

March 7, 2019
Board Room 3
9:00 a.m.

Call to Order – Steve Karras, DVM

- Welcome
- Emergency Egress Procedures

Ordering of Agenda – Dr. Karras

Public Comment – Dr. Karras

The Board will receive all public comment related to agenda items at this time. The Board will not receive comment on any regulatory process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Approval of Minutes – Dr. Karras

Pages 3-17

- November 6, 2018 – Full Board Meeting
- December 3, 2018 – Conference Call (Case No. 189570)
- December 12, 2018 – Conference Call (Case Nos. 170370 & 170371)
- December 28, 2018 – Conference Call (Case No. 183697)
- January 17, 2019 – Formal Hearing (Case No. 189570)

Agency Director’s Report - David Brown, D.C.

Legislative/Regulatory Report – Elaine Yeatts

Pages 18-26

- Legislative Update

Discussion Items

Pages 27-102

- Discussion of §§ 54.1-3801(3) and 54.1-3804(4) – **Ms. Knachel**
- Health Care Workforce Data Center Survey – **Elizabeth Carter, Ph.D.**
- Veterinary Establishment Inspection Update – **Ms. Knachel/Melody Morton**
- Update on Guidance Document – **Ms. Knachel**
 - 150-1: Disposition of Cases Involving Applicants Practicing Veterinary Technology Prior to Licensure (new)
 - 150-7: Failure to Notify Board of Establishment Closure (new)
 - 150-11: Guidance for Continuing Education Audits and Sanctioning for Failure to Complete CE (update)
 - 150-18: Bylaws (update)
- Request from Licensee to Review LVT Dental Regulations – **Ms. Knachel**

President’s Report – Dr. Karras

Board of Health Professions’ Report – Mark A. Johnson, DVM

Staff Reports

Pages 103-106

- Executive Director’s Report – **Ms. Knachel**
 - Statistics
 - AAVSB 2019 Annual meeting
 - Board meeting calendar for 2020
 - Outreach
 - Presentation to VVMA

-
- Presentation to Veterinary Students
 - Mass Emails
 - Discipline Report – Kelli Moss
-

New Business – Dr. Karras

Board Member Training
Administrative Hearings – Kelli Moss

Next Meeting – July 9, 2019

Meeting Adjournment – Dr. Karras

This information is in DRAFT form and is subject to change.

**VIRGINIA BOARD OF VETERINARY MEDICINE
MINUTES OF FULL BOARD
DEPARTMENT OF HEALTH PROFESSIONS
BOARD ROOM 4
HENRICO, VA
November 6, 2018**

- TIME AND PLACE:** The Board of Veterinary Medicine (Board) was called to order at 9:00 a.m., at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia.
- PRESIDING OFFICER:** Autumn N. Halsey, L.V.T., President
- MEMBERS PRESENT:** Tregel M. Cockburn, D.V.M.
Ellen G. Hillyer, D.V.M.
Mark A. Johnson, D.V.M.
Steven B. Karras, D.V.M.
Bayard A. Rucker, III, D.V.M.
Mary Yancey Spencer, J.D., Citizen Member
- MEMBERS NOT PRESENT:** All members were present.
- QUORUM:** With seven members of the Board present, a quorum was established.
- STAFF PRESENT:** David E. Brown, D.C., Director
Barbara Allison-Bryan, M.D., Chief Deputy Director
Leslie L. Knachel, Executive Director
Charis Mitchell, Assistant Attorney General, Board Counsel
Elaine Yeatts, Senior Policy Analyst
Kelli Moss, Deputy Executive Director
Anthony C. Morales, Licensing Operations Manager
Carolyn McKann, Program Deputy for Operations, Prescription Monitoring Program, (PMP)
Desire Brown, PMP
- OTHERS PRESENT:** Robin Schmitz, Virginia Medical Association of Virginia (VVMA)
Taryn Singleton, Virginia Association of Licensed Veterinary Technicians
- ORDERING OF AGENDA:** Ms. Knachel asked the Board to amend the agenda by adding the following under "New Business":
- Consideration of requests for modification of two consent orders - Case Nos. 170370 and 170371; and
 - Ratification of consent order for Case Nos 176999 and 180916.
- Dr. Johnson moved to accept these changes.
- The motion was seconded and carried.
- INTRODUCTION OF NEW STAFF:** Ms. Knachel introduced new staff members.
- PUBLIC COMMENT:** No public comment was presented.
- APPROVAL OF MINUTES:** Dr. Rucker moved to approve the meeting minutes for the following meetings as presented:
- March 14, 2018, Opioid Advisory Panel

- March 15, 2018, Full Board Meeting
- April 16, 2018, Consideration of Possible Resolution (Case No 155670)
- April 17, 2018, Formal Hearing (Case No. 179011)
- June 29, 2018, Regulatory Advisory Panel - Telehealth
- October 2, 2018, Conference Call (Case No. 189441)

The motion was seconded and carried.

DIRECTOR'S REPORT:

Dr. Brown provided an update on the opioid crisis.

Dr. Allison-Bryan provided an update on reported on the following items:

- Updates on changes to security measures and procedures for Department of Health Professions building.

LEGISLATIVE/REGULATORY UPDATE:

Petition for Rulemaking – Amendment to continuing education requirements

Ms. Yeatts provided information on the petition for rulemaking submitted on behalf of the VVMA requesting that the Board amend 18VAC 150-20-170 of the Regulations to allow practice management courses to be accepted to meet CE requirements.

The Board discussed the issue.

Dr. Cockburn made a motion to accept the petitioner's request to allow practice management courses to be accepted to meet CE requirements. The motion was seconded and carried.

The Board engaged in additional discussion. The Board acknowledged the need for owners of veterinary practices to be well informed about technology, marketing and business management. However, they did not believe practice management continuing education should be substituted for courses in animal care. The purpose of licensure and the Board is protection of the public. The Board found that most other states that accept business management courses typically require have more total CE hours than Virginia. While there was discussion about increasing the total number of hours and accepting practice management, the Board rejected that alternative as an increased burden on veterinarians and technicians who do not want to take such courses.

A roll call vote was taken. With two yes votes and five no votes, the motion failed.

Regulatory Advisory Panel on Telehealth

Ms. Knachel reported the RAP met on June 29, 2018, to discuss issues related to veterinary telehealth. The Committee identified an issue related to veterinary establishments. Pursuant to the Regulations, veterinary medicine may only be practiced out of a veterinary establishment that has been registered with the Board. The Committee asked staff to explore this issue to identify regulatory requirements for a telehealth veterinary practice.

DISCUSSION ITEMS:

Prescription Monitoring Program Presentation and Update

Ms. Carolyn McKann provided the Board with an update on veterinary prescription reporting.

Use of Agency Subordinate

Ms. Knachel provided information on the use of an agency subordinate in the disciplinary process. She commented that the Board has regulations and a guidance document regarding the use of an agency subordinate, but it has never used this process. She indicated that she and Ms. Moss are becoming familiar with the process and believe it is beneficial for the Board to move in this direction. Additional information will be provided at a future meeting.

Ms. Knachel provided information on the duties of the Veterinary Review Coordinator. She commented that many of the Board's staff include licensees that prepare or complete probable cause reviews as delegated by the Board. Ms. Knachel asked that the Board consider delegating authority to the Veterinary Review Coordinator to make probable cause decisions for certain types of cases that do not involve standard of care.

Dr. Karras motioned that Veterinary Review Coordinator be delegated authority to make probable cause decisions in consultation with board staff for the following types of cases:

- Impairment;
- Inspection violations;
- Compliance; and
- PMP reporting.

The motion was seconded and carried.

Inspection Process

Ms. Knachel provided an overview of the veterinary establishment inspection process. She informed the Board that the routine inspection process will focus on the most frequent types of violations which are related to drug stocks and surgical suites. Focused inspections will be a better utilization of resources and improve efficiency of the inspection process. A focused inspection will not preclude an inspector from citing a violation related to other areas. Per the Board's by-laws Ms. Knachel will work with the Board's President to update the inspection form to identify the items that will be the subject of the focused routine inspections.

Ms. Knachel stated that she received a question asking if an ambulatory veterinary establishment could have a letter or email documenting the use of an autoclave at another practice. Pursuant to the regulations, a letter or email would not satisfy the requirement to have a form of sterilization process within the veterinary establishment.

Attendance of 2018 Annual Meeting of the American Association of Veterinary State Boards

Ms. Halsey provided a recap of the meeting.

Guidance Document

Ms. Knachel stated that Guidance Document *150-5: Use of Compounded Drugs in Veterinary Medicine* was update to reflect a 2018 legislative amendment.

Ms. Knachel presented the changes to Guidance Document *150-13: Controlled Substances (Schedule II – VI) in Veterinary Practice*.

Dr. Hillyer moved to accept the changes as presented to Guidance Document *150-13: Controlled Substances (Schedule II – VI) in Veterinary Practice*.

The motion was seconded and carried.

BOARD MEMBER TRAINING: **Health Practitioners' Monitoring Program**
Ms. Wood provided information on the HPMP program.

Confidentiality

Ms. Moss and Ms. Knachel provided information on a board member's need to maintain confidentiality in certain circumstances.

Freedom of Information Act (FOIA)

Ms. Knachel provided information on FOIA.

Virtru Encryption

Mr. Morales provided information on the new encryption program that board staff will use to ensure confidentiality of sensitive information sent via email.

Per Diem Policy

Ms. Knachel briefly reviewed the per diem policy.

Access Badges for Board Members

Ms. Knachel reviewed the changes being made regarding access badges.

PRESIDENT'S REPORT:

Ms. Halsey had no report to present. She thanked the Board for the opportunity to service as the Board President for the last year.

**BOARD OF HEALTH
PROFESSIONS' REPORT:**

Dr. Johnson did not have a report because he was not able to attend the last Board of Health Professions meeting.

STAFF REPORTS:

Executive Director's Report

Ms. Knachel provided updates on the following topics

- Licensure statistics and budget
- Paperless Workgroup
- Board Member Handbooks
- Travel & Hotel Reservations
- Participation at the 2019 VVMA meeting

Update on faculty/intern/resident licensure

Ms. Knachel stated that the regulations for licensing faculty/interns/residents became effect on May 20, 2018. She commented that board staff and the Virginia-Maryland College of Veterinary Medicine have worked well together to issue the licenses.

Board Calendar

Ms. Knachel indicated that the board calendar was included in the agenda package.

Discipline Update

Ms. Moss provided an overview of the caseload statistics.

NEW BUSINESS:

Officer Elections

Dr. Johnson moved to nominate Dr. Karras for President.

The motion was seconded and carried.

Dr. Karras moved to nominate Dr. Cockburn for Vice-President.

The motion was seconded and carried.

Ms. Halsey moved to nominate Dr. Hillyer for Secretary.

The motion was seconded and carried.

Disciplinary Matters

- Consideration of requests for modification of two consent orders - Case Nos. 170370 and 170371 – Ms. Knachel stated that the modification were being rescheduled and will tentatively be considered on December 12, 2018.
- Ratification of consent order for Case Nos 176999 and 180916 - Ms. Moss asked the Board to consider ratifying the proposed consent order to resolve these two cases.

Dr. Johnson moved to ratify the consent order as presented.

The motion was seconded and carried.

NEXT MEETING:

The next full board meeting is scheduled for March 7, 2019.

ADJOURNMENT:

The meeting adjourned at 2:11 p.m.

Autumn N. Halsey, L.V.T.
Chair

Leslie L. Knachel, M.P.H.
Executive Director

Date

Date

UNAPPROVED DRAFT
VIRGINIA BOARD OF VETERINARY MEDICINE
SPECIAL SESSION – TELEPHONE CONFERENCE CALL
MINUTES
DECEMBER 3, 2018

CALL TO ORDER: Pursuant to § 54.1-2408.1(A) of the Code of Virginia, a telephone conference call of the Virginia Board of Veterinary Medicine was held on December 3, 2018, at 8:37 a.m., at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 300, Henrico, VA 23233, to consider a possible summary suspension.

PRESIDING: Autumn Halsey, L.V.T., Chair

MEMBERS PRESENT: Ellen G. Hillyer, M.P.H., D.V.M.
Mark A. Johnson, D.V.M.
Steven B. Karras, D.V.M.
Bayard Rucker, DVM
Mary Yancey Spencer, Esquire

QUORUM: With six members present established through a roll call, a quorum was established.

STAFF PRESENT: Leslie L. Knachel, Executive Director
Kelli Moss, Deputy Executive Director
Terri H. Behr, Discipline/Compliance Specialist
Claire Foley, Administrative Proceedings Division

OTHERS PRESENT: Charis A. Mitchell, Assistant Attorney General, Board Counsel
Wayne T. Halbleib, Senior Assistant Attorney General

POLL OF MEMBERS: The Board members were polled as to whether they were able to attend a regular meeting at the offices of the Board in a timely manner for the purpose of hearing evidence for a possible summary suspension. The majority of board members stated that they would not have been able to attend.

MATTER CONSIDERED: Dorian Gavor Collins, D.V.M.
License No.: 0301201603
Case No.: 189570

Mr. Halbleib presented evidence that the continued practice of veterinary medicine by Dr. Collins may present a substantial danger to the health and safety of the public.

CLOSED SESSION:

Upon a motion made by Dr. Karras and properly seconded, the Board voted unanimously to convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter regarding Case No. 189570. Additionally, he moved that Ms. Mitchell, Ms. Knachel, and Ms. Moss attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE:

Dr. Karras moved that the Board certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and unanimously passed.

DECISION:

Dr. Johnson moved that the Board summarily suspend Dr. Collins' license to practice veterinary medicine in the Commonwealth of Virginia pending a formal administrative hearing and to offer him a consent order for indefinite suspension of his license that would be stayed contingent upon entering into and complying with a recovery monitoring contract with the Health Practitioner's Monitoring Program, in lieu of a formal administrative hearing. Following a second to the motion, a roll call vote was taken. The motion passed unanimously.

ADJOURNMENT:

With all business concluded, the Board adjourned at 9:03 a.m.

Autumn Halsey, L.V.T., Chair

Leslie L. Knachel, M.P.H.
Executive Director

UNAPPROVED DRAFT
VIRGINIA BOARD OF VETERINARY MEDICINE
MODIFICATION OF BOARD ORDERS - CONFERENCE CALL
DECEMBER 12, 2018
MINUTES

DATE, TIME & PLACE: Pursuant to §54.1-2400(13) of the Code of Virginia (Code), a telephone conference call was convened at 8:40 a.m. to consider modifications of previous board orders in the cases of **Rohan Rajapakse, Veterinarian (case 170370)** and **P. Kumari Andarawewa, Veterinarian (case 170371)**. Ms. Knachel conducted a roll call of the board members present. A quorum was established.

CHAIR: Autumn Halsey, LVT

MEMBERS PRESENT: Mark Johnson, DVM
Bayard Rucker, DVM
Steve Karras, DVM
Tregel Cockburn, DVM
Ellen Hillyer, DVM
Mary Yancey Spencer, Esq.

OTHERS PRESENT: Nancy Schlichting, Esq., Representation for Dr. Rajapakse and Dr. Andarawewa

STAFF & OAG PRESENT: Leslie Knachel, Executive Director
Kelli Moss, Deputy Executive Director
Terri Behr, Discipline/Compliance Specialist
Emily Tatum, Administrative Proceedings Division
Charis Mitchell, Esq., Assistant Attorney General

1ST MATTER CONSIDERED: **Rohan Rajapakse, Veterinarian**
License No.: 0301203945
Case No.: 170370

The Board met by conference call to consider modifications to the Board's Order entered August 23, 2016 (Order) requested by Ms. Schlichting on behalf of her client on November 5, 2018. Specifically, Ms. Schlichting requested that the Order be modified to extend the deadline from December 31, 2018, to December 31, 2019, to allow Dr. Rajapakse to take and pass the North American Veterinary Licensure Examination (NAVLE).

CLOSED SESSION:

On a motion by Dr. Karras, and properly seconded, the Board convened in Closed Session pursuant to §2.2-3711(A)(27) of the Code for the purpose of deliberation to reach a decision in the matter of **Rohan Rajapakse, Veterinarian**. Additionally, it was moved that Charis Mitchell, Leslie Knachel and Kelli Moss attend the Closed Session because their presence was deemed necessary and would aid the Board in its deliberations.

RECONVENTION:

Having certified that the matters discussed in the preceding Closed Session met the requirements of §2.2-3712 of the Code, the Board reconvened in Open Session and announced its decision.

DECISION:

On a motion by Dr. Hillyer, and properly seconded, the Board denied Dr. Rajapakse's request for modification of the Order.

VOTE:

The motion passed with six votes in favor and one vote against.

2ND MATTER CONSIDERED:

P. Kumari Andarawewa, Veterinarian
License No.: 0301203931
Case No.: 170371

The Board met by conference call to consider modifications to the Board's Order entered August 17, 2016 (Order) requested by Ms. Schlichting on behalf of her client on October 29, 2018. Specifically, Ms. Schlichting requested that the Order be modified to extend the deadline from December 31, 2018, to December 31, 2019, to allow Dr. Andarawewa to take and pass the North American Veterinary Licensure Examination (NAVLE).

CLOSED SESSION:

On a motion by Dr. Karras, and properly seconded, the Board convened in Closed Session pursuant to §2.2-3711(A)(27) of the Code for the purpose of deliberation to reach a decision in the matter of **P. Kumari Andarawewa, Veterinarian**. Additionally, it was moved that Charis Mitchell, Leslie Knachel and Kelli Moss attend the Closed Session because their presence was deemed

necessary and would aid the Board in its deliberations.

RECONVENTION:

Having certified that the matters discussed in the preceding Closed Session met the requirements of §2.2-3712 of the Code, the Board reconvened in Open Session and announced its decision.

DECISION:

On a motion by Dr. Hillyer, and properly seconded, the Board granted Dr. Andarawewa's request to modify the Order to state that she must take and pass the NAVLE by June 30, 2019.

VOTE:

The motion passed with six votes in favor and one against.

ADJOURNMENT:

The conference call was adjourned at 9:44 a.m.

Autumn Halsey, LVT, Chair

Leslie L. Knachel, MPH
Executive Director

UNAPPROVED DRAFT
VIRGINIA BOARD OF VETERINARY MEDICINE
SPECIAL SESSION – TELEPHONE CONFERENCE CALL
DECEMBER 28, 2018
MINUTES

CALL TO ORDER: Pursuant to § 54.1-2400(13) of the Code of Virginia, a telephone conference call of the Virginia Board of Veterinary Medicine was called to order on December 28, 2018, at 10:02 a.m., to consider a Consent Order for possible resolution of Case No. 183697.

PRESIDING: Autumn Halsey, L.V.T., President - Chair

MEMBERS PRESENT: Tregel Cockburn, D.V.M.
Mark A. Johnson, D.V.M.
Bayard A. Rucker, III, D.V.M.
Mary Yancey Spencer, J.D.

MEMBERS ABSENT: Ellen G. Hillyer, D.V.M.
Steven B. Karras, D.V.M.

QUORUM: With five members present established through a roll call, a quorum was established.

STAFF PRESENT: Kelli Moss, Deputy Executive Director

BOARD COUNSEL: James E. Rutkowski, Assistant Attorney General

KRISTIN MARIE HAKALA, L.V.T.
License No. 0302-002521
Case No. 183697

The Board received information from Ms. Moss regarding a Consent Order signed by Ms. Hakala for the resolution of Case No. 183697 in lieu of proceeding with a formal administrative hearing.

CLOSED SESSION: Dr. Cockburn moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter regarding Case No. 183697. Additionally, she moved that Mr. Rutkowski and Ms. Moss attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was properly seconded and passed.

RECONVENE: Dr. Cockburn moved that the Board certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were

identified in the motion by which the closed meeting was convened. The motion was seconded and passed.

DECISION:

Dr. Johnson moved that the Board accept the Consent Order as presented in lieu of proceeding with a formal administrative hearing. Following a second for the motion, a roll call vote was taken. The motion passed unanimously.

ADJOURNMENT:

The meeting was adjourned at 10:12 a.m.

Autumn Halsey, L.V.T., Chair

Leslie L. Knachel, M.P.H., Executive Director

Date

Date

DRAFT

UNAPPROVED DRAFT
VIRGINIA BOARD OF VETERINARY MEDICINE
FORMAL HEARING MINUTES
DEPARTMENT OF HEALTH PROFESSIONS
BOARD ROOM 4
HENRICO, VA
JANUARY 17, 2019

CALL TO ORDER: The meeting of the Virginia Board of Veterinary Medicine (Board) was called to order at 10:47 a.m., on January 17, 2019, at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia.

PRESIDING OFFICER: Steven B. Karras, DVM, President

MEMBERS PRESENT: Ellen G. Hillyer, MPH, DVM
Mark A. Johnson, DVM
Mary Yancey Spencer, Esquire
Tregal Gockburn, DVM
Autumn Halsey, LVT, President
Bayard A. Rucker, III, DVM

QUORUM: With seven members of the Board present, a quorum was established.

STAFF PRESENT: Leslie L. Knachel, MPH, Executive Director
Kelli Moss, Deputy Executive Director
Terri H. Behr, Discipline/Compliance Specialist

BOARD COUNSEL: Charis A. Mitchell, Assistant Attorney General

COURT REPORTER: Andrea Pegram with Andrea Pegram Court Reporting Service, LLC

PARTIES ON BEHALF OF THE COMMONWEALTH: Claire Foley, Adjudication Specialist, Administrative Proceedings Division

OTHERS PRESENT: Kendra Grey, PharmD

COMMONWEALTH'S WITNESSES: Debbie Houpt, LVT
Carolyn Kutzer, DVM
James Wall, Senior Investigator (by phone)

MATTER SCHEDULED:

Dorian Gavor Collins, DVM
Case No.: 189570

Dr. Collins did not appear before the Board in accordance with a Notice of Formal Hearing dated December 4, 2018. Dr. Collins was not represented by legal counsel. Ms. Foley presented evidence that sufficient notice of the Formal Hearing was given to Dr. Collins, so the Board proceeded in his absence. The Board received evidence from the Commonwealth regarding the allegations in the Notice.

CLOSED SESSION:

Dr. Cockburn moved that the Board convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Dorian Gavor Collins, DVM. Additionally, she moved that Ms. Knachel, Ms. Moss and Ms. Mitchell attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENE:

Dr. Cockburn moved that the Board certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

The Board reconvened in open session pursuant to Virginia Code § 2.2-3712(D).

DECISION:

Dr. Cockburn moved to accept the Findings of Fact and Conclusions of Law as presented by the Commonwealth, amended by the Board and read by Ms. Mitchell. The motion was seconded and carried unanimously. Dr. Hillyer moved to issue an Order to continue the indefinite suspension of Dr. Collins' license and to stay the suspension upon proof of Dr. Collins' entry into, and compliance with, the Health Practitioners' Monitoring Program. The motion was seconded and carried unanimously.

ADJOURNMENT:

The Formal Hearing adjourned at 12:30 p.m.

Steven B. Karras, DVM, President

Leslie L. Knachel, MPH, Executive Director

DRAFT

Report of the 2019 General Assembly

Board of Veterinary Medicine

HB 1803 Controlled substances; adds certain chemicals to Schedule I and Schedule II.

Chief patron: Garrett

Summary as passed House:

Controlled substances; Schedules I and II. Adds certain chemicals to Schedule I and Schedule II of the Controlled Substances Act (*naldemedine and Dronabinol ((-)-delta-9-trans tetrahydrocannabinol) in an oral solution in a drug product approved for marketing by the U.S. Food and Drug Administration*).

HB 1839 Industrial hemp; federal Farm Bill.

Chief patron: Marshall

Summary as passed:

Industrial hemp; federal Farm Bill; emergency. Conforms Virginia law to the provisions of the federal 2018 Farm Bill by amending the definitions of cannabidiol oil, marijuana, and tetrahydrocannabinol (THC) to exclude industrial hemp in the possession of a registered person, hemp products, or an oil containing no more than 0.3% THC. The bill defines "industrial hemp" as any part of the plant *Cannabis sativa* that has a concentration of THC that is no greater than that allowed by federal law, and it defines "hemp product" as any finished product that is otherwise lawful and that contains industrial hemp. The bill it adds the category of "dealer" in industrial hemp to the existing registration categories of grower and processor.

The bill requires any registered grower, dealer, or processor who negligently violates the law to comply with a corrective action plan established by the Commissioner of Agriculture and Consumer Services (the Commissioner). The plan must identify a date by which the person is required to correct the violation and requires the person to report periodically for not less than two calendar years on his compliance with the law. No person who negligently violates the industrial hemp law three times in a five-year period is eligible to grow, deal in, or process industrial hemp for a period of five years beginning on the date of the third violation.

The bill directs the Commissioner to (i) revoke the registration of any registered grower, dealer, or processor who violates the law with a culpable mental state greater than negligence and (ii) advise the Attorney General of the United States and the Superintendent of State Police, or the chief law-enforcement officer of the county or city, when such person grows, deals in, or processes any *Cannabis sativa* with a concentration of THC that is greater than that allowed by federal law with a culpable mental state greater than negligence.

The bill authorizes the Department of Agriculture and Consumer Services (the Department), if it obtains the approval of the U.S. Secretary of Agriculture, to refrain from requiring destruction of

industrial hemp until the THC level is greater than 0.6%, and it authorizes the Department at that point to allow a re-test of the industrial hemp if the THC level is no greater than one percent.

The bill abolishes the higher education and Virginia industrial hemp research programs, along with the requirement that a grower or processor act exclusively within such a program. The bill authorizes the Commissioner to charge a fee for certain THC testing. Finally, the bill directs the Department to report by December 1, 2019, (i) to the General Assembly on the fiscal impact of the growth of the industrial hemp industry upon the Department's registration program and the existence of any need to alter the registration fee, and (ii) to the Chairmen of the House and Senate Agriculture Committees on the viability of markets for Virginia industrial hemp growers, the types of products made from industrial hemp that can be produced in Virginia, and the economic benefits and costs of production of such products. The bill also directs the Secretary of Agriculture and Forestry and the Secretary of Health and Human Resources to report by November 1, 2019, on the appropriate standards, if any, for the production of an oil with a THC concentration of no greater than 0.3 percent that is derived from industrial hemp. The bill includes an emergency clause.

EMERGENCY

HB 1970 Telemedicine services; payment and coverage of services.

Chief patron: Kilgore

Summary as passed House:

Telemedicine services; coverage. Requires insurers, corporations, or health maintenance organizations to cover medically necessary remote patient monitoring services as part of their coverage of telemedicine services to the full extent that these services are available. The bill defines remote patient monitoring services as the delivery of home health services using telecommunications technology to enhance the delivery of home health care, including monitoring of clinical patient data such as weight, blood pressure, pulse, pulse oximetry, blood glucose, and other condition-specific data; medication adherence monitoring; and interactive video conferencing with or without digital image upload. The bill requires the Board of Medical Assistance Services to include in the state plan for medical assistance services a provision for the payment of medical assistance for medically necessary health care services provided through telemedicine services.

HB 1971 Health professions and facilities; adverse action in another jurisdiction.

