

October 26, 2023
Board Room 2
9:00 a.m.

Agenda
Virginia Board of Veterinary Medicine
Full Board Meeting

Call to Order – Thomas Massie, Jr., D.V.M., Board President

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- Welcome
- Emergency Egress Procedures
- Mission Statement

Ordering of Agenda – Dr. Massie

Public Comment – Dr. Massie

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. Massie

Pages 2-12

January 5, 2023 – Veterinary Establishment Inspection Committee Meeting (pages 2-4)
January 19, 2023 – Regulatory Committee Meeting (pages 5-6)
March 28, 2023 – Regulatory Committee Meeting (pages 7-8)
March 28, 2023 – Full Board Meeting (pages 9-10)
October 10, 2023 – Conference Call (pages 11-12)

Agency Director’s Report – Arne Owens, Director

Legislative/Regulatory Report – Erin Barrett

Pages 13-65

- Legislative Update
- Petitions for Rulemaking
 - Request to amend 18VAC150-20-70(B) submitted by the Virginia Veterinary Medical Association (pages 13-23)
 - Request to amend 18VAC150-20-120(2) submitted by Gerald Blackburn (pages 24-41)
- Regulatory Update
 - Current Regulatory Actions (page 42)
 - Initiation of periodic review of public participation guidelines (pages 43-51)
 - Consideration of fast-track regulatory action to allow agency subordinates to hear credentials cases (pages 52-55)
- Guidance Document Update
 - 150-2 Guidance on Expanded Duties for Licensed Veterinary Technicians (page 56-59)
- Policy Review for electronic participation amendment (pages 60-65)

Discussion

Pages 65-126

- 2022 Healthcare Workforce Data Center Reports – **Yetty Shobo/Barbara Hodgdon**
 - Veterinarians (pages 65-95)
 - Veterinary Technicians (pages 96-125)
- Licensing reciprocity agreement between Washington, D.C., Maryland, and Virginia – **Leslie Knachel**

-
- Questions regarding performance of Magna Wave Therapy (page 126) – **Ms. Knachel**
-

10:00 a.m. Consideration of Agency Subordinate Recommendations – Dr. Massie/Kelli Moss

- **Luke Delpo, Veterinarian**
 - **Westlake Veterinary Medical Center**
 - **Little Doc’s Veterinary Care**
 - **Karen Baum, Veterinarian**
 - **Eclectic Equine Services**
-

Board Counsel’s Report – Laura Booberg

President’s Report – Dr. Massie

Board of Health Professions’ Report – Steven Karras, D.V.M.

American Association of Veterinary State Boards 2023 Annual Meeting Update – Dr. Cockburn

Staff Reports

Pages 127-135

- Executive Director’s Report – **Leslie Knachel /Ms. Moss**
 - Statistics (page 127-128)
 - [Email Notifications](#)
 - Outreach Information
 - [Current Board Meeting Calendar](#)
 - American Association of Veterinary State Boards 2024 Annual Meeting
 - International Council on Veterinary Assessment Report (pages 129-135)
 - Discipline Report
-

New Business – Dr. Massie

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Officer Elections

Next Meeting – Dr. Massie/Ms. Knachel

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- 2024 Board Meeting Calendar (page 137)
 - March 11, 2024 - Next full board meeting
-

Meeting Adjournment – Dr. Massie

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

MISSION STATEMENT

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

**VIRGINIA BOARD OF VETERINARY MEDICINE
VETERINARY ESTABLISHMENT INSPECTION COMMITTEE
MEETING MINUTES
JANUARY 5, 2023**

- TIME AND PLACE:** A meeting of the Veterinary Establishment Inspection Committee (Committee) was called to order at 1:08 p.m. at the Department of Health Professions (DHP), Perimeter Center, 2nd Floor Conference Center, Training Room 2, 9960 Mayland Drive, Henrico, Virginia 23233.
- PRESIDING OFFICER:** Tregel Cockburn, DVM, Board Secretary, Committee Chair
- COMMITTEE MEMBERS PRESENT:** Wendy Ashworth, DHP Senior Inspector
Jason Bollenbeck, DVM, Virginia Veterinary Medical Association
Tom Massie, DVM, Board President
Katie Smith, LVT
- STAFF PRESENT:** Kelly Gottschalk, DVM, Veterinary Review Coordinator
Melody Morton, Inspections Manager, Enforcement Division
Kelli Moss, Deputy Executive Director
Heather Pote, Sr. Discipline Case Specialist
Taryn Singleton, LVT, Discipline Case Specialist for Inspections
- CALL TO ORDER & QUORUM:** Dr. Cockburn welcomed attendees and introduced Katie Smith, LVT, as the newest member of the Committee. With five members of the Committee present, a quorum was established. Dr. Cockburn read the Department of Health Professions' Mission Statement.
- ORDERING OF AGENDA:** No changes were made to the agenda, and it was accepted as presented.
- PUBLIC COMMENT:** No public comment was received.
- APPROVAL OF MINUTES:** The minutes from the June 9, 2022, meeting were approved as presented.
- DISCUSSION ITEMS:** **Review of Regulatory Process Changes**
- Ms. Moss provided a review of the regulatory process changes under Governor Youngkin's administration. She informed the Committee that, under Executive Order 19, all regulatory changes must be approved by the Office of Regulatory Management prior to being posted for public

comment. The Executive Order also requires a 25% reduction in regulatory requirements from each regulatory agency.

Review and Revision of Veterinary Establishments and Inspections Regulations

The Committee discussed and considered proposed changes to the regulations governing veterinary establishments and inspections as presented in a draft document by Ms. Moss and Ms. Singleton. The Committee agreed on additional amendments to this document, and agreed the proposed changes would reduce, clarify or update the current regulations.

Dr. Massie moved that the Committee approve and recommend the proposed changes with the Committee's amendments to the Board's Regulatory Committee on January 19, 2023. The motion was seconded by Dr. Bollenbeck and carried unanimously.

Review of Draft Guidance Documents

Ms. Moss recommended that the Committee delay review of any proposed revisions to the Board's current guidance documents for controlled drugs until the conclusion of the Board's periodic review of its regulations, so that any changes to regulations will be accurately reflected.

Ms. Ashworth moved that the Committee delay the review of guidance documents for controlled drugs pending completion of the Board's regulatory review. The motion was seconded by Dr. Bollenbeck and carried unanimously.

NEW BUSINESS:

Ms. Morton informed the Committee that other boards' inspection reports for their facilities are not included with their guidance documents. A report that is not a guidance document increases efficiency in updating and correcting inspection forms as needed. She stated that this Board may want to consider removing guidance from its inspection report to reduce the number of guidance documents in compliance with the Governor's mandate to reduce regulations. Ms. Moss stated staff could research the process for removing the Board's inspection report from its guidance document at this Committee's direction.

Dr. Massie moved to direct staff to research the process for removing the Board's veterinary establishment inspection report from its guidance documents. The motion was seconded by Dr. Bollenbeck and carried unanimously.

NEXT MEETING: Ms. Moss informed the Committee that the next meeting will be scheduled after the Board meeting on March 28, 2023, at a date and time subject to the Committee members' availability.

ADJOURNMENT: With all business concluded, the meeting adjourned at 5:01 p.m.

Kelli Moss, Deputy Executive Director

DRAFT

Call to Order

The January 19, 2023, the meeting of the Regulatory/Legislative Committee of the Virginia Board of Veterinary Medicine was called to order at 9:01 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Training Rooms 1A, 1B & 1C, Henrico, Virginia 23233.

Presiding Officer - Tregel Cockburn, DVM

Member Present

Steve B. Karras, DVM

Member Attending Electronically

Autumn N. Halsey, LVT was approved by the President of the Board to participate electronically due to an acute illness.

Staff Present

Leslie L. Knachel, Executive Director
Kelli Moss, Deputy Executive Director
Matt Novak, Policy & Economic Analyst DHP
Laura Jackson, Board Administrator
Laura Paasch, Senior Licensing Specialist

Establishment of Quorum

With two out of three committee members present in the Henriod, VA location and one member participating via electronic communication, a quorum was established.

Ordering of Agenda

Dr. Cockburn opened the floor to any edits or corrections regarding the agenda. Hearing none, the agenda was accepted as presented.

Public Comment

There were no requests to provide public comment.

Discussion

Ms. Knachel introduces Matt Novak to the committee.

Ms. Knachel reviewed and discussed changes recommended by staff and the Board's Inspection Committee. The review was not completed during this meeting.

Next Meeting

Ms. Knachel indicated that the Regulatory/Legislative Committee will need to meet again to complete the review of the recommended changes. The date of the meeting is yet to be determined.

Adjournment

With no objection, Dr. Cockburn adjourned the meeting at 12:30 p.m.

Call to Order

The March 28, 2023, meeting of the Regulatory/Legislative Committee of the Virginia Board of Veterinary Medicine was called to order at 8:30 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia 23233.

Committee Chair - Tregel Cockburn, DVM, Board Secretary

Member Present

Steve B. Karras, DVM

Member Not Attending

Autumn N. Halsey, LVT

Staff Present

Leslie L. Knachel, Executive Director
Kelli Moss, Deputy Executive Director
Matt Novak, Policy & Economic Analyst DHP
Erin Barrett, Director of Legislative and Regulatory Affairs
Laura Jackson, Board Administrator
Laura Paasch, Senior Licensing Specialist
Taryn Singleton, Disciplinary Case Specialist

Public Present

Susan Seward, Virginia Veterinary Medical Association (VVMA)

Establishment of Quorum

With two out of three committee members present a quorum was established.

Ordering of Agenda

Dr. Cockburn opened the floor to any edits or corrections regarding the agenda. Hearing none, the agenda was accepted as presented.

Public Comment

There were no requests to provide public comment.

Discussion

Ms. Knachel and Mrs. Barrett reviewed and discussed changes to the regulations recommended by staff and the Board's Inspection Committee. The initial review was completed during this meeting.

During the discussion, the Committee took a short recess to participate in a Board of Veterinary Medicine meeting. Upon completion, the Committee continued to discuss the recommended changes.

Next Meeting

Ms. Knachel indicated that the Regulatory/Legislative Committee will need to meet again to review and approve the changes to the regulations. The date of the meeting is yet to be determined.

Adjournment

With no objection, Dr. Cockburn adjourned the meeting at 11:46 a.m.

Call to Order

The March 28, 2023, Virginia Board of Veterinary Medicine (Board) meeting was called to order at 10:03 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia 23233.

Meeting Chair – Steve B. Karras, DVM

Members Present

Tregel Cockburn, DVM, Secretary
Steve Linas, OD, Citizen Member

Member Attending Electronically

Thomas Massie, Jr., DVM was approved by the President of the Board to participate electronically as a substitute for another board member who had an acute illness.

Staff Present

Leslie L. Knachel, Executive Director
Kelli Moss, Deputy Executive Director
Heather Pote, Discipline Case Specialist
Laura Jackson, Board Administrator
Laura Paasch, Senior Licensing Specialist

Establishment of Quorum

With four out of seven board members present, a quorum was established.

Ordering of Agenda

Dr. Karras opened the floor to any edits or corrections regarding the agenda. Hearing none, the agenda was accepted as presented.

Public Comment

There were no requests to provide public comment.

Consideration of Agency Subordinate Recommendation

**Luke Delpo, Veterinarian – Case 210966 and
Westlake Veterinary Medical Center – Case 210965**

**Karen Baum, Veterinarian – Case 219564
Little Doc’s Veterinary Care, Incorporated – Case 219563**

Eclectic Equine Services – Case 220672

Dr. Delpo and Dr. Baum did not appear, nor did a representative for Eclectic Equine Services.

Ms. Moss presented to the Board the Agency Subordinate recommendations for the cases listed.

Closed session:

Dr. Cockburn moved that the quorum of the Board convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of case numbers 210966, 210965, 219564, 219563, and 220672. Additionally, she moved that Ms. Knachel attend the closed meeting because her presence was deemed necessary and will aid the Board in its deliberation. The motion was seconded by Dr. Linas 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 by Dr. Linas and carried unanimously.

Motion regarding Agency Subordinate Recommendations:

Dr. Linas moved that the Board accept the Agency Subordinate recommendations for Luke Delpo, Veterinarian - Case 210966, Westlake Veterinary Medical Center – Case 210965, Karen Baum, Veterinarian – Case 219564, Little Doc’s Veterinary Care, Incorporated – Case 219563, and Eclectic Equine Services – Case 220672. The motion was seconded by Dr. Cockburn and carried unanimously.

Adjournment

With no objection, Dr. Karras adjourned the meeting at 10:25 a.m.

**VIRGINIA BOARD OF VETERINARY MEDICINE
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
OCTOBER 10, 2023**

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 called to order on October 10, 2023, at 3:01 p.m., to consider a possible summary suspension, after a good faith effort failed to assemble a quorum of the board in person.

PRESIDING: Thomas Massie, DVM, Chairperson

MEMBERS PRESENT: Richard Bailey, DVM
Tregel Cockburn, DVM
Steve Karras, DVM
Steven Linas, OD
Jeff Newman, DVM

QUORUM: With 6 members of the Board participating in the telephone conference, a quorum is established.

STAFF PRESENT: Leslie Knachel, Executive Director
Kelli Moss, Deputy Executive Director
Heather Pote, Senior Discipline Case Specialist
Christine Corey, Adjudication Specialist, Administrative Proceedings Division

OTHERS PRESENT: Sean Murphy, Assistant Attorney General

BOARD COUNSEL: Laura Booberg, Assistant Attorney General

**James Dunlap, Veterinarian
Case 225932:** Mr. Murphy presented a summary of the evidence that the continued practice of Dr. Dunlap may present a substantial danger to the health and safety of the public.

CLOSED SESSION: Dr. Cockburn moved that the Board convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia (Code”) for the purpose of deliberation to reach a decision in the matter of James Dunlap, Veterinarian. Additionally, she moved that Ms. Knachel, Ms. Moss, and Ms. Booberg attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberation. The motion was seconded by Dr. Bailey and carried unanimously.

RECONVENE: Dr. Cockburn moved that the Board certify that it heard, discussed or considered only public business matters

lawfully exempted from the 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 by Dr. Bailey and carried unanimously.

DECISION:

Dr. Cockburn moved to suspend the license of James Dunlap, Veterinarian to practice veterinary medicine pending a formal administrative hearing, and to offer a consent order for indefinite suspension of his license in lieu of a formal hearing. The motion was seconded by Dr. Linas and carried unanimously.

ADJOURNMENT:

The meeting was adjourned at 3:30 p.m.

Leslie Knachel, Executive Director

Agenda Item: Consideration of Petition for Rulemaking

Included in your agenda package:

- Petition for rulemaking, which requests that the Board amend 18VAC150-20-70(B) to:
 - (1) allow up to 4 hours required for renewal of a veterinary license and 1 hour required for renewal of a veterinary technician license to be satisfied through delivery of veterinary services, volunteer or compensated, at high-volume spay/neuter clinics provided by non-for-profit animal welfare organizations;
 - (2) allow up to 3 hours required for renewal of a veterinary license and 1 hour required for renewal of a veterinary technician license to be satisfied through delivery of veterinary services in the form of vaccinations, volunteer or compensated, at a rabies clinic organized by a local health department; and
 - (3) for services at spay/neuter clinics, one hour may be credited for two hours of providing services, and for rabies clinics, one hour may be credited for three hours of service.

- Comments received via Town Hall in response to the petition.

- 18VAC150-20-70.

Staff Note: 15 comments were received on Town Hall in response to this petition. 12 were in support of the petition, and 3 were in opposition.

Action needed:

- Motion to either:
 - Deny the petition for rulemaking, specifying the reason(s) why; or
 - Accept the petition for rulemaking and initiating a Notice of Intended Regulatory Action.



COMMONWEALTH OF VIRGINIA

Board of Veterinary Medicine

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

(804) 367-4468 (Tel)
(804) 527-4471 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

Please provide the information requested below. (Print or Type)		
Petitioner's full name (Last, First, Middle initial, Suffix.) Virginia Veterinary Medical Association (VVMA)		
Street Address 3801 Westerre Parkway	Area Code and Telephone Number VVMA (804) 346-2611 Seward Consulting, Inc. (804) 658-8659	
City Henrico	State Virginia	Zip Code 23233
Email Address (optional) robin@vvma.org SewardConsultingInc@gmail.com	Fax (optional) VVMA (804) 346-2655	

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

The Virginia Veterinary Medical Association (VVMA) is petitioning the Board of Veterinary Medicine to amend 18 VAC150-20-70, Licensure renewal requirements, specifically the delivery of veterinary services for continuing education credits.

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

The VVMA is requesting the following new language be added to 18 VAC150-20-70(B):

Up to four (4) hours of the 15 hours required for annual renewal of a veterinary 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 at high-volume spay/neuter clinics sponsored by not for profit animal welfare organizations. One hour of continuing education may be credited for two hours of providing such services, as documented by the sponsoring organization. Services may be volunteered or compensated.

Up to three (3) hours of the 15 hours required for annual renewal of a veterinary 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 (vaccinations) at a rabies clinic organized by a local health department. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the local health department. Services may be volunteered or compensated.

The VVMA is seeking these amendments to the regulation for three reasons. First, the veterinary profession is experiencing a labor shortage; this labor shortage is not only impacting the delivery of services in animal hospitals but is filtering down to not for profit animal welfare organizations and local health departments as well. These organizations depend on licensed veterinarians and, to a lesser extent, veterinary technicians to assist them in

providing surgeries and vaccinations to pet owners at high-volume spay/neuter and rabies clinics.

This shortage of practitioners leads to the second reason the VVMA is seeking a regulatory change: the association wants to encourage volunteerism in Virginia's veterinary community. In granting CE credits for participation in spay/neuter and rabies clinics, the Commonwealth's veterinarians and licensed veterinary technicians may be much more inclined to volunteer their time and talents if they can receive required CE credits in the process.

Finally, Virginia's animal shelters are experiencing a significant rise in their populations due to economic inflation and the resulting financial pressures on pet owners. Shelters depend on animal welfare organizations to help provide spay/neuter assistance to the animals in their care; additional assistance from veterinary professionals, volunteered or compensated, could help reduce shelter numbers by readying surrendered animals for adoption by new owners. While there is a legal requirement to spay/neuter animals before they leave the shelter, the shortage of licensed veterinarians to provide these surgical services has slowed the process. The VVMA is hopeful that the proposed new language will incentivize practitioners to assist in spay/neuter and rabies clinics through the earning of CE credits.

Signature: Susan B. Seward

Date: January 16, 2023

July 2002



Agency Department of Health Professions

Board Board of Veterinary Medicine

Chapter Regulations Governing the Practice of Veterinary Medicine **[18 VAC 150 - 20]**

15 comments

All comments for this forum

[Back to List of Comments](#)

Commenter: Kathleen Campbell

2/13/23 11:08 pm

re: oppose reducing or changing CE requirements for veterinarians in spay neuter or rabies clinics

I oppose reducing or changing CE requirements for veterinarians or technicians simply because they are working at spay neuter clinics or rabies clinics. That work does not reduce the need that every working veterinarian has to stay current in our field. It is insulting to suggest that those veterinarians or technicians neither need nor want the CE to provide good care. CE is readily and inexpensively available and an average of 1-2 hours a month is easy and essential. If the point of this resolution was to express gratitude or ease the burden on hardworking veterinarians providing essential low cost care, then consider other gestures (eligibility to count their work as a charitable tax deduction if they are volunteering?).

CommentID: 208878

Commenter: James Hart

2/17/23 7:39 am

Oppose CE equivalency for work for not-for-profit spay/neuter and vaccine clinics

I am opposed to this proposed regulation change. I do not see that working in a spay/neuter clinic contributes anything toward continuing education. The person may become more proficient in spays and neuters, but the same could be said for any repetitive task in general practice as well. While providing those services to a community is certainly a positive, it is not advancing the knowledge of our profession to the person doing it. Further, if someone is motivated to perform that service, I don't think CE hours would either motivate them further, or would be enough to convince someone who wasn't already involved to perform that service. The few CE hours required each year are easy to obtain, and can be done online and without cost. Continuing professional education should be just that - to advance the knowledge and skill of individuals in our profession. An alternative option to encourage involvement in charitable community activities, such as spay/neuter or vaccination clinics, would be to reduce or eliminate license fees, or provide tax credits, in exchange for service. I do not see this proposal as a positive to veterinary medicine in Virginia.

CommentID: 208932

Commenter: mark a johnson

3/8/23 9:08 am

CE for veterinarians

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- Oppose . These volunteer services are basic routine services and skills. The entire reason for CE is to advance and develop knowledge to expand one's ability to provide current and advanced skills and understanding to better serve the public sector. I strongly oppose this change. We must advance education and not weaken our quality of knowledge.

CommentID: **210076**

Commenter: Jason Bollenbeck

3/12/23 9:30 pm

Support

I support this petition. There is a need to support non-profit spay/neuter and rabies vaccination for low income. volunteering at shelter spay/neuter programs is worthy CE for recent graduates to gain more education (ie CE) and experience in surgery (spay/neuter) and give back to the community in the process. Rabies clinics are needed in low income/rural area and volunteering at these clinics allows veterinarians to give back to local low-income/rural communities and learn about what veterinary needs these communities face.

CommentID: **211547**

Commenter: Martin Betts, DVM

3/13/23 7:12 am

Support for allowing continuing education credit for providing professional services to spay clinics

It has always been difficult for animal shelters and humane organizations to find veterinarians and technicians that will perform low cost spay and neuter procedures. This petition would encourage veterinarians and technicians to offer their time. This would at least help reduce the current companion animal overpopulation problem and reduce the euthanasia of healthy animals. It would also allow veterinarians and technicians to gain valuable surgical and medical (anesthesia) experience. There is no significant downside to this petition as currently written.

CommentID: **211551**

Commenter: Susan Seward for the Virginia Veterinary Medical Association

3/14/23 10:52 pm

Support for this Petition

The Virginia Veterinary Medical Association (VVMA) submitted this petition in an effort to assist spay/neuter and rabies clinics by incentivizing veterinary participation in these events. We see this proposed change as a positive for Virginia-licensed veterinarians; assisting in these clinics and being able to earn CE credit for participation is a win-win for the veterinarian as well as the animal welfare organizations or localities hosting these clinics. Given the number of required CE credits, there are ample hours over and above what could be earned in these clinics to expand a practitioner's knowledge base and learn new skills. Participating in these clinics to meet CE requirements is optional.

The VVMA believes this is a creative approach to address the need for increased veterinary participation in spay/neuter and rabies clinics and offers practitioners an additional option to earn

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CE credits.

CommentID: **211850**

Commenter: Donna Essig, Franklin County Humane Society Inc./Planned Pethood Clinic

3/15/23 12:42 pm

Support change for allowing spay neuter clinic work for CEU

We are on the frontlines here in Franklin County Virginia trying to stem the overpopulation of pets - in particular outside cats and kittens that overwhelm shelters every year. We have operated our Planned Pethood Clinic for over 23 years but it is very difficult to find enough veterinarians to meet the needs of our community and surrounding areas which are very low income. Anything that can help provide more veterinary help is a positive step. I don't understand some of the comments posted here that question the value of performing work in a spay neuter clinic. Any veterinarian who has worked in a spay neuter clinic can tell you that a majority of animals come in having had little to no previous veterinary care and that an entire range of skills are needed to treat these animals. Many of the animals are our animals that go from our Planned Pethood Clinic to our Adoption Center after they are healthy enough to be adopted. I don't see a downside to this proposal. We are certainly willing to pay veterinarians for their time.

CommentID: **211954**

Commenter: Prevent a Litter. E Teri army Hospital

3/15/23 12:53 pm

Sterilization of animals promotes healthy animals/control for burgeoning cat and dog popu

- Not everyone can afford to spend hours volunteering, and nonprofits are finding it harder and harder to find paid veterinarians, let alone volunteers. The veterinary workforce shortage has a significant effect on low-income communities across Virginia – the proposed changes would allow for increased participation by veterinarians in programs designed to help more animals in those communities by eliminating the requirement that they must work without compensation.
- Overpopulation has been exacerbated the ongoing veterinary shortages. Non-profit organizations that have the surgical facilities are struggling with such a limited pool of Virginia-licensed veterinarians. High volume, high quality, space/neuter services are the most effective way to address the crisis of companion, animal overpopulation, that floods overburdened public shelters with animals.
- Allowing CE credits for sterilizing and vaccinating animals who otherwise would not receive any veterinary care supports public health at large while providing the opportunity for practitioners to hone their surgical skills and work in novel environments.
- The proposed changes would neither allow nor encourage veterinarians and technicians to use time spent working in low-cost spay/neuter clinics to fulfill *all* their CE requirements. There are still many other CE opportunities available for them to pursue according to their needs and interests, and the regulation does not limit an individual's pursuit of learning.
- We should be doing everything we can to promote sterilization as it is an effective, responsible and humane method of. controlling companion, animal overpopulation that

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also bestows health benefits to these animals.

CommentID: 211955

Commenter: Virginia Alliance for Animal Sheletlelrs

3/15/23 3:04 pm

Support for allowing CE units for spay/neuter clinics

The Virginia Alliance for Animal Shelters (VAAS), representing 206 shelter personnel and animal control officers, strongly supports this petition for the following reasons: 1) it provides a unique opportunity for professional staff to interact both with a variety of companion animals while providing a productive community service 2) acquaints veterinary professionals with other animal welfare professionals in the region 3) attaches a benefit to the professional as well as a benefit to the larger community through the provision of much needed spay/neuter services 4) does not require a professional to forego other educational opportunities but incentivizes this opportunity even if only on one occasion 5) attaching CEUs to this activity acknowledges that this kind of outreach, beyond that found private veterinary practice, is imbued with the likelihood of learning about the overall health status of animals in a community. Adding spay/neuter services to the CEU catalogue enhances the benefit of the CEU beyond the individual practitioner to the broader community. Sharon Quillen Adams MPA

CommentID: 211959

Commenter: Teresa Dockery, President, Margaret B. Mitchell Spay/Neuter Clinic

3/15/23 4:12 pm

Support CE equivalency for certain work for not-for-profit spay/neuter and vaccine clinics

I fully support and encourage the passage of this proposal. Allowing veterinarians and veterinary technicians to receive CEUs for work at spay/neuter clinics and vaccination clinics is a win-win for everyone involved. This change would not prevent veterinarians or veterinary technicians from receiving CEUs through other means, but it would provide them with hands-on experience that they would not likely get through conferences and workshops.

CommentID: 211986

Commenter: Rosalind Zayas, DVM, Medical Director of Mobile Clinic Operations for PETA

3/15/23 4:26 pm

Support for This Petition

The ongoing veterinary workforce shortage crisis has affected no one more than animals in low-income communities. Those animals will likely never receive any medical care other than what nonprofit animal welfare organizations and public health clinics provide through low- and no-cost programs. Without high-volume, high-quality spay/neuter programs, communities are facing significant overpopulation of cats and dogs who are homeless, unwanted, unvaccinated, reproducing, and flooding public animal shelters. These programs cannot exist without licensed practitioners and the workforce shortage has made it nearly impossible for organizations to find veterinarians and technicians at all, let alone those willing and able to work without compensation (as currently required for CE credits). Nonprofit organizations are more than willing to compensate professionals for their time, and many practitioners – especially recent graduates – could use more experience in a surgical setting. Amending the current regulation to allow veterinarians and

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technicians to receive CE credits while they are compensated for providing spay/neuter services would benefit everyone: practitioners, animals in underserved communities, and public health at large.

CommentID: **211987**

Commenter: Dr. Angela M. Ivey, Director of Veterinary Medicine, Richmond SPCA

3/15/23 4:50 pm

In Support of Proposal

Having practiced in the private sector for twenty years before joining the HGHVSN Team at the Richmond SPCA, now almost nineteen years ago, I wholeheartedly agree with this petition. I host veterinary students year-round from all over the country, as well as from AVMA accredited veterinary schools outside the United State for externships. I have yet to meet a new graduate that would not benefit from additional sterilization help post-graduation while working with teams in the HGHV sector serving the community animals most in need. I see this petition as a win-win for the animals, the veterinarians struggling every day in this understaffed environment and the veterinarians looking for additional experience who may just find they would love to continue giving their time and expertise to this very rewarding part of our profession. It is such a small fraction of the yearly continuing education hours needed for a Virginia license renewal that they will have plenty of hours to spare on exploring cutting edge, new trends in our field.

CommentID: **211989**

Commenter: Lori-Jo Ciccone

3/15/23 4:53 pm

Support!

This is another great way to get CE and serve the community. Win Win

CommentID: **211990**

Commenter: Gayle McHugh DVM, Norfolk SPCA

3/15/23 6:56 pm

Support! CE obtained by offering services to not for profit spay/ neuter/ vaccine clinics

As we all know, we are facing a severe veterinary professional shortage in all aspects of the profession. Providing some continuing education credits would certainly encourage and entice some professionals to explore these outlets for their talents. As a profession of action, many would prefer to do, rather than just sit and listen to obtain valuable CE. As a veterinarian with over 20+ years of private practice experience, I am forever in debt to the Norfolk SPCA for teaching me new surgical techniques, medical management of larger populations, public awareness of zoonosis, and opening my eyes to the very real struggle of pet overpopulation. Not for profit organizations would benefit immensely from any change in this direction. Traditional CE courses would still be required as well. It certainly seems like a win for everyone. I can't even envision a downside.

CommentID: **211997**

Commenter: Tanya D. Patterson, Norfolk SPCA

3/15/23 11:40 pm

Support for CE

The current overpopulation of companion animals has overwhelmed our profession and filled our shelters past capacity. It can be a struggle as a shelter/ high volume practice to keep up with the

P020

number of animals that need to be sterilized on a daily basis. Maybe by allowing for more CE credits then more DVMs and technicians would be inclined to volunteer for not for profit organizations.

CommentID: **212002**

Virginia Administrative Code
Title 18. Professional And Occupational Licensing
Agency 150. Board of Veterinary Medicine
Chapter 20. 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 AAVSB.

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 14 days of receiving notification of the audit unless an extension is granted by the board.
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 that 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 and this section equal to the number of years in which the license has not been active for a maximum of two years.

Statutory Authority

§ [54.1-2400](#) of the Code of Virginia.

Historical Notes

Derived from VR645-01-1 § 1.7, eff. June 10, 1987; amended, Virginia Register Volume 6, Issue 26, eff. October 31, 1990; [Volume 13, Issue 3](#), eff. November 27, 1996; [Volume 15, Issue 5](#), eff. December 23, 1998; [Volume 19, Issue 9](#), eff. March 1, 2003; [Volume 26, Issue 4](#), eff. November 25, 2009; [Volume 29, Issue 25](#), eff. September 26, 2013; [Volume 32, Issue 23](#), eff. August 10, 2016; [Volume 33, Issue 15](#), eff. May 5, 2017; [Volume 34, Issue 1](#), eff. October 25, 2017.

Website addresses provided in the Virginia Administrative Code to documents incorporated by reference are for the reader's convenience only, may not necessarily be active or current, and should not be relied upon. To ensure the information incorporated by reference is accurate, the reader is encouraged to use the source document described in the regulation.

As a service to the public, the Virginia Administrative Code is provided online by the Virginia General Assembly. We are unable to answer legal questions or respond to requests for legal advice, including application of law to specific fact. To understand and protect your legal rights, you should consult an attorney.

Agenda Item: Consideration of Petition for Rulemaking

Included in your agenda package:

- Petition for rulemaking, which requests that the Board amend 18VAC150-20-120(2) to require active practice in one of the last four years prior to licensure by endorsement as a veterinarian.
- Comments received via Town Hall in response to the petition.
- Comment received directly regarding the petition.
- Staff recommendations for changes to 18VAC150-20-120.

Staff Note: 148 comments were received on Town Hall in response to this petition. While 138 clearly or impliedly supported the petition, 10 simply stated “FCHS” or “support FCHS.” There were no comments in opposition. The email comment received by Ms. Knachel was in support of the petition.

Action needed:

- Motion to either:
 - Deny the petition for rulemaking, specifying the reason(s) why; or
 - Accept the petition for rulemaking and initiating a Notice of Intended Regulatory Action.



COMMONWEALTH OF VIRGINIA

Board of Veterinary Medicine

DHP – MAILROOM

9960 Mlayland Drive, Suite 300
Richmond, Virginia 23233-1463

AUG 11 2023

(804) 367-4468 (Tel)
(804) 527-4471 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,)

Blackburn, Gerald D.

Street Address

333 Brooks Point Lane

Area Code and Telephone Number

(901) 494-8701

City

Union Hall

State

VA

Zip Code

24176

Email Address (optional)

gblackburn07@comcast.net

Fax (optional)

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending. Regulation 18VAC150-20-120 (2) Requirements for licensure by endorsement as a veterinarian.
2. Provides documentation of having been regularly engaged in clinical practice for at least two of the past four years immediately preceding application.
2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule. Requesting a change of 2 years to 1 year. Rationale - Retired TN License (in good standing + w/30+ years of practice) in 2018. due to retirement + move to VA. I found I missed the work. In 2022, I had my TN License reactivated and have been working continuously ever since. I would like to work in VA, where I make my home.
3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference. VA Board of Veterinary Medicine.

