

Department of Consumer Affairs
Veterinary Medical Board

Multidisciplinary Advisory Committee Meeting



Wednesday, April 23, 2014
9:00 a.m. – 2:00 p.m.

Department of Consumer Affairs
1747 North Market Blvd
"Hearing Room"
Sacramento, California 95834

Committee Members

William A. Grant II, DVM Chair
Jennifer E. Boyle, RVT, Vice-Chair
Oscar E. Chavez, B Vet Med
Allan Drusys, B Vet Med
Diana Woodward Hagle, Public Member
David F. Johnson, RVT
Jon A. Klingborg, DVM
Richard Sullivan, DVM
Kim Williams, RVT

Executive Officer

Annemarie Del Mugnaio



MEETING AGENDA

Multidisciplinary Advisory Committee
1747 N Market Blvd.

“Hearing Room”

Sacramento, California 95834

April 23, 2014

9:00 a.m. to 2:00 p.m.

Action may be taken on any item on the agenda. Agenda items may be taken out of order.

Please refer to the informational notes at the end of the agenda.

- I. Call to Order- Establishment of a Quorum
- II. Introductions
- III. Approval of November 13, 2014 Meeting Minutes
- IV. Executive Officer Report
 - A. Board Program Reports
- V. Discuss Ongoing Issues
 - A. RVT Alternate Route Regulations
 - B. RVT Student Exemption Issues
 - C. Update on Minimum Standards and the Impact of Implementation – *(Informational Only)*
 - Hospital Standards Checklist
 - D. Review and Consider Telemedicine
 - E. Review and Consider University License
 - F. Review and Consider Electronic Record Keeping
- VI. Comments from Public/Outside Agencies/Associations
Note: The board may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code Sections 11125, 11125.7(a)).
- VII. Agenda Items and Next Meeting Dates
 - A. Agenda Items for Next Meeting
 - B. Multidisciplinary Advisory Committee Meetings – Sacramento July 22, 2014
- VIII. Adjourn

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

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

MISSION

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



Veterinary Medical Board

1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834
Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov

MEETING MINUTES - DRAFT

Multidisciplinary Advisory Committee

November 13, 2013
Sacramento, California

Multidisciplinary Advisory Committee (MDC) Chair Dr. William Grant, II, called the meeting to order at 10:05 a.m. Veterinary Medical Board (Board) Executive Officer Susan Geranen called roll; seven members of the MDC were present and thus a quorum was established.

Members Present

William Grant, II, DVM, Chair
Jennifer Boyle, RVT, Vice-Chair
Allan Drusys, DVM
David Johnson, RVT
Jon Klingborg, DVM
Diana Woodward Hagle, Public Member
Richard Sullivan, DVM, Board Liaison

Staff Present

Susan Geranen, Executive Officer, Veterinary Medical Board
Annemarie Del Mugnaio, Incoming Executive Office, Veterinary Medical Board
Paul Sanchez, Assistant Executive Officer
Rebecca Bon, Legal Counsel
Erika Calderon, Enforcement Analyst
Diann Sokoloff, Deputy Attorney General Liaison
Ethan Mathes, Administrative Programs Coordinator
Sandra Monterrubio, Enforcement Program Coordinator
Allison Nagao-Dutra, Enforcement Analyst
Elizabeth Parker-Smith, Administrative Analyst
Karen Robison, Administrative Analyst
Beth Parvin, DVM

Guests Present

Nancy Ehrlich, RVT, California Registered Veterinary Technicians Association (CaRVTA)
Val Fenstermaker, Executive Director, California Veterinary Medical Association (CVMA)
Corrine Fishman, DCA
Alex Henderson, RVT, VASE
Ron Kelpo, DVM, California Veterinary Medical Association
Tom Kendall, DVM, Veterinary Medical Board President
Eric Mills
Kristi Pawlowski, RVT, California Veterinary Medical Association
Greg Prudin, Department of Consumer Affairs, Legislative Unit
Dan Segna, DVM, California Veterinary Medical Association
Cheryl Waterhouse, DVM, Board Member
Kim Williams, RVT, Veterinary Medical Board Vice-President

Annemarie Del Mugnaio was introduced as the new Executive Officer of the Veterinary Medical Board effective December 2, 2013.

1. Approve March 13, 2013 Meeting Minutes

- **Dr. Jon Klingborg motioned and Dr. Allan Drusys seconded the motion to approve the March 13, 2013 Meeting Minutes with amendments. The motioned carried 7-0**

2. Executive Officer Report

Ms. Geranen reported the minimum standards regulation has been approved and will become effective January 1, 2014. She thanked Ethan Mathes for his hard work over the past four years on this rulemaking file.

A. Board Program Reports

Paul Sanchez reported the Board is addressing workload and staffing issues through the budget process. Ms. Del Mugnaio and Mr. Sanchez will work on new hires in 2014.

Dr. Grant, II inquired about the BreEZe database conversion. Mr. Sanchez reported staff participation has been minimal but expects participation to increase once the rollout of Phase 1 is complete.

Dr. Jon Klingborg asked if the Board would move to webcast all meetings when the Board moves to their new office. Mr. Mathes reported the board meetings would be webcast.

Sandra Monterrubio reported the Board has hired Emily Kast as support staff in enforcement. Ms. Kast, who starts November 18, 2013 will open enforcement complaints and assist enforcement staff, as needed.

Ms. Monterrubio reported enforcement has assigned 200 routine hospital inspections and 25 complaint related hospital inspections. Dr. Grant II, asked if that was 20%. Ms. Monterrubio noted the Board would need to inspect approximately 600 hospitals each year to reach 20% and that they did not have the funds in the budget to increase the amount of inspections this year.

Mr. Mathes reported the transition to the Veterinary Technician National Exam (VTNE) would take place on March 1, 2014. Frequently asked questions (FAQ's) will be addressed at the Registered Veterinary Technician (RVT) Task Force Meeting and will be added to the Board website. The contract with the American Association of Veterinary State Boards (AAVSB) to administer the VTNE is approximately ninety days out.

Discuss SB 304 – Sunset

Ms. Geranen reported legislature extended the Boards Sunset date until January 1, 2016. The legislature should send questions to the Board around May 2014 and the Board will need to submit their response in November 2014. A bill to extend the Board four to six years should be introduced in 2015 if the questions are answered satisfactorily.

Ms. Geranen reported the bill requires the MDC to add a veterinary member from the Board and the RVT member from the Board effective January 1, 2014, and the RVT Task Force will be eliminated.

SB 304 requires the Board, contingent on adequate board staffing levels, to issue a veterinary assistant controlled substance permit to a Veterinary Assistant (VA) who does not have any drug related convictions as confirmed by the background check, to obtain or administer controlled substances. The bill requires an applicant to furnish a set of fingerprints for the purpose of conducting a background check and to update their mailing address, employer and renew the permit.

Ms. Del Mugnaio stated staff will be gathering data on how many VA's are employed. The estimate is there are between six and twelve thousand VA's employed in California whereby; Dr. Grant, II surmised that number is a low estimate.

The definition of access to controlled substances was questioned. Rebecca Bon responded that access was defined as: to obtain and administer a controlled substance; whereas, Greg Prudin countered with access is as designated by a veterinarian to a VA to obtain or administer controlled substances. Obtain was clarified as having access to the locked cabinet and it was suggested that access to the locked cabinet should be kept to a minimum.

Ms. Geranen informed the MDC that the \$12 CURES fee becomes effective April 1, 2014, and will affect all licensed veterinarians.

3. Discuss On-going Issues

The MDC reviewed the existing Multidisciplinary Committee proposed assignments from the Veterinary Medical Board Action Plan. The list was updated to reflect the status of each assignment.

A. Update on Minimum Standards Regulations and the Impact of Implementation

Minimum standards will be effective January 1, 2014 and the Board is going to take an educational approach to getting the new information out to the profession. Excerpts of substantial changes will be up on the website in the hospital/premise section and an article will be in the next newsletter. There will be a short grace period before hospital inspectors cite any of the changes in their inspections.

Dr. Allan Drusys stated minimum standards were needed for shelters. Ms. Geranen noted the Board does not have jurisdiction over shelters unless the shelter includes a hospital however; shelter FAQ's are included on the website. Concern over not having authority over shelters was expressed and Diann Sokoloff stated an option could be citing shelters for unlicensed activity.

i. Hospital Premises

Changing unregistered assistant to veterinary assistant on the Veterinary Premise Application was addressed however; staff is going to review the application to capture other revisions needed to the application.

ii. Hospital Standards Checklist

Information on changes to the hospital standards will be sent out to the premises and managing licensees as soon as possible. Updating the hospital standards checklist and adding a PDF version of the changes to the Board website is expected to be completed in early 2014. Val Fenstermaker offered the help of the CVMA to assist the Board in getting the changes out to the profession. Diann Sokoloff noted a check box on the hospital renewal form affirming knowledge of the minimum standard regulation would be acceptable proof at a hearing. Dr. Grant, II thanked Mr. Mathes for his hard work on the minimum standards regulation.

B. Review and Consider Telemedicine

The MDC discussed telemedicine which included defining telemedicine, defining types of care such as primary vs. consultant, the level of care, and level of supervision. Ms. Del Mugnaio noted there is no exemption for primary care and the Veterinary-Client-Patient Relationship (VCPR) was discussed. Dr. Grant, II asked what the Board needs to write the regulation and Ms. Sokoloff suggested to map as you write to ensure information is not missed or duplicated. Dr. Sullivan noted Board staff or a subcommittee can address specific issues such as exemptions and conflicts with the practice act. Jennifer Boyle, RVT suggested using primary veterinarian in place of primary care.

C. Review and Consider University License

Dr. Grant II, stated the UC Regents make decisions about the UC system and the Board has no control over them. A university license would need to be a fast process. Meeting with the university dean's and faculty members to obtain their "buy-in" for licensure and include human medical protocol in the reasoning for licensure since the schools have transitioned from teaching to serving the public and there is a need for accountability. Dr. Drusys stated the ECFVG or PAVE certificate is a two year process and is not needed to teach. Dr. Ron Kelpé suggested a jurisprudence exam be taken by these applicants. Dr. Tom Kendall suggested a reciprocity route for faculty to transition from a university license to a regular veterinary license and Dr. Segna suggested a temporary license for those faculty members who need time to complete the ECFVG or PAVE in order to transition to a regular veterinary license. Dr. Grant, II suggested a subcommittee work on this and report back to the MDC at the March meeting.

