

March 5, 2020
Board Room 2
9:00 a.m.

Call to Order – Tregel Cockburn, D.V.M.

- Welcome
 - Introduction of new employee
 - Emergency Egress Procedures
-
-

Ordering of Agenda – Dr. Cockburn

Public Comment – Dr. Cockburn

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. Cockburn

Pages 1-16

- October 2, 2019 – Ad Hoc USP Committee Meeting
 - October 31, 2019 – Full Board Meeting
 - January 2, 2020 – Conference Call (Case Nos. 182114 & 182831)
-
-

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

Legislative/Regulatory Report – Elaine Yeatts

Pages 17-24

- Legislative Update
 - Handling fee (18VAC150-20-100) to adjust fee for returned checks (effective March 5, 2020)
-
-

Discussion Items

Pages 25-91

- Presentation on Veterinary Drug Distribution – **Darren Petri, Food and Drug Administration**
 - Healthcare Workforce Data Center – **Elizabeth Carter, Ph.D.**
 - Presentation on Prescription Monitoring Program (PMP) Reports for Veterinarians – **Ralph Orr, PMP Director**
 - Cannabidiol Oil and Vertical Pharmaceutical Processors – **Annette Kelley, Deputy Executive Director, Board of Pharmacy**
 - Report from the Inspection Committee – **Dr. Cockburn**
 - Update to Guidance Document 150-18: Bylaws – **Ms. Knachel**
 - Update on USP 800 Handling of Hazardous Drugs – **Ms. Knachel**
-
-

Board Member Training – Kelli Moss

Closing Cases

Board Counsel Report – Charis Mitchell

President’s Report – Dr. Cockburn

Board of Health Professions Report – Dr. Karras

Staff Reports

Pages 92-94

- Executive Director’s Report – **Ms. Knachel**
 - Statistics
-
-

-
- AAVSB 2020 Annual meeting
 - Outreach
 - Renewals
 - Presentations
 - CE audit report
 - International Council on Veterinary Assessments
 - Discipline Report – Ms. Moss
-

New Business – Dr. Cockburn

Next Meeting – July 28, 2020

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Meeting Adjournment – Dr. Cockburn

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

**VIRGINIA BOARD OF VETERINARY MEDICINE
USP AD HOC COMMITTEE
MEETING MINUTES
October 2, 2019**

TIME AND PLACE: The Board of Veterinary Medicine's (Board) United States Pharmacopeia (USP) Ad Hoc United States Pharmacopeia (USP) Committee (Committee) meeting was called to order at 12:00 p.m., at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 1, Henrico, Virginia and Virginia-Maryland College of Veterinary Medicine, 205 Duck Pond Drive, Room 131, Blacksburg, VA 24061.

PRESIDING OFFICER: Autumn Halsey, LVT, Committee Chair

COMMITTEE MEMBERS: Ellen Hillyer, DVM, Board Member
Jason Bollenbeck, DVM, Virginia Medical Association of Virginia (VVMA)
Nathaniel Burke, DVM, VVMA
Sammy Johnson, Pharmacist, Deputy Executive Director, Virginia Board of Pharmacy
Maureen Perry, Pharmacist, Pharmacy Supervisor, Virginia-Maryland College of Veterinary Medicine (participated from Blacksburg, Virginia location)

OTHER MEMBERS PRESENT: Steve Karras, DVM, Board Member (participated from Blacksburg, Virginia location)

STAFF PRESENT: Leslie L. Knachel, Executive Director
Anthony C. Morales, Licensing/Operations Manager
Elaine Yeatts, Senior Policy Analyst, (Joined the meeting at 12:25p.m.)
Laura Paasch, Administrative Assistant
Kelly Gottschalk, Veterinary Review Coordinator

OTHERS PRESENT: Gigi Davidson, Pharmacist, Chair, USP Compounding Expert Committee
Susan Seward, VVMA
Robin Schmitz, VVMA
Ed Fallon, DVM, Veterinary Referral and Critical Care (VRCC)
Kim Genschardt, DVM, North Carolina Board of Veterinary Medicine (participated from Blacksburg, Virginia location)
John Wilson, DVM, West Virginia Board of Veterinary Medicine, (participated from Blacksburg, Virginia location)

ORDERING OF AGENDA: Ms. Knachel identified that Ms. Autumn Halsey would be handling "Public Comment."

PUBLIC COMMENT: There was no public comment from either site.

INTRODUCTIONS: Ms. Halsey asked Committee and Board Staff to introduce themselves.

DISCUSSION ITEMS: **Presentation on the USP Compounding Requirements – Gigi Davidson**

Ms. Davidson provided a PowerPoint presentation on the current USP Compounding Requirements, (See Attachment 1).

Compounding in Virginia Veterinary Practices

Ms. Knachel and Ms. Yeatts provided information on the Virginia laws related to veterinary compounding and options for going forward. The Committee discussed the issue and requested that staff draft a document for the full Board's consideration of frequently asked questions (FAQs) related to USP as an educational tool. The consensus of the Committee was to take no further, other than the FAQs, until the Virginia Board of Pharmacy determines its course of action.

NEW BUSINESS:

No new business was presented.

NEXT MEETING:

No new meeting was scheduled at this time.

ADJOURNMENT:

With all business concluded, the meeting adjourned at 2:11 p.m.

Autumn Halsey, LVT
Chair

Date

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

Date

USP Compounding Standards and Veterinary Practice

Who is USP?

- Founded in 1890 by 17 physicians, chemists, pharmacists, veterinarians and dentists
- Unique global organization focused on quality standards to protect the patient's health
- More than 1,000 employees worldwide

2010-2011
100th Anniversary

Laboratory Centers
in U.S., India, China,
Brazil and Japan

Offices in Switzerland,
Germany, Australia, the
Philippines and Nigeria

Work with more than 600
academic institutions
and regulatory agencies
worldwide to help
protect public health

Internationally recognized
and globally focused

USP standards protect
in 140+ countries



Role of USP Quality Standards and Law

- As an independent nonprofit organization, USP has shared a close relationship and collaborative history with the FDA and states for more than a century
- USP standards are recognized in federal law
 - 1938 Federal Food, Drug, and Cosmetic Act
 - 1962 FDA Modernization Act
 - 2012 Drug Quality and Security Act
 - FDA Guidance: *Enhancing Confidentiality of Human Data Reports under Section 803A of the Federal Food, Drug, and Cosmetic Act*
 - Guidance for Industry #237: *Compounding Animal Drugs*
- USP standards are also recognized in many state laws

USP Council of Experts

2015-2020 COUNCIL OF EXPERTS EXPERT COMMITTEES AND COLLABORATIVE GROUPS

Industry Body Collaborative Group	State/Industry Collaborative Group	Industry Collaborative Group	Industry Collaborative Group	Industry/Regulatory Collaborative Group	Industry/Regulatory Collaborative Group
<ul style="list-style-type: none"> Pharmaceutical Research and Manufacturers of America (PhRMA) 	<ul style="list-style-type: none"> State/Industry Collaborative Group 1 State/Industry Collaborative Group 2 State/Industry Collaborative Group 3 	<ul style="list-style-type: none"> Industry Collaborative Group 1 Industry Collaborative Group 2 Industry Collaborative Group 3 Industry Collaborative Group 4 	<ul style="list-style-type: none"> Industry Collaborative Group 1 Industry Collaborative Group 2 	<ul style="list-style-type: none"> Industry/Regulatory Collaborative Group 1 Industry/Regulatory Collaborative Group 2 	<ul style="list-style-type: none"> Industry/Regulatory Collaborative Group 1 Industry/Regulatory Collaborative Group 2

USP Compounding Standards

USP provides 3 types of public standards for compounding

USP General Chapters

- establish precise standards to help ensure the quality of compounded preparations

USP Compounded Preparation Monographs

- contain formulations for specific preparations for which there is no suitable commercially available product

USP Monographs for Bulk Substances and Other Ingredients

- provide standards for identity, quality, purity, strength, packaging and labeling for bulk substances and other ingredients that may be used in compounded preparations

Atenolol

Atenolol
 C₁₄H₁₉N₃O₂
 Molecular weight, 283.35
 2-(2S)-2-[(2S)-2-[[[2-(2S)-2-hydroxypropanoic acid]amino]propanoic acid]ethyl]amino]propanoic acid
 (Atenolol) (2S,2'S)-isomer

Atenolol
 Assay: contains 97.5% and NMT 102.0% of C₁₄H₁₉N₃O₂, calculated on the dried basis.

Place the official powder into a suitable container. Weigh the powder into a small amount of water, and dilute to make a known volume. Add the known amount of water to the sample. Repeat the process several times, and average the results for a known volume. Using the volume of the known solution, calculate the amount of the substance to be used in the preparation.

General Chapters Numbering and Legal Significance

General Chapters can:

- Be state requirements and be compendially required if:
 - Numbered below <1000> AND are;
 - Made applicable through reference in General Notices, a monograph, or another applicable chapter numbered below <1000>
- Be informational:
 - Numbered <1000> to <1999>
- Be specific for dietary supplements:
 - Numbered above <2000>

Terminology

- Must → Requirements
- Should → Recommendations

Compendial Applicability of USP Compounding Standards to Veterinary Practice

† FD&C Acts 1906, 1938

- Defined a "drug" as anything listed in USP
- Defined adulteration and misbranding as anything not complying with USP standards

† 1997 Food and Drug Modernization Act Section 503A

- Required that compounding comply with USP standards (monographs and General Chapters)

† Statutory reference to USP Compounding Chapters (797 and 795) in QCSA

- QCSA applies only to compounding for humans

† 797 and 795 are called out in the USP General Notices as applicable to compounding

† 797 and 795 are currently postponed due to appeals by stakeholders

† 800 will become "official" December 1, 2019

Overview of 795—Non-sterile compounding

† Scope: all persons and all places where compounding occurs

† Standards for:

- Personnel training and competency
- Compounding garb and hygiene
- Compounding spaces and equipment
- Cleaning and sanitizing
- Documentation (SOPs, Recordkeeping, and labeling)
- Assigning beyond-use-dates and packaging
- Complaints, recall, and adverse events

Overview of 797—Sterile compounding

• **Scope:** all persons and all places where compounding occurs

• **Standards for:**

- Personnel training and competency
- Compounding garb and hygiene
- Compounding spaces and equipment
- Cleaning and disinfecting
- Sterilization methods and testing
- Documentation (SOPs, Recordkeeping, and labeling)
- Assigning beyond-use-dates and packaging
- Complaints, recall, and adverse events

Overview of 800—Handling Hazardous Drugs in Healthcare Settings

• **Scope:** all persons and all places where hazardous drugs are handled

• **Standards for:**

- Types of exposure and list of hazardous drugs
- Personnel training, competency, and responsibilities
- Hazardous drug receipt, storage, and disposal
- Hazardous drug engineering controls
- Manipulation of hazardous drugs and assessment of risk
- Deactivation, decontamination, cleaning and spill control
- Documentation (SOPs, recordkeeping, labeling)

Impact of USP Standards on Veterinary Practice

- ▶ **797 and 795 declare administration to be not compounding and "out of scope"**
 - E.g. drawing up a dose to give to a single patient
- ▶ **797 allows for compounding for immediate use**
 - Mixing 3 or fewer sterile drugs to administer to a patient within 4 hours
 - Not subject to full requirements of 797
- ▶ **Compounding activities that are subject to full requirements of 795 and 797:**
 - Preparing compounds for more than one patient
 - Preparing compounds with beyond-use-dates of longer than 4 hours

Compliance vs. Best Practices

- ▶ **795 and 797 postponed indefinitely**
 - Pharmacy practice now reverts back to "old" 795 and 797 (ca. 2008)
 - "old" 797 and 795 make no mention of 800—disconnect
 - Compounding quality is directly attributable to patient outcomes
 - Veterinarians may not associate poor drug response with compound quality
- ▶ **800 becomes official December 1, 2019**
 - Hazardous drugs do not become hazardous on December 1, 2019—They have always been hazardous
- ▶ **Enforcement of standards in pharmacy and medical practice—up to the states**
- ▶ **FDA could move in to regulate compounding if USP standards are frozen in time and states do not step up to regulate**

Potential Next Steps?

- ▶ **Survey stakeholders for extent of compounding in their practices**
 - **Compounds purchased from pharmacies**
 - **Compounds prepared by veterinary practice**
- ▶ **Evaluate use of "administration" and "immediate use" to meet practice needs**
- ▶ **Identify best compounding and hazardous drug handling practices for veterinarians**
- ▶ **Consider inspection checklist/inspector training**

Discussion

**VIRGINIA BOARD OF VETERINARY MEDICINE
MINUTES OF FULL BOARD
DEPARTMENT OF HEALTH PROFESSIONS
BOARD ROOM 3
HENRICO, VA
October 31, 2019**

TIME AND PLACE: 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, Board Room 3, Henrico, Virginia.

PRESIDING OFFICER: Steven B. Karras, D.V.M., President

MEMBERS PRESENT: Tregel M. Cockburn, D.V.M.
Autumn N. Halsey, L.V.T.
Ellen G. Hillyer, D.V.M.
Jeffery B. Newman, D.V.M.
Bayard A. Rucker, III, D.V.M.
Mary Yancey Spencer, J.D., Citizen Member

MEMBERS NOT PRESENT: All members were present.

