

BOARD OF VETERINARY MEDICINE

Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
2nd Floor Conference Center, Training Room 2
Thursday, February 9, 2017
Board Meeting
9:15 a.m.

AGENDA

Call to Order

Ellen G. Hillyer, DVM, President

Ordering of Agenda

Dr. Hillyer

Public Comment

Dr. Hillyer

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.

Director's Report

David E. Brown, D.C.

Approval of Minutes

Dr. Hillyer

- December 16, 2016, Full Board

Legislative/Regulatory Update

Elaine Yeatts

- 2017 Legislative Update
- Regulatory Update
 - Proposed Regulations in Public Comment Period until February 24, 2017
 - Continuing Education Credit for Volunteer Service
 - Regulatory Advisory Panel – Regulation for Faculty Licensure
 - Regulatory Advisory Panel – Emergency Regulations for Opioid Prescribing

Discussion Items

- Guidance Document Update
 - 76-21.2:1 Veterinary Establishment Inspection Report – addition of disclosure by signage found in 18VAC150-20-130
 - 150-23: Disposal of Deceased Animals - revision
- Continuing Education Audit
 - 2015 Results
 - 2016 Audit
- Attendance at American Association of Veterinary State Boards' Annual Meeting
- Meeting Schedule

Leslie Knachel

Ms. Knachel/Carol Stamey

Ms. Knachel

Ms. Knachel

President's Report

Dr. Hillyer

Executive Director's Report

Knachel/Stamey/Blount

- Statistics
- Budget
- Outreach Activities
- Discipline Report

New Business

Dr. Hillyer

Adjournment

Dr. Hillyer

UNAPPROVED DRAFT
VIRGINIA BOARD OF VETERINARY MEDICINE
MINUTES OF FULL BOARD
DEPARTMENT OF HEALTH PROFESSIONS
TRAINING ROOM 2
HENRICO, VA
DECEMBER 16, 2016

- TIME AND PLACE:** A quorum of the Board of Veterinary Medicine (Board) was called to order at 9:03 a.m., at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Training Room 2, Henrico, Virginia.
- PRESIDING OFFICER:** Bayard A. Rucker, III, D.V.M., President
- MEMBERS PRESENT:** Autumn N. Halsey, L.V.T.
Ellen G. Hillyer, D.V.M.
Steven B. Karras, D.V.M.
Mark A. Johnson, D.V.M.
Tregel M. Cockburn, D.V.M.
- MEMBERS NOT PRESENT:** Mary Yancey Spencer, J.D., Citizen Member
- QUORUM:** With six members of the Board present, a quorum was established.
- STAFF PRESENT:** Leslie L. Knachel, Executive Director
Amanda E. M. Blount, Deputy Executive Director
Elaine Yeatts, Senior Policy Analyst
Terri H. Behr, Discipline/Compliance Specialist
Carol Stamey, Licensing Operations Manager
Elizabeth Carter, Ph.D., Executive Director, Board of Health Professions
Charis Mitchell, Assistant Attorney General
David E. Brown, D.C., DHP Director
- OTHERS PRESENT:** Lee Henkel
Taryn Singleton, L.V.T.
- ORDERING OF AGENDA:** No changes were made to the agenda.
- INTRODUCTION OF NEW BOARD MEMBERS:** Dr. Rucker welcomed the new board members, Dr. Cockburn and Dr. Karras.
- PUBLIC COMMENT:** No public comment was presented.
- APPROVAL OF MINUTES:** On a properly seconded motion by Dr. Karras, the Board voted unanimously to approve the minutes of the following meetings:
- Inspection Committee Meeting – April 28, 2015
 - Board Meeting – July 21, 2016

- Formal Hearings – July 21, 2016
- Telephone Conference Call – August 9, 2016
- Formal Hearing – September 7, 2016
- Consideration of Settlement – September 7, 2016

DIRECTOR'S REPORT:

Dr. Brown's report included the following:

- Comments on the October board member training session;
- Freedom of Information reminders; and
- Update on the opioid crisis in Virginia. He thanked the Board for their work on developing regulation focus on reducing drug diversion. He stated that the Commissioner of Public Health declared a public health emergency regarding the opioid crisis. He commented that the Boards of Medicine and Dentistry are moving forward to convene a Regulatory Advisory Panel (RAP) to discuss and develop guidelines for prescribing pain medications and buprenorphine. He asked the Board of Veterinary Medicine to consider under new business convening a RAP to discuss and develop guidelines for prescribing opioids and pain medications to help ensure that these drugs are not being taken by owners.