Chief patron: Stolle

Summary as introduced:

Health professions and facilities; adverse action in another jurisdiction. Provides that the mandatory suspension of a license, certificate, or registration of a health professional by the Director of the Department of Health Professions is not required when the license, certificate, or registration of a health professional is revoked, suspended, or surrendered in another jurisdiction

based on disciplinary action or mandatory suspension in the Commonwealth. The bill extends the time by which the Board of Pharmacy (Board) is required to hold a hearing after receiving an application for reinstatement from a nonresident pharmacy whose registration has been suspended by the Board based on revocation or suspension in another jurisdiction from not later than its next regular meeting after the expiration of 30 days from receipt of the reinstatement application to not later than its next regular meeting after the expiration of 60 days from receipt of the reinstatement application.

HB 2158 Naloxone; expands list of individuals who may dispense.

Chief patron: Plum

Summary as passed House:

Dispensing of naloxone. Expands the list of individuals who may dispense naloxone pursuant to a standing order to include health care providers providing services in hospital emergency departments and emergency medical services personnel and eliminates certain requirements. The bill establishes requirements for the dispensing of naloxone in an injectable formulation with a hypodermic needle or syringe. The bill also allows a person who dispenses naloxone on behalf of an organization to charge a fee for the dispensing of naloxone, provided that the fee is no greater than the cost to the organization of obtaining the naloxone dispensed.

HB 2228 Nursing and Psychology, Boards of; health regulatory boards, staggered terms.

Chief patron: Bagby

Summary as introduced:

Composition of the Boards of Nursing and Psychology; health regulatory boards; staggered terms. Alters the composition of the Board of Nursing and replaces the requirement that the Board of Nursing meet each January with the requirement that it meet at least annually. The bill also removes specific officer titles from the requirement that the Board of Nursing elect officers from its membership. The bill replaces the requirement that a member of the Board of Psychology be licensed as an applied psychologist with the requirement that that position be filled by a member who is licensed in any category of psychology. The bill also provides a mechanism for evenly staggering the terms of members of the following health regulatory boards, without affecting the terms of current members: Board of Nursing, Board of Psychology, Board of Dentistry, Board of Long-Term Care Administrators, Board of Medicine, Board of Veterinary Medicine, Board of Audiology and Speech-Language Pathology, Board of Pharmacy, and Board of Counseling.

HB 2557 Drug Control Act; classifies gabapentin as a Schedule V controlled substance.

Chief patron: Pillion

Summary as passed:

Drug Control Act; Schedule V; gabapentin. Classifies gabapentin as a Schedule V controlled substance. Current law lists gabapentin as a drug of concern. The bill also removes the list of drugs of concern from the Code of Virginia and provides that any wholesale drug distributor licensed and regulated by the Board of Pharmacy and registered with and regulated by the U.S. Drug Enforcement Administration shall have until July 1, 2020, or within 6 months of final approval of compliance from the Board of Pharmacy and the U.S. Drug Enforcement Administration, whichever is earlier, to comply with storage requirements for Schedule V controlled substances containing gabapentin.

HB 2559 Electronic transmission of certain prescriptions; exceptions.

Chief patron: Pillion

Summary as passed House:

Electronic transmission of certain prescriptions; exceptions. Provides certain exceptions, effective July 1, 2020, to the requirement that any prescription for a controlled substance that contains an opioid be issued as an electronic prescription. The bill requires the licensing health regulatory boards of a prescriber to grant such prescriber a waiver of the electronic prescription requirement for a period not to exceed one year due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber. The bill provides that a dispenser is not required to determine whether one of the exceptions applies when he receives a non-electronic prescription for a controlled substances containing opioids. The bill requires the Boards of Medicine, Nursing, Dentistry, and Optometry to promulgate regulations to implement the prescriber waivers. Finally, the bill requires the Secretary of Health and Human Resources to convene a work group to identify successes and challenges of the electronic prescription requirement and offer possible recommendations for increasing the electronic prescribing of controlled substances and to report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by November 1, 2022.

SB 1106 Physical therapists & physical therapist assistants; licensure, Physical Therapy Licensure Compact.

Chief patron: Peake

Summary as introduced:

Licensure of physical therapists and physical therapist assistants; Physical Therapy Licensure Compact. Authorizes Virginia to become a signatory to the Physical Therapy Licensure Compact. The Compact permits eligible licensed physical therapists and physical therapist assistants to practice in Compact member states, provided they are licensed in at least one member state. In addition, the bill requires each applicant for licensure in the Commonwealth as a physical therapist or physical therapist assistant to submit fingerprints and provide personal descriptive information in order for the Board to receive a state and federal criminal history record report for each applicant. The bill has a delayed effective date of January

1, 2020, and directs the Board of Physical Therapy to adopt emergency regulations to implement the provisions of the bill.

SB 1289 Pharmacy, Board of; seizure of controlled substances and prescription devices.

Chief patron: Edwards

Summary as introduced:

Board of Pharmacy: seizure of controlled substances and prescription devices. Establishes a process by which the Board of Pharmacy, an authorized agent of the Board, or law enforcement can seize and place under seal controlled substances and prescription devices that are owned or possessed by a person or entity when the registration, license, permit, or certificate authorizing such ownership or possession is suspended or revoked. The bill also provides procedures and requirements for the transfer and disposal of sealed controlled substances and prescription devices if subject to forfeiture. The bill provides that the period in which the Director of the Department of Health Professions, his authorized agent, or a law-enforcement officer may properly dispose of the seized drugs and devices in the event the owner has not claimed and provided for the proper disposition of the property is 60 days from notice of seizure. Under current law, such period is six months from notice of seizure.

SB 1557 Pharmacy, Board of; cannabidiol oil and tetrahydrocannabinol oil, regulation of pharmaceutical.

Chief patron: Dunnivant

Summary as passed Senate:

Board of Pharmacy; cannabidiol oil and tetrahydrocannabinol oil; regulation of pharmaceutical processors. Authorizes licensed physician assistants and licensed nurse practitioners to issue a written certification for use of cannabidiol oil and THC-A oil. The bill requires the Board to promulgate regulations establishing dosage limitations, which shall require that each dispensed dose of cannabidiol oil or THC-A oil not exceed 10 milligrams of tetrahydrocannabinol. The bill requires the Secretary of Health and Human Resources and the Secretary of Agriculture and Forestry to convene a work group to review and recommend an appropriate structure for an oversight organization for the medical marijuana program in Virginia and report its findings and recommendations to the Chairmen of the Senate Committees on Agriculture, Conservation and Natural Resources and Education and Health and the House Committees on Agriculture, Chesapeake and Natural Resources and Health, Welfare and Institutions by November 1, 2019.

SB 1653 Prescription Monitoring Program; veterinarians.

Chief patron: Stanley

Summary as passed:

Prescription Monitoring Program; veterinarians. Exempts the dispensing of feline buprenorphine or canine butorphanol from the requirement that the dispensing veterinarian report certain information about the animal and the owner of the animal to the Prescription Monitoring Program. The bill also requires that every veterinary establishment licensed by the Board of Veterinary Medicine maintain records of the dispensing of feline buprenorphine and canine butorphanol, reconcile such records monthly, and make such records available for inspection upon request.

1 VIRGINIA ACTS OF ASSEMBLY — CHAPTER

2 *An Act to amend and reenact § 54.1-2522 of the Code of Virginia, relating to the Prescription*
3 *Monitoring Program; veterinarians.*

4 [S 1653]
5 Approved

6 Be it enacted by the General Assembly of Virginia:

7 1. That § 54.1-2522 of the Code of Virginia is amended and reenacted as follows:

8 § 54.1-2522. Reporting exemptions.

9 The dispensing of covered substances under the following circumstances shall be exempt from the
10 reporting requirements set forth in § 54.1-2521:

11 1. Dispensing of manufacturers' samples of such covered substances or of covered substances
12 dispensed pursuant to an indigent patient program offered by a pharmaceutical manufacturer.

13 2. Dispensing of covered substances by a practitioner of the healing arts to his patient in a bona fide
14 medical emergency or when pharmaceutical services are not available.

15 3. Administering of covered substances.

16 4. Dispensing of covered substances within an appropriately licensed narcotic maintenance treatment
17 program.

18 5. Dispensing of covered substances to inpatients in hospitals or nursing facilities licensed by the
19 Board of Health or facilities that are otherwise authorized by law to operate as hospitals or nursing
20 homes in the Commonwealth.

21 6. Dispensing of covered substances to inpatients in hospices licensed by the Board of Health.

22 7. Dispensing of covered substances by veterinarians to animals within the usual course of their
23 professional practice for a course of treatment to last seven days or less *or if such covered substance is*
24 *feline buprenorphine or canine butorphanol.*

25 8. Dispensing of covered substances as otherwise provided in the Department's regulations.

26 2. That every veterinary establishment licensed by the Board of Veterinary Medicine shall
27 maintain records of the dispensing of feline buprenorphine and canine butorphanol, reconcile such
28 records monthly, and make such records available for inspection upon request.

ENROLLED

SBI653ER

1 VIRGINIA ACTS OF ASSEMBLY — CHAPTER

2 *An Act to amend and reenact §§ 54.1-3002 and 54.1-3603 of the Code of Virginia, relating to*
 3 *composition of the Boards of Nursing and Psychology; health regulatory boards; staggered terms.*

4 [H 2228]
 5 Approved

6 Be it enacted by the General Assembly of Virginia:

7 1. That §§ 54.1-3002 and 54.1-3603 of the Code of Virginia are amended and reenacted as follows:
 8 § 54.1-3002. Board of Nursing; membership; terms; meetings; quorum; administrative officer.

9 The Board of Nursing shall consist of 14 members as follows: eight registered nurses, at least two of
 10 whom are licensed nurse practitioners; ~~three~~ *two* licensed practical nurses; and three citizen members;
 11 *and one member who shall be a registered nurse or a licensed practical nurse.* The terms of office of
 12 the Board shall be four years.

13 The Board shall meet ~~each January~~ *at least annually* and shall elect *officers* from its membership a
 14 ~~president, a vice-president, and a secretary.~~ It may hold such other meetings as may be necessary to
 15 perform its duties. A majority of the Board including one of its officers shall constitute a quorum for
 16 the conduct of business at any meeting. Special meetings of the Board shall be called by the
 17 administrative officer upon written request of two members.

18 The Board shall have an administrative officer who shall be a registered nurse.

19 § 54.1-3603. Board of Psychology; membership.

20 The Board of Psychology shall regulate the practice of psychology. The membership of the Board
 21 shall be representative of the practices of psychology and shall consist of nine members as follows: five
 22 persons who are licensed as clinical psychologists, one person licensed as a school psychologist, one
 23 person licensed as an ~~applied psychologist in any category of psychology~~, and two citizen members. At
 24 least one of the seven psychologist members of the Board shall be a member of the faculty at an
 25 accredited institution of higher education in the Commonwealth actively engaged in teaching
 26 psychology. The terms of the members of the Board shall be four years.

27 2. That for appointments to the Board of Nursing pursuant to § 54.1-3002 of the Code of Virginia,
 28 as amended by this act, that are set to begin July 1, 2021, one registered nurse and one licensed
 29 practical nurse shall be appointed for a term of one year, and any remaining appointments shall
 30 be for a term of four years. Thereafter, all appointments to the Board of Nursing shall be for a
 31 term of four years, as provided in § 54.1-3002 of the Code of Virginia, as amended by this act.

32 3. That for appointments to the Board of Psychology pursuant to § 54.1-3603 of the Code of
 33 Virginia, as amended by this act, that are set to begin July 1, 2020, one member shall be
 34 appointed for a term of one year, one member shall be appointed for a term of two years, and any
 35 remaining appointments shall be for a term of four years. Thereafter, all appointments to the
 36 Board of Psychology shall be for a term of four years, as provided in § 54.1-3603 of the Code of
 37 Virginia, as amended by this act.

38 4. That for appointments to the Board of Dentistry pursuant to § 54.1-2702 of the Code of
 39 Virginia that are set to begin July 1, 2020, one member shall be appointed for a term of one year,
 40 one member shall be appointed for a term of two years, and any remaining appointments shall be
 41 for a term of four years. Thereafter, all appointments to the Board of Dentistry shall be for a
 42 term of four years, as provided in § 54.1-2702 of the Code of Virginia.

43 5. That for appointments to the Board of Long-Term Care Administrators pursuant to § 54.1-3101
 44 of the Code of Virginia that are set to begin July 1, 2019, one licensed nursing home administrator
 45 and one assisted living facility administrator shall be appointed for a term of one year, and any
 46 remaining appointments shall be for a term of four years. Thereafter, all appointments to the
 47 Board of Long-Term Care Administrators shall be for a term of four years, as provided in
 48 § 54.1-3101 of the Code of Virginia.

49 6. That for appointments to the Board of Medicine pursuant to § 54.1-2911 of the Code of Virginia
 50 that are set to begin July 1, 2020, three members shall be appointed for a term of two years, and
 51 any remaining appointments shall be for a term of four years. Thereafter, all appointments to the
 52 Board of Medicine shall be for a term of four years, as provided in § 54.1-2911 of the Code of
 53 Virginia.

54 7. That for appointments to the Board of Veterinary Medicine pursuant to § 54.1-3802 of the Code
 55 of Virginia that are set to begin July 1, 2019, the citizen member shall be appointed for a term of
 56 three years, and any remaining appointments shall be for a term of four years. Thereafter, all

57 appointments to the Board of Veterinary Medicine shall be for a term of four years, as provided
58 in § 54.1-3802 of the Code of Virginia.

59 8. That for appointments to the Board of Audiology and Speech-Language Pathology pursuant to
60 § 54.1-2602 of the Code of Virginia that are set to begin July 1, 2022, one speech-language
61 pathologist shall be appointed for a term of two years, and any remaining appointments shall be
62 for a term of four years. Thereafter, all appointments to the Board of Audiology and
63 Speech-Language Pathology shall be for a term of four years, as provided in § 54.1-2602 of the
64 Code of Virginia.

65 9. That for appointments to the Board of Pharmacy pursuant to § 54.1-3305 of the Code of
66 Virginia that are set to begin July 1, 2022, one citizen member and one pharmacist shall be
67 appointed for a term of three years, and any remaining appointments shall be for a term of four
68 years. Thereafter, all appointments to the Board of Pharmacy shall be for a term of four years, as
69 provided in § 54.1-3305 of the Code of Virginia.

70 10. That for appointments to the Board of Counseling pursuant to § 54.1-3503 of the Code of
71 Virginia that are set to begin July 1, 2021, one member shall be appointed for a term of two
72 years, two members shall be appointed for a term of three years, and any remaining appointments
73 shall be for a term of four years. Thereafter, all appointments to the Board of Counseling shall be
74 for a term of four years, as provided in § 54.1-3503 of the Code of Virginia.

Excerpts for Discussion of §§ 54.1-3801(3) and 54.1-3804(4)

§ 54.1-3801. Exceptions.

This chapter shall not apply to:

3. Veterinarians employed by the United States or by the Commonwealth while actually engaged in the performance of their official duties, with the exception of those engaged in the practice of veterinary medicine, pursuant to § 54.1-3800, as part of a veterinary medical education program accredited by the American Veterinary Medical Association Council on Education and located in the Commonwealth;

§ 54.1-3804. Specific powers of Board.

In addition to the powers granted in § 54.1-2400, the Board shall have the following specific powers and duties:

4. To establish requirements for the licensure of persons engaged in the practice of veterinary medicine, pursuant to § 54.1-3800, as part of a veterinary medical education program accredited by the American Veterinary Medical Association Council on Education and located in the Commonwealth.

18VAC150-20-122. Requirements for faculty licensure.

A. Upon payment of the fee prescribed in 18VAC150-20-100 and provided that no grounds exist to deny licensure pursuant to § 54.1-3807 of the Code of Virginia, the board may grant a faculty license to engage in the practice of veterinary medicine as part of a veterinary medical education program accredited by the American Veterinary Medical Association Council on Education to an applicant who:

1. Is qualified for full licensure pursuant to 18VAC150-20-110 or 18VAC150-20-120;
2. Is a graduate of an accredited veterinary program and has an unrestricted current license or if lapsed, is eligible for reinstatement in another United States jurisdiction; or
3. Is a graduate of a veterinary program and has advanced training recognized by the American Board of Veterinary Specialties or a specialty training program acceptable to the veterinary medical education program in which he serves on the faculty.

B. The dean of a veterinary medical education program shall provide verification that the applicant is being or has been hired by the program and shall include an assessment of the applicant's clinical competency and clinical experience that qualifies the applicant for a faculty license.

C. The holder of a faculty license shall be entitled to perform all functions that a person licensed to practice veterinary medicine would be entitled to perform as part of his faculty duties, including patient care functions associated with teaching, research, and the delivery of patient care that takes place only within a veterinary establishment or diagnostic and clinical services operated by or

affiliated with the veterinary program. A faculty license shall not authorize the holder to practice veterinary medicine in nonaffiliated veterinary establishments or in private practice settings.

D. A faculty license shall expire on December 31 of the second year after its issuance and may be renewed annually without a requirement for continuing education, as specified in 18VAC150-20-70, as long as the accredited program certifies to the licensee's continued employment. When such a license holder ceases serving on the faculty, the license shall be null and void upon termination of employment. The dean of the veterinary medical education program shall notify the board within 30 days of such termination of employment.

18VAC150-20-123. Requirements for an intern/resident license.

A. Upon payment of the fee prescribed in 18VAC150-20-100 and provided that no grounds exist to deny licensure pursuant to § 54.1-3807 of the Code of Virginia, the board may issue a temporary license to practice veterinary medicine to an intern or resident. Upon recommendation of the dean or director of graduate education of the veterinary medical education program, such a license may be issued to an applicant who is a graduate of an AVMA-accredited program or who meets requirements of the Educational Commission of Foreign Veterinary Graduates or the Program for the Assessment of Veterinary Education Equivalence of the American Association of Veterinary State Boards, as verified by the veterinary medical education program. The application shall include the beginning and ending dates of the internship or residency.

B. The intern or resident shall be supervised by a fully licensed veterinarian or a veterinarian who holds a faculty license issued by the board. The intern or resident shall only practice within a veterinary establishment or diagnostic and clinical services operated by or affiliated with the veterinary program. A temporary license shall not authorize the holder to practice veterinary medicine in nonaffiliated veterinary establishments or in private practice settings.

C. An intern or resident license shall expire on August 1 of the second year after its issuance and may be renewed upon recommendation by the dean or director of graduate education of the veterinary medical education program.

DRAFT

Virginia's Veterinarian Workforce: 2018

Healthcare Workforce Data Center

January 2019

Virginia Department of Health Professions
Healthcare Workforce Data Center
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Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from: <https://www.dhp.virginia.gov/hwdc/findings.htm>

More than 3,000 veterinarians voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Veterinary Medicine express our sincerest appreciation for your ongoing cooperation.

Thank You!

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The Veterinarian Workforce: At a Glance:

The Workforce

Licenses:	4,470
Virginia's Workforce:	3,322
FTEs:	3,119

Background

Rural Childhood:	29%
HS Diploma in VA:	36%
Prof. Degree in VA:	32%

Current Employment

Employed in Prof.:	95%
Hold 1 Full-Time Job:	69%
Satisfied?:	92%

Survey Response Rate

All Licensees:	71%
Renewing Practitioners:	77%

Education

DVM/VMD:	95%
Bachelor of Science:	67%

Job Turnover

Switched Jobs:	8%
Employed Over 2 Yrs:	67%

Demographics

Female:	70%
Diversity Index:	20%
Median Age:	45

Finances

Median Inc.:	\$90k-\$100k
Health Insurance:	52%
Under 40 w/ Ed Debt:	76%

Time Allocation

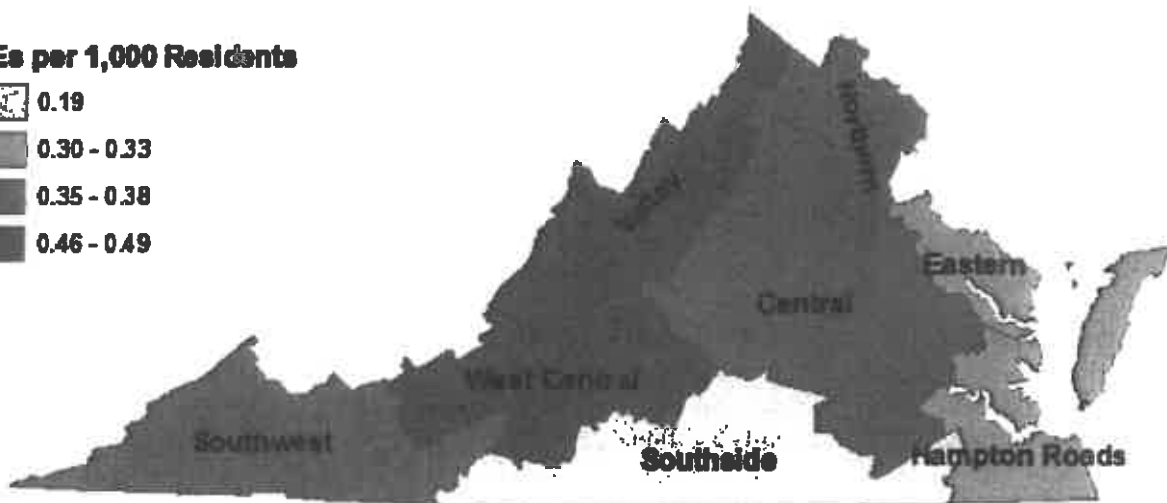
Patient Care:	90%-99%
Administration:	1%-9%
Patient Care Role:	86%

Source: Va Healthcare Workforce Data Center

Full Time Equivalency Units Provided by Veterinarians per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division



More than 3,000 veterinarians voluntarily took part in the 2018 Veterinarian Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every December for veterinarians. This year was the first time in which the HWDC has administered this survey to licensed veterinarians. These survey respondents represent 71% of the 4,470 veterinarians who are licensed in the state and 77% of renewing practitioners.

The HWDC estimates that 3,322 veterinarians participated in Virginia's workforce during the survey period, which is defined as those veterinarians who worked at least a portion of the year in the state or who live in the state and intend to return to work as a veterinarian at some point in the future. During the past year, Virginia's veterinarian workforce provided 3,119 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year.

More than two-thirds of Virginia's veterinarian workforce is female, including 85% of those veterinarians who are under the age of 40. In a random encounter between two veterinarians, there is a 20% chance that they would be of different races or ethnicities, a measure that is known as the diversity index. For those veterinarians who are under the age of 40, this diversity index increases to 26%. However, both of these values are well below the diversity index of 56% for Virginia's overall population.

Nearly 30% of Virginia's veterinarians grew up in a rural area, and 18% of these professionals currently work in non-metro areas of the state. In total, 9% of Virginia's veterinary workforce work in non-metro areas. More than one-third of all veterinarians earned their high school degree in Virginia, while 32% earned their initial professional degree in the state. Among all veterinarians, 45% currently carry education debt, including 76% of those who are under the age of 40. For those with education debt, the median debt burden is between \$110,000 and \$120,000.

Over the past year, only 1% of Virginia's veterinarian workforce has been involuntarily unemployed. In addition, another 2% of Virginia's veterinarians have been underemployed during the previous 12 months. Nearly 70% of all veterinarians currently hold one full-time job, while 14% hold two or more positions. Meanwhile, more than one-third of all veterinarians work between 40 and 49 hours per week. Another 12% of veterinarians work at least 60 hours per week.

The median annual income for Virginia's veterinarian workforce is between \$90,000 and \$100,000. More than two-thirds of this workforce received that income in the form of a salary or commission, while another 11% received their income as an hourly wage. In addition, 70% of all veterinarians receive at least one employer-sponsored benefit. This includes 52% who receive health insurance and 49% who have access to a retirement plan. More than 90% of all veterinarians are satisfied with their current work situation, including 59% who indicate that they are "very satisfied".

More than one-third of all veterinarians work in Northern Virginia, the most of any region in the state. Along with Central Virginia and Hampton Roads, these three regions employ 72% of Virginia's veterinarian workforce. Meanwhile, 95% of veterinarians work in the private sector, including 91% who are employed by for-profit institutions. With respect to establishment types, 47% work at group practices and 41% work at solo practices or partnerships.

Nearly all of a veterinarian's time is spent treating patients. The typical veterinarian will spend approximately 90% to 99% of her time in patient care activities and another 1% to 9% on administrative tasks. In addition, 86% of veterinarians serve a patient care role, which means that at least 60% of her time is spent treating patients. In their primary location, the typical veterinarian treats between 25 and 49 patients per week.

More than one-third of all veterinarians expect to retire by the age of 65. Within the next ten years, 21% of Virginia's veterinarian workforce expect to retire, while half of the present workforce plan on retiring by 2043. With respect to future professional plans, 10% expect to pursue additional educational opportunities in the next two years, while 7% plan to increase their patient care activities.

Survey Response Rates

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	3,875	87%
New Licensees	304	7%
Non-Renewals	291	7%
All Licensees	4,470	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing veterinarians, 77% submitted a survey. These respondents represent 71% of all veterinarians who held a license at some point in the past year.

Statistic	Response Rates		Response Rate
	Non Respondents	Respondents	
By Age			
Under 30	105	230	69%
30 to 34	164	435	73%
35 to 39	167	440	73%
40 to 44	140	414	75%
45 to 49	150	332	69%
50 to 54	135	352	72%
55 to 59	146	324	69%
60 and Over	299	637	68%
Total	1,306	3,164	71%
New Licenses			
Issued in Past Year	87	217	71%
Metro Status			
Non-Metro	88	237	73%
Metro	849	2,011	70%
Not in Virginia	369	916	71%

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. The Survey Period:** The survey was conducted in December 2018.
- 2. Target Population:** All veterinarians who held a Virginia license at some point between January 2018 and December 2018.
- 3. Survey Population:** The survey was available to veterinarians who renewed their licenses online. It was not available to those who did not renew, including some veterinarians newly licensed in 2018.