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

STAFF PRESENT: David E. Brown, D.C., Director
Lisa Hahn, Chief Operating Officer
Leslie L. Knachel, Executive Director
Kelli Moss, Deputy Executive Director
Charis Mitchell, Assistant Attorney General, Board Counsel
Anthony C. Morales, Licensing Operations Manager
Melody Morton, Inspection Manager, Enforcement Division
Leith Ellis, Senior Inspector, Enforcement Division
Laura Paasch, Administrative Assistant
Elaine Yeatts, Senior Policy Analyst

OTHERS PRESENT: Robin Schmitz, Virginia Medical Association of Virginia (VVMA)
Susan Seward, VVMA

ORDERING OF AGENDA: No changes were made to the agenda. Dr. Karras introduced new board member Jeffery Newman, D.V.M. and congratulated Ms. Spencer and Ms. Halsey's reappointments to the Board.

PUBLIC COMMENT: No public comment was presented.

APPROVAL OF MINUTES: Ms. Spencer moved to approve the meeting minutes for the following meetings as presented:

- July 9, 2019 – Full Board Meeting
- July 9, 2019 – Formal Hearing (Case Nos. 182114 & 182831)
- September 19, 2019 – Conference Call (Case Nos. 197135 & 194365)

The motion was seconded and carried.

DIRECTOR'S REPORT: Dr. Brown welcomed newly appointed board member, Jeffery Newman, D.V.M. He provided information on the recent Board Member training session and launch of the Board's new website. Dr. Brown discussed the results of the recent

agency financial audit and the importance of timely submission of reimbursement requests.

Ms. Hahn provided an update on current and future building security enhancements.

**LEGISLATIVE/REGULATORY
UPDATE:**

Legislative Update

No update at this time.

Regulatory Amendment (18VAC150-20-100)

Ms. Yeatts provided information about the need to change the return check fee from \$35.00 to \$50.00 pursuant to the Code of Virginia.

Dr. Rucker moved to adopt the amendment by fast track action.

The motion was seconded and carried.

DISCUSSION ITEMS:

Veterinary Establishment Inspection Update

Ms. Morton and Ellis presented the new Veterinary Establishment Inspection form format. Ms. Knachel explained the content changes. In addition, she stated that the inspection form is a guidance document; therefore, it is before the Board for adoption consideration.

Ms. Halsey moved to accept the inspection report as presented.

The motion was seconded and carried.

USP Committee Meeting Update

Ms. Halsey provided an overall summary of the USP committee meeting. She commented that the Committee decided to follow the lead of the Board of Pharmacy once it has made decision regarding implementation of USP800.

Ms. Knachel stated that the Committee requested that FAQ's be developed regarding USP. A copy of the FAQs were provided in the agenda package for the Board's review. She commented that the document was not a guidance document and did not need adoption by the Board.

Ms. Knachel discussed the need to reconvene the Inspection Committee to review inspection-related guidance documents and regulations.

Dr. Cockburn volunteered to chair the Inspections Committee. Ms. Knachel will work with Dr. Cockburn to identify committee members. The goal is for the committee to meet at least once before the next board meeting.

Update to Guidance Document 150-18: Bylaws

Ms. Knachel presented amendments to the bylaws related to additional duties that could be delegated to the Veterinary Review Coordinator.

Ms. Halsey moved to accept Guidance Document 150-18 as presented. The motion was properly seconded.

The Board discussed the changes.

The Board voted and the motion carried.

Letter regarding veterinary nurse initiative

Ms. Knachel stated that a letter of non-support was received in the board office and provided for the Board's review.

Use of Agency Subordinate

Ms. Knachel indicated that the large caseload necessitates that the Board start using an agency subordinate. She stated that the regulations allow for former and current board members to serve as agency subordinates. She commented that using an agency subordinate will offer more flexibility when scheduling hearings. Per the Board's preference, a current board member will be designated as an agency subordinate when an appropriate case arises.

BOARD MEMBER TRAINING: Ms. Moss provided a presentation on navigating and annotating electronic case files.

BOARD COUNSEL REPORT: Ms. Mitchell did not have any information to report.

PRESIDENT'S REPORT: Dr. Karras reported on the 2019 AAVSB meeting held in St. Louis.

STAFF REPORTS:

Executive Director's Report

Ms. Knachel reported on the following:

- Board statistics;
- AAVSB 2020 Meeting;
- New Website Format;
- Outreach
 - Renewals
 - Mass Emails;
- CE Audit; and
- 2020 Board Calendar

Discipline Report – Ms. Moss

Ms. Moss provided an overview of the caseload statistics.

NEW BUSINESS:

Officer Elections

Ms. Halsey moved to nominate herself for Secretary.

The motion was seconded and carried.

Dr. Karras moved to nominate Ms. Spencer for Vice-President.

The motion was seconded and carried.

Ms. Halsey moved to nominate Dr. Cockburn for President.

The motion was seconded and carried.

NEXT MEETING:

Dr. Karras announced that the next full board meeting is scheduled for March 5, 2020.

ADJOURNMENT:

The meeting adjourned at 12:01 p.m.

Chair

Date

Executive Director

Date

DRAFT

UNAPPROVED DRAFT
VIRGINIA BOARD OF VETERINARY MEDICINE
SPECIAL SESSION – TELEPHONE CONFERENCE CALL
JANUARY 2, 2020
MINUTES

CALL TO ORDER: Pursuant to § 54.1-2400(13) of the Code of Virginia, a telephone conference call of the Virginia Board of Veterinary Medicine was called to order on January 2, 2020, at 10:04 a.m., to consider a Consent Order for possible resolution of Case Nos. 182114 & 182831.

PRESIDING: Steve Karras, D.V.M., Chair

MEMBERS PRESENT: Tregel Cockburn, D.V.M.
Ellen Hillyer, D.V.M.
Mary Yancey Spencer, Citizen Member
Autumn Halsey, L.V.T.

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

STAFF PRESENT: Leslie Knachel, Executive Director
Kelli Moss, Deputy Executive Director
Terri Behr, Discipline/Compliance Specialist
Laura Paasch, Administrative Assistant
Celia Wilson, Administrative Assistant

BOARD COUNSEL: Charis Mitchell, Assistant Attorney General

CATHERINE PAGE DYER, VETERINARIAN
License No. 0301202302

The Board received information from Ms. Moss regarding a Consent Order signed by Dr. Dyer for the resolution of Case Nos. 182114 & 182831 in lieu of proceeding with reconvening a formal hearing.

CLOSED SESSION: Ms. Spencer 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 **Catherine Page Dyer, Veterinarian**. Additionally, she moved that Charis Mitchell, Leslie Knachel and Kelli Moss attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded and passed.

RECONVENE:

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

DECISION:

Ms. Spencer moved that the Board accept the Consent Order as presented in lieu of proceeding with reconvening a formal hearing. The motion was seconded and a roll call vote was taken. The motion passed unanimously.

ADJOURNMENT:

The meeting was adjourned at 10:17 a.m.

Steve Karras, D.V.M., Chair

Kelli Moss, Deputy Executive Director

Date

Date

**Report of the 2020 General Assembly
Board of Veterinary Medicine**

(All bills except HB1363 have passed the house of origin)

HB 347 Commonwealth's medical cannabis program; SHHR to convene work group to review & make recommendation.

Chief patron: Davis

Summary as passed House:

Tetrahydrocannabinol products; permits to process and dispense cannabidiol oil and THC-A oil. Directs the Secretary of Health and Human Resources to convene a work group to review the Commonwealth's medical cannabis program and issues of critical importance to the medical cannabis industry and patients, including expansion of the medical cannabis program and the medical use of cannabis flowers, and to report its findings and recommendations, including any legislative recommendations, to the Governor, the Attorney General, and the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health no later than October 1, 2020.

HB 471 Health professionals; unprofessional conduct, reporting.

Chief patron: Collins

Summary as passed House:

Health professionals; unprofessional conduct; reporting. Requires the chief executive officer and the chief of staff of every hospital or other health care institution in the Commonwealth, the director of every licensed home health or hospice organization, the director of every accredited home health organization exempt from licensure, the administrator of every licensed assisted living facility, and the administrator of every provider licensed by the Department of Behavioral Health and Developmental Services in the Commonwealth to report to the Department of Health Professions any information of which he may become aware in his professional capacity that indicates a reasonable belief that a health care provider is in need of treatment or has been admitted as a patient for treatment of substance abuse or psychiatric illness that may render the health professional a danger to himself, the public or his patients, or that he determines, following review and any necessary investigation or consultation with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, indicates that there is a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct. Current law requires information to be reported if the information indicates, after reasonable investigation and consultation with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct.

HB 908 Naloxone; possession and administration, employee or person acting on behalf of a public place.

Chief patron: Hayes

Summary as passed House:

Naloxone; possession and administration; employee or person acting on behalf of a public place. Authorizes an employee or other person acting on behalf of a public place, as defined in

the bill, who has completed a training program on the administration of naloxone or other opioid antagonist to possess and administer naloxone or other opioid antagonist, other than naloxone in an injectable formulation with a hypodermic needle or syringe, in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health. The bill also provides that a person who is not otherwise authorized to administer naloxone or other opioid antagonist used for overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose. The bill provides immunity from civil liability for a person who, in good faith, administers naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose, unless such act or omission was the result of gross negligence or willful and wanton misconduct. This bill incorporates HB 650, HB 1465 and HB 1466.

HB 967 Military service members and veterans; expediting the issuance of credentials to spouses.

Chief patron: Willett

Summary as passed House:

Professions and occupations; expediting the issuance of credentials to spouses of military service members. Provides for the expedited issuance of credentials to the spouses of military service members who are (i) ordered to federal active duty under Title 10 of the United States Code or (ii) veterans who have left active-duty service within one year of the submission of an application to a board if the spouse accompanies the service member to the Commonwealth or an adjoining state or the District of Columbia. Under current law, the expedited review is provided more generally for active-duty members of the military who are the subject of a military transfer to the Commonwealth. The bill also authorizes a regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions or any other board in Title 54.1 (Professions and Occupations) to waive any requirement relating to experience if the board determines that the documentation provided by the applicant supports such waiver. The bill incorporates HB 930.

HB 1059 Certified registered nurse anesthetists; prescriptive authority.

Chief patron: Adams, D.M.

Summary as passed House:

Certified registered nurse anesthetists; prescriptive authority. Authorizes certified registered nurse anesthetists to prescribe Schedule II through Schedule VI controlled substances and devices to a patient requiring anesthesia, as part of the periprocedural care of the patient, provided that such prescribing is in accordance with requirements for practice by certified registered nurse anesthetists and is done under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry.

HB 1363 Veterinary medicine and veterinary technology; licensure exemption for student practice, etc.

Chief patron: Rush

Summary as introduced:

Licensure exemption for student practice of veterinary medicine and veterinary

technology; temporary postgraduate license; regulations. Provides for (i) the issuance of a temporary postgraduate license to practice veterinary medicine to individuals participating in a veterinary residency or internship in a veterinary medical education program and (ii) an exemption from licensure for the practice of veterinary medicine and veterinary technology for qualified students completing a veterinary medicine or veterinary technology externship or preceptorship.

HB 1506 Pharmacists; initiating of treatment with and dispensing and administering of controlled substances.

Chief patron: Sickles

Summary as passed House:

Pharmacists; prescribing, dispensing, and administration of controlled substances. Allows a pharmacist to initiate treatment with and dispense and administer certain drugs and devices to persons 18 years of age or older in accordance with a statewide protocol developed by the Board of Pharmacy in collaboration with the Board of Medicine and the Department of Health. The bill directs the Board of Pharmacy to establish such protocols by November 1, 2020, and to convene a workgroup to provide recommendations regarding the development of protocols for the initiating of treatment with and dispensing and administering of additional drugs and devices for persons 18 years of age and older. The bill also clarifies that an accident and sickness insurance policy that provides reimbursement for a service that may be legally performed by a licensed pharmacist shall provide reimbursement for the initiating of treatment with and dispensing and administration of controlled substances by a pharmacist when such initiating of treatment with or dispensing or administration is in accordance with regulations of the Board of Pharmacy.

HB 1531 Drug disposal; Bd. of Pharmacy to develop public awareness of proper methods.

Chief patron: Jenkins

Summary as passed House:

Prescription drug disposal program; hospitals and clinics. Directs the Board of Pharmacy to enhance public awareness of proper drug disposal methods by assembling a group of stakeholders to develop strategies to increase the number of permissible drug disposal sites and options for the legal disposal of drugs. The Board is directed to report its findings and recommendations to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health no later than November 15, 2020.

SB 422 Health regulatory boards; clarifies the meaning of "license."

Chief patron: Petersen

Summary as introduced:

Health regulatory boards. Clarifies the meaning of "license" as used by the Boards of Funeral Directors and Embalmers and Physical Therapy and the conditions under which a license may be denied, suspended, or revoked by the Board of Veterinary Medicine.

20102460D

SENATE BILL NO. 422

Offered January 8, 2020

Prefiled January 7, 2020

A BILL to amend and reenact §§ 54.1-2806, 54.1-3480, 54.1-3483, and 54.1-3807 of the Code of Virginia, relating to health regulatory boards.

Patron—Petersen

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2806, 54.1-3480, 54.1-3483, and 54.1-3807 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2806. Refusal, suspension, or revocation of license, registration, or courtesy card.