Signature:

Gerald D. Blackburn
Gerald D. Blackburn

Date:

08/07/23

Public Petition for Rulemaking: 398

Commenter	Title	Comment	Date/ID
Donna Essig, Franklin County Humane Society Inc./Planned Pethood Clinic	Support amending 18VAC150-20- 120(2) to require documentation of active practice to one year	We are in a veterinarian shortage crisis and need more available veterinarians. We can't serve the needs of our community due to this shortage. We have waiting lists for spay neuter appointments and basic wellness appointments. We prefer to send our adoptable animals out already spayed and neutered before adoption but are having trouble doing that. We are unable to handle the requests to help get outside cats and kittens spayed and neutered which will lead to even more cats and kittens being abandoned or taken to shelters and pounds in years to come. Please consider amending 18VAC150-20(2) to require documentation of active practice from two years to one of the last four years prior to application. Every veterinarian that begins to practice again will help to make a difference. Thank you	9/11/23 4:38 pm CommentID:220209
Christina Thienemann, Franklin County Humane Society	Supporting Petition	I support this petition amidst the veterinarian crisis.	9/11/23 7:35 pm CommentID:220212
Bonnie Ballard	Veterinarian for FCHS	FCHS is a wonderful low cost animal clinic and is in need of a veterinarian to help them continue to serve the people of Franklin county as well as surrounding counties. There are a lot of people that cannot afford full price veterinarian care for their animals. Please consider changing the requirements from 2 years to 1 year. Thank you so much!	9/11/23 7:41 pm CommentID:220213
Kristie Blake	Support of amendment of 18VAC150-20- 120(2)	I support amending this regulation so our clinic will have more opportunities to help pets. Thank you, Kristie Blake	9/11/23 7:52 pm CommentID:220214
Sarah Wadsworth, Franklin County Humane Society	Support amending 18VAC150-20- 120(2) to require documentation of active practice to one year	Shelter veterinarians are desperately needed across the country. This amendment will remove additional barriers for animal shelters seeking veterinary help.	9/11/23 8:32 pm CommentID:220215
Angela Darienzo	Support amending 18VAC150-20- 120(2)	We are in need of Veterinarians at the Franklin County Humane Society, in order to operate to full capacity at our clinic, so we can offer low cost services to our community which is needed. Spay and neutering is a necessity to control the population of cats and dogs. Wellness visits are also important, many cannot afford full service Veterinary Clinics for these procedures. Please consider amending 18VAC150-20-120(2). Thank you.	9/11/23 9:47 pm CommentID:220216

Anita Scott, Franklin County Humane Society	Director FCHS Adoption Center	The veterinary field and rescue world has spiraled post Covid. We are in a crisis with too much supply and not enough demand with the amount of pets in need. Pets are losing their lives due to something as simple as space in shelters. Adoptions are backlogged waiting for pets to be altered. Many pet owners are on waiting lists for veterinary services and spay/neuter. We desperately need more veterinarians to help with spay and neuter. Please consider removing this barrier. Thank you for your consideration of amending the current regulation from two years to one year.	9/12/23 7:25 am CommentID:220217
Tonja Martin, Martin's Ponderosa Farm	Required Documentation of Active Practice	Since we have been in business since 2020 in Franklin County, qualified veterinarians have been hard to find. Once I found a good one, she is spread so thin, that even emergencies have to wait. Therefore, calves have died waiting for professionals to show up. Farmers know some methods to try to save their animals but rely on the professionals when we are out of our league. Please consider shortening the process for veterinarians that have licenses outside of our state that would like to practice in Virginia (within reason).	9/12/23 9:30 am CommentID:220218
Anthony Martin, Martin's Ponderosa Farm	Rquired Documentation	As a hands on farmer, it is heartbreaking to watch my animals die while waiting on a Vet to come during after hours and sometimes even during the day. It seems like all my hard work and energy as well as money is just lost. We live in such a big county that vets are unable to cover most of it on a daily, less known weekly basis. Farmers hands are tied waiting for qualified help to come to our rescue. Help this ruling to go through for the sake of our livestock not having to suffer when we could possibly have qualified vets in our area (which is a big county).	9/12/23 9:34 am CommentID:220219
Michelle Keffer	Franklin County Virginia Vet	Too many companion and farm animals are dying for no reason other than the shortage of veterinarians in and surrounding our area. Please help drastically reduce the deaths by amending the regulation in place from two years to one. Thank you for your consideration.	9/12/23 3:57 pm CommentID:220220
Tina Kane- Franklin County Humane Society	Veterinarian Crisis	FCHS is in dire need of a full time veterinarian. There are so many pets in need that need our help. I support amending the current regulation.	9/12/23 3:59 pm CommentID:220221
DorothyBelle Poli	Veterinary crisis	Please support legislation to help our stray and homeless animals. In Franklin County our vets are bursting with appointments that mean ALL animals are currently waiting on care. Our Humane Society and local shelter is truly suffering.	9/12/23 4:12 pm CommentID:220222
Cheryl A Nordgren	In support of proposed amendment	I support the amendment to help alleviate the shortage of veterinary professions available to provide support for rescue organizations such as Franklin County Humane Society and Planned Pethood. The FCHS staff work tirelessly to help abandoned and injured animals in need. Please allow them to be more effective in their mission in providing them the ability to hire veterinary professionals that are here and willing to help.	9/12/23 4:15 pm CommentID:220223
Abby Brown	Support amending	I am a foster family for the Franklin County Humane	9/12/23 4:19 pm 2027

	18VAC150-20-120(2) to change documented practice time to one year	Society and they are in desperate needs to more veterinarians for vet care. They are overwhelmed by the amount of animals in need of spay and neuter and other vet care, and this impacts animal quality of life, animals being adopted, and staff morale. Please ammend so that the pets in our community can receive more care.	CommentID:220224
Mark Cummings	Urgent need for additional vets	There is a severe shortage of veterinary care in this area and this has caused backups on spay and neutering resulting in shelters that are already overburdened. The shelter workers so everything that they can to help these animals and they are drowning. They need this so baddy. Think of these poor suffering animals that need care and cannot get it. Please pass this endorsement.	9/12/23 4:20 pm CommentID:220225
Amy Sturgill	Supporting FCHS	Please consider changing the requirements. They really need the help so that all the animals can be cared for!!	9/12/23 4:20 pm CommentID:220226
Starla M.	Veterinary Support	This shelter does amazing work and is so woefully short-staffed! Changing the veterinary time requirements would do a world of good for this amazing organization that not only saves animals in our area, but works extra diligently to help animals in other parts of the country.	9/12/23 4:33 pm CommentID:220227
Dakota ellis	Helping animals in need.	In order to help our community we have to have veterinarians, please consider amending.	9/12/23 4:33 pm CommentID:220228
Carla B McCabe	Support for veterinary crisis	I am a foster for Franklin County Humane Society. They are wonderful people but have been drowning in pets in need for far too long. Covid put an immense strain on an already ongoing problem. Please amend the regulation from two years to one year, so that they can get some much needed help.	9/12/23 4:38 pm CommentID:220229
Tavia Ashe	Veterinary Crisis Volunteer/Foster FCHS	The surrendered animals in this community need veterinary care asap. Please. Thank You!	9/12/23 4:43 pm CommentID:220230
Eliza Graham. Planned Pethood/Franklin County Humane Society	Supporting amending 18VAC150-20-120(2) to require documentation of active practice to one year.	I support revising the amendment to require one year within the last four, instead of two. There are thousands of helpless animals within our county who deserve to have someone advocate for them. With the change of this amendment, those animals will get the help they need. The veterinarian crisis right now is tough, but with your help we can make it a little easier.	9/12/23 4:43 pm CommentID:220231
Mikell Fulghum	Support amending 18VAC150-20-120(2) to require documentation of active practice to one year	Please consider amending the current requirement.	9/12/23 4:50 pm CommentID:220232
Keesha Childress	In support of FCHS	Veterinary support	9/12/23 4:53 pm CommentID:220233
Laura Salser, Franklin County Humane Society	Vet Crisis	I support the amendment of this bill. This will open doors and remove barriers that exist that prevent us from finding the help we need at the humane society. We have pets waiting to be spayed and neutered so they can be adopted and clients pets waiting for updates on vaccines. Personally I work with TNR in the area trying	9/12/23 4:54 pm CommentID:220234 P028

		<p>desperately to help with the over population of cats in the county. We are having to travel 30 miles+ to have these cats neutered...that is only if that facility has vet coverage as well to work us in for an appointment. The effects of the shortage of vet care is everywhere.</p> <p>It really is desperate times in the vet field and the only ones suffering are the animals. If there is a way to help this situation, then it needs to be done. Our shelters and humane society's can not take much more.</p> <p>Please amend this to make a difference.</p>	
Darlene Didrickson Franklin Humane Society	Help needed for our Animals	I support this petition to help the stray, rehomed, traumatized, and helpless animals in Franklin County, VA. Visit a shelter and follow any animal welfare website on Facebook. Shelters are full and this is with many families fostering pets. Some of the animals' health is unfathomable. Please get educated on what is happening in Central, VA, especially in Franklin County, to these innocent animals. We need help. Thank you, Darlene Didrickson	9/12/23 5:04 pm CommentID:220235
Anonymous	Help FCHS	Please help Franklin County Humane Society get the vet care they are needing.	9/12/23 5:12 pm CommentID:220236
Dr. Linda Linnartz	Desperate need for additional veterinary care in Franklin County.	I am a foster and volunteer at Franklin County Humane Society (FCHS) and I support changing the regulation for veterinary practice, as specified in this bill, from 2 years to 1 year. There is a several-month wait for getting veterinary care in this region and the animals served by FCHS deserve better. We cannot spay & neuter pets as efficiently as needed with the current regulations and this means more unwanted & unnecessary litters. We believe that changing the regulations slightly will significantly help remedy this problem.	9/12/23 5:16 pm CommentID:220237
Lorraine Nash FCHS	Please amend to help spay/neuter	Please amend 18VAC150-20-120(2) to require documentation of one year of the last four in active practice for licensure by endorsement as a veterinarian. This will help get more vets to be able to help spay/neuter the overpopulation of cats and dogs. This will help us help them. Thank you	9/12/23 5:22 pm CommentID:220238
Hailey Ferguson	Support amending 18VAC150-20-120(2)	Veterinary support is needed and this will aid that need.	9/12/23 5:35 pm CommentID:220239
Susan Arrington	FCHS needs a veterinarian	Franklin County Humane Society needs a full-time veterinarian. There are so many animals in our area that need our help.	9/12/23 5:42 pm CommentID:220240
Jana Zevlas	Support amendment for veterinary care	We are in desperate need of veterinary care for all animals in our shelters. I support passing this amendment.	9/12/23 5:51 pm CommentID:220241
Serena Jamison	Supporting FCHS/ veterinarian needed	Please help support our animals.	9/12/23 5:54 pm CommentID:220242
Heidi Underwood	Supporting veterinary needs at	This organization is critical to saving the lives of so many animals in the broader community. These people	9/12/23 6:03 pm CommentID:220243

	FCHS	do amazing work.	
Tabby Patterson	Supporting petition	Adding my support for the amendment mentioned in this petition!	9/12/23 6:08 pm CommentID:220244
Wendy Graham	Veterinarian Practice	Support amending 18VAC150-20-120(2) to require documentation of active practice to one year.	9/12/23 6:25 pm CommentID:220245
Renee Robertson	Veterinarian Need for Franklin County Humane Society	FCHS is in desperate need of a veterinarian. They provide help for so many in Franklin County and are in need of support. They also pull animals from other counties to help with over-population of county run animal shelters thus resulting in saving lives of numerous dogs and cats. This helps the county run animal shelters look good because the number of euthinizations decrease. Please support this much needed service which will help the whole state of Virginia in the long run.	9/12/23 6:26 pm CommentID:220246
Beverly Fletcher	veterinary care for FCHS	I support the petition for veterinary services for FCHS	9/12/23 6:37 pm CommentID:220247
Anonymous	Stephanie Arrington, LVT M.S. Shelter Medicine	We would appreciate the consideration of this petition. Veterinary help is needed in the rural area that the organization is located in. Thank you	9/12/23 6:56 pm CommentID:220248
Kevin Kaiser	Vet care for FCHS	I support more vet care for FCHS	9/12/23 6:58 pm CommentID:220249
Ruth Lynch	Franklin County Humane Society is in need of a veterinarian	FCHS is need of a veterinarian to help support the care providing for the animals and people of the surrounding communities.	9/12/23 6:59 pm CommentID:220250
Brandy Kaiser	Support FCHS	Please help FCHS with veterinary care.	9/12/23 7:07 pm CommentID:220251
Cindi Creed Volunteer at FCHS	Critical help needed at FCHS	Urgent help is needed at this shelter, please consider these amendments.	9/12/23 7:32 pm CommentID:220252
Kathryn H. Eldridge	HELP NEEDED!	Please consider making this amendment. Veterinarians are crucial in this rural area - as there as so many animals in need.	9/12/23 7:34 pm CommentID:220253
Cecelia and David Melesco	Support FCHS	Please pass this so that the shelter can have veterinary care that is desperately needed for the shelter which is bursting at the seams. They don't meet to worry about vet care for the animals in addition to all the other stresses. Please help!!!	9/12/23 7:37 pm CommentID:220254
VP Brown	Support amending 18VAC150-20-120(2)	I support amending 18VAC150-20-120(2)	9/12/23 7:55 pm CommentID:220255
Christina Harris	Support amending 18VAC150-20-120(2)	The Vet shortage is seriously impacting local efforts to reduce overpopulation. We need to allow trained professionals to resume practice if possible.	9/12/23 7:55 pm CommentID:220256
Chester Eldridge, City of Salem	Support amending 18VAC150-20-120(2)	I support the amendment! The shelters are full and there are so many more animals that need help. This will help local places like FCHS give veterinary care to animals in our area. The more they can spay/neuter, the less overpopulation there will be. Thank you!	9/12/23 7:57 pm CommentID:220257
Lisa Spangler	Support amending 18VAC150-20-	I support amending 18VAC150-20-120(2)	9/12/23 8:03 pm CommentID:220258

	120(2)		
Larry Meyer	Support!	Our shelters need all the help they can get residual veterinary	9/12/23 8:10 pm CommentID:220259
Melissa Talley	Support amending 18VAC150-20-120(2) to require documentation of active practice to one year	The veterinarian shortage has placed our local Humane Society in great difficulty. The Franklin County Humane Society battles day after day to reduce the pet overpopulation issue. Without the help of a veterinarian the number of unwanted pet pregnancies will continue to increase. I'm asking/pleading that you consider amending 18VAC150-20(2) to require documentation of active practice from two years to one of the last four years prior to application. Thank you!	9/12/23 8:18 pm CommentID:220260
Aimee Brown	Support FCHS	Support FCHS	9/12/23 8:39 pm CommentID:220261
Emily Witt	Support amending 18VAC150-20-120(2)	Support amending 18VAC150-20-120(2)	9/12/23 8:56 pm CommentID:220263
Shirley Larimer	In support of the proposed amendment	Please this community need this help.	9/12/23 9:43 pm CommentID:220265
Amy Self	Support FCHS	Support FCHS	9/12/23 9:49 pm CommentID:220266
J. Brickey	Support	Support eduction of active practice requirement for licensure by endt	9/12/23 9:51 pm CommentID:220267
Leigh Ann Trent	Petition Signature for vet assistance	Our sweet boy Finn was adopted at FCHS and we have certainly utilized Vet services in the past, and I fully support having help to have Vet services for the current and future rescues!	9/12/23 9:53 pm CommentID:220268
Katherine Shaver	Support the amendment from 2 years to 1 year	Support amending 18VAC150-20-120(2). This is especially appropriate in the wake of the covid pandemic, which was bound to be disruptive to veterinary practice.	9/12/23 9:55 pm CommentID:220269
Caitlin Arrington	In support of FCHS	I am signing in support of FCHS	9/12/23 9:57 pm CommentID:220270
Nora	FCHS vet	I support Fchs in all they do, and have done for the dogs and cats. They deserve a veterinarian dedicated to their mission.	9/12/23 9:57 pm CommentID:220271
Jenny Richardson	FCHS Vet	Franklin County Humane Society is a wonderful organization that helps so many animals. They are in dire need of a veterinarian	9/12/23 10:03 pm CommentID:220273
Whitney DeLong	Support for FCHS	Signing in support of Franklin County Humane Society.	9/12/23 10:03 pm CommentID:220274
Robin Haywood	FCHS Vet Petition	<i>FCHS</i>	9/12/23 10:10 pm CommentID:220275
Megan McNamara	Petition	In support of FCHS	9/12/23 10:14 pm CommentID:220276
Maia Thompson	Support FCHS for Vet	I support Fchs and am signing this petition in support of them.	9/12/23 10:14 pm CommentID:220277
Frankie Coleman Doyle	Urgent! FCHS vet needed!	We need veterinary care!	9/12/23 10:15 pm CommentID:220278

Katherine	Support	I support this	9/12/23 10:17 pm CommentID:220279
Anonymous	Support FCHS vet	Kari Grisetti	9/12/23 10:18 pm CommentID:220280
Carol Williams	Humane Society volunteer	Support amending 18VAC150-20-120(2)	9/12/23 10:18 pm CommentID:220281
Marcelle Melki-Ross	In favor of preposed changes	Or organizations need additional veterinarians with all of the demand. This proposal needs to go into effect.	9/12/23 10:24 pm CommentID:220282
Franklin County Humane Society	URGENT NEED	We are in desperate need of veterinary care! Please help!	9/12/23 10:34 pm CommentID:220283
Sarah-Jane Jones FCHS	Urgent	Please support our need for veterinary care in our area!	9/12/23 10:35 pm CommentID:220284
Franklin County Humane	Veterinary Regulations	In support of the changes to the regulations.	9/12/23 10:40 pm CommentID:220285
Michelle Thompson, Franklin County Humane Society	Support petition	I support this petition. Franklin County Humane Society is desperate for Veterinarians. They make an enormous difference in our community. https://www.townhall.virginia.gov/L/viewcomments.cfm?commentid=220209 Michelle Thompson	9/12/23 10:50 pm CommentID:220286
Anonymous	Support	Support	9/12/23 10:55 pm CommentID:220287
Richard S Akers	Support amending 18VAC150-20-120(2) to require documentation of active practice to one year	I agree and support amending 18VAC150-20-120(2) to require documentation of active practice to one year	9/12/23 11:18 pm CommentID:220288
Patricia Buck	FCHS needs a vet	Please help FCHS/ they help so many homeless animals in our community/	9/12/23 11:33 pm CommentID:220289
Madalyn Hartberger	FCHS Vet Needs	This organization fights tooth and nail for every animal that comes into its care and even harder for the animals in the community. The vet clinic and services offered help the citizens of Franklin county and surrounding areas by helping them keep the pet population under control. We have to have an operating vet in order to continue to try and meet the needs of the area.	9/13/23 12:09 am CommentID:220290
Wendy D Wynne Franklin County Humane Society	Ammendment for Shelter Veterinarians	Shelter veterinarians are desperately needed across the country. This amendment will remove additional barriers for animal shelters seeking veterinary help.	9/13/23 12:25 am CommentID:220291
Elizabeth Cooper, FCHS Volunteer Foster	Support for Vet Regulation Change	I have been a long time supporter of the Franklin County Humane Society. The staff and volunteers work tirelessly to help animals in need, and I have seen first-hand the need not only here but at other similar facilities in the state for more veterinary services. Changing the regulation would be of great benefit to shelters, therefore	9/13/23 3:53 am CommentID:220292

		benefitting the animals and community in need.	
Kristy Groff	Veterinary Crisis	I fully support this change. There is a huge need for veterinarians in our shelters.	9/13/23 7:09 am CommentID:220293
Trevor Winter-Pierce	Support amending 18VAC150-20-120(2) to require documentation of active practice to one year	I support amending 18VAC150-20-120(2)	9/13/23 7:25 am CommentID:220294
Teresa Bryant	FCHS Vet	FCHS is in need of a Veterinarian	9/13/23 7:29 am CommentID:220295
Jennifer Goss	FCHS vet support	Support amending 18VAC150-20-120(2) to require documentation of active practice to one year I support this amendment.	9/13/23 8:33 am CommentID:220296
Lindsey Poff	FCHS Vet Support	I support the FCHS vet change. Please consider changing this regulation!	9/13/23 8:34 am CommentID:220297
Briana Barker, FCHS	FCHS	FCHS	9/13/23 8:39 am CommentID:220298
Liz	FCHS Vet	It is clear how good the FCHS is by looking at their volunteer support. I've never seen an organization with so much local support through donations, volunteer work, and foster families. This proves that the work they do is important to the local community. By changing the time requirements for veterinarians you are not only supporting a local business, but you will also be reflecting the desires of the people in the area.	9/13/23 9:19 am CommentID:220299
Ann McCulley, Franklin County Humane Society	Support amending 18VAC 150-20-120(2)	I support amending 18VAC150-20-120(2) to require documentation of one year of the last four in active practice (instead of two). The Franklin County Humane Society is in desperate need of more veterinarians in order to keep up with the necessary volume of spay/neuter surgeries in our community. Thank you!	9/13/23 9:20 am CommentID:220300
Christy Sherman	Supporting this amendment as there is a dearth of veterinarians	Fully support	9/13/23 9:33 am CommentID:220301
Francine Thomas	FCAS veterinary clinic	Please consider changing the requirement from one year to two years active for the veterinarian. Franklin county shelter is a much needed clinic and lack of a veterinarian is impacting them horribly. I have lived in Franklin county for 23 years and this clinic helps so many can we not change this to help them?	9/13/23 9:36 am CommentID:220302
Tiffany Huffman	Vet crisis	I have been a volunteer and am a member of the Board of Directors with Franklin County Humane Society for many years. We are in desperate need a veterinarian for our clinic for both the needs of the shelter animals as well as the needs of the community. Please consider changing the regulations to alleviate this strain on the	9/13/23 9:38 am CommentID:220303

		clinic.	
Mary M. Jones	Veterinarians	Thank you so much for addressing this issue! Franklin County Humane Society, as well as others around the Commonwealth, are struggling to survive and continue to help animals, a feat that's made even more difficult by the lack of veterinarian support.	9/13/23 10:26 am CommentID:220309
Susan Ewald	Support the amendment. FCHS needs a vet.	FCHS needs a vet and if this change will help us get one, that would be great.	9/13/23 11:08 am CommentID:220310
Bobbi A Hoffman	Support reduction of active practice requirement for licensure	As a Virginia resident and active animal shelter volunteer, I am very aware of the shortage of veterinarians — especially those willing to practice shelter medicine. Shelters are overflowing across the commonwealth, and without vets to provide spay/neuter services, the overpopulation problem will continue to grow. I support reducing the active practice requirement for licensure to one year in order to positively impact both the vet shortage and the animal overpopulation emergency.	9/13/23 11:17 am CommentID:220311
Charlotte Wimmer	Veterinarians for Franklin County Humane Society & Planned Pethood	I am petitioning for and support veterinary assistance for Franklin County Humane Society & Planned Pethood. Charlotte L Wimmer	9/13/23 11:52 am CommentID:220312
Judy Talley	Veterinarians desperately needed	Please amend the policy so that small community animal clinics will be able to continue helping with low cost spay and neuter programs. The Franklin County Humane Society is INVALUABLE to our community and local counties but they are in desperate need of a licensed veterinarian. Thank you for your time and willingness to hear our concerns.	9/13/23 12:38 pm CommentID:220313
STEPHANIE RAGSDALE	FCHS We Need Vets!	We desperately need Vets! Please change the regulation!	9/13/23 4:48 pm CommentID:220316
Cindy Merritt	I support this bill!	Please pass this bill as our county is desperately struggling and severely backed up with spay/neutered/wellness appointments due to the vet shortage. This work is beyond important to keep going at a pace far greater than it is able to now and passing this would be a huge help.	9/13/23 5:08 pm CommentID:220317
Edward Wimmer	Support	I support this petition.	9/13/23 8:26 pm CommentID:220318
Anonymous	Urgent need for Veterinarians	Due to the urgent need for veterinarians, I feel Dr. Blackburn and other competent vets should qualify to receive his license in the state of Virginia. He has been extremely helpful and has a wealth of knowledge pertaining to this field. Dr. Finley	9/14/23 8:11 am CommentID:220319
Jill Sullivan	Veterinary Care, license petition	I'm writing for a deep concern regarding the current shortage of active veterinarians in our area. I feel that	9/14/23 8:30 am CommentID:220320

		<p>allowing a shorter period of time for license reciprocity may help ameliorate this need. This shortage is felt throughout the united states. I am hoping that by allowing the passage of 1 year of service may help get more vets here. Please consider this change and help us help our pets.</p> <p>Jill Sullivan, MDVM Gentle Care Animal Hospital</p>	
Terri Bentley, FCHS	Reduction of active practice requirement	Please consider this change. We need solutions to the veterinarian shortage and this is one that will help!	9/14/23 8:55 am CommentID:220321
Christina Barbour	Please Consider a Revision	Please consider this change. We need solutions to the veterinarian shortage and this is one that will help! Our local shelters and our sweet pets that need a home would benefit from this change greatly!	9/14/23 9:37 am CommentID:220322
Erica Wright, Franklin County Humane Society	petition	I support this petition so we can get our clinic more help.	9/14/23 10:21 am CommentID:220324
rebecca burdette	support	please consider a revision	9/14/23 5:45 pm CommentID:220331
Jamie Acosta, Franklin Co. Humane Society	Amend 18VAC150-20-120(2)	I support amending 18VAC150-20-120(2). Franklin County Humane Society has helped thousands of animals in our area. The number of unaltered animals is overwhelming and without having veterinarians to help spay and neuter, the numbers will continue to increase and shelters will continue to have numerous pets surrendered daily. Please help us help these animals.	9/14/23 5:56 pm CommentID:220332
Fletcher Foley	Support	I support this petition	9/14/23 6:31 pm CommentID:220334
Melissa Potter	FCHS VET	I am thankful for all that FCHS does to help the animals.	9/14/23 9:41 pm CommentID:220336
Paige Liga	Support	I support this petition	9/14/23 10:35 pm CommentID:220337
Patricia Gayeski	Reduction of Active Practice requirements for Licensure by endorsement for Veterinarians	<p>Hello, I work for the FCHS, I am a new employee, however, I have known them for some time. I adopted my dog from them 6 years ago. I was very impressed at that time by the cleanliness of the facility, and the caring staff. Now that I work here I am still impressed. The problem is there are animals waiting right now for Vet. care. Sick animals as well as those that need to be readied for adoption. This is hard to believe that Veterinary service is not available due to a Licensure issue. There is a great need for the service that FCHS clinics provide. the people of Franklin County used to bring their pets for treatments and vaccinations. Stray animals find shelter and care here and homes when they are ready. I ask that you change the current policy. The people of Franklin County will have great benefits from this as well as the animals of Franklin County. Thank you.</p>	9/14/23 11:14 pm CommentID:220338

Brandon	Veterinary Care, license petition	I believe that we definitely need more veterinarians in Virginia and i support this petition	9/15/23 8:01 am CommentID:220340
Sarah	Veterinary Care, license petition	We need more active vets in Virginia asap ! Changing the rule to 1 year to 3 will help to relieve some of shortages. and allow more animals to benefit	9/15/23 8:11 am CommentID:220341
Ron Triplett	I support this bill.	This bill will attract vets into the Virginia area. The increase in the number of vets will help alleviate long wait times to schedule and receive veterinary services.	9/15/23 1:46 pm CommentID:220344
Gena Kopley	Support Amending 18VAC 150-20-120(2)	I support amending 18VAC 150-20-120(2) as we are experiencing a dearth of veterinarians, especially in shelter/rescue settings.	9/16/23 4:45 pm CommentID:220346
Christina Atkins	I support this bill	FCVS does so much to help animals in the community. I support this bill.	9/17/23 9:12 am CommentID:220347
Jennifer Foley	Change needed!	Rescue organizations trying to make a difference are often met with roadblock after roadblock when we're just trying to do the right thing for these animals. Please please please change this regulation! We need more veterinarians!	9/17/23 9:32 am CommentID:220348
Debbie Crawford	18VAC150-20-120	Please consider amending 18VAC150-20-120. This area of Virginia is in need of qualified Vets. Thanks for your help in this matter.	9/19/23 11:01 am CommentID:220356
Lisa Twark, DVM	Support of Gerald Blackburn and Veterinary Rule Change	I am in support of the proposed rule change. There is obviously a shortage of veterinarians in both Tennessee and Virginia and having worked with Dr Blackburn as a Veterinarian for the last year, he is certainly competent to work as a Vet in any state. It would be a shame to decrease availability of care for animals in his home state while awaiting for another year to pass. Sincerely Lisa Twark, DVM	9/19/23 6:08 pm CommentID:220358
Lorrie Harris	Support their mission!!	Please help this wonderful agency get the help that they need to continue to save the lives of VA's unwanted animals.	9/21/23 12:15 am CommentID:220363
Sarah Roberts	Change needed!	Fchs needs vets! We need a change!	9/21/23 12:35 pm CommentID:220368
LeAnn Smith	FCVS VET	Please help these babies get vet care!	9/21/23 1:06 pm CommentID:220369
C. Barrell	Amend 18VAC150-20-120(2)	I support this amendment because veterinarians are so desperately needed, and the sooner, the better. Humane societies especially need more hands, and this would help alleviate those staffing issues.	9/21/23 2:43 pm CommentID:220372
Lois Orbison	Support	Support	9/21/23 3:08 pm CommentID:220373
Taylor Harris	Support	I support	9/21/23 9:25 pm CommentID:220376
Andrew Silverstone DVM, MS	We need vets!	This note is in support of easing the restrictions on licensure.	9/22/23 10:21 am CommentID:220378 P036

(forensics) Veterinary Hospital of Virginia Beac		There is an acute shortage of veterinarian in the Commonwealth. It is in the interest of the public to ease the burden on the qualified veterinarian who desires to practice in Virginia	
Mary Jane Morgan	Amend 18VAC 150-20-120(2)	As a volunteer at the Franklin County Humane Society in Rocky Mount, VA, I can tell you first hand our need for a full time vet. Please amend 18VAC 150-20-120(2). Thank you.	9/23/23 5:47 pm CommentID:220385
Jennifer Kiwus	Support FCHS	Support!	9/24/23 6:40 am CommentID:220386
Gary Lynch	I support Gerald Blackburn being able to practice veterinary medicine in VA.	I am in support of changing the rule to allow Dr. Blackburn to practice veterinary medicine in the state of Virginia with a wait of only a single year rather than two. There is a major shortage of veterinary services in our area and his ability to practice medicine would be a great help to the local community and state as a whole.	9/24/23 9:13 am CommentID:220388
Edward Crawford	I support this petition	I ask that you give serious consideration to changing this code.	9/24/23 12:33 pm CommentID:220389
Gregory C. Smith, DVM	Support Amendment 18 VAC150-20-120(2)	I lend my support to the amendment indicated above. In doing so I am supporting the Virginia licensing of Gerald Blackburn, DVM. Gregory C. Smith, DVM	9/25/23 8:52 am CommentID:220391
Barry Wade	I am in full support of this amendment.	I am in full support of this amendment. It is currently very hard to get an appointment and this will increase the number of dcoctors.	9/25/23 2:52 pm CommentID:220397
Tim Tingler	18VAC150-20-120(2)	I am in full support of this amendment.	9/25/23 2:54 pm CommentID:220398
cari	license in virginia	please allow Dr Blackburn to practice in Virginia . He will be a great veterinarian there just as he is in Tennessee!	9/26/23 11:41 am CommentID:220402
Joey Coscia DVM	licensure	I have known Dr Blackburn for many years. I fully support changing the regulation to allow him to practice as soon as possible. He is greatly needed there locally.	9/26/23 12:08 pm CommentID:220403
Paulette Chitwood	Veterinary World Has Changed in the Last Twenty Years	Clearly, our world has changed, drastically, in the last twenty years. Population in Northeast U.S. up 13.2% (from 281,421,906 to 331, 449, 281) from 2000 to 2020, and along with more people has come a big change in lifestyles. NOTE This doesn't even take into account mass migrations during Covid from cities to small towns and resort/lake communities. A big change as well is economic differences. Used to be every town had their one vet who treated mostly large farm animals with pets being a small percentage of their practice. Not so many people had pets, certainly not those of lower economic means. Now, in 2023, people have moved to these small areas for safety and to create a "Life" for their families and pets are a large part of that imagined "Good Life." THE END RESULT: The older vet has retired. More people, of all economic levels, have pets. We have to proverbial haves and have nots. The wealthier folks are willing to spend big bucks to	9/26/23 12:32 pm CommentID:220404

treat their Golden Retriever's cancer. There are demonstrated needs for (1) high level care for those who can afford it; (2) ongoing care for the middle class, similar to the past twenty years; and (3) low cost care, spay and neutering for lower income pet lovers.

TO MY POINT: Our local most excellent no kill shelter is struggling constantly WITH NO ON-SITE VET TO PERFORM SPAY/NEUTER. SHELTERS HAVE PROLIFERATED BUT VETS HAVE NOT. WHAT'S WRONG WITH ALLOWING RETIRED VETS TO PROVIDE SERVICES IN SHELTERS? MAKE A WAY FOR THEM TO RE-UP! THIS PROPOSAL BY DR. BLACKBURN WOULD DO THAT.

P.S. IN THE 1990s I LIVED ON OCRACOKE ISLAND NC WHERE THERE WAS A LARGE FERAL CAT POPULATION, MUCH BELOVED BY LOCALS BUT IN NEED OF MANAGEMENT. NO VET WOULD VOLUNTEER FOR SPAY/NEUTER IN FACE OF CENSOR BY THE VETERINARY COMMUNITY. TIME TO CHANGE. PLEASE. HELP US TAKE CARE OF OUR ANIMALS.