Response Rates	
Completed Surveys	3,164
Response Rate, All Licensees	71%
Response Rate, Renewals	77%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Veterinarians

Number:	4,470
New:	7%
Not Renewed:	7%

Response Rates

All Licensees:	71%
Renewing Practitioners:	77%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Veterinarian Workforce: 3,322
 FTEs: 3,119

Utilization Ratios

Licenses in VA Workforce: 74%
 Licenses per FTE: 1.43
 Workers per FTE: 1.07

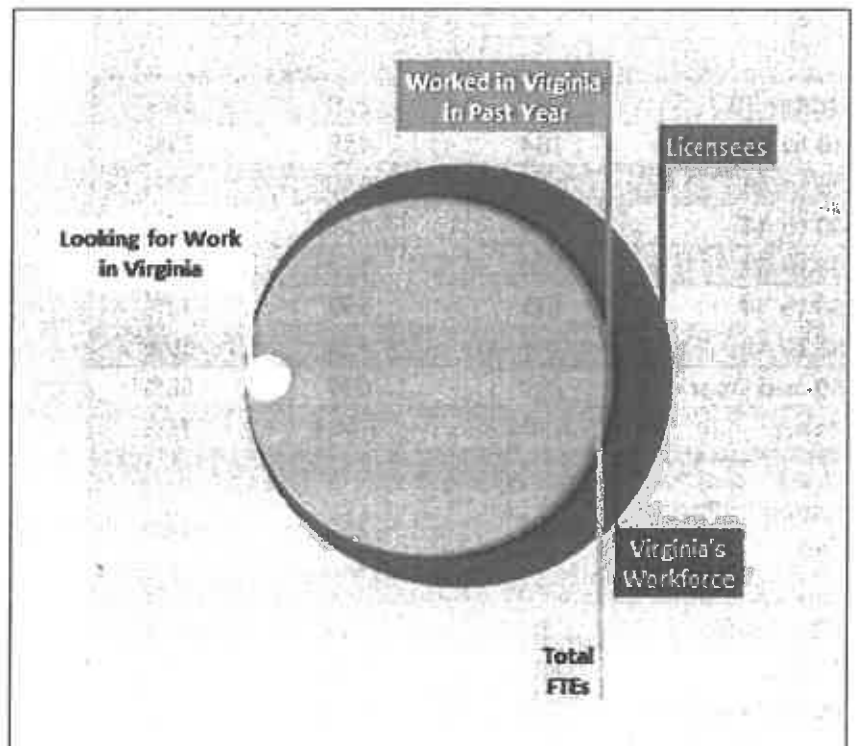
Source: Va. Healthcare Workforce Data Center

Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time between January 2018 and December 2018 or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licenses in VA Workforce:** The proportion of licenses in Virginia's Workforce.
- 4. Licenses per FTE:** An indication of the number of licenses needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's Veterinarian Workforce		
Status	#	%
Worked in Virginia in Past Year	3,273	99%
Looking for Work in Virginia	49	1%
Virginia's Workforce	3,322	100%
Total FTEs	3,119	
Licenses	4,470	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: www.dhp.virginia.gov/hwdc/

Demographics

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	29	10%	257	90%	287	9%
30 to 34	78	17%	389	83%	468	14%
35 to 39	64	15%	365	85%	430	13%
40 to 44	118	28%	305	72%	423	13%
45 to 49	96	27%	260	73%	356	11%
50 to 54	122	34%	242	67%	364	11%
55 to 59	123	37%	214	64%	337	10%
60 and Over	351	60%	237	40%	587	18%
Total	982	30%	2,270	70%	3,251	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 70%
% Under 40 Female: 85%

Age

Median Age: 45
% Under 40: 36%
% 55+: 28%

Diversity

Diversity Index: 20%
Under 40 Div. Index: 26%

Source: Va. Healthcare Workforce Data Center

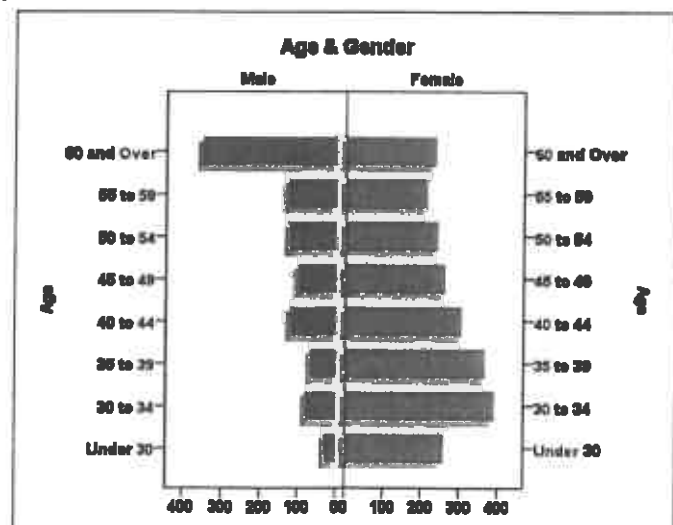
Race & Ethnicity					
Race/ Ethnicity	Virginia*	Veterinarians		Veterinarians Under 40	
	%	#	%	#	%
White	62%	2,916	90%	1,016	86%
Black	19%	60	2%	27	2%
Asian	6%	96	3%	51	4%
Other Race	0%	26	1%	8	1%
Two or More races	3%	73	2%	40	3%
Hispanic	9%	86	3%	43	4%
Total	100%	3,257	100%	1,185	100%

*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2017.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two veterinarians, there is a 20% chance they would be of a different race/ethnicity (a measure known as the Diversity Index).

Among the 36% of veterinarians who are under the age of 40, 85% are female. In addition, the diversity index of these professionals is 26%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 9%
 Rural Childhood: 29%

Virginia Background

HS in Virginia: 36%
 Prof. Degree in VA: 32%
 HS or Prof. in VA: 46%

Location Choice

% Rural to Non-Metro: 18%
 % Urban/Suburban to Non-Metro: 6%

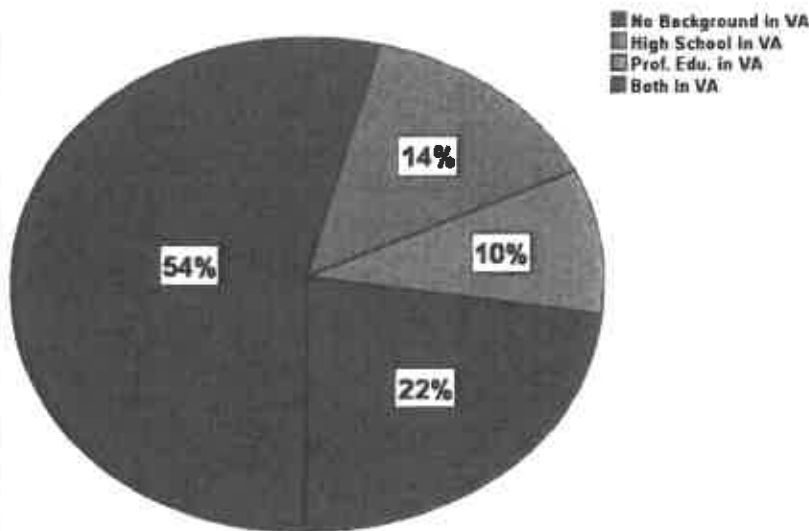
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location:		Rural Status of Childhood Location		
USDA Rural Urban Continuum		Rural	Suburban	Urban
Code	Description			
Metro Counties				
1	Metro, 1 Million+	23%	67%	10%
2	Metro, 250,000 to 1 Million	34%	58%	8%
3	Metro, 250,000 or Less	39%	53%	8%
Non-Metro Counties				
4	Urban Pop 20,000+, Metro Adjacent	58%	42%	0%
6	Urban Pop, 2,500-19,999, Metro Adjacent	55%	40%	5%
7	Urban Pop, 2,500-19,999, Non-Adjacent	74%	24%	2%
8	Rural, Metro Adjacent	54%	40%	6%
9	Rural, Non-Adjacent	40%	60%	0%
Overall		29%	62%	9%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Among the 29% of veterinarians who grew up in a rural area, 18% currently work in non-metro areas of the state. Overall, 9% of veterinarians currently work in non-metro areas of Virginia.

Top Ten States for Veterinarian Recruitment

Rank	All Veterinarians			
	High School	#	Professional School	#
1	Virginia	1,158	Virginia	1,026
2	Maryland	243	Outside U.S./Canada	359
3	New York	181	Georgia	186
4	Pennsylvania	135	Alabama	167
5	New Jersey	130	Ohio	143
6	Outside U.S./Canada	129	Pennsylvania	132
7	North Carolina	105	North Carolina	129
8	Florida	92	New York	116
9	Ohio	91	Tennessee	108
10	California	83	Florida	72

Source: Va. Healthcare Workforce Data Center

Among all veterinarians, 36% earned their high school degree in Virginia, and 32% received their initial professional degree in the state.

Among veterinarians who received their initial license in the past five years, 32% earned their high school degree in Virginia, while 26% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Professional School	#
1	Virginia	275	Virginia	216
2	Maryland	72	Outside U.S./Canada	159
3	Outside U.S./Canada	51	North Carolina	36
4	New York	36	Alabama	32
5	North Carolina	35	Tennessee	32
6	Florida	34	Pennsylvania	30
7	New Jersey	33	New York	27
8	Pennsylvania	31	Florida	26
9	California	29	Ohio	24
10	West Virginia	18	California	24

Source: Va. Healthcare Workforce Data Center

More than one-quarter of licensed veterinarians were not part of the state's veterinarian workforce. Among these licensees, 88% worked at some point in the past year, and 83% currently work as veterinarians.

At a Glance:

Not in VA Workforce

Total:	1,146
% of Licensees:	26%
Federal/Military:	11%
Va Border State/DC:	22%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Education		
Degree	#	% of Workforce
Graduate Certificate	73	2%
Bachelor of Science	2,223	67%
Other Bachelor's Degree	387	12%
Master's Degree	449	14%
PhD	71	2%
DVM/VMD	3,147	95%

Source: Va. Healthcare Workforce Data Center

More than four out of every ten veterinarians carry education debt, including 76% of those under the age of 40. For those with education debt, their median debt burden is between \$110,000 and \$120,000.

At a Glance:

Education
 DVM/VMD: 95%
 Bachelor of Science: 67%

Educational Debt
 Carry Debt: 45%
 Under Age 40 w/ Debt: 76%
 Median Debt: \$110k-\$120k

Training Program
 Surgery: 3%
 Internal Medicine: 2%
 Critical Care/Emergency: 2%

Source: Va. Healthcare Workforce Data Center

Other Education/Training		
Residency/Specialty Training	#	%
Surgery	106	3%
Internal Medicine	71	2%
Critical Care/Emergency	53	2%
Public Health	49	1%
Equine Practice	45	1%
Canine/Feline Practice	43	1%
Dentistry	34	1%
Laboratory Animal Medicine	26	1%
Sports Medicine/Rehabilitation	24	1%
Pathology	22	1%
At Least One	573	17%
Other Education		
	#	%
Preventative Medicine	304	9%
Theriogenology	88	3%
Other	283	9%
At least One	602	18%

Source: Va. Healthcare Workforce Data Center

Educational Debt				
Amount Carried	All Veterinarians		Veterinarians Under 40	
	#	%	#	%
None	1,527	55%	256	24%
Less than \$20,000	85	3%	46	4%
\$20,000-\$39,999	106	4%	43	4%
\$40,000-\$59,999	113	4%	29	3%
\$60,000-\$79,999	133	5%	52	5%
\$80,000-\$99,999	117	4%	69	7%
\$100,000-\$119,999	99	4%	70	7%
\$120,000-\$139,999	79	3%	52	5%
\$140,000-\$159,999	73	3%	43	4%
\$160,000-\$179,999	61	2%	50	5%
\$180,000-\$199,999	45	2%	37	3%
\$200,000 or More	356	13%	311	29%
Total	2,793	100%	1,059	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 95%
 Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 69%
 2 or More Positions: 14%

Weekly Hours:

40 to 49: 37%
 60 or More: 12%
 Less Than 30: 13%

Source: VA Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	3	< 1%
Employed in a Veterinary-Related Capacity	3,047	95%
Employed, NOT in a Veterinary-Related Capacity	37	1%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	4	< 1%
Voluntarily Unemployed	55	2%
Retired	51	2%
Total	3,198	100%

Source: VA Healthcare Workforce Data Center

Among all veterinarians, 95% are currently employed in the profession, and less than 1% are involuntarily unemployed. In addition, 69% currently hold one full-time job, while 14% hold multiple positions.

Current Positions		
Positions	#	%
No Positions	110	4%
One Part-Time Position	432	14%
Two Part-Time Positions	109	3%
One Full-Time Position	2,151	69%
One Full-Time Position & One Part-Time Position	228	7%
Two Full-Time Positions	16	1%
More than Two Positions	85	3%
Total	3,131	100%

Source: VA Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	110	4%
1 to 9 Hours	67	2%
10 to 19 Hours	130	4%
20 to 29 Hours	205	7%
30 to 39 Hours	579	19%
40 to 49 Hours	1,152	37%
50 to 59 Hours	494	16%
60 to 69 Hours	233	8%
70 to 79 Hours	77	2%
80 or More Hours	50	2%
Total	3,097	100%

Source: VA Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	26	1%
Less than \$40,000	268	11%
\$40,000-\$59,999	217	9%
\$60,000-\$79,999	404	16%
\$80,000-\$99,999	525	21%
\$100,000-\$119,999	374	15%
\$120,000-\$139,999	259	11%
\$140,000-\$159,999	140	6%
\$160,000-\$179,999	76	3%
\$180,000-\$199,999	44	2%
\$200,000 or More	135	6%
Total	2,471	100%

Source: Vs. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: \$90k-\$100k

Benefits

Health Insurance: 52%

Retirement: 49%

Satisfaction

Satisfied: 92%

Very Satisfied: 59%

Source: Vs. Healthcare Workforce Data Center

The typical veterinarian earned between \$90,000 and \$100,000 in the past year. Among veterinarians who were compensated at their primary work location with either a salary or an hourly wage, 58% received health insurance and 55% had access to a retirement plan.

Job Satisfaction

Level	#	%
Very Satisfied	1,811	59%
Somewhat Satisfied	1,011	33%
Somewhat Dissatisfied	207	7%
Very Dissatisfied	49	2%
Total	3,078	100%

Source: Vs. Healthcare Workforce Data Center

Employer-Sponsored Benefits

Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	1,695	56%	64%
Health Insurance	1,582	52%	58%
Retirement	1,479	49%	55%
Paid Sick Leave	1,125	37%	43%
Dental Insurance	1,103	36%	43%
Group Life Insurance	720	24%	27%
Signing/Retention Bonus	227	7%	9%
Received At Least One Benefit	2,122	70%	78%

*From any employer at time of survey.

Source: Vs. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In The Past Year Did You ...?	#	%
Experience Involuntary Unemployment?	29	1%
Experience Voluntary Unemployment?	168	5%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	64	2%
Work Two or More Positions at the Same Time?	514	15%
Switch Employers or Practices?	270	8%
Experienced At Least One	833	25%

Source: Va. Healthcare Workforce Data Center

Only 1% of veterinarians experienced involuntary unemployment at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 3.0% during the same time period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	68	2%	24	4%
Less than 6 Months	275	9%	100	16%
6 Months to 1 Year	213	7%	56	9%
1 to 2 Years	460	15%	106	17%
3 to 5 Years	611	20%	122	19%
6 to 10 Years	409	13%	74	12%
More Than 10 Years	1,004	33%	148	23%
Subtotal	3,040	100%	631	100%
Did Not Have Location	57		2,638	
Item Missing	225		53	
Total	3,322		3,322	

Source: Va. Healthcare Workforce Data Center

More than two-thirds of all veterinarians receive a salary or commission at their primary work location.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 8%
New Location: 21%
Over 2 Years: 67%
Over 2 Yrs, 2nd Location: 55%

Employment Type

Salary/Commission: 69%
Business/Practice Income: 16%

Source: Va. Healthcare Workforce Data Center

Among all veterinarians, 67% have worked at their primary work location for at least two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	1,773	69%
Business/Practice Income	415	16%
Hourly Wage	285	11%
By Contract/Per Diem	72	3%
Unpaid	14	1%
Subtotal	2,558	100%
Did Not Have Location	57	
Item Missing	707	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fell from 3.7% in January 2018 to 2.6% in December 2018. The unemployment rate from December 2018 was still preliminary at the time of publication.

Work Site Distribution

At a Glance:

Concentration

Top Region:	85%
Top 3 Regions:	72%
Lowest Region:	2%

Locations

2 or more (Past Year):	22%
2 or more (Now*):	20%

Source: Va. Healthcare Workforce Data Center

More than one-third of all veterinarians work in Northern Virginia, the most of any region in the state. Along with Central Virginia and Hampton Roads, these three regions employ 72% of all veterinarians in the state.

A Closer Look:

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	617	20%	105	16%
Eastern	47	2%	11	2%
Hampton Roads	506	17%	125	19%
Northern	1,063	35%	192	29%
Southside	63	2%	10	2%
Southwest	119	4%	18	3%
Valley	230	8%	55	8%
West Central	329	11%	59	9%
Virginia Border State/DC	6	0%	16	2%
Other US State	40	1%	71	11%
Outside of the US	1	0%	4	1%
Total	3,021	100%	666	100%
Item Missing	243		19	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



While 20% of veterinarians currently have multiple work locations, 22% have had multiple work locations over the past year.

Locations	Number of Work Locations			
	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	49	2%	103	3%
1	2,361	76%	2,378	77%
2	414	13%	377	12%
3	135	4%	156	5%
4	35	1%	27	1%
5	31	1%	13	0%
6 or More	67	2%	39	1%
Total	3,093	100%	3,093	100%

*At the time of survey completion, Dec. 2018.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	2,604	91%	508	86%
Non-Profit	102	4%	48	8%
State/Local Government	90	3%	17	3%
Veterans Administration	1	0%	0	0%
U.S. Military	18	1%	10	2%
Other Federal Government	44	2%	10	2%
Total	2,859	100%	593	100%
Did Not Have Location	57		2,638	
Item Missing	405		91	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

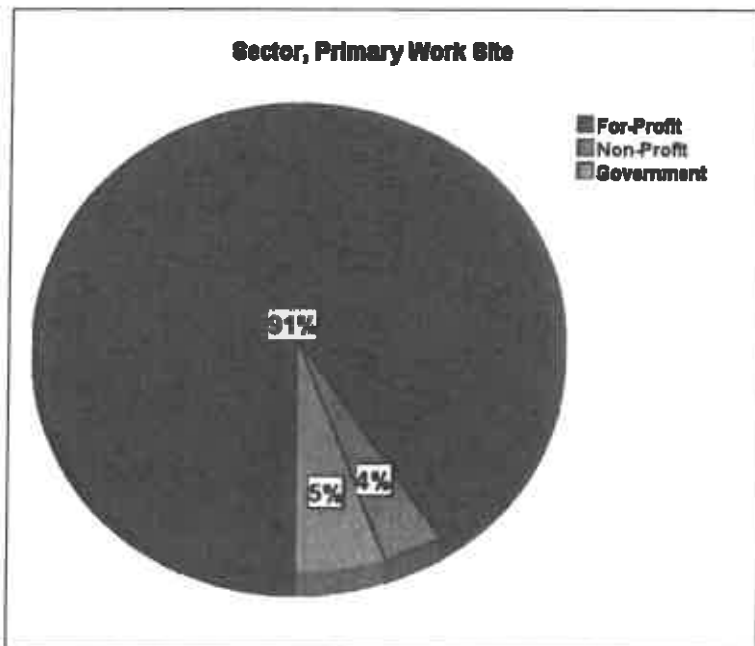
Sector

For Profit:	91%
Federal:	2%

Top Establishments

Group Practice:	47%
Solo Practice:	41%
Veterinary Edu. Program:	2%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

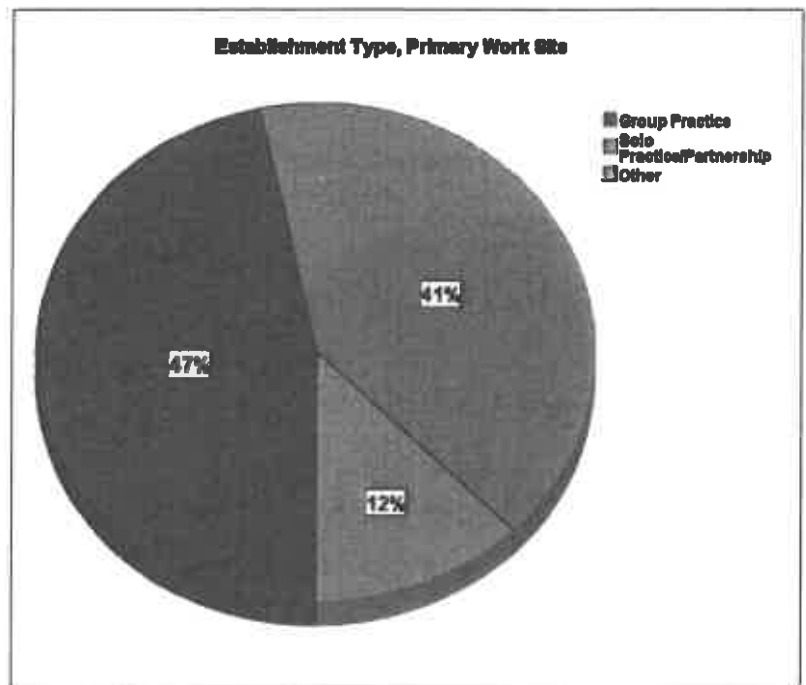
Most veterinarians work in for-profit establishments. In addition, 4% work in the non-profit sector, and 3% work for state or local governments.

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Group Practice	1,302	47%	233	40%
Solo Practice/Partnership	1,140	41%	212	37%
Veterinary Education Program	65	2%	14	2%
Public Health Program	34	1%	14	2%
Non-Veterinary Education Program	17	1%	6	1%
Veterinary Technology Education Program	8	0%	3	1%
Supplier Organization	7	0%	3	1%
Other Practice Setting	214	8%	94	16%
Total	2,787	100%	579	100%
Did Not Have Location	57		2,638	

Source: Va. Healthcare Workforce Data Center

Nearly half of all veterinarians work at a group practice as their primary work location, while another 41% work at a solo practice or partnership.

Among those veterinarians who also have a secondary work location, 40% work at a group practice and 37% work at a solo practice or partnership.



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Typical Time Allocation

Patient Care: 90%-99%
Administration: 1%-9%

Roles

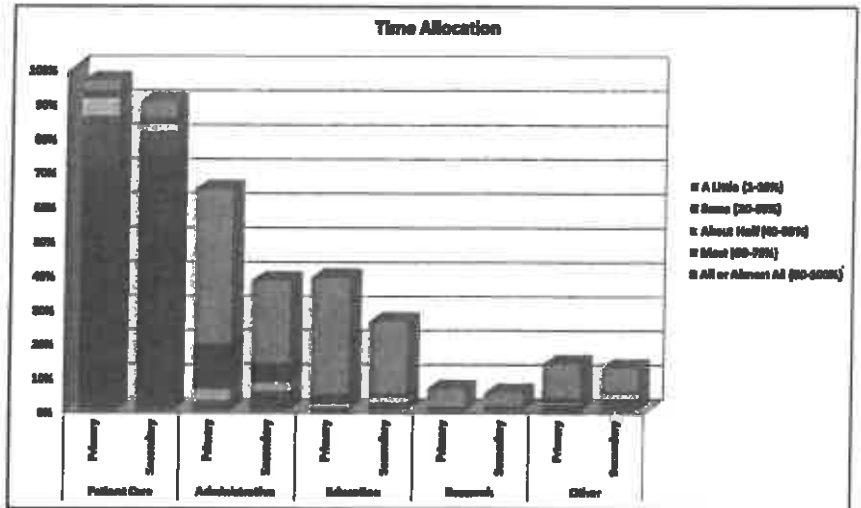
Patient Care: 86%
Administrative: 3%
Education: 1%

Patient Care Veterinarians

Median Admin Time: 1%-9%
Ave. Admin Time: 1%-9%

Source: AV, Healthcare Workforce Data Center

A Closer Look:



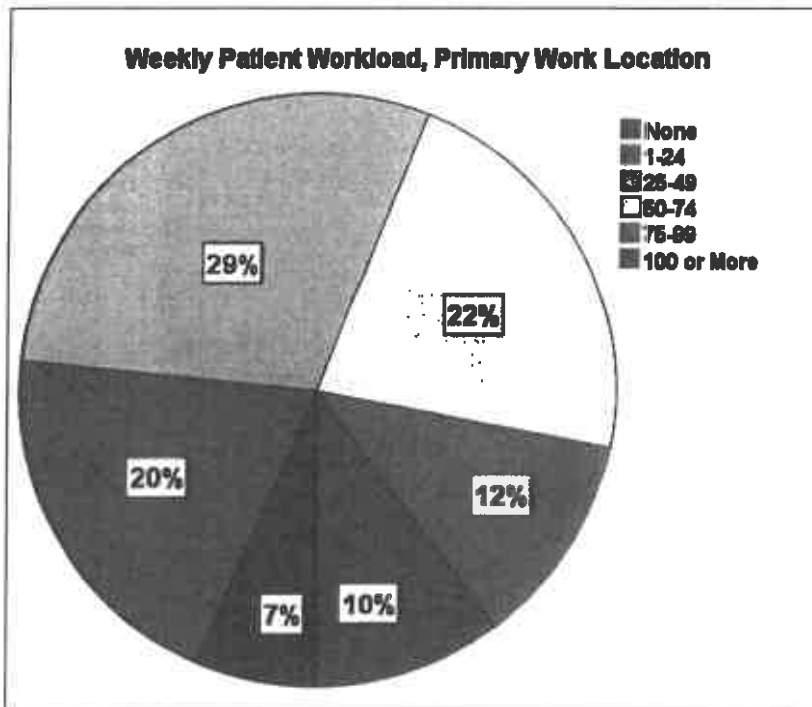
Source: Va. Healthcare Workforce Data Center

A typical veterinarian spends most of her time treating patients. In particular, 86% of veterinarians fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Spent	Time Allocation									
	Patient Care		Admin.		Education		Research		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	71%	75%	2%	4%	1%	2%	0%	0%	2%	4%
Most (60-79%)	15%	7%	1%	2%	0%	0%	0%	1%	0%	0%
About Half (40-59%)	5%	2%	3%	2%	1%	1%	0%	0%	0%	1%
Some (20-39%)	2%	2%	13%	6%	3%	2%	1%	1%	1%	1%
A Little (1-19%)	3%	5%	45%	24%	34%	21%	5%	4%	10%	7%
None (0%)	4%	10%	35%	62%	61%	74%	93%	95%	86%	88%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Patient Workload
(Median)

Primary Location: 25-49

Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

The typical veterinarian treated between 25 and 49 patients per week at her primary work location. For veterinarians who also had a secondary work location, the median workload was between 1 and 24 patients per week.

# of Patients Per Week	Patient Care Visits			
	Primary		Secondary	
	#	%	#	%
None	189	7%	79	13%
1-24	577	20%	306	51%
25-49	845	29%	101	17%
50-74	633	22%	56	9%
75-99	335	12%	26	4%
100-124	148	5%	8	1%
125-149	66	2%	8	1%
150-174	25	1%	7	1%
175-199	10	0%	3	1%
200 or More	47	2%	2	0%
Total	2,875	100%	596	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All Veterinarians		Veterinarians over 50	
	#	%	#	%
Under Age 50	42	2%	-	-
50 to 54	108	4%	11	1%
55 to 59	243	9%	46	5%
60 to 64	601	22%	202	20%
65 to 69	801	30%	336	33%
70 to 74	391	15%	187	18%
75 to 79	121	5%	52	5%
80 or Over	57	2%	19	2%
I Do Not Intend to Retire	309	12%	163	16%
Total	2,672	100%	1,016	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

<u>All Veterinarians</u>	
Under 65:	37%
Under 60:	15%
<u>Veterinarians 50 and Over</u>	
Under 65:	25%
Under 60:	6%

Time until Retirement

Within 2 Years:	5%
Within 10 Years:	21%
Half the Workforce:	By 2043

Source: Va. Healthcare Workforce Data Center

More than one out of every three veterinarians expect to retire by the age of 65. Among veterinarians who are already at least age 50, one-quarter expect to retire by age 65.