LEGISLATIVE/REGULATORY UPDATE:

Regulatory Update – Elaine Yeatts

Ms. Yeatts stated that the proposed regulations from the periodic review are approved by the Governor and will be published on December 26, 2016. The 60-day comment period will close on February 24, 2017, and a public hearing will be held on February 8, 2017. Ms. Knachel stated that a mass email about the public comment period is scheduled to be sent to all licenses the first week of January.

Ms. Yeatts reported on HB319 from the 2016 General Assembly session which requires Board action at this meeting. The legislation mandates that the health regulatory boards allow certain volunteer work to count towards continuing education requirements. Ms. Yeatts reviewed possible regulatory language for the Board's consideration.

On a properly seconded motion by Dr. Johnson, the Board voted unanimously to allow up to two hours of the 15 hours required for annual renewal for veterinarians and up to one hour of the eight hours required for annual renewal for veterinary technicians may be satisfied through delivery of veterinary services, without compensation, through a local health department or free clinic. One hour of continuing education may be credited for three hours of providing volunteer services.

Ms. Yeatts reported on the process for developing regulations for faculty and intern/resident licenses (HB1058). She stated that the legislation contains an enactment clause requires that the Board adopt licensure regulations for faculty and intern/residents by July 1, 2018.

She indicated that the Notice of Intended Regulatory Action was published and comment period ended on November 16, 2016. One comment was received which was available in the agenda package. Ms. Yeatts stated that the next task is development of proposed regulations and recommended that the Board consider convening a RAP that included representation from the Virginia – Maryland College of Veterinary Medicine and the Virginia Veterinary Medical Association.

On properly seconded motion by Dr. Karras, the Board voted unanimously to appoint a RAP to work on promulgating regulations for faculty and intern/resident licensure.

DISCUSSION ITEMS:

Healthcare Workforce Data Survey

Dr. Elizabeth Carter provided an overview of the Healthcare Workforce Data Center (HWDC) which was established within DHP and tasked with improving data collection and measurement of Virginia's healthcare workforce through regular assessment of workforce supply and demand issues. Dr. Carter informed the Board that it consider deploying a survey to collect data on the veterinary profession. She indicated that draft questions could be provided for the Board's consideration at its next meeting.

On a properly seconded motion by Dr. Johnson, the Board voted unanimously to move forward with plans for the survey and to request that the questions be sent to the board members in advance of the meeting.

Guidance Documents

Notification of revision to 76-21.2:1 Veterinary Establishment Inspection Report:

Ms. Knachel informed the Board of the removal of item #6 which lists veterinarian-in-charge responsibilities. She explained that non-compliance with these responsibilities is based on a review of the inspection summary and handled per Guidance Document 150-15 Disposition of routine inspection violations. Per delegated authority provided in the Board's bylaws, the change on the inspection form was reviewed with the Board President before posting on the website.

Revision of 150-11 Guidance for acceptable CE, CE audits and sanctioning for failure to complete:

Ms. Knachel reported the change from six to eight of continuing education hours for veterinary technicians necessitated that the guidance document be revised. In addition, she stated that the format was changed to a question and answer format.

On a properly seconded motion by Ms. Halsey, the Board voted unanimously to adopt the changes to Guidance Document 150-11 as drafted.

Revision of 150-12 Administration of rabies vaccines by students or in preceptorships:

Ms. Knachel stated that the changes made to this guidance document were a collaborative effort with Dr. Julia Murphy, State Health Veterinarian at the Department of Health.

On a properly seconded motion by Dr. Johnson, the Board voted unanimously to adopt the changes to Guidance Document 150-12 as drafted.

Follow –up from February 16, 2016 meeting
Administration of controlled drugs by an unlicensed assistant and during boarding/hospitalization

Ms. Knachel stated that inquiries regarding who can administer controlled drugs are legal questions and that she is not able to provide legal advice. However, she indicated that inquirers are directed to applicable laws and regulations.

Transcripts for applicants with PAVE or ECFVG certificates

Ms. Knachel referred the Board to 18VAC 150-20-110 regarding PAVE and ECFVG certification for certain foreign graduates. She directed the Board to the AVMA Steps of the ECFVG Certification Program which was included in the agenda packet, specifically the section on verification of educational credentials. She stated that original transcripts are not easily obtained for many foreign graduates. The Board needs to decide if it will accept the AVMA's verification that the applicant graduated with a degree in veterinary medicine from their university. Ms. Yeatts confirmed out that this issue is addressed in the proposed regulations that are being published in the Virginia Register on December 26, 2016.

**EXECUTIVE DIRECTOR'S
REPORT:**

Statistics and Budget

Ms. Knachel updated the Board on the current numbers for licensees in all categories and the current revenue and expenditure figures.