D. Review and Consider Electronic Record Keeping

Diane Woodward Hagle thanked Dr. Klingborg for his work on the Electronic Record Keeping language. Discussion ensued regarding time locks on record entries and it was noted that each hospital has a different policies in place for entering information into the record. Concern about preventing altered records was discussed. Addendums to existing records is acceptable and it is noted discipline is already in place to address the issue of altering the original record entry. Changing electronic to digital and other word changes were noted.

4. Comments from Public/Outside Agencies/Associations

Eric Mills with Action for Animals is requesting assistance in amending Penal Code 596.7 to require a licensed veterinarian or RVT, with a veterinarian on call, at all rodeos held in California. Mr. Mills stated there are at least 95 sanctioned rodeos held in California each year and the amount of Rodeo reporting forms received by the Board seems extremely low.

Dr. Grant, II thanked Ms. Geranen for her work at the Board and stated he was looking forward to working with Ms. Del Mugnaio in the future.

5. Agenda Items and Next Meeting Dates
 - A. Agenda Items for Next Meeting
 - B. RVT Task Force Meeting - Sacramento
 - i. November 14, 2013
 - C. Multidisciplinary Advisory Committee Meetings - Sacramento
 - i. March 12, 2014

Adjourn

The MDC meeting adjourned at 3:00 p.m.

- **Dr. Richard Sullivan motioned and Dr. Jon Klingborg seconded the motion to adjourn. The motion carried 7-0**

Assistant Executive Officer's Report

Budgets

Based on our most recent budget reports, the Board is within its range of projections for expenditures for the current fiscal year. Included in the meeting binders are the Board's Revenue Budget Reports and the Board's Budget Summary by line item.

Personnel

As of May 1, the Board will have two additional vacancies in Enforcement. Erika Calderon has accepted a position with the Medical Board and Allison Nagao-Dutra is transferring to the Department of Toxic Substance Control. The Board currently is in the process of filling the two vacancies in Enforcement and plans to have the hires completed by June. In addition, the Board is close to hiring a permanent intermittent analyst to provide backup during BreZE development in the areas of regulations, probation, and inspections.

Proposal for Additional Staff 2014-15

Last year, budget change proposals were submitted for additional staff to handle the Board's increased enforcement workload. In addition, a legislative budget change proposal was submitted to implement provisions of SB 304 related to increasing the number of inspections performed annually, implementation of veterinary assistant permits program. Legislative budget hearings were held in April and the Board's items were approved. Once we receive final word on the additional positions, we will begin recruitment processes and revisit the Board's personnel structure.

ENFORCEMENT PROGRAM

As of May 1, 2014, the Board will have two vacant positions in enforcement. Enforcement Analyst, Erika Calderon, has accepted a promotional position with the Medical Board of California and Allison Nagao-Dutra has accepted a lateral position with another State agency. Ms. Calderon handles complaints and citations and Ms. Nagao-Dutra handles the inspection and probation program. The Board is actively looking to recruit new staff and hopes to have these positions filled on or before July 1 2014. In the interim, Sandra Monterrubio and Joely Walker will try to assist with the workload for both vacant positions. Staff vacancies and BreZE will impact processing times for enforcement cases and may prevent the Board from meeting its performance measures over the next several months.

COMPLAINT PROGRAM

Since July 1, 2013, the Veterinary Medical Board has received 419 complaints. Staff is continuing to prioritize their workload in accordance with Business and Professions Code, section 4875.1 and is actively investigating cases involving negligence, convictions, and minimum standard violations. Complaints involving unlicensed activity are continuing to be handled through Cease and Desist letters, citations, and formal investigations performed by the Division of Investigation.

The Board currently has five (5) cases pending at the District Attorney's Office for possible criminal convictions. The latest conviction, against Mr. Linden Clark, for unlicensed activity is published on the Department of Consumer Affairs website. Mr. Clark, a Riverside county resident, was convicted of offering and performing anesthesia free-dental cleanings on animals without a license. Mr. Clark received probation for 36 months and was ordered to pay \$140 in restitution and serve 150 days of work release. Failure to comply with the probationary terms set forth by Superior Court could result in incarceration.

CITATION PROGRAM

Since July 1, 2013, 91 citations have been served. Of the 91 citations served, 31 were for unlicensed activity. The Board has issued 24 citations for Anesthesia Free Dental cleaning services and seven (7) to veterinarians practicing with an expired license.

INSPECTION PROGRAM

Since July 1, 2013, 200 routine inspections and 30 complaint related inspections have been assigned. Of the 230 inspections assigned, 122 have been performed. Inspectors are required to complete and submit all inspections by April 30, 2014.

On January 23, 2014, staff held an inspector training to review and discuss the new minimum standards. Staff will be scheduling additional training for new and existing inspectors at the start of the next fiscal year. As routinely done, training will include inspector shadowing and review of inspection materials.

DISCIPLINE PROGRAM

Currently there are 88 cases pending at the Office of the Attorney General. Of the 88 cases, 27 have been sent over since July 1, 2013.

Enforcement staff is currently monitoring 44 probationers. Of the 44 probationers, 12 are out of compliance. Staff will be forwarding these matters over to the Office of the Attorney General for filing of an Accusation and Petition to Revoke Probation.

Examination/Licensing Report

Prepared by Ethan Mathes

April 2014

Applications

Applications Received	
<i>July 2013 – June 2014*</i>	
Veterinarian Applications Received	520
Veterinary Technician Applications Received	733
Veterinary Premise Applications Received	122

**Application statistics reflect a partial Fiscal Year.*

Examinations

CALIFORNIA STATE BOARD EXAMINATION			
May 2013 – October 2013		November 2012 – April 2013*	
Candidates	Pass Pct.	Candidates	Pass Pct.
178	95%	222	85%

NORTH AMERICAN VETERINARY LICENSING EXAMINATION			
April 2013		November 2013/December 2013	
Candidates	Pass Pct.	Candidates	Pass Pct.
90	82%	341	85%

CALIFORNIA VETERINARY TECHNICIAN EXAMINATION					
Jul. – Dec. 2013		Jan. – Feb 2014		Feb. – Jun. 2014*	
Candidates	Pass Pct.	Candidates	Pass Pct.	Candidates	Pass Pct.
182	77%	213	73%	24	54%

VETERINARY TECHNICIAN NATIONAL EXAMINATION					
Mar./Apr. 2014*		Jul./Aug. 2014		Nov./Dec. 2014	
Candidates	Pass Pct.	Candidates	Pass Pct.	Candidates	Pass Pct.
15	73%	-	-	-	-

**Examination statistics reflect a partial examination cycle.*

The Board analyzed California Veterinary Technician Examination pass rate statistics for Fiscal Year (FY) July 2012 – June 2013 for those applicants who became licensed and had qualified for examination through the Board's alternate route (CCR section 2068.5).

The data found that 105 alternate route applicants passed the California Veterinary Technician Examination and became licensed in FY 2012/13. Of those applicants, 88 obtained their education via an organized alternate route program and 17 applicants obtained their education via an ad hoc method.

The organized alternate route program applicants passed the California Veterinary Technician Examination their first time 77% of the time. The ad hoc method applicants passed the California Veterinary Technician Examination their first time 85% of the time.

Examination Development and Workshops

Examination Workshops include Item Writing, Item Review, Examination Construction, and Pass Score Setting.

California State Board	Veterinary Technician Examination
May 1-2, 2014	July 7-8, 2014
June 5-6, 2014	August 20-21, 2014
July 16-18, 2014	September 10-11, 2014
August 7-8, 2014	

Licensing

Licensees	
<i>as of March 2014</i>	
Veterinarian Licenses*/**	16,619/11,583
Veterinarian Licenses – California**	9040
Registered Veterinary Technician Licenses*/**	9,649/6,190
Registered Veterinary Technician Licenses – California**	5,731
Premise Permits**	3,272
Premise Permits – Exempt**	77
<i>*includes delinquent, inactive, and clear licensees; **clear licensees</i>	

Licenses Issued		
	<i>Jan. 2012 - Dec. 2012</i>	<i>Jan. 2013 - Dec. 2013</i>
Veterinarian	557	595
Reciprocity	48	52
Intern	29	29
Registered Veterinary Technician	473	406
Premises	167	123

BreEZe

Licensing and Enforcement staff continues to work on DCA's new BreEZe database system. Major components of the BreEZe configuration include:

- *Configuration Interviews* – Staff meetings with Iron Data and Accenture personnel to review examination, licensing and enforcement business processes.
- *Data Conversion* – Staff reviews existing application, licensee, and enforcement databases for data errors and outdated data records.
- *Correspondence Conversion* – Staff reviews existing correspondence to be converted to the BreEZe noticing system.
- *License Renewal Conversion* – Staff reviews and updates license renewals to the new BreEZe renewal template.

To date, staff has spent at least 900 hours working with DCA and BreEZe personnel on the conversion. It is anticipated that approximately 40-50% of key staff will be dedicated to BreEZe tasks in the next six months.

Publications/Outreach

Newsletter – Spring 2014 - The Spring 2014 News and Views Newsletter was posted on the Board's website as well as sent to all email subscribers on March 14, 2014.

Veterinarian and Registered Veterinary Technician Postcard – The Veterinarian and Registered Veterinary Technician Postcards were mailed in late-January.

The postcard was distributed to all veterinary and registered veterinary technicians to highlight the Board's new address, the new minimum standards of practice, new examination requirements for veterinary technician applicants, and to encourage licensees to sign up for email updates.

Veterinary Premises Postcard – The Veterinary Premises Postcards were mailed in late-March.

As part of its data collection efforts for the new Veterinary Assistant permit, the Board distributed postcards to all veterinary premises requesting they take the Board's online survey. The survey is on the Board's website and launched April 1, 2014 and will collect information for 60 days on premises' personnel.

VTNE Transition

Effective March 1, 2014, the Board requires veterinary technician applicants to take and pass the new California Veterinary Technician Examination as well as the Veterinary Technician National Examination (VTNE).

Applicants who have taken the new California Veterinary Technician Examination will get their examination score results in early-May. The Office of Professional Examination Services is holding scores until examination performance data can be analyzed.

VTNE testing windows are March 15 - April 15, July 15 – August 15, and November 15 – December 15.

Veterinary Medical Board

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MEMORANDUM

DATE	April 9, 2014
TO	Multidisciplinary Advisory Committee
FROM	Annemarie, Executive Officer DCA/Veterinary Medical Board
SUBJECT	RVT Alternate Route Program Approval

Background:

The eligibility criteria outlined in CCR 2068.5 is commonly referred to as the “Alternate Route” because it is a pathway that is an alternative to completing a two-year curriculum at an AVMA accredited RVT program. It was originally designed for individuals who were already working in the profession and for whom it was difficult or impossible to stop working in order to go to a full time two year program. A portion of the education requirements can be completed at a local community college and the RVT specific experience can be obtained by attending “approved” continuing education (CE) courses.