A. As used in this section, "license" shall include any license, registration, or courtesy card issued by the Board.

B. The Board may refuse to admit a candidate to any examination, refuse to issue a license to any applicant and may suspend a license for a stated period or indefinitely, or revoke any license or censure or reprimand any licensee or place him on probation for such time as it may designate for any of the following causes:

- 1. Conviction of any felony or any crime involving moral turpitude;
- 2. Unprofessional conduct that is likely to defraud or to deceive the public or clients;
- 3. Misrepresentation or fraud in the conduct of the funeral service profession, or in obtaining or renewing a license;
- 4. False or misleading advertising or solicitation;
- 5. Solicitation at-need or any preneed solicitation using in-person communication by the licensee, his agents, assistants or employees; however, general advertising and preneed solicitation, other than in-person communication, shall be allowed;
- 6. Employment by the licensee of persons known as "cappers" or "steerers," or "solicitors," or other such persons to obtain the services of a holder of a license for the practice of funeral service;
- 7. Employment directly or indirectly of any agent, employee or other person, on part or full time, or on a commission, for the purpose of calling upon individuals or institutions by whose influence dead human bodies may be turned over to a particular funeral establishment;
- 8. Direct or indirect payment or offer of payment of a commission to others by the licensee, his agents, or employees for the purpose of securing business;
- 9. Use of alcohol or drugs to the extent that such use renders him unsafe to practice his licensed activity;
- 10. Aiding or abetting an unlicensed person to practice within the funeral service profession;
- 11. Using profane, indecent, or obscene language within the immediate hearing of the family or relatives of a deceased, whose body has not yet been interred or otherwise disposed of;
- 12. Solicitation or acceptance by a licensee of any commission or bonus or rebate in consideration of recommending or causing a dead human body to be disposed of in any crematory, mausoleum, or cemetery;
- 13. Violation of any statute, ordinance, or regulation affecting the handling, custody, care, or transportation of dead human bodies;
- 14. Refusing to surrender promptly the custody of a dead human body upon the express order of the person lawfully entitled to custody;
- 15. Knowingly making any false statement on a certificate of death;
- 16. Violation of any provisions of Chapter 7 (§ 32.1-249 et seq.) of Title 32.1;
- 17. Failure to comply with § 54.1-2812, and to keep on file an itemized statement of funeral expenses in accordance with Board regulations;
- 18. Knowingly disposing of parts of human remains, including viscera, that are received with the body by the funeral establishment, in a manner different from that used for final disposition of the body, unless the persons authorizing the method of final disposition give written permission that the body parts may be disposed of in a manner different from that used to dispose of the body;
- 19. Violating or failing to comply with Federal Trade Commission rules regulating funeral industry practices;
- 20. Violating or cooperating with others to violate any provision of Chapter 1 (§ 54.1-100 et seq.), Chapter 24 (§ 54.1-2400 et seq.), this chapter, or the regulations of the Board of Funeral Directors and

1/29/20 11:3

59 Embalmers or the Board of Health;

60 21. Failure to comply with the reporting requirements as set forth in § 54.1-2817 for registered
61 funeral service interns;

62 22. Failure to provide proper and adequate supervision and training instruction to registered funeral
63 service interns as required by regulations of the Board;

64 23. Violating any statute or regulation of the Board regarding the confidentiality of information
65 pertaining to the deceased or the family of the deceased or permitting access to the body in a manner
66 that is contrary to the lawful instructions of the next-of-kin of the deceased;

67 24. Failure to include, as part of the general price list for funeral services, a disclosure statement
68 notifying the next of kin that certain funeral services may be provided off-premises by other funeral
69 service providers;

70 25. Disciplinary action against a license, certificate, or registration issued by another state, the
71 District of Columbia, or territory or possession of the United States;

72 26. Failure to ensure that a dead human body is maintained in refrigeration at no more than
73 approximately 40 degrees Fahrenheit or embalmed if it is to be stored for more than 48 hours prior to
74 disposition. A dead human body shall be maintained in refrigeration and shall not be embalmed in the
75 absence of express permission by a next of kin of the deceased or a court order; and

76 27. Mental or physical incapacity to practice his profession with safety to the public.

77 **§ 54.1-3480. Refusal, revocation or suspension.**

78 A. *As used in this section, "license" shall include any license or compact privilege, as defined in §*
79 *54.1-3486, issued by the Board.*

80 B. The Board may refuse to admit a candidate to any examination, may refuse to issue a license to
81 any applicant, and may suspend for a stated period of time or indefinitely or revoke any license or
82 censure or reprimand any person or place him on probation for such time as it may designate for any of
83 the following causes:

84 1. False statements or representations or fraud or deceit in obtaining admission to the practice, or
85 fraud or deceit in the practice of physical therapy;

86 2. Substance abuse rendering him unfit for the performance of his professional obligations and duties;

87 3. Unprofessional conduct as defined in this chapter;

88 4. Intentional or negligent conduct that causes or is likely to cause injury to a patient or patients;

89 5. Mental or physical incapacity or incompetence to practice his profession with safety to his patients
90 and the public;

91 6. Restriction of a license to practice physical therapy in another state, the District of Columbia, a
92 United States possession or territory, or a foreign jurisdiction;

93 7. Conviction in any state, territory or country of any felony or of any crime involving moral
94 turpitude;

95 8. Adjudged legally incompetent or incapacitated in any state if such adjudication is in effect and the
96 person has not been declared restored to competence or capacity; or

97 9. Conviction of an offense in another state, territory or foreign jurisdiction, which if committed in
98 Virginia would be a felony. Such conviction shall be treated as a felony conviction under this section
99 regardless of its designation in the other state, territory or foreign jurisdiction.

100 B. C. The Board shall refuse to admit a candidate to any examination and shall refuse to issue a
101 license to any applicant if the candidate or applicant has had his certificate or license to practice
102 physical therapy revoked or suspended, and has not had his certificate or license to so practice
103 reinstated, in another state, the District of Columbia, a United States possession or territory, or a foreign
104 jurisdiction.

105 **§ 54.1-3483. Unprofessional conduct.**

106 Any physical therapist or physical therapist assistant licensed by the Board or *practicing pursuant to*
107 *a compact privilege, as defined in § 54.1-3486, approved by the Board* shall be considered guilty of
108 unprofessional conduct if he:

109 1. Engages in the practice of physical therapy under a false or assumed name or impersonates
110 another practitioner of a like, similar or different name;

111 2. Knowingly and willfully commits any act which is a felony under the laws of this Commonwealth
112 or the United States, or any act which is a misdemeanor under such laws and involves moral turpitude;

113 3. Aids or abets, has professional contact with, or lends his name to any person known to him to be
114 practicing physical therapy illegally;

115 4. Conducts his practice in such a manner as to be a danger to the health and welfare of his patients
116 or to the public;

117 5. Is unable to practice with reasonable skill or safety because of illness or substance abuse;

118 6. Publishes in any manner an advertisement that violates Board regulations governing advertising;

119 7. Performs any act likely to deceive, defraud or harm the public;

120 8. Violates any provision of statute or regulation, state or federal, relating to controlled substances;

- 121 9. Violates or cooperates with others in violating any of the provisions of this chapter or regulations
122 of the Board; or
123 10. Engages in sexual contact with a patient concurrent with and by virtue of the practitioner/patient
124 relationship or otherwise engages at any time during the course of the practitioner/patient relationship in
125 conduct of a sexual nature that a reasonable patient would consider lewd and offensive.
126 § 54.1-3807. Refusal to grant and to renew; revocation and suspension of licenses and
127 registrations.
128 The Board may refuse to grant or to renew, may suspend, or *may* revoke any license to practice
129 veterinary medicine or to practice as a veterinary technician or registration to practice as an equine
130 dental technician if such applicant or holder:
131 1. Is convicted of any felony or of any misdemeanor involving moral turpitude;
132 2. Employs or permits any person who does not hold a license to practice veterinary medicine or to
133 practice as a licensed veterinary technician or registration to practice as an equine dental technician to
134 perform work which can lawfully be performed only by a person holding the appropriate license or
135 registration;
136 3. Willfully violates any provision of this chapter or any regulation of the Board;
137 4. Has violated any federal or state law relating to controlled substances as defined in Chapter 34
138 (§ 54.1-3400 et seq.);
139 5. Is guilty of unprofessional conduct as defined by regulations of the Board;
140 6. Uses alcohol or drugs to the extent such use renders him unsafe to practice or suffers from any
141 mental or physical condition rendering him unsafe to practice; or
142 7. Has had his license to practice veterinary medicine or as a veterinary technician or his registration
143 to practice as an equine dental technician in any other state revoked or suspended for any reason other
144 than nonrenewal *or has surrendered such license or registration in lieu of disciplinary action.*

Virginia.gov Agencies | Governor



Agency Department of Health Professions

Board Board of Veterinary Medicine

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

Action: Handling fee

Fast-Track Stage

Action 5418 / Stage 8805

[Edit Stage](#) [Withdraw Stage](#) [Go to RIS Project](#)

Documents		
Proposed Text	1/21/2020 10:57 am	Sync Text with RIS
Agency Background Document	11/1/2019 (modified 12/26/2019)	Upload / Replace
Attorney General Certification	11/13/2019	
DPB Economic Impact Analysis	11/15/2019	
Agency Response to EIA	12/20/2019	Upload / Replace
Governor's Review Memo	12/20/2019	
Registrar Transmittal	12/20/2019	

Status	
Incorporation by Reference	No
Exempt from APA	No, this stage/action is subject to article 2 of the <i>Administrative Process Act</i> and the standard executive branch review process.
Attorney General Review	Submitted to OAG: 11/1/2019 Review Completed: 11/13/2019 Result: Certified
DPB Review	Submitted on 11/13/2019 Economist: Larry Getzler Policy Analyst: Jerry Gentile Review Completed: 12/8/2019 <i>DPB's policy memo is "Governor's Confidential Working Papers"</i>
Secretary Review	Secretary of Health and Human Resources Review Completed: 12/17/2019
Governor's Review	Review Completed: 12/20/2019 Result: Approved
Virginia Registrar	Submitted on 12/20/2019 The Virginia Register of Regulations Publication Date: 1/20/2020 Volume: 36 Issue: 11
Comment Period	Last Day for Comments! Ends Today! (2/19/2020)

	Currently 0 comments
Effective Date	3/5/2020

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This person is the primary contact for this board.

This stage was created by Elaine J. Yeatts on 11/01/2019

12

Animal Health International Inc. Pleads Guilty to Introduction of Misbranded Drugs into Interstate Commerce

**Department of Justice
U.S. Attorney's Office
Western District of Virginia**



FOR IMMEDIATE RELEASE

Friday, February 14, 2020

Animal Health International Will Pay More Than \$52 Million in Forfeitures, Fines, and Penalties

Abingdon, VIRGINIA – Animal Health International Inc. (AHI), a Colorado corporation that obtains prescription drugs for animals from manufacturers for further distribution to veterinarians, farms, feedlots, and other facilities, pleaded guilty today, through its corporate counsel, in U.S. District Court to introducing a misbranded drug into interstate commerce. Also, Patterson Companies, Inc. (Patterson) AHI's corporate parent, entered into a non-prosecution agreement in which it committed to enhance its compliance program and fully comply with the law. United States Attorney Thomas T. Cullen and Special Agent in Charge Mark S. McCormack of the FDA's Office of Criminal Investigations Metro Washington Field Office, made the announcement today.

Pursuant to the agreements entered into by AHI and Patterson, AHI admitted to introducing and causing the introduction and delivery into interstate commerce of veterinary prescription drugs that were misbranded and agreed to pay \$1 million to the Virginia Department of Health Professionals, a \$5 million fine, and a forfeiture money judgement of \$46,802,203. In past 18 months, Patterson has fully cooperated in the investigation and implemented changes to AHI's and its compliance programs to prevent further violations of federal and state law.

“Today’s conviction demonstrates that our office will not tolerate when entities or individuals illegally bypass the important safeguards that exist to protect our nation’s food sources,” First Assistant United States Attorney Daniel P. Bubar said today. “We will continue to work closely with our partner agencies to make sure that veterinary drug distributors uphold their important obligations.”

“The FDA recognizes the importance of controlling the prescription drug supply for animals. The careless or uncontrolled distribution of prescription animal drugs poses a danger not only to the medicated animals but to the U.S. public health by increasing the risk that humans will become resistant to antibiotics that we unknowingly consume through our food supply.,” said Special Agent in Charge Mark S. McCormack, FDA Office of Criminal Investigations Metro Washington Field Office. “We will continue to pursue and bring to justice those who distribute prescription animal drugs unlawfully.”

The Food and Drug Administration’s restrictions on veterinary prescription drugs are not primarily to protect animals from the potential harms of prescription drugs, but are to protect the human food supply from unsafe drug residues in the edible tissues of animals sold for slaughter. Common causes of illegal residues include: (1) exceeding the drug’s approved dose; (2) using a shorter withdrawal period than what is stated on the drug’s label (if a higher than approved dose is given, the labeled withdrawal period may not be enough to allow the drug in the edible tissues to deplete to levels that are at or below the tolerance); (3) using a drug in an extra-label manner (for indications and dosages outside the approved labeling) without a veterinarian’s involvement; (4) giving a drug not approved for that species; and (5) using an unapproved route of administration. Drug residues in the nation’s drug supply are concerning because: (1) they may contribute to antibiotic resistance in the human population, rendering human drugs less effective to treat human disease and contributing to the mutations of “superbugs”; and (2) they may cause allergic reactions in individuals with certain drug allergies.

According to court documents, from 2012 through 2018, AHI caused misbranded veterinary prescription drug shipments to be made throughout the United States by distributing veterinary drugs from its wholesale locations directly to end users and by distributing veterinary drugs to unlicensed individuals.