Outreach

Ms. Knachel reported that she had sent out two recent mass emails to licensees related to regulatory actions and secondary pentobarbital poisoning.

Discipline Update

Ms. Blount provided the Board with the number of cases currently process and recently closed.

2017 Calendar

Ms. Knachel presented the 2017 calendar for review and stated that if any board members have an issue with a particular date to please let her know.

NEW BUSINESS:

On properly seconded motion by Ms. Halsey, the Board voted unanimously to establish a RAP to discuss the issue regarding the opioid crisis as recommended by Dr. Brown. Ms. Knachel stated that January 18, 2017, has been tentatively set for the first meeting.

ELECTION OF OFFICERS:

On properly seconded motion by Dr. Rucker, the Board voted unanimously to elect Dr. Hillyer as the new Board President for the 2017 calendar year.

On properly seconded motion by Dr. Rucker, the Board voted unanimously to elect Ms. Halsey as the new Board Vice President for the 2017 calendar year.

On properly seconded motion by Dr. Hillyer, the Board voted unanimously to elect Dr. Karras as the new Board Secretary for the 2017 calendar year.

CLOSED SESSION

Case Nos. 161620, 161907, and 163355

Dr. Johnson and Ms. Halsey were excused and did not attend this portion of the meeting.

The Board received information from Ms. Blount regarding a Consent Order signed by Dr. Pasternak as a settlement proposal for the resolution of Case Nos. 161620, 161907, and 163355 in lieu of proceeding with a formal hearing.

CLOSED SESSION:

Dr. Karras 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 Dr. Pasternak. Additionally, Dr. Karras moved that Ms. Knachel and Ms. Mitchell attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENE:

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

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

DECISION:

Dr. Hillyer moved that the Board accept the Consent Order that was

signed by Dr. Pasternak in lieu of proceeding with a formal hearing. Following a second, a roll call vote was taken. The motion passed unanimously.

ADJOURNMENT:

The meeting adjourned at 11:00 a.m.

Bayard A. Rucker, III, D.V.M.
Chair

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

Date

Date

Current Actions		
Action Title	Latest Stage	Status
CE credit for volunteer practice	Fast-Track	DPB review in progress.
Faculty and intern/resident license	NOIRA	Stage complete. Comment period ended 11/16/2016.
Periodic review	Proposed	Comment period is underway and will end on 2/24/2017.

Regulations for Faculty and Intern/Resident Licenses

DRAFT

18VAC150-20-100. Fees.

The following fees shall be in effect:

Veterinary application for licensure	\$200
<u>Veterinary application for faculty license</u>	<u>\$100</u>
Veterinary license renewal (active)	\$175
Veterinary license renewal (inactive)	\$85
<u>Veterinary faculty license renewal</u>	<u>\$75</u>
Veterinary reinstatement of expired license	\$255
Veterinary license late renewal	\$60
<u>Veterinary faculty license late renewal</u>	<u>\$25</u>
Veterinarian reinstatement after disciplinary action	\$450
<u>Veterinary intern/resident license -- initial or renewal</u>	<u>\$25</u>
Veterinary technician application for licensure	\$65
Veterinary technician license renewal	\$50
Veterinary technician license renewal (inactive)	\$25
Veterinary technician license late renewal	\$20
Veterinary technician reinstatement of expired license	\$95
Veterinary technician reinstatement after disciplinary action	\$125
Equine dental technician initial registration	\$100
Equine dental technician registration renewal	\$70
Equine dental technician late renewal	\$25
Equine dental technician reinstatement	\$120
Initial veterinary establishment registration	\$300
Veterinary establishment renewal	\$200
Veterinary establishment late renewal	\$75
Veterinary establishment reinstatement	\$75
Veterinary establishment reinspection	\$300
Veterinary establishment -- change of location	\$300
Veterinary establishment -- change of veterinarian-in-charge	\$40

Duplicate license	\$15
Duplicate wall certificate	\$25
Returned check	\$35
Licensure verification to another jurisdiction	\$25

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

A. Upon payment of the fee prescribed in 18VAC15-20-100 and provided that no grounds exist to deny licensure pursuant to § 54.1-3807 of the Code of Virginia, the Board may grant a faculty license to engage in the practice of veterinary medicine as part of a veterinary medical education program accredited by the American Veterinary Medical Association Council on Education to an applicant who:

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

B. The dean of a veterinary medical education program shall verify to the board that the applicant meets one of the qualifications of subsection A of this section and has the clinical competency that qualifies the applicant for a faculty license.