In the last five or six years, programs have come into existence that are teaching curriculum as a whole, but the Board does not have specific language in current law that outlines the approval criteria for programs offering “alternate route” RVT curriculum under the provisions of CCR 2068.5.

The RVT Task Force discussed and proposed changes to alternate route regulations at their March and June 2013 meetings. Significant amendments to the proposed language were made based on the Task Force discussion at the June 2013 meeting.

Statutory Reference:

BPC 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 and Vocational 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.

Section 4841.5 was amended in 2008 under SB 1584. The legislative digest of the bill includes the following: *Existing law requires that an applicant for registration as a veterinary technician furnish satisfactory evidence of graduation from a 2-year curriculum in veterinary technology in a college or postsecondary institution approved by the board. Alternatively, existing law authorizes an applicant to furnish satisfactory evidence of the equivalent of that requirement as determined by the board. **This bill would specify that education or a combination of education and clinical practice experience may constitute the equivalent of that requirement, as determined by the board.***

Issue:

Currently, the regulations require 300 hours of education in six general education categories and 5 RVT specific categories, but there are no minimum requirements for hours in each of those categories. For instance, one hour in any one subject meets the current requirement for that individual subject. One mitigating factor is that the education is combined with 4,416 hours of directed clinical experience in a veterinary practice and when combined, the experience and education – no matter how many hours in one subject – are deemed equivalent.

In order to establish **an equivalent course of study** to that required in a California Board-approved program, it is important to identify a minimum number of hours required in each education category. Further, is the issue of establishing an equivalent eligibility pathway between, 1) an organized alternate route program, or 2) an ad hoc combination of curriculum and on-the-job experience an applicant would accumulate on their own.

As codified in CCR section 2085.3, for purposes of continuing education, academic quarter and semester units are defined as 10 and 15 hours, respectively.

The Committee could consider a minimum number of hours in each of the specific education areas, general education (6) and RVT specific areas, while allowing some flexibility in the overall 300 hour requirement for education.

Action Requested:

The MDC should discuss and consider:

- Discuss Access Issues that were Original Motives for Creating Alternate Route
- Should the Alternate Route Ad Hoc Pathway Exist - or - Discuss Approved School Only Alternate Route
- How to Make Regulatory Changes to the Existing Alternate Route Eligibility Requirements “Equivalent” to Formal Training Program Criteria
- Set Hourly Limits for Educational Requirements

Attachments:

- Proposed language as modified at the November 14, 2013 RVT Task Force Meeting
- Proposed Regulatory Changes/Additions - RVT Approved Schools CCR Sections 2064-2066.1

**Title 16. Professional and Vocational Regulations
Division 20. Veterinary Medical Board**

***RVT Alternate Route Programs – Proposed Concept Language
4/2014***

§ 2065.6. School Approval Process.

The following procedures shall be applicable to an institution applying to the board for initial approval of its registered veterinary technician curriculum in accordance with sections 2065 and 2065.6.1 of these rules:

(a) The board shall conduct a qualitative review and assessment of the institution's registered veterinary technician curriculum through a comprehensive review process, performed by an inspection team impaneled by the board for that purpose.

(b) After reviewing the inspection team's evaluation report and recommendations, the board shall take one of the following actions:

(1) Grant provisional approval for a period not to exceed two years. An additional two-year provisional approval may be granted by the board for good cause.

(2) Disapprove the application.

(c) Full approval of an institution offering a registered veterinary technician curriculum in accordance with section 2065 and 2065.6.1 shall not be granted until the curriculum has been in operation under provisional approval for at least two years and the board has determined that the curriculum is in full compliance with the provisions of section 2065 and 2065.6.1.

2065.6.1. Criteria for Practical Experience and Education Equivalent Programs

Notwithstanding provisions in section 2065 of these rules, programs who offer education in compliance with the following criteria must be approved by the board and are deemed “the equivalent thereof as determined by the board” pursuant to Section 4841.5 of the code:

(a) Programs shall verify that students entering a program have completed 2,208 of the required 4,418 hours of directed clinical practice within the five (5) years immediately preceding entrance into the program.

(b) Education shall consist of a total of 20 semester units, 30 quarter units, or 300 hours of instruction.

(c) Animal health technology education shall consist of a minimum of 200 hours and minimum of 5 hours in each subject area of instruction in the following:

(1) Dental prophylaxis and extraction,

(2) Anesthetic machine, anesthetic equipment, induction and monitoring,

(3) Surgical nursing and assisting, including instrumentation and suturing techniques,

(4) Emergency veterinary care including IV Catheter placement and application of casts and splints.

(5) Imaging to include radiography, basic endoscopy and ultrasound principles.

(6) Patient examination.

(7) Diseases and nursing of animals including zoonotic disease.

(8) Laboratory procedures to include clinical biochemistry, cytology, hematology, immunology, basic microbiology, parasitology, and urine analysis testing.

(9) Veterinary pharmacology.

(10) Veterinary law and ethics.

(d) General education shall consist of a minimum of 100 hours and minimum of 5 hours in each subject area of instruction in the following:

(1) Chemistry.

(2) Mathematics.

(3) Biology and microbiology.

(4) Anatomy and physiology.

(5) Medical terminology.

(f) When seeking Board approval programs shall submit the following:

(1) Syllabi or course outlines for all courses:

(2) Sample of each form used in program:

(A) Registration forms

(B) Certificate of course completion

(C) Evaluation forms for students to evaluate program

(D) Record of attendance

(3) Names and qualifications of program director, instructors and other persons involved in education of students and verification of their qualifications.

(g) If the program seeking approval is part of a private postsecondary institution, the institution shall also be approved by the Bureau of Private Postsecondary Education.

(h) The institution shall have adequate resources for conducting the program and may include Internet resources.

(i) If there is a physical plant and equipment used for instruction in the academic teaching, it shall be adequate for the purposes intended.

(j)(1) The faculty shall include a California licensed veterinarian employed by the school or degree program as an advisor, administrator, or instructor. Instructors shall include, but need not be limited to, a California registered veterinary technician. If there is any change in the faculty, the board must be immediately notified.

(2) Instructors shall be knowledgeable, current, skillful, and possess at least two years of experience in performing or teaching in the specialized area in which they are teaching. Each instructor shall have or currently be receiving training in current teaching methods. School or degree programs shall effectively evaluate the teaching ability of each instructor.

(3) An approved school or degree program shall have a director who meets the requirements of subdivision (j)(2) and who shall hold a current active California license as a veterinarian or registration as an RVT. The director shall have a minimum of three years' experience as a veterinarian or RVT. This shall include one year of experience in teaching, administration, or clinical supervision or a combination thereof within the last five years. The director shall have completed or be receiving course work in administration.

(4) In the absence of a director an approved program may appoint an interim director. The interim director shall meet the requirements of (j)(3), except that the interim director may have applied for, but not yet have received licensure or registration. An approved program shall not have an interim director for a period exceeding eighteen months.

(k) The number of students enrolled shall be at a ratio to the number of faculty and size of the facilities which is not detrimental to the quality of education. When animal patients are used as part of the curriculum the ratio shall be adequate to protect the health and safety of the animal patients and the students, taking into consideration the species of animal being treated.

(l) All students admitted shall possess a high school diploma or its equivalent.

(m) The program shall be part of an institution which is approved by the Department of Consumer Affairs, Bureau of Private Postsecondary Education, unless otherwise exempted from Education Code section 94800 et seq.

(n) Every school or degree program shall be in compliance with the laws regulating the practice of veterinary medicine and the regulations adopted pursuant thereto.

(o) The programs shall provide all prospective students, prior to enrollment, with literature which discloses the program's pass rate for first time candidates and the state average pass rate for first time candidates on the board's registered veterinary technician examination during the two-year period immediately preceding the student's proposed enrollment and a description of the requirements for registration as a registered veterinary technician.

(p) All programs shall provide each prospective veterinary technology student prior to enrollment written information regarding transferability of the units they receive in the courses that they take. Said information shall be posted at all times in a conspicuous location at the program facility so that there is ample opportunity for it to be read by the veterinary technology students.

Note: Authority cited: Section 4808, Business and Professions Code. Reference: Sections 4841.5 and 4843, Business and Professions Code.

2068.5. Practical Experience and Education As Equivalent Curriculum.

In lieu of a two year curriculum in animal health technology, completion of a combination of practical experience and education in compliance with the following criteria is deemed to be “the equivalent thereof as determined by the board” pursuant to Section 4841.5 of the code:

(a) ~~The e~~Education shall consist of a total of ~~15-20~~ semester units, 30 quarter units, or 300 hours of instruction. The education shall be provided by a postsecondary academic institution or a qualified instructor as defined by Section 2068.5(eg). ~~The education shall be accumulated in the fundamentals and principles of all of the following subjects:~~

(b) Animal health technology education shall consist of a minimum of 200 hours and minimum of 5 hours in each subject area of instruction in the following:

(1) Dental prophylaxis and extraction.

(2) Anesthetic machine, anesthetic equipment, induction and monitoring.

(3) Surgical nursing and assisting, including instrumentation and suturing techniques.

(4) Emergency veterinary care including IV Catheter placement and application of casts and splints.

(5) Imaging to include radiography, basic endoscopy and ultrasound principles.

(6) Patient examination.

(7) Diseases and nursing of animals including zoonotic disease.

(8) Laboratory procedures to include clinical biochemistry, cytology, hematology, immunology, basic microbiology, parasitology, and urine analysis testing.

(9) Veterinary pharmacology.

(10) Veterinary law and ethics.

~~(1) Dental prophylaxis and extraction.~~

~~(2) Anesthetic, induction and monitoring.~~

~~(3) Surgical nursing and assisting, including instrumentation, suturing techniques, intravascular catheter placement and application of casts and splints.~~

~~(4) Radiography and radiation safety.~~

~~(5) Diseases and nursing of animals, including zoonotic diseases and emergency veterinary care.~~

~~(bc)~~ The General education shall ~~include~~ consist of a minimum of 100 hours and minimum of 5 hours in each subject area of instruction in chemistry, mathematics, biology, microbiology, anatomy and physiology, and medical terminology, or these subjects may be obtained as separate courses in the following:

(1) Chemistry.