Two such unlicensed individuals, Marlin Webb and Billy K. Groce, were not properly licensed to receive, transport, store, distribute, or dispense veterinary prescription drugs. Webb was the store manager of a cooperative in Hillsville, Virginia. The

cooperative was not a licensed wholesaler, pharmacy, or veterinary clinic. Groce operated an unlicensed veterinary prescription distribution business. Webb and Groce each obtained veterinary prescription drugs from AHI in interstate commerce without valid prescriptions, and on many occasions, with no prescriptions at all. Webb and Groce previously pled guilty to criminal charges for their conduct in United States District Court in Abingdon.

While, as stated in the charge to which AHI pled guilty, AHI obtained not less than \$46,802,203 from its illegal shipments, its profits from such shipments were a small percentage of the amount received.

United States District Judge James P. Jones scheduled sentencing for April 28, 2020 at 2:30 p.m.

The investigation of the case was conducted by the Food and Drug Administration -- Office of Criminal Investigations with the assistance of the Virginia Department of Health Professions. Assistant United States Attorney Randy Ramseyer is prosecuting the case for the United States.

Topic(s):

Drug Trafficking

Component(s):

USAO - Virginia, Western

DRAFT

Virginia's Veterinarian Workforce: 2019

Healthcare Workforce Data Center

January 2020

Virginia Department of Health Professions
Healthcare Workforce Data Center
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Henrico, VA 23233
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Get a copy of this report from:

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

More than 3,500 veterinarians voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Veterinary Medicine express our sincerest appreciation for your ongoing cooperation.

Thank You!

Virginia Department of Health Professions

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The Veterinarian Workforce: At a Glance:

The Workforce

Licensees:	4,551
Virginia's Workforce:	3,401
FTEs:	3,082

Background

Rural Childhood:	29%
HS Diploma in VA:	37%
Prof. Degree in VA:	34%

Current Employment

Employed in Prof.:	96%
Hold 1 Full-Time Job:	69%
Satisfied?:	91%

Survey Response Rate

All Licensees:	78%
Renewing Practitioners:	84%

Education

DVM/VMD:	83%
Bachelor of Science:	60%

Job Turnover

Switched Jobs:	6%
Employed Over 2 Yrs:	65%

Demographics

Female:	71%
Diversity Index:	21%
Median Age:	45

Finances

Median Inc.:	\$90k-\$100k
Health Insurance:	52%
Under 40 w/ Ed Debt:	74%

Time Allocation

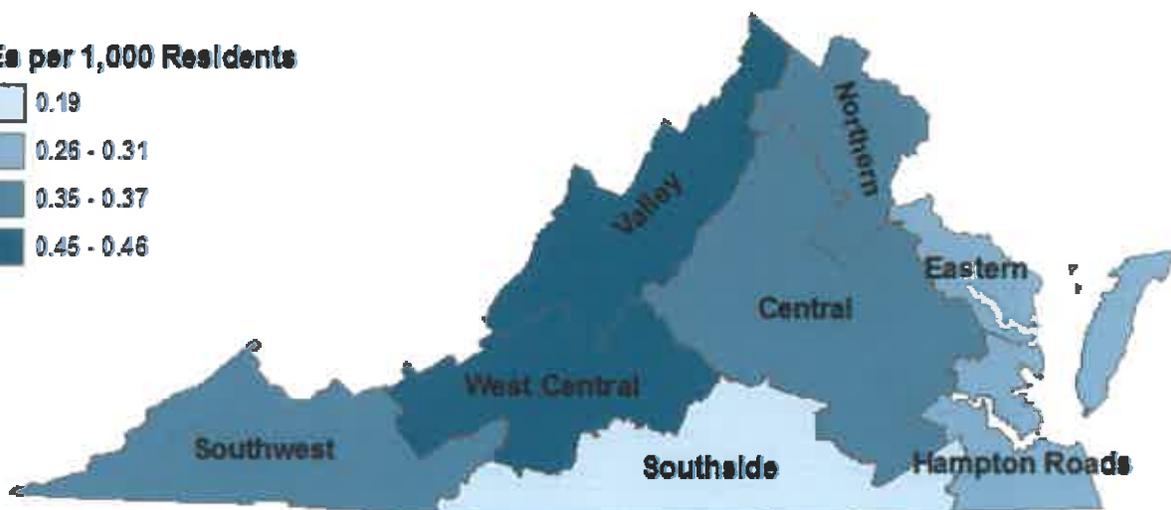
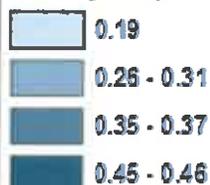
Patient Care:	90%-99%
Administration:	1%-9%
Patient Care Role:	86%

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, 2018
Source: U.S. Census Bureau, Population Division



Results in Brief

This report contains the results of the 2019 Veterinarian Survey. More than 3,500 veterinarians voluntarily took part 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 78% of the 4,551 veterinarians licensed in the state and 84% of renewing practitioners.

The HWDC estimates that 3,401 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 3,082 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours per year.

More than 70% of all veterinarians are female, including 85% of those veterinarians who are under the age of 40. In a random encounter between two veterinarians, there is a 21% chance that they would be of different races or ethnicities, a measure known as the diversity index. This is well below the diversity index of 57% for Virginia's population as a whole. Nearly 30% of veterinarians grew up in rural areas, and 18% of these professionals currently work in non-metro areas of the state. In total, 10% of all veterinarians currently work in non-metro areas of the state.

Nearly all veterinarians are employed in the profession, and only 1% have experienced involuntary unemployment at some point in the past year. More than two-thirds of all veterinarians hold one full-time job, while 16% hold multiple positions at the same time. In addition, nearly two-thirds of veterinarians have worked at their primary work location for at least two years. Nearly 90% of veterinarians work at either a group practice or a solo practice/partnership.

The typical veterinarian earns between \$90,000 and \$100,000 per year. In addition, 70% of veterinarians receive at least one employer-sponsored benefit, including 52% who have access to health insurance. Meanwhile, 45% of all veterinarians hold education debt, and the median debt burden among these professionals is between \$110,000 and \$120,000. More than 90% of veterinarians are satisfied with their current work situation, including 57% who indicate 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 veterinarian workforce has barely changed over the past two years. The number of licensed veterinarians in Virginia has increased by 2% (4,551 vs. 4,470), and 2019 licensees were considerably more likely to respond to the survey (78% vs. 71%). The size of Virginia's veterinarian workforce has also increased (3,401 vs. 3,322), but the number of FTEs provided by this workforce fell by 1% (3,082 vs. 3,119).

Virginia's veterinarians are slightly more likely to be female (71% vs. 70%) as well as to be under the age of 40 (38% vs. 36%). In addition, the diversity index among veterinarians increased (21% vs. 20%); this increase was even slightly larger among veterinarians who are under the age of 40 (28% vs. 26%). Virginia's veterinarians are more likely to have received either their high school or professional degree in the state (47% vs. 46%).

Veterinarians are more likely to be employed in the profession (96% vs. 95%), hold two or more positions at the same time (16% vs. 14%), and work between 40 and 49 hours per week (38% vs. 37%). At the same time, the rate of underemployment has fallen (1% vs. 2%) as well as the percentage of veterinarians who have worked at their primary work site for at least two years (65% vs. 67%).

Although there was no change in the median annual income for Virginia's veterinarians, those veterinarians who were compensated with either an hourly wage or a salary at their primary work location were slightly more likely to receive at least one employer-sponsored benefit (79% vs. 78%). However, the percentage of veterinarians who indicate that they are satisfied with their current work situation has fallen (91% vs. 92%). This decline is even larger among those veterinarians who indicated that they are "very satisfied" (57% vs. 59%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	3,979	87%
New Licensees	287	6%
Non-Renewals	285	6%
All Licensees	4,551	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing veterinarians, 84% submitted a survey. These respondents represent 78% of all veterinarians who held a license at some point in the past year.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	114	239	68%
30 to 34	143	458	76%
35 to 39	129	470	79%
40 to 44	119	463	80%
45 to 49	91	399	81%
50 to 54	97	367	79%
55 to 59	92	371	80%
60 and Over	233	766	77%
Total	1,018	3,533	78%
New Licenses			
Issued in Past Year	140	147	51%
Metro Status			
Non-Metro	80	262	77%
Metro	615	2,280	79%
Not in Virginia	322	991	75%

Source: Va. Healthcare Workforce Data Center

Definitions

- The Survey Period:** The survey was conducted in December 2019.
- Target Population:** All veterinarians who held a Virginia license at some point between January 2019 and December 2019.
- 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 2019.

Response Rates	
Completed Surveys	3,533
Response Rate, All Licensees	78%
Response Rate, Renewals	84%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Veterinarians

Number: 4,551
 New: 6%
 Not Renewed: 6%

Response Rates

All Licensees: 78%
 Renewing Practitioners: 84%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Veterinarian Workforce: 3,401
 FTEs: 3,082

Utilization Ratios

Licenses in VA Workforce: 75%
 Licenses per FTE: 1.48
 Workers per FTE: 1.10

Source: Va. Healthcare Workforce Data Center

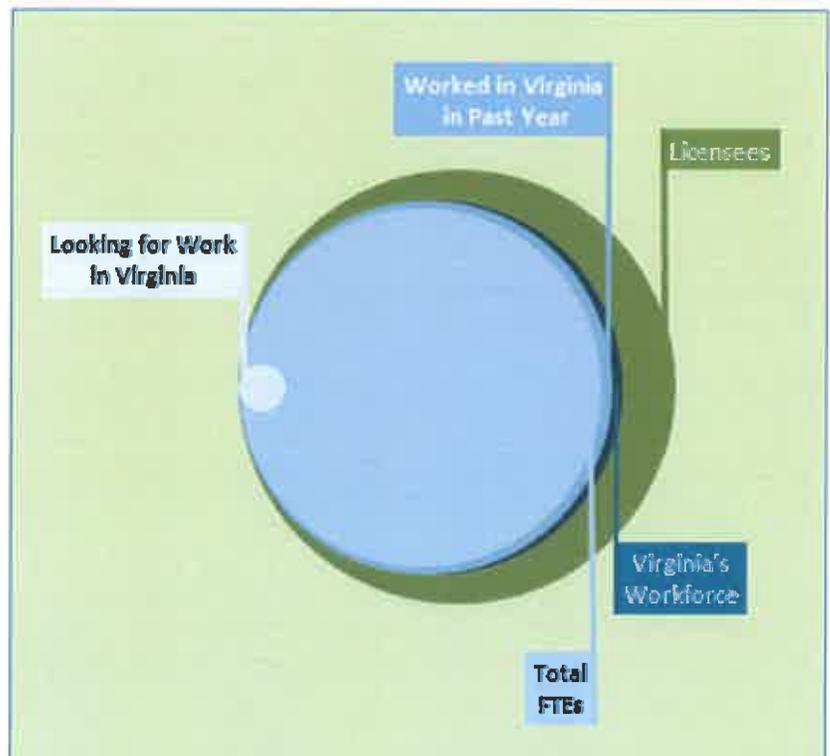
Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time between January 2019 and December 2019 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.

Veterinarian Workforce

Status	#	%
Worked in Virginia In Past Year	3,349	98%
Looking for Work in Virginia	51	1%
Virginia's Workforce	3,401	100%
Total FTEs	3,082	
Licenses	4,551	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

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

Demographics

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	38	14%	238	86%	276	9%
30 to 34	68	16%	349	84%	416	14%
35 to 39	63	15%	346	85%	408	14%
40 to 44	83	22%	290	78%	372	13%
45 to 49	89	28%	224	72%	313	11%
50 to 54	87	31%	192	69%	279	10%
55 to 59	109	38%	181	62%	289	10%
60 and Over	323	58%	238	43%	561	19%
Total	859	30%	2,057	71%	2,915	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 71%
% Under 40 Female: 85%

Age

Median Age: 45
% Under 40: 38%
% 55+: 29%

Diversity

Diversity Index: 21%
Under 40 Div. Index: 28%

Source: Va. Healthcare Workforce Data Center

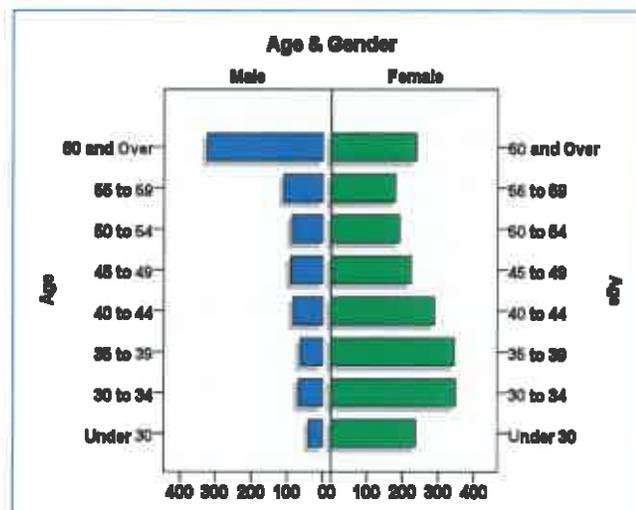
In a chance encounter between two veterinarians, there is a 21% chance that they would be of a different race or ethnicity (a measure known as the diversity index).

Race & Ethnicity					
Race/Ethnicity	Virginia*	Veterinarians		Veterinarians Under 40	
	%	#	%	#	%
White	61%	2,585	89%	927	84%
Black	19%	60	2%	27	2%
Asian	7%	90	3%	48	4%
Other Race	0%	22	1%	8	1%
Two or More Races	3%	67	2%	35	3%
Hispanic	10%	91	3%	53	5%
Total	100%	2,915	100%	1,098	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, 2018.