C. The holder of a faculty license shall be entitled to perform all functions that a person licensed to practice veterinary medicine would be entitled to perform as part of his faculty duties, including patient care functions associated with teaching, research, and the delivery of patient care that takes place only within the veterinary establishment or diagnostic and clinical services operated by or affiliated with the veterinary program. A faculty license shall not authorize the holder to practice veterinary medicine in nonaffiliated veterinary establishments or in private practice settings.

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

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

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

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

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

FOR DISCUSSION ONLY

Emergency Regulations

Management of pain or chronic conditions with controlled substances

18VAC150-20-174. Prescribing of controlled substances for pain or chronic conditions.

A. Evaluation of the patient and need for prescribing a controlled substance for pain.

1. For the purposes of this section, a controlled substance shall be a Schedule II through V drug, as set forth in the Drug Control Act.

2. Non-pharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids. Prior to initiating treatment with a controlled substance, defined, the prescriber shall perform a history and physical examination appropriate to the complaint and conduct an assessment of the patient's history as part of the initial evaluation.

3. If a controlled substance containing an opioid is necessary for treatment of acute pain, the veterinarian shall give a short-acting drug in the lowest effective dose appropriate to the size and species of the animal for the least amount of time. The dose shall not exceed a seven-day supply as determined by the manufacturer's directions, unless extenuating circumstances are clearly documented in the patient's record.

4. The veterinarian may prescribe a controlled substance containing an opioid for an additional seven days, if medically necessary and consistent with an appropriate standard of care and after a re-evaluation of the patient as documented in the patient record.

B. In accordance with the accepted standard of care, a veterinarian may prescribe a controlled substance containing an opioid beyond 14 days for management of certain chronic conditions, such as chronic heart failure, chronic bronchitis, collapsing trachea or related conditions. For

treatment of chronic pain or a chronic condition with an opioid beyond 14 days, the treatment plan shall include measures to be used to determine progress in treatment, further diagnostic evaluations or modalities that might be necessary, and the extent to which the pain or condition is associated with physical impairment. For any prescribing of a controlled substance containing an opioid beyond 14 days, the patient shall be seen and re-evaluated at least every six months, and the justification for such prescribing documented in the patient record.

C. The medical record shall include a description of the pain or condition, a presumptive diagnosis for the origin of the pain or condition, an examination appropriate to the complaint, a treatment plan and the medication prescribed to include the date, type, dosage, and quantity prescribed.

D. Prior to prescribing a controlled substance containing an opioid, the veterinarian shall document a discussion with the owner about the known risks and benefits of opioid therapy, the responsibility for the security of the drug, and proper disposal of any unused drug. The veterinarian shall also discuss the exit strategy for discontinuation of opioids in the event they are not effective.

E. For pain or a condition that goes beyond the normal course, non-opioid controlled substances may be prescribed for a period greater than 14 days, provided the patient is seen and evaluated within the past 12 months. Continuation of treatment with controlled substances shall be supported by documentation of continued benefit from the prescribing. If the patient's progress is unsatisfactory, the veterinarian shall assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

Proposed Regulations (Drug Storage, Dispensing, Destruction + Records)

fee, the reinspection fee, the renewal fee and the veterinary establishment permit registration reinstatement fee.

18VAC150-20-190 **For Discussion as Emergency Regulations**
 18VAC150-20-190. Requirements for drug storage, dispensing, destruction, and records for all establishments, ~~full-service and restricted.~~

A. All drugs shall be maintained, administered, dispensed, prescribed and destroyed in compliance with state and federal laws, which include § 54.1-3303 of the Code of Virginia, the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia), applicable parts of the federal Food, Drug, and Cosmetic Control Act (21 USC § 301 et seq.), the Prescription Drug Marketing Act (21 USC § 301 et seq.), and the Controlled Substances Act (21 USC § 801 et seq.), as well as applicable portions of Title 21 of the Code of Federal Regulations.

B. All repackaged tablets and capsules dispensed for companion animals shall be in approved safety closure containers, except safety caps shall not be required when any person who requests that the medication not have a safety cap, or in such cases in which the medication is of such form or size that it cannot be reasonably dispensed in such containers (e.g., topical medications, ophthalmic, or otic). ~~A client~~ An owner request for nonsafety packaging shall be documented in the patient record.

C. All drugs dispensed for companion animals shall be labeled with the following:

1. Name and address of the facility;
2. Name First and last name of client owner;
3. Animal identification and species;
4. Date dispensed;
5. Directions for use;
6. Name, strength (if more than one dosage form exists), and quantity of the drug; and
7. Name of the prescribing veterinarian.

D. ~~All drugs shall be maintained~~ veterinary establishments shall maintain drugs in a secured secure manner with precaution taken to prevent theft or diversion. Only the veterinarian or licensed veterinary technician shall have access to Schedule II through V drugs.

