

VETERINARY MEDICAL BOARD

BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM

ROUGH DRAFT FOR A STARTING POINT

As of May 24, 2012

Section 1 –

Background and Description of the Board and Regulated Profession

EXECUTIVE SUMMARY

Each day Californians are protected by the veterinary profession that is responsible for food safety of animal origin and control of zoonotic diseases (diseases spread from animals to people). Early recognition of symptoms, aggressive vaccination campaigns, and accompanying education by veterinarians have significantly reduced the public health threat of rabies, the most well-known disease that is transmitted between animals and people. The low incidence of other diseases such as tuberculosis, brucellosis, eastern and western encephalomyelitis, and West Nile virus is due to the competency of veterinarians who diagnose and supervise preventive medicine programs. In addition, veterinary medicine is on the front line of defense against such bio-terrorism threats as anthrax, foot and mouth disease, and food and water resource contamination.

The veterinary medical profession provides health care to the state's population of livestock, poultry, and pets from birds, fish, rabbits, hamsters, and snakes to dogs, cats, goats, pigs, horses, and llamas. The quality of health care provided is on a par with that of human medicine, including 20 recognized specialties such as surgery, internal medicine, pathology, and ophthalmology. Drugs and procedures are shared between human and animal medicine. Frequently techniques, such as the much discussed genetic cloning procedures are developed in veterinary medical research prior to their use in human medicine.

The services veterinarians and registered veterinary technicians (RVT) provide to the food, agriculture, insurance, pharmaceutical, research, horse racing, and pet care industries have a major impact on the state's economy. According to the American Veterinary Medical Association (AVMA), veterinary services constitute in excess of a **\$1.2 billion industry** in the state. Based on statistics from the California Department of Food and Agriculture from **2002, livestock and poultry products alone generate over \$6.3 billion in sales**. The California Horse Racing Board estimates that the horse racing industry generates in excess of **\$458 million per year**. All of these services are dependent on veterinary services and the figures do not include the revenues generated by support industries such as feeds, equipment, construction, advertising, financial services, real estate, transportation, etc.

A recent survey by the AVMA shows that at least **60% of all American households own at least one pet. Ninety percent of dog owners use veterinary services at least once per year and make 2.2 repeat visits while 75% of cat owners use veterinary services with 1.2 repeat visits per year. On the**

average pet owners spend approximately \$150 million annually for veterinary health care maintenance. The pet-owning public expects that the providers of their pet's health care are well trained and are competent to provide those services. The Board assures the public that veterinarians and RVTs possess the level of competence required to perform those services by developing and enforcing standards for examinations, licensing, and hospital and school inspections.

Companion animal veterinarians see an average of 5,000 (?) clients per year and pay a biennial licensing fee of only \$225 290. Therefore, the estimated cost passed on to the consumer for the benefits and protections provided by the Board amounts to ~~four~~ six cents per companion animal veterinary examination.

Created in 1893, the Board licenses and regulates veterinarians, certifies RVTs, approves RVTs' schools and registers veterinary premises. The Board is comprised of eight members, four veterinarians, one RVT and three public members. Standing committees include Administration and Budget, Examination and Licensure, Legislative, Consumer Education, Continuing Education, Enforcement and RVT.

The Board balances revenues, expenditures, and its contingency fund with maintaining vital services to the public. Revenues are from licensing, examinations, collected fines and penalties and cost recovery. Expenditures are for enforcement, examination, licensing, administration and the diversion program. The Board's annual budget is approximately \$2.7 million and its mandated contingency fund is maintained at a level of no more than ten months. The Board also continues to seek cost recovery in every case to assist with enforcement expenditures as well as restitution to the consumers where applicable.

The Board requires adherence to strict licensure requirements for California veterinarians and RVTs. In line with these strict requirements, additional eligibility pathways have been approved for licensure of internationally trained veterinary graduates and certification of RVTs. Continuing education regulations for veterinarians require 36 hours in the two years preceding license renewal. Continuing education regulations for RVTs became effective in 2011 so that effective June 30, 2013, RVTs are required to complete 20 hours of approved continuing education during each two year renewal cycle.

Enforcement continues to be the Board priority for consumer protection. Enforcement activities comprise over 60% of the annual expenditure budget. Complaints have increased ___% since 2003, going from ___ to ___ annually. Negligence and/or incompetence issues comprise approximately **52% (?)** of the complaints. Between 2003 and 2011, the Board successfully obtained authority to increase the enforcement staff through **budget change proposals – legislative BCPs??**. Staff increased from 9.9 to 13.4 employees. This initially resulted in a decrease in the complaint processing time; unfortunately, in 2009, due to furloughs and budget cuts and the State budget crisis, the Board's staff was reduced resulting in increased complaint processing timeframes and backlogs.

In 2009, the Legislature created the Multidisciplinary Advisory Committee with a mandate to assist the Board in its enforcement programs. The Board directed the MDC to, as its first priority, update the Minimum Standards of Practice, the Board's Hospital Inspection Program and the Citation and Fine Program. ---**Talk about the accomplishments.**

The MDC is completed..... and is now in the process of developing guidelines for the Board's Citation and Fine Program. The goal is to clarify and enhance an already successful program to make it as effective as possible.

Consumer outreach and education are vital components of the Board's function. The Board is improving its outreach efforts via Internet access for forms and information and through the ongoing development of educational and informative brochures. =---Hospital Inspection Cklist---

In summary, the Board continues improving its consumer outreach programs and enforcement guidelines to protect the public. **The following recommendations will assist in this progress??:**

BACKGROUND AND DESCRIPTION

History of the Board

California leads the country in quality animal health care. Created in 1893, the Board licenses and regulates veterinarians, certifies RVTs, approves RVT schools, and registers veterinary premises. Most veterinary services are provided at privately owned veterinary premises, mobile clinics, or by house-call practitioners. There are approximately **8,600 licensed veterinarians, 3,700 registered veterinary technicians, and 2,700 veterinary premises. According to the AVMA, California's professional community represents approximately 13% of the national total. ***Need to update #s**

Over the years the Board's statutes and regulations have changed to keep pace with advances in medicine, changes in the methods of delivery of veterinary services and consumer demands.

- In 1974, the Board established the nation's first premises inspection program to assure sanitary conditions and implemented a registration fee to fund it.
- In 1975, the Legislature passed a law creating a new profession – Animal Health Technicians. The designation changed from Animal Health Technicians to Registered Veterinary Technicians in 1994.
- Minimum standards of veterinary practice were adopted in 1979 in conjunction with establishing the inspection program. The minimum standards include premise requirements, practice management requirements, provision of emergency service, mobile clinic standards, record keeping requirements and anesthetic guidelines.
- As a part of the minimum standards, in 1996, the Board adopted a rule requiring a veterinarian-client-patient relationship (as defined by the Federal Drug Administration) prior to prescribing, dispensing or furnishing a dangerous drug and outlined the information that must be included on the written prescription.
- Since 1996, the Board has worked with the public and the professional associations to develop core standards for all practices and specific standards for small animal fixed and mobile practices. The updated standards were adopted into regulations in August 2000.
- In 1997, RVTs were given regulatory authority to obtain a license from the Drug Enforcement Agency (DEA) so they could purchase a controlled substance, sodium pentobarbital, to use for purposes of humane euthanasia in animal shelters.
- In 2003, the Board approved computerization of the RVT examination to improve the efficiency of administering the examination and reduce costs associated with managing the examination process.
- In 2010, the legislature mandated a continuing education program (20 hours every two years) for registered veterinary technicians which became effective in 2011.
- In 2011, the Board updated the disciplinary guidelines and is currently completing the regulatory process to incorporate the updated standards into the Veterinary Medicine Practice Act.

