

**VIRGINIA BOARD OF VETERINARY MEDICINE  
MINUTES OF PUBLIC HEARING AND FULL BOARD  
HOTEL ROANOKE AND CONFERENCE CENTER  
ROANOKE, VA  
FEBRUARY 3, 2005**

**TIME AND PLACE:** The Public Hearing was called to order at 9:00 a.m. The purpose of the hearing was to receive public comment on the proposed regulations for Delegation of Informal Fact-Finding to an Agency Subordinate.

**PRESIDING OFFICER:** John T. Wise, DVM – President

**BOARD MEMBERS:** Andrew F. Horner, DVM  
Rebecca Lakie, LVT  
Henry McKelvin, DVM  
Jana Froeling, DVM

**STAFF PRESENT:** Elizabeth A. Carter, Ph.D., Executive Director  
Terri Behr, Administrative Assistant  
Emily Wingfield, Assistant Attorney General

**OTHERS PRESENT:** Stuart Porter, DVM

**PUBLIC COMMENT:** No public comment was presented.

**ADJOURN:** The hearing adjourned at 9:02 a.m.

**FULL BOARD MEETING**

**CALL TO ORDER:** A quorum of the Board of Veterinary Medicine was called to order at 9:30 a.m. at the Hotel Roanoke and Conference Center, 110 Shenandoah Ave., Roanoke, VA

**PRESIDING OFFICER:** John T. Wise, DVM, President

**MEMBERS PRESENT:** Henry McKelvin, DVM  
Rebecca Lakie, LVT  
George Siemering, DVM  
Jana Froeling, DVM  
Andrew Horner, DVM

**STAFF PRESENT:** Elizabeth A. Carter, Ph.D.  
Terri Behr, Administrative Assistant  
Emily Wingfield, Assistant Attorney General

**OTHERS PRESENT:**

Neal Kauder, with Visual Research, Inc.  
Lara Carman-West, LVT, with VALVT  
Stuart Porter, DVM, with Blue Ridge Community College  
Steve Escobar, DVM, with VVMA

**PUBLIC COMMENT:**

No public comment was presented.

**PRESENTATION ON SANCTION REFERENCE STUDY:**

Dr. Carter gave a brief history of why the Sanction Reference Study was being conducted by the Board of Health Professions. She stated that the first participating board, the Board of Medicine, has finalized their portion of the study and begun implementing their system. Research is currently underway with the Boards of Dentistry, Nursing and Pharmacy.

Neal Kauder of Visual Research, Inc. provided further background on the study and how he became involved with it. He explained that the Board of Health Professions developed the workplan for the study in 2001 to assist boards by providing a clear reference of their respective sanctioning histories which detail their decisions on various case types coupled with details about the factors involved. The statistical significance and weight that the Board members place on each factor can be represented through point values. By adding the points on a particular set of findings on a case, the results are used to determine the general sanctioning category. Categories such as "no sanction," "treatment/monitoring" "punitive/fine," and "refer to formal" are some of the groupings that other boards are anticipating. The particulars are tailored to the specifications of each board.

The use of the system for any board is voluntary and is used at informals. The respective boards oversee their own participation in the study, with board members providing their own insight into the factors that they deem to be important. Mr. Kauder indicated that they could begin the interviews with veterinary medicine board members in April to the beginning of May. He stated that they could also interview past board members if the board desires them to do so.

On properly seconded motion by Dr. Horner, the Board voted unanimously to approve participation in the Sanction Reference Study program for the Board of Veterinary Medicine and for Visual Research to interview Dr. Randy Pinkleton, a former Board member.

**APPROVAL OF MINUTES:**

On properly seconded motion by Dr. Horner, the Board voted unanimously to approve the minutes of November 3, 2004, November 4, 2004 and November 17, 2004 as presented.

**DISCUSSION OF REGULATORY AMENDMENT REGARDING RABIES VACCINE:**

Dr. Steve Escobar, President of the VVMA, explained that Dr. Suzanne Jenkins brought this issue to his attention after a citizen, Ms. Sharon Green, complained that veterinarians are not disclosing to clients, and in most cases are not even aware themselves, that the initial rabies vaccination is not effective until 28 days after administration. Ms. Green's kitten was bitten by an unidentified animal six days after it was vaccinated. She was given the option of euthanizing it or placing it in strict quarantine for six months with no human or animal contact. Ms. Green's veterinarian had not made it clear to her that the vaccine was not effective until after 28 days. Ms. Green contacted her legislator who had worked on draft legislation to instruct veterinarians to inform animal owners when vaccines become effective after being administered. Dr. Escobar proposed to the Board that they promulgate a regulation that would require veterinarians to put the information regarding the vaccine efficacy on the initial rabies certificate, thereby avoiding the need for legislation, but addressing the problem.