~~1. All Schedule II through V drugs shall be maintained under lock at all times, with access to the veterinarian or veterinary technician only, but not to any unlicensed personnel~~ In a stationary establishment, the general stock of Schedule II through V drugs shall be stored in a securely locked cabinet or safe that is not easily movable.

~~2. The establishment may also have a working stock of Schedule II through V drugs that shall be kept in (i) a securely locked container, cabinet, or safe when not in use or (ii) direct possession of a veterinarian or veterinary technician. A working stock shall consist of only those drugs that are necessary for use during a normal business day or 24 hours, whichever is less.~~

~~3. Whenever the establishment is closed, all general and working stock of Schedule II through V drugs and any dispensed prescriptions that were not delivered during normal business hours shall be securely stored as required for the general stock.~~

~~4. Prescriptions that have been dispensed and prepared for delivery shall be maintained under lock or in an area that is not readily accessible to the public and~~

may be delivered to an owner by an unlicensed person, as designated by the veterinarian.

~~2. 5.~~ Whenever ~~a veterinarian discovers~~ a theft or any unusual loss of Schedule II, III, IV, or through V drugs is discovered, ~~he the veterinarian-in-charge, or in his absence, his designee,~~ shall immediately report such theft or loss to the Board of Veterinary Medicine and the Board of Pharmacy and to the U.S. Drug Enforcement Administration DEA. The report to the boards shall be in writing and sent electronically or by regular mail. The report to the DEA shall be in accordance with 21 CFR 1301.76(b). If the veterinarian-in-charge is unable to determine the exact kind and quantity of the drug loss, he shall immediately take a complete inventory of all Schedule II through V drugs.

E. Schedule II, III, IV and through V drugs shall be destroyed by (i) transferring the drugs to another entity authorized to possess or provide for proper disposal of such drugs or (ii) destroying the drugs ~~by burning in an incinerator that is in compliance with applicable local, state, and federal laws and regulations.~~ If Schedule II through V drugs are to be destroyed, a DEA drug destruction form shall be fully completed and used as the record of all drugs to be destroyed. A copy of the destruction form shall be retained at the veterinarian practice site with other inventory records.

F. The drug storage area shall have appropriate provision for temperature control for all drugs and biologics, ~~including.~~ If drugs requiring refrigeration are maintained at the facility, they shall be kept in a refrigerator with the interior thermometer maintained between 36°F and 46°F. If a refrigerated drug is in Schedule II through V, the drug shall be kept in a locked container secured to the refrigerator, or the refrigerator shall be locked. Drugs stored at room temperature shall be maintained between 59°F and 86°F.

~~G.~~ H. The stock of drugs shall be reviewed frequently, and expired drugs shall be removed from the working stock of drugs at the expiration date and shall not be administered or dispensed.

~~G. H.~~ A distribution record shall be maintained in addition to the patient's record, in chronological order, for the administration and dispensing of all Schedule ~~II-V~~ II through V drugs.

This record is to be maintained for a period of ~~two~~ three years from the date of transaction. This record shall include the following:

1. Date of transaction;
2. Drug name, strength, and the amount dispensed, administered, and wasted;
3. ~~Client~~ Owner and animal identification; and
4. Identification of the veterinarian authorizing the administration or dispensing of the drug.

~~H. I.~~ I. Original invoices for all Schedule II, III, IV and through V drugs received shall be maintained in chronological order on the premises where the stock of drugs is held, and the actual date of receipt is shall be noted. Invoices for Schedule II drugs shall be maintained separately from other records. All drug records shall be maintained for a period of ~~two~~ three years from the date of transaction.

~~I. J.~~ J. A complete and accurate inventory of all Schedule II, III, IV and through V drugs shall be taken, dated, and signed on any date that is within two years of the previous biennial inventory. Drug strength must be specified. This inventory shall indicate if it was made at the opening or closing of business and shall be maintained on the premises where the drugs are held for ~~two~~ three years from the date of taking the inventory.

K. Inventories and records, including original invoices, of Schedule II drugs shall be maintained separately from all other records, and the establishment shall maintain a continuous inventory of all Schedule II drugs received, administered, or dispensed, with reconciliation at least monthly. Reconciliation requires an explanation noted on the inventory for any difference between the actual physical count and the theoretical count indicated by the distribution record. A continuous inventory shall accurately indicate the physical count of each Schedule II drug in the general and working stocks at the time of performing the inventory.

