

MEMORANDUM

DATE	June 20, 2025
TO	Multidisciplinary Advisory Committee (MDC)
FROM	<u>Complaint Process Audit Subcommittee (Subcommittee)</u> Jeni Goedken, DVM Cheryl Waterhouse, DVM
SUBJECT	Agenda Item 7. Update, Discussion, and Potential Action on Recommendations from the Complaint Audit Subcommittee

Consultant Round Table on May 21, 2025

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

During the May 21, 2025, Consultant Round Table, a variety of topics were covered, including:

- Skipping over allegations that would be considered non-jurisdictional (personality conflicts, high fees, bedside manners, etc.).
- Communicating with staff on whether a case has been filtered through a specific consultant.
- Clarifying questions about cases involving allegations against veterinarians who focus their practice on exotic animals and/or species.

Consultant Case Reviews

As indicated in Attachment 1, from February 2025 through April 2025, Consultants reviewed 121 cases, of which 57 were closed by staff as no violation; 12 were closed with an educational letter; six had to be closed due to insufficient evidence; and 46 of those case reviews were determined to need a full Expert review. This represents a 20% increase in the number of cases reviewed since the prior Consultant Round Table, with a 12% decrease in no violation closures, similar educational/insufficient closures, and more than double the number of referrals to an Expert. Since the prior Consultant

Round Table, the number of cases pending Consultant review decreased slightly from the previous quarter, with 898 cases pending review (comprised of 724 respondents).

Quarterly Expert Round Table on May 22, 2025

Background: All Experts are invited to quarterly virtual gatherings to give them a venue to ask questions about the review process as well as field any case-specific scenarios with other Experts. All Experts must possess an unrestricted California Veterinarian License that has never had any past disciplinary or enforcement actions taken against it. Experts are also required to have practiced in five of the last seven years in the area in which they are opining. Experts review complaints and write reports to determine if any departures from standard of care established by the veterinary community occurred. There are currently 47 Experts contracted with the Board (14 of which are specialists). There are currently 21 Experts who actively review cases, which is four fewer than in the last reporting period.

A total of 15 Experts were present during the May 22, 2025 Quarterly Round Table as well as all five consultants and several Board staff. Unfortunately, the Board's Deputy Attorney General liaison, Neva Tassan, was unable to attend.

During this Round Table, a variety of topics were covered, including:

- The need for specifics in a report when the Expert opines the subject exhibited a "lack of knowledge."
- A reminder that recommending potential enforcement actions because of Expert findings are not part of the Expert's duties.
- Writing reports that are aimed at being read by a layperson.
- Should an Expert have a question or comment regarding the case/allegations/findings, they should call the analyst assigned to the case.
- Experts should respond to analyst inquiries as quickly as possible (especially over 30 days).
- Experts should be reviewing all parts of the medical record provided (e.g., pre-surgery, surgery, post-surgery), as well as the allegations.
- Subject responses should be reviewed by the Expert to determine whether the found violations still stand.
- Codes and laws should not be included in the report.
- Qualifiers such as "mild" and "minimal" should not be included in the report when determining departures from the standard of care.
- Reminder that record-keeping isn't a "standard of care" violation.
- Condition-specific VCPRs scenarios.
- Discussions about clinic staff utilizing a stamp to sign a document.

A recap email was sent by the Board staff to all Experts after the Round Table, which relayed some of the topics covered to inform those who could not attend.

Expert Case Reviews

As indicated in Attachment 1, from February 2025 through April 2025, Experts reviewed 159 cases, of which 46 were closed as “no violation,” 30 were closed with an educational letter, 7 were cited or prepped for citation (against 6 respondents), and 74 were transmitted to the Attorney General’s Office for disciplinary action (against 12 respondents). This marks a 26% increase in reviews since the prior Round Table, with over 50% more no violation closures, similar educational/insufficient closures, a third of the citations issued and over 40% more cases transmitted to the Attorney General’s Office. There are 656 cases (made up of 440 respondents) waiting for a written Expert review.

Subcommittee Case Report Reviews

The Subcommittee reviewed four finalized cases (involving four respondents) to identify praise and opportunities for improvement to relay to the Experts who opined on the related case Expert opinions.