(2) Mathematics.

(3) Biology and microbiology.

(4) Anatomy and physiology.

(5) Medical terminology.

(ed) All educational requirements in subsection (ab) shall have been completed by the applicant within five (5) years prior to the date of the examination for registration as a registered veterinary technician.

(de) Interactive distance-learning shall be accepted if the course meets all the criteria listed in this section and includes a certificate of attendance and completion.

(ef) The candidate shall provide the board with a syllabus or an outline for each course. The candidate shall provide documentation of attendance for each course in the form of one of the following:

(1) a certificate of attendance,

(2) an official transcript, or

(3) a letter on official stationery signed by the course instructor documenting that the candidate attended a particular course.

(fg)(1) In order for education to be approved for qualification under Section 2068.5, the instructor must meet at least two of the following minimum requirements:

(A) A license, registration, or certificate in an area related to the subject matter of the course. The license, registration, or certificate shall be current, valid, and free from restrictions due to disciplinary action by this board or any other health care regulatory agency;

(B) A master's or higher degree from an educational institution in an area related to the subject matter of the course;

(C) Training, certification, or experience in teaching the subject matter of the course; or

(D) At least two years' experience in an area related to the subject matter of the course.

(2) The instructor shall provide each participant with a course syllabus or detailed outline which includes a description of the material covered.

(gh) The directed clinical practice shall consist of at least 4,416 hours, completed in no less than 24 months, of directed clinical practice under the direct supervision of a California-licensed veterinarian who shall attest to the completion of that experience at the time the application is made to the board for the registered veterinary technician examination. This experience shall have been completed by the applicant within five (5) years prior to the date of the examination for registration as a registered veterinary technician.

(hi) The directed clinical practice required in subsection (g) shall have provided the applicant with knowledge, skills, and abilities in the areas of communication with clients, patient examinations, emergency procedures, laboratory procedures, diagnostic imaging, surgical assisting, anesthesia, animal nursing, nutrition, dentistry, animal behavior, and pharmacology. The supervising veterinarian(s) shall complete a check list attesting to proficiency in specific skill areas within the preceding categories.

Note: Authority cited: Section 4808, Business and Professions Code. Reference: Section 4841.5, Business and Professions Code.



MEMORANDUM

DATE	April 9, 2014
TO	Multidisciplinary Advisory Committee
FROM	Annemarie Del Mugnaio, Executive Officer DCA/Veterinary Medical Board
SUBJECT	RVT Student Exemption

Background:

AB 1980 (Hayashi), Chapter 538, effective January 1, 2011, created a provision in law (BPC Section 4841.1) for RVT students in the clinical portion of their final year of study in a board-approved California veterinary technology program to perform the job tasks for registered veterinary technicians as a part of their educational experience including students both on and off campus acting under the supervision of a licensed veterinarian in good standing.

The bill also required the Board to adopt regulations defining the parameters of supervision required for the students who were to perform such tasks. The consensus of the former RVT Committee and its recommendation to the Board at its last meeting in June 2011 was that the level of supervision should be "immediate" supervision meaning the supervision was physically present and the supervision was one on one.

There was also discussion regarding students in structured two year programs verses alternate route candidates and the RVT Committee recommended that the Board include in the regulations the parameters under which all RVT students could have experience actually performing the RVT job tasks at some time toward the end of their clinical training.

The RVT Task Force discussed and proposed changes to student exemption regulations at their March and June 2013 meetings. Amendments to the proposed language were made based on the Task Force discussion at the June 2013 meeting.

Statutory References:

4841.1. (a) This article shall not apply to students in the clinical portion of their final year of study in a board-approved California veterinary technology program who perform the job tasks for registered veterinary technicians as part of their educational experience, including students both on and off campus acting under the supervision of a licensed veterinarian in good standing, as defined in paragraph (1) of subdivision (b) of Section 4848.

(b) The board shall adopt regulations defining the parameters of supervision required for the students described in subdivision (a).

4848 (b) For purposes of reciprocity, the board shall waive the examination requirements of subdivision (a), and issue a license to an applicant to practice veterinary medicine if the

applicant meets all of the following requirements and would not be denied issuance of a license by any other provision of this code:

(1) The applicant holds a current valid license in good standing in another state, Canadian province, or United States territory and, within three years immediately preceding filing an application for licensure in this state, has practiced clinical veterinary medicine for a minimum of two years and completed a minimum of 2,944 hours of clinical practice. Experience obtained while participating in an American Veterinary Medical Association (AVMA) accredited institution's internship, residency, or specialty board training program shall be valid for meeting the minimum experience requirement.

Issue:

Regulations may only be crafted and clearly discussed once there is a policy decision as to whether the term "students" or "program" as defined in BPC Section 4848.1 should include alternate route (ad hoc) applicants who are obtaining work experience through on-the-job training. Only then, can the Board move forward with defining regulations in terms of supervision of the RVT student and the criteria under which the RVT students qualifies to perform such tasks. Items to consider:

1. If the alternate route (ad hoc) applicant is deemed a student for the purposes of gaining the specified clinical experience (performing the RVT job tasks), how will the Board determine whether the applicant has met the criteria to qualify for the student exemption?
2. Should RVT students/applicants be granted a provisional or temporary license during their last year of clinical experience authorizing the students to perform the RVT job tasks?

Action Requested:

The MDC is requested to consider and make recommendations regarding:

1. Discuss whether the terminology in section 4841.1 regarding "Board Approved Programs" Should Include the Ad Hoc Alternate Route "student."
2. Discuss Whether Alternate Route Approved Programs Should Include an Externship to Allow for Performing RVT Job Tasks Prior to Graduation.



MEMORANDUM

DATE	April 14, 2014
TO	Multidisciplinary Advisory Committee
FROM	Annemarie Del Mugnaio, Executive Officer DCA/Veterinary Medical Board
SUBJECT	Update on Minimum Standards

Background:

The minimum standards of practice regulations took effect January 1, 2014.

The profession has raised issues with implementation and interpretation of the new standards. There are also minor changes that may help with clarity. Should the Board request the MDC to recommend changes to the minimum standards, the item will be included on a future MDC agenda for further consideration. Below are some of the issues raised for an informational discussion.

Issues:

Premise Permits – Business and Professions Code Section 4853

- When does the premise permit extend to off-site locations, e.g., a pet store, etc?
 - There are premise permit requirements for mobile practices that provide services to common domestic household pets. What type of permit applies to ambulatory (traveling) veterinarians who have a practice, but not a fixed facility or mobile unit?
 - Ambulatory Practice should be defined. Traditionally, an ambulatory practice is when a licensed veterinarian with or without a fixed premise or mobile practice visits a client's home or property to provide veterinary services.
 - Should Small Animal Vaccination Clinics be required to have a separate premise permit? There are specific minimum standards applied to this type of clinic CCR Section 2030.3. Does the VMB have an obligation to inspect Small Animal Vaccination Clinics?

CCR Section 2030.3 - Small Animal Vaccination Clinic

- Subdivision (b) defines the requirements when a veterinarian is only administering vaccinations or performing preventative procedures for parasite control. (l) Specifically states that a VCPR must be established and complete medical records maintained when more than vaccinations or anthelmintics are provided.
 - Establishing a VCPR and the requirement for complete medical records are not listed as a requirement in subdivision (b).

- Other than 2030.3(l), the need to establish a VCPR is not mentioned anywhere else in sections 2030 through 2030.3. Why is the VCPR specifically mentioned in 2030.3(l), but not included in (b).
- The VCPR is defined in another code section (2032.1) and is required whenever veterinary procedures are performed. However, subdivision (l) mentions a **“complete physical exam”** which is not defined anywhere in the regulations.
- One option would be to eliminate the VCPR reference in 2030.3(l) and clarify “examination” in 2032.1(b)(2) such as –
 - “(2) The veterinarian has sufficient knowledge of the animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s). This means that the veterinarian is personally acquainted with the care of the animal(s) by virtue of an examination appropriate to the condition of the animal and the treatment being prescribed or by medically appropriate and timely visits to the premises where the animals are kept and...”

CCR Section 2032.1 – Veterinarian-Client-Patient Relationship

- (a) refers to “...a drug, medicine, appliance, or treatment of whatever nature...”
- (c) only references a drug.
 - Should this section be amended to include “medicine, appliance, or treatment of whatever nature”?

CCR Section 2032.15 - Veterinarian-Client-Patient Relationship in Absence of Client Communication

- (a)(3) – Allows the designated veterinarian to establish a VCPR by consulting with the original veterinarian without an examination of the animal.
- (b) – If the designated veterinarian decides to change the treatment, diagnosis or therapeutic plan from that established by the original veterinarian, they may do so without consulting the client.
- The combination of these 2 sections paves the way for telemedicine where the original veterinarian refers the patient to another veterinarian (designated veterinarian) who is at a remote location from the patient allowing the designated veterinarian to establish a VCPR and change the diagnosis and treatment without ever being physically present with the animal

CCR Section 2032.25 - Written Prescriptions in Absence of Originally Prescribing Veterinarian.

- Section (b) is somewhat unclear. It is difficult to determine the exact circumstances that allow a veterinarian to refill a prescription without establishing a VCPR.
 - Does this regulation allow a veterinarian to act as a pharmacist by filling prescriptions written by another veterinarian?
 - Does the veterinarian providing the refill of a prescription in the absence of the prescribing veterinarian need to work at the same facility and have access to the patient’s medical records?

Attachments:

- Business and Professions Code Section 4853- Registration of Place of Practice/
California Code of Regulations Sections 2030-2037 – Minimum Standards
- Veterinary Premise Application

Action Requested:

Informational Only.

**Business and Professions Code Section 4853- Registration of Place of Practice
California Code of Regulations Sections 2030-2037 – Minimum Standards**

BPC 4853 Defines the term “premise”:

(a) All premises where veterinary medicine, veterinary dentistry, veterinary surgery, and the various branches thereof is being practiced shall be registered with the board. The certificate of registration shall be on a form prescribed in accordance with Section 164.

(b) “Premises” for the purpose of this chapter shall include a building, kennel, mobile unit, or vehicle. Mobile units and vehicles shall be exempted from independent registration with the board when they are operated from a building or facility which is the licensee manager’s principal place of business and the building is registered with the board, and the registration identifies and declares the use of the mobile unit or vehicle.

(c) Every application for registration of veterinary premises shall set forth in the application the name of the responsible licensee manager who is to act for and on behalf of the licensed premises. Substitution of the responsible licensee manager may be accomplished by application to the board if the following conditions are met:

(1) The person substituted qualifies by presenting satisfactory evidence that he or she possesses a valid, unexpired, and unrevoked license as provided by this chapter and that the license is not currently under suspension.