Within the next two years, 10% of Virginia's veterinarians plan on pursuing additional educational opportunities, and 7% plan to increase their patient care hours.

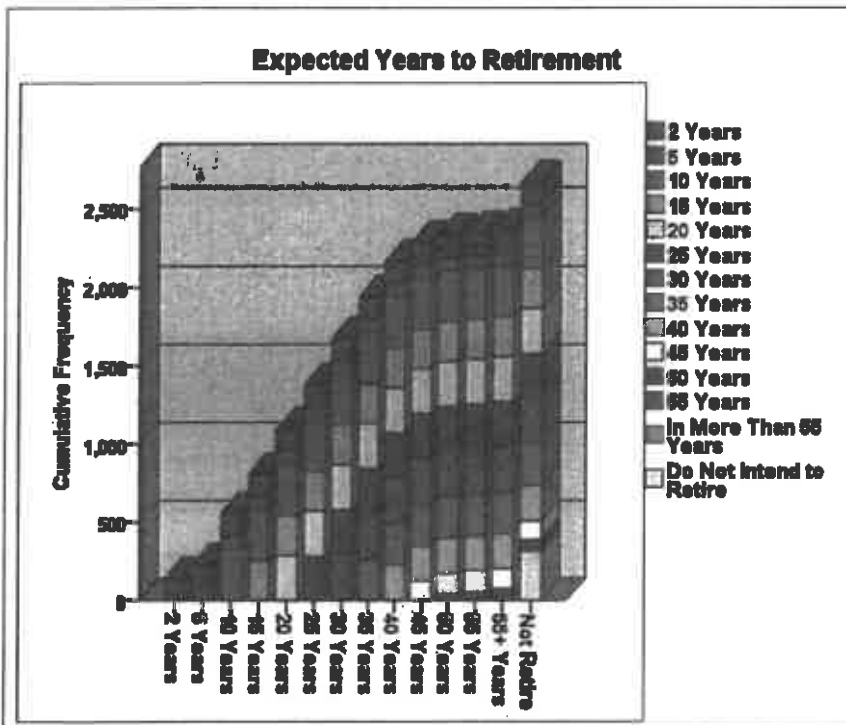
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	63	2%
Leave Virginia	152	5%
Decrease Patient Care Hours	403	12%
Decrease Teaching Hours	17	1%
Increase Participation		
Increase Patient Care Hours	235	7%
Increase Teaching Hours	110	3%
Pursue Additional Education	323	10%
Return to Virginia's Workforce	11	0%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectations to age, we can estimate the maximum years to retirement for veterinarians. While only 5% of veterinarians expect to retire in the next two years, 21% plan to retire within the next decade. More than half of the current workforce expect to retire by 2043.

Time to Retirement			
Expect to Retire Within...	#	%	Cumulative %
2 Years	140	5%	5%
5 Years	83	3%	8%
10 Years	328	12%	21%
15 Years	253	9%	30%
20 Years	288	11%	41%
25 Years	282	11%	51%
30 Years	298	11%	63%
35 Years	265	10%	72%
40 Years	227	8%	81%
45 Years	121	5%	86%
50 Years	47	2%	87%
55 Years	15	1%	88%
In More Than 55 Years	15	1%	88%
Do Not Intend to Retire	309	12%	100%
Total	2,672	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every five years by 2028. Retirement will peak at 12% of the current workforce in 2028 before declining to under 10% of the current workforce around 2058.

Full-Time Equivalency Units

At a Glance:

FTEs

Total: 3,119
 FTEs/1,000 Residents²: 0.368
 Average: 0.96

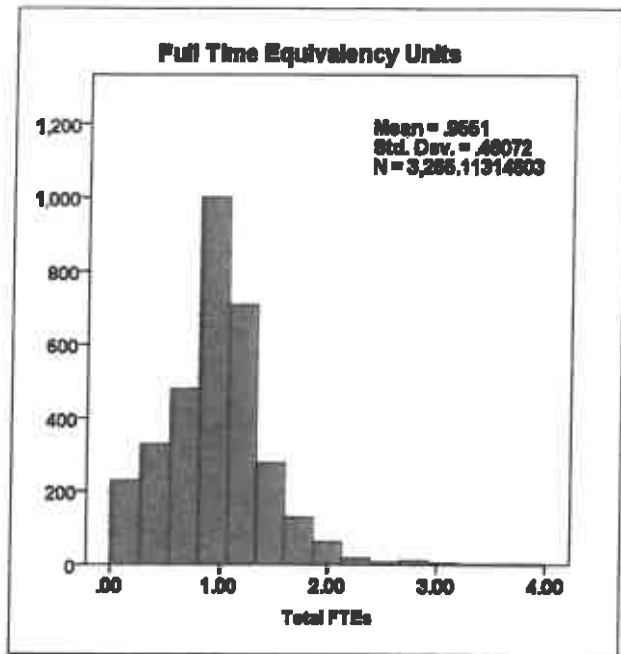
Age & Gender Effect

Age, Partial Eta²: Small
 Gender, Partial Eta²: Negligible

Partial Eta² Explained:
 Partial Eta² is a statistical measure of effect size.

Source: VA Healthcare Workforce Data Center

A Closer Look:

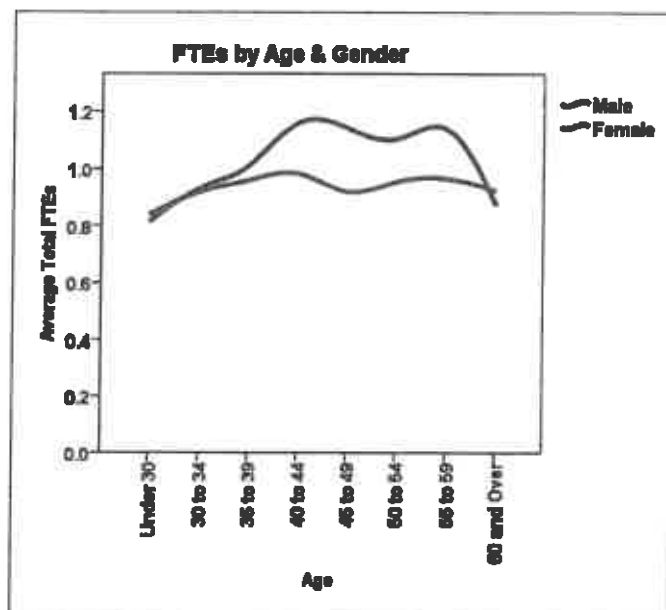


Source: VA Healthcare Workforce Data Center

The typical veterinarian provided 0.96 FTEs in the past year, or approximately 38 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.83	0.80
30 to 34	0.92	0.93
35 to 39	0.97	1.01
40 to 44	1.03	1.05
45 to 49	0.98	1.04
50 to 54	0.99	0.96
55 to 59	1.03	1.05
60 and Over	0.89	0.89
Gender		
Male	1.01	1.05
Female	0.93	0.95

Source: VA Healthcare Workforce Data Center

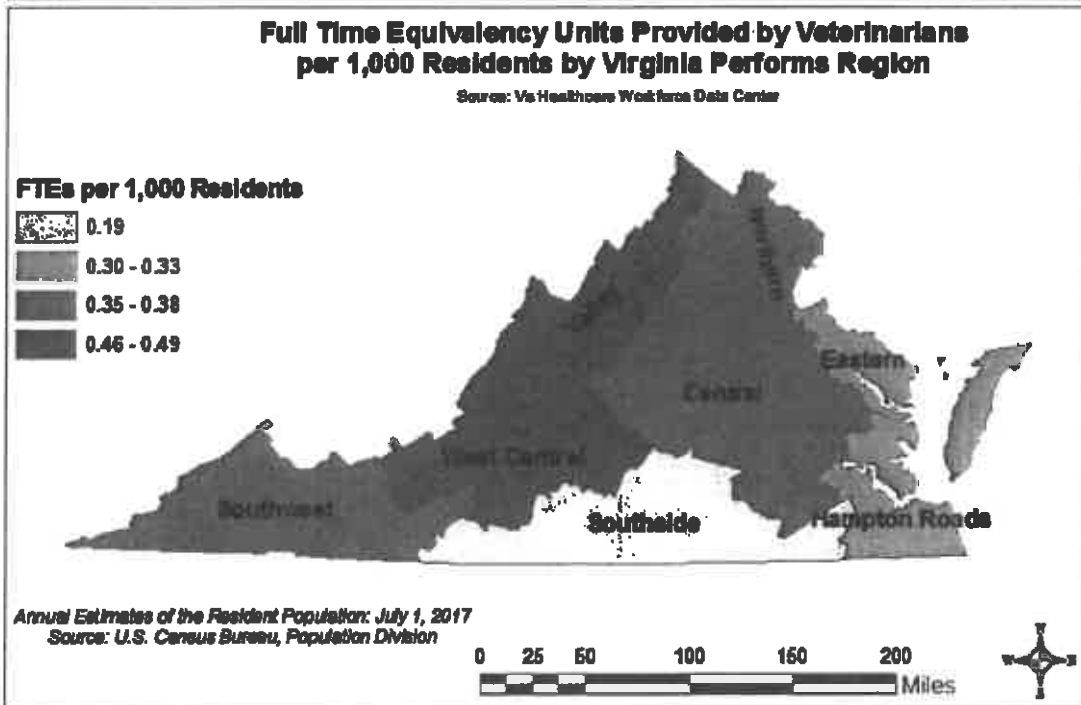
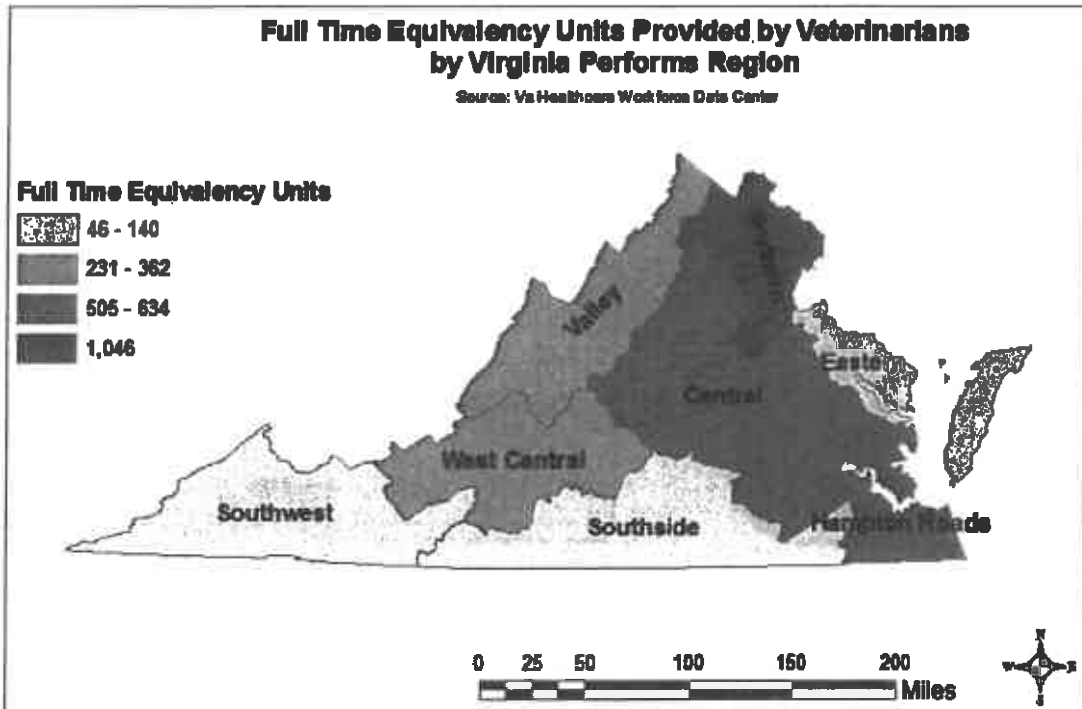


Source: VA Healthcare Workforce Data Center

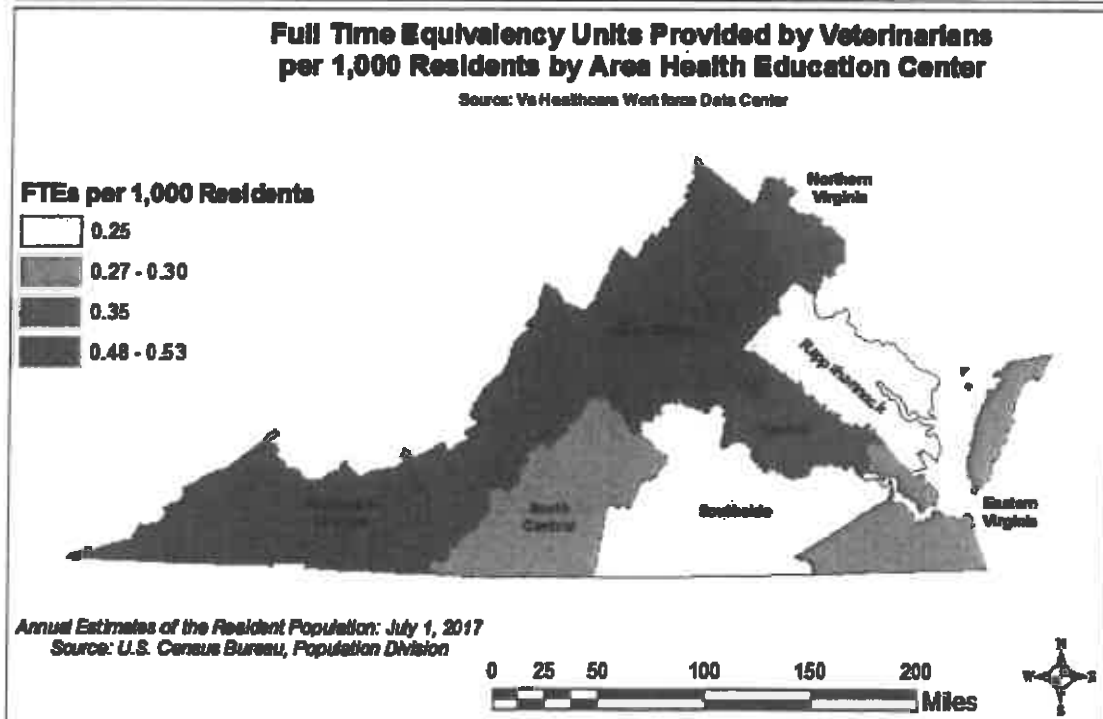
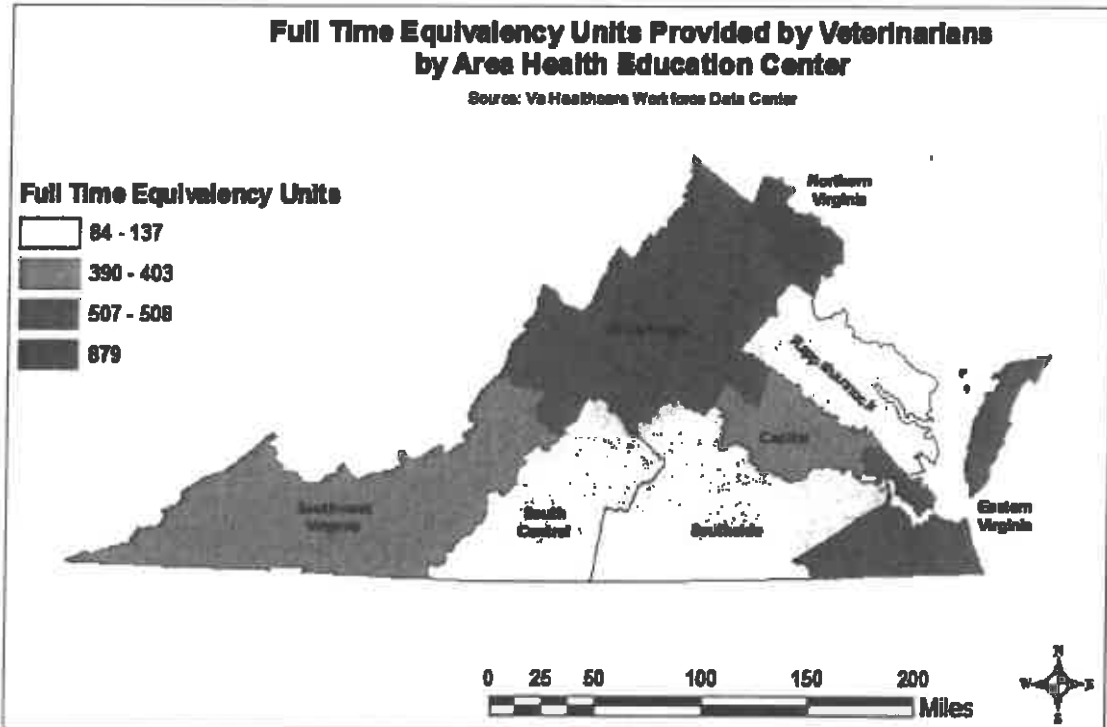
² Number of residents in 2017 was used as the denominator.

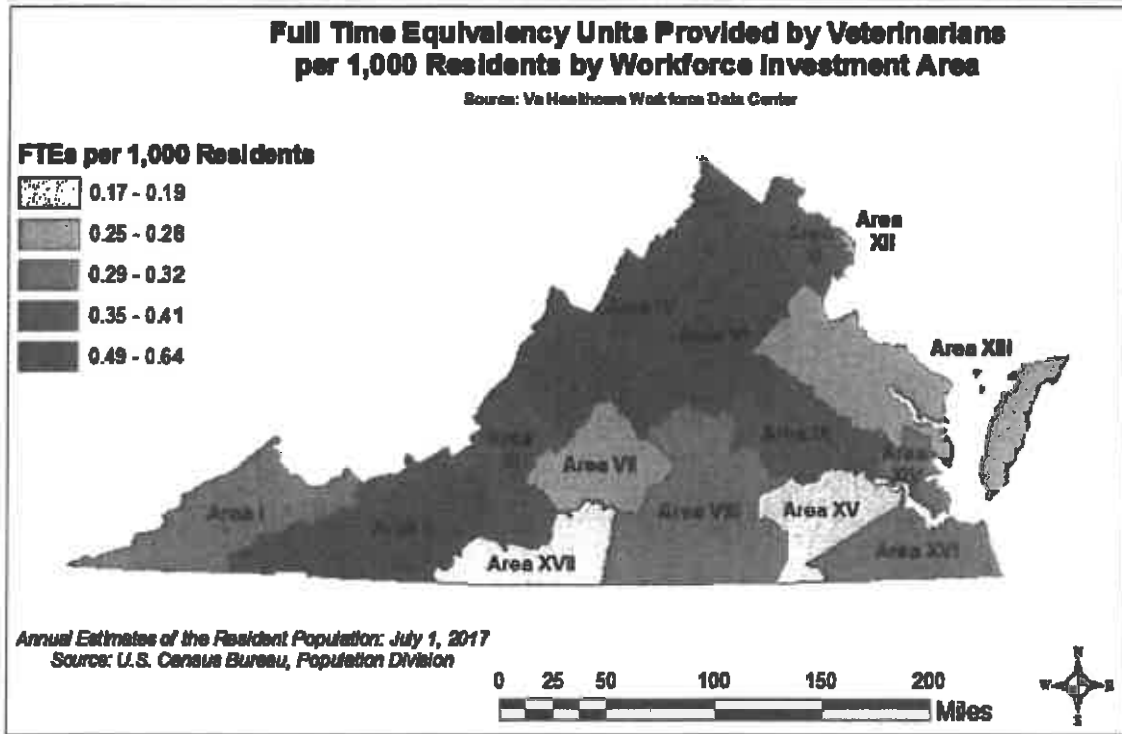
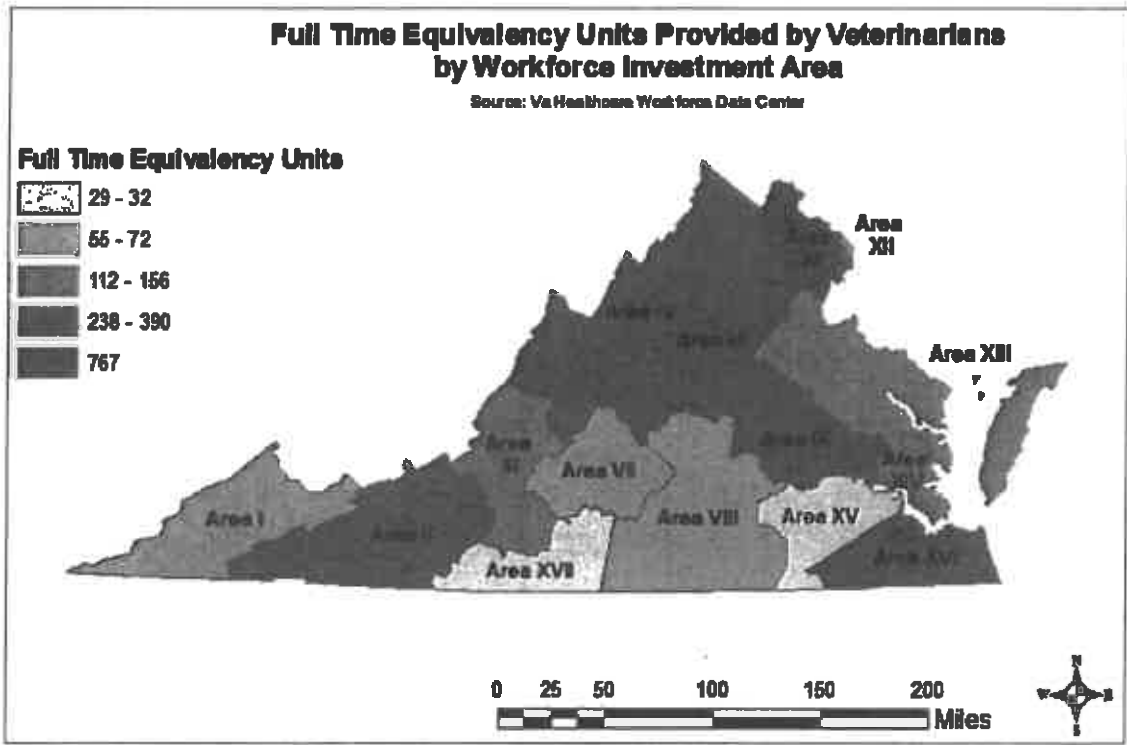
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction Effect were significant).

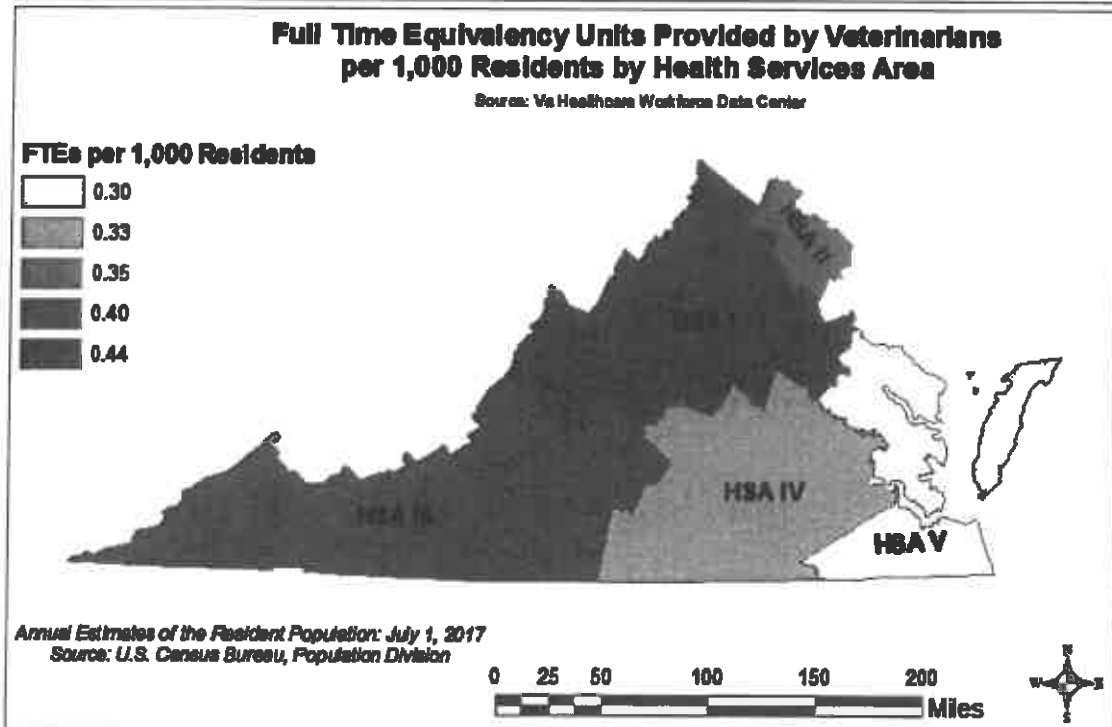
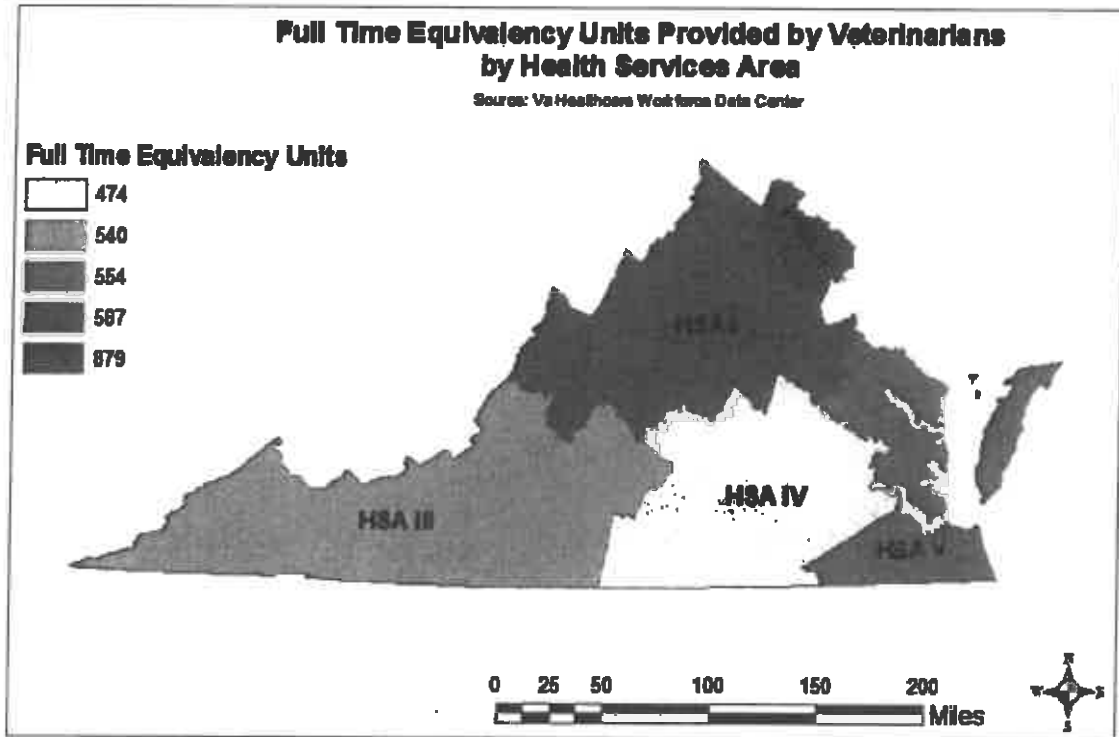
Virginia Performs Regions