After reviewing the case medical records and resulting Expert report, praise was given to the SMEs on the straightforward and succinct reports reviewed. The Subcommittee identified several opportunities for the report and its findings, including, but not limited to:

- Moving information from the summary to the analysis section.
- Noting the involvement and potential departures of a subsequent veterinarian.
- Medical record errors (such as missing units, initials, and client information).
- Names of individuals communicating results.
- Missing description of overnight care (IV catheter, amount of fluids, etc.).
- Removing regulations from the standard of care statements.
- Avoiding labeling record keeping violations as standard of care.
- Missing radiology review.
- Appropriate referral to emergency veterinary premises.
- Inappropriate prescription of medication.
- Failure to train the owner on medication administration.

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

Complaint Audit Subcommittee Meeting June 6, 2025

The Subcommittee met on June 6, 2025, to discuss the MDC memo contents and were provided with an update on the following (which is still in process with the BreEZe team):

- **Strategic Plan Objective 3.3.** - aimed at tracking the types of complaints submitted to the Board. As mentioned during the prior meeting, “telehealth” has been added as a type of visit on the online complaint form; however, as directed by the Board, “Type of animal” will also be a drop-down question for consumers to answer when submitting a complaint (the options will be “small animal”, “equine”, “livestock”, or “other”). This change has been requested and is now in the hands of the BreEZe staff.

Discussions Regarding Standard of Care vs. Regulations

During the round tables, the subject of the accepted standard of care in specific scenarios was discussed, and it was determined that further discussion with the MDC regarding a potential change to the Veterinary Medicine Practice Act (Act). One such scenario was the following:

A veterinarian examined and administered vaccinations to a healthy dog at its annual wellness visit. Four months later, the dog’s owners called the clinic reporting that their dog has had diarrhea for 4 days, despite a bland diet. They state the dog is eating normally, not vomiting, and has normal energy levels.

The veterinarian doesn’t have an opening in his schedule for 8 days, and recommends the client drop off a fecal sample, which comes back as positive for Giardia.

The veterinarian calls the owner to discuss the results and fills a prescription for Fenbendazole to be administered to the dog for the client to pick up.

Is this a violation of the Act, as a valid VCPR was not established for the Giardia and the VCPR is condition-specific?

Another topic discussed was:

Whether it is appropriate for clinic staff to sign on behalf of a treating veterinarian, and if so, would the method of signature make a difference (e.g. signature stamp, wet signature, or electronic stamp). Some veterinarians indicated that they believed a stamp would be acceptable, while a wet signature would not.

Action Requested: Discuss the two scenarios above and determine whether a regulatory change should be pursued to address these topics.

Attachment

1. Consultant and Expert Reviews Performed

Reviews Performed

Consultant Reviews 2023-2025							
Round Table Interval	Aug.–Oct. 2023	Nov. 2023–Feb. 2024	Mar.–Apr. 2024	June–July 2024	Aug.–Oct. 2024	Nov. 2024–Jan. 2025	Feb.–Apr. 2025
Reviews	191	270	124	138	180	101	121
No Violation	157	168	87	83	98	65	57
Insufficient Evidence	0	0	3	3	7	5	6
Educational Letter	3	11	6	3	4	9	12
Referred to Expert	31	91	28	49	71	22	46
Pending*	~500	770	813	710	813	920	898

*May represent multiple cases pending against single respondents.

Expert Reviews 2023-2025							
Round Table Interval	Aug.–Oct. 2023	Nov. 2023–Feb. 2024	Mar.–Apr. 2024	June–July 2024	Aug.–Oct. 2024	Nov. 2024–Jan. 2025	Feb.–Apr. 2025
Reviews	54	96	48	61	92	126	159
No Violation	5	9	18	14	32	30	46
Insufficient Evidence	0	0	2	0	0	0	2
Educational Letter	23	30	12	5	18	26	30
Citation*	6	4	0	3	19	21	7
Discipline*	20	53	16	39	23	52	74
Active Experts	29	31	35	29	25	24	21
Pending*	1020	895	1021	1007	759	671	656

*May represent multiple cases against single respondents.