		<p>treat their Golden Retriever's cancer. There are demonstrated needs for (1) high level care for those who can afford it; (2) ongoing care for the middle class, similar to the past twenty years; and (3) low cost care, spay and neutering for lower income pet lovers.</p> <p>TO MY POINT: Our local most excellent no kill shelter is struggling constantly WITH NO ON-SITE VET TO PERFORM SPAY/NEUTER. SHELTERS HAVE PROLIFERATED BUT VETS HAVE NOT. WHAT'S WRONG WITH ALLOWING RETIRED VETS TO PROVIDE SERVICES IN SHELTERS? MAKE A WAY FOR THEM TO RE-UP! THIS PROPOSAL BY DR. BLACKBURN WOULD DO THAT.</p> <p>P.S. IN THE 1990s I LIVED ON OCRACOKE ISLAND NC WHERE THERE WAS A LARGE FERAL CAT POPULATION, MUCH BELOVED BY LOCALS BUT IN NEED OF MANAGEMENT. NO VET WOULD VOLUNTEER FOR SPAY/NEUTER IN FACE OF CENSOR BY THE VETERINARY COMMUNITY. TIME TO CHANGE. PLEASE. HELP US TAKE CARE OF OUR ANIMALS.</p>	
Brian Weitzman	Support	Support petition to help alleviate shortage of veterinarians	9/26/23 7:48 pm CommentID:220406
Samantha Vitale, DVM, DACVIM	Support!	I fully support the proposed amendment. There is a shortage of veterinarians, and as a result pets and pet owners are suffering.	9/27/23 9:09 am CommentID:220408
Melanie Crovo, DVM	Support reducing active practice requirement to 1 out of the past 4 years for veterinarians	We are in dire need of veterinarians in Virginia. I am a relief vet and work in 8-10 different clinics each year. Due to many factors leading to a shortage of qualified veterinarians, most of those places have been unsuccessfully attempting to hire a permanent full time veterinarian. Our local shelters and rescue groups are struggling with a increased intake of animals but many do not have veterinarians on staff full time. Allowing otherwise qualified veterinarians from out of state to come to Virginia to work full or part time would be a great benefit to the shelters, and to other veterinary clinics in the state. As long as the veterinarians have kept up with the continuing education requirements and have not had their license revoked for any reason, I believe that one year of active practice in the past 4 is plenty. This may allow vets to come out of retirement to work, but may also facilitate a stay at home parent to return to the workforce more easily.	9/27/23 10:13 am CommentID:220409
Pet Clinics of Rocky Mount and Martinsville	We need help!!	Definitely support this.	9/28/23 9:55 am CommentID:220417
Wayne Lilly,	Support	I support the amendment. As a relief veterinarian I see	9/28/23 8:26 am

DVM		the need for more veterinarians to meet the veterinary care demand.	CommentID:220418
Sandra Alvarez	18VAC150-20-120	I am in support of this amendment. Not only is there a shortage of veterinarians in general, but especially in rural areas.	9/28/23 11:14 am CommentID:220419
Daniel Nye	18VAC150-20-120	We are in desperate need of qualified Vets. Please consider changing the requirement to 1 yr and not 4 yrs. Time is of the essence.	9/28/23 11:23 am CommentID:220420
Kirsten Nye	Support	I am in complete support with Dr. Gerald Blackburn having his bill amended to just one year instead of the required years of practice. Living in a rural area, we are short staffed in all of our veterinary offices. It would truly be an honor to have such a prestigious and exceptional veterinarian come and work in the state of Virginia as well be a role model for young veterinarians in training.	9/28/23 11:48 am CommentID:220421
Anonymous	Support	I support this bill	9/28/23 1:57 pm CommentID:220422
Bryan Morgan	I Support Amending 18VAC150-20-120	With the shortage of vets in southwest Virginia, please change 18VAC150-20-120 to make it easier for vets to come here and practice. We need them desperately. Thank you.	9/29/23 9:43 am CommentID:220423
Skyler Anderson	supporting petition	Support	9/29/23 7:08 pm CommentID:220424
Leslie Stratmann	Petition for Rulemaking	I support this amendment for a rule change from 2 years of continued practice to 1 year. We are in desperate need of additional veterinarians here in Southwest Virginia. I adopted a dog from the Franklin County Animal Shelter and had a difficult time finding a Veterinarian, with available appointments less than 4 months out), to spay my new dog (a 1 year old). The shortage of qualified veterinarians is hitting our region of Virginia very hard. Please consider this change for the betterment of animal care in the state.	10/2/23 5:19 pm CommentID:220425
Arlene L Blackburn	Amendment/Change 18VAC150-20-120	We have a Veterinarian shortage in this state! Please consider this proactive change to 18VAC159-20-120 from 2 years of continued practice to 1 year. My husband is an incredible Veterinarian with over 30+ years of experience and an unblemished record. The state of Virginia would be lucky to have him. You need him!	10/2/23 5:31 pm CommentID:220426
Gerald Blackburn, DVM	Amendment/Change 18VAC150-20-120	A competent, licensed Veterinarian from another state who has been actively practicing for the previous year should be able to obtain a license in Virginia. Thank you for your consideration.	10/2/23 5:48 pm CommentID:220427

Barrett, Erin (DHP)

From: Knachel, Leslie (DHP) <leslie.knachel@DHP.VIRGINIA.GOV>
Sent: Sunday, September 24, 2023 7:24 PM
To: Barrett, Erin (DHP)
Subject: FW: 18VAC 150-20-120(2)

Here is a comment I received for the vet med petition for rulemaking.

Leslie

From: mjlovescats <mjlovescats@centurylink.net>
Sent: Saturday, September 23, 2023 5:37 PM
To: Knachel, Leslie (DHP) <leslie.knachel@DHP.VIRGINIA.GOV>
Subject: 18VAC 150-20-120(2)

As a volunteer at the Franklin County Humane Society in Rocky Mount, Virginia, I can tell you first hand our need for a full time vet. Please amend 18VAC 150-20-120(2) so that we can get help we desperately need. Thank you.

Mary Jane Morgan

18VAC150-20-120. Requirements for licensure by endorsement as a veterinarian.

The board may, in its discretion, grant a license by endorsement to an applicant who is licensed to practice veterinary medicine in another jurisdiction of the United States, provided that the applicant:

1. Holds at least one current, unrestricted license in another jurisdiction of the United States ~~and is not a respondent in any pending or unresolved board action in any jurisdiction;~~
2. Provides documentation of having been regularly engaged in clinical practice for at least ~~two~~ one of the past four years immediately preceding application;
- ~~3. Provides documentation of completion of at least 30 hours of continuing education requirements during the preceding four years;~~
4. 3. Submits the application fee specified in 18VAC150-20-100 and a complete application on a form obtained from the board;
- ~~5. Signs a statement attesting that the applicant has read, understands, and will abide by the statutes and regulations governing the practice of veterinary medicine in Virginia; and~~
- ~~6.~~ 4. Has committed no acts that would constitute a violation of § 54.1-3807 of the Code of Virginia.

Board of Veterinary Medicine
Current Regulatory Actions
As of October 4, 2023

In the Governor's Office

None.

In the Secretary's Office

VAC	Stage	Subject Matter	Date submitted	Office; time in office	Notes
18VAC150-20	NOIRA	Implementation of 2022 Periodic Review Changes	10/13/2022	Secretary 344 days	Implementation of changes identified during 2022 periodic review of regulations governing the practice of veterinary medicine

At DPB/OAG

None.

Recently effective or awaiting publication

None.

Agenda Item: Initiation of periodic review of public participation guidelines contained in 18VAC150-11

Included in your agenda packet:

- 18VAC150-11

Staff Note: Agencies are required to conduct periodic reviews of regulatory chapters every 4 years. Although this particular chapter is only changed when the Department of Planning and Budget provides new model language, the Board is still required to conduct a periodic review.

Action Needed:

- Motion to initiate periodic review of 18VAC150-11.

Commonwealth of Virginia



PUBLIC PARTICIPATION GUIDELINES

VIRGINIA BOARD OF VETERINARY MEDICINE

Title of Regulations: 18 VAC 150-11-10 et seq.

**Statutory Authority: §§ 54.1-2400 and 2.2-4007
of the *Code of Virginia***

Revised Date: December 15, 2016

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Part I

Purpose and Definitions

18VAC150-11-10. Purpose.

The purpose of this chapter is to promote public involvement in the development, amendment or repeal of the regulations of the Board of Veterinary Medicine. This chapter does not apply to regulations, guidelines, or other documents exempted or excluded from the provisions of the Administrative Process Act (§2.2-4000 et seq. of the Code of Virginia).

18VAC150-11-20. Definitions.

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

"Administrative Process Act" means Chapter 40 (§2.2-4000 et seq.) of Title 2.2 of the Code of Virginia.

"Agency" means the Board of Veterinary Medicine, which is the unit of state government empowered by the agency's basic law to make regulations or decide cases. Actions specified in this chapter may be fulfilled by state employees as delegated by the agency.

"Basic law" means provisions in the Code of Virginia that delineate the basic authority and responsibilities of an agency.

"Commonwealth Calendar" means the electronic calendar for official government meetings open to the public as required by §2.2-3707 C of the Freedom of Information Act.

"Negotiated rulemaking panel" or "NRP" means an ad hoc advisory panel of interested parties established by an agency to consider issues that are controversial with the assistance of a facilitator or mediator, for the purpose of reaching a consensus in the development of a proposed regulatory action.

"Notification list" means a list used to notify persons pursuant to this chapter. Such a list may include an electronic list maintained through the Virginia Regulatory Town Hall or other list maintained by the agency.

"Open meeting" means any scheduled gathering of a unit of state government empowered by an agency's basic law to make regulations or decide cases, which is related to promulgating, amending or repealing a regulation.

"Person" means any individual, corporation, partnership, association, cooperative, limited liability company, trust, joint venture, government, political subdivision, or any other legal or commercial entity and any successor, representative, agent, agency, or instrumentality thereof.

"Public hearing" means a scheduled time at which members or staff of the agency will meet for the purpose of receiving public comment on a regulatory action.

"Regulation" means any statement of general application having the force of law, affecting the rights or conduct of any person, adopted by the agency in accordance with the authority conferred on it by applicable laws.

"Regulatory action" means the promulgation, amendment, or repeal of a regulation by the agency.

"Regulatory advisory panel" or "RAP" means a standing or ad hoc advisory panel of interested parties established by the agency for the purpose of assisting in regulatory actions.

"Town Hall" means the Virginia Regulatory Town Hall, the website operated by the Virginia Department of Planning and Budget at www.townhall.virginia.gov, which has online public comment forums and displays information about regulatory meetings and regulatory actions under consideration in Virginia and sends this information to registered public users.

"Virginia Register" means the Virginia Register of Regulations, the publication that provides official legal notice of new, amended and repealed regulations of state agencies, which is published under the provisions of Article 6 (§2.2-4031 et seq.) of the Administrative Process Act.

Part II

Notification of Interested Persons

18VAC150-11-30. Notification list.

A. The agency shall maintain a list of persons who have requested to be notified of regulatory actions being pursued by the agency.

B. Any person may request to be placed on a notification list by registering as a public user on the Town Hall or by making a request to the agency. Any person who requests to be placed on a notification list shall elect to be notified either by electronic means or through a postal carrier.

C. The agency may maintain additional lists for persons who have requested to be informed of specific regulatory issues, proposals, or actions.

D. When electronic mail is returned as undeliverable on multiple occasions at least 24 hours apart, that person may be deleted from the list. A single undeliverable message is insufficient cause to delete the person from the list.

E. When mail delivered by a postal carrier is returned as undeliverable on multiple occasions, that person may be deleted from the list.

F. The agency may periodically request those persons on the notification list to indicate their desire to either continue to be notified electronically, receive documents through a postal carrier, or be deleted from the list.

18VAC150-11-40. Information to be sent to persons on the notification list.

A. To persons electing to receive electronic notification or notification through a postal carrier as described in 18VAC150-11-30, the agency shall send the following information:

1. A notice of intended regulatory action (NOIRA).
2. A notice of the comment period on a proposed, a repropoed, or a fast-track regulation and hyperlinks to, or instructions on how to obtain, a copy of the regulation and any supporting documents.
3. A notice soliciting comment on a final regulation when the regulatory process has been extended pursuant to §2.2-4007.06 or 2.2-4013 C of the Code of Virginia.

B. The failure of any person to receive any notice or copies of any documents shall not affect the validity of any regulation or regulatory action.

Part III Public Participation Procedures

18VAC150-11-50. Public comment.

A. In considering any nonemergency, nonexempt regulatory action, the agency shall afford interested persons an opportunity to (i) submit data, views, and arguments, either orally or in writing, to the agency; and (ii) be accompanied by and represented by counsel or other representative. Such opportunity to comment shall include an online public comment forum on the Town Hall.

1. To any requesting person, the agency shall provide copies of the statement of basis, purpose, substance, and issues; the economic impact analysis of the proposed or fast-track regulatory action; and the agency's response to public comments received.
2. The agency may begin crafting a regulatory action prior to or during any opportunities it provides to the public to submit comments.

B. The agency shall accept public comments in writing after the publication of a regulatory action in the Virginia Register as follows:

1. For a minimum of 30 calendar days following the publication of the notice of intended regulatory action (NOIRA).
2. For a minimum of 60 calendar days following the publication of a proposed regulation.
3. For a minimum of 30 calendar days following the publication of a repropoed regulation.

4. For a minimum of 30 calendar days following the publication of a final adopted regulation.
5. For a minimum of 30 calendar days following the publication of a fast-track regulation.
6. For a minimum of 21 calendar days following the publication of a notice of periodic review.
7. Not later than 21 calendar days following the publication of a petition for rulemaking.

C. The agency may determine if any of the comment periods listed in subsection B of this section shall be extended.

D. If the Governor finds that one or more changes with substantial impact have been made to a proposed regulation, he may require the agency to provide an additional 30 calendar days to solicit additional public comment on the changes in accordance with § [2.2-4013](#) C of the Code of Virginia.

E. The agency shall send a draft of the agency's summary description of public comment to all public commenters on the proposed regulation at least five days before final adoption of the regulation pursuant to § [2.2-4012](#) E of the Code of Virginia.

18VAC150-11-60. Petition for rulemaking.

A. As provided in §2.2-4007 of the Code of Virginia, any person may petition the agency to consider a regulatory action.

B. A petition shall include but is not limited to the following information:

1. The petitioner's name and contact information;
2. The substance and purpose of the rulemaking that is requested, including reference to any applicable Virginia Administrative Code sections; and
3. Reference to the legal authority of the agency to take the action requested.

C. The agency shall receive, consider and respond to a petition pursuant to §2.2-4007 and shall have the sole authority to dispose of the petition.

D. The petition shall be posted on the Town Hall and published in the Virginia Register.

E. Nothing in this chapter shall prohibit the agency from receiving information or from proceeding on its own motion for rulemaking.

18VAC150-11-70. Appointment of regulatory advisory panel.

A. The agency may appoint a regulatory advisory panel (RAP) to provide professional specialization or technical assistance when the agency determines that such expertise is necessary to address a specific regulatory issue or action or when individuals indicate an interest in working with the agency on a specific regulatory issue or action.

B. Any person may request the appointment of a RAP and request to participate in its activities. The agency shall determine when a RAP shall be appointed and the composition of the RAP.

C. A RAP may be dissolved by the agency if:

1. The proposed text of the regulation is posted on the Town Hall, published in the Virginia Register, or such other time as the agency determines is appropriate; or
2. The agency determines that the regulatory action is either exempt or excluded from the requirements of the Administrative Process Act.

18VAC150-11-80. Appointment of negotiated rulemaking panel.

A. The agency may appoint a negotiated rulemaking panel (NRP) if a regulatory action is expected to be controversial.

B. A NRP that has been appointed by the agency may be dissolved by the agency when:

1. There is no longer controversy associated with the development of the regulation;
2. The agency determines that the regulatory action is either exempt or excluded from the requirements of the Administrative Process Act; or
3. The agency determines that resolution of a controversy is unlikely.

18VAC150-11-90. Meetings.

Notice of any open meeting, including meetings of a RAP or NRP, shall be posted on the Virginia Regulatory Town Hall and Commonwealth Calendar at least seven working days prior to the date of the meeting. The exception to this requirement is any meeting held in accordance with §2.2-3707 D of the Code of Virginia allowing for contemporaneous notice to be provided to participants and the public.

18VAC150-11-100. Public hearings on regulations.

A. The agency shall indicate in its notice of intended regulatory action whether it plans to hold a public hearing following the publication of the proposed stage of the regulatory action.

B. The agency may conduct one or more public hearings during the comment period following the publication of a proposed regulatory action.

C. An agency is required to hold a public hearing following the publication of the proposed regulatory action when:

1. The agency's basic law requires the agency to hold a public hearing;
2. The Governor directs the agency to hold a public hearing; or
3. The agency receives requests for a public hearing from at least 25 persons during the public comment period following the publication of the notice of intended regulatory action.

D. Notice of any public hearing shall be posted on the Town Hall and Commonwealth Calendar at least seven working days prior to the date of the hearing. The agency shall also notify those persons who requested a hearing under subdivision C 3 of this section.

18VAC150-11-110. Periodic review of regulations.

- A. The agency shall conduct a periodic review of its regulations consistent with:
 1. An executive order issued by the Governor pursuant to §2.2-4017 of the Administrative Process Act to receive comment on all existing regulations as to their effectiveness, efficiency, necessity, clarity, and cost of compliance; and
 2. The requirements in §2.2-4007.1 of the Administrative Process Act regarding regulatory flexibility for small businesses.
- B. A periodic review may be conducted separately or in conjunction with other regulatory actions.
- C. Notice of a periodic review shall be posted on the Town Hall and published in the Virginia Register.

Agenda Item: Consideration of fast-track regulatory changes to 18VAC150-20-15

Included in your agenda packet:

- Changes to 18VAC150-20-15 to allow agency subordinates to hear credentials cases;
- HB1622

Action Needed:

- Motion to amend 18VAC150-20-15 as presented by fast-track action.

Project 7687 - Fast-Track

Board of Veterinary Medicine

Regulatory amendments to allow agency subordinates to hear credentials cases

18VAC150-20-15. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.

A. Decision to delegate. In accordance with § 54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate ~~upon~~ ~~determination that probable cause exists that a practitioner may be subject to a disciplinary~~ ~~action.~~

B. Criteria for delegation. Cases that may be delegated to an agency subordinate are those that do not involve standard of care or those that may be recommended by a committee of the board.

C. Criteria for an agency subordinate. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding shall include current or former board members deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

VIRGINIA ACTS OF ASSEMBLY -- 2023 SESSION

CHAPTER 191

An Act to amend and reenact § 54.1-2400 of the Code of Virginia, relating to health regulatory boards; delegation of authority to conduct informal fact-finding proceedings.

[H 1622]

Approved March 22, 2023

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2400 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2400. General powers and duties of health regulatory boards.

The general powers and duties of health regulatory boards shall be:

1. To establish the qualifications for registration, certification, licensure, permit, or the issuance of a multistate licensure privilege in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.

2. To examine or cause to be examined applicants for certification, licensure, or registration. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.

3. To register, certify, license, or issue a multistate licensure privilege to qualified applicants as practitioners of the particular profession or professions regulated by such board.

4. To establish schedules for renewals of registration, certification, licensure, permit, and the issuance of a multistate licensure privilege.

5. To levy and collect fees for application processing, examination, registration, certification, permitting, or licensure or the issuance of a multistate licensure privilege and renewal that are sufficient to cover all expenses for the administration and operation of the Department of Health Professions, the Board of Health Professions, and the health regulatory boards.

6. To promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq.) that are reasonable and necessary to administer effectively the regulatory system, which shall include provisions for the satisfaction of board-required continuing education for individuals registered, certified, licensed, or issued a multistate licensure privilege by a health regulatory board through delivery of health care 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 health services. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.).

7. To revoke, suspend, restrict, or refuse to issue or renew a registration, certificate, license, permit, or multistate licensure privilege which such board has authority to issue for causes enumerated in applicable law and regulations.

8. To appoint designees from their membership or immediate staff to coordinate with the Director and the Health Practitioners' Monitoring Program Committee and to implement, as is necessary, the provisions of Chapter 25.1 (§ 54.1-2515 et seq.). Each health regulatory board shall appoint one such designee.

9. To take appropriate disciplinary action for violations of applicable law and regulations, and to accept, in their discretion, the surrender of a license, certificate, registration, permit, or multistate licensure privilege in lieu of disciplinary action.

10. To appoint a special conference committee, composed of not less than two members of a health regulatory board or, when required for special conference committees of the Board of Medicine, not less than two members of the Board and one member of the relevant advisory board, or, when required for special conference committees of the Board of Nursing, not less than one member of the Board and one member of the relevant advisory board, to act in accordance with § 2.2-4019 upon receipt of information that a practitioner or permit holder of the appropriate board may be subject to disciplinary action or to consider an application for a license, certification, registration, permit or multistate licensure privilege in nursing. The special conference committee may (i) exonerate; (ii) reinstate; (iii) place the practitioner or permit holder on probation with such terms as it may deem appropriate; (iv) reprimand; (v) modify a previous order; (vi) impose a monetary penalty pursuant to § 54.1-2401, (vii) deny or grant an application for licensure, certification, registration, permit, or multistate licensure privilege; and (viii) issue a restricted license, certification, registration, permit or multistate licensure privilege subject to terms and conditions. The order of the special conference committee shall become final 30 days after service of the order unless a written request to the board for a hearing is received within such time. If service of the decision to a party is accomplished by mail, three days shall be added to the 30-day period. Upon receiving a timely written request for a hearing, the board or a panel of the board shall then proceed with a hearing as provided in § 2.2-4020, and the action of the committee shall be vacated.

This subdivision shall not be construed to limit the authority of a board to delegate to an appropriately qualified agency subordinate, as defined in § 2.2-4001, the authority to conduct informal fact-finding proceedings in accordance with § 2.2-4019; ~~upon receipt of information that a practitioner may be subject to a disciplinary action.~~ The recommendation of such subordinate may be considered by a panel consisting of at least five board members, or, if a quorum of the board is less than five members, consisting of a quorum of the members, convened for the purpose of issuing a case decision. Criteria for the appointment of an agency subordinate shall be set forth in regulations adopted by the board.

11. To convene, at their discretion, a panel consisting of at least five board members or, if a quorum of the board is less than five members, consisting of a quorum of the members to conduct formal proceedings pursuant to § 2.2-4020, decide the case, and issue a final agency case decision. Any decision rendered by majority vote of such panel shall have the same effect as if made by the full board and shall be subject to court review in accordance with the Administrative Process Act. No member who participates in an informal proceeding conducted in accordance with § 2.2-4019 shall serve on a panel conducting formal proceedings pursuant to § 2.2-4020 to consider the same matter.

12. To issue inactive licenses or certificates and promulgate regulations to carry out such purpose. Such regulations shall include, but not be limited to, the qualifications, renewal fees, and conditions for reactivation of licenses or certificates.

13. To meet by telephone conference call to consider settlement proposals in matters pending before special conference committees convened pursuant to this section, or matters referred for formal proceedings pursuant to § 2.2-4020 to a health regulatory board or a panel of the board or to consider modifications of previously issued board orders when such considerations have been requested by either of the parties.

14. To request and accept from a certified, registered, or licensed practitioner; a facility holding a license, certification, registration, or permit; or a person holding a multistate licensure privilege to practice nursing, in lieu of disciplinary action, a confidential consent agreement. A confidential consent agreement shall be subject to the confidentiality provisions of § 54.1-2400.2 and shall not be disclosed by a practitioner or facility. A confidential consent agreement shall include findings of fact and may include an admission or a finding of a violation. A confidential consent agreement shall not be considered either a notice or order of any health regulatory board, but it may be considered by a board in future disciplinary proceedings. A confidential consent agreement shall be entered into only in cases involving minor misconduct where there is little or no injury to a patient or the public and little likelihood of repetition by the practitioner or facility. A board shall not enter into a confidential consent agreement if there is probable cause to believe the practitioner or facility has (i) demonstrated gross negligence or intentional misconduct in the care of patients or (ii) conducted his practice in such a manner as to be a danger to the health and welfare of his patients or the public. A certified, registered, or licensed practitioner, a facility holding a license, certification, registration, or permit, or a person holding a multistate licensure privilege to practice nursing who has entered into two confidential consent agreements involving a standard of care violation, within the 10-year period immediately preceding a board's receipt of the most recent report or complaint being considered, shall receive public discipline for any subsequent violation within the 10-year period unless the board finds there are sufficient facts and circumstances to rebut the presumption that the disciplinary action be made public.

15. When a board has probable cause to believe a practitioner is unable to practice with reasonable skill and safety to patients because of excessive use of alcohol or drugs or physical or mental illness, the board, after preliminary investigation by an informal fact-finding proceeding, may direct that the practitioner submit to a mental or physical examination. Failure to submit to the examination shall constitute grounds for disciplinary action. Any practitioner affected by this subsection shall be afforded reasonable opportunity to demonstrate that he is competent to practice with reasonable skill and safety to patients. For the purposes of this subdivision, "practitioner" shall include any person holding a multistate licensure privilege to practice nursing.

VIRGINIA BOARD OF VETERINARY MEDICINE

Guidance on Expanded Duties for Licensed Veterinary Technicians

Q: Does the extraction of single rooted teeth by a licensed veterinary technician LVT, allow the extraction of a multi-rooted tooth that has been sectioned (by the supervising veterinarian) into single-rooted portions?

R: The Board determined that once the tooth has been sectioned by the veterinarian, then it would be considered routine and would be acceptable for an LVT to extract.

Q: Since many veterinarians do not use skin sutures and close the skin with a subcuticular pattern and possible surgical adhesive, does the suturing of skin include subcuticular closure as an allowable duty for an LVT?

R: The Board determined that routine closure is limited to the skin and that subcuticular closure would not be permissible for an LVT to perform.

Q: Are LVT's allowed to place indwelling subcutaneous catheters and suture them in place? General anesthesia and a small incision similar to a cut down sometimes used for venipuncture are necessary for the placement.

R: The Board's answer to this question is no. An LVT may not place indwelling subcutaneous catheter and suture them in place.

Q: May an LVT perform cystocentesis?

R: The Board's answer to this question is yes. An LVT may perform Cystocentesis.

Q: May an LVT perform home treatments prescribed more than 36 hours previously by a veterinarian within the practice that an LVT is employed?

R: The Board determined that home therapies performed by an LVT based on an order or a prescription written by a veterinarian meets the requirements of the 36 hours because the veterinarian has made the diagnosis and ordered or prescribed that the patient needs ongoing treatment.

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.

Q: May an LVT perform fine needle aspirants or biopsies?

R: Fine Needle Aspirants – The Board determined that fine needle aspirants may or may not meet the definition of surgery depending on the location and circumstances of aspirant. Therefore, the performance of fine needle aspirants by an LVT is left up to the professional judgment of the veterinarian. Biopsies – The Board determined that biopsies meet the definition of surgery. Therefore, biopsies may not be performed by an LVT.

Laws Governing Veterinary Medicine

§ 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 Wildlife Resources 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.

§ 54.1-3801. Exceptions.

This chapter shall not apply to:

1. The owner of an animal and the owner's full-time, regular employee caring for and treating the animal belonging to such owner, except where the ownership of the animal was transferred for the purpose of circumventing the requirements of this chapter;
2. Veterinarians licensed in other states called in actual consultation with veterinarians licensed in the Commonwealth who do not open an office or appoint a place to practice within the Commonwealth;
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;
4. Veterinarians providing free care in underserved areas of Virginia who (i) do not regularly practice veterinary medicine in Virginia, (ii) hold a current valid license or certificate to practice veterinary medicine in another state, territory, district, or possession of the United States, (iii) volunteer to provide free care in an underserved area of the Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization that sponsors the provision of health

care to populations of underserved people, (iv) file copies of their licenses or certificates issued in such other jurisdiction with the Board, (v) notify the Board at least five business days prior to the voluntary provision of services of the dates and location of such service, and (vi) acknowledge, in writing, that such licensure exemption shall only be valid, in compliance with the Board's regulations, during the limited period that such free health care is made available through the volunteer, nonprofit organization on the dates and at the location filed with the Board. The Board may deny the right to practice in Virginia to any veterinarian whose license has been previously suspended or revoked, who has been convicted of a felony, or who is otherwise found to be in violation of applicable laws or regulations. However, the Board shall allow a veterinarian who meets the above criteria to provide volunteer services without prior notice for a period of up to three days, provided the nonprofit organization verifies that the practitioner has a valid, unrestricted license in another state; or

5. Persons purchasing, possessing, and administering drugs and biological products in a public or private animal shelter as defined in § [3.2-6500](#), provided that such purchase, possession, and administration is in compliance with § [54.1-3423](#).

§ 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.

[Regulations Governing the Practice of Veterinary Medicine](#)

18VAC150-20-172. Delegation of duties.

A. A licensed veterinarian may delegate the administration (including by injection) of Schedule VI drugs to a properly trained assistant under his immediate supervision. The prescribing veterinarian has a specific duty and responsibility to determine that the assistant has had adequate training to safely administer the drug in a manner prescribed.

B. Injections involving chemotherapy drugs, subgingival scaling, intubation, or the placement of intravenous catheters shall not be delegated to an assistant. An assistant shall also not be delegated the induction of sedation or anesthesia by any means. The monitoring of a sedated or anesthetized patient may be delegated to an assistant, provided a veterinarian or licensed veterinary technician remains on premises until the patient is fully recovered.

C. Tasks that may be delegated by a licensed veterinarian to a properly trained assistant include:

1. Grooming;
2. Feeding;
3. Cleaning;
4. Restraining;

5. Assisting in radiology;
6. Setting up diagnostic tests;
7. Prepping a patient or equipment for surgery;
8. Dental polishing and scaling of teeth above the gum line (supragingival);
9. Drawing blood samples; or
10. Filling of Schedule VI prescriptions under the direction of a veterinarian licensed in Virginia.

D. A licensed veterinarian may delegate duties electronically, verbally, or in writing to appropriate veterinary personnel provided the veterinarian has physically examined the patient within the previous 36 hours.

E. Massage therapy, physical therapy, or laser therapy may be delegated by a veterinarian to persons qualified by training and experience by an order from the veterinarian.

F. The veterinarian remains responsible for the duties being delegated and remains responsible for the health and safety of the animal.

Agenda Item: Adoption of revised policy on meetings held with electronic participation pursuant to statutory changes

Included in your agenda package:

- Proposed revised electronic participation policy;
- Virginia Code § 2.2-3708.3

Action needed:

- Motion to revise policy on meetings held with electronic participation as presented.

Virginia Department of Health Professions

Meetings Held with Electronic Participation

Purpose:

To establish a written policy for allowing electronic participation of board or committee members for meetings of the health regulatory boards of the Department of Health Professions or their committees.

Policy:

Electronic participation by members of the health regulatory boards of the Department of Health Professions or their committees shall be in accordance with the procedures outlined in this policy.

Authority:

This policy for conducting a meeting with electronic participation shall be in accordance with [Virginia Code § 2.2-3708.3](#).

Procedures:

1. One or more members of the Board or a committee may participate electronically if, on or before the day of a meeting, the member notifies the chair and the executive director that he/she is unable to attend the meeting due to:
 - a. a temporary or permanent disability or other medical condition that prevents the member's physical attendance;
 - b. a medical condition of a member of the member's family requires the member to provide care that prevents the member's physical attendance;
 - c. the member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting; or
 - d. the member is unable to attend the meeting due to a personal matter and identifies with specificity the nature of the personal matter.

No member, however, may use remote participation due to personal matters more than two meetings per calendar year or 25% of the meetings held per calendar year rounded up to the next whole number, whichever is greater.

2. Participation by a member through electronic communication means must be approved by the board chair or president. The reason for the member's electronic participation shall

be stated in the minutes in accordance with Virginia Code § 2.2-3708.3(A)(4). If a member's participation from a remote location is disapproved because it would violate this policy, it must be recorded in the minutes with specificity.

3. The board or committee holding the meeting shall record in its minutes the remote location from which the member participated; the remote location, however, does not need to be open to the public and may be identified by a general description.

Draft

§ 2.2-3708.3. (Effective September 1, 2022) Meetings held through electronic communication means; situations other than declared states of emergency

A. Public bodies are encouraged to (i) provide public access, both in person and through electronic communication means, to public meetings and (ii) provide avenues for public comment at public meetings when public comment is customarily received, which may include public comments made in person or by electronic communication means or other methods.

B. Individual members of a public body may use remote participation instead of attending a public meeting in person if, in advance of the public meeting, the public body has adopted a policy as described in subsection D and the member notifies the public body chair that:

1. The member has a temporary or permanent disability or other medical condition that prevents the member's physical attendance;
2. A medical condition of a member of the member's family requires the member to provide care that prevents the member's physical attendance;
3. The member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting; or
4. The member is unable to attend the meeting due to a personal matter and identifies with specificity the nature of the personal matter. However, the member may not use remote participation due to personal matters more than two meetings per calendar year or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater.

