the Subcommittee to review.

Discussion on Charging a Fee Related to Prescription Refills

The Subcommittee met on December 9, 2025, to discuss the MDC memo contents. As noted above, during the Expert Round Table, there was a discussion concerning charging a records review fee for verifying or researching a patient’s medical record to provide written prescriptions.

It was clarified that, if after a veterinarian examination it is determined a written prescription for medication is required, the prescription is to be provided to the consumer free of charge.

However, the discussion centered around the fact that many veterinarians must do additional work when a client requests to extend or refill a written prescription, which sometimes involves a new veterinarian or other staff members, if the original veterinarian isn’t available.

The question raised was: Can a client be charged a fee for the review of an animal patient’s record when a written prescription is requested outside of an examination appointment?

Generally, the Board does not have jurisdiction over fees.

Business and Professions Code (BPC) section 4170, subdivision (a)(6) and (7), provides that a drug cannot be dispensed to a patient in the prescriber’s office or place of practice unless the prescriber, before dispensing, offers to give a written prescription to the patient that the patient may elect to have filled by the prescriber or by any pharmacy and the prescriber provides the patient with written disclosure that the patient has a choice between obtaining the prescription from the dispensing prescriber or obtaining the prescription at a pharmacy of the patient’s choice. BPC section 4170, subdivision (c), provides the Board with authority to ensure compliance with those provisions by the Board’s licensees.

California Code of Regulations (CCR), title 16, section [2032.2](#) implements BPC section 4170 and establishes requirements for written prescriptions. CCR, title 16, section [2032.2](#), subsection (c), requires veterinarians to notify clients that they have a choice to obtain either the medication or a written prescription, and that the client shall not be charged for the written prescription.

CCR, title 16, section [2032.25](#) establishes requirements for a veterinarian to authorize a prescription refill absent the original prescribing veterinarian. CCR, title 16, section [2032.25](#), subsection (b)(2)(A), requires the veterinarian authorizing the refill to enter the prescription refill in the animal patient's medical records.

The [Initial Statement of Reasons](#) in the rulemaking supporting the addition of subsection (c) to CCR, title 16, section [2032.2](#), operative on January 1, 2014, states the proposed regulation provides that veterinarians must notify clients that they have a right to choose to receive written prescriptions at no cost. That statement supports the plain meaning of the regulation.

Notably, there is no express time limit on this prohibition, e.g., the client can request the written prescription at the time the treatment plan is communicated and the medication is prescribed (but before the medication is dispensed by the veterinarian) or the client can request the written prescription at a later date (subject to the prescription limitations in BPC section [4826.6](#), subdivision (i)).

The language does not specifically state the acts leading up to the written prescription (i.e., reviewing medical records) cannot be charged to the client. However, in the event a veterinarian charged the client for record review to issue the written prescription, this review fee would subvert the intent, and arguably is contrary to the plain meaning, of the regulation that the client receives the written prescription at no cost.

Action Requested: Discuss the aforementioned scenario and determine whether this is an issue that should be clarified in existing regulation.

Attachment

1. Reviews and Inspections Performed

Case Reviews

Consultant Reviews Completed								
	FY 24/25	FY 25/26						
	Total	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Reviews	787	97	72	38	61	63	58	389
No Violation	422	55	39	20	33	43	31	221
Insufficient	26	0	3	3	6	0	3	15
Educational	14	1	6	3	3	1	2	16
Referred to Expert	325	41	24	12	19	19	22	137
Pending	~920(694)*	-	798(663)	913(763)	1126(943)	1193(1007)	1287(1083)	1287(1083)
Cases Closed via Expert Review								
	FY 24/25	FY 25/26						
	Total	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Reviews	376	41	31	25	23	22	35	177
No Violation	139	11	7	8	8	16	9	59
Insufficient/Other	30	3	0	4	5	2	4	18
Educational	150	20	20	2	10	1	7	60
Citation	19(11)	0	0	1	0	0	0	1
Discipline	38 (15)	7(3)	4(2)	12(3)	1	3(1)	15(1)	42(11)
Pending	~671(458)*	-	633(429)	-	628(431)	623(430)	625(431)	625(431)

*As of February 1, 2025

Inspections Performed

	FY 24/25	FY 25/26						
Month	Total	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Inspections	203	16	27	15	26	23	16	123