- In 2009, the Board implemented a one-year Limited Term Eligibility Window for RVTs to allow lay persons already working in veterinary hospitals a one time opportunity to meet certain minimum standards for registration, take and pass the state licensing examination and become registered. Approximately 450 people became registered veterinary technicians as a result of that project.
- In 2013, Board will be transitioning to national RVT exam----

Function of the Board

The Board licenses and regulates veterinarians, certifies RVTs, approves RVT schools and registers veterinary premises. The Board meets at least four times annually to make policy decisions and review committee recommendations. Under B&P Code section 108, the Board is mandated to regulate the veterinary medical profession to the level necessary to protect public health and welfare. The Board sets standards, prepares and conducts examinations, conducts investigations of violations of laws under its jurisdiction, issues citations and holds administrative disciplinary hearings. In addition, it provides information as requested by the Governor, legislature, other governmental agencies, and the DCA.

The Board's functions include enforcement, examinations and licensing activities. Licensees receive information about regulations through seminars, an internet quarterly newsletter, and by publication of the *California Veterinary Medicine Practice Act: A compilation of laws relating to the practice of veterinary medicine, surgery and animal health technology*, updated in 2012. The Board accomplishes enforcement through premise inspections both complaint-generated and at-random inspections. The Board also investigates consumer complaints. Actions that can be taken as a result of consumer complaints include enforcement action - citation and fine - or formal discipline – an Accusation and/or Decision Order through the Office of the Attorney General.

Employee duty statements and Board committee assignments delineate the Board and staff functions. The Board uses committees typically made up of two Board members that meet on an as needed basis and sometimes via teleconference. Depending on the issues being discussed, persons who might be affected by the issues under discussion or who have expertise in particular areas are invited to participate in committee discussions. Board committees develop advisory recommendations to the full Board which makes final decisions on each recommendation. . Standing committees include Examination and Licensure, Administrative and Budget, Consumer Education, Continuing Education, Enforcement, Legislative and RVT. Other committees may be created for specific issues including Sunset Review, alternative therapies and minimum standards revision.

Provide a short explanation of the history and function of the board.¹ Describe the occupations/profession that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).

1. Describe the make-up and functions of each of the board's committees (cf., Section 12, Attachment B).

VMB Committee Assignments Calendar Year 2012

STANDING COMMITTEES

Administrative/Budget Committee

Chair: Starr

¹ The term "board" in this document refers to a board, bureau, commission, committee, department, division, program or agency, as applicable. Please change the term "board" throughout this document to appropriately refer to the entity being reviewed.

Mbrs: Kendall

Staff: Sanchez

This Committee meets as necessary to evaluate administrative policies involving physical and personnel resources for the VMB and the RVTC, budget issues and to review EO issues. The committee consists of the Board President and Vice President who work closely with the Executive Officer on issues related to office operations, board issues, sunset review, strategic planning and budget. The Committee Chairperson gives the report to the Board and takes the lead role in special reports for the Board such as Sunset Review.

Enforcement Committee

Chair: Johnson

Mbrs: Aguiar

Staff: Sanchez

This committee meets to discuss enforcement issues and assist staff in developing enforcement procedures. This committee also participates in inspector-training workshops, reviews inspection contract bids, evaluates the hospital inspection and enforcement programs and may serve as liaison to the Diversion Program. The Chairperson works with staff to review closed complaints and report to the Board and assists as necessary with special reports such as Sunset Review.

Examination and Licensure Committee

Chair: Williams

Mbrs: Johnson

Staff: Mathes

This Committee oversees examination workshops as contracted with the Office of Professional Examination Services. The Committee Chairperson works closely with examination staff to identify and recruit subject matter experts and gives a report at Board meetings.

Legislative/Regulatory Committee

Chair: Starr

Mbrs: Kendall

Staff: Geranen

This Committee meets in conjunction with VMB meetings to review current statutes and rules and proposed statutory/regulatory changes. The Committee Chairperson works closely with staff on the legislative and regulatory issues, may be asked to testify at legislative hearings and gives the legislative report at Board meetings.

RVT Committee

Chair: Williams

Mbrs: Kendall

Staff: Mathes

This Committee oversees issues pertaining to RVTs and assists staff with questions regarding examination eligibility, licensing and enforcement issues pertinent to RVTs. The Committee also provides expertise in areas of enforcement and regulations.

AD HOC COMMITTEES (meet as needed)

Consumer Education/Newsletter Committee

Chair: Aguiar

Mbrs: Mancuso

Staff: Mathes

This Committee assists staff in editing, writing, developing, and reviewing the VMB’s newsletter and meets annually to evaluate the VMB’s consumer outreach procedures. The Chairperson works with staff on an as needed basis. All members are encouraged to submit articles or ideas for articles.

Continuing Education Committee

Chair: Kendall

Mbrs: Starr/Mancuso

Staff: Mathes

This Committee assists staff in evaluating continuing education courses and providers. The Chair works with staff on an as needed basis to evaluate difficult audit files and for CE waiver requests.

Strategic Planning

Chair: Starr

Mbrs: Johnson/Aguiar

Staff: Geranen

This committee meets to evaluate and update the VMB’s Strategic Plan. The Chair meets with staff on an as needed basis.

Advisory Committees

Bd. Mbr. Liaison: Multidisciplinary Committee: Linda Starr

Table 1a. Attendance			
Veterinary Medical Board			
Date Appointed:	[Enter date appointed]		
Meeting Type	Meeting Date	Meeting Location	Attended?
Meeting 1	[Enter Date]	[Enter Location]	[Y/N]
Meeting 2	[Enter Date]	[Enter Location]	[Y/N]
Meeting 3	[Enter Date]	[Enter Location]	[Y/N]
Meeting 4	[Enter Date]	[Enter Location]	[Y/N]

Table 1b. Board/Committee Member Roster					
Member Name (Include Vacancies)	Date First Appointed	Date Re-appointed	Date Term Expires	Appointing Authority	Type (public or professional)
Stephanie Ferguson, DVM				Governor	Professional
Tom Kendall, DVM				Governor	Professional
Richard Johnson, DVM				Governor	Professional
Kim Williams, RVT				Governor	Professional
Linda Starr				Senate Rules	Public Member
Judie Mancuso				Assembly Pro Tem	Public Member
Patti Aguire				Governor	Public Member

2. In the past four years, was the board unable to hold any meetings due to lack of quorum? **No**
3. Describe any major changes to the board since the last Sunset Review, including:
 - Internal changes (i.e., reorganization- **added an RVT relocation – moved the Board office**, change in leadership, strategic planning – **updated the Board’s strategic plan**)
 - All legislation sponsored by the board and affecting the board since the last sunset review.
 - All regulation changes approved by the board the last sunset review. Include the status of each regulatory change approved by the board.
4. Describe any major studies conducted by the board – **CPS – succession planning** (cf. Section 12, Attachment C).
5. List the status of all national associations to which the board belongs. – AAVSB and FARB
 - Does the board’s membership include voting privileges? AAVSB - yes
 - List committees, workshops, working groups, task forces, etc., on which board participates. Board of Directors – one board member; RACE – one Board member; Veterinary Technician National Exam Committee – one Board member and Conference Committee – Executive Officer and one Board member.
 - How many meetings did board representative(s) attend? When and where? **CK with Tom and Rich**
 - If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration? Via contract with the National Board of Veterinary Medical Examiners. Also via the AAVSB that has four members on the NBVME.

Section 2 – Performance Measures and Customer Satisfaction Surveys

6. Provide each quarterly and annual performance measure report as published on the DCA website
7. Provide results for each question in the customer satisfaction survey broken down by fiscal year. Discuss the results of the customer satisfaction surveys.