If participation by a member through electronic communication means is approved pursuant to this subsection, the public body holding the meeting shall record in its minutes the remote location from which the member participated; however, the remote location need not be open to the public and may be identified in the minutes by a general description. If participation is approved pursuant to subdivision 1 or 2, the public body shall also include in its minutes the fact that the member participated through electronic communication means due to a (i) temporary or permanent disability or other medical condition that prevented the member's physical attendance or (ii) family member's medical condition that required the member to provide care for such family member, thereby preventing the member's physical attendance. If participation is approved pursuant to subdivision 3, the public body shall also include in its minutes the fact that the member participated through electronic communication means due to the distance between the member's principal residence and the meeting location. If participation is approved pursuant to subdivision 4, the public body shall also include in its minutes the specific nature of the personal matter cited by the member.

If a member's participation from a remote location pursuant to this subsection is disapproved because such participation would violate the policy adopted pursuant to subsection D, such

disapproval shall be recorded in the minutes with specificity.

C. With the exception of local governing bodies, local school boards, planning commissions, architectural review boards, zoning appeals boards, and boards with the authority to deny, revoke, or suspend a professional or occupational license, any public body may hold all-virtual public meetings, provided that the public body follows the other requirements in this chapter for meetings, the public body has adopted a policy as described in subsection D, and:

1. An indication of whether the meeting will be an in-person or all-virtual public meeting is included in the required meeting notice along with a statement notifying the public that the method by which a public body chooses to meet shall not be changed unless the public body provides a new meeting notice in accordance with the provisions of § 2.2-3707;
2. Public access to the all-virtual public meeting is provided via electronic communication means;
3. The electronic communication means used allows the public to hear all members of the public body participating in the all-virtual public meeting and, when audio-visual technology is available, to see the members of the public body as well;
4. A phone number or other live contact information is provided to alert the public body if the audio or video transmission of the meeting provided by the public body fails, the public body monitors such designated means of communication during the meeting, and the public body takes a recess until public access is restored if the transmission fails for the public;
5. A copy of the proposed agenda and all agenda packets and, unless exempt, all materials furnished to members of a public body for a meeting is made available to the public in electronic format at the same time that such materials are provided to members of the public body;
6. The public is afforded the opportunity to comment through electronic means, including by way of written comments, at those public meetings when public comment is customarily received;
7. No more than two members of the public body are together in any one remote location unless that remote location is open to the public to physically access it;
8. If a closed session is held during an all-virtual public meeting, transmission of the meeting to the public resumes before the public body votes to certify the closed meeting as required by subsection D of § 2.2-3712;
9. The public body does not convene an all-virtual public meeting (i) more than two times per calendar year or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater, or (ii) consecutively with another all-virtual public meeting; and
10. Minutes of all-virtual public meetings held by electronic communication means are taken as required by § 2.2-3707 and include the fact that the meeting was held by electronic communication means and the type of electronic communication means by which the meeting was held. If a member's participation from a remote location pursuant to this subsection is disapproved because such participation would violate the policy adopted pursuant to subsection D, such disapproval shall be recorded in the minutes with specificity.

D. Before a public body uses all-virtual public meetings as described in subsection C or allows members to use remote participation as described in subsection B, the public body shall first

adopt a policy, by recorded vote at a public meeting, that shall be applied strictly and uniformly, without exception, to the entire membership and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting. The policy shall:

1. Describe the circumstances under which an all-virtual public meeting and remote participation will be allowed and the process the public body will use for making requests to use remote participation, approving or denying such requests, and creating a record of such requests; and
2. Fix the number of times remote participation for personal matters or all-virtual public meetings can be used per calendar year, not to exceed the limitations set forth in subdivisions B 4 and C 9.

Any public body that creates a committee, subcommittee, or other entity however designated of the public body to perform delegated functions of the public body or to advise the public body may also adopt a policy on behalf of its committee, subcommittee, or other entity that shall apply to the committee, subcommittee, or other entity's use of individual remote participation and all-virtual public meetings.

2022, c. [597](#).

The chapters of the acts of assembly referenced in the historical citation at the end of this section(s) may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

DRAFT

Virginia's Veterinarian Workforce: 2022

Healthcare Workforce Data Center

March 2023

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: HWDC@dhp.virginia.gov

Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

More than 4,000 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 their ongoing cooperation.

Thank You!

Virginia Department of Health Professions

Arne W. Owens, MS
Director

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The Veterinarian Workforce: At a Glance:

The Workforce

Licensees:	4,911
Virginia's Workforce:	3,643
FTEs:	3,228

Background

Rural Childhood:	27%
HS Diploma in VA:	38%
Prof. Degree in VA:	34%

Current Employment

Employed in Prof.:	95%
Hold 1 Full-Time Job:	67%
Satisfied?:	91%

Survey Response Rate

All Licensees:	83%
Renewing Practitioners:	91%

Education

DVM/VMD:	77%
Bachelor of Science:	55%

Job Turnover

Switched Jobs:	6%
Employed Over 2 Yrs.:	64%

Demographics

Female:	74%
Diversity Index:	22%
Median Age:	45

Finances

Median Inc.:	\$110k-\$120k
Health Insurance:	53%
Under 40 w/ Ed. Debt:	69%

Time Allocation

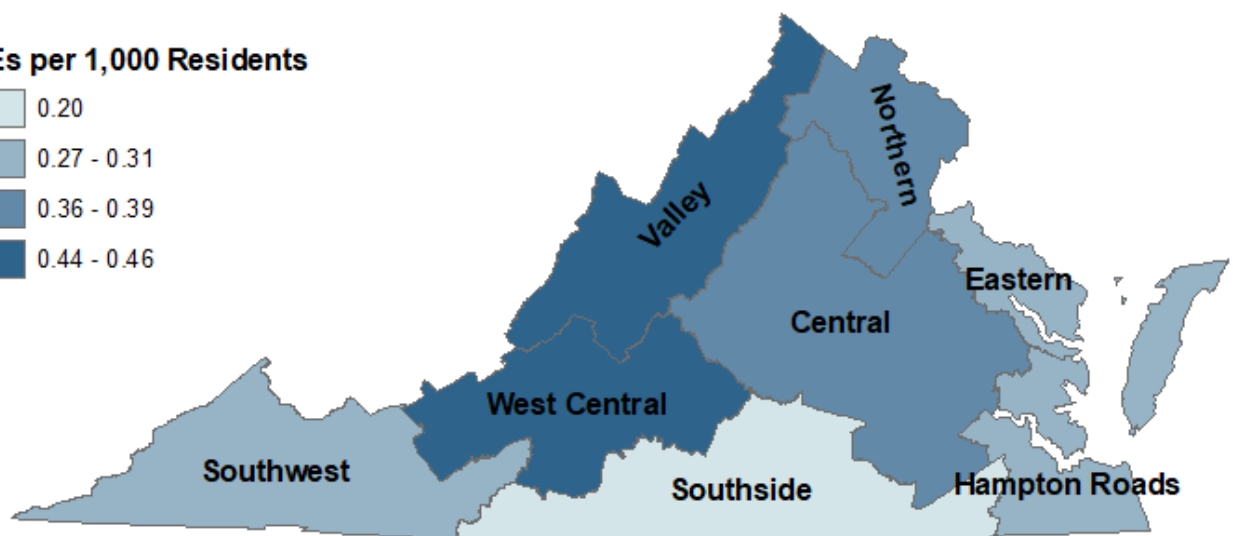
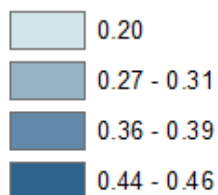
Patient Care:	90%-99%
Administration:	1%-9%
Patient Care Role:	86%

Source: Va. Healthcare Workforce Data Center

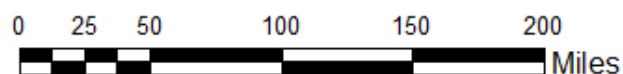
Full-Time Equivalency Units Provided by Veterinarians per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2022 Veterinarian Workforce survey. There were 4,083 veterinarians who voluntarily participated in this 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. These survey respondents represent 83% of the 4,911 veterinarians licensed in the state and 91% of renewing practitioners.

The HWDC estimates that 3,643 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 3,228 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Nearly three-quarters of all veterinarians are female, including 84% of those who are under the age of 40. In a random encounter between two veterinarians, there is a 22% chance that they would be of different races or ethnicities, a measure known as the diversity index. For those veterinarians who are under the age of 40, the diversity index increases to 28%. These values are well below the comparable diversity index of 58% for Virginia's overall population. More than one-quarter of all veterinarians grew up in a rural area, and 17% of veterinarians who grew up in a rural area currently work in a non-metro area of the state. In total, 9% of all veterinarians work in a non-metro area of Virginia.

Among all veterinarians, 95% are currently employed in the profession, 67% hold one full-time job, and 36% work between 40 and 49 hours per week. Nearly half of all veterinarians work in a group practice, while another 41% work in a solo practice or partnership. The typical veterinarian earns between \$110,000 and \$120,000 per year, and 71% of veterinarians receive this income in the form of a salary. In addition, 70% of veterinarians receive at least one employer-sponsored benefit, including 53% who have access to health insurance. Among all veterinarians, 91% are satisfied with their current work situation, including 55% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2018 Veterinarian workforce. The number of licensed veterinarians has increased by 10% (4,911 vs. 4,470). In addition, the size of Virginia's veterinary workforce has also increased by 10% (3,643 vs. 3,322), and the number of FTEs provided by this workforce has increased by 3% (3,228 vs. 3,119). Virginia's renewing veterinarians were also more likely to respond to this survey (91% vs. 77%).

The percentage of veterinarians who are female has increased (74% vs. 70%), although the opposite is true among those veterinarians who are under the age of 40 (84% vs. 85%). The diversity index of Virginia's veterinarians has increased (22% vs. 20%), a trend that has also occurred among those who are under the age of 40 (28% vs. 26%). This has taken place during a time in which Virginia's overall population has also become more diverse (58% vs. 57%). Veterinarians are less likely to have grown up in a rural area (27% vs. 29%), and veterinarians who grew up in a rural area are less likely to work in a non-metro area of the state (17% vs. 18%).

Veterinarians are slightly less likely to hold one full-time job (67% vs. 69%) or work between 40 and 49 hours per week (36% vs. 37%). They are also slightly less likely to be underemployed (1% vs. 2%) or switch jobs (6% vs. 8%). Veterinarians who are under the age of 40 are less likely to carry education debt (69% vs. 76%), but those veterinarians with education debt have seen their median debt amount increase (\$140k-\$150k vs. \$110k-\$120k).

At the same time, the median annual income of Virginia's veterinarian workforce has increased as well (\$110k-\$120k vs. \$90k-\$100k), and veterinarians are more likely to receive this income in the form of a salary (71% vs. 69%). In addition, veterinarians are more likely to have access to certain employer-sponsored benefits such as health insurance (53% vs. 52%) and a retirement plan (53% vs. 49%). The percentage of veterinarians who indicated that they are satisfied with their current work location has fallen (91% vs. 92%), including those veterinarians who indicated that they are "very satisfied" (55% vs. 59%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	4,338	88%
New Licensees	311	6%
Non-Renewals	262	5%
All Licensees	4,911	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing veterinarians, 91% submitted a survey. These respondents represent 83% of the 4,911 veterinarians who held a license at some point in the past year.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	102	246	71%
30 to 34	149	534	78%
35 to 39	105	559	84%
40 to 44	87	537	86%
45 to 49	63	485	89%
50 to 54	71	392	85%
55 to 59	79	416	84%
60 and Over	172	914	84%
Total	828	4,083	83%
New Licenses			
Issued in Past Year	163	148	48%
Metro Status			
Non-Metro	51	297	85%
Metro	478	2,544	84%
Not in Virginia	299	1,242	81%

Source: Va. Healthcare Workforce Data Center

Definitions

- The Survey Period:** The survey was conducted in December 2022.
- Target Population:** All veterinarians who held a Virginia license at some point between January 2022 and December 2022.
- 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 2022.

Response Rates	
Completed Surveys	4,083
Response Rate, All Licensees	83%
Response Rate, Renewals	91%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Veterinarians

Number: 4,911
 New: 6%
 Not Renewed: 5%

Response Rates

All Licensees: 83%
 Renewing Practitioners: 91%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Veterinarian Workforce: 3,643
 FTEs: 3,228

Utilization Ratios

Licenses in VA Workforce: 74%
 Licenses per FTE: 1.52
 Workers per FTE: 1.13

Source: Va. Healthcare Workforce Data Center

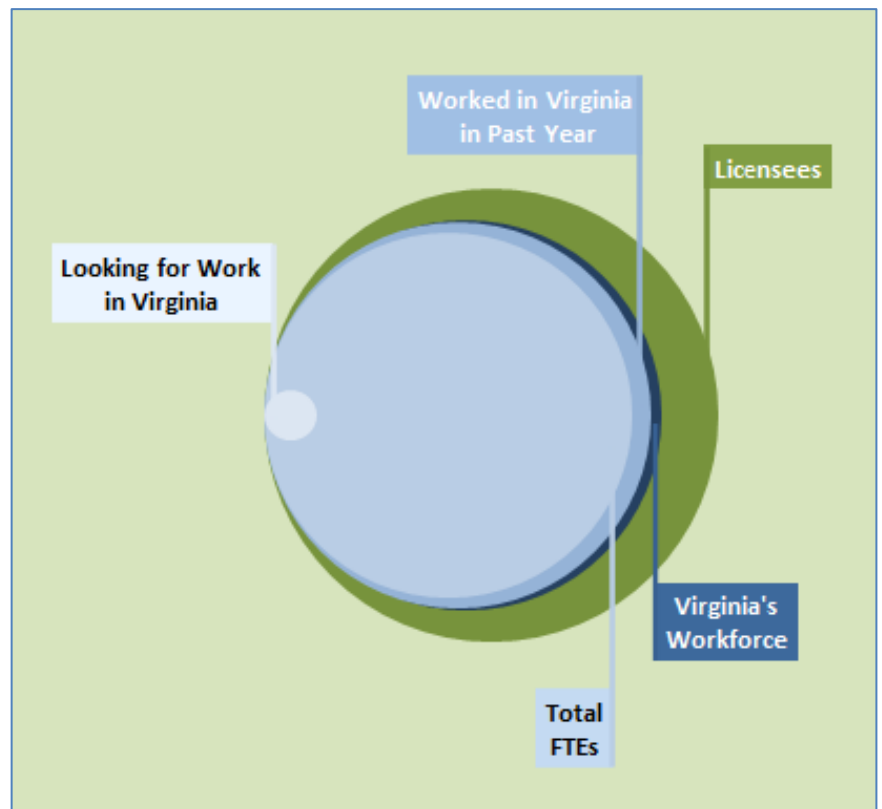
Veterinarian Workforce		
Status	#	%
Worked in Virginia in Past Year	3,580	98%
Looking for Work in Virginia	63	2%
Virginia's Workforce	3,643	100%
Total FTEs	3,228	
Licenses	4,911	

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 2022 and December 2022 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.

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	42	15%	232	85%	274	9%
30 to 34	64	14%	382	86%	445	15%
35 to 39	72	18%	332	82%	404	14%
40 to 44	68	18%	308	82%	376	13%
45 to 49	79	25%	234	75%	313	11%
50 to 54	70	28%	185	72%	255	9%
55 to 59	88	33%	177	67%	265	9%
60 and Over	266	48%	290	52%	556	19%
Total	750	26%	2,139	74%	2,889	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	Veterinarians		Veterinarians Under 40	
	%	#	%	#	%
White	60%	2,528	88%	955	85%
Black	19%	73	3%	33	3%
Asian	7%	92	3%	45	4%
Other Race	0%	23	1%	3	0%
Two or More Races	3%	57	2%	31	3%
Hispanic	10%	105	4%	60	5%
Total	100%	2,878	100%	1,127	100%

* Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2021.

Source: Va. Healthcare Workforce Data Center

Among the 39% of veterinarians who are under the age of 40, 84% are female. In addition, the diversity index among veterinarians who are under the age of 40 is 28%.

At a Glance:

Gender

% Female: 74%
% Under 40 Female: 84%

Age

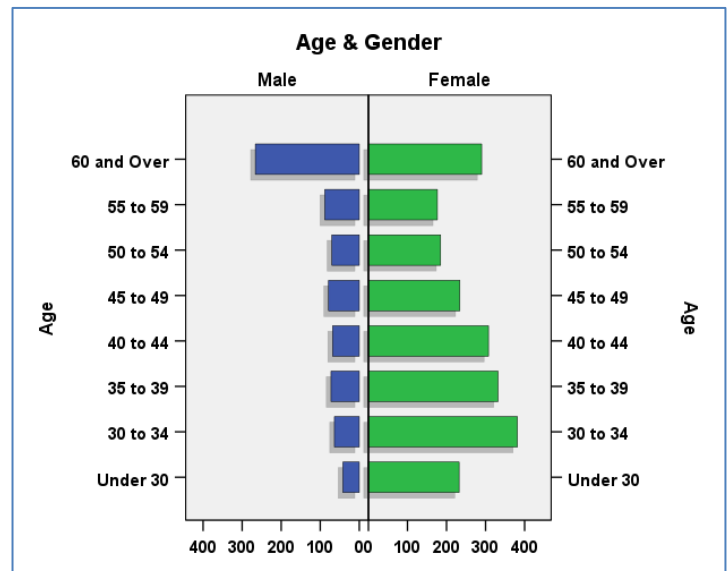
Median Age: 45
% Under 40: 39%
% 55+: 28%

Diversity

Diversity Index: 22%
Under 40 Div. Index: 28%

Source: Va. Healthcare Workforce Data Center

In a random encounter between two veterinarians, there is a 22% chance that they would be of different races or ethnicities (a measure known as the diversity index).



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 8%
 Rural Childhood: 27%

Virginia Background

HS in Virginia: 38%
 Prof. Degree in VA: 34%
 HS or Prof. Edu. in VA: 48%

Location Choice

% Rural to Non-Metro: 17%
 % Urban/Suburban to Non-Metro: 6%

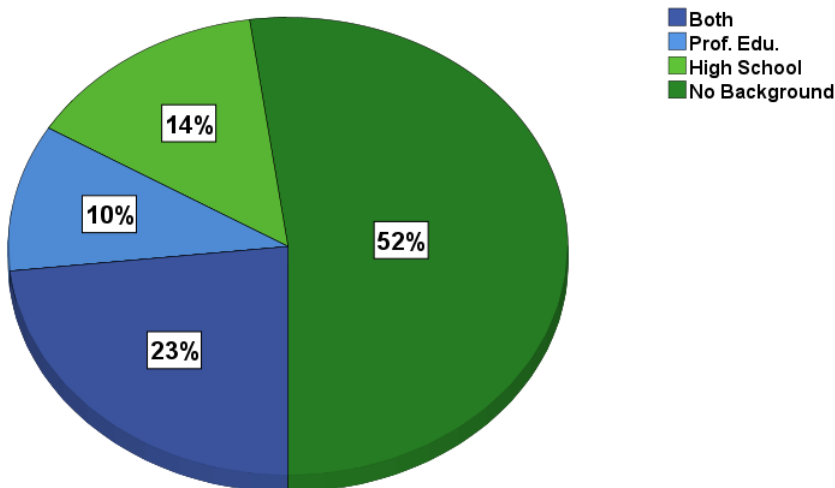
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	20%	71%	9%
2	Metro, 250,000 to 1 Million	37%	59%	5%
3	Metro, 250,000 or Less	42%	52%	6%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	58%	42%	0%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	46%	46%	8%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	74%	17%	9%
8	Rural, Metro Adjacent	42%	47%	12%
9	Rural, Non-Adjacent	67%	33%	0%
Overall		27%	65%	8%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

More than one-quarter of all veterinarians grew up in a self-described rural area, and 17% of veterinarians who grew up in a rural area currently work in a non-metro area of the state. In total, 9% of all veterinarians currently work in a non-metro county.

Top Ten States for Veterinarian Recruitment

Rank	All Veterinarians			
	High School	#	Professional School	#
1	Virginia	1,069	Virginia	939
2	Maryland	193	Outside U.S./Canada	342
3	New York	147	Alabama	138
4	Pennsylvania	131	Georgia	122
5	Outside U.S./Canada	115	Pennsylvania	118
6	New Jersey	108	North Carolina	116
7	North Carolina	103	Ohio	102
8	Florida	86	Tennessee	97
9	California	77	New York	87
10	Ohio	72	Florida	73

Source: Va. Healthcare Workforce Data Center

Among all veterinarians, 38% received their high school degree in Virginia, and 34% received their initial professional degree in the state.

Among veterinarians who obtained their initial license in the past five years, 35% received their high school degree in Virginia, while 27% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	274	Virginia	204
2	Pennsylvania	40	Outside U.S./Canada	126
3	Maryland	37	Tennessee	43
4	New York	34	North Carolina	32
5	Outside U.S./Canada	34	Pennsylvania	30
6	Florida	32	Illinois	29
7	North Carolina	31	Alabama	29
8	California	31	Mississippi	25
9	New Jersey	30	Florida	23
10	Ohio	19	Georgia	18

Source: Va. Healthcare Workforce Data Center

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

At a Glance:

Not in VA Workforce

Total:	1,268
% of Licensees:	26%
Federal/Military:	11%
Va. Border State/DC:	22%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Education		
Degree	#	% of Workforce
Bachelor of Science	1,996	55%
Other Bachelor's Degree	351	10%
Graduate Certificate	63	2%
Master's Degree	375	10%
PhD	52	1%
DVM/VMD	2,792	77%

Source: Va. Healthcare Workforce Data Center

Close to half of all veterinarians carry education debt, including 69% of those who are under the age of 40. For those with education debt, their median debt amount is between \$140,000 and \$150,000.

At a Glance:

Education
 DVM/VMD: 77%
 Bachelor of Science: 55%

Education Debt
 Carry Debt: 45%
 Under Age 40 w/ Debt: 69%
 Median Debt: \$140k-\$150k

Training Program
 Internal Medicine: 2%
 Surgery: 2%
 Equine Practice: 1%

Source: Va. Healthcare Workforce Data Center

Other Education/Training		
Residency/Specialty Training	#	% of Workforce
Internal Medicine	61	2%
Surgery	59	2%
Equine Practice	47	1%
Public Health	42	1%
Critical Care/Emergency	37	1%
Canine and Feline Practice	33	1%
Laboratory Animal Medicine	29	1%
Reproductive Medicine	24	1%
Sports Medicine and Rehabilitation	24	1%
At Least One	441	12%
Other Education	#	% of Workforce
Preventative Medicine	276	8%
Therigenology	74	2%
Other	248	7%
At Least One	531	15%

Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All Veterinarians		Veterinarians Under 40	
	#	%	#	%
None	1,308	55%	302	31%
Less than \$20,000	81	3%	23	2%
\$20,000-\$39,999	85	4%	23	2%
\$40,000-\$59,999	91	4%	31	3%
\$60,000-\$79,999	101	4%	42	4%
\$80,000-\$99,999	76	3%	31	3%
\$100,000-\$119,999	51	2%	31	3%
\$120,000-\$139,999	42	2%	23	2%
\$140,000-\$159,999	59	2%	43	4%
\$160,000-\$179,999	46	2%	33	3%
\$180,000-\$199,999	61	3%	53	5%
\$200,000 or More	394	16%	334	34%
Total	2,395	100%	969	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

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

Positions Held

1 Full-Time: 67%
 2 or More Positions: 16%

Weekly Hours

40 to 49: 36%
 60 or More: 9%
 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	2,688	95%
Employed, NOT in a Veterinary-Related Capacity	33	1%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	7	< 1%
Voluntarily Unemployed	49	2%
Retired	58	2%
Total	2,839	100%

Source: Va. Healthcare Workforce Data Center

Among all veterinarians, 95% are currently employed in the profession, 67% hold one full-time job, and 36% work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	114	4%
One Part-Time Position	351	13%
Two Part-Time Positions	112	4%
One Full-Time Position	1,861	67%
One Full-Time Position & One Part-Time Position	234	8%
Two Full-Time Positions	27	1%
More than Two Positions	80	3%
Total	2,779	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	114	4%
1 to 9 Hours	71	3%
10 to 19 Hours	101	4%
20 to 29 Hours	185	7%
30 to 39 Hours	695	25%
40 to 49 Hours	1,005	36%
50 to 59 Hours	351	13%
60 to 69 Hours	153	6%
70 to 79 Hours	53	2%
80 or More Hours	42	2%
Total	2,770	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	15	1%
Less than \$40,000	165	8%
\$40,000-\$59,999	106	5%
\$60,000-\$79,999	212	10%
\$80,000-\$99,999	293	14%
\$100,000-\$119,999	394	18%
\$120,000-\$139,999	320	15%
\$140,000-\$159,999	224	10%
\$160,000-\$179,999	116	5%
\$180,000-\$199,999	85	4%
\$200,000 or More	225	10%
Total	2,155	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$110k-\$120k

Benefits
Health Insurance: 53%
Retirement: 53%

Satisfaction
Satisfied: 91%
Very Satisfied: 55%

Source: Va. Healthcare Workforce Data Center

The median annual income of Virginia’s veterinarians is between \$110,000 and \$120,000. In addition, 70% of all veterinarians received at least one employer-sponsored benefit, including 53% who had access to health insurance.

Job Satisfaction		
Level	#	%
Very Satisfied	1,509	55%
Somewhat Satisfied	984	36%
Somewhat Dissatisfied	208	8%
Very Dissatisfied	51	2%
Total	2,752	100%

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	1,579	59%	69%
Retirement	1,432	53%	61%
Health Insurance	1,420	53%	60%
Paid Sick Leave	1,115	41%	48%
Dental Insurance	1,090	41%	48%
Group Life Insurance	639	24%	28%
Signing/Retention Bonus	354	13%	16%
At Least One Benefit	1,878	70%	79%

*From any employer at time of survey.
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In The Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	20	1%
Experience Voluntary Unemployment?	163	4%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	34	1%
Work Two or More Positions at the Same Time?	511	14%
Switch Employers or Practices?	203	6%
Experience at Least One?	784	22%

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 2.9% during the same time period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	54	2%	28	5%
Less than 6 Months	228	8%	94	17%
6 Months to 1 Year	188	7%	67	12%
1 to 2 Years	491	18%	126	23%
3 to 5 Years	515	19%	91	16%
6 to 10 Years	390	15%	53	9%
More than 10 Years	816	30%	103	18%
Subtotal	2,683	100%	560	100%
Did Not Have Location	72		3,046	
Item Missing	889		37	
Total	3,643		3,643	

Source: Va. Healthcare Workforce Data Center

More than 70% of all veterinarians either receive a salary or work on commission at their primary work location.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 1%

Turnover & Tenure

Switched Jobs: 6%
New Location: 22%
Over 2 Years: 64%
Over 2 Yrs., 2nd Location: 44%

Employment Type

Salary/Commission: 71%
Business/Practice Income: 13%

Source: Va. Healthcare Workforce Data Center

Among all veterinarians, 64% have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	1,477	71%
Hourly Wage	242	12%
By Contract/Per Diem	87	4%
Business/Practice Income	264	13%
Unpaid	12	1%
Subtotal	2,082	100%
Did Not Have Location	72	
Item Missing	1,489	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.5% and a high of 3.4%. At the time of publication, the unemployment rate for December 2022 was still preliminary.

At a Glance:

Concentration

Top Region:	35%
Top 3 Regions:	73%
Lowest Region:	1%

Locations

2 or More (Past Year):	22%
2 or More (Now*):	19%

Source: Va. Healthcare Workforce Data Center

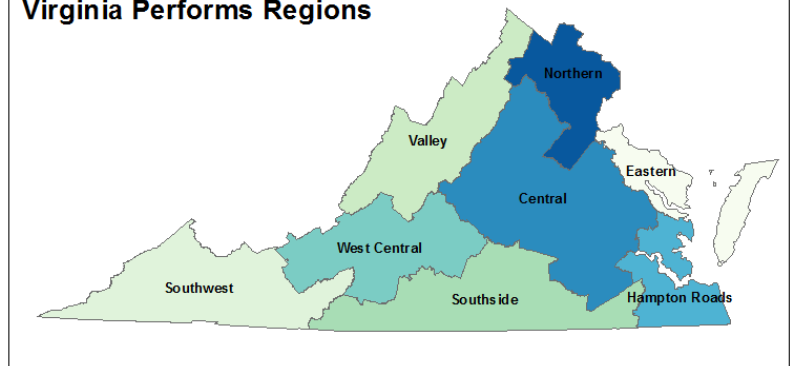
A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	562	21%	108	18%
Eastern	31	1%	9	2%
Hampton Roads	434	16%	109	19%
Northern	944	35%	168	29%
Southside	59	2%	13	2%
Southwest	95	4%	17	3%
Valley	204	8%	36	6%
West Central	269	10%	58	10%
Virginia Border State/D.C.	17	1%	16	3%
Other U.S. State	47	2%	51	9%
Outside of the U.S.	5	0%	1	0%
Total	2,667	100%	586	100%
Item Missing	906		11	

Source: Va. Healthcare Workforce Data Center

Nearly three-fourths of all veterinarians in the state work in Northern Virginia, Central Virginia, and Hampton Roads.

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

While 19% of veterinarians currently have multiple work locations, 22% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	64	2%	108	4%
1	2,085	76%	2,103	77%
2	379	14%	345	13%
3	121	4%	131	5%
4	32	1%	23	1%
5	13	1%	7	0%
6 or More	49	2%	26	1%
Total	2,744	100%	2,744	100%

*At the time of survey completion, Dec. 2022.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	2,297	91%	453	85%
Non-Profit	97	4%	44	8%
State/Local Government	68	3%	25	5%
Veterans Administration	1	0%	0	0%
U.S. Military	21	1%	8	2%
Other Federal Government	46	2%	1	0%
Total	2,530	100%	531	100%
Did Not Have Location	72		3,046	
Item Missing	1,039		64	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

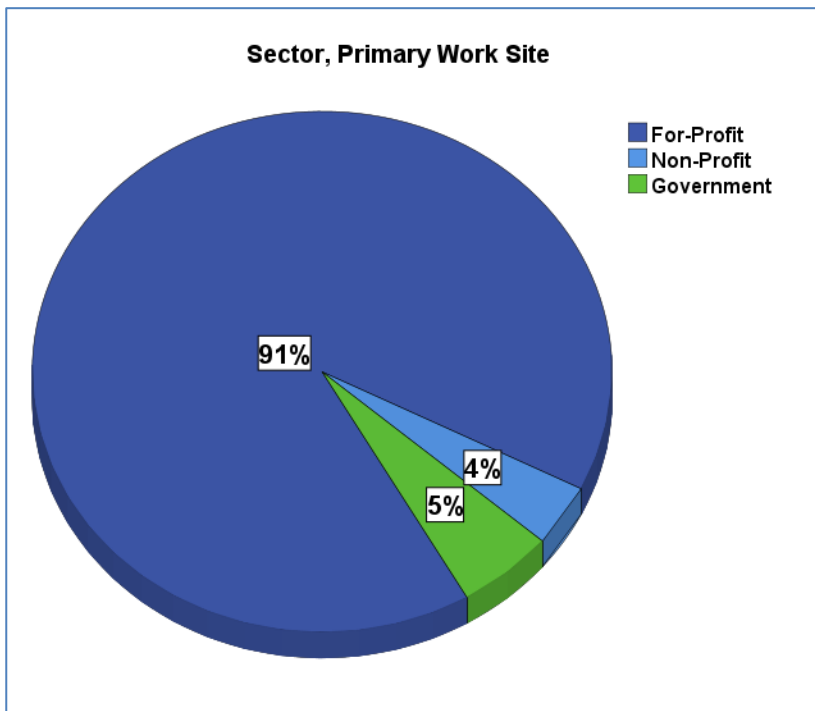
Sector

For-Profit:	91%
Federal:	3%

Top Establishments

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

Source: Va. Healthcare Workforce Data Center



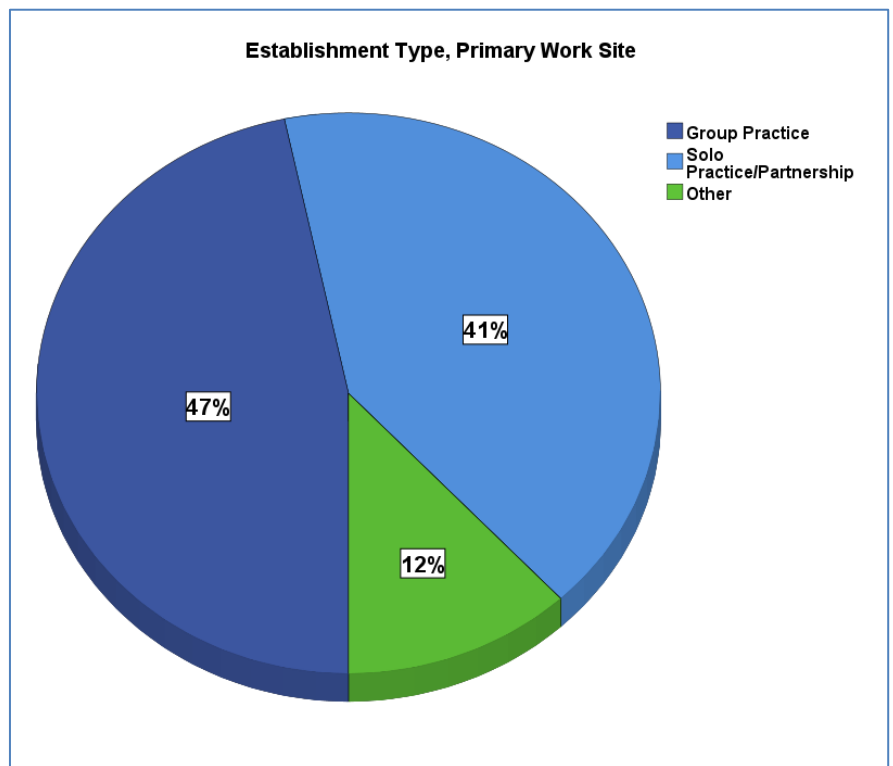
Source: Va. Healthcare Workforce Data Center

Among all veterinarians, 95% work in the private sector, including 91% who are employed in the for-profit sector. Another 3% of veterinarians work for state or local governments.