On properly seconded motion by Dr. Horner, the Board voted unanimously to establish a guidance document to be posted on the Board of Veterinary Medicine website to instruct all veterinarians to include on the rabies certificate the statement from the U. S. Center for Disease Control's Compendium of Animal Rabies Prevention and Control, 2004, that states "Within 28 days after primary vaccination, a peak rabies antibody titer is reached, and the animal can be considered

immunized". The Board voted to change the work "primary" to "initial".

On properly seconded motion by Dr. Horner, the Board voted unanimously to prepare a NOIRA for fast track regulations to require veterinarians to include on the rabies certificate the statement from the Compendium of Animal Rabies Prevention and Control, 2004, that states "Within 28 days after primary vaccination, a peak rabies antibody titer is reached, and the animal can be considered immunized". The Board voted to change the word "primary" to "initial".

The Board directed Dr. Carter to advise Ms. Green of the action taken by the Board today regarding rabies vaccines.

## **REPORT FROM CE COMMITTEE:**

Ms. Lakie reported on the CE committee meeting that took place earlier this morning. She reported that the Committee met to discuss the issue of the lack of continuing education specifically designed to address record keeping deficiencies.

The consistent position of the Board has been that a patient record should be able to inform a subsequent practitioner of the condition of the patient and what had been done to address its medical needs. With this as a background and based upon her research, Ms. Lakie offered that patient care records should, at a minimum, provide data addressing the following topics:

- presenting complaint/reason for contact;
- physical exam findings, as appropriate;
- procedures performed;
- tests performed;
- treatment given, to include drugs administered, and;
- drugs dispensed, if any.

The Committee agreed on this and concluded that this information should be included in a guidance document.

Ms. Lakie noted that a disclaimer should be included in the guidance which states that these

are the minimum items to be included on any patient record. The Committee members were in agreement.

The Committee also agreed that the guidance document be supplemented with examples of adequate and inadequate medical records.

Ms. Lakie stated that she has been in contact with Dr. Robert Martin at Va. Tech and that they would be willing to assist the Board by putting together a recordkeeping CE program of three to four hours duration. Dr. Martin requested that the Board provide him with specific content areas of what the program should entail.

Dr. Horner stated that he had reached Martha Clements at Virginia Commonwealth University Dept. of Continuing Education at the School of Dentistry and asked for her guidance in designing a record keeping course for veterinarians. Ms. Clements sent him a book currently used for dentists as a guide, *Dental Risk Prevention: Communicating and Record Keeping in Dental Practice*. Dr. Horner reported that although the professions are different, he feels the format could be useful for providers of veterinary record keeping CE. Dr. Horner proposed that a follow-up meeting be set up with Ms. Clements and subsequently with whoever may be designing the course at Va. Tech. Dr. Horner suggested that we ask Va. Tech to get back to us by April 15<sup>th</sup> on their course development progress.

Ms. Lakie reported that she contacted the American Association of Veterinary State Boards. They have been contacted by a number of states about where state boards could find continuing education coursework for the disciplining of their licensees. They are currently discussing the matter with the Veterinary Information Network and other vendors and should be able to provide a report on their progress shortly.

Dr. Horner reported that he spoke with Dr. Escobar regarding the Virginia Veterinary Medical Association (VVMA) offering a recordkeeping course, as needed, perhaps twice a year or so.

Dr. Horner stated that Dr. Escobar indicated that the VVMA would be receptive to designing and periodically offering a recordkeeping course.

Ms. Lakie reported that she also contacted the Virginia Association of Licensed Veterinary Technicians, and indicated that they would be willing to help as well.

On properly seconded motion by Dr. Horner, the Board voted unanimously to create a guidance document for the Board of Veterinary Medicine webpage that should instruct veterinarians that as a minimum, their medical records should contain:

- presenting complaint/reason for contact;
- physical exam findings, as appropriate;
- procedures performed;
- tests performed;
- treatment given, to include drugs administered, and;
- drugs dispensed, if any

and also to include examples of adequate and inadequate records.

## **BOARD DISCUSSIONS:**

### **Question from Taryn Singleton, LVT**

Ms. Singleton asked the Board if suturing gingival tissue after an extraction would be considered a routine skin closure. The Board directed Dr. Carter to respond to Ms. Singleton informing her that it would not be considered a routine skin closure as gingival tissue is not skin.