Section 3 – Fiscal and Staff

Fiscal Issues - AEO

8. Describe the board's current reserve level, spending, and if a statutory reserve level exists.

Section 4905(l) Statutory reserve limit is 10 months/current reserves approximately: 5-7 months

9. Describe if/when a deficit is projected to occur and if/when fee increase or reduction is anticipated. **Fee increase – March 1, 2012.** Describe the fee changes (increases or decreases) anticipated by the board. **None at this time.**

Table 2. Fund Condition						
(Dollars in Thousands)	FY 2008/09	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14
Beginning Balance						
Revenues and Transfers						
Total Revenue	\$	\$	\$	\$	\$	\$
Budget Authority						
Expenditures						
Loans to General Fund						
Accrued Interest, Loans to General Fund						
Loans Repaid From General Fund						
Fund Balance	\$	\$	\$	\$	\$	\$
Months in Reserve						

10. Describe history of general fund loans. When were the loans made? **No loans since 1990 – all funds were returned 1996-1999.** When were payments made? What is the remaining balance?

11. Describe the amounts and percentages of expenditures by program component. Use *Table 3. Expenditures by Program Component* to provide a breakdown of the expenditures by the board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

Table 3. Expenditures by Program Component								
	FY 2008/09		FY 2009/10		FY 2010/11		FY 2011/12	
	Personnel Services	OE&E						
Enforcement								
Examination								
Licensing								
Administration *								
DCA Pro Rata								
Diversion (if applicable)								
TOTALS	\$	\$	\$	\$	\$	\$	\$	\$

*Administration includes costs for executive staff, board, administrative support, and fiscal services.

12. Describe license renewal cycles and history of fee changes in the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citation) for each fee charged by the board.

Table 4. Fee Schedule and Revenue							
Fee	Current Fee Amount	Statutory Limit	FY 2008/09 Revenue	FY 2009/10 Revenue	FY 2010/11 Revenue	FY 2011/12 Revenue	% of Total Revenue

13. Describe Budget Change Proposals (BCPs) submitted by the board in the past four fiscal years. **Paul**

Table 5. Budget Change Proposals (BCPs)								
BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	\$ Requested	\$ Approved	\$ Requested	\$ Approved

Staffing Issues - AEO

14. Describe any staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.
15. Describe the board’s staff development efforts and how much is spent annually on staff development (cf., Section 12, Attachment D).

Section 4 – Licensing Program – ADMIN LEAD

16. What are the board’s performance targets/expectations for its licensing² program? Is the board meeting those expectations? **Yes.** If not, what is the board doing to improve performance?
17. Describe any increase or decrease in average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done to address them? What are the performance barriers and what improvement plans

² The term “license” in this document includes a license certificate or registration.

are in place? What has the board done and what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

At the current time the Board is meeting or exceeding its recommended performance timelines for processing applications and there is no backlog (true?).

18. How many licenses or registrations does the board issue each year? How many renewals does the board issue each year?

The Board licenses veterinarians, certifies RVTs, approves RVT schools, and registers veterinary premises as authorized by the California Business and Professions Code Division 2 Healing Arts Chapter 11 Veterinary Medicine Articles 1-6 Sections 4800-4917. Renewals are biennial for veterinarians and RVT and annually for veterinary premises. In any given year, the Board renews approximately 4,000 Veterinarians, 2500 RVTs and all of the premises – 3,100. School approval is granted for 2 to 4 years.

Table 6. Licensee Population					
		FY 2008/09	FY 2009/10	FY 2010/11	FY 2011/12
[Enter License Type]	Active				
	Out-of-State				
	Out-of-Country				
	Delinquent				
[Enter License Type]	Active				
	Out-of-State				
	Out-of-Country				
	Delinquent				
[Enter License Type]	Active				
	Out-of-State				
	Out-of-Country				
	Delinquent				
[Enter License Type]	Active				
	Out-of-State				
	Out-of-Country				
	Delinquent				

Table 7a. Licensing Data by Type											
	Application Type	Received	Approved	Closed	Issued	Pending Applications			Cycle Times		
						Total (Close of FY)	Outside Board control*	Within Board control*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2009/10	(Exam)					-	-	-	-	-	-
	(License)					-	-	-	-	-	-
	(Renewal)			n/a		-	-	-	-	-	-
FY 2010/11	(Exam)										
	(License)										
	(Renewal)			n/a							

FY 2011/12	(Exam)									
	(License)									
	(Renewal)			n/a						

* Optional. List if tracked by the board.

Table 7b. Total Licensing Data			
	FY 2009/10	FY 2010/11	FY 2011/12
Initial Licensing Data:			
Initial License/Initial Exam Applications Received			
Initial License/Initial Exam Applications Approved			
Initial License/Initial Exam Applications Closed			
License Issued			
Initial License/Initial Exam Pending Application Data:			
Pending Applications (total at close of FY)			
Pending Applications (outside of board control)*			
Pending Applications (within the board control)*			
Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE):			
Average Days to Application Approval (All - Complete/Incomplete)			
Average Days to Application Approval (incomplete applications)*			
Average Days to Application Approval (complete applications)*			
License Renewal Data:			
License Renewed			

* Optional. List if tracked by the board.

19. How does the board verify information provided by the applicant?
- What process is used to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant? Fingerprinting state and federal – national disciplinary data base administered by the AAVSB.
 - Does the board fingerprint all applicants? Yes
 - Have all current licensees been fingerprinted? If not, explain. All but RVTs registered between 1979 and 2004.
 - Is there a national databank relating to disciplinary actions? Does the board check the national databank prior to issuing a license? Yes. Renewing a license? No.
 - Does the board require primary source documentation? Yes for transcripts, but not for everything.
20. Describe the board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure. Disciplinary data base, VIVA, fingerprinting, ECFVT and PAVE.
21. Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? **Yes (Is there a backlog?)** If so, describe the extent and efforts to address the backlog.

Examinations

Table 8. Examination Data			
California Examination (include multiple language) if any:			
	License Type		
	Exam Title		
FY 2008/09	# of 1 st Time Candidates		
	Pass %		
FY 2009/10	# of 1 st Time Candidates		
	Pass %		
FY 2010/11	# of 1 st Time Candidates		
	Pass %		
FY 2011/12	# of 1 st time Candidates		
	Pass %		
	Date of Last OA		
	Name of OA Developer		
	Target OA Date		
National Examination (include multiple language) if any:			
	License Type		
	Exam Title		
FY 2008/09	# of 1 st Time Candidates		
	Pass %		
FY 2009/10	# of 1 st Time Candidates		
	Pass %		
FY 2010/11	# of 1 st Time Candidates		
	Pass %		
FY 2011/12	# of 1 st time Candidates		
	Pass %		
	Date of Last OA		
	Name of OA Developer		
	Target OA Date		

22. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required?

Currently, applicants wishing to become licensed as a veterinarian must take and pass a national exam, a state specific examination and a law exam. Applicants wishing to become registered as veterinary technicians must take only the state exam; however, in 2013, the Board will be transitioning to the National Veterinary Technician Exam (VTNE) and implementing a law exam for RVT candidates.

23. What are pass rates for first time vs. retakes in the past 4 fiscal years? (Refer to Table 8: Examination Data) – **ADMIN STAFF**

24. Is the board using computer based testing? **Yes** If so, for which tests? Veterinarians and RVTs Describe how it works. **Continuous testing.** Where is it available? **Throughout California** How often are tests administered? **Daily, six days a week.**

25. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe. **No**

School approvals

26. Describe legal requirements regarding school approval. Who approves your schools? **The Board is the approval authority for all schools providing instruction in veterinary medicine and registered vet tech technology.** What role does BPPE have in approving schools? How does the board work with BPPE in the school approval process?