J. L. Veterinary establishments in which bulk reconstitution of injectable, bulk compounding, or the prepackaging of drugs is performed shall maintain adequate control records for a period of one year or until the expiration, whichever is greater. The records shall show the name of the drug(s) drugs used; strength, if any; date repackaged; quantity prepared; initials of the veterinarian verifying the process; the assigned lot or control number; the manufacturer's or distributor's name and lot or control number; and an expiration date.

M. If a limited stationary or ambulatory practice uses the facilities of another veterinary establishment, the drug distribution log shall clearly reveal whose Schedule II through V drugs were used. If the establishment's drug stock is used, the distribution record shall show that the procedure was performed by a visiting veterinarian who has the patient record. If the visiting veterinarian uses his own stock of drugs, he shall make entries in his own distribution record and in the patient record and shall leave a copy of the patient record at the other establishment.

18VAC150-20-195

18VAC150-20-195. Recordkeeping.

~~A. A legible, daily record of each patient treated shall be maintained by the veterinarian at the permitted veterinary establishment and shall include pertinent medical data such as drugs administered, dispensed or prescribed, and all relevant medical and surgical procedures performed. Records should contain at a minimum:~~

~~1. Name of the patient and the owner;~~

~~2. Identification of the treating veterinarian and of the person making the entry (initials may be used if a master list that identifies the initials is maintained.);~~

~~3. Presenting complaint/reason for contact;~~

~~4. Date of contact;~~

~~5. Physical examination findings, if appropriate;~~

~~6. Tests and diagnostics performed and results;~~

~~7. Procedures performed/treatment given and results; and~~

~~8. Drugs (and their dosages) administered, dispensed, or prescribed, including quantity, strength and dosage, and route of administration. For vaccines, identification of the lot and manufacturer shall be maintained;~~

~~9. Radiographs or digital images clearly labeled with identification of the establishment, the patient name, date taken, and anatomic specificity. If an original radiograph or digital image is transferred to another establishment or released to the owner, a record of this transfer or release shall be maintained on or with the patient's records; and~~

~~10. Any specific instructions for discharge or referrals to other practitioners.~~

~~B. Individual records. An individual record shall be maintained on each patient,~~

Inspection Form Addition

18VAC150-20-130. Requirements for practical training in a preceptorship or externship.

C. When there is a preceptee or extern practicing in the establishment, the supervising veterinarian shall disclose such practice to owners. The disclosure shall be by signage clearly visible to the public or by inclusion on an informed consent form.

Part A: All Veterinary Establishments			
25	Major 5 points	18VAC150-20-200(A)(2)(d)	A veterinary establishment shall have, as a minimum, proof of either in-house laboratory service or outside laboratory services for performing lab tests consistent with appropriate professional care for the species treated. Laboratory services are required for performing the following lab test, consistent with appropriate professional care for the species treated: urinalysis, including microscopic examination of sediment; complete blood count, including differential; flotation test for ova of internal parasites; skin scrapings for diagnosing external parasites; blood chemistries; cultures and sensitivities; biopsy; complete necropses, including histopathology; and serology. <u>Guidance</u> If using an outside laboratory service, a letter, email, or invoice may serve as documentation.
26	Major 5 points	18VAC150-20-200(A)(3)(a)	A veterinary establishment shall either have radiology service in-house or documentation of outside services for obtaining diagnostic-quality radiographs. <u>Guidance</u> If using an outside radiograph service, a letter, email, or invoice may serve as documentation.
27	Minor 1 point	18VAC150-20-200(A)(4)(d)(3)	Required equipment includes a stethoscope.
28	Minor 1 point	18VAC150-20-200(A)(4)(d)(4)	Required equipment includes a thermometer.
29	Minor 1 point	18VAC150-20-200(A)(4)(d)(5)	Required equipment includes equipment for assisted ventilation including a resuscitation bag and endotracheal tubes. (NOTE Part E: Restricted Establishments - Large Animal, Ambulatory Practice is not required to have equipment for assisted ventilation.)

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Guidance document: 7/4/21, 2/1

Revised: December 3, 2016

Commonwealth of Virginia - Department of Health Professions
Veterinary Medicine Establishment Inspection Report
www.dhp.state.va.us

30	Minor 1 point	18VAC150-20-200(A)(4)(d)(6)	Required equipment includes scales. (NOTE Part E: Restricted Establishments - Large Animal, Ambulatory Practice is not required to have scales.)
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VIRGINIA BOARD OF VETERINARY MEDICINE

Disposal Deceased Animals

A veterinary establishment is required to have an acceptable method for disposal of deceased animals. Refrigeration exclusively for carcasses of companion animals that require storage for 24 hours or more is required. Disposal of a deceased animal must also be compliant with all local ordinances.