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Group Practice	1,167	47%	197	38%
Solo Practice/Partnership	1,034	41%	206	40%
Veterinary Education Program	45	2%	15	3%
Public Health Program	25	1%	5	1%
Supplier Organization	13	1%	1	0%
Veterinary Technology Education Program	10	0%	5	1%
Non-Veterinary Education Program	6	0%	5	1%
Other Practice Setting	200	8%	87	17%
Total	2,500	100%	521	100%
Did Not Have a Location	72		3,046	

Source: Va. Healthcare Workforce Data Center

Among all veterinarians, 47% work at a group practice as their primary work location, while another 41% work in a solo practice/partnership.



Source: Va. Healthcare Workforce Data Center

Among those veterinarians who also have a secondary work location, 40% work at a solo practice/partnership, and 38% work at a group practice.

At a Glance: (Primary Locations)

Languages Offered

Spanish:	18%
French:	1%
Korean:	1%

Means of Communication

Other Staff Member:	72%
Respondent:	26%
Virtual Translation:	11%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	638	18%
French	47	1%
Korean	38	1%
Chinese	29	1%
Hindi	26	1%
Arabic	19	1%
Urdu	18	0%
Vietnamese	17	0%
Persian	12	0%
Tagalog/Filipino	12	0%
Pashto	7	0%
Amharic, Somali, or Other Afro-Asiatic Languages	6	0%
Others	67	2%
At Least One Language	723	20%

Source: Va. Healthcare Workforce Data Center

Nearly one-fifth of all veterinarians are employed at a primary work location that offers Spanish language services for patients.

Nearly three-quarters of all veterinarians who are employed at a primary work location that offers language services for patients provide it by means of a staff member who is proficient.

Means of Language Communication

Provision	#	% of Workforce with Language Services
Other Staff Member is Proficient	522	72%
Respondent is Proficient	188	26%
Virtual Translation Service	78	11%
Onsite Translation Service	22	3%
Other	11	2%

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

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

Roles

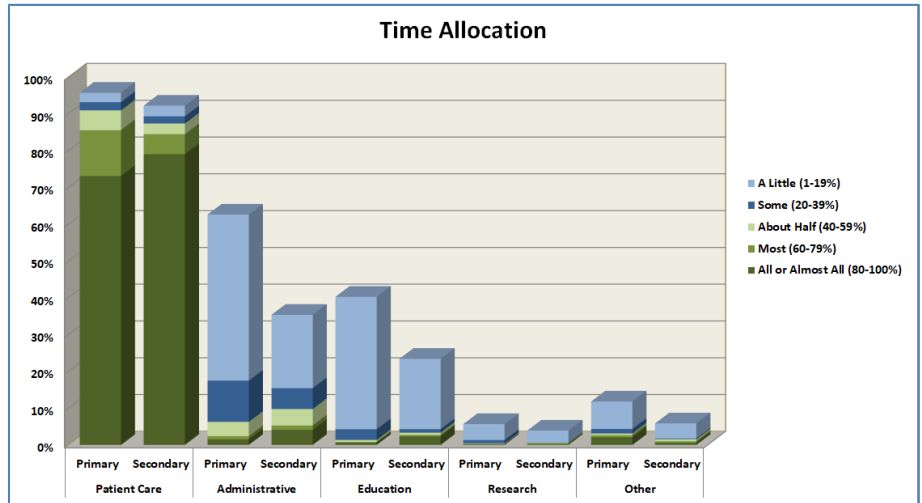
Patient Care: 86%
Administration: 2%
Education: 1%

Patient Care Veterinarians

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



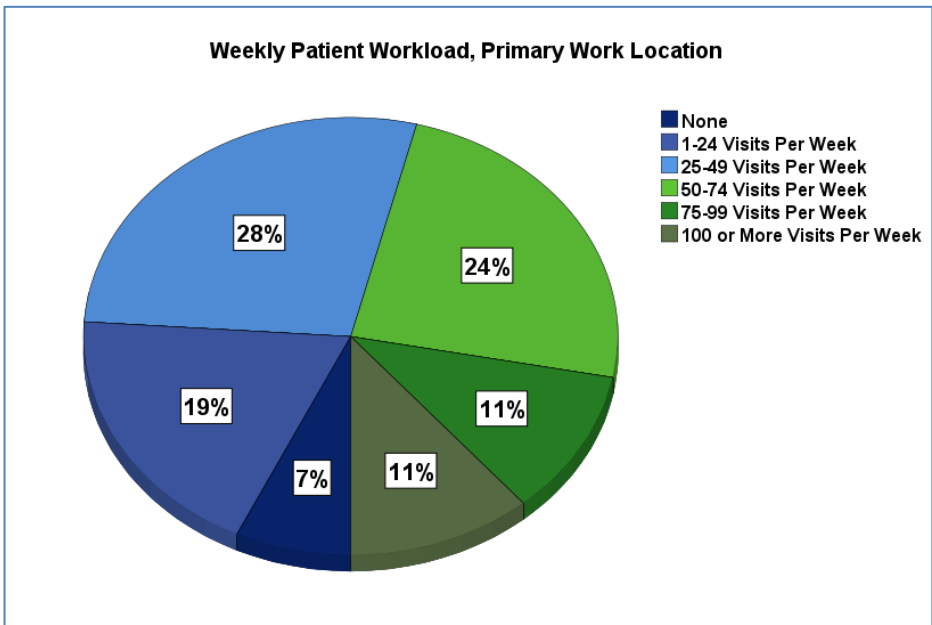
Source: Va. Healthcare Workforce Data Center

Veterinarians spend most of their time treating patients. In fact, 86% of veterinarians fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation										
Time Spent	Patient Care		Admin.		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	73%	79%	2%	4%	1%	2%	0%	0%	2%	1%
Most (60-79%)	12%	5%	1%	1%	0%	0%	0%	0%	1%	0%
About Half (40-59%)	5%	3%	4%	4%	1%	1%	0%	0%	0%	1%
Some (20-39%)	2%	2%	11%	6%	3%	1%	1%	0%	1%	0%
A Little (1-19%)	3%	3%	45%	20%	36%	19%	4%	3%	7%	4%
None (0%)	4%	8%	37%	64%	60%	76%	94%	96%	88%	94%

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 median workload for veterinarians at their primary work location is between 25 and 49 patients per week. For veterinarians who also have a secondary work location, the median workload is between 1 and 24 patients per week.

Patient Care Visits				
# of Patients Per Week	Primary		Secondary	
	#	%	#	%
None	178	7%	67	13%
1-24	483	19%	267	50%
25-49	707	28%	109	20%
50-74	609	24%	49	9%
75-99	274	11%	24	5%
100-124	144	6%	11	2%
125-149	52	2%	2	0%
150-174	28	1%	2	0%
175-199	16	1%	0	0%
200 or More	44	2%	1	0%
Total	2,535	100%	532	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All Veterinarians		Veterinarians 50 and Over	
	#	%	#	%
Under Age 50	57	2%	-	-
50 to 54	102	4%	6	1%
55 to 59	254	11%	63	8%
60 to 64	545	23%	168	20%
65 to 69	684	29%	260	31%
70 to 74	327	14%	152	18%
75 to 79	95	4%	61	7%
80 or Over	47	2%	25	3%
I Do Not Intend to Retire	213	9%	96	12%
Total	2,324	100%	831	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All Veterinarians

Under 65: 41%
Under 60: 18%

Veterinarians 50 and Over

Under 65: 29%
Under 60: 8%

Time Until Retirement

Within 2 Years: 7%
Within 10 Years: 22%
Half the Workforce: By 2047

Source: Va. Healthcare Workforce Data Center

More than two out of every five veterinarians expect to retire by the age of 65. Among veterinarians who are already at least age 50, 29% still expect to retire by age 65.

Within the next two years, 7% of Virginia's veterinarians expect to pursue additional educational opportunities, and 5% plan to increase their patient care hours.

Future Plans

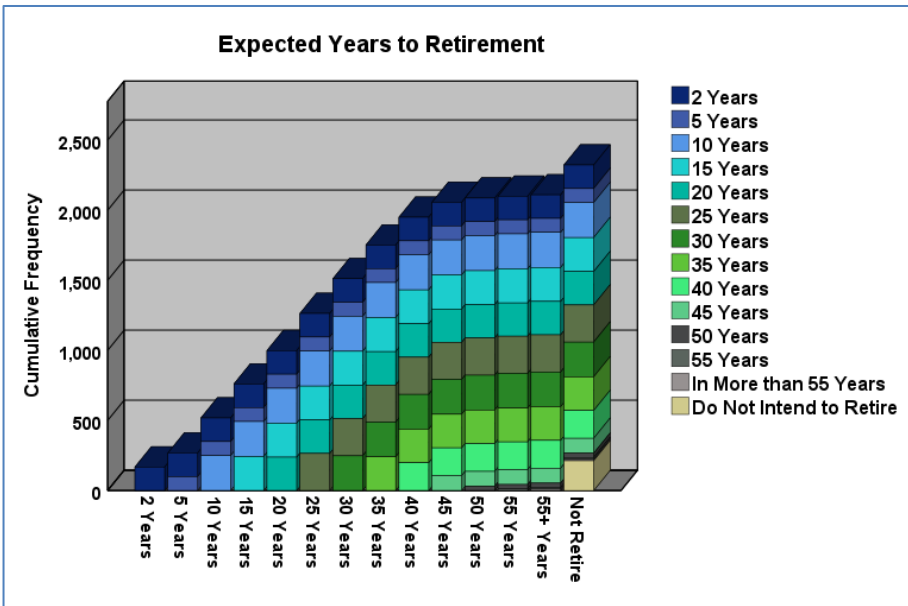
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	51	1%
Leave Virginia	114	3%
Decrease Patient Care Hours	366	10%
Decrease Teaching Hours	23	1%
Increase Participation		
Increase Patient Care Hours	187	5%
Increase Teaching Hours	108	3%
Pursue Additional Education	262	7%
Return to the Workforce	16	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 7% of veterinarians expect to retire in the next two years, 22% plan to retire within the next decade. More than half of the current workforce expect to retire by 2047.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	169	7%	7%
5 Years	100	4%	12%
10 Years	250	11%	22%
15 Years	243	10%	33%
20 Years	238	10%	43%
25 Years	265	11%	54%
30 Years	249	11%	65%
35 Years	240	10%	75%
40 Years	198	9%	84%
45 Years	107	5%	89%
50 Years	30	1%	90%
55 Years	13	1%	90%
In More Than 55 Years	10	0%	91%
Do Not Intend to Retire	213	9%	100%
Total	2,324	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 2032. Retirement will peak at 11% of the current workforce around 2047 before declining to under 10% of the current workforce again around 2062.

At a Glance:

FTEs

Total: 3,228
 FTEs/1,000 Residents²: 0.374
 Average: 0.90

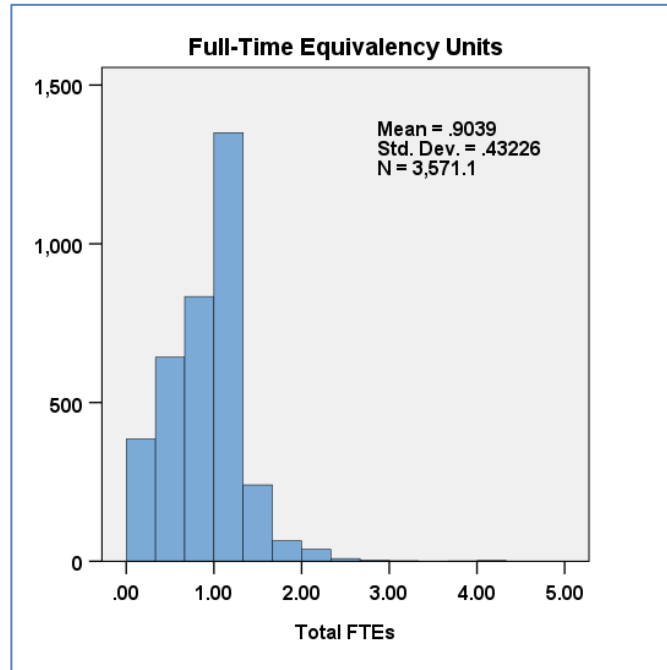
Age & Gender Effect

Age, *Partial Eta*²: Small
 Gender, *Partial Eta*²: Negligible

*Partial Eta*² Explained:
*Partial Eta*² is a statistical
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

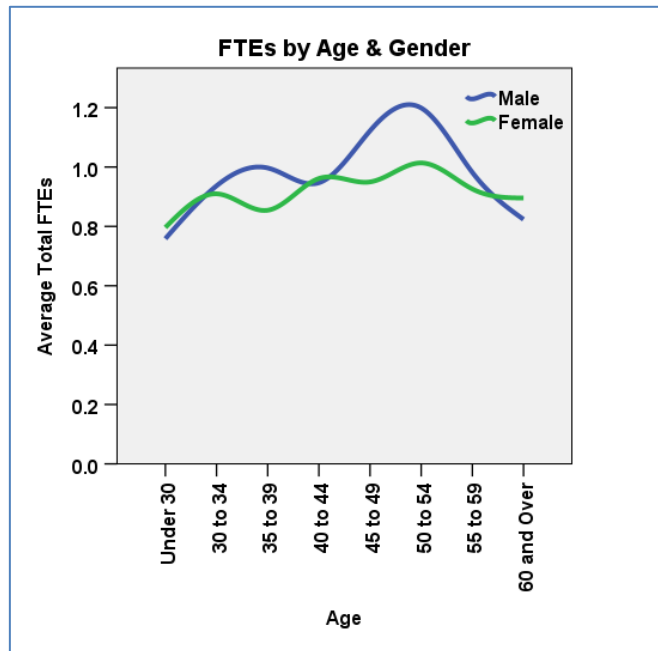
A Closer Look:



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

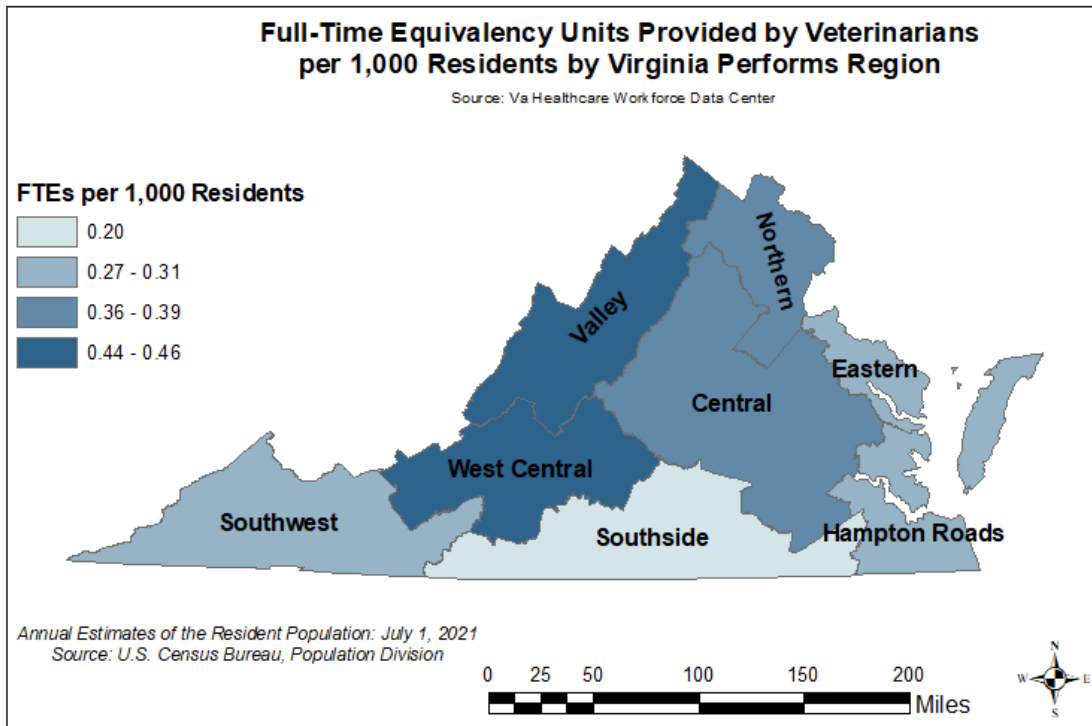
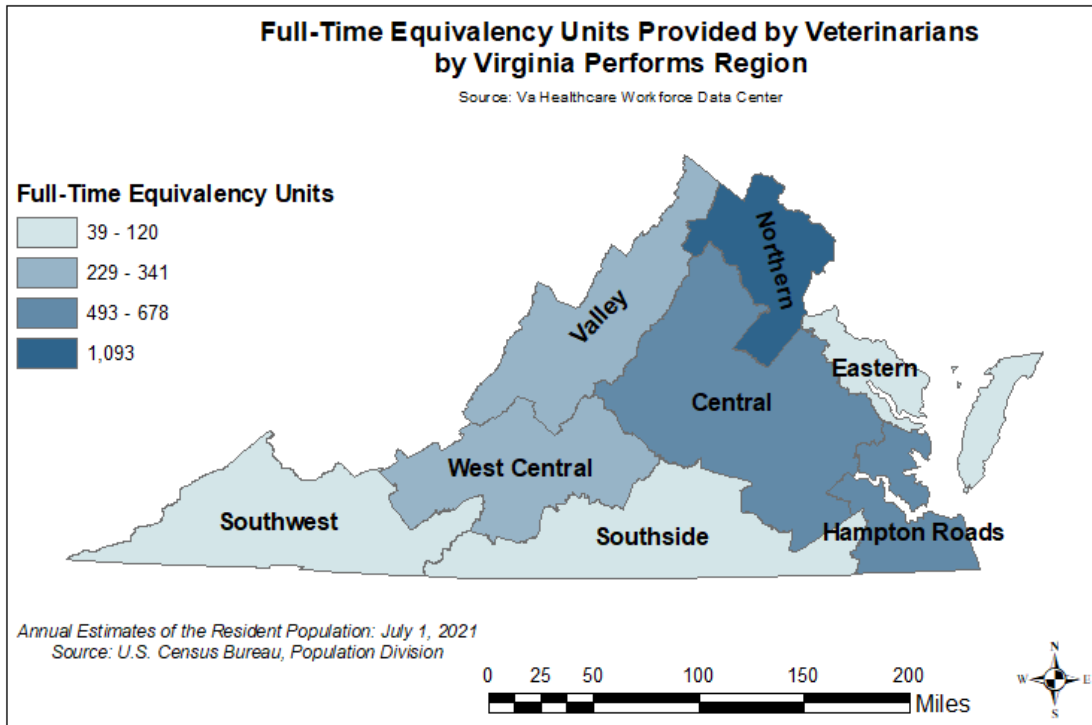
Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.77	0.73
30 to 34	0.93	1.03
35 to 39	0.75	0.84
40 to 44	0.98	1.05
45 to 49	1.04	1.09
50 to 54	1.09	1.18
55 to 59	0.98	1.09
60 and Over	0.80	0.62
Gender		
Male	0.94	1.01
Female	0.91	0.94

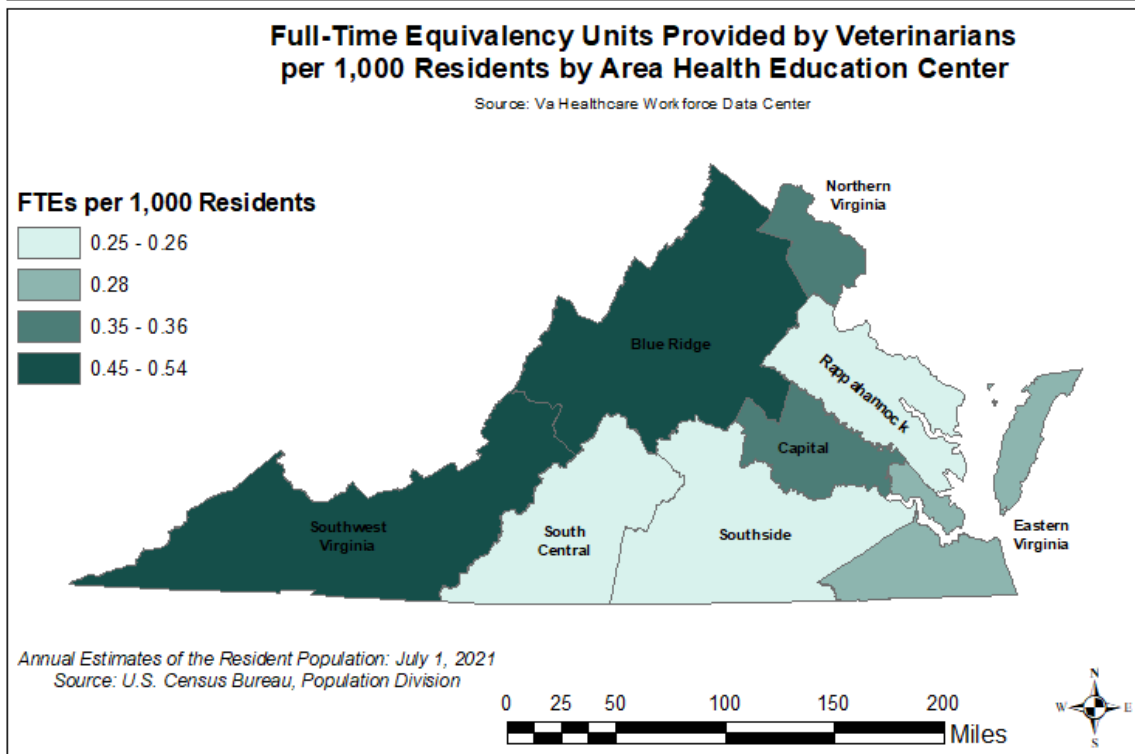
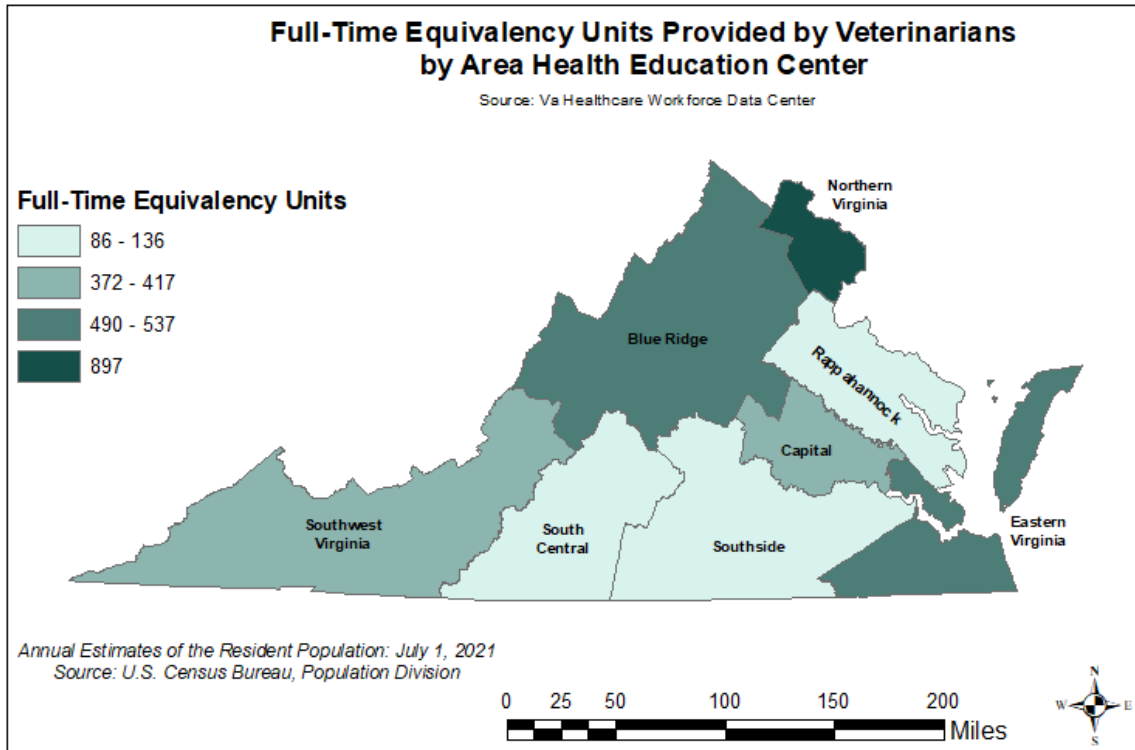
Source: Va. Healthcare Workforce Data Center

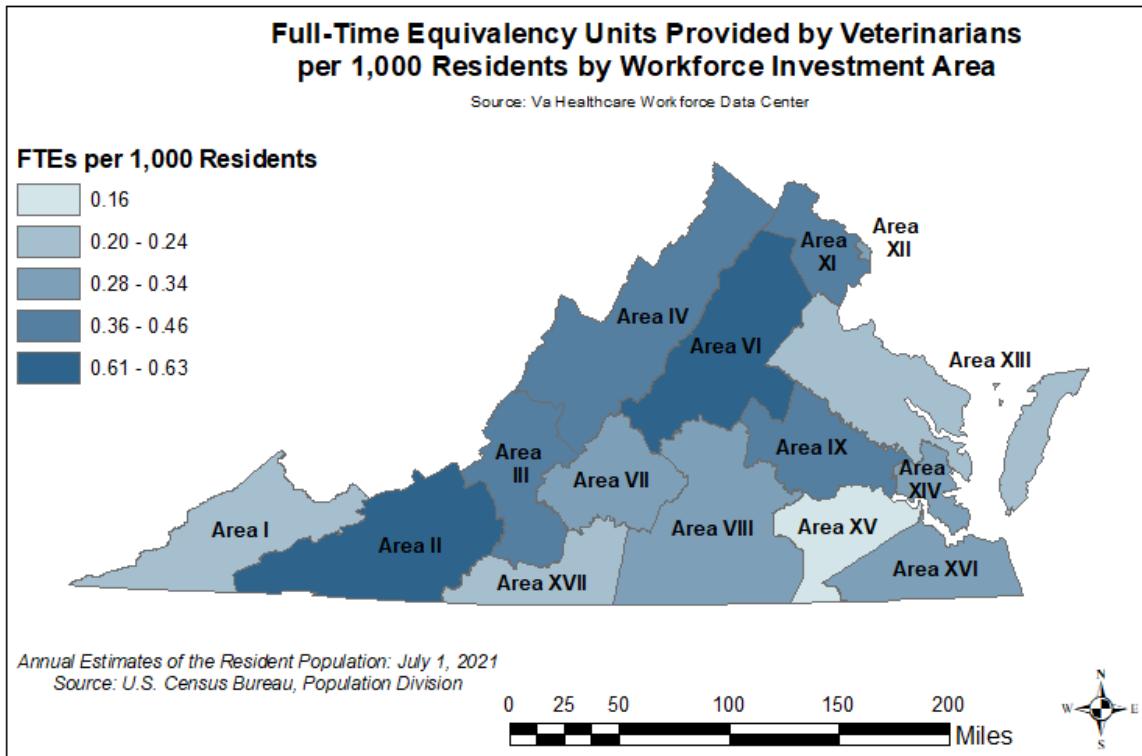
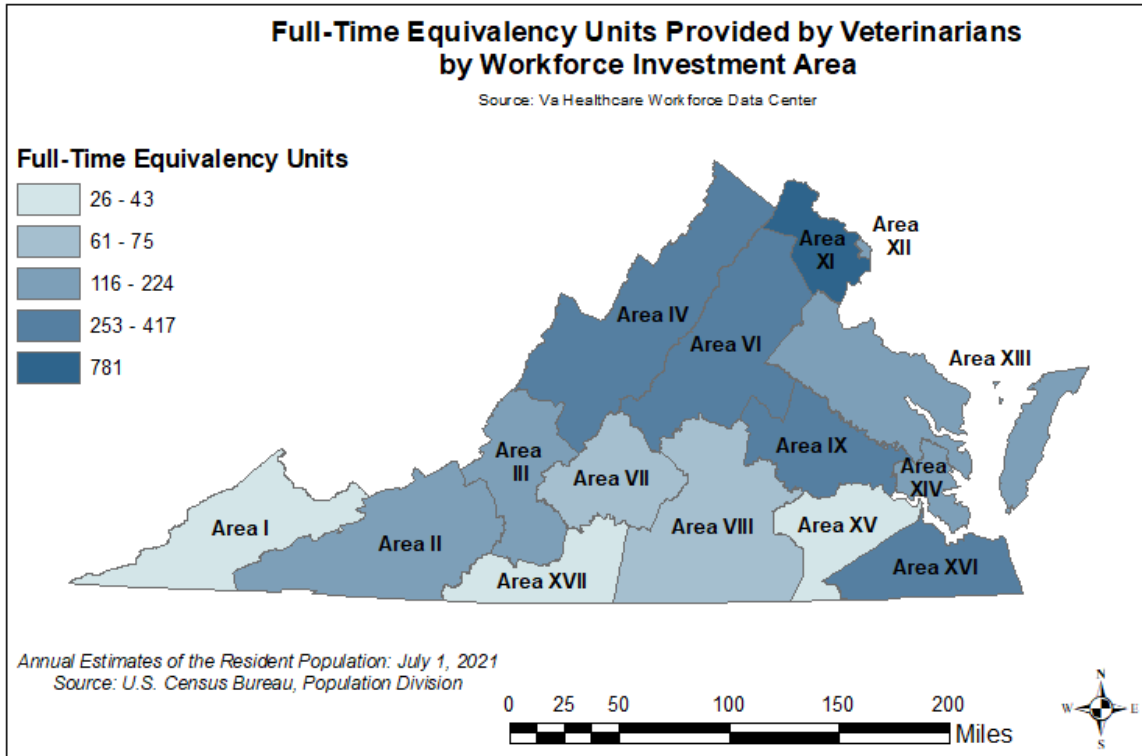


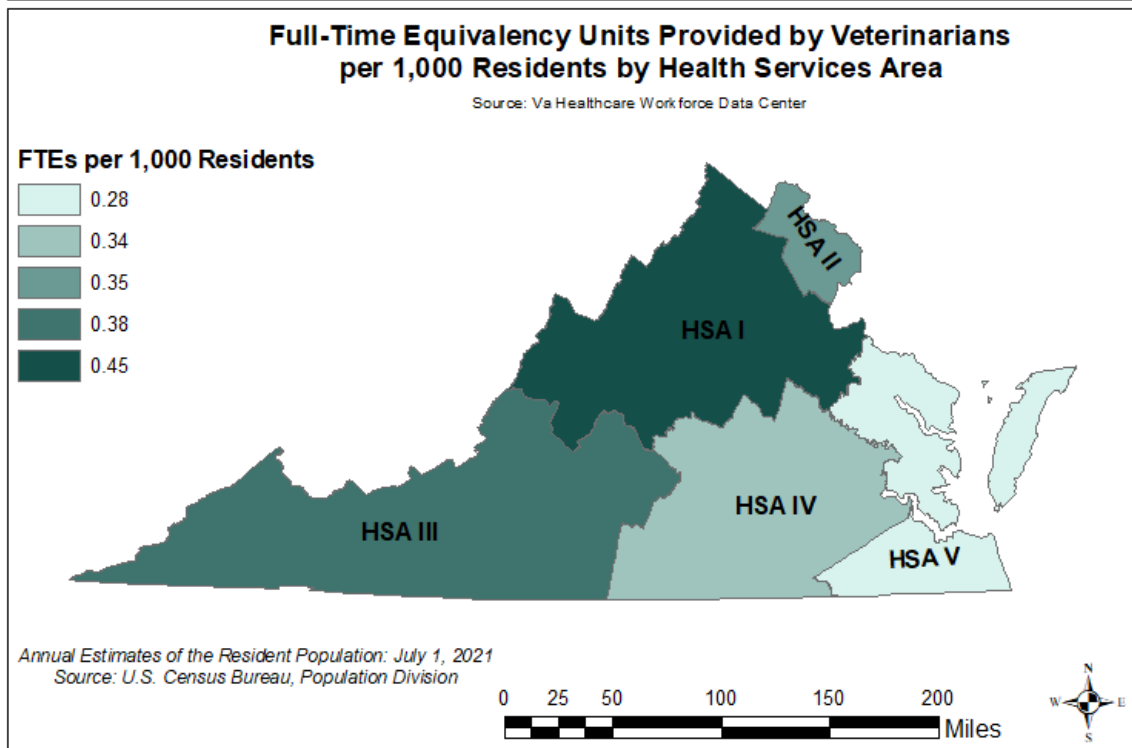
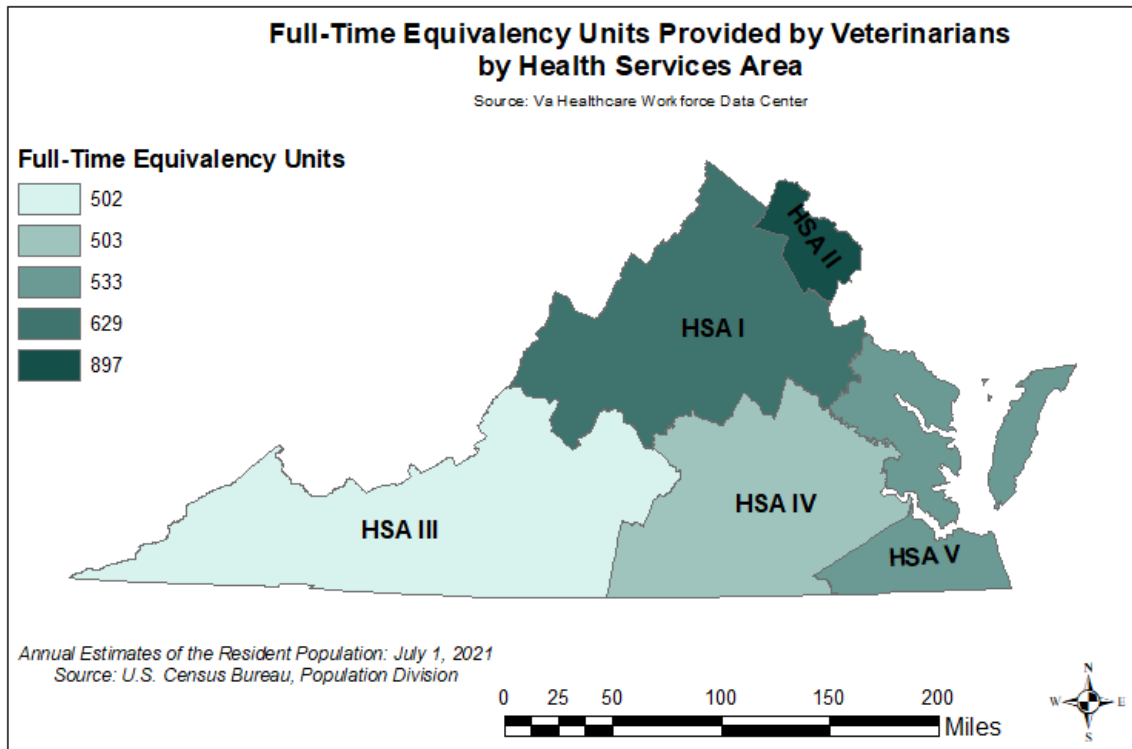
² Number of residents in 2021 was used as the denominator.