Source: Va. Healthcare Workforce Data Center

Among the 38% of veterinarians who are under the age of 40, 85% are female. In addition, the diversity index among these professionals is 28%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 8%
 Rural Childhood: 29%

Virginia Background

HS in Virginia: 37%
 Prof. Degree in VA: 34%
 HS or Prof. in VA: 47%

Location Choice

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

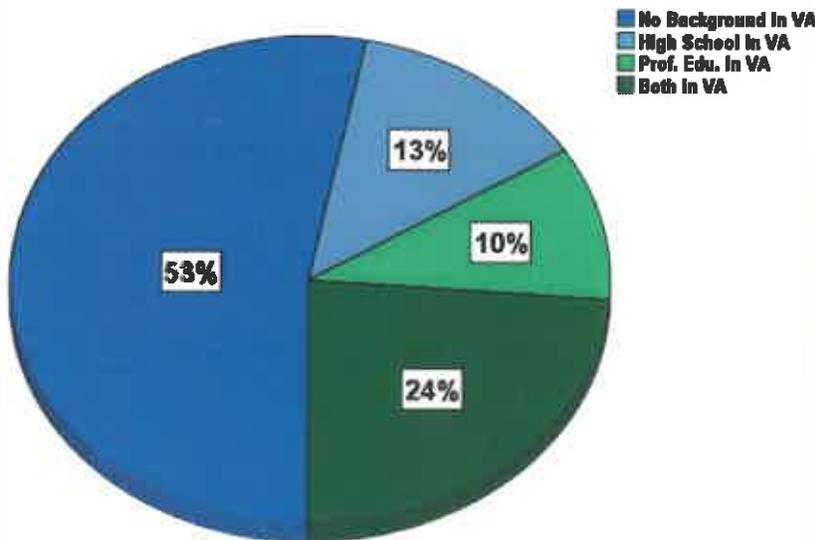
Source: Va. Healthcare Workforce Data Center

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+	22%	69%	9%
2	Metro, 250,000 to 1 Million	35%	57%	8%
3	Metro, 250,000 or Less	40%	53%	7%
Non-Metro Counties				
4	Urban Pop. 20,000+, Metro Adjacent	58%	42%	0%
6	Urban Pop., 2,500-19,999, Metro Adjacent	48%	44%	8%
7	Urban Pop., 2,500-19,999, Non-Adjacent	66%	32%	2%
8	Rural, Metro Adjacent	58%	36%	6%
9	Rural, Non-Adjacent	38%	59%	3%
Overall		29%	63%	8%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Over half of Virginia's veterinarians do not have any educational background in the state. Among the 29% of veterinarians who grew up in a rural area, 18% currently work in non-metro areas of the state. Overall, 10% of veterinarians currently work in non-metro areas of Virginia.

Top Ten States for Veterinarian Recruitment

Rank	All Veterinarians			
	High School	#	Professional School	#
1	Virginia	1,059	Virginia	969
2	Maryland	230	Outside U.S./Canada	310
3	New York	165	Georgia	167
4	Outside U.S./Canada	126	Alabama	149
5	Pennsylvania	124	Ohio	134
6	New Jersey	109	Pennsylvania	126
7	North Carolina	93	North Carolina	110
8	California	85	Tennessee	107
9	Ohio	80	New York	87
10	Florida	70	Michigan	62

Source: Va. Healthcare Workforce Data Center

Among all veterinarians, 37% earned their high school degree in Virginia, and 34% received their initial professional degree in the state.

Among veterinarians who received their initial license in the past five years, 34% earned their high school degree in Virginia, while 30% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Professional School	#
1	Virginia	261	Virginia	230
2	Maryland	84	Outside U.S./Canada	126
3	Outside U.S./Canada	40	Alabama	36
4	Pennsylvania	40	North Carolina	34
5	New York	35	Tennessee	34
6	California	35	Pennsylvania	33
7	New Jersey	30	Ohio	25
8	North Carolina	24	Florida	22
9	Florida	20	California	21
10	West Virginia	18	Mississippi	21

Source: Va. Healthcare Workforce Data Center

One-quarter of licensed veterinarians are not part of the state's veterinarian workforce. Among these licensees, 90% worked at some point in the past year, including 83% who currently work as veterinarians.

At a Glance:

Not in VA Workforce

Total:	1,149
% of Licensees:	25%
Federal/Military:	12%
Va. Border State/D.C.:	23%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Education		
Degree	#	% of Workforce
Bachelor of Science	2,048	60%
Other Bachelor's Degree	358	11%
Graduate Certificate	68	2%
Master's Degree	397	12%
PhD	73	2%
DVM/VMD	2,830	83%

Source: Va. Healthcare Workforce Data Center

Nearly half of all veterinarians carry education debt, including 74% of those who are under the age of 40. For those with education debt, their median debt burden is between \$110,000 and \$120,000.

At a Glance:

Education
 DVM/VMD: 83%
 Bachelor of Science: 60%

Educational Debt
 Carry Debt: 45%
 Under Age 40 w/ Debt: 74%
 Median Debt: \$110k-\$120k

Training Program
 Surgery: 2%
 Internal Medicine: 2%
 Public Health: 2%

Source: Va. Healthcare Workforce Data Center

Other Education/Training		
Residency/Specialty Training	#	%
Surgery	78	2%
Internal Medicine	61	2%
Public Health	55	2%
Canine and Feline Practice	51	1%
Equine Practice	45	1%
Critical Care/Emergency	34	1%
Laboratory Animal Medicine	25	1%
Sports Medicine and Rehabilitation	25	1%
Radiology	21	1%
Oncology	20	1%
Pathology	18	1%
At Least One	499	15%
Other Education	#	%
Preventative Medicine	289	8%
Therigenology	73	2%
Other	260	8%
At Least One	557	16%

Source: Va. Healthcare Workforce Data Center

Educational Debt				
Amount Carried	All Veterinarians		Veterinarians Under 40	
	#	%	#	%
None	1,373	55%	256	26%
Less than \$20,000	81	3%	37	4%
\$20,000-\$39,999	91	4%	24	2%
\$40,000-\$59,999	106	4%	38	4%
\$60,000-\$79,999	107	4%	46	5%
\$80,000-\$99,999	99	4%	53	5%
\$100,000-\$119,999	85	3%	54	6%
\$120,000-\$139,999	51	2%	41	4%
\$140,000-\$159,999	64	3%	51	5%
\$160,000-\$179,999	36	1%	28	3%
\$180,000-\$199,999	63	3%	56	6%
\$200,000 or More	330	13%	291	30%
Total	2,486	100%	977	100%

Source: Va. Healthcare Workforce Data Center

Current Employment Situation

At a Glance:

Employment

Employed in Profession: 96%
Involuntarily Unemployed: 0%

Positions Held

1 Full-Time: 69%
2 or More Positions: 16%

Weekly Hours:

40 to 49: 38%
60 or More: 11%
Less than 30: 12%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	4	< 1%
Employed in a Veterinary-Related Capacity	2,738	96%
Employed, NOT in a Veterinary-Related Capacity	39	1%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	0	0%
Voluntarily Unemployed	33	1%
Retired	49	2%
Total	2,863	100%

Source: Va. Healthcare Workforce Data Center

Among all veterinarians, 96% are currently employed in the profession. In addition, 69% currently hold one full-time job, while 16% hold multiple positions at the same time.

Current Positions		
Positions	#	%
No Positions	82	3%
One Part-Time Position	340	12%
Two Part-Time Positions	122	4%
One Full-Time Position	1,947	69%
One Full-Time Position & One Part-Time Position	216	8%
Two Full-Time Positions	26	1%
More than Two Positions	74	3%
Total	2,807	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	82	3%
1 to 9 Hours	70	3%
10 to 19 Hours	100	4%
20 to 29 Hours	177	6%
30 to 39 Hours	581	21%
40 to 49 Hours	1,067	38%
50 to 59 Hours	400	14%
60 to 69 Hours	212	8%
70 to 79 Hours	63	2%
80 or More Hours	42	2%
Total	2,794	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	17	1%
Less than \$40,000	205	9%
\$40,000-\$59,999	200	9%
\$60,000-\$79,999	315	14%
\$80,000-\$99,999	447	20%
\$100,000-\$119,999	400	18%
\$120,000-\$139,999	230	11%
\$140,000-\$159,999	118	5%
\$160,000-\$179,999	64	3%
\$180,000-\$199,999	59	3%
\$200,000 or More	134	6%
Total	2,191	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

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

Benefits
Health Insurance: 52%
Retirement: 48%

Satisfaction
Satisfied: 91%
Very Satisfied: 57%

Source: Va. Healthcare Workforce Data Center

The typical veterinarian earned between \$90,000 and \$100,000 in the past year. Among veterinarians who were compensated at their primary work location with either a salary or an hourly wage, nearly 80% received at least one employer-sponsored benefit, including 59% who had access to health insurance.

Job Satisfaction		
Level	#	%
Very Satisfied	1,602	57%
Somewhat Satisfied	945	34%
Somewhat Dissatisfied	199	7%
Very Dissatisfied	43	2%
Total	2,789	100%

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	1,544	56%	66%
Health Insurance	1,436	52%	59%
Retirement	1,326	48%	56%
Paid Sick Leave	1,039	38%	44%
Dental Insurance	1,034	38%	45%
Group Life Insurance	656	24%	28%
Signing/Retention Bonus	199	7%	9%
Received At Least One Benefit	1,915	70%	79%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In The Past Year, Did You . . .?	#	%
Work Two or More Positions at the Same Time?	515	15%
Switch Employers or Practices?	203	6%
Experience Voluntary Unemployment?	148	4%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	50	1%
Experience Involuntary Unemployment?	26	1%
Experienced At Least One	780	23%

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 2.8% during the same time period.¹

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 1%

Turnover & Tenure

Switched Jobs: 6%
New Location: 21%
Over 2 Years: 65%
Over 2 Yrs., 2nd Location: 50%

Employment Type

Salary/Commission: 71%
Business/Practice Income: 16%

Source: Va. Healthcare Workforce Data Center

Among all veterinarians, 65% have worked at their primary work location for at least two years.

Location Tenure

Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	46	2%	35	6%
Less than 6 Months	214	8%	76	13%
6 Months to 1 Year	204	7%	80	14%
1 to 2 Years	495	18%	96	17%
3 to 5 Years	530	19%	123	22%
6 to 10 Years	364	13%	62	11%
More than 10 Years	871	32%	98	17%
Subtotal	2,724	100%	570	100%
Did Not Have Location	61		2,794	
Item Missing	616		37	
Total	3,401		3,401	

Source: Va. Healthcare Workforce Data Center

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

Employment Type

Primary Work Site	#	%
Salary/Commission	1,612	71%
Business/Practice Income	363	16%
Hourly Wage	226	10%
By Contract/Per Diem	70	3%
Unpaid	13	1%
Subtotal	2,284	100%
Did Not Have Location	61	
Item Missing	1,055	

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 from a low of 2.4% to a high of 3.2%. At the time of publication, the unemployment rate from November 2019 was still preliminary, and the unemployment rate from December 2019 had not yet been released.

At a Glance:

Concentration

Top Region:	36%
Top 3 Regions:	72%
Lowest Region:	1%

Locations

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

Source: Va. Healthcare Workforce Data Center

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

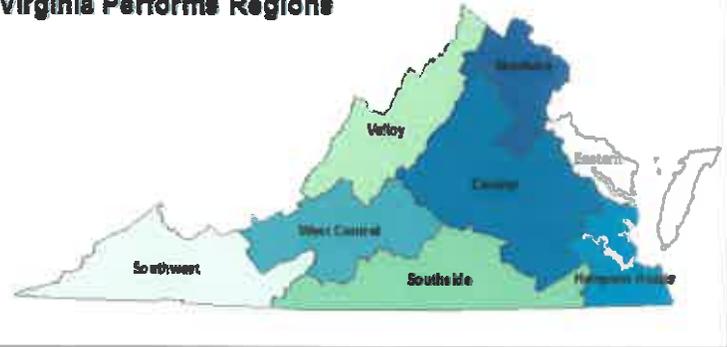
A Closer Look:

Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Northern	970	36%	189	32%
Central	572	21%	85	14%
Hampton Roads	420	15%	97	16%
West Central	287	11%	47	8%
Valley	196	7%	49	8%
Southwest	117	4%	20	3%
Southside	55	2%	14	2%
Eastern	40	1%	12	2%
Virginia Border State/D.C.	23	1%	21	4%
Other U.S. State	31	1%	61	10%
Outside of the U.S.	1	0%	1	0%
Total	2,712	100%	596	100%
Item Missing	628		12	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



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	51	2%	78	3%
1	2,111	76%	2,153	78%
2	347	13%	309	11%
3	154	6%	164	6%
4	41	2%	26	1%
5	15	1%	11	0%
6 or More	48	2%	27	1%
Total	2,767	100%	2,767	100%

*At the time of survey completion, Dec. 2019.