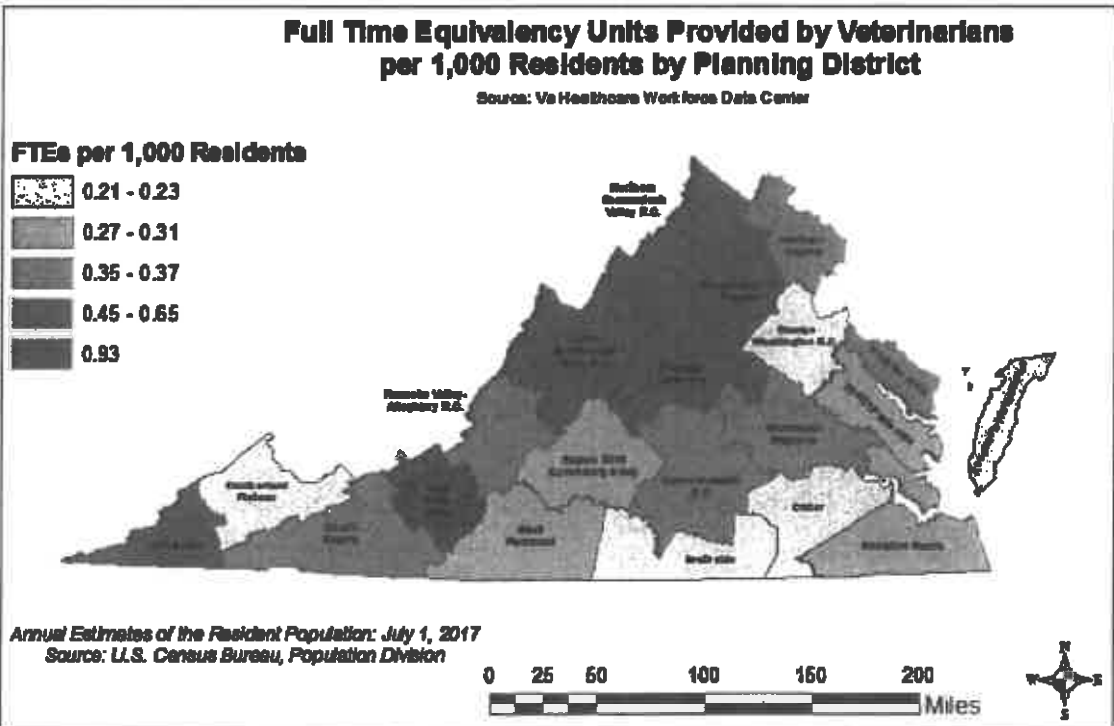
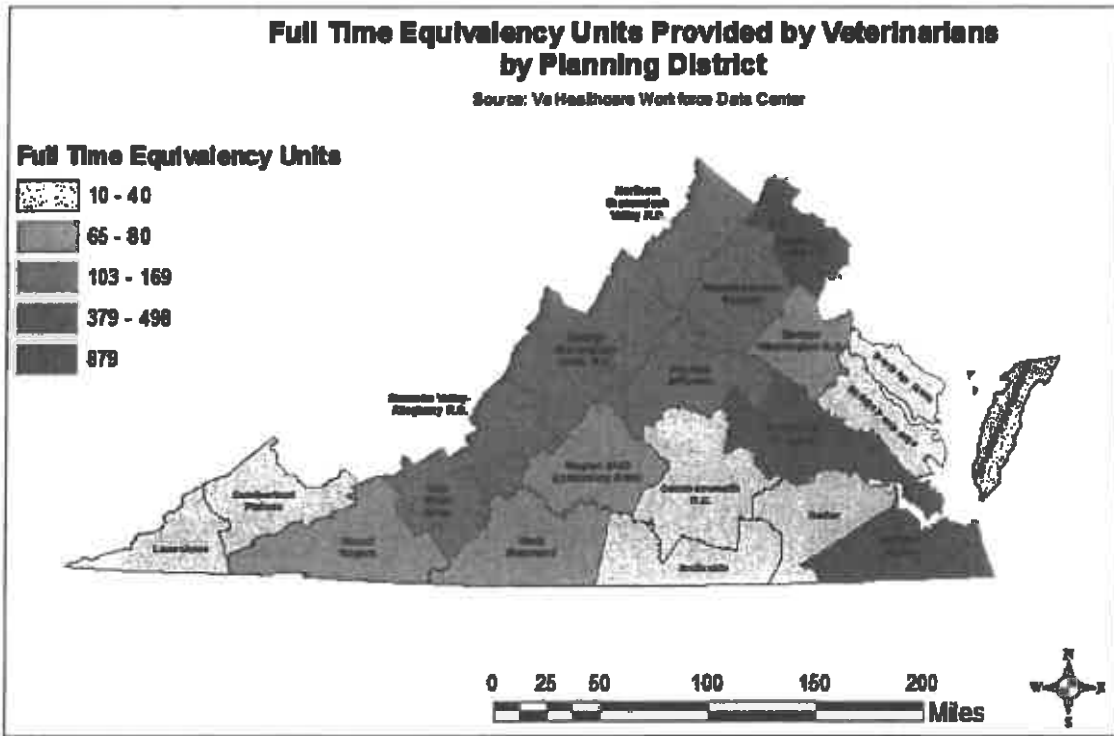


Area Health Education Center Regions









Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 Million+	2,089	69.41%	1.44069	1.36431	1.49809
Metro, 250,000 to 1 Million	233	69.10%	1.447205	1.37048	1.50487
Metro, 250,000 or Less	538	74.35%	1.345	1.27369	1.39859
Urban Pop 20,000+ Metro Adj.	27	66.67%	1.5	1.42047	1.55977
Urban Pop 20,000+ Non-Adj.	0	NA	NA	NA	NA
Urban Pop, 2,500-19,999, Metro Adj.	150	78.67%	1.339286	1.26828	1.39269
Urban Pop, 2,500-19,999, Non-Adj.	50	80.00%	1.25	1.18373	1.29981
Rural, Metro Adj.	77	70.13%	1.425926	1.35033	1.48274
Rural, Non-Adj.	21	61.90%	1.615385	1.52974	1.67975
Virginia Border State/DC	644	71.27%	1.40305	1.32866	1.45895
Other US State	641	71.29%	1.402626	1.32826	1.45851

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	335	68.66%	1.456522	1.28842	1.54611
30 to 34	599	72.62%	1.377011	1.21809	1.57415
35 to 39	607	72.49%	1.379545	1.22033	1.57704
40 to 44	554	74.73%	1.338164	1.18373	1.52974
45 to 49	482	68.88%	1.451807	1.28425	1.5411
50 to 54	487	72.28%	1.383523	1.22385	1.58159
55 to 59	470	68.94%	1.450617	1.2832	1.53984
60 and Over	936	68.06%	1.469388	1.29981	1.67975

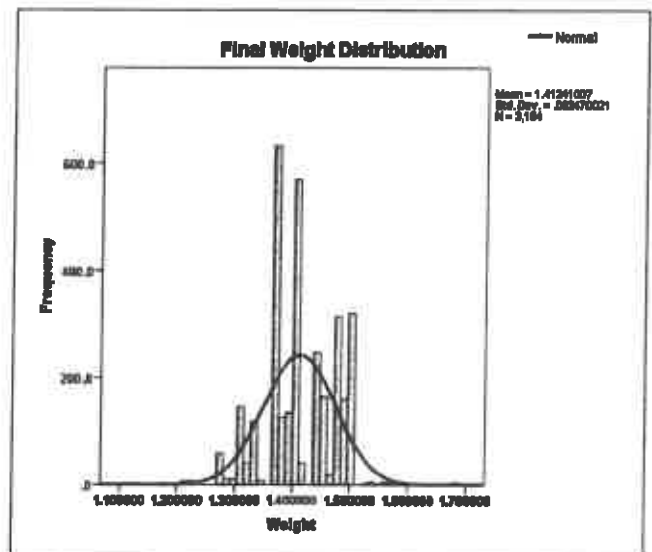
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC Methods:
www.dhp.virginia.gov/hwdc/

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

Overall Response Rate: 0.707672



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Veterinary Technician Workforce: 2018

Healthcare Workforce Data Center

January 2019

Virginia Department of Health Professions
Healthcare Workforce Data Center
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Get a copy of this report from: <https://www.dhp.virginia.gov/hwdc/findings.htm>

More than 2,000 Veterinary Technicians voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Veterinary Medicine express our sincerest appreciation for your ongoing cooperation.

Thank You!

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The Veterinary Technician Workforce: At a Glance:

The Workforce

Licensees:	2,334
Virginia's Workforce:	2,060
FTEs:	1,745

Background

Rural Childhood:	37%
HS Diploma in VA:	71%
Prof. Degree in VA:	70%

Current Employment

Employed in Prof.:	86%
Hold 1 Full-time Job:	67%
Satisfied?:	92%

Survey Response Rate

All Licensees:	87%
Renewing Practitioners:	94%

Education

Associate:	89%
Baccalaureate:	9%

Job Turnover

Switched Jobs:	9%
Employed over 2 yrs:	60%

Demographics

Female:	96%
Diversity Index:	18%
Median Age:	36

Finances

Median Inc.:	\$30k-\$40k
Retirement Benefits:	58%
Under 40 w/ Ed debt:	44%

Time Allocation





Patient Care:	80%-89%
Administration:	1%-9%
Patient Care Role:	74%

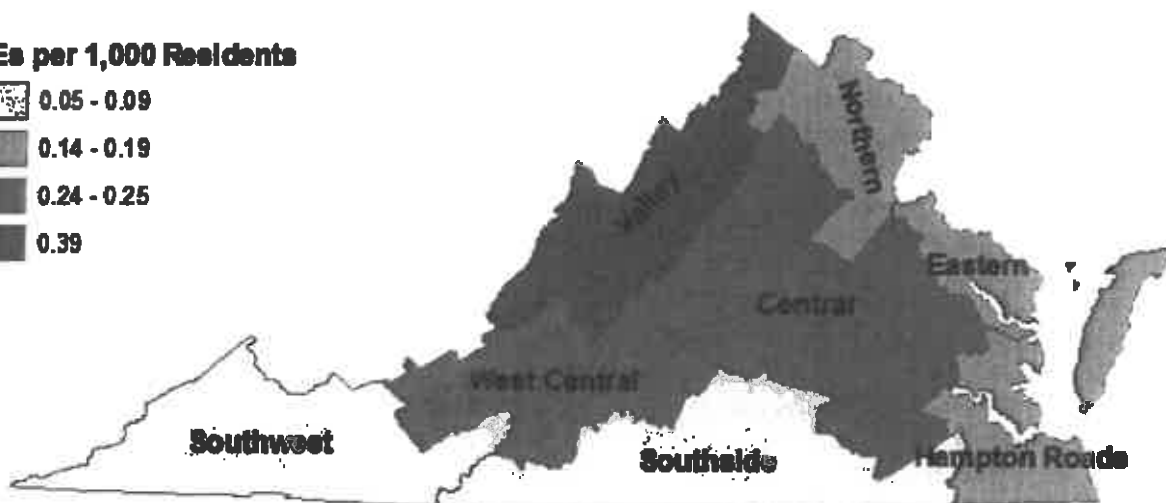
Source: VA Healthcare Workforce Data Center

Full Time Equivalency Units Provided by Veterinary Technicians per 1,000 Residents by Virginia Performs Region

Source: VA Healthcare Workforce Data Center

FTEs per 1,000 Residents

	0.05 - 0.09
	0.14 - 0.19
	0.24 - 0.25
	0.39



Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division

0 25 50 100 150 200
 Miles



In total, 2,032 veterinary technicians voluntarily took part in the 2018 Veterinary Technician Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every December for veterinary technicians. This year was the first time in which the HWDC has administered this survey to veterinary technicians. These survey respondents represent 87% of the 2,334 veterinary technicians who are licensed in the state and 94% of renewing practitioners.

The HWDC estimates that 2,060 veterinary technicians participated in Virginia's workforce during the survey period, which is defined as those veterinary technicians who worked at least a portion of the year in the state or who live in the state and intend to return to work as a veterinary technician at some point in the future. During the past year, Virginia's veterinary technician workforce provided 1,745 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off).

The median age of Virginia's veterinary technician workforce is 36, and 96% of these professionals are female. In addition, the diversity index of veterinary technicians is 18%, which makes this workforce much less diverse than the state's overall population. Nearly two-thirds of all veterinary technicians are under the age of 40, and 96% of these professionals are also female. Veterinary technicians who are under the age of 40 are slightly more diverse than the overall veterinary technician workforce.

More than one-third of all veterinary technicians grew up in a rural area, but only 12% of these professionals currently work in a non-metro area of the state. Overall, 7% of all veterinary technicians currently work in a non-metro area of Virginia. In addition, 81% of all veterinary technicians have some educational background in the state. Nearly 90% of all veterinary technicians have earned an Associate degree as their highest professional degree, while another 9% have earned a Bachelor's degree. More than one-third of all veterinary technicians carry education debt, including 44% of those who are under the age of 40. The median debt burden is between \$10,000 and \$20,000.

Among all veterinary technicians, 86% are currently employed in the profession. Two-thirds of all veterinary technicians have one full-time job, and 43% work between 40 and 49 hours per week. The median annual income for Virginia's veterinary technician workforce is between \$30,000 and \$40,000, and more than four-fifths of these professionals received this income as an hourly wage. In addition, 84% of these professionals receive at least one employer-sponsored benefit, including 62% who receive health insurance and 58% who have access to a retirement plan. More than 90% of all veterinary technicians are satisfied with their current employment situation, including 53% who indicate they are "very satisfied".

Over the past year, 1% of all veterinary technicians were involuntarily unemployed and 2% were underemployed. While 17% of veterinary technicians began employment at a new primary work location in the past year, another 60% have worked at their primary work location for at least two years. In addition, 24% of Virginia's veterinary technician workforce had multiple work locations during the previous 12 months. Just more than half of all veterinary technicians work at a solo practice or partnership as their primary work location, while another 30% work at a group practice.

The typical veterinary technician spends nearly all of her time performing patient care activities. In fact, nearly three-quarters of all veterinary technicians fulfill a patient care role, meaning that at least 60% of her time is spent treating patients. At their primary work location, the typical veterinary technician treated between 25 and 49 patients per week. Those veterinary technicians who also had a secondary work location treated an additional 1 to 24 patients per week.

More than 60% of all veterinary technicians expect to retire by the age of 65. While 13% of the current veterinary technician workforce expect to retire in the next 10 years, one-half of this workforce expect to be retired by 2048. Over the next two years, 21% of veterinary technicians expect to pursue additional educational opportunities. In addition, another 6% expect to increase their patient care hours.

Survey Response Rates

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	1,970	84%
New Licensees	223	10%
Non-Renewals	141	6%
All Licensees	2,334	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing veterinary technicians, 87% submitted a survey. These represent 94% of veterinary technicians who held a license at some point in the past year.

Definitions

- 1. The Survey Period:** The survey was conducted in December 2018.
- 2. Target Population:** All Veterinary Technicians who held a Virginia license at some point between January 2018 and December 2018.
- 3. Survey Population:** The survey was available to veterinary technicians who renewed their licenses online. It was not available to those who did not renew, including some veterinary technicians newly licensed in 2018.

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
By Age			
Under 30	90	444	83%
30 to 34	48	451	90%
35 to 39	45	364	89%
40 to 44	27	235	90%
45 to 49	37	197	84%
50 to 54	20	135	87%
55 to 59	12	110	90%
60 and Over	23	96	81%
Total	302	2,032	87%
New Licenses			
Issued in Past Year	44	179	80%
Metro Status			
Non-Metro	27	161	86%
Metro	212	1,667	89%
Not in Virginia	63	204	76%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	2,032
Response Rate, All Licensees	87%
Response Rate, Renewals	94%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Veterinary Techs.

Number:	2,334
New:	10%
Not Renewed:	6%

Response Rates

All Licensees:	87%
Renewing Practitioners:	94%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Veterinary Tech. Workforce: 2,060
 FTEs: 1,745

Utilization Ratios

Licenses in VA Workforce: 88%
 Licenses per FTE: 1.34
 Workers per FTE: 1.18

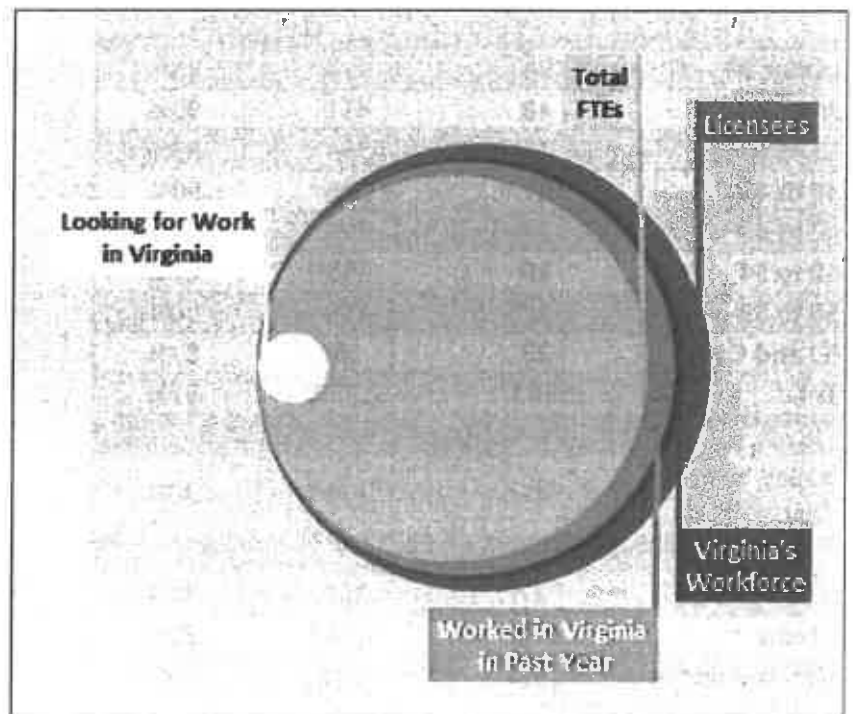
Source: Va. Healthcare Workforce Data Center

Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time between January 2018 and December 2018 or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licenses in VA Workforce:** The proportion of licenses in Virginia's Workforce.
- 4. Licenses per FTE:** An indication of the number of licenses needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's Veterinary Technician Workforce		
Status	#	%
Worked in Virginia in Past Year	2,001	97%
Looking for Work in Virginia	58	3%
Virginia's Workforce	2,060	100%
Total FTEs	1,745	
Licenses	2,334	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: www.dhp.virginia.gov/hwdc

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	16	4%	394	96%	410	25%
30 to 34	12	3%	363	97%	375	22%
35 to 39	11	4%	258	96%	269	16%
40 to 44	9	5%	174	95%	183	11%
45 to 49	5	3%	158	97%	162	10%
50 to 54	2	2%	110	98%	112	7%
55 to 59	7	8%	79	92%	86	5%
60+	1	2%	71	98%	72	4%
Total	63	4%	1,606	96%	1,669	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 96%
 % Under 40 Female: 96%

Age

Median Age: 36
 % Under 40: 63%
 % 55+: 9%

Diversity

Diversity Index: 18%
 Under 40 Div. Index: 21%

Source: Va. Healthcare Workforce Data Center

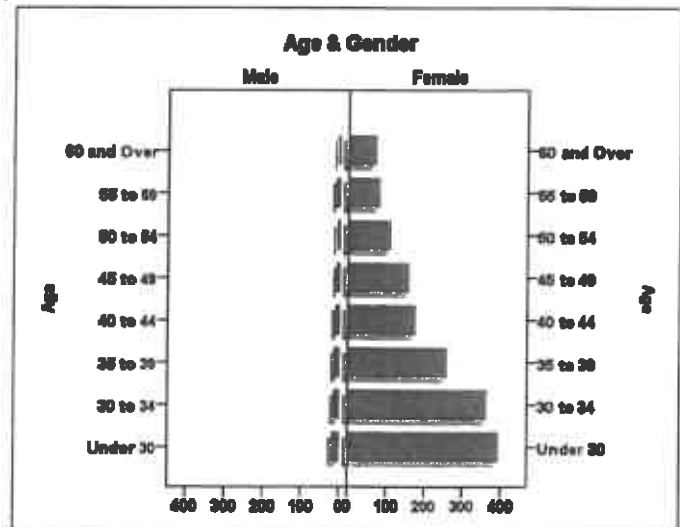
Race & Ethnicity					
Race/Ethnicity	Virginia*	Veterinary Technicians		Vet. Tech. Under 40	
	%	#	%	#	%
White	62%	1,516	91%	939	89%
Black	19%	23	1%	19	2%
Asian	6%	14	1%	10	1%
Other Race	1%	10	1%	9	1%
Two or more races	3%	38	2%	23	2%
Hispanic	9%	74	4%	56	5%
Total	100%	1,675	100%	1,056	100%

*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2017.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two veterinary technicians, there is an 18% chance they would be of a different race/ethnicity (a measure known as the Diversity Index).

Among the 63% of veterinary technicians who are under the age of 40, 96% are female. In addition, the diversity index of these professionals is 21%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 9%
 Rural Childhood: 37%

Virginia Background

HS in Virginia: 71%
 Prof. in VA: 70%
 HS or Prof. in VA: 81%

Location Choice

% Rural to Non-Metro: 12%
 % Urban/Suburban to Non-Metro: 8%

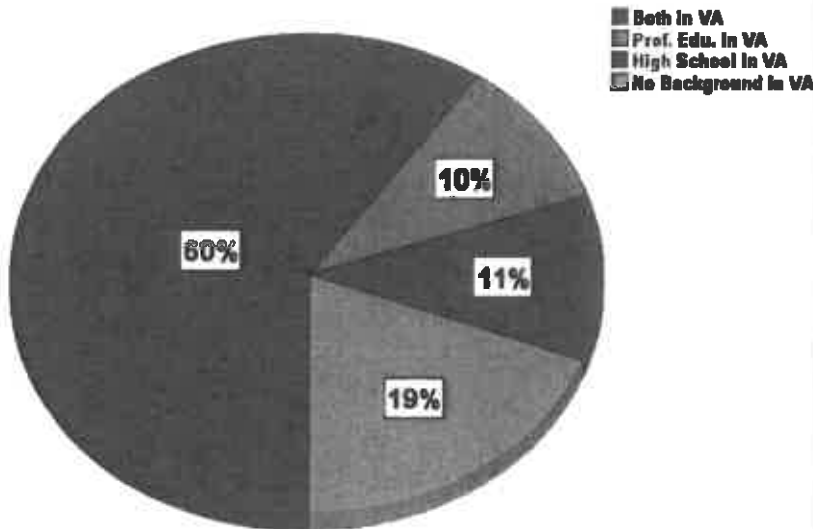
Source: VA Healthcare Workforce Data Center

A Closer Look:

Primary Location:		Rural Status of Childhood Location		
Code	USDA Rural Urban Continuum Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	27%	63%	10%
2	Metro, 250,000 to 1 Million	60%	37%	4%
3	Metro, 250,000 or Less	54%	40%	7%
Non-Metro Counties				
4	Urban Pop 20,000+, Metro Adjacent	60%	0%	40%
6	Urban Pop, 2,500-19,999, Metro Adjacent	63%	33%	4%
7	Urban Pop, 2,500-19,999, Non-Adjacent	82%	18%	0%
8	Rural, Metro Adjacent	80%	20%	0%
9	Rural, Non-Adjacent	60%	30%	10%
Overall		37%	54%	9%

Source: VA Healthcare Workforce Data Center

Educational Background in Virginia



Source: VA Healthcare Workforce Data Center

Among the 37% of veterinary technicians who grew up in a rural area, 12% currently work in non-metro areas of the state. Overall, 7% of veterinary technicians currently work in non-metro areas of Virginia.

Top Ten States for Veterinary Technician Recruitment

Rank	All Veterinary Technician			
	High School	#	Professional School	#
1	Virginia	1,182	Virginia	1,147
2	New York	63	Pennsylvania	71
3	Pennsylvania	53	Texas	60
4	Maryland	45	Colorado	43
5	Florida	28	New York	42
6	West Virginia	26	Florida	37
7	Outside U.S./Canada	18	North Carolina	32
8	New Jersey	18	New Mexico	24
9	North Carolina	18	Maryland	14
10	California	16	California	14

Source: Va. Healthcare Workforce Data Center

Among all veterinary technicians, 71% earned their high school degree in Virginia, and 70% received their initial professional degree in the state.

Among veterinary technicians who received their initial license in the past five years, 66% earned their high school degree in Virginia, while 62% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Professional School	#
1	Virginia	442	Virginia	411
2	New York	25	Pennsylvania	43
3	Pennsylvania	24	Texas	32
4	Florida	19	New Mexico	20
5	Maryland	12	Florida	19
6	New Jersey	11	New York	17
7	Outside U.S./Canada	10	Colorado	14
8	Massachusetts	10	North Carolina	12
9	North Carolina	9	California	11
10	West Virginia	9	Arizona	8

Source: Va. Healthcare Workforce Data Center

There were 12% of Virginia's licensees who were not part of the state's veterinary technician workforce. Among these licensees, 85% worked at some point in the past year, and 63% currently work as veterinary technicians.

At a Glance:

Not in VA Workforce

Total:	275
% of Licensees:	12%
Federal/Military:	3%
Va Border State/DC:	19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Associate Degree	1,465	89%
Baccalaureate Degree	156	9%
Other	23	1%
Total	1,644	100%

Source: Va. Healthcare Workforce Data Center

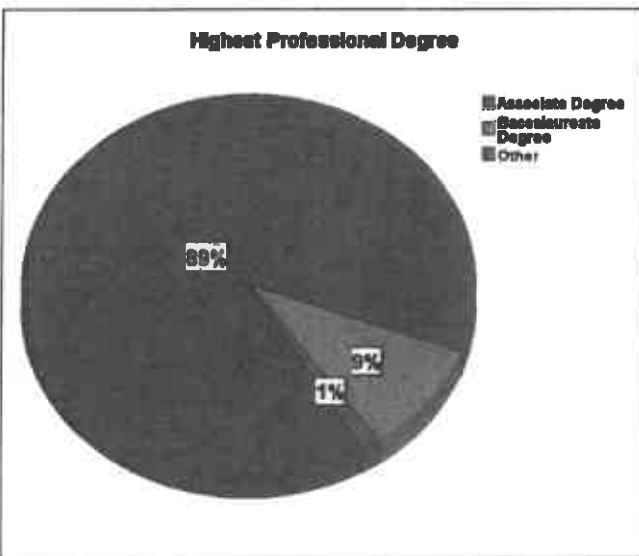
More than one-third of veterinary technicians carry education debt, including 44% of those under the age of 40. For those with education debt, their median debt burden is between \$10,000 and \$20,000.