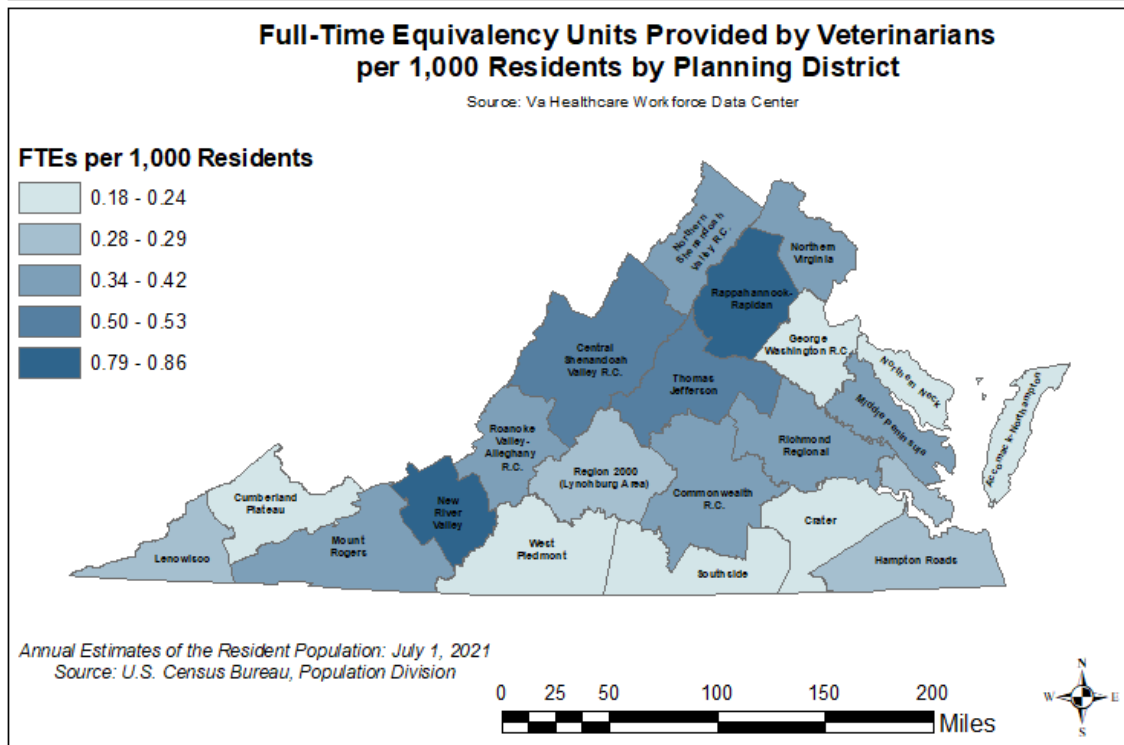
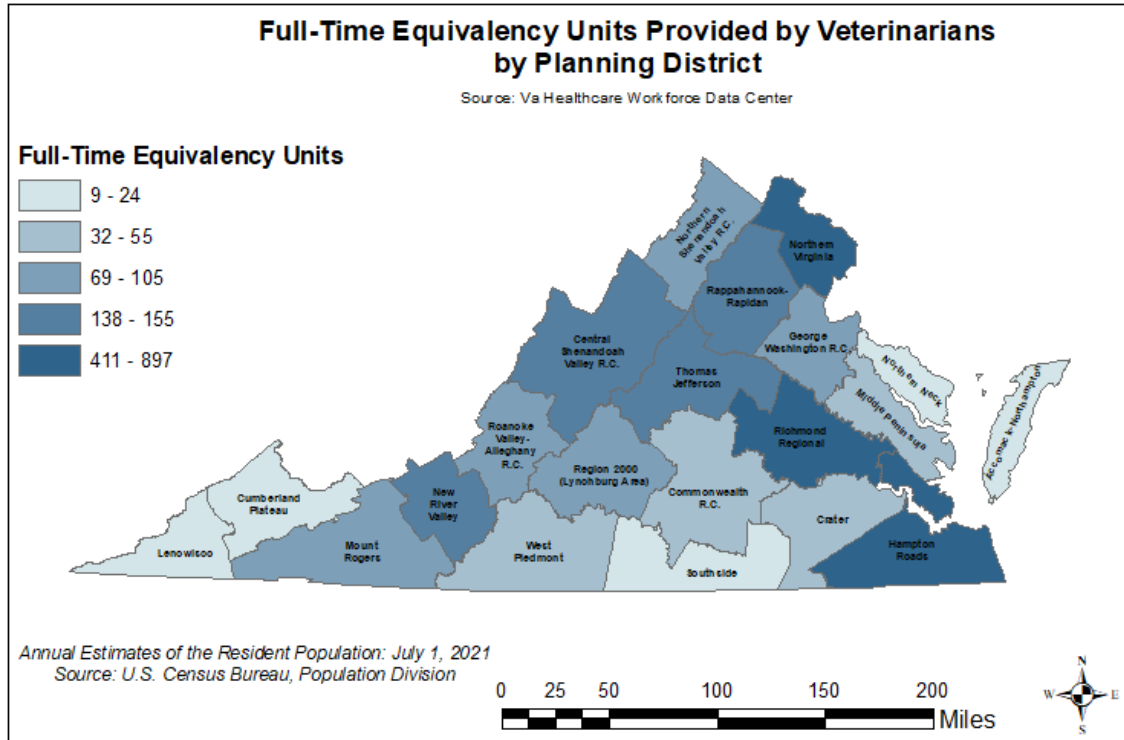
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction Effect were significant).











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	2,194	83.96%	1.191	1.119	1.401
Metro, 250,000 to 1 Million	250	89.20%	1.121	1.053	1.319
Metro, 250,000 or Less	578	82.87%	1.207	1.134	1.419
Urban, Pop. 20,000+, Metro Adj.	31	83.87%	1.192	1.120	1.402
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	154	87.66%	1.141	1.072	1.342
Urban, Pop. 2,500-19,999, Non-Adj.	51	96.08%	1.041	0.978	1.224
Rural, Metro Adj.	87	81.61%	1.225	1.151	1.441
Rural, Non-Adj.	25	64.00%	1.563	1.510	1.838
Virginia Border State/D.C.	733	81.17%	1.232	1.157	1.449
Other U.S. State	808	80.07%	1.249	1.173	1.469

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	348	70.69%	1.415	1.224	1.838
30 to 34	683	78.18%	1.279	1.107	1.662
35 to 39	664	84.19%	1.188	1.028	1.543
40 to 44	624	86.06%	1.162	1.006	1.510
45 to 49	548	88.50%	1.130	0.978	1.173
50 to 54	463	84.67%	1.181	1.022	1.534
55 to 59	495	84.04%	1.190	1.030	1.546
60 and Over	1,086	84.16%	1.188	1.028	1.544

Source: Va. Healthcare Workforce Data Center

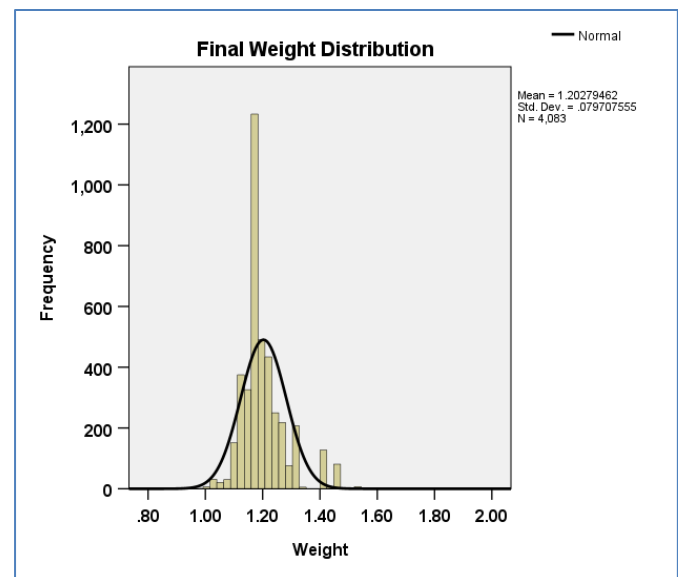
See the Methods section on the HWDC website for details on HWDC methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

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: 0.831399



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Veterinary Technician Workforce: 2022

Healthcare Workforce Data Center

March 2023

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
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Henrico, VA 23233
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Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

More than 2,300 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 their ongoing cooperation.

Thank You!

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The Veterinary Technician Workforce At a Glance:

The Workforce

Licensees:	2,656
Virginia's Workforce:	2,329
FTEs:	1,833

Background

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

Current Employment

Employed in Prof.:	85%
Hold 1 Full-Time Job:	68%
Satisfied?:	89%

Survey Response Rate

All Licensees:	89%
Renewing Practitioners:	99%

Education

Associate:	89%
Baccalaureate:	10%

Job Turnover

Switched Jobs:	8%
Employed Over 2 Yrs.:	58%

Demographics

Female:	96%
Diversity Index:	19%
Median Age:	37

Finances

Median Income:	\$40k-\$50k
Retirement Benefits:	65%
Under 40 w/ Ed. Debt:	39%

Time Allocation

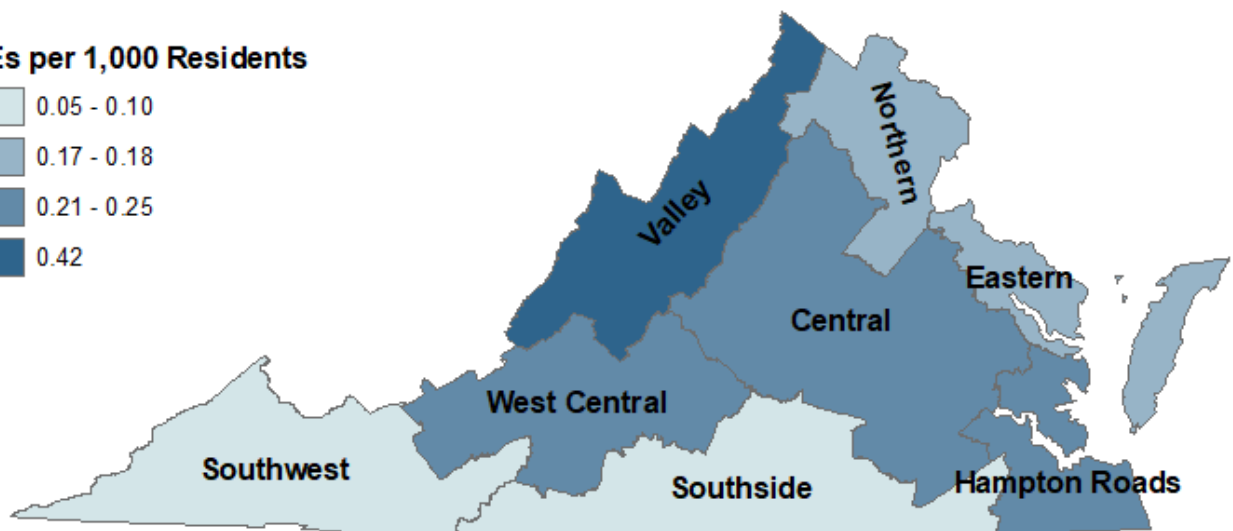
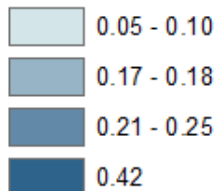
Patient Care:	80%-89%
Administration:	1%-9%
Patient Care Role:	71%

Source: Va. Healthcare Workforce Data Center

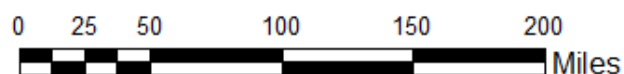
Full-Time Equivalency Units Provided by Veterinary Technicians per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2022 Veterinary Technician Workforce survey. In total, 2,354 veterinary technicians voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers this survey during the license renewal process, which takes place every December for veterinary technicians. These survey respondents represent 89% of the 2,656 veterinary technicians who are licensed in the state and 99% of renewing practitioners.

The HWDC estimates that 2,329 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 1,833 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

The percentage of all veterinary technicians who are female is 96%, and the median age of this workforce is 37. In a random encounter between two veterinary technicians, there is a 19% chance that they would be of different races or ethnicities, a measure known as the diversity index. For the 61% of veterinary technicians who are under the age of 40, this diversity index increases to 21%. This makes Virginia's veterinary technician workforce much less diverse than the state's overall population, which has a comparable diversity index of 58%. Nearly two out of every five veterinary technicians grew up in a rural area, and 15% of veterinary technicians who grew up in a rural area currently work in a non-metro area of Virginia. In total, 7% of all veterinary technicians currently work in a non-metro area of the state.

Among all veterinary technicians, 85% are currently employed in the profession, 68% hold one full-time job, and 40% work between 40 and 49 hours per week. More than half of all veterinary technicians work in a solo practice/partnership, while another 32% work in a group practice. The median annual income for this workforce is between \$40,000 and \$50,000, and 80% receive this income in the form of an hourly wage. In addition, 84% of veterinary technicians receive at least one employer-sponsored benefit. Nearly 90% of veterinary technicians indicated that they are satisfied with their current work situation, including 51% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2018 veterinary technician workforce. The number of licensed veterinary technicians in Virginia has increased by 14% (2,656 vs. 2,334). In addition, the size of Virginia's veterinary technician workforce has increased by 13% (2,329 vs. 2,060), and the number of FTEs provided by this workforce has grown by 5% (1,833 vs. 1,745). Virginia's renewing veterinary technicians are more likely to respond to this survey (99% vs. 94%).

The percentage of veterinary technicians who are under the age of 40 has fallen (61% vs. 63%), thereby leading to an increase in the median age of this workforce (37 vs. 36). The diversity index of Virginia's veterinary technicians has increased slightly (19% vs. 18%). This has occurred during a time in which Virginia's overall population has also become more diverse (58% vs. 56%). Although there has been no change in the percentage of veterinary technicians who grew up in a rural area (37%), veterinary technicians who grew up in a rural area are more likely to work in a non-metro area of the state (15% vs. 12%).

Although veterinary technicians are less likely to be employed in the profession (85% vs. 86%) or work between 40 and 49 hours per week (40% vs. 43%), they are more likely to hold one full-time job (68% vs. 67%). Veterinary technicians are relatively more likely to work at a group practice (32% vs. 30%) instead of a solo practice or partnership (51% vs. 52%). The median annual income of Virginia's veterinary technician workforce has increased (\$40k-\$50k vs. \$30k-\$40k), and veterinary technicians are also more likely to receive certain employer-sponsored benefits such as health insurance (63% vs. 62%) and a retirement plan (65% vs. 58%). At the same time, veterinary technicians are less likely to carry education debt (31% vs. 35%). Veterinary technicians are less likely to indicate that they are satisfied with their current work situation (89% vs. 92%), including those who indicated that they are "very satisfied" (51% vs. 53%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	2,289	86%
New Licensees	205	8%
Non-Renewals	162	6%
All Licensees	2,656	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing veterinary technicians, 99% submitted a survey. These represent 89% of the 2,656 veterinary technicians who held a license at some point in the past year.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	99	387	80%
30 to 34	64	468	88%
35 to 39	54	465	90%
40 to 44	27	348	93%
45 to 49	20	211	91%
50 to 54	19	197	91%
55 to 59	5	122	96%
60 and Over	14	156	92%
Total	302	2,354	89%
New Licenses			
Issued in Past Year	130	75	37%
Metro Status			
Non-Metro	19	182	91%
Metro	235	1,886	89%
Not in Virginia	48	285	86%

Source: Va. Healthcare Workforce Data Center

Definitions

- The Survey Period:** The survey was conducted in December 2022.
- Target Population:** All veterinary technicians who held a Virginia license at some point between January 2022 and December 2022.
- 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 2022.

Response Rates	
Completed Surveys	2,354
Response Rate, All Licensees	89%
Response Rate, Renewals	99%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Veterinary Tech.

Number: 2,656
 New: 8%
 Not Renewed: 6%

Response Rates

All Licensees: 89%
 Renewing Practitioners: 99%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Veterinary Tech. Workforce: 2,329
 FTEs: 1,833

Utilization Ratios

Licensees in VA Workforce: 88%
 Licensees per FTE: 1.45
 Workers per FTE: 1.27

Source: Va. Healthcare Workforce Data Center

Definitions

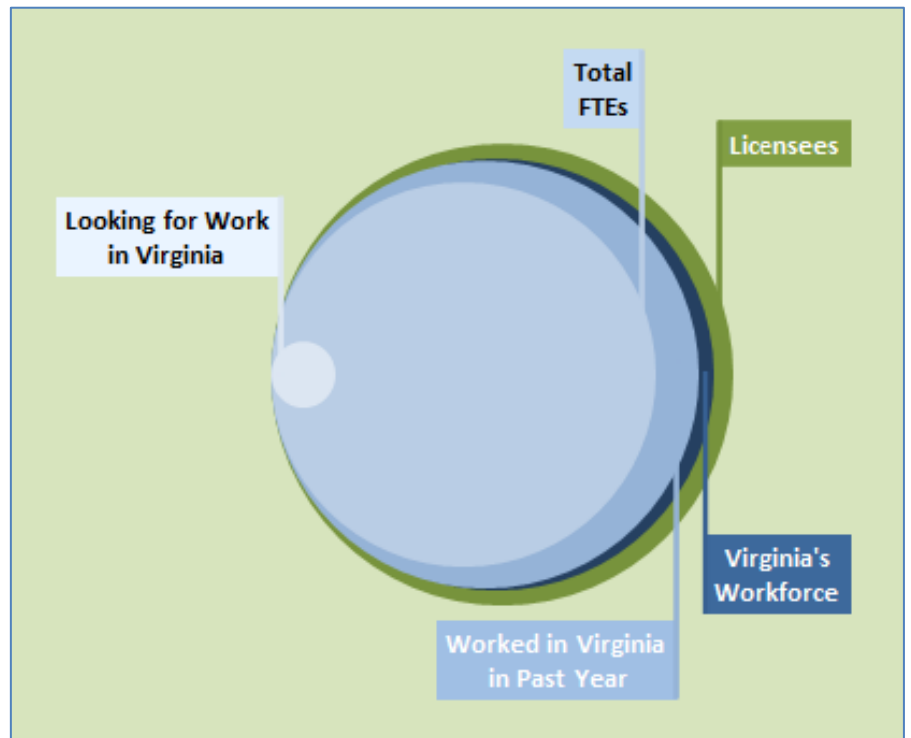
- 1. Virginia’s Workforce:** A licensee with a primary or secondary work site in Virginia at any time between January 2022 and December 2022 or who indicated intent to return to Virginia’s workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia’s Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees 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.

Veterinary Technician Workforce

Status	#	%
Worked in Virginia in Past Year	2,276	98%
Looking for Work in Virginia	53	2%
Virginia's Workforce	2,329	100%
Total FTEs	1,833	
Licensees	2,656	

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC’s methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	20	6%	333	94%	353	20%
30 to 34	17	4%	368	96%	385	22%
35 to 39	9	3%	320	97%	329	19%
40 to 44	9	4%	226	96%	234	13%
45 to 49	6	5%	129	95%	136	8%
50 to 54	8	6%	123	94%	131	8%
55 to 59	2	3%	74	97%	76	4%
60 and Over	2	2%	99	98%	102	6%
Total	73	4%	1,672	96%	1,746	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	Veterinary Technicians		Vet. Tech. Under 40	
	%	#	%	#	%
White	60%	1,562	90%	943	88%
Black	19%	30	2%	26	2%
Asian	7%	11	1%	6	1%
Other Race	0%	11	1%	5	0%
Two or More Races	3%	47	3%	29	3%
Hispanic	10%	83	5%	58	5%
Total	100%	1,744	100%	1,067	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2021.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

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

Age

Median Age: 37
% Under 40: 61%
% 55 and Over: 10%

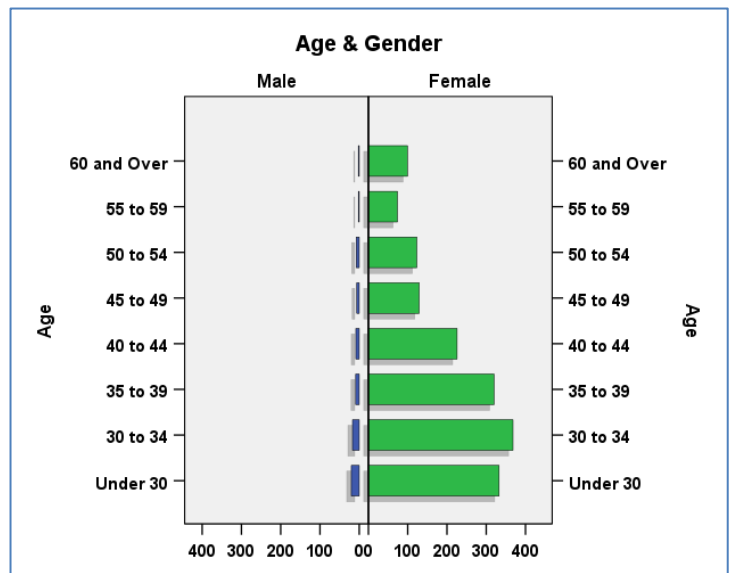
Diversity

Diversity Index: 19%
Under 40 Div. Index: 21%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two veterinary technicians, there is a 19% chance that they would be of different races or ethnicities (a measure known as the diversity index).

Among the 61% of veterinary technicians who are under the age of 40, 96% are female. In addition, the diversity index among veterinary technicians who are under the age of 40 is 21%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 7%
 Rural Childhood: 37%

Virginia Background

HS in Virginia: 70%
 Prof. Edu. in Virginia: 70%
 HS or Prof. Edu. in VA: 80%

Location Choice

% Rural to Non-Metro: 15%
 % Urban/Suburban to Non-Metro: 2%

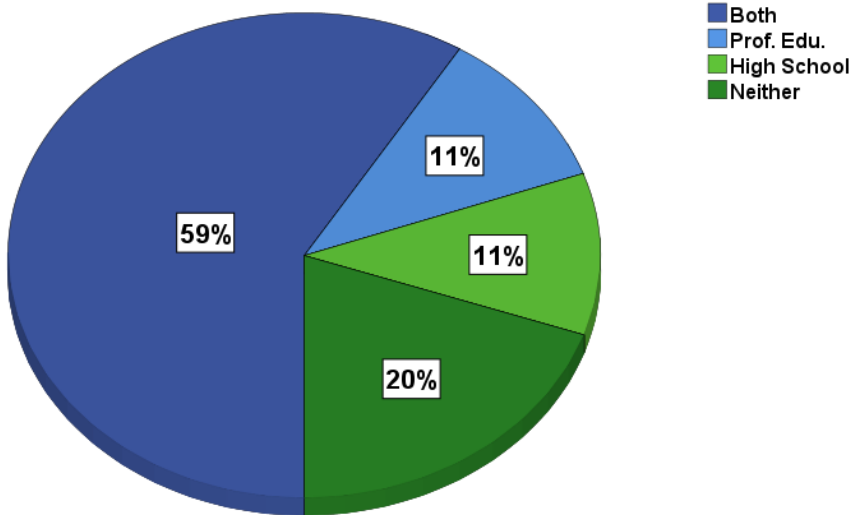
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	29%	64%	7%
2	Metro, 250,000 to 1 Million	47%	51%	3%
3	Metro, 250,000 or Less	52%	42%	6%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	50%	25%	25%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	79%	16%	5%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	94%	6%	0%
8	Rural, Metro Adjacent	88%	12%	0%
9	Rural, Non-Adjacent	44%	56%	0%
Overall		37%	56%	7%

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, 15% currently work in a non-metro area of the state. In total, 7% of all veterinary technicians currently work in a non-metro area of Virginia.

Top Ten States for Veterinary Technician Recruitment

Rank	All Veterinary Technicians			
	High School	#	Professional School	#
1	Virginia	1,208	Virginia	1,194
2	Pennsylvania	59	Pennsylvania	77
3	New York	58	Texas	53
4	Maryland	48	Colorado	39
5	North Carolina	28	New York	38
6	Florida	24	New Mexico	34
7	Outside U.S./Canada	23	California	29
8	West Virginia	23	Florida	28
9	California	20	North Carolina	27
10	New Jersey	19	Indiana	18

Source: Va. Healthcare Workforce Data Center

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

Among veterinary technicians who have obtained their initial license in the past five years, 63% received their high school degree in Virginia, and 61% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	370	Virginia	351
2	New York	21	Pennsylvania	31
3	Maryland	20	California	20
4	North Carolina	18	New Mexico	20
5	Pennsylvania	17	Texas	18
6	New Jersey	12	New York	14
7	California	11	Colorado	11
8	Florida	9	Florida	10
9	Michigan	8	North Carolina	9
10	Indiana	7	Arizona	8

Source: Va. Healthcare Workforce Data Center

More than one out of every ten of Virginia's licensees did not participate in the state's veterinary technician workforce. Among these licensees, 85% worked at some point in the past year, including 60% who currently work as veterinary technicians.

At a Glance:

Not in VA Workforce

Total:	327
% of Licensees:	12%
Federal/Military:	2%
VA Border State/DC:	16%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Associate Degree	1,527	89%
Baccalaureate Degree	164	10%
Other	26	2%
Total	1,717	100%

Source: Va. Healthcare Workforce Data Center

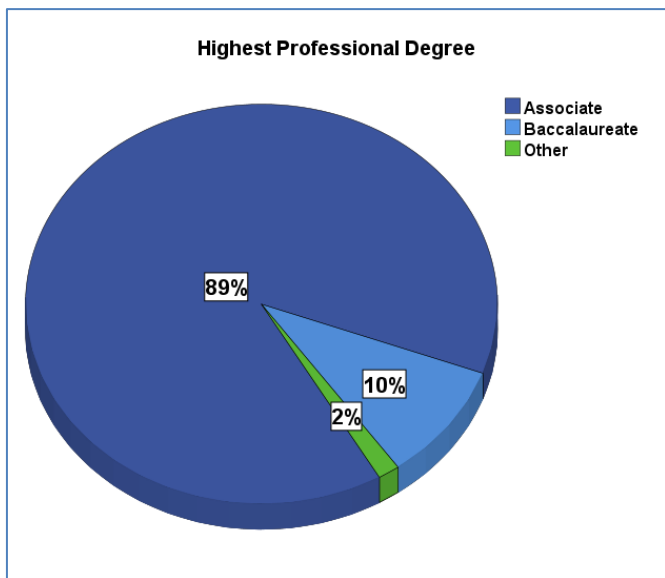
Nearly one-third of all veterinary technicians carry education debt, including 39% of those who are under the age of 40. For those with education debt, the median debt amount is between \$10,000 and \$20,000.

At a Glance:

Education
 Associate: 89%
 Baccalaureate: 10%

Education Debt
 Carry Debt: 31%
 Under Age 40 w/ Debt: 39%
 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	991	69%	547	61%
Less than \$10,000	142	10%	111	12%
\$10,000-\$19,999	85	6%	74	8%
\$20,000-\$29,999	80	6%	64	7%
\$30,000-\$39,999	46	3%	37	4%
\$40,000-\$49,999	24	2%	18	2%
\$50,000-\$59,999	26	2%	21	2%
\$60,000-\$69,999	13	1%	11	1%
\$70,000-\$79,999	6	0%	3	0%
\$80,000-\$89,999	6	0%	3	0%
\$90,000-\$99,999	3	0%	2	0%
\$100,000 or More	16	1%	9	1%
Total	1,437	100%	901	100%

Source: Va. Healthcare Workforce Data Center

Certifications		
Certification	#	%
Veterinary Emergency and Critical Care Technicians	11	0%
Veterinary Technicians in Anesthesia and Analgesia	11	0%
Internal Medicine for Veterinary Technicians	7	0%
Laboratory Animal Veterinary Technicians and Nurses	4	0%
Veterinary Dental Technicians	4	0%
At Least One Certification	41	2%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 85%
 Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 68%
 2 or More Positions: 13%

Weekly Hours:

40 to 49: 40%
 60 or More: 3%
 Less than 30: 13%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	1	< 1%
Employed in a Veterinary Technician-Related Capacity	1,454	85%
Employed, NOT in a Veterinary Technician-Related Capacity	160	9%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	3	< 1%
Voluntarily Unemployed	82	5%
Retired	16	1%
Total	1,716	100%

Source: Va. Healthcare Workforce Data Center

Among all veterinary technicians, 85% are currently employed in the profession, 68% hold one full-time job, and 40% work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	101	6%
One Part-Time Position	220	13%
Two Part-Time Positions	31	2%
One Full-Time Position	1,155	68%
One Full-Time Position & One Part-Time Position	163	10%
Two Full-Time Positions	10	1%
More than Two Positions	17	1%
Total	1,697	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	101	6%
1 to 9 Hours	36	2%
10 to 19 Hours	86	5%
20 to 29 Hours	92	6%
30 to 39 Hours	555	33%
40 to 49 Hours	665	40%
50 to 59 Hours	76	5%
60 to 69 Hours	28	2%
70 to 79 Hours	9	1%
80 or More Hours	9	1%
Total	1,657	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	27	2%
Less than \$20,000	127	10%
\$20,000-\$29,999	131	10%
\$30,000-\$39,999	274	21%
\$40,000-\$49,999	331	25%
\$50,000-\$59,999	235	18%
\$60,000 or More	188	14%
Total	1,312	100%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	849	51%
Somewhat Satisfied	656	39%
Somewhat Dissatisfied	142	8%
Very Dissatisfied	36	2%
Total	1,682	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$40k-\$50k

Benefits
Health Insurance: 63%
Retirement: 65%

Satisfaction
Satisfied: 89%
Very Satisfied: 51%

Source: Va. Healthcare Workforce Data Center

The typical veterinary technician earns between \$40,000 and \$50,000 per year. In addition, 84% of all veterinary technicians receive at least one employer-sponsored benefit, including 63% who receive health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	1,139	78%	77%
Retirement	940	65%	64%
Health Insurance	910	63%	62%
Dental Insurance	800	55%	55%
Paid Sick Leave	767	53%	52%
Group Life Insurance	463	32%	32%
Signing/Retention Bonus	193	13%	14%
At Least One Benefit	1,221	84%	83%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In The Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	21	1%
Experience Voluntary Unemployment?	137	6%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	66	3%
Work Two or More Positions at the Same Time?	295	13%
Switch Employers or Practices?	179	8%
Experience At Least One?	552	24%

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 2.9% during the same time period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	58	4%	37	12%
Less than 6 Months	128	8%	56	18%
6 Months to 1 Year	150	9%	31	10%
1 to 2 Years	331	21%	54	17%
3 to 5 Years	341	21%	65	21%
6 to 10 Years	266	17%	33	11%
More than 10 Years	320	20%	35	11%
Subtotal	1,593	100%	312	100%
Did Not Have Location	101		1,985	
Item Missing	635		33	
Total	2,329		2,329	

Source: Va. Healthcare Workforce Data Center

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: 3%

Turnover & Tenure

Switched Jobs: 8%
New Location: 23%
Over 2 Years: 58%
Over 2 Yrs., 2nd Location: 43%

Employment Type

Hourly Wage: 80%
Salary/Commission: 18%

Source: Va. Healthcare Workforce Data Center

Among all veterinary technicians, 58% have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	208	18%
Hourly Wage	927	80%
By Contract/Per Diem	8	1%
Business/Practice Income	9	1%
Unpaid	7	1%
Subtotal	1,159	100%
Did Not Have Location	101	
Item Missing	1,068	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.5% and a high of 3.4%. At the time of publication, the unemployment rate for December 2022 was still preliminary.