Source: Va. Healthcare Workforce Data Center

Establishment Type

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	2,356	91%	493	88%
Non-Profit	95	4%	39	7%
State/Local Government	63	2%	13	2%
Veterans Administration	1	0%	1	0%
U.S. Military	19	1%	5	1%
Other Federal Government	41	2%	7	1%
Total	2,575	100%	558	100%
Did Not Have Location	61		2,794	
Item Missing	764		50	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

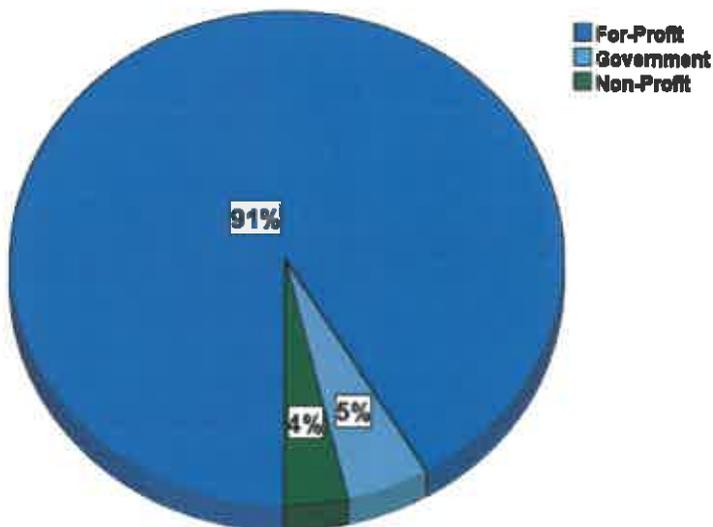
For Profit: 91%
Federal: 2%

Top Establishments

Group Practice: 46%
Solo Practice: 42%
Veterinary Edu. Program: 2%

Source: Va. Healthcare Workforce Data Center

Sector, Primary Work Site



Source: Va. Healthcare Workforce Data Center

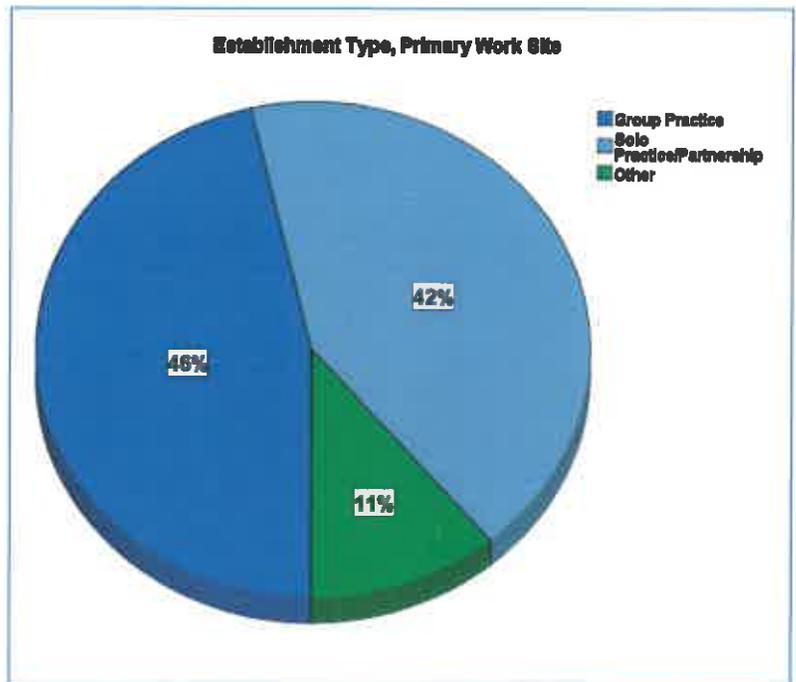
More than 90% of veterinarians work in for-profit establishments. Another 5% work for the government and 4% work in the non-profit sector.

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Group Practice	1,148	46%	236	44%
Solo Practice/Partnership	1,051	42%	196	37%
Veterinary Education Program	40	2%	11	2%
Public Health Program	38	2%	7	1%
Supplier Organization	10	0%	7	1%
Non-Veterinary Education Program	9	0%	6	1%
Veterinary Technology Education Program	9	0%	1	0%
Other Practice Setting	170	7%	71	13%
Total	2,475	100%	535	100%
Did Not Have a Location	61		2,794	

Source: Va. Healthcare Workforce Data Center

Nearly 90% of all veterinarians work at either a group practice or a solo practice/partnership as their primary work location.

Among those veterinarians who also have a secondary work location, 44% work at a group practice and 37% work at a solo practice/partnership.



Source: Va. Healthcare Workforce Data Center

Time Allocation

At a Glance: (Primary Locations)

Typical Time Allocation

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

Roles

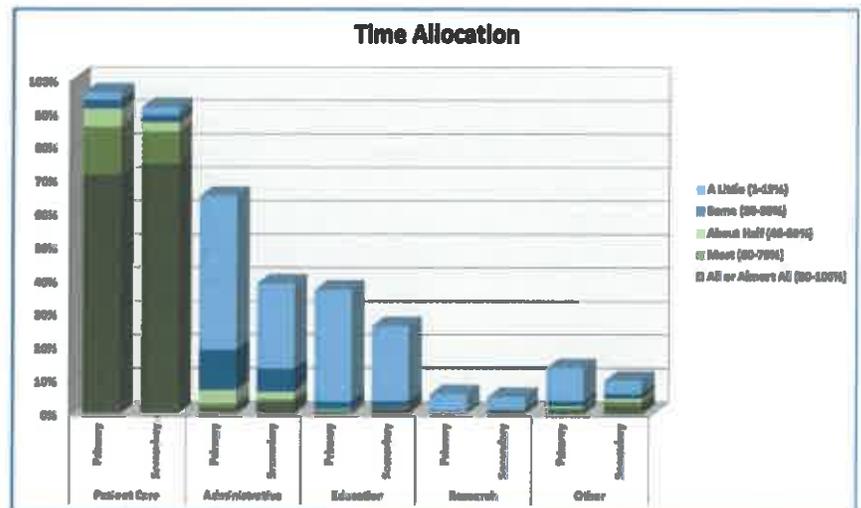
Patient Care: 86%
Administrative: 3%
Education: 1%

Patient Care Veterinarians

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



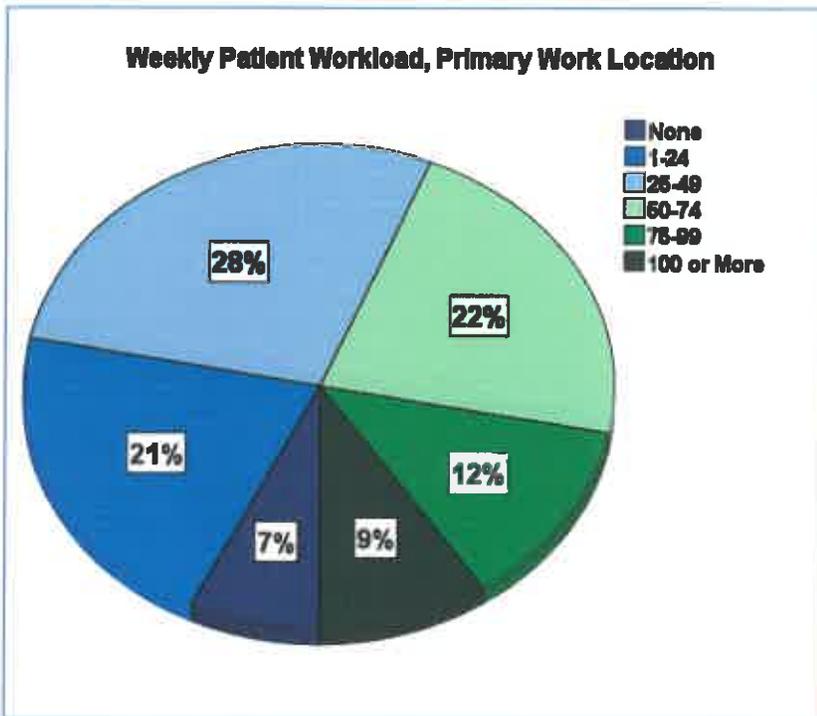
Source: Va. Healthcare Workforce Data Center

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

Time Allocation										
Time Spent	Patient Care		Admin.		Education		Research		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	72%	75%	2%	3%	1%	2%	0%	1%	1%	2%
Most (60-79%)	14%	10%	1%	1%	0%	0%	0%	0%	0%	1%
About Half (40-59%)	5%	3%	4%	2%	1%	0%	0%	0%	1%	1%
Some (20-39%)	3%	2%	12%	7%	2%	2%	0%	0%	1%	1%
A Little (1-19%)	2%	2%	46%	26%	34%	22%	5%	4%	10%	4%
None (0%)	4%	8%	35%	61%	63%	74%	94%	95%	86%	90%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Patient Workload
(Median)

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

Source: Va. Healthcare Workforce Data Center

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

# of Patients Per Week	Primary		Secondary	
	#	%	#	%
None	180	7%	69	13%
1-24	540	21%	265	48%
25-49	713	28%	116	21%
50-74	561	22%	72	13%
75-99	319	12%	10	2%
100-124	125	5%	9	2%
125-149	54	2%	8	1%
150-174	12	0%	1	0%
175-199	9	0%	0	0%
200 or More	41	2%	1	0%
Total	2,554	100%	551	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	78	3%	7	1%
55 to 59	225	9%	46	5%
60 to 64	522	22%	170	19%
65 to 69	749	31%	287	32%
70 to 74	358	15%	177	20%
75 to 79	103	4%	54	6%
80 or Over	54	2%	27	3%
I Do Not Intend to Retire	242	10%	123	14%
Total	2,388	100%	891	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All Veterinarians

Under 65: 37%

Under 60: 15%

Veterinarians 50 and Over

Under 65: 25%

Under 60: 6%

Time Until Retirement

Within 2 Years: 6%

Within 10 Years: 20%

Half the Workforce: By 2044

Source: Va. Healthcare Workforce Data Center

Nearly four out of every ten veterinarians expect to retire by the age of 65. Among veterinarians who are already at least age 50, one-quarter still expect to retire by age 65.

Within the next two years, 9% of Virginia's veterinarians plan to pursue additional educational opportunities, and 6% plan to increase their patient care hours.

Future Plans

Two-Year Plans:	#	%
Decrease Participation		
Decrease Patient Care Hours	375	11%
Leave Virginia	121	4%
Leave Profession	51	1%
Decrease Teaching Hours	14	0%
Increase Participation		
Pursue Additional Education	290	9%
Increase Patient Care Hours	216	6%
Increase Teaching Hours	101	3%
Return to Virginia's Workforce	10	0%

Source: Va. Healthcare Workforce Data Center

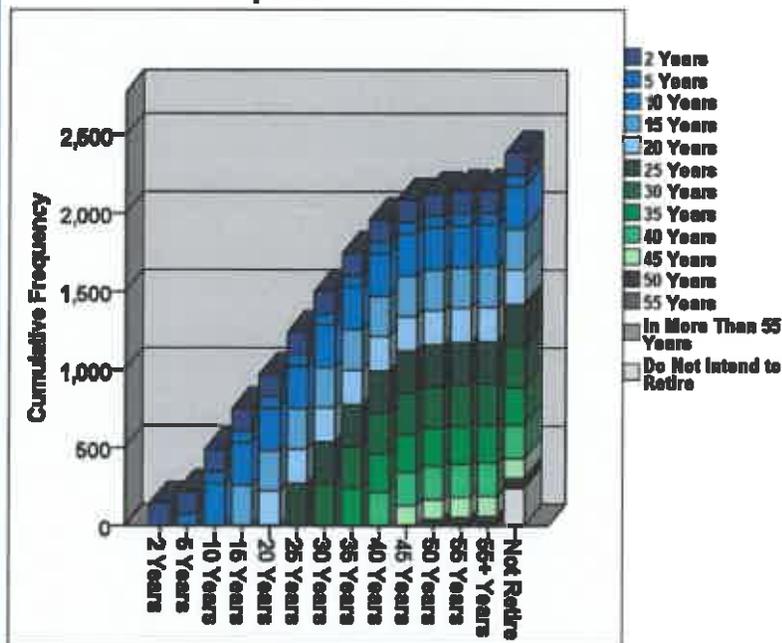
By comparing retirement expectations to age, we can estimate the maximum years to retirement for veterinarians. While only 6% of veterinarians expect to retire in the next two years, 20% plan to retire within the next decade. More than half of the current workforce expect to retire by 2044.

Time to Retirement

Expect to Retire Within...	#	%	Cumulative %
2 Years	143	6%	6%
5 Years	75	3%	9%
10 Years	269	11%	20%
15 Years	260	11%	31%
20 Years	221	9%	41%
25 Years	270	11%	52%
30 Years	264	11%	63%
35 Years	242	10%	73%
40 Years	214	9%	82%
45 Years	127	5%	87%
50 Years	41	2%	89%
55 Years	14	1%	90%
In More Than 55 Years	7	0%	90%
Do Not Intend to Retire	242	10%	100%
Total	2,388	100%	

Source: Va. Healthcare Workforce Data Center

Expected Years to Retirement



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every five years by 2029. Retirement will peak at 11% of the current workforce in 2044 before declining to under 10% of the current workforce around 2059.