27. How many schools are approved by the board? How often are schools reviewed?

28. What are the board's legal requirements regarding approval of international schools? **The Board recognizes the accreditation standards of the AVMA and its COE.**

Continuing Education/Competency Requirements

29. Describe the board's continuing education/competency requirements, if any. Vets – 36 hours every two years. Describe any changes made by the board since the last review. Implemented 20 hours every two years for RVTs.

- a. How does the board verify CE or other competency requirements? **Random audit.**
- b. Does the board conduct CE audits on its licensees? **Yes** Describe the board's policy on CE audits.
- c. What are consequences for failing a CE audit? Cannot review – **must cease practicing.**
- d. How many CE audits were conducted in the past four fiscal years? - -??- How many fails?
- e. What is the board's course approval policy? The Board recognizes the AAVSB's RACE approval for non statutorily approved providers and courses.
- f. Who approves CE providers? RACE Who approves CE courses? **RACE** If the board approves them, what is the board application review process?
- g. How many applications for CE providers and CE courses were received? How many were approved?
- h. Does the board audit CE providers? **Through RACE** If so, describe the board's policy and process.
- i. Describe the board's effort, if any, to review its CE policy for purpose of moving toward performance based assessments of the licensees' continuing competence. **??? In its first sunset report the board recommended retesting for licensure in lieu of mandatory continuing education, but there has not been much support for that model over the years.**

Section 5 – Enforcement Program - EPM

30. What are the board's performance targets/expectations for its enforcement program? On web. Is the board meeting those expectations? **Yes.** If not, what is the board doing to improve performance?

31. Explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

****Needs work**

Table 9a. Enforcement Statistics			
	FY 2009/10	FY 2010/11	FY 2011/12
COMPLAINT			
Intake (Use CAS Report EM 10)			
Received	580	714	664
Closed		34	12
Referred to INV		699	623
Average Time to Close	123	33	29
Pending (close of FY)	42	23	52
Source of Complaint (Use CAS Report 091)			
Public	337	449	423
Licensee/Professional Groups	58	63	48
Governmental Agencies	41	6	5
Other	144	196	188
Conviction / Arrest (Use CAS Report EM 10)			
CONV Received	57	45	48
CONV Closed	63	48	47
Average Time to Close	71	22	11
CONV Pending (close of FY)	3	0	1
LICENSE DENIAL (Use CAS Reports EM 10 and 095)			
License Applications Denied			
SOIs Filed			
SOIs Withdrawn			
SOIs Dismissed			
SOIs Declined			
Average Days SOI	-		
ACCUSATION (Use CAS Report EM 10)			
Accusations Filed			
Accusations Withdrawn			
Accusations Dismissed			
Accusations Declined			
Average Days Accusations	-		
Pending (close of FY)			

Table 9b. Enforcement Statistics (continued)			
	FY 2009/10	FY 2010/11	FY 2011/12
DISCIPLINE			
Disciplinary Actions (Use CAS Report EM 10)			
Proposed/Default Decisions			
Stipulations			
Average Days to Complete		-	
AG Cases Initiated			
AG Cases Pending (close of FY)			
Disciplinary Outcomes (Use CAS Report 096)			
Revocation			
Voluntary Surrender			
Suspension			
Probation with Suspension			
Probation			
Probationary License Issued			
Other			
PROBATION			
New Probationers			
Probations Successfully Completed			
Probationers (close of FY)			
Petitions to Revoke Probation			
Probations Revoked			
Probations Modified			
Probations Extended			
Probationers Subject to Drug Testing			
Drug Tests Ordered			
Positive Drug Tests			
Petition for Reinstatement Granted			
DIVERSION			
New Participants			
Successful Completions			
Participants (close of FY)			
Terminations			
Terminations for Public Threat			
Drug Tests Ordered			
Positive Drug Tests			

Table 9c. Enforcement Statistics (continued)			
	FY 2009/10	FY 2010/11	FY 2011/12
INVESTIGATION			
All Investigations (Use CAS Report EM 10)			
First Assigned			
Closed			
Average days to close	-		
Pending (close of FY)			
Desk Investigations (Use CAS Report EM 10)			
Closed	-		
Average days to close	-		
Pending (close of FY)	-		
Non-Sworn Investigation(Use CAS Report EM 10)			
Closed	-		
Average days to close	-		
Pending (close of FY)	-		
Sworn Investigation			
Closed (Use CAS Report EM 10)			
Average days to close	-		
Pending (close of FY)			
COMPLIANCE ACTION (Use CAS Report 096)			
ISO & TRO Issued			
PC 23 Orders Requested			
Other Suspension Orders			
Public Letter of Reprimand			
Cease & Desist/Warning			
Referred for Diversion			
Compel Examination			
CITATION AND FINE(Use CAS Report EM 10 and 095)			
Citations Issued			
Average Days to Complete	-		
Amount of Fines Assessed			
Reduced, Withdrawn, Dismissed			
Amount Collected			
CRIMINAL ACTION			
Referred for Criminal Prosecution			

Table 10. Enforcement Aging						
	FY 2008/09	FY 2009/10	FY 2010/11	FY 2011/12	Cases Closed	Average %
Attorney General Cases (Average %)						
Closed Within:						
1 Year						
2 Years						
3 Years						
4 Years						
Over 4 Years						
Total Cases Closed						
Investigations (Average %)						
Closed Within:						
90 Days						
180 Days						
1 Year						
2 Years						
3 Years						
Over 3 Years						
Total Cases Closed						

32. What do overall statistics show as to increases or decreases in disciplinary action since last review.
33. How are cases prioritized? 4875.1 What is the board's compliant prioritization policy? Is it different from DCA's *Complaint Prioritization Guidelines for Health Care Agencies* (August 31, 2009)? If so, explain why.
34. Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report actions taken against a licensee. Are there problems with receiving the required reports? If so, what could be done to correct the problems?
35. Does the board operate with a statute of limitations? No – but vets only have to keep records for 3 years. If so, please describe and provide citation. If so, how many cases were lost due to statute of limitations? None If not, what is the board's policy on statute of limitations?
36. Describe the board's efforts to address unlicensed activity and the underground economy.

Cite and Fine

37. Discuss the extent to which the board has used its cite and fine authority. Discuss any changes from last review and last time regulations were updated. Has the board increased its maximum fines to the \$5,000 statutory limit? Regulations to increase the limit are in process - MDC
38. How is cite and fine used? What types of violations are the basis for citation and fine?
39. How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals in the last 4 fiscal years?
40. What are the 5 most common violations for which citations are issued?
41. What is average fine pre and post appeal? **\$500?**
42. Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines.

Cost Recovery and Restitution

43. Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.
44. How many and how much is ordered for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.
45. Are there cases for which the board does not seek cost recovery? Why?
46. Describe the board's use of Franchise Tax Board intercepts to collect cost recovery.
47. Describe the board's efforts to obtain restitution for individual consumers, any formal or informal board restitution policy, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the board may seek restitution from the licensee to a harmed consumer.

Table 11. Cost Recovery

	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13
Total Enforcement Expenditures				
Potential Cases for Recovery *				
Cases Recovery Ordered				
Amount of Cost Recovery Ordered				
Amount Collected				
* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.				