At a Glance:

Concentration

Top Region:	32%
Top 3 Regions:	76%
Lowest Region:	1%

Locations

2 or More (Past Year):	21%
2 or More (Now*):	17%

Source: Va. Healthcare Workforce Data Center

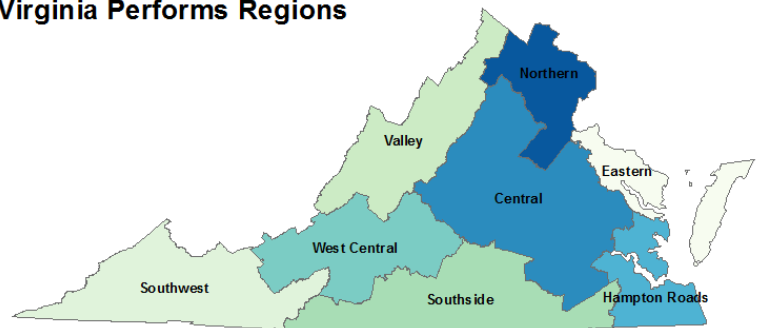
More than three-quarters of all veterinary technicians work in Northern Virginia, Central Virginia, and Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	378	24%	87	26%
Eastern	16	1%	2	1%
Hampton Roads	321	20%	73	22%
Northern	509	32%	91	27%
Southside	18	1%	3	1%
Southwest	33	2%	2	1%
Valley	161	10%	34	10%
West Central	138	9%	24	7%
Virginia Border State/D.C.	1	0%	4	1%
Other U.S. State	10	1%	18	5%
Outside of the U.S.	1	0%	1	0%
Total	1,586	100%	339	100%
Item Missing	642		4	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

While 17% of veterinary technicians currently have multiple work locations, 21% of all veterinary technicians have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	55	3%	107	7%
1	1,248	76%	1,260	77%
2	224	14%	190	12%
3	104	6%	84	5%
4	7	0%	2	0%
5	3	0%	0	0%
6 or More	6	0%	3	0%
Total	1,647	100%	1,647	100%

*At the time of survey completion, Dec. 2022.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	1,292	87%	265	90%
Non-Profit	87	6%	16	5%
State/Local Government	96	6%	12	4%
Veterans Administration	2	0%	0	0%
U.S. Military	4	0%	1	0%
Other Federal Government	7	0%	2	1%
Total	1,488	100%	296	100%
Did Not Have Location	101		1,985	
Item Missing	740		48	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

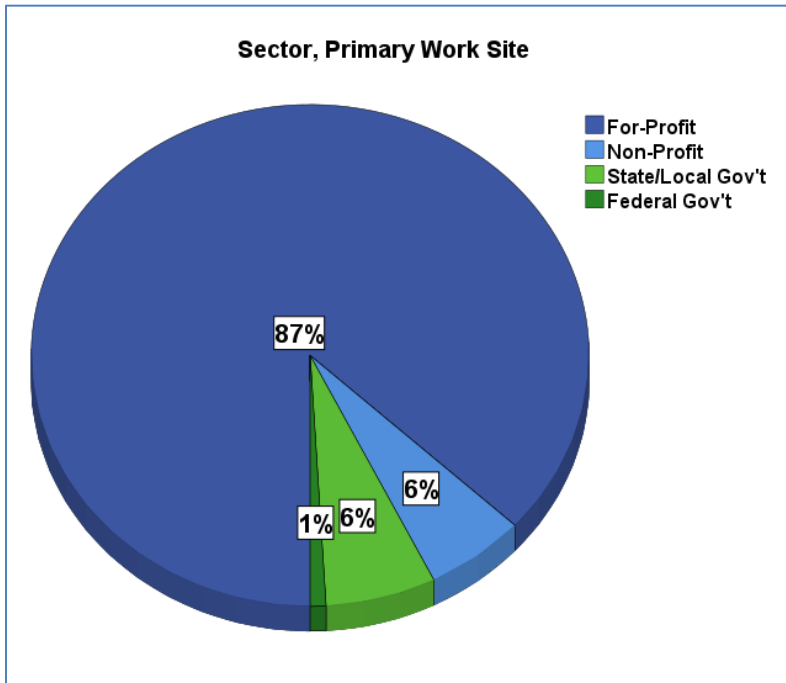
Sector

For-Profit:	87%
Federal:	1%

Top Establishments

Solo Practice:	51%
Group Practice:	32%
Community College:	1%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

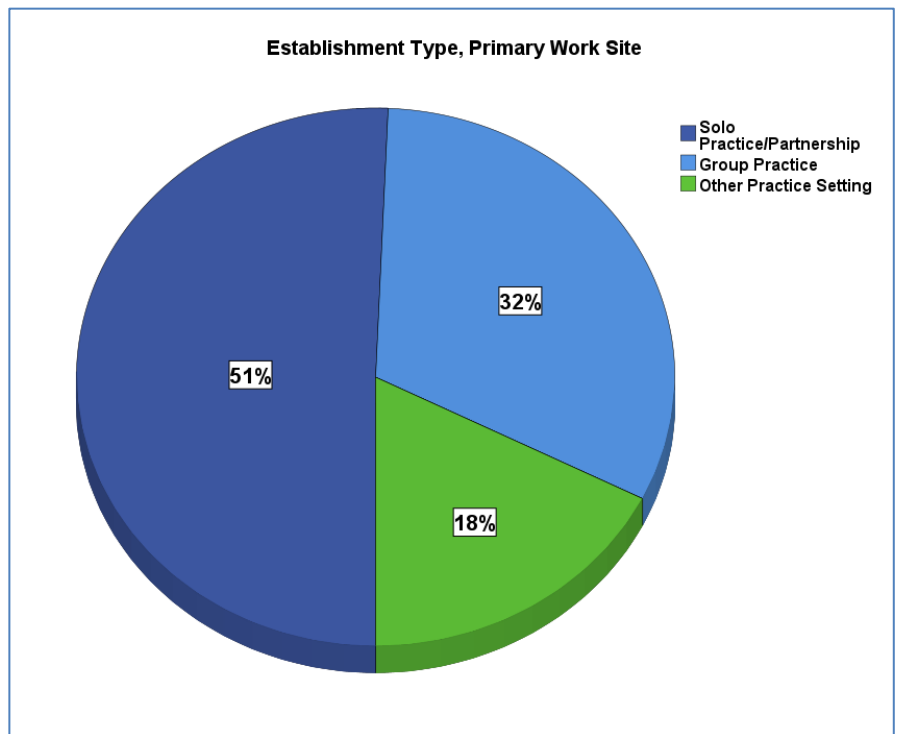
More than 90% of all veterinary technicians work in the private sector, including 87% who are employed in the for-profit sector.

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Solo Practice/Partnership	750	51%	156	53%
Group Practice	471	32%	88	30%
Veterinary Education Program, Community College	12	1%	1	0%
Public Health Program	9	1%	1	0%
Supplier Organization	7	0%	1	0%
Veterinary Technology Program, Technical School	7	0%	0	0%
Other Practice Setting	226	15%	46	16%
Total	1,482	100%	293	100%
Did Not Have a Location	101		1,985	

Source: Va. 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 32% work at a group practice.

Among those veterinary technicians who also have a secondary work location, 53% work at a solo practice or partnership, and 30% work at a group practice.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Languages Offered

Spanish:	17%
French:	1%
Chinese:	1%

Means of Communication

Other Staff Member:	81%
Virtual Translation:	15%
Respondent:	8%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	385	17%
French	33	1%
Chinese	29	1%
Korean	24	1%
Vietnamese	16	1%
Arabic	15	1%
Hindi	14	1%
Amharic, Somali, or Other Afro-Asiatic Languages	9	0%
Persian	9	0%
Urdu	9	0%
Pashto	8	0%
Tagalog/Filipino	8	0%
Others	35	2%
At Least One Language	402	17%

Source: Va. Healthcare Workforce Data Center

Nearly one-fifth of all veterinary technicians are employed at a primary work location that offers Spanish language services for patients.

More than four out of every five veterinary technicians who are employed at a primary work location that offers language services for patients provide it by means of a staff member who is proficient.

Means of Language Communication

Provision	#	% of Workforce with Language Services
Other Staff Member is Proficient	326	81%
Virtual Translation Service	61	15%
Respondent is Proficient	34	8%
Onsite Translation Service	20	5%
Other	17	4%

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

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

Roles

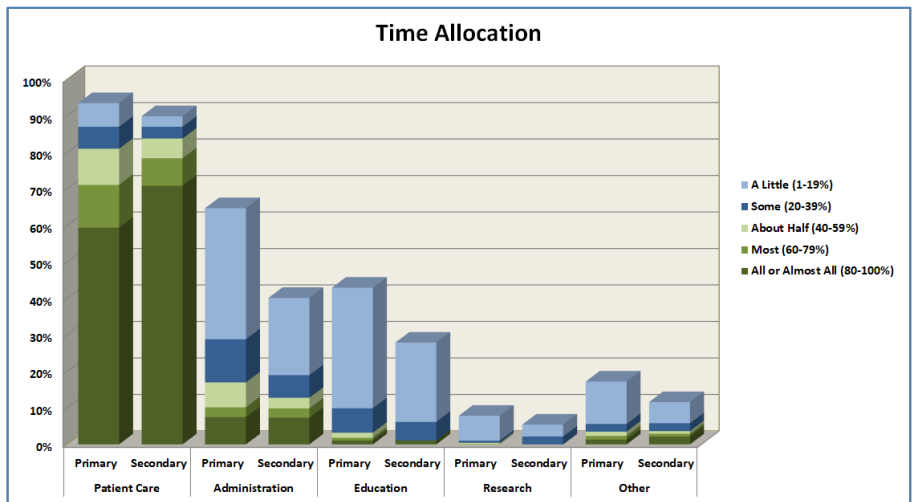
Patient Care: 71%
Administration: 10%
Education: 2%

Patient Care Vet. Tech.

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



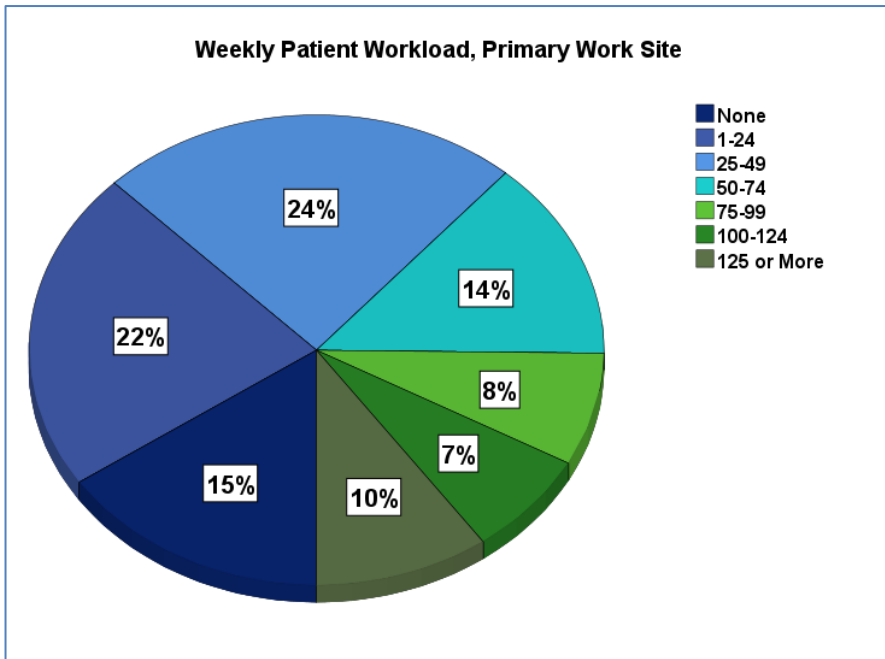
Source: Va. Healthcare Workforce Data Center

Veterinary technicians spend most of their time treating patients. In fact, 71% of veterinary technicians fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation										
Time Spent	Patient Care		Admin.		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	59%	71%	7%	7%	1%	1%	0%	0%	1%	2%
Most (60-79%)	12%	8%	3%	3%	1%	0%	0%	0%	1%	1%
About Half (40-59%)	10%	5%	7%	3%	1%	0%	0%	0%	1%	1%
Some (20-39%)	6%	3%	12%	6%	7%	5%	1%	2%	2%	2%
A Little (1-19%)	6%	3%	36%	21%	33%	22%	7%	3%	12%	6%
None (0%)	6%	10%	35%	59%	57%	72%	92%	95%	83%	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 median workload for veterinary technicians at their primary work location is between 25 and 49 patients per week. For veterinary technicians who also have a secondary work location, the median workload is between 1 and 24 patients per week.

Patient Care Visits				
# of Patients Per Week	Primary		Secondary	
	#	%	#	%
None	227	15%	54	18%
1-24	324	22%	113	38%
25-49	350	24%	51	17%
50-74	202	14%	23	8%
75-99	114	8%	12	4%
100-124	105	7%	14	5%
125-149	29	2%	7	2%
150-174	31	2%	2	1%
175-199	21	1%	3	1%
200 or More	64	4%	16	5%
Total	1,467	100%	295	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All Vet. Tech.		Vet. Tech. 50 and Over	
	#	%	#	%
Under Age 50	275	20%	-	-
50 to 54	151	11%	10	4%
55 to 59	160	12%	27	12%
60 to 64	281	20%	60	26%
65 to 69	251	18%	75	32%
70 to 74	73	5%	29	13%
75 to 79	19	1%	8	3%
80 or Over	19	1%	3	1%
I Do Not Intend to Retire	157	11%	19	8%
Total	1,385	100%	231	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All Veterinary Technicians

Under 65: 63%

Under 60: 42%

Veterinary Tech. 50 and Over

Under 65: 42%

Under 60: 16%

Time Until Retirement

Within 2 Years: 5%

Within 10 Years: 14%

Half the Workforce: By 2047

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 age 50 and over, 42% still expect to retire by the age of 65.

Within the next two years, 17% of Virginia's veterinary technicians expect to pursue additional educational opportunities, and 4% expect to increase their patient care hours.

Future Plans

Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	137	6%
Leave Virginia	87	4%
Decrease Patient Care Hours	137	6%
Decrease Teaching Hours	14	1%
Increase Participation		
Increase Patient Care Hours	103	4%
Increase Teaching Hours	89	4%
Pursue Additional Education	387	17%
Return to the Workforce	12	1%

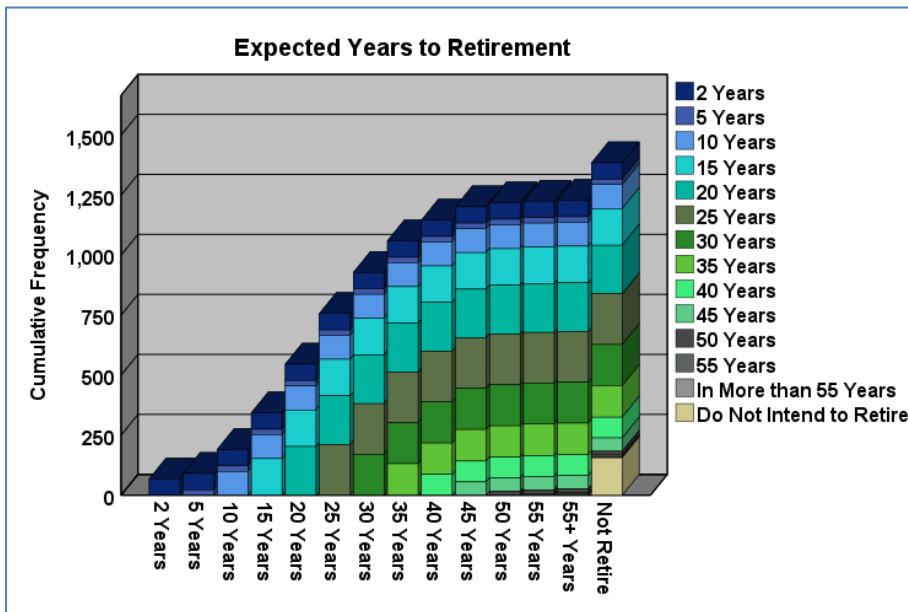
Source: Va. Healthcare Workforce Data Center

By comparing retirement expectations to age, we can estimate the maximum years to retirement for veterinary technicians. While only 5% of veterinary technicians expect to retire in the next two years, 14% plan to do so within the next decade. More than half of the current workforce expect to retire by 2047.

Time to Retirement

Expect to Retire Within . . .	#	%	Cumulative %
2 Years	68	5%	5%
5 Years	23	2%	7%
10 Years	100	7%	14%
15 Years	152	11%	25%
20 Years	203	15%	39%
25 Years	211	15%	55%
30 Years	171	12%	67%
35 Years	132	10%	77%
40 Years	87	6%	83%
45 Years	56	4%	87%
50 Years	16	1%	88%
55 Years	7	1%	89%
In More than 55 Years	4	0%	89%
Do Not Intend to Retire	157	11%	100%
Total	1,385	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years by 2037. Retirement will peak at 15% of the current workforce around 2047 before declining to under 10% of the current workforce again by 2062.

At a Glance:

FTEs

Total: 1,833
 FTEs/1,000 Residents²: 0.212
 Average: 0.82

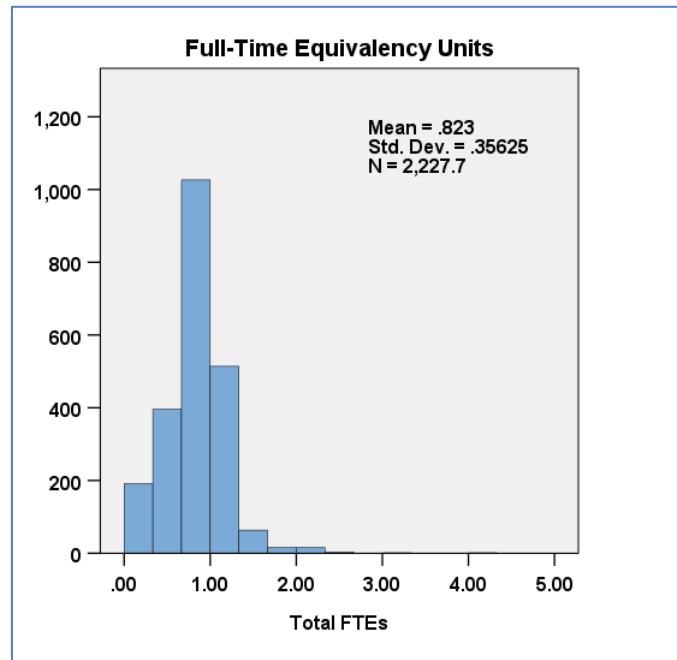
Age & Gender Effect

Age, *Partial Eta*²: Small
 Gender, *Partial Eta*²: None

*Partial Eta*² Explained:
*Partial Eta*² is a statistical
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

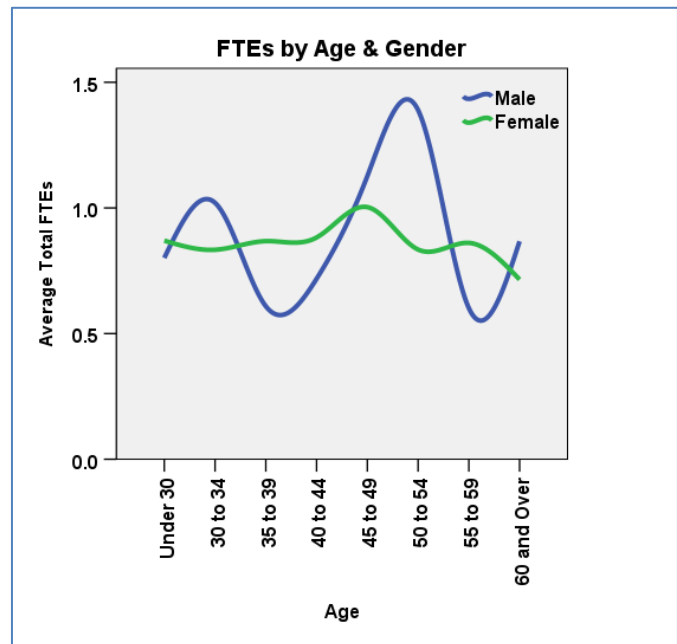


Source: Va. Healthcare Workforce Data Center

The typical veterinary technician provided 0.89 FTEs in the past year, or approximately 36 hours per week for 50 weeks. Although FTEs appear to vary by age, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.87	0.89
30 to 34	0.81	0.80
35 to 39	0.75	0.76
40 to 44	0.84	0.76
45 to 49	1.00	0.96
50 to 54	0.78	0.61
55 to 59	0.83	0.76
60 and Over	0.73	0.76
Gender		
Male	0.90	0.95
Female	0.86	0.93

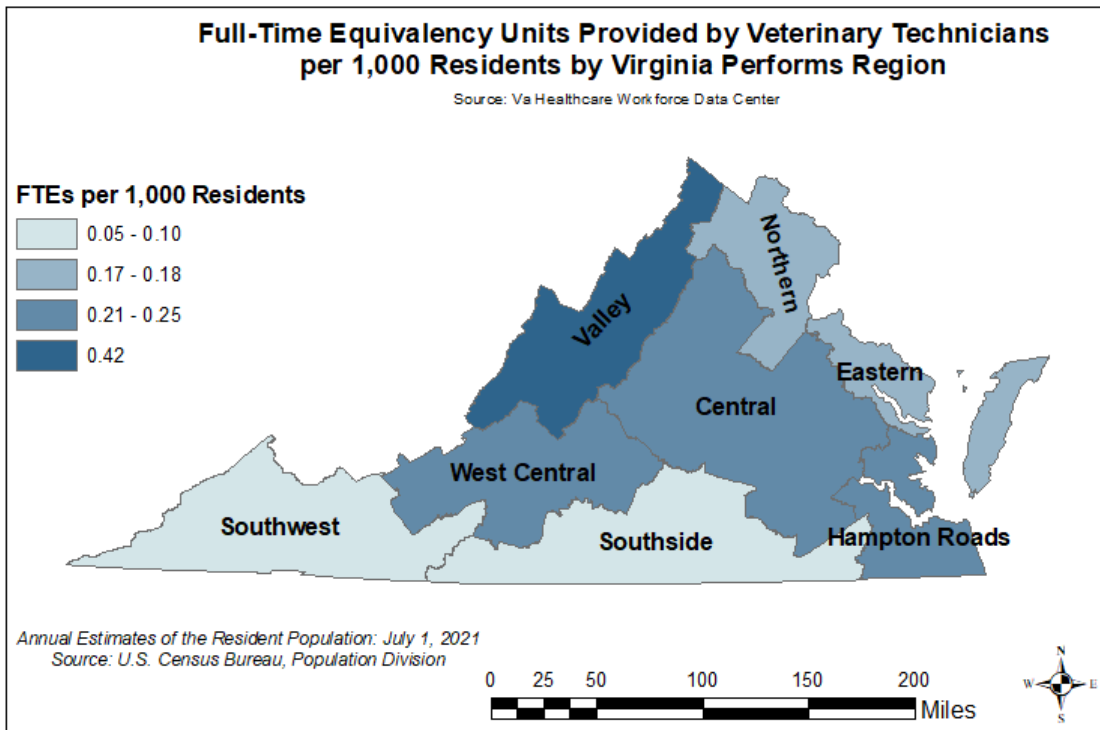
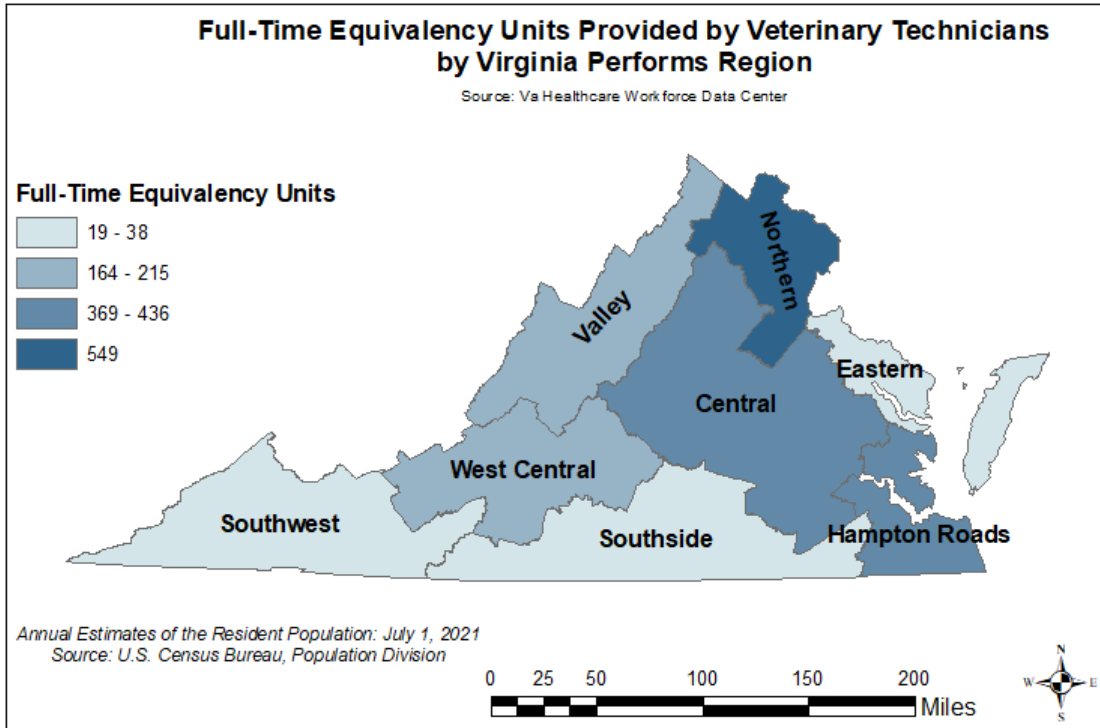
Source: Va. Healthcare Workforce Data Center

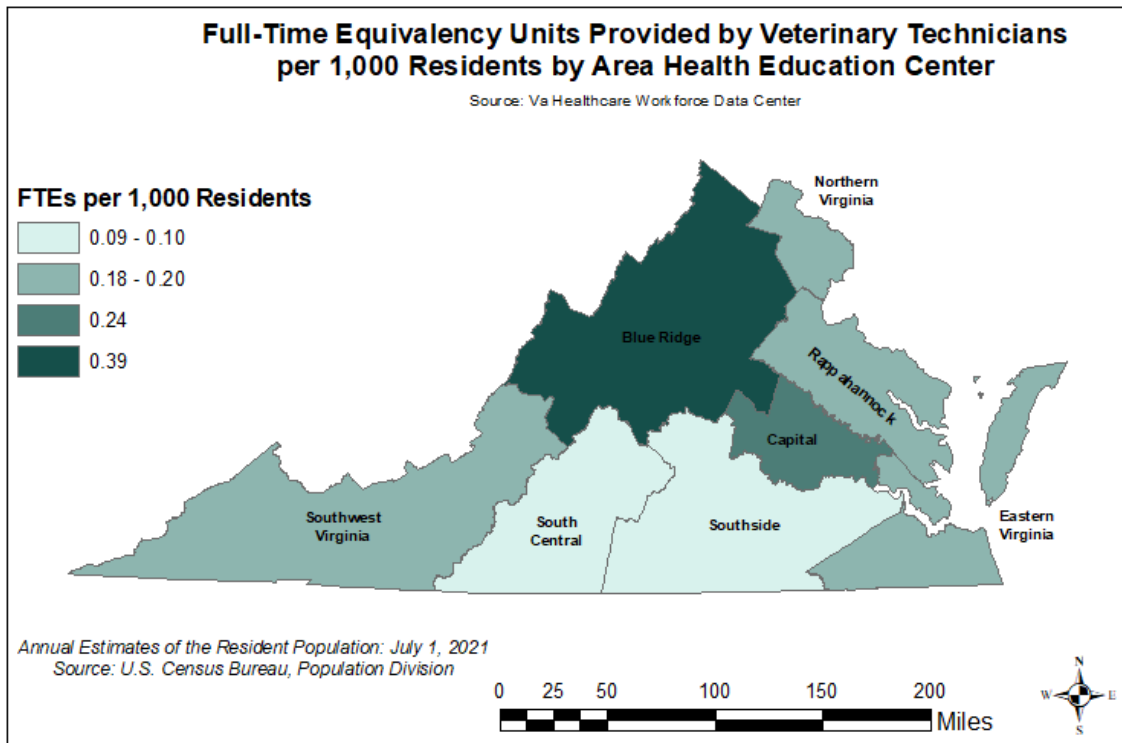
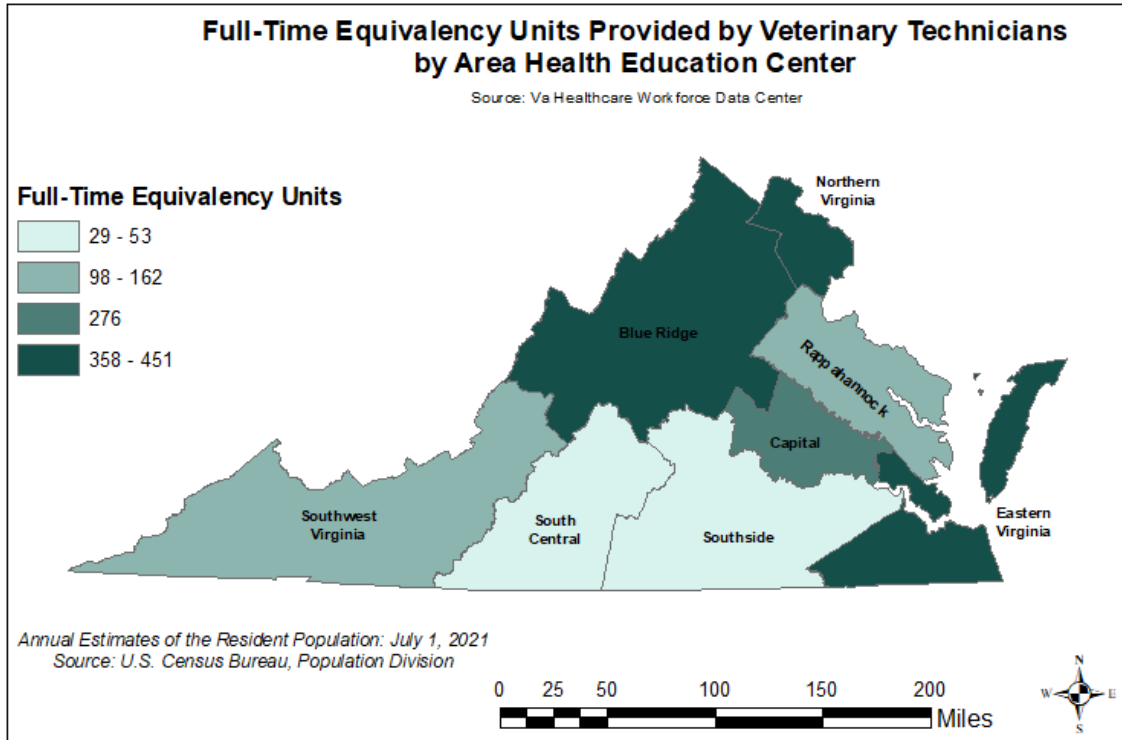