(2) No circumvention of the law is contemplated by the substitution.

2030. Minimum Standards - Fixed Veterinary Premises.

2030.05. Minimum Standards - Licensee Manager.

2030.1. Minimum Standards - Small Animal Fixed Premises.

2030.2. Small Animal Mobile Clinic.

2030.3. Small Animal Vaccination Clinic.

2032.05. Humane Treatment.

2032. Minimum Standards of Practice.

2032.1. Veterinarian-Client-Patient Relationship.

2032.15. Veterinarian-Client-Patient Relationship in Absence of Client Communication

2032.2. Written Prescriptions.

2032.25. Written Prescriptions in Absence of Originally Prescribing Veterinarian.

2032.3. Record Keeping; Records; Contents; Transfer.

2032.35. Altering Medical Records

2032.4 Anesthesia.

2037. Dental Operation, Defined

2030. Minimum Standards - Fixed Veterinary Premises.

All fixed premises where veterinary medicine and its various branches are being practiced, and all instruments, apparatus and apparel used in connection with those practices, shall be kept clean and sanitary at all times and shall conform to or possess the following minimum standards:

(a) Indoor lighting for halls, wards, reception areas, examining and surgical rooms shall be adequate for their intended purpose.

(b) A reception room and office, or a combination of the two.

(c) An examination room separate from other areas of the facility and of sufficient size to accommodate the doctor, assistant, patient and client.

(d) If animals are housed or retained for treatment, the following shall be provided:

(1) Compartments for animals which are maintained in a comfortable and sanitary manner.

(2) Effective separation of known or suspected contagious animals.

(3) If there are to be no personnel on the premises during any time an animal is left at the veterinary facility, prior notice of this fact shall be given to the client. For purposes of this paragraph, prior notice may be accomplished by posting a sign in a place and manner conspicuous to the clients at the entrance of the premises, stating that there may be times when there are no personnel on the premises.

(e) When a veterinary premises 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 veterinary premises 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.

(f) The veterinary premises shall meet the following standards:

(1) Fire precautions shall meet the requirements of local and state fire prevention codes.

(2) The facility, its temperature, and ventilation shall be maintained so as to assure the comfort of all patients.

(3) The disposal of waste material shall comply with all applicable state, federal, and local laws and regulations.

(4) The veterinary premises shall have the capacity to render diagnostic radiological services, either on the premises or through other commercial facilities. Radiological procedures shall be conducted in accordance with Health and Safety Code standards.

(5) Clinical pathology and histopathology diagnostic laboratory services shall be available within the veterinary premises or through outside services.

(6) All drugs and biologicals shall be maintained, administered, dispensed and prescribed in compliance with state and federal laws.

(7) Sanitary methods for the disposal of deceased animals shall be provided and maintained.

(8) Veterinary medical equipment used to perform aseptic procedures shall be sterilized and maintained in a sterile condition.

(9) Current veterinary reference materials shall be readily available on the premises.

(10) Anesthetic equipment in accordance with the procedures performed shall be maintained in proper working condition and available at all times.

(11) The veterinary premises shall have equipment to deliver oxygen in emergency situations.

(12) Appropriate drugs and equipment shall be readily available to treat an animal emergency.

(g) A veterinary premises which provides aseptic surgical services shall comply with the following:

(1) A room, separate and distinct from all other rooms shall be reserved for aseptic surgical procedures which require aseptic preparation. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable.

(A) A veterinary premises which is currently registered with the board, but does not have a separate room reserved for aseptic surgical procedures, shall obtain compliance with this subdivision on or before January 1, 2014.

(B) The board may exempt a veterinary premises which is currently registered with the board, but does not have a separate aseptic surgery room, where it determines that it would be a hardship for the veterinary premises to comply with the provisions of this subdivision.

In determining whether a hardship exists, the board shall give due consideration to the following factors:

1. Zoning limitations.

2. Whether the premises constitutes a historical building.

3. Whether compliance with this requirement would compel the veterinary practice to relocate to a new location.

(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.

(3) Open shelving is prohibited in the surgical room.

(4) The surgery room shall not contain a functional sink with an open drain.

(5) The doors into the surgery room must be able to be fully closed, fill the entire door space, be made of non-porous material and not provide access from outside the hospital. In cases where the size of the animal prevents entry to the hospital via a regularly-sized door, doors for outside access are permitted as long as such doors are able to be fully closed, fill the entire door space and be made of non-porous material.

(6) The surgery room shall be well-lighted, shall have equipment for viewing radiographs and shall have effective emergency lighting with a viable power source.

(7) The floors, table tops, and counter tops of the surgery room shall be of a non-porous material suitable for regular disinfecting, and cleaning, and shall be cleaned and disinfected regularly.

(8) Surgical instruments and equipment shall be:

(A) Adequate for the type of surgical procedures performed.

(B) Sterilized as required by the surgical procedure performed and instruments used.

(9) In any sterile procedure, a separate sterile pack shall be used for each animal.

(10) All instruments, packs and equipment that have been sterilized shall have an indicator that reacts to and verifies sterilization.

(11) The following attire shall be required for aseptic surgery:

(A) Each member of the surgical team shall put on an appropriate sanitary cap and sanitary mask which 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.

(B) Ancillary personnel in the surgery room shall wear clean clothing, footwear, sanitary cap and mask.

(h) When performing clean surgery, the instruments used to perform such surgery shall have been sterilized and the surgeon(s) and ancillary personnel shall wear clean clothing and footwear when appropriate.

For purposes of this section, "clean surgery" shall mean the performance of a surgical operation for the treatment of a condition and under circumstances which, consistent with the standards of good veterinary medicine, do not warrant the use of aseptic surgical procedures.

2030.05. Minimum Standards - Licensee Manager.

(a) A Licensee Manager is the California licensed veterinarian named as the Licensee Manager on a facility's premises permit.

(b) The Licensee Manager is responsible for ensuring that the premises for which he/she is manager complies with the requirements in sections 4853, 4854, 4855 and 4856 of the Business and Professions Code, Division 2, Chapter 11, Article 3. The Licensee Manager is responsible for ensuring that the physical and operational components of a premises meet the minimum standards of practice as set forth in sections 2030 through 2032.5 of the California Code of Regulations, Title 16, Division 20, Article 4.

(c) The Licensee Manager is responsible for ensuring that no unlicensed activity is occurring within the premises or in any location where any function of veterinary medicine, veterinary surgery or veterinary dentistry is being conducted off the premises under the auspices of this premises license.

(d) The Licensee Manager shall maintain whatever physical presence is reasonable within the facility to ensure that the requirements in (a) - (c) are met.

(e) Each licensed veterinarian shall be responsible for their individual violations of the Veterinary Medicine Practice Act or any regulation adopted thereunder.

2030.1. Minimum Standards - Small Animal Fixed Premises.

For purposes of these rules and regulations, a “small animal fixed premises” shall mean a fixed veterinary premises which concentrates in providing veterinary services to common domestic household pets.

In addition to the requirements in section 2030, small animal fixed premises shall provide:

- (a) 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 section may be achieved by the use of exercise runs or by providing the animal with the opportunity for outdoor walks. Where a premises has exercise runs, they shall be clean and sanitary and provide for effective separation of animals and their waste products.
- (b) When the client has not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall be required to retain the carcass in a freezer for at least 14 days prior to disposal.

2030.2. Small Animal Mobile Clinic.

For purposes of these regulations, a “small animal mobile clinic” shall mean a trailer or mobile facility established to function as a veterinary premises which concentrates in providing veterinary services to common domestic household pets and is required by section 4853 of the code to be registered with the board.

(a) A small animal mobile clinic shall have:

- (1) Hot and cold water.
- (2) A 110-volt power source for diagnostic equipment.
- (3) A collection tank for disposal of waste material.
- (4) Lighting adequate for the procedures to be performed in the mobile clinic.
- (5) Floors, table tops, and counter tops shall be of a non-porous material suitable for regular disinfecting, and cleaning, and shall be cleaned and disinfected regularly.
- (6) Compartments to transport or hold animals, if applicable.

(b) A small animal mobile clinic shall also have:

- (1) indoor lighting for halls, wards, reception areas, examining and surgical rooms, which shall be adequate for its intended purpose.
- (2) an examination room separate from other areas of the facility, which shall be of sufficient size to accommodate the doctor, assistant, patient and client.
- (3) fire precautions that meet the requirements of local and state fire prevention codes,
- (4) temperature and ventilation controls adequate to assure the comfort of all patients.
- (5) a small animal mobile clinic which provides aseptic surgical services shall also have a room separate and distinct from other rooms, which shall be reserved for aseptic surgical procedures. Storage in the surgery room shall be limited to items and equipment normally related to surgery and surgical procedures. A veterinarian may perform emergency aseptic surgical procedures in another room when the room designated for aseptic surgery is occupied or temporarily unavailable. A small animal mobile clinic which provides aseptic surgical services and that is currently registered with the board, but does not have a separate room reserved for aseptic surgical procedures, shall provide the board with the vehicle identification number of the mobile clinic and obtain compliance with this subdivision on or before January 1, 2006.

(A) A small animal mobile clinic that provides aseptic surgery shall also have an examination area separate from the surgery room that is large enough to conduct an examination.

(c) A small animal mobile clinic shall have the ability and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services it is providing.

(d) A small animal mobile clinic shall provide either after hours emergency services to its patients or, if no after hours emergency care is available, full disclosure to the public prior to rendering services.

(e) When the client has not given the veterinarian authorization to dispose of his or her deceased animal, the veterinarian shall be required to retain the carcass in a freezer for at least 14 days prior to disposal.