At a Glance:

Education
 Associate: 89%
 Baccalaureate: 9%

Educational Debt
 Carry debt: 35%
 Under age 40 w/ debt: 44%
 Median debt: \$10k-\$20k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Amount Carried	All Vet. Tech.		Veterinary Tech. under 40	
	#	%	#	%
None	903	65%	502	56%
Less than \$10,000	134	10%	112	12%
\$10,000-\$19,999	108	8%	92	10%
\$20,000-\$29,999	69	5%	65	7%
\$30,000-\$39,999	56	4%	44	5%
\$40,000-\$49,999	42	3%	32	4%
\$50,000-\$59,999	17	1%	16	2%
\$60,000-\$69,999	15	1%	11	1%
\$70,000-\$79,999	9	1%	5	1%
\$80,000-\$89,999	7	1%	6	1%
\$90,000-\$99,999	5	0%	5	1%
\$100,000 or More	15	1%	10	1%
Total	1,381	100%	900	100%

Source: Va. Healthcare Workforce Data Center

Certifications		
Certification	#	%
Veterinary Emergency and Critical Care Technicians	17	1%
Veterinary Dental Technicians	9	0%
Veterinary Technicians in Anesthesia and Analgesia	7	0%
Internal Medicine for Veterinary Technicians	6	0%
At Least One Certification	43	2%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 86%
 Involuntarily Unemployed: < 1%

Positions Held

1 Full-time: 67%
 2 or More Positions: 14%

Weekly Hours:

40 to 49: 43%
 60 or more: 3%
 Less than 30: 10%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	2	< 1%
Employed in a Veterinary Technician-Related Capacity	1,418	86%
Employed, NOT in a Veterinary Technician-Related Capacity	123	8%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	6	< 1%
Voluntarily Unemployed	91	6%
Retired	12	1%
Total	1,652	100%

Source: Va. Healthcare Workforce Data Center

Among all veterinary technicians, 86% are currently employed in the profession, and less than 1% are involuntarily unemployed. In addition, 67% currently hold one full-time job, while 14% hold multiple positions simultaneously.

Current Positions		
Positions	#	%
No Positions	109	7%
One Part-Time Position	208	13%
Two Part-Time Positions	43	3%
One Full-Time Position	1,100	67%
One Full-Time Position & One Part-Time Position	168	10%
Two Full-Time Positions	7	0%
More than Two Positions	7	0%
Total	1,642	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	109	7%
1 to 9 Hours	39	2%
10 to 19 Hours	48	3%
20 to 29 Hours	78	5%
30 to 39 Hours	520	32%
40 to 49 Hours	691	43%
50 to 59 Hours	91	6%
60 to 69 Hours	28	2%
70 to 79 Hours	8	0%
80 or More Hours	5	0%
Total	1,617	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	22	2%
Less than \$20,000	143	11%
\$20,000-\$29,999	235	19%
\$30,000-\$39,999	417	33%
\$40,000-\$49,999	262	21%
\$50,000-\$59,999	103	8%
\$60,000 or More	68	6%
Total	1,250	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: \$30k-\$40k

Benefits

Health Insurance: 62%

Retirement: 58%

Satisfaction

Satisfied: 92%

Very Satisfied: 53%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	855	53%
Somewhat Satisfied	634	39%
Somewhat Dissatisfied	107	7%
Very Dissatisfied	21	1%
Total	1,616	100%

Source: Va. Healthcare Workforce Data Center

The typical veterinary technician made between \$30,000 and \$40,000 in the past year. Among veterinary technicians who were compensated at their primary work location with either a salary or an hourly wage, 60% received health insurance and 56% had access to a retirement plan.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	1,105	78%	75%
Health Insurance	873	62%	60%
Retirement	823	58%	56%
Paid Sick Leave	713	50%	48%
Dental Insurance	689	49%	47%
Group Life Insurance	395	28%	27%
Signing/Retention Bonus	55	4%	4%
Received At Least One Benefit	1,185	84%	80%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In The Past Year Did You . . . ?	#	%
Experience Involuntary Unemployment?	29	1%
Experience Voluntary Unemployment?	139	7%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	50	2%
Work Two or More Positions at the Same Time?	292	14%
Switch Employers or Practices?	194	9%
Experienced At Least One	552	27%

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's veterinary technicians experienced involuntary unemployment at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 3.0% during the same time period.¹

Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	57	4%	33	9%
Less than 6 Months	131	8%	66	18%
6 Months to 1 Year	138	9%	47	13%
1 to 2 Years	291	19%	59	16%
3 to 5 Years	354	23%	76	21%
6 to 10 Years	242	16%	44	12%
More than 10 Years	334	22%	38	10%
Subtotal	1,546	100%	365	100%
Did Not Have Location Item Missing	90		1,668	
Total	2,060		2,060	

Source: Va. Healthcare Workforce Data Center

More than four out of every five veterinary technicians receive an hourly wage at their primary work location.

At a Glance:

Unemployment Experience
 Involuntarily Unemployed: 1%
 Underemployed: 2%

Turnover & Tenure
 Switched Jobs: 9%
 New Location: 25%
 Over 2 years: 60%
 Over 2 yrs, 2nd location: 43%

Employment Type
 Hourly Wage: 81%
 Salary/Commission: 18%

Source: Va. Healthcare Workforce Data Center

Among all veterinary technicians, 60% have worked at their primary work location for at least two years.

Employment Type		
Primary Work Site	#	%
Hourly Wage	990	81%
Salary/ Commission	220	18%
Business/Practice Income	7	1%
By Contract/Per Diem	6	0%
Unpaid	4	0%
Subtotal	1,227	100%
Did Not Have Location Item Missing	90	
Total	743	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fell from 3.7% in January 2018 to 2.6% in December 2018. The unemployment rate from December 2018 was still preliminary at the time of publication.

At a Glance:

Concentration

Top Region: 32%
 Top 3 Regions: 74%
 Lowest Region: 1%

Locations

2 or More (Past Year): 24%
 2 or More (Now*): 20%

Source: Va. Healthcare Workforce Data Center

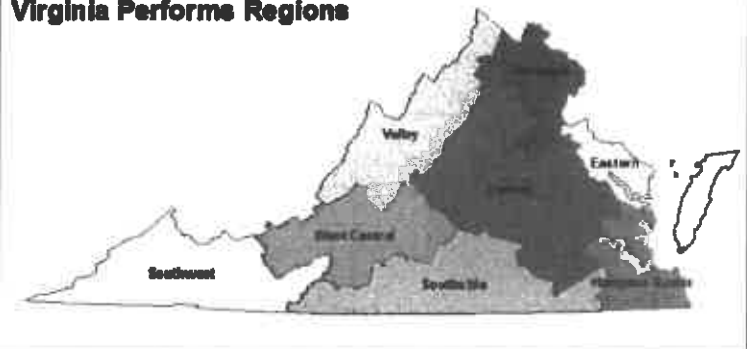
Nearly one-third of all veterinary technicians work in Northern Virginia, the most of any region in the state. Along with Central Virginia and Hampton Roads, these three regions employ 74% of the state's veterinary technician workforce.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	384	25%	92	24%
Eastern	15	1%	5	1%
Hampton Roads	261	17%	77	20%
Northern	492	32%	112	30%
Southside	20	1%	2	1%
Southwest	32	2%	1	0%
Valley	167	11%	38	10%
West Central	145	9%	34	9%
Virginia Border State/DC	7	0%	3	1%
Other US State	12	1%	12	3%
Outside of the US	1	0%	0	0%
Total	1,536	100%	376	100%
Item Missing	434		15	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



While one in five veterinary technicians currently have multiple work location, nearly one-quarter of all veterinary technicians have had multiple work location over the past year.

Locations	Number of Work Locations			
	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	57	4%	109	7%
1	1,161	72%	1,167	73%
2	262	16%	230	14%
3	114	7%	96	6%
4	5	0%	1	0%
5	1	0%	1	0%
6 or More	4	0%	1	0%
Total	1,606	100%	1,606	100%

*At the time of survey completion, Dec. 2018.

Source: Va. Healthcare Workforce Data Center

Establishment Type

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	1,215	86%	285	90%
Non-Profit	88	6%	18	6%
State/Local Government	100	7%	14	4%
Veterans Administration	1	0%	0	0%
U.S. Military	2	0%	0	0%
Other Federal Government	12	1%	1	0%
Total	1,418	100%	318	100%
Did Not Have Location	90		1,668	
Item Missing	552		73	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

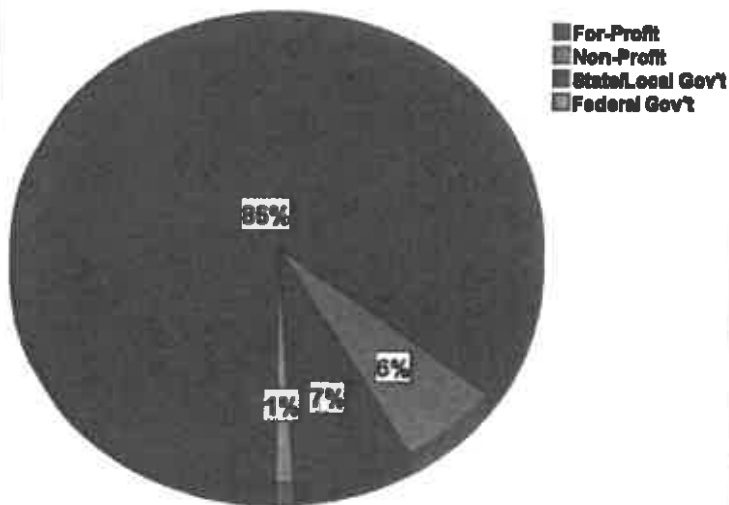
For Profit:	86%
Federal:	1%

Top Establishments

Solo Practice:	52%
Group Practice:	30%
Public Health Program:	1%

Source: Va. Healthcare Workforce Data Center

Sector, Primary Work Site



Source: Va. Healthcare Workforce Data Center

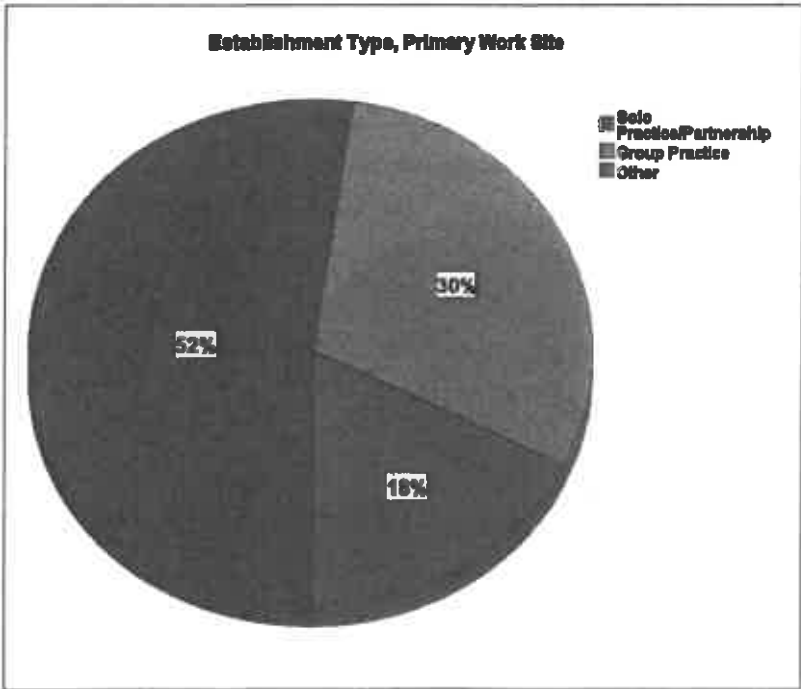
Most veterinary technicians work in for-profit establishments. In addition, 7% work for state/local governments, and 6% work in the non-profit sector.

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Solo Practice/Partnership	720	52%	172	56%
Group Practice	418	30%	87	28%
Public Health Program	11	1%	2	1%
Veterinary Education Program, Community College	9	1%	3	1%
Supplier Organization	7	1%	2	1%
Veterinary Technology Program, Technical School	7	1%	0	0%
Other	208	15%	43	14%
Total	1,380	100%	309	100%
Did Not Have Location	90		1,668	

Source: Vs. Healthcare Workforce Data Center

More than half of all veterinary technicians work at a solo practice or partnership as their primary work location, while another 30% work at a group practice.

Among those veterinary technicians who also have a secondary work location, 56% work at a solo practice or partnership and 28% work at a group practice.



Source: Vs. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Typical Time Allocation

Patient Care: 80%-89%
Administration: 1%-9%

Roles

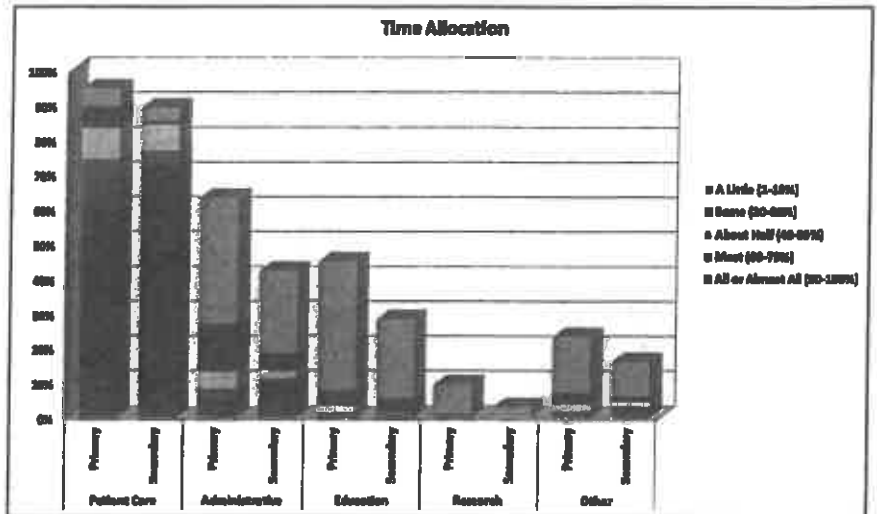
Patient Care: 74%
Administrative: 8%
Education: 2%

Patient Care Vet. Tech.

Median Admin Time: 1%-9%
Ave. Admin Time: 1%-9%

Source: Vs. Healthcare Workforce Data Center

A Closer Look:



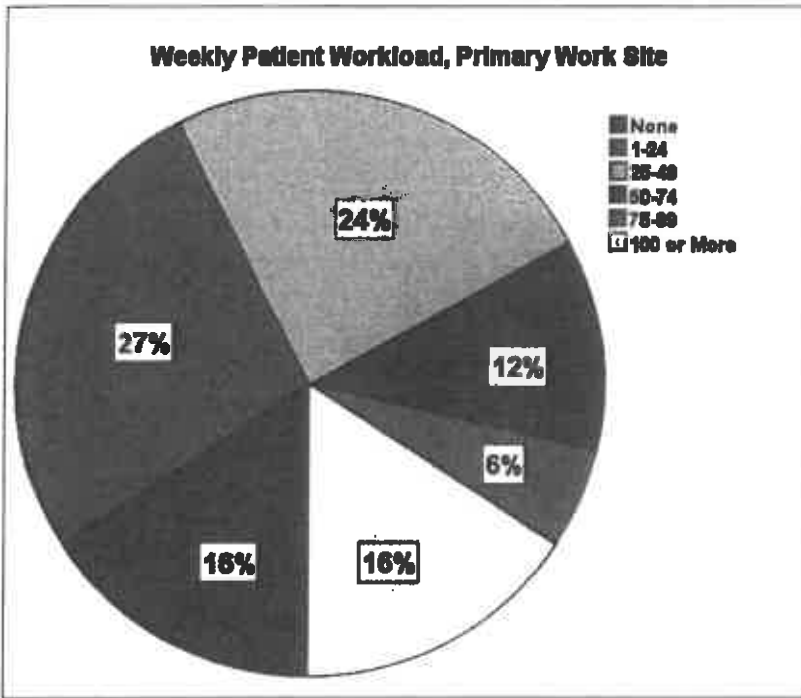
Source: Vs. Healthcare Workforce Data Center

A typical veterinary technician spends most of her time treating patients. In particular, 74% of veterinary technicians fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Spent	Time Allocation									
	Patient Care		Admin.		Education		Research		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	59%	73%	5%	10%	1%	0%	0%	0%	2%	3%
Most (60-79%)	15%	4%	3%	1%	1%	0%	0%	0%	1%	0%
About Half (40-59%)	9%	8%	5%	2%	1%	0%	0%	0%	2%	1%
Some (20-39%)	6%	1%	14%	5%	5%	4%	0%	0%	3%	2%
A Little (1-19%)	5%	4%	36%	24%	37%	23%	9%	3%	16%	10%
None (0%)	5%	11%	37%	57%	55%	72%	90%	97%	77%	83%

Source: Vs. Healthcare Workforce Data Center

A Closer Look:



Source: Vn. Healthcare Workforce Data Center

At a Glance:

Patient Workload
(Median)

Primary Location: 25-49
Secondary Location: 1-24

Source: Vn. Healthcare Workforce Data Center

The typical veterinary technician treated between 25 and 49 patients per week at her primary work location. For veterinary technicians who also had a secondary work location, the median workload was between 1 and 24 patients per week.

# of Patients Per Week	Patient Care Visits			
	Primary		Secondary	
	#	%	#	%
None	222	16%	77	25%
1-24	375	27%	115	37%
25-49	343	24%	51	16%
50-74	164	12%	23	7%
75-99	79	6%	9	3%
100-124	73	5%	10	3%
125-149	34	2%	9	3%
150-174	31	2%	6	2%
175-199	15	1%	3	1%
200 or More	68	5%	9	3%
Total	1,404	100%	312	100%

Source: Vn. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All Vet. Tech.		Vet. Tech. over 50	
	#	%	#	%
Under Age 50	223	17%	-	-
50 to 54	136	10%	8	4%
55 to 59	173	13%	30	15%
60 to 64	279	21%	61	30%
65 to 69	256	19%	59	29%
70 to 74	74	6%	17	8%
75 to 79	11	1%	1	0%
80 or over	16	1%	3	1%
I Do Not Intend to Retire	163	12%	22	11%
Total	1,333	100%	201	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All Veterinary Technicians	
Under 65:	61%
Under 60:	40%
Veterinary Tech. 50 and over	
Under 65:	49%
Under 60:	19%

Time until Retirement

Within 2 years:	3%
Within 10 years:	13%
Half the workforce:	By 2048

Source: Va. Healthcare Workforce Data Center

More than three out of every five veterinary technicians expect to retire by the age of 65. Among veterinary technicians who are already at least age 50, nearly half still expect to retire by age 65.

Within the next two years, 21% of Virginia's veterinary technicians plan on pursuing additional educational opportunities, and 6% plan to increase their patient care hours.

Future Plans

2 Year Plans:	#	%
Decrease Participation		
Leave Profession	116	6%
Leave Virginia	76	4%
Decrease Patient Care Hours	98	5%
Decrease Teaching Hours	10	0%
Increase Participation		
Increase Patient Care Hours	117	6%
Increase Teaching Hours	86	4%
Pursue Additional Education	423	21%
Return to Virginia's Workforce	17	1%

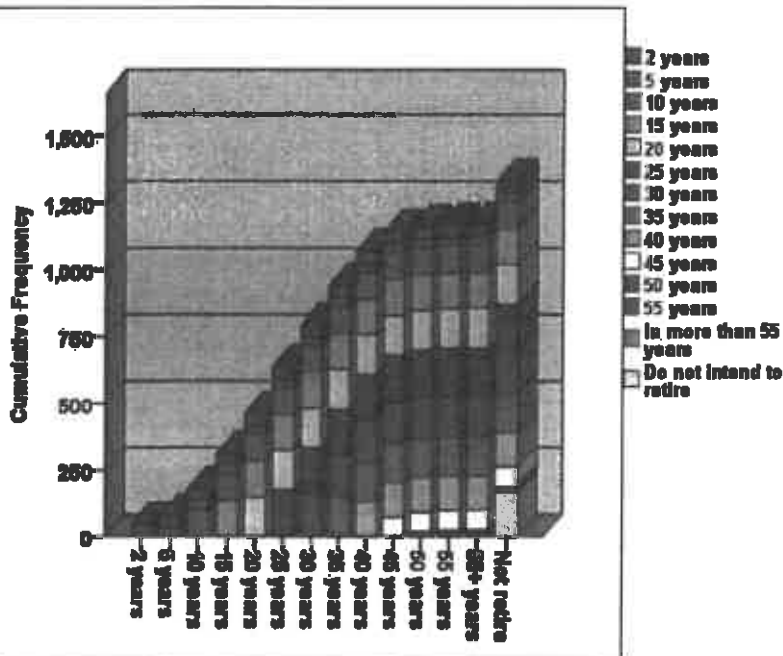
Source: Va. Healthcare Workforce Data Center

By comparing retirement expectations to age, we can estimate the maximum years to retirement for veterinary technicians. While only 3% of veterinary technicians expect to retire in the next two years, 13% plan on retiring within the next decade. More than half of the current workforce expect to retire by 2048.

Time to Retirement			
Expect to Retire Within...	#	%	Cumulative %
2 Years	45	3%	3%
5 Years	31	2%	6%
10 Years	102	8%	13%
15 Years	134	10%	23%
20 Years	149	11%	35%
25 Years	176	13%	48%
30 Years	159	12%	60%
35 Years	145	11%	71%
40 Years	130	10%	80%
45 Years	72	5%	86%
50 Years	18	1%	87%
55 Years	7	1%	88%
In More Than 55 Years	1	0%	88%
Do Not Intend to Retire	163	12%	100%
Total	1,333	100%	

Source: Va. Healthcare Workforce Data Center

Expected Years to Retirement



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every five years by 2033. Retirement will peak at 13% of the current workforce in 2043 before declining to under 10% of the current workforce again around 2063.

Full-Time Equivalency Units

At a Glance:

FTEs

Total: 1,745
 FTEs/1,000 Residents²: 0.206
 Average: 0.89

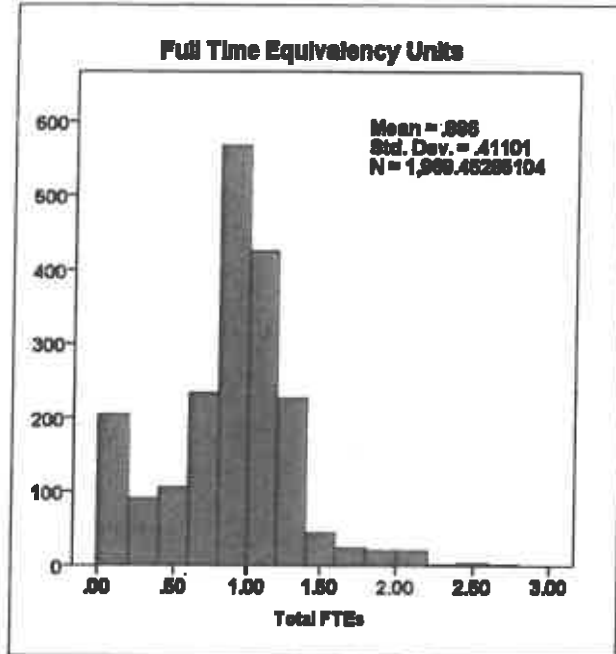
Age & Gender Effect

Age, Partial Eta²: Small
 Gender, Partial Eta²: None

Partial Eta² Explained:
 Partial Eta² is a statistical
 measure of effect size.

Source: Vs. Healthcare Workforce Data Center

A Closer Look:

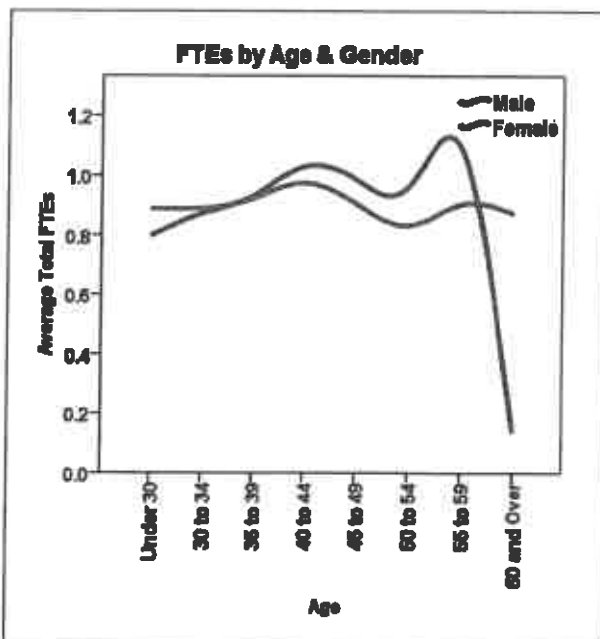


Source: Vs. Healthcare Workforce Data Center

The typical veterinary technician provided 0.94 FTEs in the past year, or approximately 38 hours per week for 50 weeks. Statistical tests did not indicate that FTEs vary by age or gender.