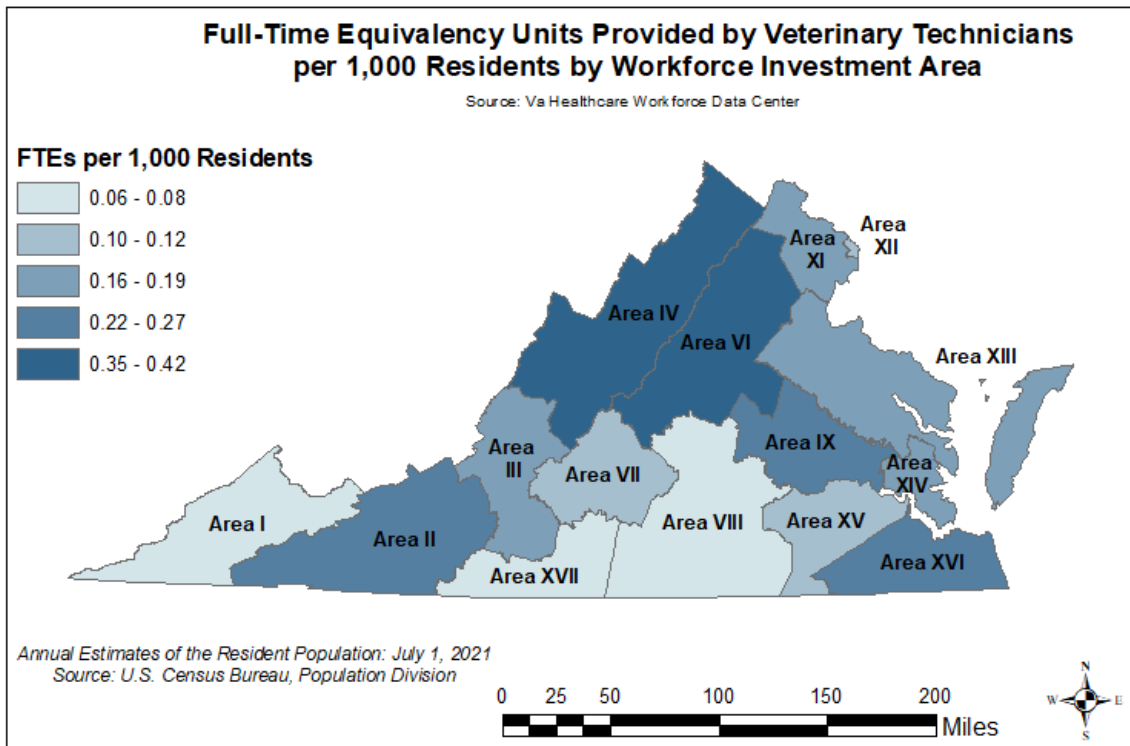
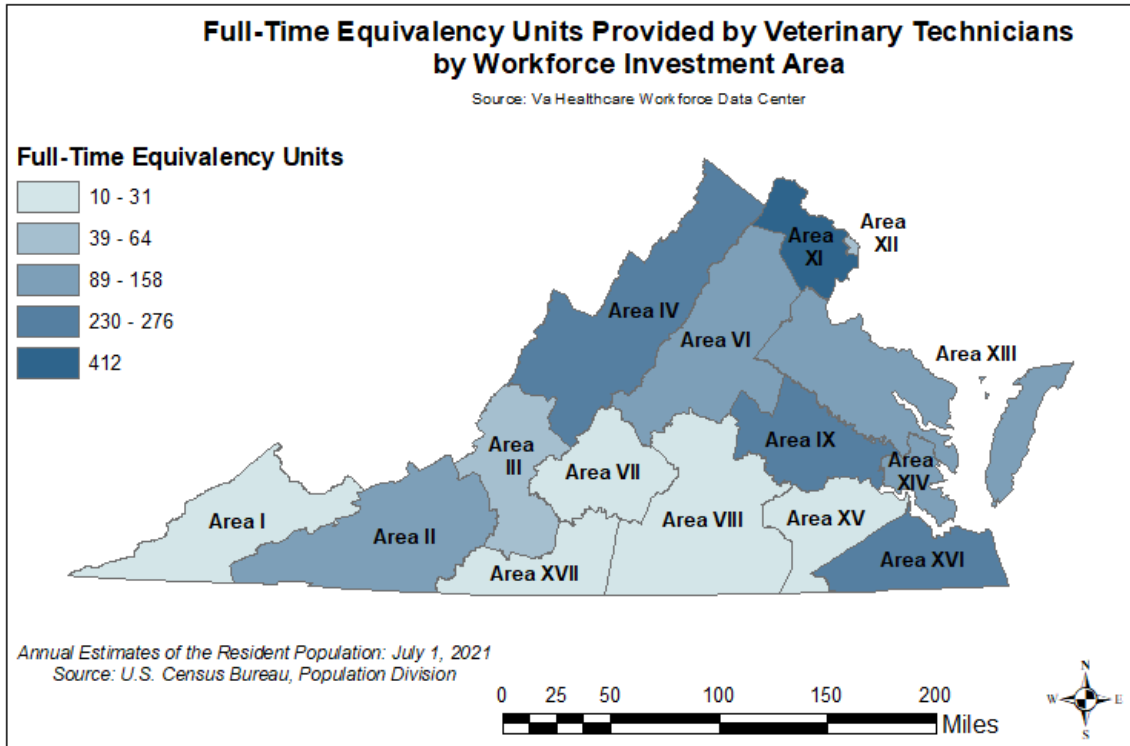
Source: Va. Healthcare Workforce Data Center

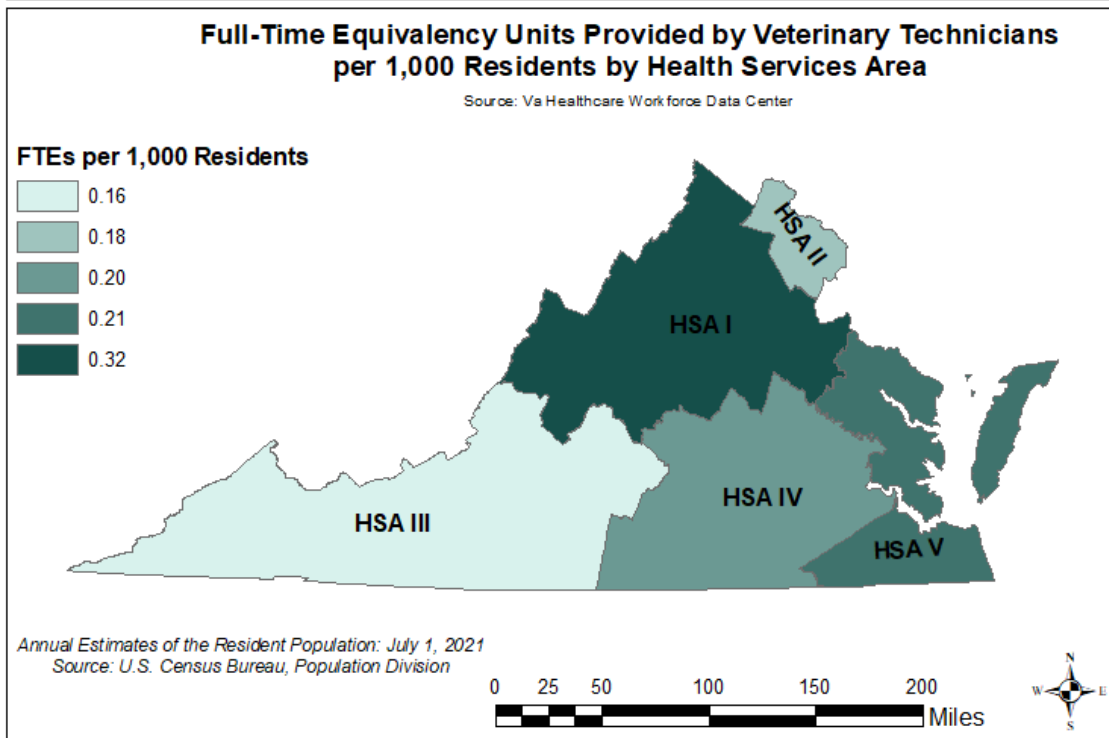
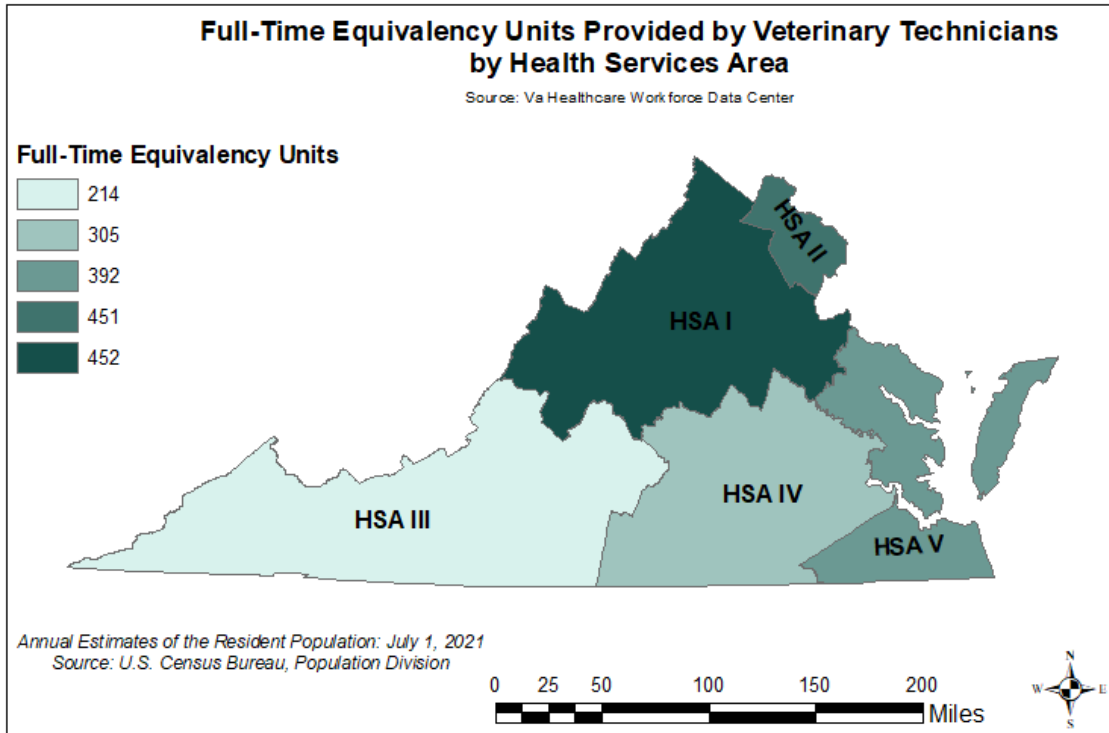
² Number of residents in 2021 was used as the denominator.

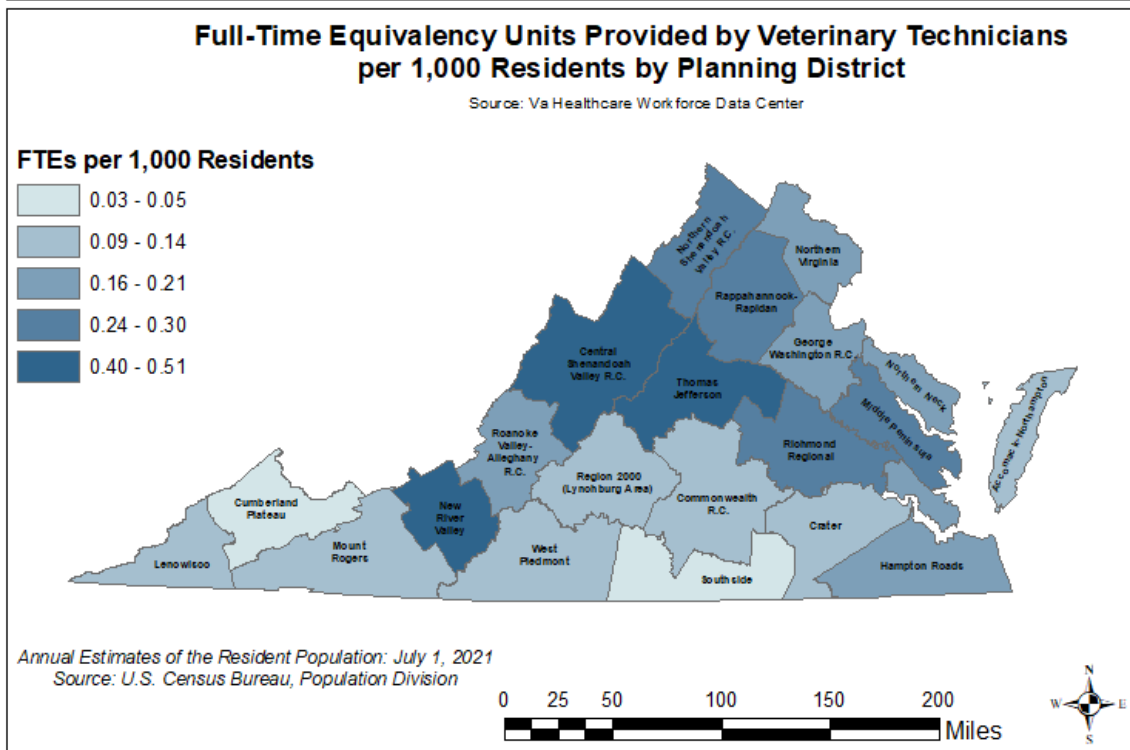
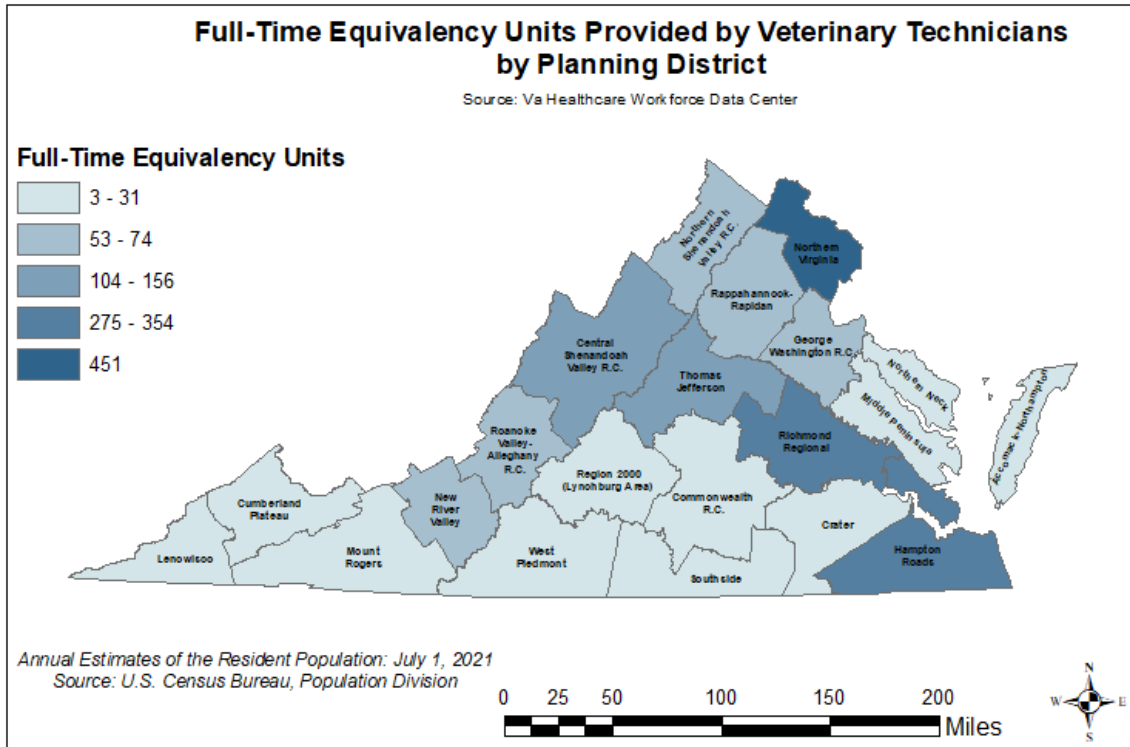
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect were significant).











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	1,555	87.97%	1.137	1.049	1.265
Metro, 250,000 to 1 Million	161	95.65%	1.045	0.965	1.164
Metro, 250,000 or Less	405	89.88%	1.113	1.027	1.238
Urban, Pop. 20,000+, Metro Adj.	8	100.00%	1.000	0.923	1.113
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	107	90.65%	1.103	1.018	1.228
Urban, Pop. 2,500-19,999, Non-Adj.	19	73.68%	1.357	1.296	1.511
Rural, Metro Adj.	60	93.33%	1.071	0.989	1.193
Rural, Non-Adj.	7	100.00%	1.000	0.966	1.007
Virginia Border State/D.C.	204	85.78%	1.166	1.076	1.297
Other U.S. State	129	85.27%	1.173	1.082	1.305

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	486	79.63%	1.256	1.113	1.511
30 to 34	532	87.97%	1.137	1.007	1.367
35 to 39	519	89.60%	1.116	0.989	1.343
40 to 44	375	92.80%	1.078	0.955	1.296
45 to 49	231	91.34%	1.095	0.970	1.317
50 to 54	216	91.20%	1.096	0.972	1.319
55 to 59	127	96.06%	1.041	0.923	1.082
60 and Over	170	91.76%	1.090	0.966	1.311

Source: Va. Healthcare Workforce Data Center

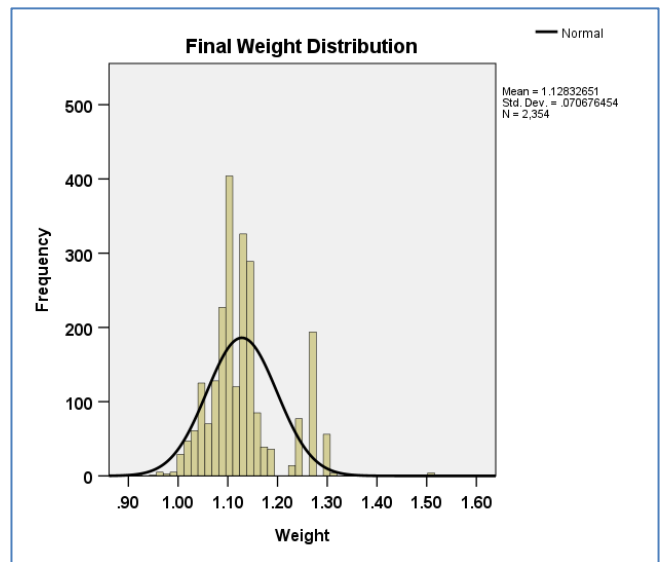
See the Methods section on the HWDC website for details on HWDC methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

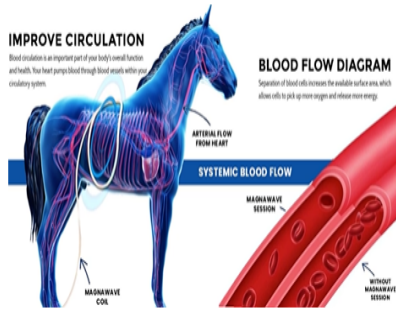
Final weights are calculated by multiplying the two weights and the overall response rate:

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

Overall Response Rate: 0.886295



Source: Va. Healthcare Workforce Data Center



How Does PEMF Work on Horses?

High-powered PEMF devices for horses generate results at an accelerated rate and can be easily adjusted for optimal level of penetration. PEMF promotes cellular exercise, which increases circulation, and blood oxygenation, and helps the body recover naturally while reducing inflammation, and, relieving pain. Using MagnaWave sends a pulsating charge through tissues to provide energy to large focal areas. **Twitching muscles help to identify imbalances, pain, or sore muscles that need to be further worked on with MagnaWave.** By pinpointing the problem areas, the practitioner is able to work at the source of pain rather than just manage its symptoms.

MagnaWave PEMF for Colic.

MagnaWave has shown a potential to support horses during a colic episode. Simply defined as abdominal pain, colic covers a wide variety of issues and can be life-threatening. MagnaWave utilizes pulsed electromagnetic fields (PEMF) to stimulate cellular activity, enhance circulation, and encourage natural processes. When applied to horses experiencing colic, MagnaWave's gentle and non-invasive PEMF technology can help reduce pain and promote restoration of proper digestive function. When a horse is experiencing a colic episode, it is essential to consult with a veterinarian and seek professional advice before using PEMF.

RECOGNIZING COLIC

Horses show signs of abdominal pain in a wide variety of ways. Among the more common signs if colic are:

- Turning the head toward the flank, kicking or biting at the belly.
- Disinterested in food and/or water; refusing to drink or eat.
- Pawing at the ground with hooves.
- Repeatedly lying down, rolling, and getting up, or attempting to do so.
- Stretching out as if to urinate, without doing so.
- Inappropriate sweating, rapid breathing and/or flared nostrils, elevated pulse rate.

If you suspect your horse is suffering from colic, alert your veterinarian immediately. They may not need to come out and examine the horse if the colic signs are mild, but leave that to the veterinarian.

Veterinary Medicine Monthly Snapshot for August 2023

Veterinary Medicine received more cases in August than closed. Veterinary Medicine closed 9 patient care cases and 18 non-patient care cases for a total of 27 cases.

Cases Closed	
Patient Care	9
Non-Patient Care	18
Total	27

Veterinary Medicine has received 21 patient care cases and 16 non-patient care cases for a total of 37 cases.

Cases Received	
Patient Care	21
Non-Patient Care	16
Total	37

As of August 30, 2023, there were 108 patient care cases open and 121 non-patient care cases open for a total of 229 cases.

Cases Open	
Patient Care	108
Non-Patient Care	121
Total	229

There are 9,151 Veterinary Medicine licensees as of August 30, 2023. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Equine Dental Technician	21
Veterinarian	5,013
Veterinary Establishment – Ambulatory	322
Veterinary Establishment – Stationary	935
Veterinary Faculty	118
Veterinary Intern/Resident	45
Veterinary Technician	2,697
Total for Veterinary Medicine	9,151

There are 69 licenses issued for Veterinary Medicine for the month of August. The number of current licenses are broken down by profession in the following chart.

Licenses Issued	
Veterinarian	24
Veterinary Establishment – Ambulatory	5
Veterinary Establishment – Stationary	5
Veterinary Faculty	2
Veterinary Technician	33
Total for Veterinary Medicine	69

Virginia Department of Health Professions
Cash Balance Report

	106 - Veterinary Medicine
Cash Balance as of June 30, 2022	\$1,601,402
YTD FY 2023 Revenue	1,332,461
Less: YTD FY 2023 Direct and Allocated Expenditures	1,336,609
Cash Balance as of June 30, 2023	<u>\$1,597,254</u>



2023 ANNUAL REPORT FOR LICENSING BOARDS

SETTING A HIGHER STANDARD TOGETHER®

Letter from the Chair and CEO



We are glad to share that **testing has continued to be a success** during these changing times, maintaining the world-class standards of our examination process while handling the increased number of candidates taking our examinations around the globe.

8,230 candidates took the North American Veterinary Licensing Examination® (NAVLE®) during the 2022-2023 testing cycle, showing a **17.2% increase** from the 7,019 candidates who tested during the 2021-2022 cycle.

ICVA has recognized the need to continue investing in innovation and in our commitment and vision to being a world leader in veterinary assessments. Over the past few years, we have begun to build our in-house assessment capabilities by adding a Chief Assessment Officer, a Senior Director of Assessment and Design, and a Chief Innovation Officer to our growing team. We have also created new roles such as Head of Technical Operations, Human Resources, and Communication Specialist as current team members have stepped up to meet the needs of our growing organization.



Another exciting update is the launching of a Diversity, Equity, Inclusion, and Privilege Task Force and the establishment of an International Activities Task Force. Both initiatives are part of our strategic priorities to provide the highest-quality assessments in a just and equitable manner to members of the veterinary community worldwide. Meanwhile, our Communications Skills Assessment Task Force continues its work regarding communication skills assessment methods that could be used in different testing environments.

It's been a busy year at ICVA, and we're grateful for the outstanding volunteers, hardworking staff, regulatory and academic colleagues, and candidates dedicated to helping fulfill our mission to provide world-class assessments that protect animals and humans alike.



Fernando Marques,
DVM, DACVIM, DACVSMR
ICVA Chair



Heather Case,
DVM, MPH, DACVPM, CAE
Chief Executive Officer

ICVA Vision

The world leader in veterinary assessments.

ICVA Mission

Provide world-class examinations and other assessment tools to protect the public, and animal health and welfare. Provide leadership and facilitate collaboration throughout veterinary medicine.

Values

Transparency

organizationally and in testing procedures, materials, and content

Confidentiality

when collecting and reporting personal information, credit card data, and test scores

Reliability

in relevant test design, implementation, and scoring

Service

to candidates, licensing boards, and society at large

Respect, Civility & Collegiality

towards staff, stakeholders, board members, and across veterinary medicine

Integrity

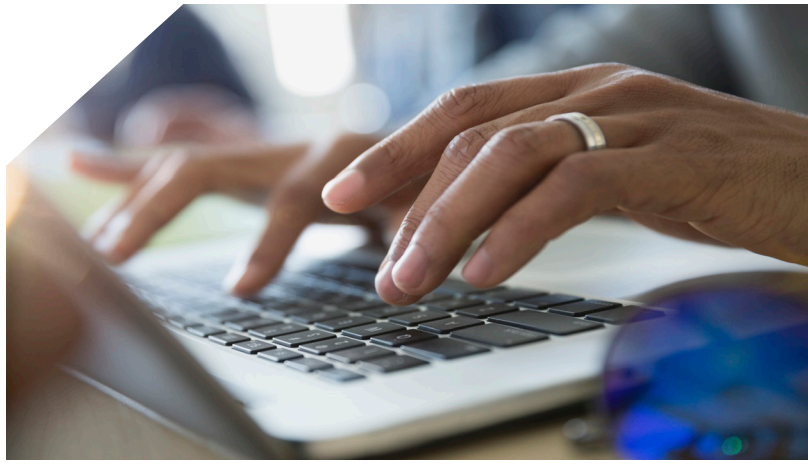
in all actions and business relationships

Fiscal Responsibility

to ensure continuous improvements in our testing products and customer service, as well as a viable future for our organization

Diversity and Inclusion

treat everyone with fairness, respect, and dignity, and purposefully act to attract and retain staff and Board members with a broad range of ideas, viewpoints, perspectives, expertise, and experiences reflecting the diversity of the populations we serve. We respect and value these differences and encourage opportunities to learn from and be enriched by them as they challenge us to grow and think differently



North American Veterinary Licensing Examination (NAVLE®)

Administered since 2000, the NAVLE consists of 360 clinically relevant multiple-choice questions and is a requirement for licensure to practice veterinary medicine in all licensing jurisdictions in the U.S. and Canada.

Cumulative Exam Completions by Candidates

8,230

candidates in the 2022-2023 testing cycle

95,265

total candidates have completed the exam to date

33.3%

increase in candidates in the past five years

NAVLE FEES

The 2022-2023 ICVA NAVLE application fee was \$720 (USD) for candidates to take the test. For those who wanted to take the NAVLE at selected Prometric Testing Centers outside of the U.S. or Canada, there was an additional \$345 (USD) overseas testing fee.

Ultimate Performance Passing Rate

for senior students from AVMA-accredited schools

86% -2022-2023

90% -2021-2022

92% -2020-2021

95% -2019-2020

ICVA continues to monitor these data as part of our ongoing quality control measures. This includes monitoring the differences in ultimate performance passing rate variance during and after the COVID-19 pandemic, which is not yet attributable to any single source or cause.

Extended Exam Completion Options for Candidates

The NAVLE was typically offered twice a year – during a four-week window in November-December, and again during a two-week window in April. This provided most candidates two opportunities to pass the NAVLE before graduating from veterinary school.

Beginning with the COVID-19 pandemic, and continuing due to increasing candidate numbers, our Fall 2022 NAVLE window was expanded to over six weeks spanning from November 1 - December 16, and our Spring 2023 NAVLE window was expanded to three weeks, from April 3 - April 22.



NAVLE®

Performance on Fall 2022 NAVLE by Examinee Group

	Mean Scale Score	SD Scale Score	Number of Examinees Failing	Percent of Examinees Failing	Total Examinees
Criterion Group ¹	479	68	951	21.2%	4480
Non-Criterion Group ²	422	66	409	50.9%	804
Non-Accredited Group ³	392	67	410	69.5%	590
Total Group	463	74	1770	30.1%	5874

Performance on Spring 2023 NAVLE by Examinee Group

	Mean Scale Score	SD Scale Score	Number of Examinees Failing	Percent of Examinees Failing	Total Examinees
Criterion Group ¹	434	67	144	42.6%	338
Non-Criterion Group ²	422	54	648	48.7%	1331
Non-Accredited Group ³	395	67	463	67.4%	687
Total Group	416	61	1255	53.3%	2356

Performance on Both Administrations by Examinee Group

	Mean Scale Score	SD Scale Score	Number of Examinees Failing	Percent of Examinees Failing	Total Examinees
Criterion Group ¹	476	69	1095	22.7%	4818
Non-Criterion Group ²	422	59	1057	49.5%	2135
Non-Accredited Group ³	394	67	873	68.4%	1277
Total Group	449	74	3025	36%	8230

¹Criterion Group: senior students of accredited veterinary schools who took the NAVLE for the first time under standard testing conditions;

²Non-Criterion Group: senior students of accredited veterinary schools who had previously taken the NAVLE or took the NAVLE with test accommodations or graduate veterinarians from accredited schools; and

³Non-Accredited Group: graduates or senior students of foreign veterinary schools that are not accredited by the American Veterinary Medical Association's Council on Education.

NAVLE APPROVALS

The ICVA currently reviews and approves NAVLE candidates on behalf of 38 licensing boards. This service allows licensing boards to focus resources on licensing priorities. Candidates pay an application fee to ICVA (\$55) and there is no cost to the licensing boards.



NAVLE COMMUNICATIONS

To handle the continued increase in inquiries from candidates, ICVA re-vamped the FAQ section of the website, created an automatic reply to e-mails with helpful links to assist candidates and others with frequently-requested information, and successfully piloted a NAVLE dashboard to provide individualized information to candidates.

Outreach to NAVLE Candidates – *The NAVLE: Why the Test Matters and What You Need to Know* Presentation

Dr. Elizabeth Johnson Million provided the recently-created *The NAVLE: Why the Test Matters and What You Need to Know* presentation at universities around the globe – including in-person presentations and discussions at Tuskegee University, Lincoln Memorial University, Texas Tech University, Purdue University, Michigan State University, University of Tennessee, and the University of Wisconsin, and as an online webinar to the University of Melbourne, Ross University, Massey University, University of Pennsylvania, Long Island University, University of Minnesota, Western University, North Carolina State University, and the University of Prince Edward Island.



Additionally, Dr. Million gave the presentation in-person at the SAVMA Symposium at the University of Illinois Urbana-Champaign and on five dates in May, she presented an open online webinar with over 400 total participants from 25 countries. For each of the open webinars, time was also provided to give participants information from allied organizations of the ICVA, including the American Veterinary Medical Association (AVMA) Educational Commission for Foreign Veterinary Graduates (ECFVG), Canadian National Examining Board (CNEB), and American Association of Veterinary State Boards (AAVSB).

Species Specific Examinations

In 2000, ICVA developed Species Specific examinations to evaluate veterinarians' knowledge of companion animals or equine medicine. Depending on the needs of the licensing board, veterinarians may take one or both of the examinations.

Exams assess a veterinarian's competency in disciplinary cases or provide verification of competency for a veterinarian who is licensed in another jurisdiction. The 100-item exam is only available to licensing boards, each in multiple forms that come with an ICVA-recommended passing standard.

ICVA most recently updated the Species Specific examinations through a standard setting process in 2019, and implemented options in 2020 to allow remote proctoring for easier administration.

STATE BOARD EXAMINATIONS

Since October 2016, the Wisconsin Veterinary Examination Board (VEB) has had ICVA handle the administration of their web-based Wisconsin State Laws and Rules Examination for veterinary licensure. The Wisconsin VEB provides ICVA with a list of eligible candidates, and ICVA then coordinates payment (a \$50 fee), test administration, and score reporting to both the Licensing Board and to the examinee.



VOLUNTEERS

NAVLE Volunteer Opportunities

Licensing board members, academicians, current practitioners, and other subject matter experts are needed on an ongoing basis as part of ICVA's commitment to assessment quality. Volunteer opportunities include the following:

- NAVLE Item Writing – writing items for the NAVLE in accordance with the current NAVLE blueprint.
- Annual NAVLE Pool Reviews – older NAVLE items are reviewed for accuracy and relevance.
- Annual NAVLE Form Reviews – NAVLE forms are reviewed prior to use in the next testing cycle.

If you are interested in learning more about volunteer opportunities with the ICVA, please contact our office by clicking [this link](#) or scanning the QR code.



"I knew I wanted to be a Veterinarian since the 3rd Grade. Veterinary Medicine is a part of my heart and soul. Helping to play a small role in ensuring our animal patients and their owners get the best possible care is the reason I volunteer with the ICVA."

– Dr. Gary Gackstetter

"I suggest to my colleagues to whole heartedly participate because ICVA is a fantastic organization. I have been participating in the question writing and reviewing since 1994 - present. If you enjoy your life as a blessed veterinarian, ICVA is a way to give something useful back to the profession in your area of expertise."

– Dr. Sanjay Kapil



International Council for
Veterinary Assessment

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. The Executive Director shall preserve a correct list of all applicants and licensees. The Executive Director shall manage the correspondence of the board and shall perform all such other duties as naturally pertain to this position.

BOARD OF VETERINARY MEDICINE

2024 CALENDAR

February 15, 2024 (Thursday)	TR 1 HR 2 & 4 9:00 AM	INFORMAL CONFERENCES
MARCH 11, 2024 (Monday)	BR 3 9:00 AM	BOARD MEETING FORMAL HEARING, IF NEEDED
April 25, 2024 (Thursday)	TR 1 HR 2 & 4 9:00 AM	INFORMAL CONFERENCES
June 20, 2024 (Thursday)	TR 1 HR 2 & 4 9:00 AM	INFORMAL CONFERENCES
JULY 30, 2024 (Tuesday)	BR 4 9:00 AM	BOARD MEETING FORMAL HEARING, IF NEEDED
September 13, 2024 (Friday)	TR 1 HR 2 & 4 9:00 AM	INFORMAL CONFERENCES
OCTOBER 21, 2024 (Monday)	BR 4 9:00 AM	BOARD MEETING FORMAL HEARING, IF NEEDED
NOVEMBER 14, 2024 (Thursday)	BR 1 HR 2 & 4 9:00 AM	INFORMAL CONFERENCES
December 12, 2024 (Thursday)	TR 1 HR 2 & 4 9:00 AM	INFORMAL CONFERENCES

CALENDAR_2024