Table 12. Restitution

	FY 2008/09	FY 2009/10	FY 2010/11	FY 2011/12
Amount Ordered				
Amount Collected				

Section 6 – Public Information Policies

48. How does the board use the internet to keep the public informed of board activities? Does the board post board meeting materials online? Yes. When are they posted? 10-12 days prior to the meeting How long do they remain on the website? **Indefinitely** When are draft meeting minutes posted online? Draft meeting minutes are not posted on line. When does the board post final meeting minutes? Within two weeks of the meeting in which they are approved. How long do meeting minutes remain available online? **Indefinitely**.
49. Does the board webcast its meetings? No. What is the board's plan to webcast future board and committee meetings? The Board is planning to move into a new building in 2013 and the meetings rooms at that site have web casting capabilities that the Board can utilize.
50. Does the board establish an annual meeting calendar, and post it on the board's web site? **Yes**.
51. Is the board's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*? Does the board post accusations and disciplinary actions consistent with DCA's *Web Site Posting of Accusations and Disciplinary Actions* (May 21, 2010)? **Yes (?)**

52. What information does the board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?
53. What methods are used by the board to provide consumer outreach and education? **Newsletter, hospital inspection self checklist, updates inserted in license renewal notices, etc.**

Section 7 – Online Practice Issues

54. Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the board regulate online practice? Does the board have any plans to regulate Internet business practices or believe there is a need to do so?

Most prevalent right now are on-line pharmacies

Section 8 – Workforce Development and Job Creation

55. What actions has the board taken in terms of workforce development? **????**
56. Describe any assessment the board has conducted on the impact of licensing delays. There are no licensing delays currently. Implemented streamlined licensure for reciprocity and for residents and interns. **Changed law for reciprocity from 4 years of practice to 2 years of practice in 2011.**
57. Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process. **TLC and CAREs – available for presentations**
58. Provide any workforce development data collected by the board, such as:
- Workforce shortages
 - Successful training programs.

Section 9 – Current Issues

59. What is the status of the board's implementation of the Uniform Standards for Substance Abusing Licensees? **On agenda for discussion – June 12, 2012**
60. What is the status of the board's implementation of the Consumer Protection Enforcement Initiative (CPEI) regulations? **On agenda for discussion – June 2012**
61. Describe how the board is participating in development of BreEZe and any other secondary IT issues affecting the board. **Transitioning in February 2013**

Section 10 – Board Action and Response to Prior Sunset Issues

Include the following:

1. Background information concerning the issue as it pertains to the board.
2. Short discussion of recommendations made by the Committee/Joint Committee during prior sunset review.
3. What action the board took in response to the recommendation or findings made under prior sunset review.
4. Any recommendations the board has for dealing with the issue, if appropriate.

ISSUE #1. (CONTINUE REGULATION OF THE PROFESSION AND THE BOARD?) Should the licensing and regulation of the veterinary profession be continued, and be regulated by an independent board rather than by a bureau under the Department?

Recommendation #1: *The Joint Committee and the Department recommend that the practice of veterinary medicine should continue to be regulated and that the Board has proven to be an effective structure for regulation of the profession and should be continued.*

Comments: The technical and highly specialized practice of veterinary medicine lends itself to government regulation. Without the presence of a license, consumers would have little ability to determine if a veterinarian has the requisite knowledge, skills and abilities needed to practice.

Board Response: SUPPORT

Update 2012: The Board supported this recommendation and no action was required.

ISSUE #2: (GIVE RVT COMMITTEE SPECIFIC INDEPENDENT AUTHORITY?) Currently there exists a Registered Veterinary Technicians Committee (RVTC) which acts as an advisory committee to the Board, however, they have no independent authority from the Board regarding decisions that impact their own profession.

Recommendation #2: *The Joint Committee recommends that the Registered Veterinary Technicians Committee be given independent statutory authority over issues within its jurisdiction, e.g., examinations, eligibility categories, establishing criteria for and approving RVT school programs, etc.*

Comments: At the January 7, 2004 Joint Committee hearing there were concerns expressed regarding the lack of RVT representation on policy matters approved by the Board that impact the RVT population. Providing independent statutory authority in a number of areas handled currently by the Board will help resolve concerns that RVTs have in assuring they have a voice in decisions that impact the RVT profession.

Board Response: SUPPORT

Update 2012: The Board supported this recommendation and took the following action to implement the recommendation:

- 1) Sunsetting RVT Committee and added an RVT to the Board;
- 2) Created a two-member Board RVT Sub Committee, and
- 3) Created the Multidisciplinary Advisory Committee, a seven member advisory committee to the Board that includes two RVTs, four veterinarians and one public member.

ISSUE #3: (CLARIFY DUTIES OF UNREGISTERED ASSISTANTS?) Concern has been raised that unregistered assistants may be performing activities that only veterinarians or registered veterinary technicians (RVTs) are licensed and/or qualified to perform.

Recommendation #3: *The Joint Committee and the Department recommend that the Board report to the Joint Committee and the Department with recommendations on ways to clarify and delineate veterinary and RVT duties.*

Comments: At the January 7, 2004 Joint Committee hearing, RVTs and consumers expressed concerns regarding unregistered assistants performing duties normally completed by veterinarians or RVTs. The RVTC is working with the Department's Office of Examination Resources to conduct a statewide practice analysis that is scheduled for completion in May 2004. The practice analysis will provide the Board and the RVTC with updated information as to the application of the current RVT-only tasks and the level of harm associated with each task.

Board Response: SUPPORT

Update 2012: The Board supported this recommendation and in 2011 implemented title protection for Veterinary Technician. A bill in process this year will create the title "Veterinary Assistant" for all other persons working in a veterinary hospital.

ISSUE #4. (CONTINUE PROVIDING BOTH NATIONAL AND STATE EXAMINATIONS FOR VETERINARIANS AND RVTs?) California requires three examinations for licensure of veterinarians including a national and state examination, and requires a state examination for RVTs rather than the national exam.

Recommendation #4: *The Joint Committee and the Department recommend that the Board pursue the validity of requiring the administration of national and state examinations for veterinarians and RVTs.*

Comments: Since legislative proposals to increase fees have not been successful in the past couple of years, it would be more prudent to pursue the need to administer national and state examinations for veterinarians and RVTs as a means of consumer protections.

Board Response: SUPPORT

Update 2012: The Board was successful in increasing the fees for examinations and for licensure in 2012 and is in the process of transitioning the RVT State Board Examination to the National Veterinary Technician Exam in 2013. The Board is also developing an RVT law examination to augment the national VTNE because of the five RVT job tasks that are unique to California.

ISSUE #5. (DEFINE SPECIALTY AREAS OF VETERINARY MEDICINE?)

The Practice Act does not define what constitutes a veterinary medicine specialty, and consumers and other veterinarians may be misled about the qualifications of veterinarians who use specialty titles.

Recommendation #5: *The Joint Committee and the Department recommend that the Board establish regulations incorporating the American Veterinary Medical Association (AVMA) guidelines for the use of specialty titles used by veterinarians. The should also develop a plan to educate consumers on specialty titles.*

Comments: Currently the Board uses the AVMA guidelines as a basis to determine if disciplinary action is warranted. Establishing regulations will educate licensees on the legal appropriateness of use of specialty titles.

Board Response: SUPPORT

Update 2012: The Board supported this recommendation and attempted to implement a change in 2010; however, it was discovered that there are some specialty organizations that are recognized on a national scale, but are not “accredited” by the AVMA. Based on advice from legal counsel, the Board did not pursue this project any further and recommended that the profession consider an educational message to licensees in California.

ISSUE #6. (CONTINUE THE DIVERSION PROGRAM AND MAKE IT SELF-SUPPORTING?) Over the past four years the Board has spent over \$40,000 on its Diversion Program, had nineteen participants, two successful completions, and two unsuccessful completions. There has not been a single successful completion during the past two years.