### **Questions from John J. Dascanio, VMD**

Dr. Dascanio wrote to the Board for guidance on what encompasses a dental examination and what procedures "lay dentists" are permitted to perform. The Board directed Dr. Carter to respond to Dr. Dascanio that the term "lay dentist" is not recognized by any of the health profession boards at the Dept. of Health Professions and also to direct him to §54.1-3800 of the *Code of Virginia* which defines the practice of veterinary medicine. Further, the Board responded that dentistry involving, for example, floating of equine

teeth and/or extraction of deciduous teeth of the canine and feline is the practice of veterinary medicine.

**Clarification from David L. Wright, DVM**

The Board reviewed a clarification from Dr. Wright, Professor of Veterinary Technology at Cedar Valley College, that "Clinical Instruction Preceptors" in their program are considered adjunct faculty and the participating veterinarians in Virginia are sent a letter to this effect. The Board was satisfied with Dr. Wright's explanation.

**Request for waiver from Donald Miele, VMD**

Dr. Miele wrote to the Board asking for a waiver of the requirement that he relocate his autoclave to another location other than his surgery suite. He stated that the autoclave has been in the surgery suite for 25 years and he has nowhere else in which to keep it. The Board denied his request.

**Questions from David Brinker, DVM**

Dr. Brinker wrote to the Board that a group of veterinarians in Newport News, Hampton, Poquoson and York County would like to participate in a joint effort to provide on-site veterinary services for the Peninsula SPCA on a pro bono basis. He had two questions of particular interest regarding the above scenario.

1. Can the veterinarians maintain a stock of drugs at the shelter and write prescriptions for shelter animals from the stock? Dr. Brinker stated that the drugs would be locked and only used on the order of the attending veterinarian.

The Board responded that it would be unacceptable for the veterinarians to maintain a stock of drugs at the shelter, and that each veterinarian should bring his own stock with him when he visits.

2. The ownership of the animals impounded by animal control officers and delivered to the SPCA has been raised as a possible concern. Apparently, the local animal control agency is considered the legal agent for an impounded

animal during the 5 or 10 day legal holding period then the SPCA would assume ownership. Since there are three separate animal control agencies involved, it is possible that they could be providing care for multiple owners in a given visit to the shelter. Dr. Brinker would like clarification and advice on how best to handle the situation.

The Board responded that the SPCA would be deemed as the legal owner and that the situation described by Dr. Brinker would not be an issue.

**REQUESTS FOR CE  
EXTENSIONS AND WAIVERS:**

**David W. Kerr, DVM**

A request for an extension of time to obtain the required CE was received from Dr. Kerr because he was moving in 2004 and did not have time to obtain CE.

On properly seconded motion by Dr. Horner, the Board voted unanimously to deny the request for Dr. Kerr.

**Teresa D. Aldred, DVM**

A request for an extension of time to obtain the required CE was received from Dr. Aldred because she was moving in 2004 and did not have time to obtain CE.

On properly seconded motion by Dr. Horner, the Board voted unanimously to deny the request for Dr. Aldred.

**Craig E. Wahlgren, DVM**

A request for an extension of time to obtain the required CE was received from Dr. Wahlgren because he believed that he was required to obtain 12 hours of CE and did obtain that number. He realized his error to late to obtain the additional hours before the deadline. He obtained an additional 6 hours on Jan. 6, 2005 and would like to use 3 of those to make up the deficit.

On properly seconded motion by Ms. Lakie, the Board voted unanimously to grant an extension to Dr. Wahlgren and accept the additional 3 hours as compliance with the CE requirement.



**Alfred O. Jones, DVM**

A request for an extension of time to obtain the required CE was received from Dr. Jones because he was involved in an accident and was hospitalized from Sept. 30, 2004 until December 7, 2004 and is currently in outpatient rehab and was unable to complete his CE.

On properly seconded motion by Dr. Horner, the Board voted unanimously to grant an extension of 6 months to Dr. Jones in which to get his 15 hours of CE for 2004. This will not count toward his CE for 2005.

**EXECUTIVE DIRECTOR'S REPORT:**

Dr. Carter reported to the Board regarding board statistics and legislation involving the Board of Veterinary Medicine. Dr. Carter also reported on the current activities of the Board of Health Professions. In addition to the Sanctions Reference Study, the Board will be involved in three research efforts this year: a study on the need to regulate naturopaths, an update on its previous study on Telehealth issues, and a review of the activities occurring in Virginia to address medical errors (subsequent to the Institute of Medicine's 1999 review of this issue nationally). In addition, the Board's staff is working on developing informative FAQ brochures regarding informal conferences and on the licensure application processes and will be holding an issues forum in the Fall on access to healthcare in Virginia.

**MEETING ADJOURNED:**

There being no further business, the meeting adjourned at 1:15 p.m.

---

John T. Wise, DVM, President

---

Elizabeth A. Carter, Ph.D., Executive Director