At a Glance:

FTEs

Total: 3,082
 FTEs/1,000 Residents²: 0.362
 Average: 0.92

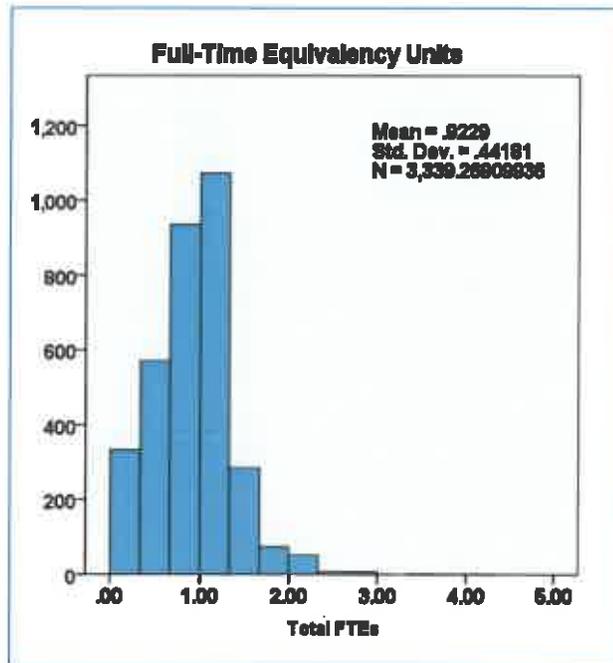
Age & Gender Effect

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

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

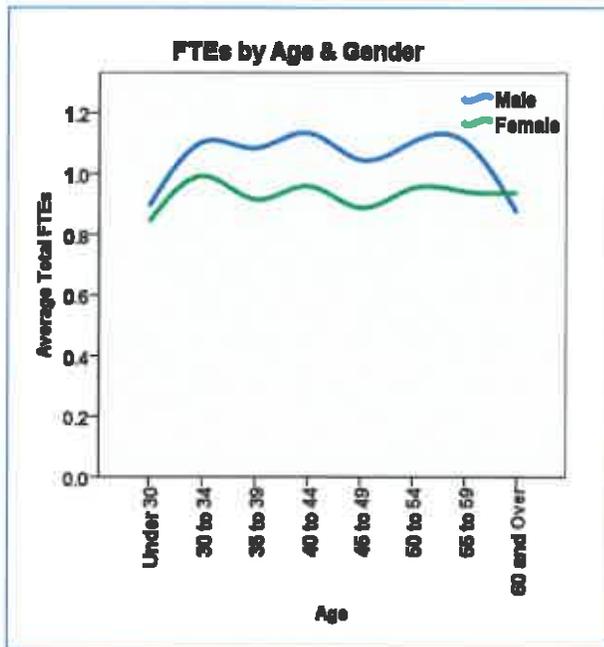


Source: Va. Healthcare Workforce Data Center

The typical veterinarian provided 0.93 FTEs in the past year, or approximately 37 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	0.85	0.88
30 to 34	1.03	1.05
35 to 39	0.92	0.92
40 to 44	0.88	0.97
45 to 49	0.87	0.89
50 to 54	0.96	0.93
55 to 59	1.03	1.09
60 and Over	0.87	0.78
Gender		
Male	1.01	1.03
Female	0.93	0.96

Source: Va. Healthcare Workforce Data Center

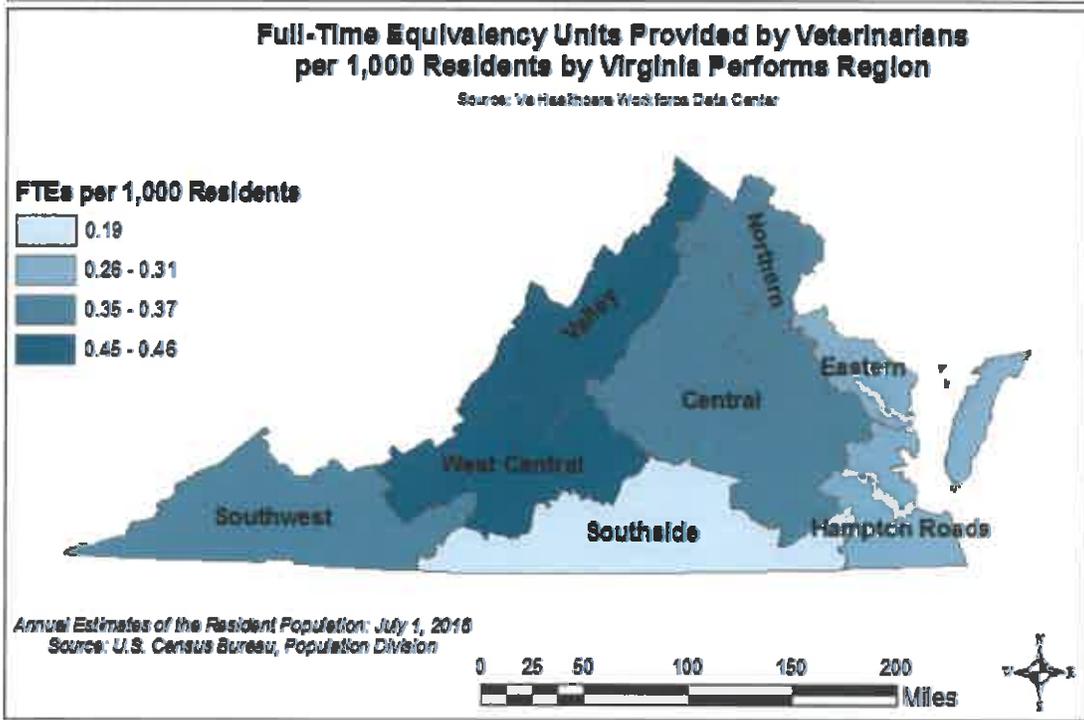
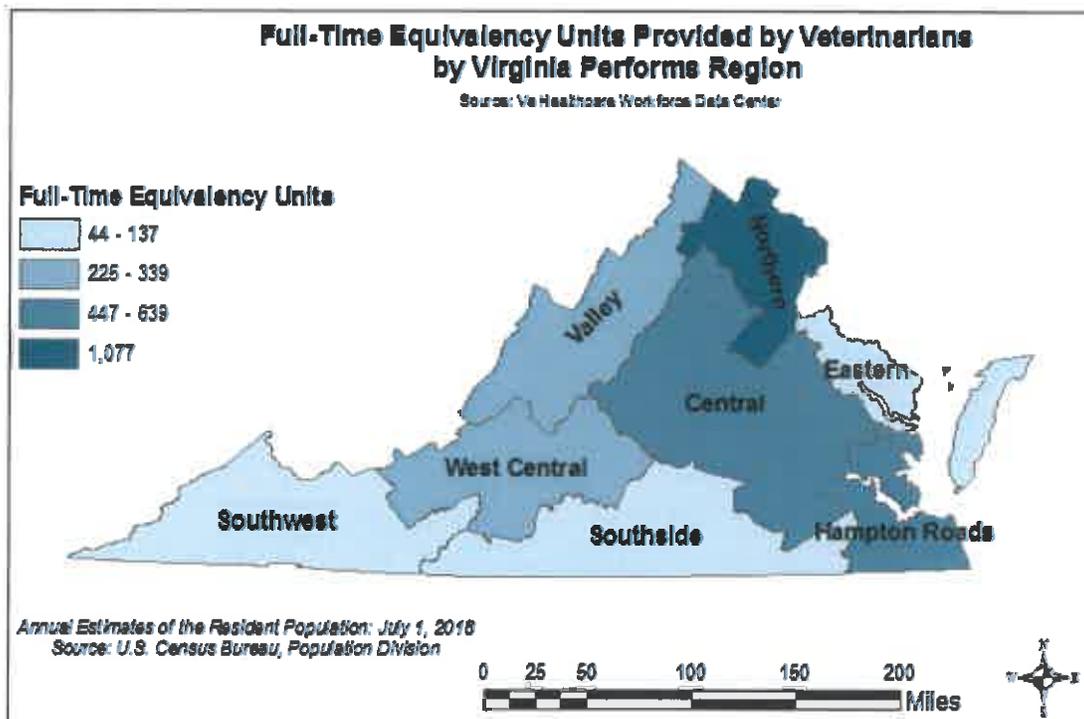


Source: Va. Healthcare Workforce Data Center

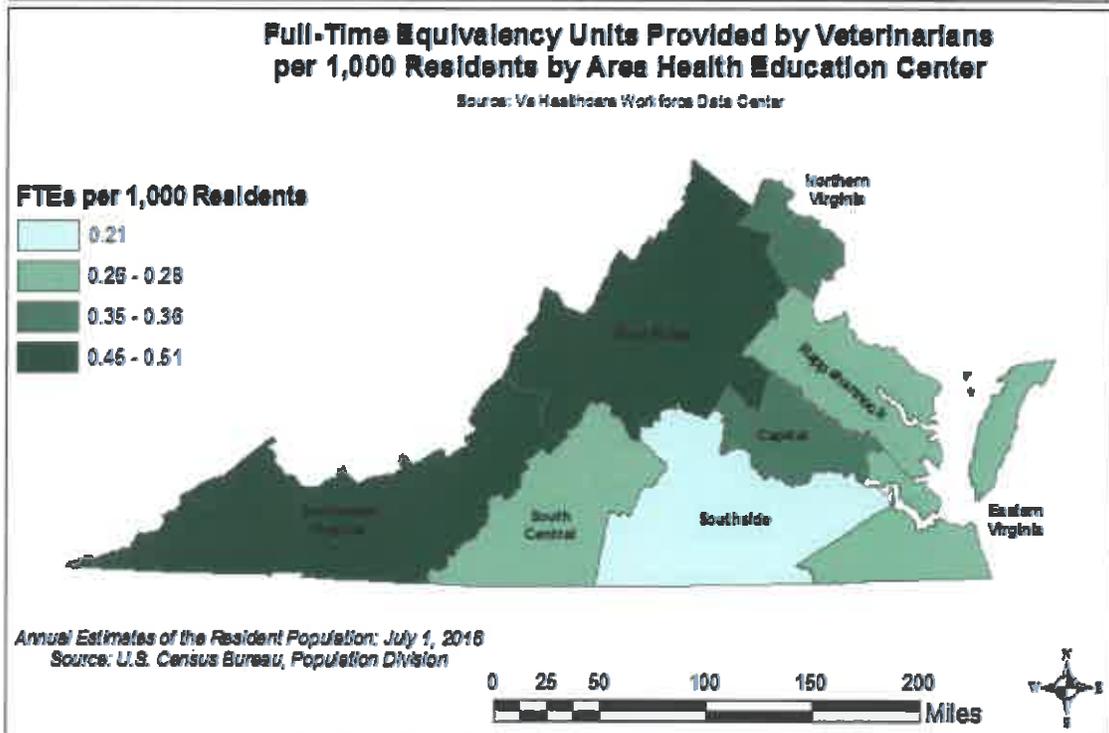
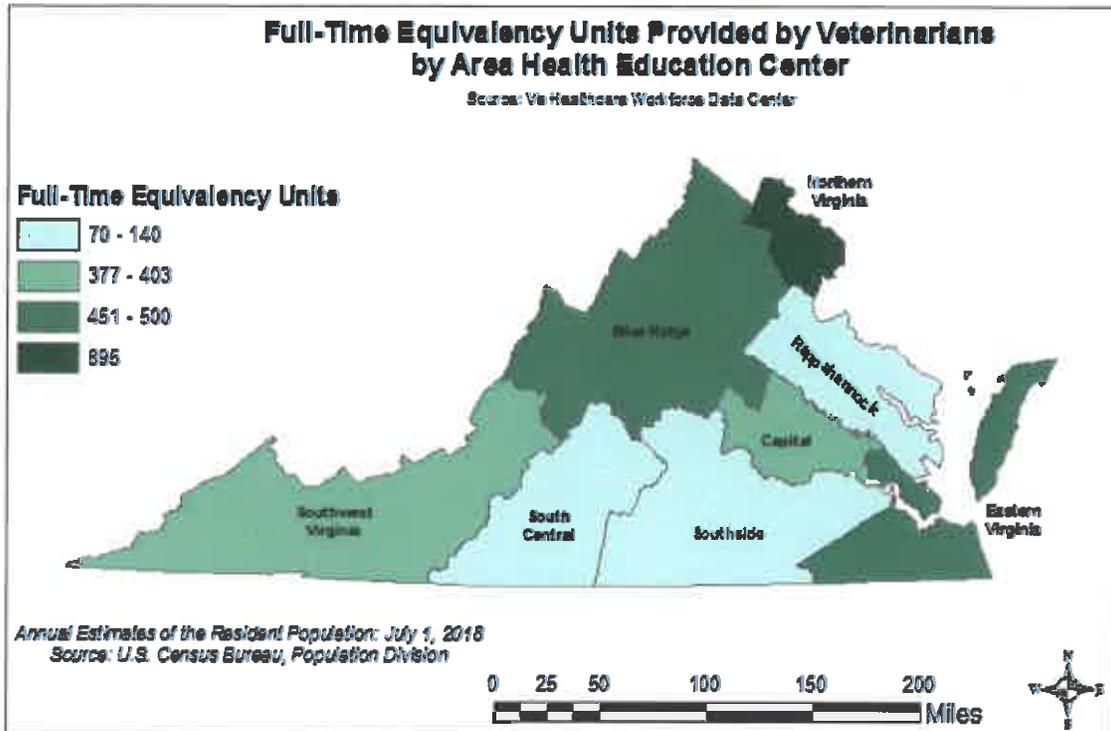
² Number of residents in 2018 was used as the denominator.