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.76	0.87
30 to 34	0.88	0.91
35 to 39	1.02	1.07
40 to 44	0.97	0.94
45 to 49	0.88	0.83
50 to 54	0.83	0.80
55 to 59	0.98	0.99
60 and Over	0.88	0.96
Gender		
Male	0.90	0.96
Female	0.90	0.96

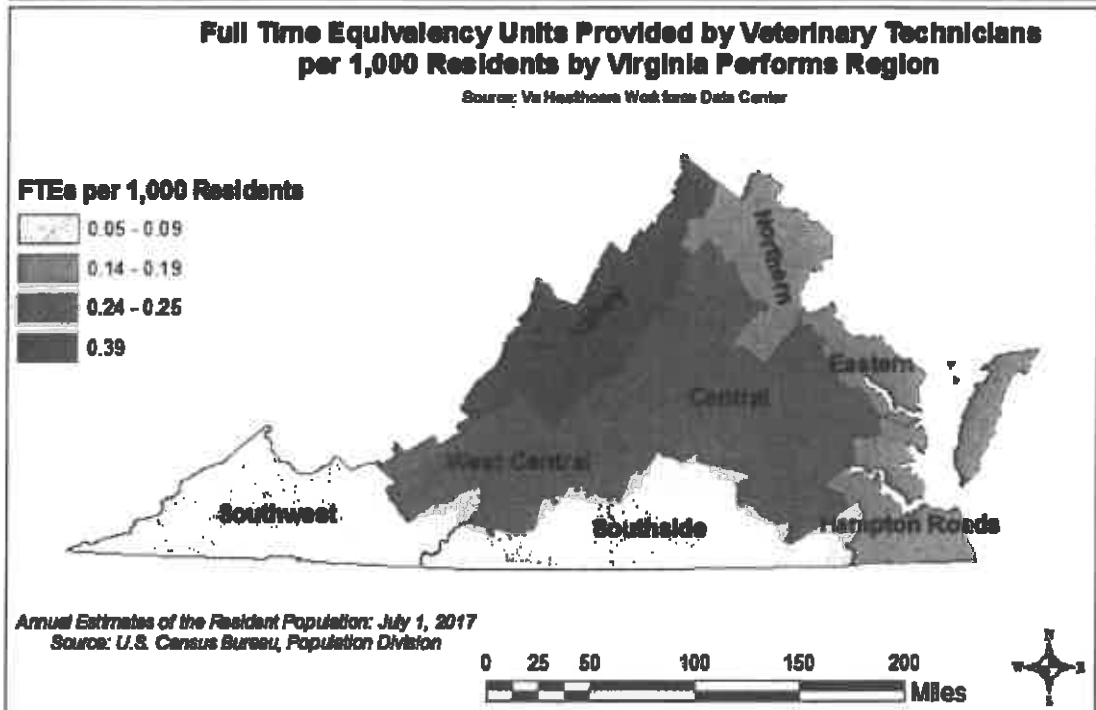
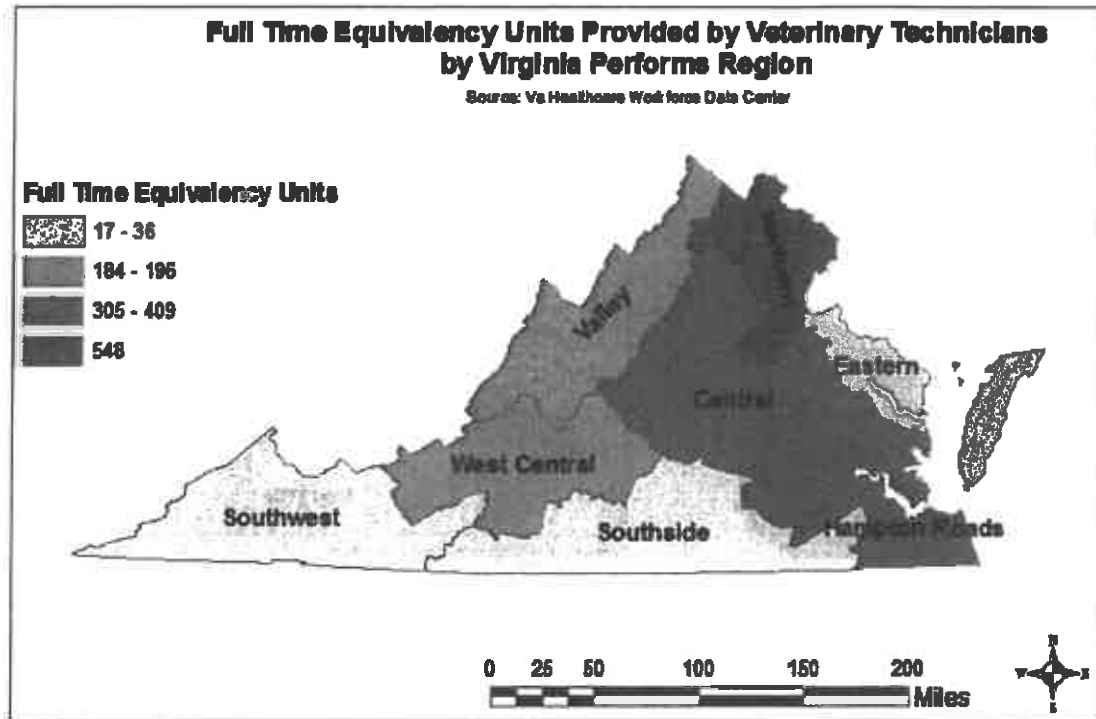
Source: Vs. Healthcare Workforce Data Center



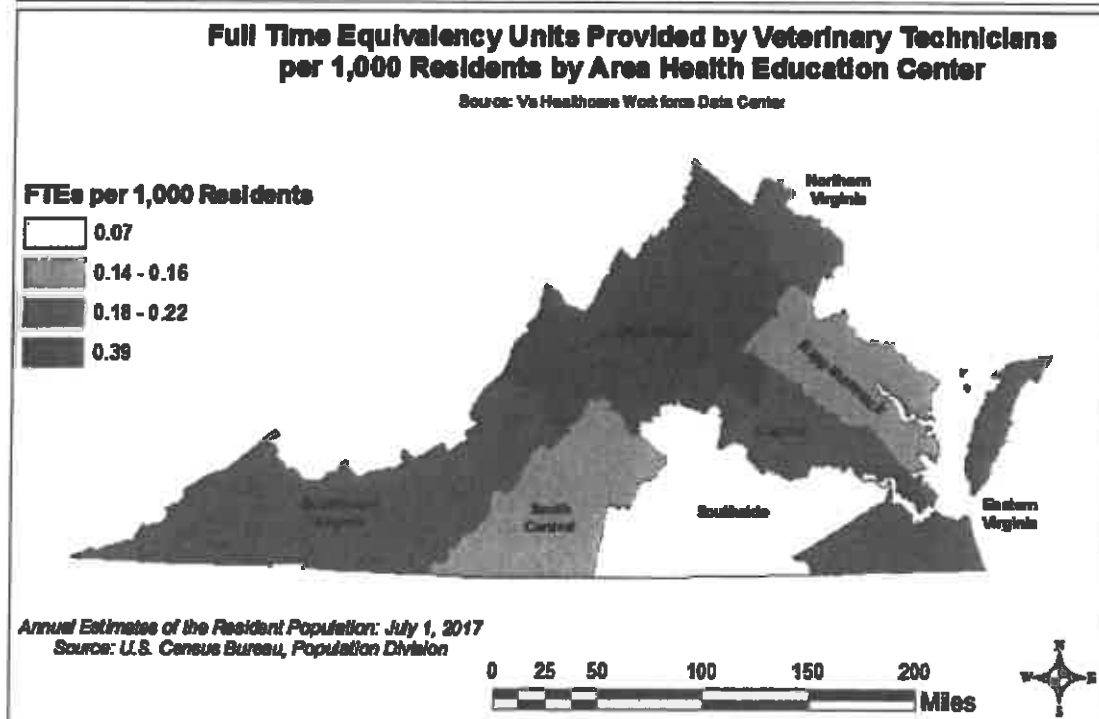
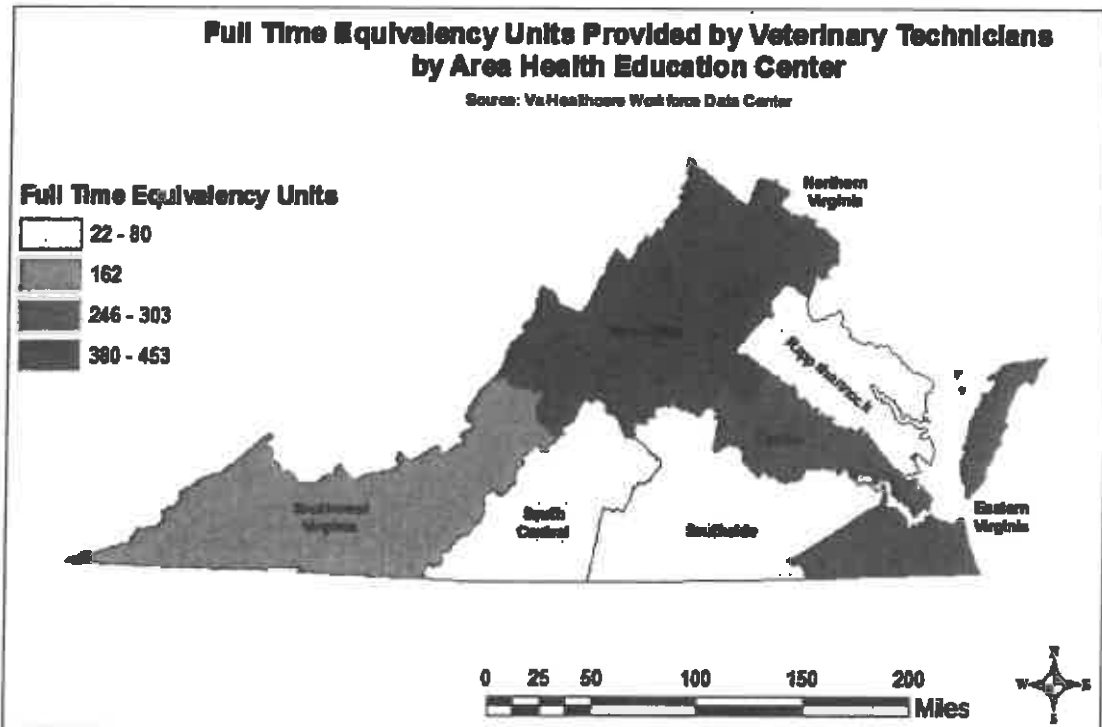
Source: Vs. Healthcare Workforce Data Center

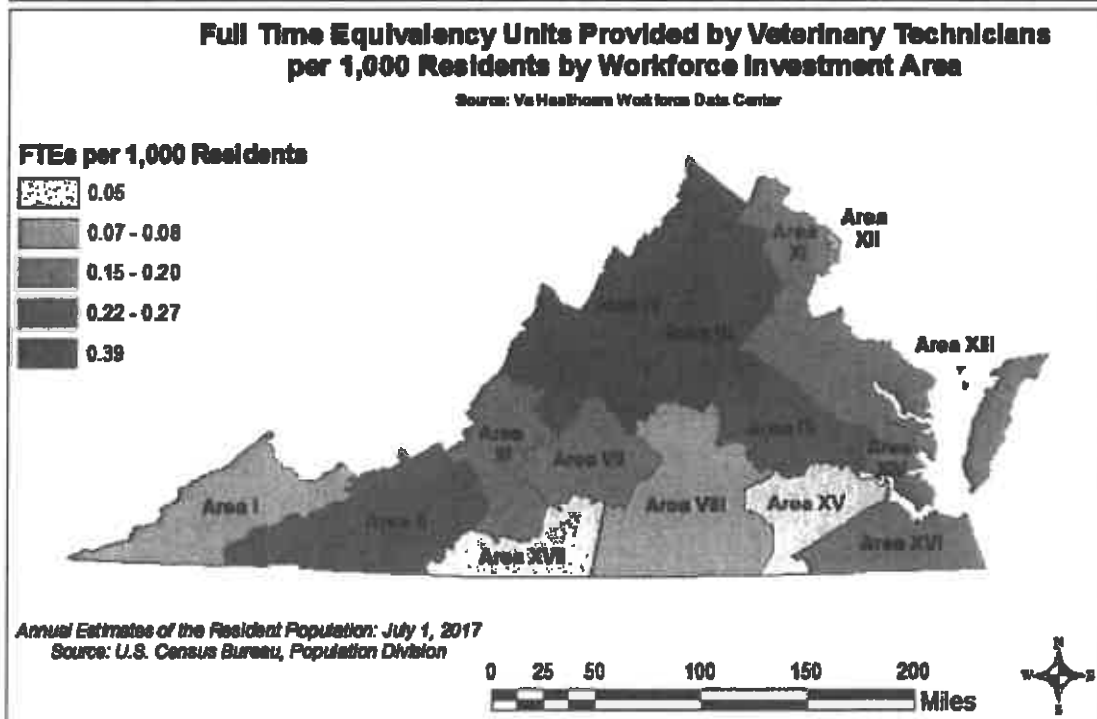
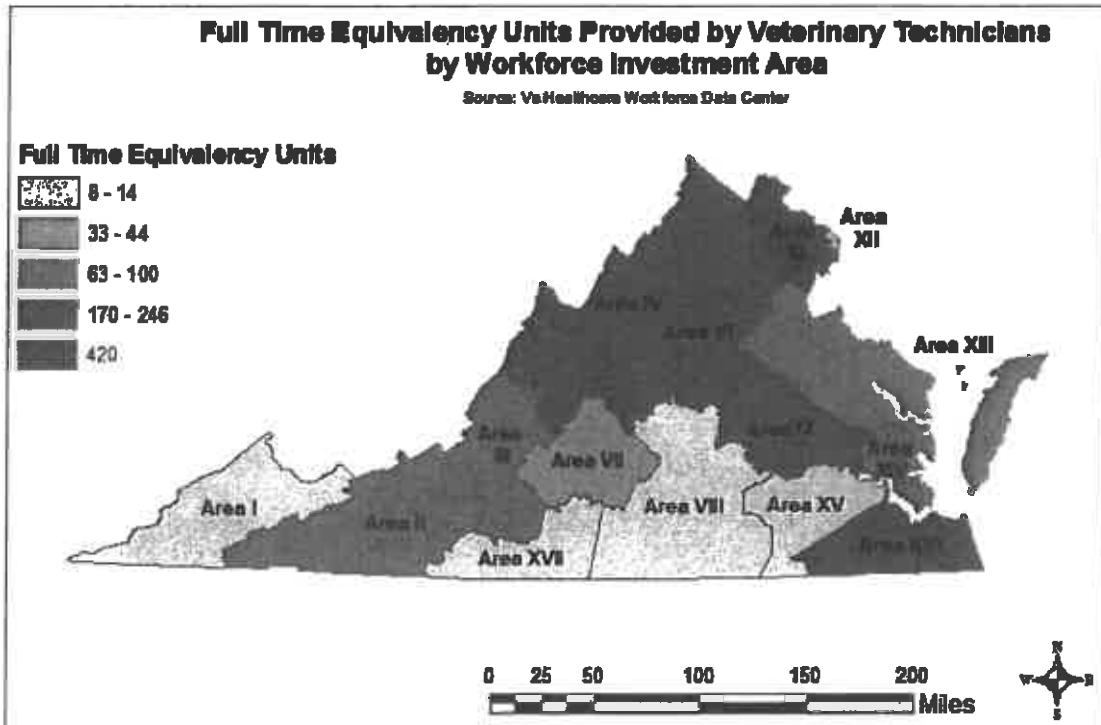
² Number of residents in 2017 was used as the denominator.

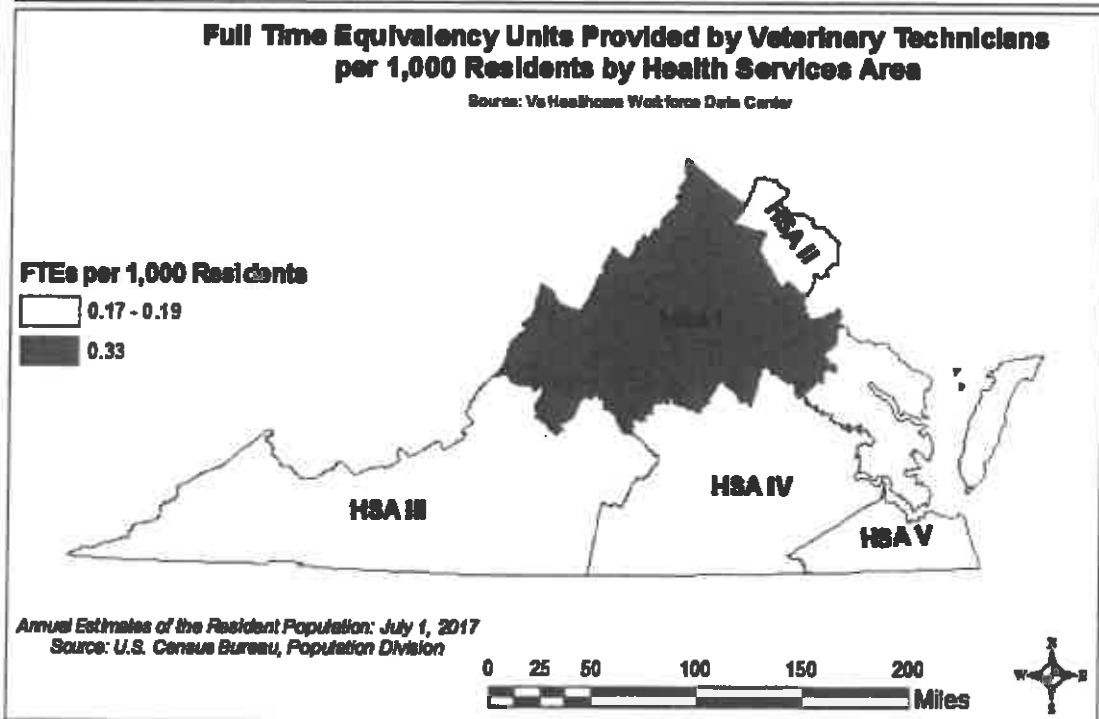
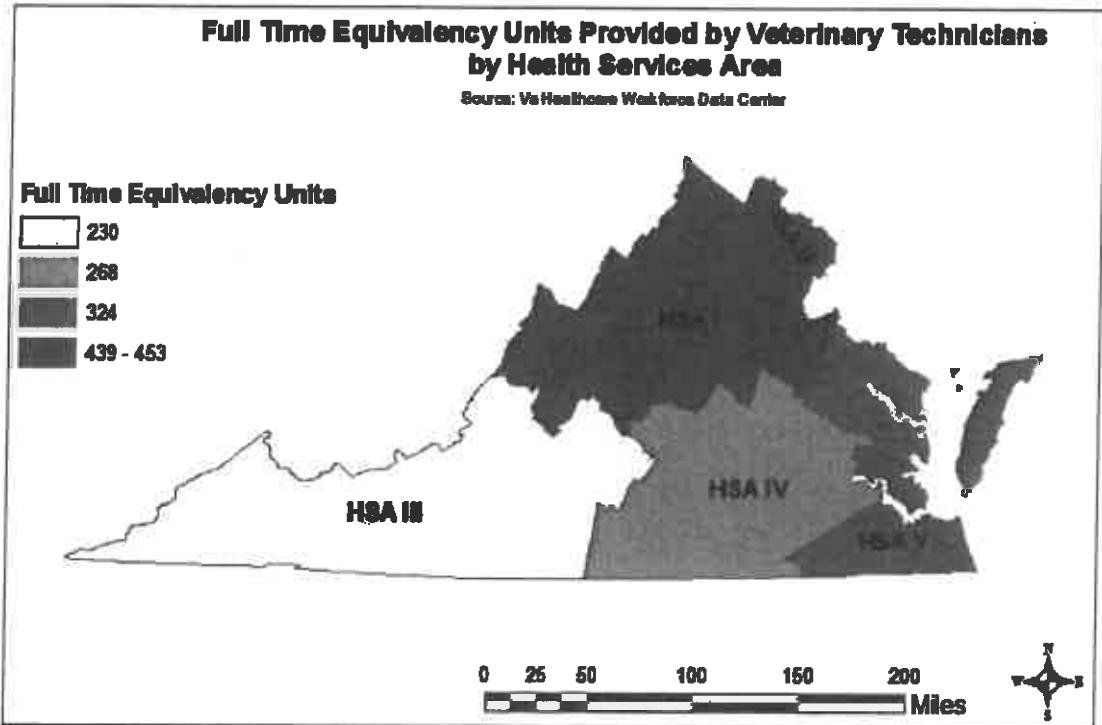
Virginia Performs Regions



Area Health Education Center Regions







Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 Million+	1,356	89.09%	1.122517	1.08135	1.21149
Metro, 250,000 to 1 Million	143	86.71%	1.153226	1.11094	1.24463
Metro, 250,000 or Less	380	88.16%	1.134328	1.09273	1.22424
Urban Pop 20,000+, Metro Adj	9	77.78%	1.285714	1.23857	1.34634
Urban Pop 20,000+, Non-Adj	0	NA	NA	NA	NA
Urban Pop, 2,500-19,999, Metro Adj	94	87.23%	1.146341	1.1043	1.2372
Urban Pop, 2,500-19,999, Non-Adj	19	94.74%	1.055556	1.01685	1.13922
Rural, Metro Adj	59	84.75%	1.18	1.13673	1.27353
Rural, Non-Adj	7	57.14%	1.75	1.68583	1.83251
Virginia Border State/DC	157	77.71%	1.286885	1.23969	1.38888
Other US State	110	74.55%	1.341463	1.29227	1.44779

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	534	83.15%	1.202703	1.10533	1.83251
30 to 34	499	90.38%	1.10643	1.01685	1.68583
35 to 39	409	89.00%	1.123626	1.03265	1.31236
40 to 44	262	89.69%	1.114894	1.02463	1.30216
45 to 49	234	84.19%	1.187817	1.09164	1.38733
50 to 54	155	87.10%	1.148148	1.12213	1.341
55 to 59	122	90.16%	1.109091	1.01929	1.68988
60 and Over	119	80.67%	1.239583	1.13922	1.44779

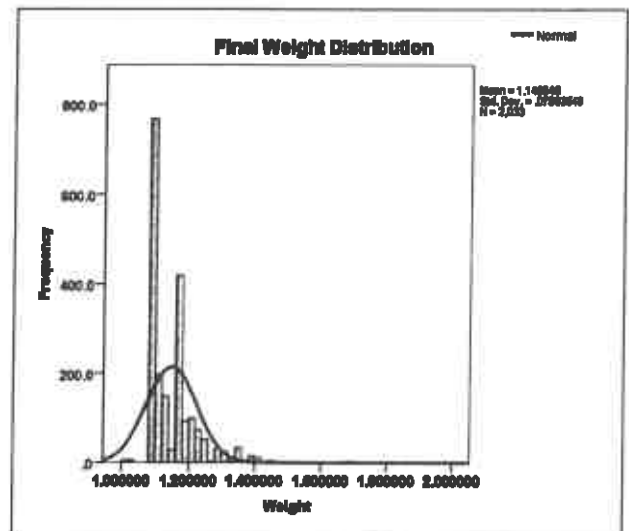
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC Methods:
www.dhp.virginia.gov/hwdc/

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight}$$

Overall Response Rate: 0.870664



Source: Va. Healthcare Workforce Data Center

VIRGINIA BOARD OF VETERINARY MEDICINE

Disposition of Cases Involving Applicants Practicing Veterinary Technology Prior to Licensure

Guidance

Board Action for Practicing Veterinary Technology Prior to Licensure

The Board adopted the following guidelines for resolution of a case in which an otherwise qualified veterinary technician who is not engaged in a preceptorship or externship practices veterinary technology prior to initial licensure:

Cause	Possible Action
Practice: 31 days or less	Advisory Letter
First offense: 32 to 90 days	Confidential Consent Agreement
First offense: 91 days or more	Consent Order; Reprimand

Board Action for Unprofessional Conduct Related to Allowing Unlicensed Persons to Perform Restricted Acts

The Board adopted the following guidelines for resolution of a case in which a licensee allowed an otherwise qualified veterinary technician who is not engaged in a preceptorship or externship to perform acts prior to licensure that are restricted to a licensed veterinary technician:

Cause	Possible Action
Practice: 31 days or less	Advisory Letter
First offense: 32 to 90 days	Confidential Consent Agreement
First offense: 91 days or more	Consent Order; Reprimand

Applicable Laws and Regulations

§ 54.1-3805. License required.

No person shall practice veterinary medicine or as a veterinary technician in this Commonwealth unless such person has been licensed by the Board.

§ 54.1-3807. Refusal to grant and to renew; revocation and suspension of licenses and registrations.

The Board may refuse to grant or to renew, may suspend or revoke any license to practice veterinary medicine or to practice as a veterinary technician or registration to practice as an equine dental technician if such applicant or holder:

5. Is guilty of unprofessional conduct as defined by regulations of the Board;

18VAC150-20-140. Unprofessional conduct.

Unprofessional conduct as referenced in subdivision 5 of § 54.1-3807 of the Code of Virginia shall include the following:

10. Allowing unlicensed persons to perform acts restricted to the practice of veterinary medicine, veterinary technology, or an equine dental technician including any invasive procedure on a patient or delegation of tasks to persons who are not properly trained or authorized to perform such tasks.

All New DRAFT 03.07.2019

Virginia Board of Veterinary Medicine

**Guidance for
Disposition of Cases Involving Failure of Veterinarian-in-Charge to Notify Board of
Veterinary Establishment Closure**

Guidance

Q: What will the Board accept as notification of closure?

A: The Veterinary Establishment Closure Form was developed for notifying the Board of the closure of a veterinary establishment. Notification may be sent via email or mail.

Board Action for Non-Compliance

The Board adopted the following guidelines for resolution of cases of non-compliance by a veterinarian-in-charge's failure to provide prior notification to the Board of a veterinary establishment's closure in accordance with 18VAC150-20-181:

Veterinarian-in-Charge

Cause	Possible Action
First offense: 90 days or less after closure	Advisory Letter
First offense: 91 days or more	Confidential Consent Agreement
Second offense	Consent Order; Reprimand

Applicable Law, Regulation and Guidance

Code of Virginia

§ 54.1-3804. Specific powers of Board

In addition to the powers granted in § 54.1-2400, the Board shall have the following specific powers and duties:

3. To regulate, inspect, and register all establishments and premises where veterinary medicine is practiced.

§ 54.1-2405. Transfer of patient records in conjunction with closure, sale, or relocation of practice; notice required.

A. No person licensed, registered, or certified by one of the health regulatory boards under the Department shall transfer records pertaining to a current patient in conjunction with the closure, sale or relocation of a professional practice until such person has first attempted to notify the patient of the pending transfer, by mail, at the patient's last known address, and by publishing prior notice in a newspaper of general circulation within the provider's practice area, as specified in § 8.01-324.

The notice shall specify that, at the written request of the patient or an authorized representative, the records or copies will be sent, within a reasonable time, to any other like-regulated provider

of the patient's choice or provided to the patient pursuant to § 32.1-127.1:03. The notice shall also disclose whether any charges will be billed by the provider for supplying the patient or the provider chosen by the patient with the originals or copies of the patient's records. Such charges shall not exceed the actual costs of copying and mailing or delivering the records.

B. For the purposes of this section:

"Current patient" means a patient who has had a patient encounter with the provider or his professional practice during the two-year period immediately preceding the date of the record transfer.

"Relocation of a professional practice" means the moving of a practice located in Virginia from the location at which the records are stored at the time of the notice to another practice site that is located more than 30 miles away or to another practice site that is located in another state or the District of Columbia.

Regulations Governing the Practice of Veterinary Medicine

18VAC150-20-181. Requirements for veterinarian-in-charge.

A. The veterinarian-in-charge of a veterinary establishment is responsible for:

- 1. Regularly being on site as necessary to provide routine oversight to the veterinary establishment for patient safety and compliance with law and regulation.*
- 2. Maintaining the facility within the standards set forth by this chapter.*
- 3. Performing the biennial controlled substance inventory and ensuring compliance at the facility with any federal or state law relating to controlled substances as defined in § 54.1-3404 of the Code of Virginia. The performance of the biennial inventory may be delegated to another licensee, provided the veterinarian-in-charge signs the inventory and remains responsible for its content and accuracy.*
- 4. Notifying the board in writing of the closure of the registered facility 10 days prior to closure.*
- 5. Notifying the board immediately if no longer acting as the veterinarian-in-charge.*
- 6. Ensuring the establishment maintains a current and valid registration issued by the board.*

B. Upon any change in veterinarian-in-charge, these procedures shall be followed:

- 1. The veterinarian-in-charge registered with the board remains responsible for the establishment and the stock of controlled substances until a new veterinarian-in-charge is registered or for five days, whichever occurs sooner.*
- 2. An application for a new registration, naming the new veterinarian-in-charge, shall be made five days prior to the change of the veterinarian-in-charge. If no prior notice was given by the previous veterinarian-in-charge, an application for a new registration naming a new veterinarian-in-charge shall be filed as soon as possible, but no more than 10 days, after the change.*

3. The previous establishment registration is void on the date of the change of veterinarian-in-charge and shall be returned by the former veterinarian-in-charge to the board five days following the date of change.