2030.3. Small Animal Vaccination Clinic.

- (a) The term “small animal vaccination clinic” shall mean a privately or publicly supported vaccination clinic where a veterinarian performs vaccinations and/or immunizations against disease on multiple animals, and where the veterinarian may also perform preventative procedures for parasitic control.
- (b) A veterinarian must remain on site throughout the duration of a vaccination clinic and must maintain responsibility for all medical decisions made. The veterinarian is responsible for proper immunization and parasitic procedures and the completeness of recommendations made to the public by the paraprofessional staff that the veterinarian supervises or employs. The veterinarian is responsible for consultation and referral of clients when disease is detected or suspected.
- (c) The disposal of waste material shall comply with all applicable state, federal, and local laws and regulations.
- (d) All drugs and biologicals shall be stored, maintained, administered, dispensed and prescribed according to the manufacturer’s recommendations and in compliance with state and federal laws.
- (e) Lighting shall be adequate for the procedures to be performed in the vaccination clinic.
- (f) Floors, table tops, and counter tops shall be of a non-porous material suitable for regular disinfecting, and cleaning, and shall be cleaned and disinfected regularly.
- (g) Equipment shall be of the type and quality to provide for the delivery of vaccines and parasiticides in the best interest of the patient and with safety to the public.
- (h) Fresh, clean water shall be available for sanitizing and first aid. Disposable towels and soap shall be readily available.
- (i) A vaccination clinic shall have the ability and equipment to provide immediate emergency care at a level commensurate with the specific veterinary medical services it is providing.
- (j) The vaccination clinic shall provide a legible list of the name, address, and hours of operation of all facilities that provide or advertise emergency services and, when applicable, the location of other clinics provided by the same entity on that day, that are located within a 30-minute or 30-mile radius.
- (k) The vaccination clinic shall maintain all vaccination records for a minimum of three (3) years from the date of the vaccination.
- (l) If any diagnostic tests are performed or dangerous drugs are provided, administered, prescribed or dispensed, then a valid veterinary-client-patient relationship must be established, including a complete physical exam and Medical Records as set forth in section 2032.3.
- (m) The veterinarian shall be identifiable to the public, including, but not limited to the posting of a copy of the veterinarian’s license, as set forth in section 4850 of the Business and Professions Code.

2032. Minimum Standards of Practice.

The delivery of veterinary care shall be provided in a competent and humane manner. All aspects of veterinary medicine shall be performed in a manner consistent with current veterinary medical practice in this state.

2032.05. Humane Treatment.

When treating a patient, a veterinarian shall use appropriate and humane care to minimize pain and distress before, during and after performing any procedure(s).

2032.1. Veterinarian-Client-Patient Relationship.

- (a) It is unprofessional conduct for a veterinarian to administer, prescribe, dispense or furnish a drug, medicine, appliance, or treatment of whatever nature for the prevention, cure, or relief of a

- (8) The number of refills.
- (b) All drugs dispensed shall be labeled with the following information:
 - (1) Name, address and telephone number of the facility.
 - (2) Client's name.
 - (3) The species and name, number, or other identifying information for the animal.
 - (4) Date dispensed.
 - (5) Directions for use, including, if applicable, withdrawal time.
 - (6) The manufacturer's trade name of the drug or the generic names, strength (if more than one dosage form exists), and quantity of drug, and the expiration date when established by the manufacturer.
 - (7) Name of prescribing veterinarian.
- (c) Pursuant to section 4170(a)(6) and (7) of the Business and Professions Code, veterinarians must notify clients that they have a choice to obtain either the medication or a written prescription and that they shall not be charged for the written prescription.

2032.25. Written Prescriptions in Absence of Originally Prescribing Veterinarian.

- (a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 of the Business and Professions Code without an appropriate prior examination and a medical indication, constitutes unprofessional conduct.
- (b) No licensee shall be found to have committed unprofessional conduct within the meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:
 - (1) The licensee was a veterinarian serving in the absence of the treating veterinarian and the drugs were prescribed, dispensed, or furnished only as necessary to maintain the animal patient until the return of the originally treating veterinarian, but in any case no longer than 72 hours.
 - (2) The veterinarian transmitted the order for the drugs to another veterinarian or registered veterinary technician and both of the following conditions exist:
 - (A) The licensee had consulted with the veterinarian or registered veterinary technician who had reviewed the patient's records.
 - (B) The licensee was designated as the veterinarian to serve in the absence of the animal patient's veterinarian.
 - (3) The licensee was a veterinarian serving in the absence of the treating veterinarian, was in possession of and had reviewed the animal patient's records, and ordered the renewal of a medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refill.

2032.3. Record Keeping; Records; Contents; Transfer.

- (a) Every veterinarian performing any act requiring a license pursuant to the provisions of Chapter 11, Division 2, of the code, upon any animal or group of animals shall prepare a legible, written or computer generated record concerning the animal or animals which shall contain the following information:
 - (1) Name or initials of the person responsible for entries.
 - (2) Name, address and phone number of the client.
 - (3) Name or identity of the animal, herd or flock.
 - (4) Except for herds or flocks, age, sex, breed, species, and color of the animal.
 - (5) Dates (beginning and ending) of custody of the animal, if applicable.
 - (6) A history or pertinent information as it pertains to each animal, herd, or flock's medical status.
 - (7) Data, including that obtained by instrumentation, from the physical examination.
 - (8) Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.

- (9) Records for surgical procedures shall include a description of the procedure, the name of the surgeon, the type of sedative/anesthetic agents used, their route of administration, and their strength if available in more than one strength.
 - (10) Diagnosis or assessment prior to performing a treatment or procedure.
 - (11) If relevant, a prognosis of the animal's condition.
 - (12) All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.
 - (13) Daily progress, if relevant, and disposition of the case.
- (b) Records shall be maintained for a minimum of three (3) years after the animal's last visit. A summary of an animal's medical records shall be made available to the client within five (5) days or sooner, depending if the animal is in critical condition, upon his or her request. The summary shall include:
- (1) Name and address of client and animal.
 - (2) Age, sex, breed, species, and color of the animal.
 - (3) A history or pertinent information as it pertains to each animal's medical status.
 - (4) Data, including that obtained by instrumentation, from the physical examination.
 - (5) Treatment and intended treatment plan, including medications, their dosage and frequency of use.
 - (6) All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.
 - (7) Daily progress, if relevant, and disposition of the case.
- (c)(1) Radiographs and digital images are the property of the veterinary facility that originally ordered them to be prepared. Radiographs or digital images shall be released to another veterinarian upon the request of another veterinarian who has the authorization of the client. Radiographs shall be returned to the veterinary facility which originally ordered them to be prepared within a reasonable time upon request. Radiographs originating at an emergency hospital shall become the property of the next attending veterinary facility upon receipt of said radiograph(s). Transfer of radiographs shall be documented in the medical record.
- (2) Radiograph and digital images, except for intraoral radiographs, shall have a permanent identification legibly exposed in the radiograph or attached to the digital file, which shall include the following:
- (A) The hospital or clinic name and/or the veterinarian's name,
 - (B) Client identification,
 - (C) Patient identification, and
 - (D) The date the radiograph was taken.
- (3) Non-digital intraoral radiographs shall be inserted into sleeve containers and include information in subdivision (c)(2)(A) - (D). Digital images shall have identification criteria listed in subdivision (c)(2)(A) - (D) attached to the digital file.
- (d) Laboratory data is the property of the veterinary facility which originally ordered it to be prepared, and a copy shall be released upon the request of the client.
- (e) The client shall be provided with a legible copy of the medical record when the patient is released following emergency clinic service. The minimum information included in the medical record shall consist of the following:
- (1) Physical examination findings
 - (2) Dosages and time of administration of medications
 - (3) Copies of diagnostic data or procedures
 - (4) All radiographs and digital images, for which the facility shall obtain a signed release when transferred
 - (5) Surgical summary
 - (6) Tentative diagnosis and prognosis, if known
 - (7) Any follow-up instructions.

2032.35. Altering Medical Records

Altering or modifying the medical record of any animal, with fraudulent intent, or creating any false medical record, with fraudulent intent, constitutes unprofessional conduct in accordance

with Business and Professions Code section 4883(g).

2032.4. Anesthesia.

(a) General anesthesia is a condition caused by the administration of a drug or combination of drugs sufficient to produce a state of unconsciousness or dissociation and blocked response to a given pain or alarming stimulus.

(b) When administering general anesthesia, a veterinarian shall comply with the following standards:

(1) Within twelve (12) hours prior to the administration of a general anesthetic, the animal patient shall be given a physical examination by a licensed veterinarian appropriate for the procedure. The results of the physical examination shall be documented in the animal patient's medical records.

(2) An animal under general anesthesia shall be observed for a length of time appropriate for its safe recovery.

(3) Provide respiratory monitoring including, but not limited to, observation of the animal's chest movements, observation of the rebreathing bag, or respirometer.

(4) Provide cardiac monitoring including, but not limited to, the use of a stethoscope, pulseoximeter or electrocardiographic monitor.

(5) When administering general anesthesia in a hospital setting, a veterinarian shall have resuscitation or rebreathing bags of appropriate volumes for the animal patient and an assortment of endotracheal tubes readily available.

(6) Records for procedures involving general anesthesia shall include a description of the procedure, the name of the surgeon, the type of sedative and/or anesthetic agents used, their route of administration, and their strength if available in more than one strength.

2032.5. Emergency Hospitals.

(a) Any veterinary premises that displays any sign, card, or device that indicates to the public that it is an emergency veterinary clinic or hospital shall comply with the following:

(1) Maintain a licensed veterinarian on the premises at all times during the posted hours of operation.

(2) Its advertisements shall clearly state:

(A) A licensed veterinarian is on the premises during the posted emergency hours.

(B) The hours the facility will provide emergency services.

(C) The address and telephone number of the premises.

(b) The phrase "veterinarian on call" shall mean that a veterinarian is not present at the hospital, but is able to respond within a reasonable time to requests for emergency veterinary services and has been designated by a daytime veterinary facility to do so after regular office hours. A veterinary premises which uses a veterinarian on call service shall not be considered to be or advertised as an emergency clinic or hospital.

2037. Dental Operation, Defined

(a) The term "dental operation" as used in Business and Professions Code section 4826 means:

(1) The application or use of any instrument, device, or scaler to any portion of the animal's tooth, gum or any related tissue for the prevention, cure or relief of any wound, fracture, injury or disease of an animal's tooth, gum or related tissue; and

(2) Preventive dental procedures including, but not limited to, the removal of calculus, soft deposits, plaque, stains or the smoothing, filing, scaling or polishing of tooth surfaces.

(b) Nothing in this regulation shall prohibit any person from utilizing cotton swabs, gauze, dental floss, dentifrice, or toothbrushes on an animal's teeth.