Recommendation #6: *The Joint Committee and the Department recommend that the Board should prepare a follow- up report with recommendations on the feasibility of continuing the diversion program and other options for the program to be self-supporting.*

Board Response: SUPPORT

Update 2012: Actual cost: \$2,800 Fee to participants: \$2,000 – the Board supported this proposal, but has been unable to achieve direct cost savings that would make the program self-supporting.

ISSUE #7: (INSPECT MORE VETERINARY FACILITIES?) Over the past seven years, the Board has inspected an average of only 13 percent of veterinary facilities a year. Once a facility has been

inspected, it generally is not inspected again until other facilities have been inspected -- perhaps as long as six or more years later. These inspections have been performed by licensed veterinarians.

Recommendation #7: *The Joint Committee recommends that the Board should attempt to increase the number of veterinary facilities inspected, as staff is made available, and these inspections should be done on a “random basis.” Priority should be given to those veterinarian facilities in which complaints have been filed with the Board.*

Comments: California Code of Regulations §2030 sets the minimum standards for fixed veterinary premises where veterinary medicine is practiced, as well as all instruments, apparatus, and apparel used in connection with those practices. The method the Board has selected to enforce such standards is premise inspections. Each year, the Board inspects an average of 300 registered veterinary facilities that are selected from a master list, and an average of thirty-one facilities in response to complaints it receives. The vast majority of these inspections are unannounced. During the past seven fiscal years (since 1996-97), the Board has completed 2,616 inspections, including 211 complaint-related ones. The average rate for annual routine hospital inspections during the past seven years has been 13 percent, with a slight improvement during the past two fiscal years: 18 percent in 2001-02 and 16 percent in 2002-03. In its report to the Joint Committee, the Board indicated that all new veterinary premises are now inspected within the first six to twelve months of operation. In subsequent oral communications with the Joint Committee, the Board stated that its goal is to have all premises inspected within a five-year period.

The Board further indicated to the Joint Committee that when it “randomly” selects premises to inspect, it eliminates from selection those premises with the most recent inspection dates. Thus, it appears that once facilities are inspected, they enjoy “safe harbors” from random inspections for an extended period of time, perhaps as long as six or more years. To accomplish these inspections, the Board has contracted with private veterinarians who hold current California licenses and have at least five years of clinical practice experience. However, the Board is considering expanding the pool of prospective inspectors to include RVTs as well.

Board Response: SUPPORT

Update 2012: The Board has tried to increase the expenditure authority and add one personnel year to its inspection program every year since this report was completed and has been denied each year. Despite the lack of funding and staff, the Board is working within its existing resources to improve the program and although the number of inspections annually have not increased, the Board:

- 1) Opened up the program to RVTs;
- 2) Improved the inspector training and implemented a “shadowing” program whereby the Enforcement Program Manager and Assistant Program Manager go out with the new inspector to monitor and train.
- 3) This year hired three new inspectors for the 12/13 fiscal year to begin in September 2012 with a goal of increasing the actual number of inspections each year to 500 or 16%. The Board also changed the method of hiring inspectors from the Request for Proposal process to establishing a pool of qualified experts and hiring via the streamlined contract process implemented by DCA last year. This has greatly improved the pool of qualified applicants.

ISSUE #8: (INCREASE THE FINE AUTHORITY OF THE BOARD?) The current self-imposed maximum cite and fine authority of \$1,500 may not be high enough to deter illegal activity and unprofessional conduct and is inconsistent with other boards under the Department.

Recommendation #8: *The Joint Committee recommends that the Board's cite and fine authority should be consistent with authority granted to other boards under Section 125.9 of the Business and Professions Code.*

Comments: The Board implemented the citation and fine program in 1990 to augment its [complaint review process](#). It uses the program to address violations of the law that do not warrant revocation or suspension of a license or criminal prosecution. In the Board's report, it indicates that it established regulations that provide a flexible guide to determine an appropriate civil penalty related to the nature and gravity of each violation as it affects the health, safety, and welfare of the public. The number of citation and fines issued has grown from 10 in 1996-97 to 87 citation and fines in 2002-03. The Board developed the violation guidelines to outline the criteria for issuing a citation and fine. The following fine guidelines are divided into three categories based on degree of harm and history of previous citations:

Class "A" violations – most serious violations – with fines from \$1,001 to \$1,500.

Class "B" violations – serious violations – with fines from \$501 to \$1,000.

Class "C" violations – minor violations – with fines from \$50 to \$500.

Under Business and Professions code §125.9, the maximum statutory level for these administrative fines is currently \$5,000, effective January 1, 2004, as a result of recently enacted legislation (SB 362, Figueroa; Chapter 788, Statutes of 2003).

Board Response: SUPPORT

Update 2012: MDC – c/f guidelines, SB 697 – died; reco to increase geneneral code fees to \$100,000

ISSUE #9: (ASSURE CONSISTENT APPLICATION OF DISCIPLINARY GUIDELINES?) It has been argued that the Board is ignoring its own disciplinary guidelines regarding the mandatory revocation (no stay) of licenses in cases involving cruelty to animals.

Recommendation #9: *The Joint Committee recommends that the Board should assure that disciplinary guidelines are consistently applied to disciplinary cases which are decided upon by the Administrative Law Judge and the Board.*

Comments: The Board's disciplinary guidelines state that animal cruelty "is considered by the Board to be so severe that revocation is the only appropriate penalty, together with a \$5,000 fine." It was argued during the January 7, 2004 Joint Committee hearing that the Board has been ignoring this policy by staying revocation in at least one case where a veterinarian was found to have committed animal cruelty.

Board Response: The Board supports the concept of consistent application of the disciplinary guidelines, but has little to no control over the application of such guidelines by an administrative law judge. Each case and the resulting fact pattern is unique and administrative law judges must have the latitude to apply the guidelines uniquely to each case.

The Board reviews the guidelines regularly to insure that they are current and relevant. It is currently in the process of updating the guidelines to be as consistent as possible with the laws governing veterinary medicine in California.

Update 2012: Update in progress with MDC/bill to increase ceiling to \$100,000 and SB 697 died

ISSUE #10: (ASSURE EXAMINATIONS PROVIDED BY THE BOARD ARE SELF-SUPPORTING?)

During the last review of the Board, the Joint Committee recommended that the Board make examinations self-supporting so that funds that could otherwise be spent on enforcement are not used to subsidize them. However, the Board's current report indicates that it continues to lose money on the State Board Exam.

Recommendation #10: The Joint Committee recommends that the Board should raise fees to be paid by applicants for licensure to assure that licensing fees are not subsidizing the costs of the development and administration of examinations provided by the Board.

Comments: During the previous Sunset Review of the Board, the Joint Committee recommended that application and license fees should not be used to subsidize the costs of examinations. It noted that the Board was using license fees to subsidize the national, and perhaps state examination, thereby limiting the amount that could be spent on enforcement. Since the Joint Committee made those recommendations seven years ago, the Board has explored ways to reduce its costs for the national and California State Board examinations without compromising their integrity. In conjunction with the Department's Office of Examination Resources, the Board took several actions, including streamlining its state exam testing format to focus on issues specific to the western states regions and reducing the total number of questions from 240 to 100. However, while these actions initially reduced the Board's costs, higher increased examination preparation and validation costs have caused the Board to lose money on the state exam. And despite the \$325 statutory ceiling on state board fee, the Board has not raised the fee (currently \$140) to make the state exam self-supporting.

Board Response: SUPPORT

Update 2012: Fee increase – now self supporting; however, still transitioning to VTNE/CA RVT law exam.

ISSUE #11: (IMPROVE INFORMATION PROVIDED ON BOARD'S WEB SITE?)

The Board's Web site does not disclose any cite and fine information nor does it provide detailed information about a licensee's disciplinary record.