When a deceased animal is to be returned to its owner, the Board recommends that the veterinarian or designee discuss with the owner preferences for the return of animal to include type of container and/or wrapping.

In addition, the U.S. Fish and Wildlife Service's Secondary Pentobarbital Poisoning of Wildlife fact sheet provides information on which animals are affected, how to prevent accidental poisoning, and penalties for noncompliance. Questions on secondary poisoning of wildlife should be directed to the U.S. Fish and Wildlife Service, Office of Law Enforcement Resident Agent in Charge, at the Richmond District Office at 804-771-2883.

References

Regulations

18VAC150-20-200. Standards for veterinary establishments.

A. Full-service establishments. A full-service establishment shall provide surgery and encompass all aspects of health care for small or large animals, or both. All full-service establishments shall meet the requirements set forth below:

1. Buildings and grounds must be maintained to provide sanitary facilities for the care and medical well-being of patients.

b. Water and waste. There shall be on-premises:

(2) An acceptable method of disposal of deceased animals; and

(3) Refrigeration exclusively for carcasses of companion animals that require storage for 24 hours or more.

Other

Please review the Department of Environmental Quality's guidance documents at www.deq.virginia.gov related to the following:

- Waste Guidance Memo No. 03-2009: On-Site Burial of Routine Animal Mortality
- Waste Guidance Memo No. 02-2009: On-Site Composting of Routine Animal Mortality

Save The Dates for the 2017 AAVSB Annual Meeting & Conference

The next Annual Meeting & Conference will be held at the Omni La Mansión del Rio in San Antonio, Texas from September 14-16, 2017. Save the dates now! Stay connected to the AAVSB on Facebook and Twitter for all the latest information.

Watch the Reveal Teaser Video!



2018 isn't far off either!

It's never too early to save the dates for the 2018 AAVSB Annual Meeting & Conference! **Save the dates of September 13 - 15, 2018 now!** Location announcement forthcoming.

2017 Board Meeting Dates

Date	Type/Location	Agenda	Minutes
January 18, 2017 10:00 a.m.	Regulatory Advisory Panel – Faculty Licensure Training Room 1	<u>Agenda</u>	<u>Draft Minutes</u>
January 18, 2017 1:00 p.m.	Regulatory Advisory Panel - Prescribing Opioids Training Room 1	<u>Agenda</u>	<u>Draft Minutes</u>
January 19, 2017	Informal Conferences Board Room 1, Hearing Room 2	<u>Agenda</u>	<u>Draft Minutes</u>
February 8, 2017 12:00 p.m.	Formal Hearing Board Room 1		Cancelled
February 9, 2017 9:00 a.m.	Public Hearing Training Room 2		
February 9, 2017 9:15 a.m.	Board Meeting Training Room 2		
February 9, 2017 12:00 p.m.	Formal Hearing Training Room 2	<u>Agenda</u>	
February 9, 2017	Informal Conferences Training Room 2, Hearing Room 6		Cancelled
March 23, 2017	Informal Conferences Training Room 2, Hearing Room 6		
April 26, 2017	Informal Conferences Board Room 3, Hearing Room 6		
June 13, 2017	Board Meeting Training Room 2		
June 14, 2017	Informal Conferences Board Room 3		
July 11, 2017	Informal Conferences Training Room 2, Hearing Room 6		
August 24, 2017	Informal Conferences Board Room 3, Hearing Room 6		
September 12, 2017	Informal Conferences Training Room 2, Hearing Room 6		
October 24, 2017	Board Meeting Board Room 3		
October 25, 2017	Informal Conferences Board Room 1, Hearing Room 4		
November 16, 2017	Informal Conferences Training Room 2, Hearing Room 6		

Criteria for this report:

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

License Count Report for Veterinary Medicine

Board	Occupation	State	License Status	License Count
Veterinary Medicine				
Equine Dental Technician				
	Equine Dental Technician	Virginia	Current Active	16
	Equine Dental Technician	Out of state	Current Active	8
	Total for Equine Dental Technician			24
Veterinarian				
	Veterinarian	Virginia	Current Active	3,000
	Veterinarian	Virginia	Current Inactive	48
	Veterinarian	Virginia	Probation - Current Active	1
	Veterinarian	Out of state	Current Active	808
	Veterinarian	Out of state	Current Inactive	236
	Total for Veterinarian			4,093
Veterinary Establishment - Full Service				
	Veterinary Establishment - Full Service	Virginia	Current Active	757
	Veterinary Establishment - Full Service	Out of state	Current Active	13
	Total for Veterinary Establishment - Full Service			770
Veterinary Establishment - Restricted				
	Veterinary Establishment - Restricted	Virginia	Current Active	317
	Veterinary Establishment - Restricted	Out of state	Current Active	12
	Total for Veterinary Establishment - Restricted			329
Veterinary Technician				
	Veterinary Technician	Virginia	Current Active	1,726
	Veterinary Technician	Virginia	Current Inactive	40
	Veterinary Technician	Out of state	Current Active	232
	Veterinary Technician	Out of state	Current Inactive	25
	Total for Veterinary Technician			2,023
Total for Veterinary Medicine				7,239