Veterinary Medical Board
 1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834
 Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov



VETERINARY PREMISE APPLICATION

1. APPLICATION TYPE/FEEES

<input type="checkbox"/> \$200.00 - Initial Fixed or Mobile Premise Registration Premise Open Date _____ <input type="checkbox"/> No Fee - Initial City, County, or State Owned Premise Registration Premise Open Date _____ <input type="checkbox"/> \$25.00 - Premise Relocation/Change of Address Premise Open Date _____ <input type="checkbox"/> \$25.00 - Change of Premise Name <u>or</u> Managing Licensee Date of Change _____ <input type="checkbox"/> No Fee - Change of Business Type <u>or</u> Ownership	Office Use Only Receipt Number: _____ Date Cashiered: _____ ATS ID: _____ Amount Paid: _____ Refund: _____ Please make check or money order payable to the "VMB" Mail application and fee to: Veterinary Medical Board 1747 N. Market Blvd. Suite 230 Sacramento, CA 95834
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2. FACILITY INFORMATION

NAME OF BUSINESS		PREMISE NUMBER	
TELEPHONE NUMBER	FAX NUMBER		
PHYSICAL ADDRESS			
CITY	STATE	ZIP	
MAILING ADDRESS*			
CITY	STATE	ZIP	

*List only if there is no mail delivery to the physical address. Only your Mailing Address will be public information.

3. MANAGING LICENSEE INFORMATION

LAST	FIRST	MIDDLE
CALIFORNIA VETERINARY LICENSE NUMBER		LICENSE EXPIRATION DATE
MAILING ADDRESS		
CITY	STATE	ZIP
U.S. SOCIAL SECURITY NUMBER:	TELEPHONE NUMBER:	
EMAIL ADDRESS:		

4. MANAGING LICENSEE DISCLOSURE

Are you currently registered as a managing licensee of another veterinary premise?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please list Permit Number(s):	
Will those premises remain open?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Will you remain as managing licensee?	YES <input type="checkbox"/> NO <input type="checkbox"/>

5. MANAGING LICENSEE CONVICTION INFORMATION

Have you been convicted or pled nolo contendere to a felony or misdemeanor, other than a minor traffic violation, or had any disciplinary action taken against you by any licensing/regulatory agency in this or any other state?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, please provide detailed written explanation.*	
*You must include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed under Penal Code Section 1000, 1203.4 or 1210.1. Traffic violations involving driving under the influence, injury to persons or providing false information must be reported. The definition of conviction includes convictions following a plea of nolo contendere (no contest) as well as pleas or verdicts of guilty.	

6. PRACTICE INFORMATION - check all that apply

<input type="checkbox"/> Small	<input type="checkbox"/> Vaccination Clinic	<input type="checkbox"/> Emergency	<input type="checkbox"/> House Call
<input type="checkbox"/> Large	<input type="checkbox"/> Mixed	<input type="checkbox"/> Mobile/Ambulatory	

7. NUMBER OF EMPLOYEES

____ CA Licensed Veterinarians	____ Non-CA Licensed Veterinarians	____ Clerical/Administrative
____ Registered Veterinary Technicians	____ Veterinary Assistants	____ Other _____

8. BUSINESS TYPE

<input type="checkbox"/> Sole Owner	<input type="checkbox"/> City/County/State Owned	<input type="checkbox"/> Other _____
<input type="checkbox"/> Corporation - you must include articles of Incorporation for all initial registrations and ownership changes		
Corporation Name _____		Incorporation Date _____
Corporation Number _____		Incorporation State _____ FEIN _____
<input type="checkbox"/> Partnership - you must include information for all partners.		
Name _____	% Interest _____	Title _____ License Number _____
Name _____	% Interest _____	Title _____ License Number _____
Name _____	% Interest _____	Title _____ License Number _____

9. BUSINESS OWNER INFORMATION

LAST	FIRST	MIDDLE
CALIFORNIA VETERINARY/RVT LICENSE NUMBER		LICENSE EXPIRATION DATE
MAILING ADDRESS		
CITY	STATE	ZIP
U.S. SOCIAL SECURITY NUMBER:		TELEPHONE NUMBER:
EMAIL ADDRESS:		

10. BUSINESS OWNER DISCLOSURE

Are you currently and owner of any other veterinary premises registered with the Veterinary Medical Board? If YES, please list Premise Number(s):	YES <input type="checkbox"/> NO <input type="checkbox"/>
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11. DISCLOSURE SIGNATURE - *must be signed by managing licensee*

<p>Managing licensees are required to comply with the minimum standards of practice. As a managing licensee, you are responsible for ensuring that the permit for which you are applying is in compliance with all applicable laws. In the event that the premise is in violation of any applicable laws, you will be held responsible and may have disciplinary action taken against you.</p> <p>I certify that I understand that I am responsible for ensuring that this premises for which I am applying meets the minimum standards of practice and is in compliance will all applicable laws.</p> <p>I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <p>Signature _____ Date _____</p>
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INFORMATION COLLECTION, ACCESS AND DISCLOSURE

The information you provide on this application is maintained by the Executive Officer of the Veterinary Medical Board, Department of Consumer Affairs, 1747 N. Market Blvd., Suite 230, Sacramento, CA 95834, (916) 515-5220. The information is requested pursuant to Business and Professions Code sections 4853 and 4853.1 and California Code of Regulations, Title 16, Sections 2030, 2030.1, and 2030.2.

It is mandatory that you provide all information requested. Omission of any item of required information will result in the application being rejected as incomplete.

Disclosure of your Social Security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455[42 USCA §405(c)(2)(C)] authorize collection of your Social Security number. Your Social Security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which uses a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your Social Security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Your completed application becomes the property of the Board and will be used by authorized personnel to determine you eligibility for a license, registration or permit. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Gov. Code §6250 et seq.) and the Information Practices Act (Div. Code §1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the department unless otherwise specifically exempt from disclosure under the law. **Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.**

You have the right to review the records maintained on you by the Board or department unless the records are exempt by section 1798.40 of the Civil Code. You may gain access to the information by contacting the Veterinary Medical Board at the above address.

The name and address you have included on this application is subject to public disclosure and may be disclosed upon request, however if the residential address is different than the practice address, that address may remain confidential.

Incomplete applications will be returned. Please ensure that all information is complete and accurate. Please make check/money order payable to the Veterinary Medical Board and mail completed application to: Veterinary Medical Board, 1747 N. Market Blvd., Suite 230, Sacramento, CA 95834.

Please visit the Board's website at www.vmb.ca.gov for further information on the Board.

Telehealth Sub-Committee
Jon Klingborg, DVM and Richard Sullivan, DVM

1) Telehealth:

a) Addition to 2032.1 Veterinarian-Client-Patient-Relationship

2032.1. Veterinarian-Client-Patient Relationship.

(a) It is unprofessional conduct for a veterinarian to administer, prescribe, dispense or furnish a drug, medicine, appliance, or treatment of whatever nature for the prevention, cure, or relief of a wound, fracture or bodily injury or disease of an animal without having first established a veterinarian-client-patient relationship with the animal patient or patients and the client, except where the patient is a wild animal or the owner is unknown. □

(b) A veterinarian-client-patient relationship shall be established by the following occur: □

(1) The client has authorized the veterinarian to assume responsibility for making medical judgments regarding the health of the animal, including the need for medical treatment, □

(2) The veterinarian has sufficient knowledge of the animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s). This means that the veterinarian is personally acquainted with the care of the animal(s) by virtue of an examination of the animal or by medically appropriate and timely visits to the premises where the animals are kept, and □

(3) The veterinarian has assumed responsibility for making medical judgments regarding the health of the animal and has communicated with the client a course of treatment appropriate to the circumstance. □

(c) A drug shall not be prescribed for a duration inconsistent with the medical condition of the animal(s) or type of drug prescribed. The veterinarian shall not prescribe a drug for a duration longer than one year from the date the veterinarian examined the animal(s) and prescribed the drug. □

(d) As used herein, “drug” shall mean any controlled substance, as defined by Section 4021 of Business and Professions code, and any dangerous drug, as defined by Section 4022 of Business and Professions code.

(e) No person may practice veterinary medicine in the State except within the context of a veterinarian-client-patient relationship. A veterinarian-client-patient relationship cannot be established solely by telephonic or other electronic means.

Telehealth Sub-Committee
Richard Sullivan, DVM and Jon Klingborg, DVM

1) Telehealth:

b) 2032.15. Veterinarian-Client-Patient Relationship in Absence of Client Communication.

A veterinary-client-patient relationship may continue to exist, in the absence of client communication, when

(1) A veterinary-client-patient relationship was established with an original veterinarian, and another designated veterinarian **in the same practice** serves in the absence of the original veterinarian, and;

(2) The designated veterinarian has assumed responsibility for making medical judgments regarding the health of the animal(s), and;

(3) The designated veterinarian has sufficient knowledge of the animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s). This means that the veterinarian is personally acquainted with the care of the animal(s) by virtue of an examination of the animal(s) or by medically appropriate and timely visits to the premises where the animal(s) is kept, or has consulted with the veterinarian who established the veterinary-client-patient relationship, and;

(4) The designated veterinarian has continued the medical, treatment, diagnostic and/or therapeutic plan that was set forth and documented in the medical record by the original veterinarian. (b) If the medical, treatment, diagnostic and/or therapeutic plan differs from that which was communicated to the client by the original veterinarian, then the designated veterinarian must attempt to communicate the necessary changes with the client in a timely manner.

Telehealth Sub-Committee

Richard Sullivan, DVM and Jon Klingborg, DVM

1) Telehealth:

c) Defining Veterinary Telehealth (all new language)

(1) For the purposes of this section, “Veterinary Telehealth” means the practice of animal health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. Neither a telephone conversation nor an electronic mail message between a veterinarian and an animal owner constitutes “Veterinary Telehealth” for purposes of this section.

(2) For purposes of this section, “interactive” means an audio, video, or data communication involving a real time (synchronous) or near real time (asynchronous) two-way transfer of medical data and information.

(3) Prior to the delivery of animal health care via “Veterinary Telehealth”, the veterinarian who has ultimate authority over the care or primary diagnosis of the patient must have established a Veterinarian-Client-Patient Relationship as defined in 2032.1.

(a) The failure of a veterinarian to comply with this section shall constitute unprofessional conduct.

(b) This section shall not be construed to alter the scope of practice of any veterinarian or authorize the delivery of animal health care services in a setting, or in a manner, not otherwise authorized by law.



MEMORANDUM

DATE	April 8, 2014
TO	Multidisciplinary Advisory Committee
FROM	Annemarie Del Mugnaio, Executive Officer DCA/Veterinary Medical Board
SUBJECT	Review and Consider University License

Background:

California law allows for an exemption to licensure for veterinarians working at UC Davis.

In states that have veterinary schools, there are either exemptions or some form of university licensure that accommodates the schools needs for hiring of veterinarians from all over the world who sometimes come into a state for a limited period of time and do not remain and who do not practice outside the confines of the university.