Recommendation #11: The Joint Committee recommends that the Board should work with the Department to improve the information provided on its Web site and to assure that all disciplinary actions taken against a licensee are made available to the consumer.

Comments: Consumers who log on to the Board's Web site to obtain information about veterinarians or veterinary hospitals may currently obtain only general information about the licensee, such as license status, address, and whether disciplinary actions have been taken. However, if disciplinary action has been taken, the consumer must contact the Board to obtain more detailed information. The Board has indicated

that DCA possesses a software program, currently used by the Board of Behavioral Sciences (BBS), that it would like to use to make more useful information available online to consumers. BBS Web site users have direct consumer access to a summary of disciplinary action against a licensee. According to the Board, the reason such information is not available on its Web site is because DCA does not have staff available to "patch" the current database that the Board uses. With respect to a licensee's cite and fine history, the only way that consumers may obtain such information is by contacting the Board.

Board Response: SUPPORT

Update 2012: Board's website is much updated and is constantly being improved.

ISSUE #12: (BAN THE PRACTICE OF EAR CROPPING ON DOGS?) The practice of ear cropping in dogs -- cosmetic surgery performed on dog ears to give them a pointed appearance -- is practiced by few veterinarians and illegally by people involved in dog fighting.

Recommendation #12: *The Joint Committee recommends that the ear cropping of dogs should be prohibited unless for therapeutic purposes or injury to the dog, and only for that purpose if performed by a licensed veterinarian.*

Comments: Ear cropping is sometimes performed by those who breed certain types of dogs for cosmetic reasons only. The American Medical Veterinarian Association, as well as state veterinary organizations, including the California Veterinary Medical Association, discourage ear cropping and state that the surgery is medically unnecessary and can cause pain and distress in the dog. The World Small Animal Veterinary Association, which represents the veterinary associations in at least 26 countries on this issue, opposes the practice and believes ear cropping in dogs should be illegal. Ear cropping is prohibited in Australia, Great Britain, Austria, Belgium, Denmark, Finland, Greece, Luxemburg, Norway, Portugal, Sweden, Switzerland, Cyprus, Czechoslovakia, Norway, Israel, and in the Canadian provinces of Newfoundland and Labrador. Further, the American Kennel Club states that, "There is nothing in AKC rules or in any breed standard that compels an owner to have this procedure performed as a prerequisite to entry at a dog show."

Ear cropping is also performed on dogs used in dog fighting activities. In this situation, the dog's ear is almost cut off entirely. This "battle cropping" has been performed legally by veterinarians and illegally by people involved in dog fighting activities. If prohibited by law, law enforcement could potentially have another tool to use for closing down illegal dog fighting operations.

A poll was recently conducted to query California Veterinary Medical Association members about ear cropping. Only about 10 percent of its members practice ear cropping for cosmetic reasons. 74 percent think that veterinarians should not do ear cropping unless it is for the health and well-being of the dog. 86 percent think that ear cropping is painful during the post-operative period, including anesthetic recovery and after-care. And, 56 percent of small animal practitioners would support legislation to prohibit ear cropping, unless for therapeutic purposes.

Board Response: The issue of whether or not to allow veterinarians to perform ear-cropping procedures appears to be a societal issue that should be referred to the veterinary profession or the state association. Should a law be developed in this area that fell within the Board's jurisdiction, it would be enforced.

Update 2012: same response as before

ISSUE #13: (SHOULD VETERINARIANS AND RVTs REPORT ANIMAL ABUSE?) Veterinarians and RVTs have no duty to report animal abuse or cruelty for animals under their care or treatment. However, other like health care professionals, including physicians, dentists, nurses, and chiropractors, are required to report child abuse.

Recommendation #13: *The Joint Committee recommends that licensed veterinarians and RVTs should report incidents of animal abuse or cruelty about which they know or have reasonable suspicion regarding such abuse or cruelty to animals under their care or treatment. However, legal immunity should be provided to veterinarians and RVTs who report such abuse or cruelty to the proper authorities.*

Comments: The Child Abuse and Neglect Reporting Act (California Penal Code § 11164 et seq.) designates professions and occupations whose members, while acting in their professional capacity or within the scope of their employment, must report incidents of child abuse and neglect about which they know or have reasonable suspicion. The list of "mandated reporters" include health professionals, such as, physicians, surgeons, psychiatrists, dentists, podiatrists, chiropractors, licensed nurses, dental hygienists and optometrists. No mandated reporter shall be civilly liable for any report required or authorized by the Act. Any mandated reporter who fails to report an incident of known or reasonably suspected child abuse or neglect as required is guilty of a misdemeanor punishable by up to six months confinement in a county jail or by a fine of \$1000 or both.

The lack of legal immunity for reports of animal cruelty was the subject of recently enacted legislation in the state of New York. Under this new law, a veterinarian who reasonably and in good faith suspects that a companion animal's injury, illness or condition is the result of animal cruelty or a violation of any law pertaining to the care, treatment, abuse or neglect of a companion animal, or believes that disclosure of certain records is necessary to protect the health or welfare of a companion animal, a person or the public, may report the incident and disclose records concerning the companion animal's condition and treatment to the law enforcement agencies and others. Veterinarians who make such reports are immune from liability in the form of damages in any civil or criminal proceeding on account of such reporting or disclosure.

Board response: The Board believes that animal cruelty is the worst offense for a veterinarian and is no less serious when done by the animal's owner. There is an existing mandated reporting requirement for a veterinarian who suspects that an animal's injuries were sustained in a staged dogfight. The Board supports any efforts to report animal abuse, but believes that this issue should be discussed with the profession and the public to explore factors including, but not limited to, the reporting process, definitions of abuse and/or cruelty, enforcement and liability.

Update 2012: The Board implemented mandatory reporting of animal cruelty in 4830.5 in ____.

ISSUE #14: (IMPROVE REPORTING OF RODEO-RELATED ANIMAL INJURIES?) There appears to be general non-compliance with the California law that requires rodeo veterinarians to report rodeo-related animal injuries to the Board.

Recommendation #14: *The Joint Committee recommends that the Board should attempt to assure veterinarians are aware of the reporting requirements regarding any rodeo-related animal injury for*

which they provide care or treatment, and should consider whether an injury form could be provided over the Board's Website. It should also be made clear that all rodeo events in California should be subject to the reporting requirements under Section 596.7 of the Penal Code.

Comments: California Penal Code § 596.7 (SB 1462, Perata; Chapter 992, Statutes of 2000), which became effective on January 1, 2001, requires, among other things, that: (a) rodeos have attending or on-call veterinarians at all times, (b) that any animal that is injured during, or due to, a rodeo event shall receive immediate examination and appropriate treatment by the attending veterinarian or shall begin receiving examination and appropriate treatment by a veterinarian within one hour after the determination of the injury requiring veterinary treatment, and (c) that such veterinarians must submit brief reports of any animal injury to the Board within 48 hours of the injury. The Board has received only three reports since January 2001, all within the past year.

Board Response: The Board does not have jurisdiction over the operation of livestock events such as rodeos and believes that the reporting of injuries should be done to the California Department of Food and Agriculture (CDFA). Most of the animals used in rodeos are privately owned by individuals or by stock contractors. When they are injured, the owners take them home to their own veterinarian for treatment.

One reason for the low number of reports may be that the law does not require reporting of all animal injuries, it only requires reporting of the injuries that were treated on the site of the rodeo by the designated event veterinarian.

Veterinarians are subject to the Board and the record keeping laws. If a consumer complained about the veterinary treatment provided, the Board would contact the veterinarian directly and investigate the complaint.