CURRENT ACTIVE & INACTIVE LICENSES					
License Type	FY2012	FY2013	FY2014	FY2015	2/2/2017
Veterinarian	3530	3960	4038	4,145	4,093
Veterinary Technician	1579	1689	1788	1,917	2,023
Equine Dental Technician	24	23	23	24	24
Full Service Veterinary Establishment	735	744	750	768	770
Restricted Service Veterinary Establishment	270	287	298	315	329
Total	6138	6703	6897	7,169	7,239

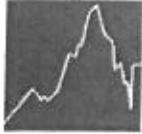
Virginia Department of Health Professions
Cash Balance
As of December 31, 2016

	106- Veterinary Medicine
Board Cash Balance as of June 30, 2016	\$ 572,256
YTD FY17 Revenue	1,009,052
Less: YTD FY17 Direct and In-Direct Expenditures	<u>539,352</u>
Board Cash Balance as December 31, 2016	<u><u>1,041,955</u></u>

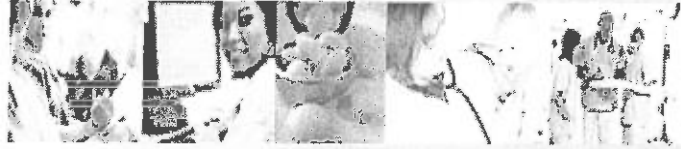
From: Virginia Board of Veterinary Medicine [mailto:vetbd@dhp.virginia.gov]

Sent: Tuesday, January 03, 2017 7:01 PM

Subject: News You Need: Public Comment Period for Regulatory Action



Virginia Department of
Health Professions



Board of Veterinary
Medicine

Board of Veterinary Medicine

Regulatory Action Public Comment Period

The Virginia Board of Veterinary Medicine is seeking public comment on the following regulatory action affecting the *Regulations Governing the Practice of Veterinary Medicine*.

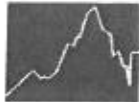
The deadline for public comment is February 24, 2017. In addition, a public hearing will be held on February 8, 2017, starting at 9:00 a.m.

To review information on the regulatory action including the proposed regulations, please [CLICK HERE](#).

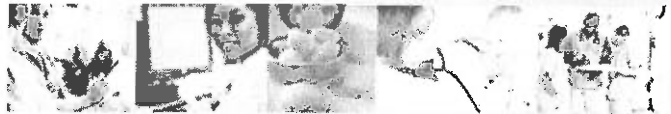
To review the proposed regulations only, please [CLICK HERE](#).

Questions may be directed to the vetbd@dhp.virginia.gov

From: Virginia Board of Veterinary Medicine [mailto:vetbd@dhp.virginia.gov]
Sent: Thursday, February 02, 2017 5:08 PM
Subject: News You Need: Update on Proposed Regulations



Virginia Department of
Health Professions



Board of Veterinary
Medicine

Board of Veterinary Medicine

Regulatory Action Public Comment Period

REMINDER, CHANGE OF DATE and ERROR NOTED

REMINDER: The Virginia Board of Veterinary Medicine is seeking public comment on the following regulatory action affecting the *Regulations Governing the Practice of Veterinary Medicine*. The deadline for public comment is February 24, 2017.

To review information on the regulatory action including the proposed regulations, please [CLICK HERE](#). To review the proposed regulations only, please [CLICK HERE](#).

DATE CHANGE: In addition, a public hearing will be held on **February 9, 2017**, starting at 9:00 a.m.

ERROR NOTED: The proposed regulations posted to the Virginia Regulatory Town Hall website include an error in 18VAC150-20-172(B). As approved by the Board of Veterinary Medicine on February 16, 2016, the section should state the following:

An assistant shall not be delegated the induction of sedation or anesthesia by any means. The monitoring of a sedated patient not fully recovered from anesthesia may be delegated to an assistant if a veterinarian remains on the premises.

This error occurred inadvertently and will be corrected during the final stage of the promulgation process which includes another public comment period. Licensees and the public are encouraged to review the entire proposed regulations document and submit any comments about the changes to the Board.

Questions may be directed to the vetbd@dhp.virginia.gov