4. Prior to the opening of the business, on the date of the change of veterinarian-in-charge, the new veterinarian-in-charge shall take a complete inventory of all Schedules II through V drugs on hand. He shall date and sign the inventory and maintain it on premises for three years. That inventory may be designated as the official biennial controlled substance inventory.

C. Prior to the sale or closure of a veterinary establishment, the veterinarian-in-charge shall:

1. Follow the requirements for transfer of patient records to another location in accordance with § 54.1-2405 of the Code of Virginia; and

2. If there is no transfer of records upon sale or closure of an establishment, the veterinarian-in-charge shall provide to the board information about the location of or access to patient records and the disposition of all scheduled drugs.

All New Draft 03.07.2019

Virginia Board of Veterinary Medicine

Guidance for Continuing Education (CE) Audits and Sanctioning for Failure to Complete CE

Applicable Law, Regulation and Guidance

Code of Virginia

§ 54.1-3805.2. Continuing education.

The Board shall adopt regulations which provide for continuing education requirements for relicensure and licensure by endorsement of veterinarians and veterinary technicians. After January 1, 1997, a veterinarian shall be required to complete a minimum of fifteen hours, and a veterinary technician shall be required to complete a minimum of six hours of approved continuing education annually as a condition for renewal of a license. Continuing education courses shall be approved by the Board or by a Board-approved organization. Regulations of the Board adopted pursuant to this section may provide for the waiver of such continuing education requirements upon conditions as the Board deems appropriate.

Regulations Governing the Practice of Veterinary Medicine

18VAC150-20-70. Licensure renewal requirements.

A. Every person licensed by the board shall, by January 1 of every year, submit to the board a completed renewal application and pay to the board a renewal fee as prescribed in 18VAC150-20-100. Failure to renew shall cause the license to lapse and become invalid, and practice with a lapsed license may subject the licensee to disciplinary action by the board. Failure to receive a renewal notice does not relieve the licensee of his responsibility to renew and maintain a current license.

B. Veterinarians shall be required to have completed a minimum of 15 hours, and veterinary technicians shall be required to have completed a minimum of eight hours, of approved continuing education for each annual renewal of licensure. Continuing education credits or hours may not be transferred or credited to another year.

1. Approved continuing education credit shall be given for courses or programs related to the treatment and care of patients and shall be clinical courses in veterinary medicine or veterinary technology or courses that enhance patient safety, such as medical recordkeeping or compliance with requirements of the Occupational Health and Safety Administration (OSHA).

2. An approved continuing education course or program shall be sponsored by one of the following:

- a. The AVMA or its constituent and component/branch associations, specialty organizations, and board certified specialists in good standing within their specialty board;*
- b. Colleges of veterinary medicine approved by the AVMA Council on Education;*
- c. International, national or regional conferences of veterinary medicine;*
- d. Academies or species specific interest groups of veterinary medicine;*
- e. State associations of veterinary technicians;*
- f. North American Veterinary Technicians Association;*
- g. Community colleges with an approved program in veterinary technology;*
- h. State or federal government agencies;*
- i. American Animal Hospital Association (AAHA) or its constituent and component/branch associations;*
- j. Journals or veterinary information networks recognized by the board as providing education in veterinary medicine or veterinary technology; or*

k. An organization or entity approved by the Registry of Approved Continuing Education of the American Association of Veterinary State Boards.

3. A licensee is exempt from completing continuing education requirements and considered in compliance on the first renewal date following his initial licensure by examination.

4. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters:

5. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the licensee prior to the renewal date. Such an extension shall not relieve the licensee of the continuing education requirement.

6. Licensees are required to attest to compliance with continuing education requirements on their annual license renewal and are required to maintain original documents verifying the date and subject of the program or course, the number of continuing education hours or credits, and certification from an approved sponsor. Original documents must be maintained for a period of two years following renewal. The board shall periodically conduct a random audit to determine compliance. Practitioners selected for the audit shall provide all supporting documentation within 10 days of receiving notification of the audit.

7. Continuing education hours required by disciplinary order shall not be used to satisfy renewal requirements.

8. Up to two hours of the 15 hours required for annual renewal of a veterinarian license and up to one hour of the eight hours required for annual renewal of a veterinary technician license may be satisfied through delivery of veterinary services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

9. Falsifying the attestation of compliance with continuing education on a renewal form or failure to comply with continuing education requirements may subject a licensee to disciplinary action by the board, consistent with § 54.1-3807 of the Code of Virginia.

C. A licensee who has requested that his license be placed on inactive status is not authorized to perform acts which are considered the practice of veterinary medicine or veterinary technology and, therefore, shall not be required to have continuing education for annual renewal. To reactivate a license, the licensee is required to submit evidence of completion of continuing education hours as required by §54.1-3805.2 of the Code of Virginia equal to the number of years in which the license has not been active for a maximum of two years.

Guidance

Q: How do I request a CE extension?

A: A written request for an extension must be received prior to the licensure renewal date of December 31 of each year. The Board will provide a written response indicating approval or disapproval of the extension request.

Q: How do I request a CE exemption?

A: A written request for an exemption should be submitted prior to licensure renewal date of December 31 of each year. The Board will provide a written response indicating approval or disapproval of the exemption request.

Q: What are the CE audit procedures?

A: After each renewal cycle, the Board may audit the following licensees for compliance with CE requirements:

- o Licensees who fail to respond or respond "no" to the CE renewal question on the annual license renewal form; and

- Licensees selected for random audit using a statistically valid audit sample and a method that ensures randomness of those selected.
- For those selected for the audit
 - Board staff will notify licensees that they are being audited via email if an address is available or by postal carrier if an email address is not available.
 - The licensee is required to submit documentation of completion of required CE credits. Documentation must include:
 - Date of CE
 - Subject of the program or course
 - Number of CE credits
 - Certification from an approved sponsor
 - Documentation submitted to verify CE completion will be reviewed for compliance with the regulations.

NOTE: Veterinarians are required to complete a minimum of 15 CE hours and veterinary technicians are required to complete a minimum of eight CE hours. Approved CE credit is given for courses or programs related to the treatment and care of patients and shall be clinical courses in veterinary medicine or veterinary technology or courses that enhance patient safety, such as medical recordkeeping or Occupational Health and Safety Administration (OSHA) requirements. The Board accepts CE that is related to disaster or emergency preparedness, the U. S. Department of Agriculture's National Veterinary Accreditation Program and communication development to strengthen the veterinarian-client-patient relationships, including but not limited to grief counseling and personal wellness. Courses in practice management related to improving business efficiency or profitability would not be considered clinical courses or courses that enhance patient safety.
 - Licensees who have not completed required CE will be referred for possible board action.

Board Action for Non-Compliance with CE Requirements

The Board adopted the following guidelines for resolution of cases of non-compliance with CE requirements:

Veterinarian

Cause	Possible Action
First offense; short 4 hours or less	Confidential Consent Agreement; 45 days to make up missing hours
First offense; short more than 4 hours	Consent Order; Monetary Penalty of \$500; 45 days to make up missing hours
Second offense; short up to 15 hours	Consent Order; Reprimand; Monetary Penalty of \$250 per missing hour up to a maximum of \$2000; 60 days to make up missing hours
No response to audit notifications or three or more offenses	Informal Fact-Finding Conference
First Offense: Failure to respond with CE documentation prior to initiation of board action	Confidential Consent Agreement
Second Offense: Failure to respond with CE documentation prior to initiation of board action	Consent Order; Monetary Penalty of \$XXX

Veterinary Technician

Cause	Possible Action
First offense; short 2 hours or less	Confidential Consent Agreement; 45 days to make up missing hours
First offense; short more than 2 hours	Consent Order; Monetary Penalty of \$200; 45 days to make up missing hours
Second offense; short up to 8 hours	Consent Order; Reprimand; Monetary Penalty of \$100 per missing hour up to a maximum of \$1000; 60 days to make up missing hours
No response to audit notifications or three or more offenses	Informal Fact-Finding Conference
<u>First Offense: Failure to respond with CE documentation prior to initiation of board action</u>	Confidential Consent Agreement
<u>Second Offense: Failure to respond with CE documentation prior to initiation of board action</u>	Consent Order; Monetary Penalty of \$XXX

Note: When probable cause is found that a licensee has falsely certified completion of the required CE for renewal of his license, the Board may offer a pre-hearing consent order or hold an informal fact finding conference.

DRAFT 03.07.2019

VIRGINIA BOARD OF VETERINARY MEDICINE BYLAWS

Article I. Officers of the Board.

A. Election of officers.

1. The officers of the Board of Veterinary Medicine shall be a President, a Vice-President and a Secretary. At the last regularly scheduled meeting of the calendar year, the board shall elect its officers. Nominations for office shall be selected by open ballot, and election shall require a majority of the members present.
2. The term of office shall be one year from January 1 to December 31; a person may serve in the same office for one additional term.
3. A vacancy occurring in any office shall be filled during the next meeting of the board.

B. Duties of the officers

1. President.

The President shall preside at all meetings and formal administrative hearings in accordance with parliamentary rules and the Administrative Process Act, and requires adherence of it on the part of the board members. The President shall appoint all committees unless otherwise ordered by the board.

2. Vice-President.

The Vice-President shall, in the absence or incapacity of the President, perform pro tempore all of the duties of the President.

3. Secretary.

The Secretary shall perform generally all the duties necessary and usually pertaining to such office.

4. In the absence of the President, Vice-President and Secretary, the President shall appoint another board member to preside at the meeting and/or formal administrative hearing.

5. The Executive Director shall be the custodian of all board records and all papers of value. She/He shall preserve a correct list of all applicants and licensees. She/He shall manage the correspondence of the board and shall perform all such other duties as naturally pertain to this position.

Article II. Meetings.

A. Number and organization of meetings.

1. For purposes of these bylaws, the board shall ~~schedules~~ at least three full board meetings in each year to take place during each quarter, with the right to change the date or cancel any board meeting; with the exception that one meeting shall take place annually.

2. A majority of the members of the board shall constitute a quorum for the transaction of business. The current edition of Robert's Rules of Order, revised, shall apply unless overruled by these bylaws or when otherwise agreed.

B. Attendance of board members.

Members shall attend all scheduled meetings of the board and committee to which they serve, unless prevented by illness or similar unavoidable cause. In the event of two consecutive unexcused absences at any meeting of the board or its committees, the President shall make a recommendation about the board member's continued service to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.

C. Order of business. The order of the business shall be as follows:

1. Call to order with statement made for the record of how many and which board members are present and that it constitutes a quorum.
2. Public comment.
3. Approval of minutes.
4. The Executive Director and the President shall collaborate on the remainder of the agenda.

Article III. Committees.

A. Standing Committees:

1. Special Conference Committee.

This committee shall consist of two board members who shall review information regarding alleged violations of the veterinary medicine laws and regulations and determine if probable cause exists to proceed with possible disciplinary action. The President shall also designate another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date. Further,

should the caseload increase to the level that additional special conference committees are needed, the President may appoint additional committees.

2. Regulatory/Legislative Committee.

The committee shall consist of at least three board members. The board delegates to the Regulatory/Legislative Committee to recommend actions to petitions for rulemaking. This committee is responsible for the development of proposals for new regulations or amendments to existing regulations with all required accompanying documentation; the drafting of board responses to public comment as required in conjunction with rulemaking; conducting the required review of all existing regulations as required by the Board's Public Participation Guidelines and any Executive Order of the Governor, and other required tasks related to regulations. In accordance with the Administrative Process Act, any proposed draft regulation and response to public comment shall be reviewed and approved by the full board prior to publication. The board delegates the authority to develop proposals for legislative initiatives of the board. Any proposed draft legislation and response to public comment shall be reviewed and approved by the full board prior to publication.

3. Credentials Committee.

The committee shall consist of two board members. The members of the committee shall review non-routine licensure applications to determine the credentials of the applicant and the applicability of the statutes and regulations.

B. Ad hoc committees

There may be ad hoc committees, appointed as needed and shall consist of three or more persons appointed by the board who are knowledgeable in the particular area of practice or education under consideration by the board. The committee shall review matters as requested by the board and advise the board relative to the matters or make recommendations for consideration by the board.

Article IV. General Delegation of Authority.

A. The Board delegates to board staff the authority to issue and renew licenses and registrations for which statutory and regulatory qualifications have been met.

B. The Board delegates to the Executive Director the authority to reinstate a license or registration when the reinstatement is due to the lapse of the license or registration rather than a disciplinary action and there is no basis upon which the Board could refuse to reinstate.

C. The Board delegates to board staff the authority to develop, approve and update information on forms used in the daily operations of board business, to include, but not limited to, licensure applications, renewal forms, inspection forms and documents used in the disciplinary process. The Executive Director shall consult with the board President prior to posting inspection form changes.

D. The Board delegates authority to the Executive Director to negotiate a Consent Order in consultation with the chair of a Special Conference Committee or formal hearing.

E. The Board delegates to the Executive Director the authority to sign as entered any Order or Consent Order resulting from the disciplinary process or other administrative proceeding.

F. The Board delegates to the Executive Director, who may consult with a special conference committee member, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.

G. The Board delegates to the Executive Director the authority to review information regarding alleged violations of law or regulations and, in consultation with a member of a special conference committee, make a determination as to whether probable cause exists to proceed with possible disciplinary action.

H. The Board delegates authority to the Executive Director to close non-jurisdictional cases and fee disputes cases without review by a board member.

I. The Board delegates authority to the Executive Director to grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the licensee or registrant prior to the renewal date.

J. The Board delegates authority to the Executive Director to grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee or registrant, such as temporary disability, mandatory military service, or officially declared disasters.

K. The Board delegates authority to the Executive Director to issue an advisory letter, offer a confidential consent agreement or offer a Consent Order for action consistent with any board-approved guidance document.

L. The Board delegates to the President the authority to represent the board in instances where board "consultation" or "review" may be requested where a vote of the board is not required, and a meeting is not feasible.

M. The Board delegates to the Department of Health Professions' inspectors the authority to issue an Compliance Notice Inspection Summary upon completion of an inspection, and the Board delegates to the Executive Director the authority to take action consistent with any board-approved guidance document related to inspection violations, issue letters regarding reported deficiencies to the facilities or licensee.

N. The Board delegates to the Executive Director the authority to grant an accommodation of additional testing time or other requests for accommodation to candidates for Board-required examinations pursuant to the Americans with Disabilities Act, provided the candidate provides documentation that supports such an accommodation.

O. The Board delegates authority to the Executive Director to issue an Advisory Letter to the person who is the subject of a complaint pursuant to Va. Code § 54.1-2400.2(F), when it is determined that a probable cause review indicates a disciplinary proceeding will not be instituted.

P. The Board delegates authority to the Executive Director to request and accept from a licensee or registrant, in lieu of disciplinary action, a Confidential Consent Agreement, pursuant to Va. Code § 54.1-2400(14), consistent with any guidance documents adopted by the Board.

~~Q. The Board delegates authority to the Executive Director to offer a prehearing consent order to reinstate a license of an individual whose license in another jurisdiction has been administratively revoked or suspended solely for non-renewal and such license in the other jurisdiction has not been reinstated.~~

Q. The Board delegates authority to the Executive Director to assign cases to the Veterinary Review Coordinator to make probable cause decisions in consultation with board staff for cases involving impairment, inspections, compliance with Orders, PMP reporting, continuing education and drug theft and loss.

Article V. Amendments.

Proposed amendments to these bylaws shall be presented in writing to all Board members, the Executive Director of the Board, and the Board's legal counsel prior to any regularly scheduled Board meeting. Amendments to the bylaws shall become effective with a favorable vote of at least two-thirds of the board members present at that regular meeting.

DRAFT

Request from Dr. Hinn Regarding LVT Dental Regulations

From: Jahinn
Sent: Thursday, January 10, 2019 10:29 AM
To: leslie.knachel@dhp.virginia.gov
Subject: LVT Dental Regulations

Dear Dr. Knachel and Members of the Board of Veterinary Medicine,

I would like to offer to the Board that they consider clarifying the vague wording regarding dentistry performed by LVT's. I find little reason that a Licensed Veterinary Technician should now not be allowed to close simple gingival extraction sites although well trained in their educational programs to learn this since other states do permit this. If an LVT can suture skin closure, there seems to be little reason that they cannot perform this assistance on gum tissue. When this closure was permitted, many technicians did a far better job performing this than the doctors themselves.

Further, the flap closure wording is vague as to when the flap was created (previously or with the current dental). Simple gingival closure done for example for an incisor is far different a double rotational or sliding flap than a simple opening where a loose incisor may have been extracted.

If need be please add these concerns to our next scheduled Town Meeting, Let's respect our LVT's as a vital part of our profession and not treat them like glorified kennel personal. They deserve our trust and respect and have been educated to be vital team members to provide care. Thanks for your consideration.

From: Jahinn
Sent: Thursday, January 10, 2019 7:08 PM
To: vetbd@dhp.virginia.gov
Subject: Re: LVT Dental Regulations

Dear Dr. Knachel,

While I appreciate your availing the regulation which I am already aware of, I would ask that you do more and please provide my email letter to you to the Board as an agenda item. Please definitely consider returning to the previous definition allowing gum suturing by LVT's and add this to a future Town Meeting if the Board is not allowed to modify their over-protective stance and discriminate against the PA's of the veterinary profession! The new dis-allotment is indeed disrespectful and little given little thought when changed and it is the responsible of our current Board to do the right thing. Thanks so much.

From: Jahinn
Sent: Saturday, January 26, 2019 8:19 AM
To: vetbd@dhp.virginia.gov
Subject: Re: LVT Dental Regulations

Dear Dr. Knachel,

Thanks so much and I would hope that the Board understands and respects that Licensed Technicians have been trained in this aspect. Many of our Technicians have spent 3 days near Baltimore at the Luskin Dental Training Center in addition to their college education as well as continuing education on the subject and in the past when gum care was allowed to them, their skills were often better than that of the doctors! Please include this email to the Board as well and thanks for taking time to air the subject on your agenda.

Excerpts for LVT Dental Regulations

Code of Virginia

§ 54.1-3800. Practice of veterinary medicine.

Any person shall be regarded as practicing veterinary medicine within the meaning of this chapter who represents himself, directly or indirectly, publicly or privately, as a veterinary doctor or uses any title, words, abbreviation or letters in a manner or under circumstances which may reasonably induce the belief that the person using them is qualified to practice veterinary medicine.

Any person shall be deemed to be practicing veterinary medicine who performs the diagnosis, treatment, correction, change, relief or prevention of animal disease, deformity, defect, injury, or other physical or mental conditions; including the performance of surgery or dentistry, the prescription or administration of any drug, medicine, biologic, apparatus, application, anesthetic, or other therapeutic or diagnostic substance or technique, and the use of any manual or mechanical procedure for embryo transfer, for testing for pregnancy, or for correcting sterility or infertility, or to render advice or recommendation with regard to any of the above.

Nothing in this chapter shall prohibit persons permitted or authorized by the Department of Game and Inland Fisheries to do so from providing care for wildlife as defined in § 29.1-100, provided that the Department determines that such persons are in compliance with its regulations and permit conditions.

§ 54.1-3806. Licensed veterinary technicians.

The Board may license a veterinary technician to perform acts relating to the treatment or the maintenance of the health of any animal under the immediate and direct supervision of a person licensed to practice veterinary medicine in the Commonwealth or a veterinarian who is employed by the United States or the Commonwealth while actually engaged in the performance of his official duties. No person licensed as a veterinary technician may perform surgery, diagnose, or prescribe medication for any animal.

Regulations Governing the Practice of Veterinary Medicine

18VAC150-20-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Surgery" means treatment through revision, destruction, incision or other structural alteration of animal tissue. Surgery does not include dental extractions of single-rooted teeth or skin closures performed by a licensed veterinary technician upon a diagnosis and pursuant to direct orders from a veterinarian.

Guidance Document

From Guidance Document 150-2 Guidance on Expanded Duties for Veterinary Technicians

Q: May an LVT perform a simple, single layer closure of a previously created gingival flap?

R: Per the definition of surgery found in the Regulations Governing the Practice of Veterinary Medicine, surgery does not include skin closures performed by an LVT. The Board determined that oral mucosa is not skin, therefore, an LVT would not be permitted to perform closure of a previously created gingival flap.

Criteria for this report:

License Status = Current Active, Current Inactive, Probation - Current Active, Adverse Findings - Current Active, Current Active-RN Privilege and Expiration Date >= Today or is null.

License Count Report for Veterinary Medicine

Board	Occupation	State	License Status	License Count
Veterinary Medicine				
Equine Dental Technician				
	Equine Dental Technician	Virginia	Current Active	15
	Equine Dental Technician	Out of state	Current Active	9
	Total for Equine Dental Technician			24
Veterinarian				
	Veterinarian	Virginia	Current Active	3,156
	Veterinarian	Virginia	Current Inactive	47
	Veterinarian	Out of state	Current Active	814
	Veterinarian	Out of state	Current Inactive	213
	Total for Veterinarian			4,230
Veterinary Establishment - Ambulatory				
	Veterinary Establishment - Ambulatory	Virginia	Current Active	276
	Veterinary Establishment - Ambulatory	Out of state	Current Active	30
	Total for Veterinary Establishment - Ambulatory			306
Veterinary Establishment - Stationary				
	Veterinary Establishment - Stationary	Virginia	Current Active	808
	Veterinary Establishment - Stationary	Out of state	Current Active	22
	Total for Veterinary Establishment - Stationary			830
Veterinary Faculty				
	Veterinary Faculty	Virginia	Current Active	55
	Veterinary Faculty	Out of state	Current Active	13
	Total for Veterinary Faculty			68
Veterinary Intern/Resident				
	Veterinary Intern/Resident	Virginia	Current Active	45
	Veterinary Intern/Resident	Out of state	Current Active	2
	Total for Veterinary Intern/Resident			47
Veterinary Technician				
	Veterinary Technician	Virginia	Current Active	1,942
	Veterinary Technician	Virginia	Current Inactive	39
	Veterinary Technician	Out of state	Current Active	231
	Veterinary Technician	Out of state	Current Inactive	31
	Total for Veterinary Technician			2,243
Total for Veterinary Medicine				7,748

CURRENT ACTIVE & INACTIVE LICENSES						
License Type	FY2012	FY2013	FY2014	FY2015	FY2017	YTD FY2019
Veterinarian	3530	3960	4038	4,145	4,310	4,230
Veterinary Faculty	N/A	N/A	N/A	N/A	N/A	68
Veterinary Intern/Resident	N/A	N/A	N/A	N/A	N/A	47
Veterinary Technician	1579	1689	1788	1,917	2,135	2,243
Equine Dental Technician	24	23	23	24	25	24
Stationary Veterinary Establishment	735	744	750	768	773	830
Ambulatory Veterinary Establishment	270	287	298	315	341	306
Total	6138	6703	6897	7,169	7,584	7,748

Virginia Department of Health Professions
Cash Balance
As of December 31, 2018

	<u>106- Veterinary Medicine</u>
Board Cash Balance as June 30, 2018	\$ 956,976
YTD FY19 Revenue	1,033,970
Less: YTD FY19 Direct and Allocated Expenditures	529,109
Board Cash Balance as December 31, 2018	<u>\$ 1,461,837</u>

**BOARD OF VETERINARY MEDICINE
2020 CALENDAR**

JANUARY 23, 2020 (Thursday)	BR 1/HR 6 9:00 AM	INFORMAL CONFERENCES
FEBRUARY 13, 2020 (Thursday)	TR 2/HR 6 9:00 AM	INFORMAL CONFERENCES
MARCH 5, 2020 (Thursday)	BR 2 9:00 AM	BOARD MEETING
MARCH 5, 2020 (Thursday)	BR 2/HR 1	INFORMAL CONFERENCES
APRIL 9, 2020 (Thursday)	TR 2/HR 6 9:00 AM	INFORMAL CONFERENCES
MAY 7, 2020 (Thursday)	TR 2/HR 6 9:00 AM	INFORMAL CONFERENCES
JUNE 10, 2020 (Wednesday)	BR 4/HR 6 9:00 AM	INFORMAL CONFERENCES
JULY 28, 2020 (Tuesday)	BR 4 9:00 AM	BOARD MEETING
JULY 28, 2020 (Tuesday)	BR 4/HR 6	INFORMAL CONFERENCES
AUGUST 25, 2020 (Tuesday)	TR 2/HR 6	INFORMAL CONFERENCES
SEPTEMBER 29, 2020 (Tuesday)	TR 2/HR 6 9:00 AM	INFORMAL CONFERENCES
OCTOBER 29, 2020 (Thursday)	BR 4 9:00 AM	BOARD MEETING
OCTOBER 29, 2020 (Thursday)	BR 4/HR 6 9:00 AM	INFORMAL CONFERENCES
NOVEMBER 17, 2020 (Tuesday)	TR 2/HR 6 9:00 AM	INFORMAL CONFERENCES
DECEMBER 9, 2020 (Wednesday)	TR 2/HR 6 9:00 AM	INFORMAL CONFERENCES

From: Virginia Board of Veterinary Medicine
Date: Tue, Jan 8, 2019
Subject: Renewal of Veterinary Establishment Registration

Board of Veterinary
Medicine

Board of Veterinary Medicine

Renewal of Veterinary Establishment Registration

This email is being sent to all licensees of the Board of Veterinary Medicine because a significant number of veterinary establishments have failed to renew for 2019. Please go to [License Lookup](#) to verify that your veterinary establishment has renewed. If not, please continue reading for further information.

The *Regulations Governing the Practice of Veterinary Medicine* states the following regarding renewal of veterinary establishment registrations:

18VAC150-20-185. Renewal of veterinary establishment registrations.

A. Every veterinary establishment shall be required to renew the registration by January 1 of each year and pay to the board a registration fee as prescribed in 18VAC150-20-100.

B. Failure to renew the establishment registration by January 1 of each year shall cause the registration to expire and become invalid. Practicing veterinary medicine in an establishment with an expired registration may subject a licensee or registration holder to disciplinary action by the board. The registration may be renewed without reinspection within 30 days of expiration, provided the board receives a properly executed renewal application, renewal fee, and a late fee as prescribed in 18VAC150-20-100.

C. Reinstatement of an expired registration after 30 days shall be at the discretion of the board and contingent upon a properly executed reinstatement application and payment of the late fee, the reinspection fee, the renewal fee and the veterinary establishment registration reinstatement fee. A reinspection is required when an establishment is reinstated.

Renewal Fees for Expired Veterinary Establishment Registration

Renewed by January 31, 2019: \$275 (renewal: \$200 + late: \$75)

Renewed after January 31, 2019: \$650 (renewal: \$200 + late: \$75 + reinstatement \$75 + reinspection: \$300)

To renew a veterinary establishment registration online and pay with a Visa, MasterCard or Discover card, go to www.license.dhp.virginia.gov. If experiencing technical difficulty renewing a registration, please contact customer service by telephone at (804) 367-4444 or by email at CallCenter@dhp.virginia.gov.

Website: [Board of Veterinary Medicine](#)