



## MEMORANDUM

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

### **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.





# **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><b>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.</b></p>	Enforcement Manager

1.3.2	Conduct existing expert witness training. <b>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.</b>	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 <del>Board</del> MDC members who conduct audits. Complete – Template for MDC Member Review	Board Members, Executive Officer
1.4.3	Conduct <del>Board</del> 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. <b>In Process – Submitted to DCA for initial review 03/26/2019</b>	Program Analyst
2.2.4	Implement RVT alternate route program approval. <b>In Process – Pending Approval of Rulemaking File</b>	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. <b>Complete</b> 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. <b>In process 4/3/18</b>	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"> <li>• Update: <ul style="list-style-type: none"> <li>○ Internal Audit Office will be conducting audits</li> </ul> </li> </ul>	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"> <li>• Update: <ul style="list-style-type: none"> <li>○ Breeze being utilize to generate letters upon approval of applications</li> <li>○ One Page renewals</li> </ul> </li> </ul>	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. <b>Pending – Pending approval of regulatory package; package submitted to DCA for initial review 03/27/2019</b>	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. <b>In Process – Board staff is working with legal on developing the regulatory package</b>	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"> <li>• Survey reviewed annually</li> </ul>	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"> <li>• Workshop every August.</li> </ul>	Inspection Manager
6.1.3	Identify areas that may require additional inspector training. <ul style="list-style-type: none"> <li>• In Process - Post inspection feedback has not provided specific training needs</li> </ul>	Inspection Manager
6.1.4	Report findings to the Board on a regular basis. <ul style="list-style-type: none"> <li>• Ongoing – Standing Board Report</li> </ul>	Executive Officer
6.1.5	Provide additional training as needed. <ul style="list-style-type: none"> <li>• Process updates provided to Inspectors as needed.</li> </ul>	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"> <li>Increased to 15 inspectors August 2018.</li> </ul>	Inspection Manager
6.2.2	Disseminate hospital checklist in a timely manner (with wall certificate). <ul style="list-style-type: none"> <li>Checklist disseminated to MGL's at time of premises registration issued.</li> </ul>	Inspection Manager
6.2.3	Create assessment criteria for compliance of minimum standards at newly registered hospitals. <ul style="list-style-type: none"> <li>Fulfilled by Hospital Standards Self-Evaluation Checklist provided electronically at time of premises registration issued.</li> </ul>	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"> <li>Complete – Marijuana, Drugs and Biologics and Record Keeping, etc.</li> </ul>	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"> <li>Complete and ongoing – Staff regularly consults with DEA/DOJ/Depart Public Health/ Radiologic Health Branch/Pharmacy Board</li> </ul>	
6.3.3	<p>Create a training assessment for inspectors.</p> <ul style="list-style-type: none"> <li>Assessment completed, implementation to begin FY 19-20</li> </ul>	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"> <li>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.</li> </ul>	Executive Officer, Inspection Manager
6.4.2	<p>Identify stakeholder groups.</p> <ul style="list-style-type: none"> <li>Complete - VMAs</li> </ul>	Executive Officer, Inspection Manager
6.4.3	<p>Create and develop presentations.</p> <ul style="list-style-type: none"> <li>Complete and Ongoing</li> </ul>	Executive Officer, Inspection Manager
6.4.4	<p>Deliver and conduct presentations.</p> <ul style="list-style-type: none"> <li>Presentations delivered at professional association meetings.</li> </ul>	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"> <li>• 700 checklists ordered August 2018</li> </ul>	Inspection Manager
6.5.2	Distribute hospital inspection checklists with initial premise registrations. <ul style="list-style-type: none"> <li>• Checklist electronically sent to MGL at time of premises registration issuance.</li> </ul>	Licensing Staff, Inspection Manager
6.5.3	Distribute hospital inspection checklists to hospitals at time of inspection. <ul style="list-style-type: none"> <li>• Checklists provided to each facility at time of inspection.</li> </ul>	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