Update 2012: Board updated its law regarding mandatory reporting of animal injuries at rodeos in Section 4830.8 in 2010. The reporting form is now posted on the Board's web site.

ISSUE #15: (INCREASE SETTLEMENT AMOUNT REPORTED TO THE BOARD?) The amount of claim or action for damages reported to the Board is currently \$3,000, while the amount for other health related professions is \$10,000 or greater.

Recommendation #15: *The Joint Committee recommends that the amount of any settlement or arbitration award reported to the Board by insurers be raised to \$10,000.*

Comments: The California Veterinary Medical Association (CVMA) has expressed an interest in increasing the reporting limits for professional liability settlement for veterinarians that has been reported to the Board from \$3,000 to \$10,000. State law requires any professional liability settlement over \$3,000 to be reported to the Board by the insurance carrier. Over the last few years, several of the medical professions have increased their minimum reporting threshold. Veterinarians have not had a change in the minimum threshold for more than 15 years. The increase to \$10,000 would not only bring veterinarians into more appropriate parity with their medical colleagues in similar professions, but CVMA believes it would be a cost savings for the Board as they would not need to process the data on these smaller cases.

Board Response: SUPPORT

Update 2012: The Board supported a legislative change that was implemented in Section 801(d) in 2010(?).

ISSUE #16: (CLARIFY DEFINITION OF “DENTAL OPERATION?”) The CVMA has indicated that there are some that are practicing illegal animal dentistry because the definition of “dental operation” is unclear.

Recommendation #16: *The Joint Committee recommends that the Board review whether changes are necessary to the definition of “dental operation” in the Business and Profession Code and make recommendations to the Legislature if necessary.*

Comments: According to CVMA, current law makes reference to “or similar items to clean an animal’s teeth.” This vague reference to “similar items” has been interpreted by those looking to practice illegal animal dentistry as permission to use metal or hard plastic scalers on an animal’s tooth, which is a violation of the Veterinary Practice Act.

Board Response: SUPPORT

Update 2012: The Board supported this proposal and proposed regulatory amendments are pending at Office of Administrative Law.

ISSUE #17: (PROHIBIT LOCAL PREEMPTION OF THE VETERINARY PRACTICE ACT?) The CVMA has indicated that cities have passed local ordinances that prohibit veterinarians from performing certain procedures that would be permissible under the Veterinary Practice Act.

Recommendation #17: *The Joint Committee recommends that the Board review whether local cities or counties can or should be prevented from passing local rules, regulations or ordinances regarding the practice of veterinary medicine within their jurisdictions.*

Comments: According to CVMA, several cities have passed ordinances or considered ordinances that would strictly prohibit veterinarians from performing certain procedures, such as cat declawing in their city. Not only does CVMA believe that these type of ordinances challenge the state-defined Veterinary Practice Act, but it also creates an unfair business practice environment for those practicing in the jurisdiction affected.

Board Response: The issue of whether or not local cities or counties can or should be prevented from passing local rules, regulations or ordinances regarding the practice of veterinary medicine within their jurisdictions appears to be outside the Board’s jurisdiction. Should a law be developed in this area that fell within the Board’s jurisdiction, it would be enforced.

Update 2012: A law was passed to assist in this endeavor in ____.

This is the opportunity for the board to inform the Committee of solutions to issues identified by the board and by the Committee. Provide a short discussion of each of the outstanding issues, and the board's recommendation for action that could be taken by the board, by DCA or by the Legislature to resolve these issues (i.e., legislative changes, policy direction, budget changes) for each of the following:

1. Issues that were raised under prior Sunset Review that have not been addressed.
2. New issues that are identified by the board in this report.
3. New issues not previously discussed in this report.
4. New issues raised by the Committee.

Major Changes Since Last Review

The Board continually looks for ways to improve its programs. Since the 2003 Sunset Review Report, the Board implemented the following enhancements: - **Anything else??**

Consumer Outreach Efforts

- Increased consumer awareness by enhancing access to the web site and information provided on the web site.
- Created two new consumer brochures with updated information and pictures
- Participated in consumer events such as the Pet Expos
- Updated all complaint-related letters to better explain the process
- Monitored consumer satisfaction surveys sent to complainants and respondents to continually improve the process

Enforcement

- Updated Minimum Standards of Practice
- Updated Disciplinary Guidelines
- Reinstated the Board's mandatory continuing education audit program
- Increased the annual premise inspection program from 250 to ??.
- Increased enforcement authority over California approved RVT schools
- Began posting the Accusation and Decision in Disciplinary Action cases on the web

Examinations/Licensing

- Conducted job analyses for the veterinary state board examination
- In the process of transitioning to the National Veterinary Technician Examination and developing a California Law Exam for RVTs.

Administration

- Updated the Board's Administrative Procedures Manual
- Updated the radiation safety booklet and exam for non-registered veterinary assistants

Current Projects

- Continue to work with the Board of Pharmacy to define jurisdiction over Internet pharmacies and dispensing of dangerous drugs
- Updating the minimum standards of practice
- Developed minimum standards for Licensee Managers of veterinary hospitals and for vaccination clinics
- Expanding web site information

- Updating RVT school approval criteria

Internal Changes

- Expansion of the Board to eight members through the addition of an RVT member.
- Since 2003 the Board members are all new appointees.
- Sunsetted the RVTC and created a seven member, Multidisciplinary Advisory Committee (MDC) to advise the Board on a variety of issues including RVT issues that effect the profession as a whole.
- Approved budget change proposals increased staff to 11.9 positions. However, the current hiring freeze resulted in elimination of two part-time and one full-time vacant positions for a reduction in staff from 11.9 to 9.9.
- An 15% growth in consumer complaints increased the workload pressure on staff and negatively impacted investigative and response times.

Strategic Planning

- Effective 2003, strategic planning meetings are held in conjunction with regularly scheduled Board meetings as a budget compromise.
- In anticipation of ongoing budget constraints the Board prioritized its enforcement, legislative, examination and licensing activities.

Regulatory/Legislative Changes

- The Board supported legislation in 2012 to clarify statutes regarding the authority to administer of dangerous and controlled substance drugs used in veterinary medicine.
- Implemented mandatory continuing education for registered veterinarian technicians effective 6/30/2011. Regulations governing this program were implemented in ____?

Major Studies

Based upon legislative direction and the recommendations of testing experts the Board is completing a job analysis (available upon request) of the California veterinary medical licensing examination. The state test plan is based upon the results of this job analysis. The Board is working with the Office of Professional Examination Services and expects to complete the analysis before the end of 2012??

Section 12 – Attachments

Please provide the following attachments:

- A. Board's administrative manual.
- B. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).
- C. Major studies, if any (cf., Section 1, Question 4).
- D. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).

This section only applies to specific boards, as indicated below.

Section 13 – Board Specific Issues

Diversion

Discuss the board's diversion program, the extent to which it is used, the outcomes of those who participate, the overall costs of the program compared with its successes

Diversion Evaluation Committees (DEC) (for BRN, Dental, Osteo and VET only)

1. DCA contracts with a vendor to perform probation monitoring services for licensees with substance abuse problems, why does the board use DEC? What is the value of a DEC?
2. What is the membership/makeup composition?
3. Did the board have any difficulties with scheduling DEC meetings? If so, describe why and how the difficulties were addressed.
4. Does the DEC comply with the Open Meetings Act?
5. How many meetings held in each of the last three fiscal years?
6. Who appoints the members?
7. How many cases (average) at each meeting?
8. How many pending? Are there backlogs?
9. What is the cost per meeting? Annual cost?
10. How is DEC used? What types of cases are seen by the DEC?
11. How many DEC recommendations have been rejected by the board in the past four fiscal years (broken down by year)?