The problem arises when the university veterinary hospital is providing services to the general public and the consumer does not have recourse through the licensing board when there is a problem. In its Strategic Plan, the Board discussed the possibility of changing the law to require a license for veterinarians providing services to the public at the veterinary clinic. The discussion revolved around a "university" license that would not require the standard exams or equivalency programs, but would be issued and could be disciplined if necessary.

At its November 13, 2014 meeting, the MDC formed a subcommittee to discuss the issue of the university license with both the Deans' of UC Davis and Western University and to formulate provisions for the university license.

Action Requested:

Included in the meeting materials are notes from the meetings with the Deans, sample language modified from Ohio's laws on limited licensure, and information regarding the Medical Board Special Programs.

This item is up for discussion and consideration by the MDC.

**Notes/Action Items after the meeting with
UCD Deans Lairmore, Pascoe, & Wilson
Jon Klingborg, DVM**

- 1) Clarify to the VMB that the UCD's current system does provide oversight and recourse if a faculty member has not fulfilled expectations for patient care.
- 2) Create a License category that will give the Faculty Member the full rights and privileges of any other California Veterinarian Licensee – for example, the ability to sign Health Certificates and write Prescriptions.
- 3) Have the renewal be every two years, as is currently the standard for other VMB Licensees.
- 4) Provide this license at a Reduced Fee.
- 5) Allow for any Licensee who is enrolled in a Residency program to be issued a License for the duration of their Residency program – 1, 2, or 3 years.
Some residencies are 4 years; however, it would seem that the biennial renewal for these individuals is reasonable and makes the language simple.
- 6) Exclude Researchers from the need to be Licensed – this Limited License is only necessary for individuals who may perform some level of Primary care to animals within California.
- 7) Require the Veterinary Law Exam to be taken and passed once – at the same Fee as for other Licensees who must take the test.

Other Action Steps for the VMB and Multi-Disciplinary Committee:

- a) We do need to address whether the Exemption Language currently in place that references the College of Agriculture needs to remain in place or is outdated.

It would seem that the proposed language that states veterinary academic instruction - covers universities and technical colleges so obviates the need for stating specifically the College of Agriculture, School of Veterinary Medicine etc

- b) We do not intend to set a different standard than is currently in place for those DVMs who function in a Consultative role but do not deliver primary care – comparisons to the veterinarians on staff at IDEXX and Antech and whether or not they must be California Licensees was discussed.

Information for International Physicians

Medical Board Special Programs

The California Medical Board Division of Licensing administers special programs (Sections 2111, 2113, and 2168) for international medical graduates who seek postgraduate training or are being recruited as faculty members in an approved California medical school.

- **Section 2111:** The intent of the Section 2111 program is to provide a clinical experience for an internationally trained physician who will then return to his/her country of origin to provide improved or enhanced medical care. This clinical fellowship training does not meet postgraduate training requirements needed for medical licensure in California.

If the internationally trained physician holds a J1 Research Scholar Visa, the clinical experience must be limited to incidental patient contact (ie, less than 20% time) and no invasive procedures may be performed.

- **Section 2113:** The Section 2113 program is for international medical graduates or physicians licensed in another state who will undertake clinical and teaching responsibilities as a faculty member at a California medical school. The program is designed to allow California medical schools to recruit qualified international graduates with specific expertise who are not yet eligible for medical licensure in California.
- **Section 2168:** The Section 2168 program is for international medical graduates or physicians licensed in another state who are academically eminent, hold or has been offered a full time appointment at the level of full professor or associate professor, is clearly outstanding in a specific field of medicine or surgery, and a great need exists to fill the position.

California Business and Professions Code

SPECIAL PROGRAMS

SECTION	2111	2113	2168
SUMMARY	Postgraduate study in approved CA Med School for foreign trained MD w/ current valid med license in other state or country. Is not yet eligible for a CA license.	Full-time faculty position for foreign trained MD w/ current valid medical license in other state or country. Is not yet eligible for a CA license.	Full-time faculty position for foreign trained MD w/ current valid med license in other state/ country. Not yet eligible for CA license. Academically "eminent" tenured full professor who is outstanding in field and great need exists to fill position.
I. OBJECTIVE:			
A. Position	Trainee	Full-Time Faculty	Full- Time Faculty (After 1 st renewal, can be employed Part-Time)
B. Title	Visiting Fellow	Visiting Professor (any rank)	Either Full or Associate Professor
C. Series	N/A	No restriction	A. Line (FT, Tenure Track) B. Full or Associate Professor (FT)
D. Credit toward CA Post-Graduate Training	No	Yes	No
E. Authorization	Training Program- Licensing Exemption	Certificate of Registration	Special Faculty Permit
II. BACKGROUND:			
A. General			
1. U.S. Citizen	No or USFMG	Unspecified	Unspecified
2. Legal Admission to U.S.	Yes	Yes, if not citizen	Yes, if not citizen
B. Medical Qualifications			
1. Foreign			
M.D.	CMB Approved School	CMB Approved School	
Residency	3 years		
2. Qualified for CA License	No	Expected to lead to CA med license	No
3. Other		Required experience: - Licensed to practice for a minimum of 4 years [either practice in US or licensure in foreign country or combination of the two]	1) Academically Eminent: A. Offered Full- Time, Tenure Track position OR B. Clearly outstanding in a discipline for which there is great need for the position and offered Full or Assoc Prof position 2) Valid license elsewhere
III. PROCESS:			
A. Application Form	Yes	Yes	Yes
B. Fee	Yes	Yes	Yes
C. Supporting Letters			
1. Department Chair	- Statement describing recruitment efforts - Proposed Clinical and research activities with list of clinical practice locations	- Statement describing recruitment efforts, proposed clinical and research activities with list of practice locations - Statement describing additional details as requested on application	- Statement describing details as requested on application
2. Dean	Statement requesting licensing exemption	Statement requesting licensing exemption	- Statement describing qualifications and academic eminence. Must demonstrate great need to fill the position. - List of affiliations and justification for clinical activity
IV. APPROVAL:			
Activity	Participate in professional activities of department	Practice medicine as a part of faculty duties	Practice medicine within school and as part of faculty duties
Maximum Duration	3 years	3 years [Provided ECFMG is passed & need is justified, registration can be extended for add'l 2yr period]	Unlimited
Renewal	Annual	Annual	Biennial during birth month
Also	Name tag ID, "Visiting Fellow," must be worn	- Not authorized to admit patients to nursing or skilled living facilities unless formally affiliated with med school - Name tag ID, "Visiting Faculty Member" must be worn	- Approved by SFPR Committee - Can only be department chair or division chief if approved by SFPR committee - Cannot have held a 2113 for 2yrs or more preceding the date of the application

Faculty License Sub-Committee

Jon Klingborg, DVM and Jennifer Boyle, RVT

This language to be added in lieu of language in Section 4830, Section (4)—

This language is the proposal from UC Davis

2010 (c)? Limited License to Practice Veterinary Medicine

The California state veterinary medical licensing board may issue a limited license to practice veterinary medicine to an individual whose sole professional capacity is with a veterinary academic institution or with a government diagnostic laboratory recognized by the board in accordance with rules the board adopts. A veterinarian holding a limited license is authorized to engage in the practice of veterinary medicine only to the extent necessary to fulfill the person's employment or educational obligations as an instructor, diagnostician, intern, resident, clinical fellow, or other post graduate training position. The board may issue a limited license to an applicant who submits a completed application on a form prescribed by the board, pays the applicable fee that shall not exceed 50% of the fee for a Veterinary Licensee, has received a passing score on the Veterinary Law Exam, and meets any additional criteria established by the board. The Faculty Licensee will renew the license every two years as set forth by the Board, except for individuals involved in a Residency or Internship Program, where their Limited License shall be valid for the duration of that program, but not to exceed 3 years.



MEMORANDUM

DATE	October 8, 2013
TO	Veterinary Medical Board
FROM	Annemarie Del Mugnaio, Executive Officer DCA/Veterinary Medical Board
SUBJECT	Electronic Record Keeping

Background:

Veterinary practices have begun to switch over to electronic recordkeeping systems. This transition has brought up issues of confidentiality and accuracy of entries made in the record. Board staff, DCA staff counsel, and Attorney General have suggested adopting regulations that would address these issues and set some parameters specific to electronic records. The Board included this issue as a part of its Strategic Plan 2012-2014 and subsequently referred it to the Multidisciplinary Advisory Committee (MDC) for further discussion and action.

Existing law states medical records shall be maintained and contain certain specified information and that it is considered unprofessional conduct to alter or modify the record with fraudulent intent.

A time lock function is one option that may prevent alteration of electronic records; however, the MDC and/or the Board would need to determine the fiscal impact to businesses in California and if the additional cost was significant it would need to determine any other options to amending the regulation.

The MDC discussed at its November meeting the efficacy of requiring a time lock on electronic medical records and whether to amend the Board's statutes and/or regulations. The MDC ultimately recommended specific amendments to California Code of Regulations section 2032.3.

Action Requested:

Discussion and consideration of taking action.

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

§ 2032.3. Record Keeping; Records; Contents; Transfer.

(a) Every veterinarian performing any act requiring a license pursuant to the provisions of Chapter 11, Division 2, of the code, upon any animal or group of animals shall prepare a legible, written or digital computer-generated record concerning the animal or animals which shall contain the following information:

~~(1) Name or initials of the person responsible for entries.~~

(1) Entries in medical records and subsequent corrections, additions, and addendums to the records shall reflect the date of entry and the name or initials of the person responsible for entries.

(2) Name, address and phone number of the client.

(3) Name or identity of the animal, herd or flock.

(4) Except for herds or flocks, age, sex, breed, species, and color of the animal.

(5) Dates (beginning and ending) of custody of the animal, if applicable.

(6) A history or pertinent information as it pertains to each animal, herd, or flock's medical status.

(7) Data, including that obtained by instrumentation, from the physical examination.

(8) Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.

(9) Records for surgical procedures shall include a description of the procedure, the name of the surgeon, the type of sedative/anesthetic agents used, their route of administration, and their strength if available in more than one strength.

(10) Diagnosis or assessment prior to performing a treatment or procedure.

(11) If relevant, a prognosis of the animal's condition.

(12) All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.

(13) Daily progress, if relevant, and disposition of the case.

...

§ 2032.35. Altering Medical Records.

Altering or modifying the medical record of any animal, with fraudulent intent, or creating any false medical record, with fraudulent intent, constitutes unprofessional conduct in accordance with Business and Professions Code section 4883(g).