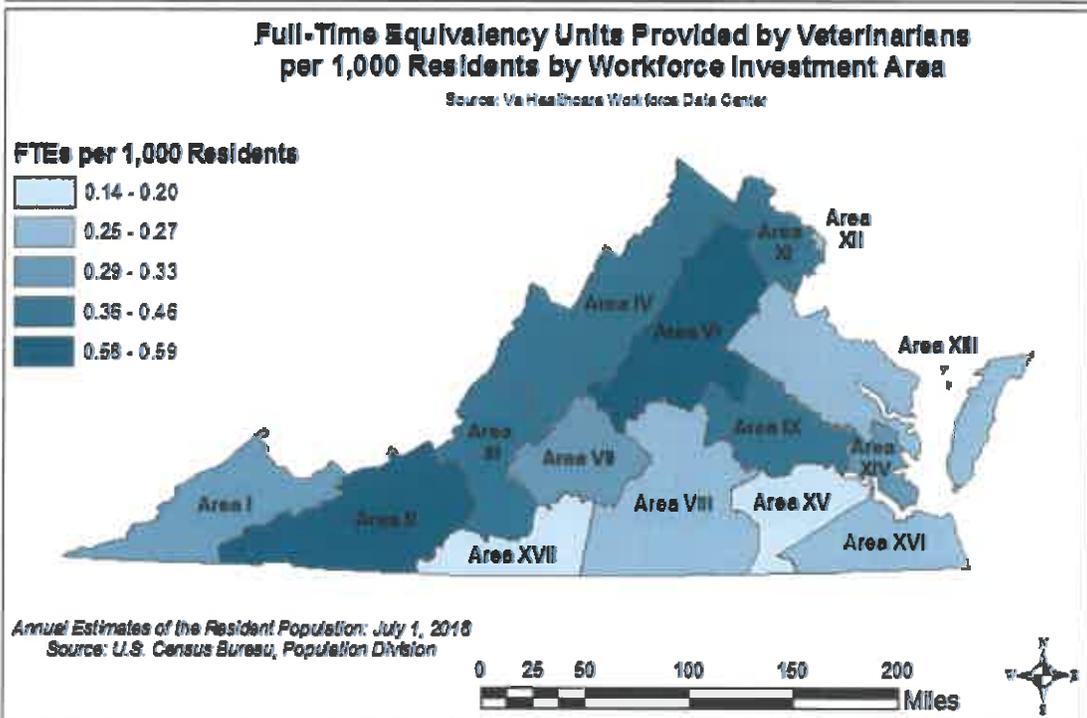
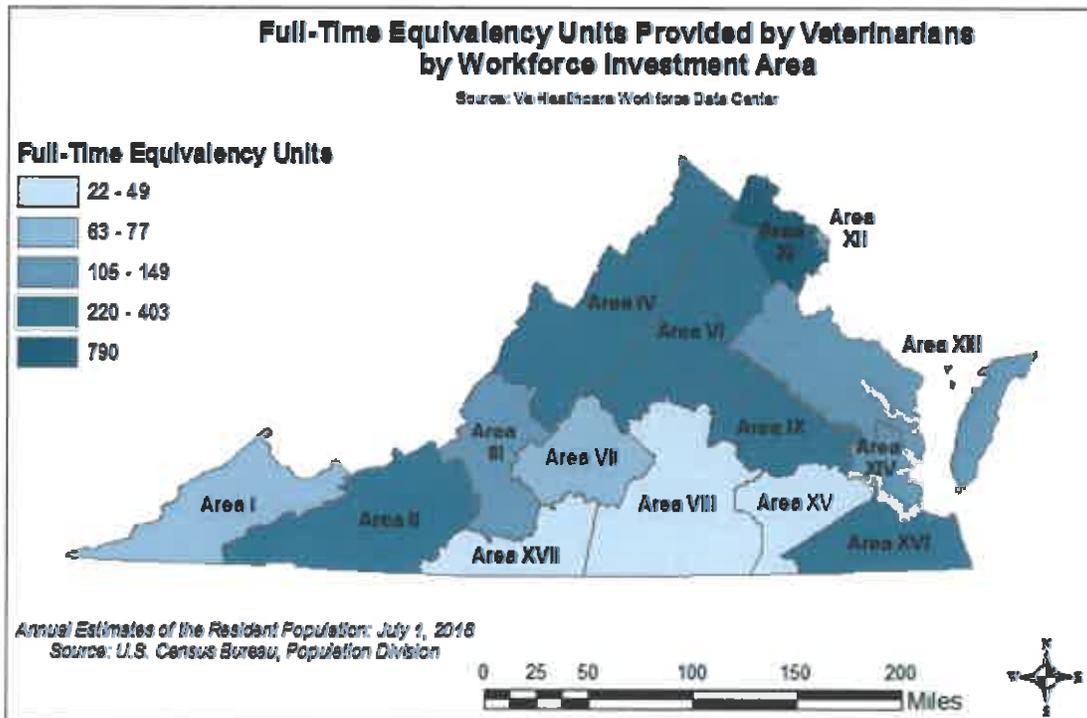
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction Effect were significant).

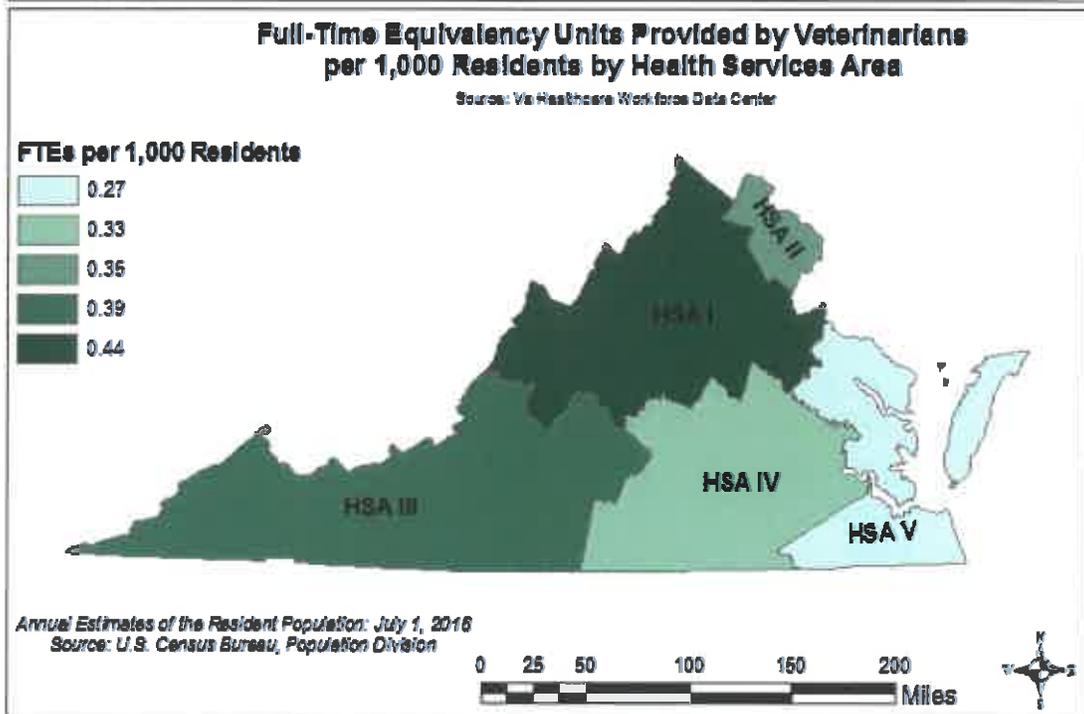
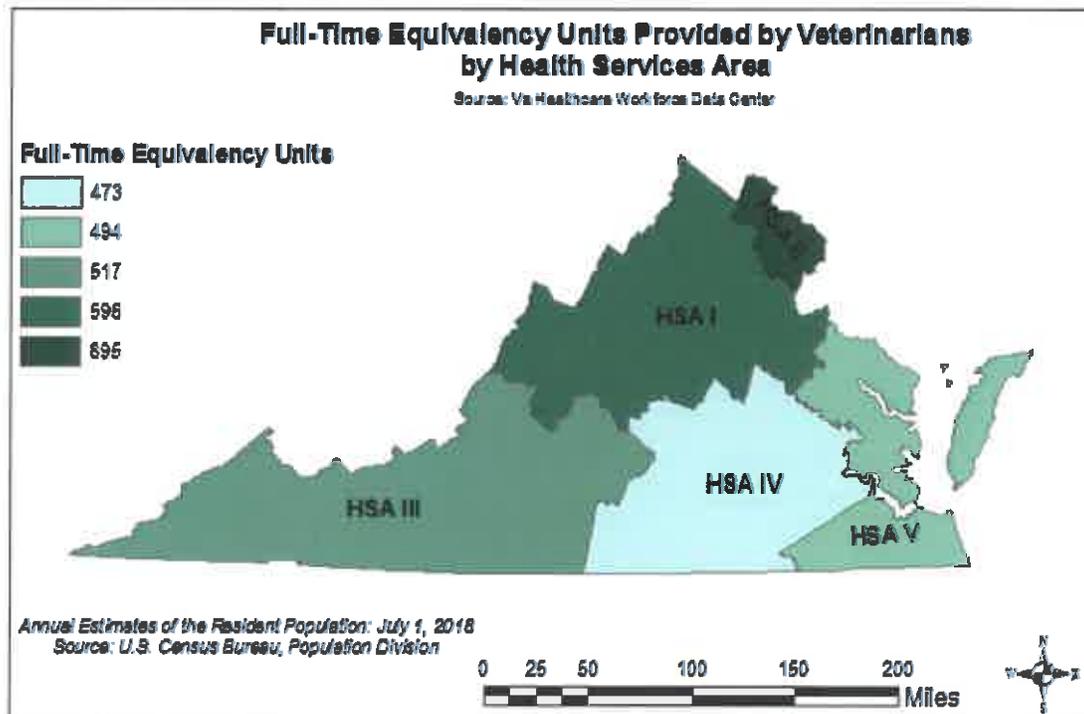
Virginia Performs Regions



Area Health Education Center Regions







Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 Million+	2,099	78.42%	1.275213	1.21575	1.46216
Metro, 250,000 to 1 Million	230	79.13%	1.263736	1.2048	1.44901
Metro, 250,000 or Less	566	79.86%	1.252212	1.19382	1.43579
Urban Pop 20,000+, Metro Adj.	29	82.76%	1.208333	1.15199	1.38548
Urban Pop 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban Pop, 2,500-19,999, Metro Adj.	154	78.57%	1.272727	1.21338	1.45932
Urban Pop, 2,500-19,999, Non-Adj.	53	83.02%	1.204545	1.14837	1.38114
Rural, Metro Adj.	85	71.76%	1.393443	1.32846	1.59773
Rural, Non-Adj.	21	57.14%	1.75	1.66839	1.78272
Virginia Border State/D.C.	642	77.57%	1.289157	1.22904	1.47815
Other U.S. State	671	73.47%	1.361055	1.29758	1.56059

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	353	67.71%	1.476987	1.38114	1.59773
30 to 34	601	76.21%	1.312227	1.22707	1.78272
35 to 39	599	78.46%	1.274468	1.19176	1.73143
40 to 44	582	79.55%	1.257019	1.17544	1.70772
45 to 49	490	81.43%	1.22807	1.14837	1.66839
50 to 54	464	79.09%	1.264305	1.18226	1.71762
55 to 59	463	80.13%	1.247978	1.16699	1.35
60 and Over	999	76.68%	1.304178	1.21954	1.77179

Source: Va. Healthcare Workforce Data Center

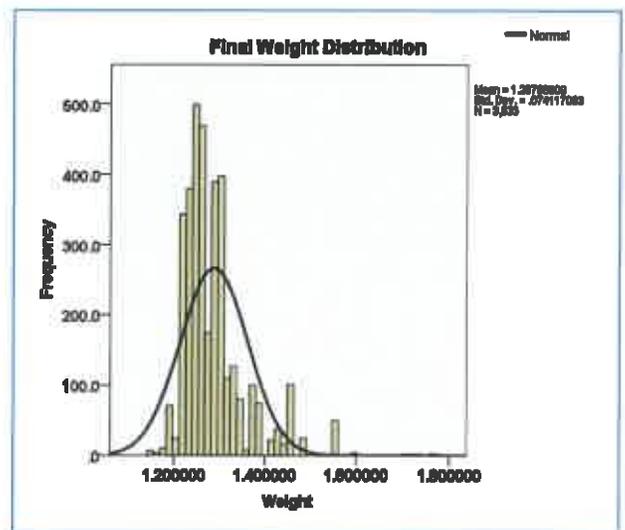
See the Methods section on the HWDC website for details on HWDC Methods:

<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: 0.776313



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Veterinary Technician Workforce: 2019

Healthcare Workforce Data Center

January 2020

Virginia Department of Health Professions
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Get a copy of this report from:

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

More than 2,100 Veterinary Technicians voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Veterinary Medicine express our sincerest appreciation for your ongoing cooperation.

Thank You!

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The Veterinary Technician Workforce: At a Glance:

The Workforce

Licensees:	2,397
Virginia's Workforce:	2,130
FTEs:	1,716

Background

Rural Childhood:	36%
HS Diploma in VA:	71%
Prof. Degree in VA:	70%

Current Employment

Employed in Prof.:	85%
Hold 1 Full-Time Job:	65%
Satisfied?:	90%

Survey Response Rate

All Licensees:	90%
Renewing Practitioners:	98%

Education

Associate:	89%
Baccalaureate:	9%

Job Turnover

Switched Jobs:	8%
Employed over 2 Yrs.:	60%

Demographics

Female:	96%
Diversity Index:	19%
Median Age:	36

Finances

Median Inc.:	\$30k-\$40k
Retirement Benefits:	60%
Under 40 w/ Ed. Debt:	45%

Time Allocation

Patient Care:	80%-89%
Administration:	1%-9%
Patient Care Role:	73%

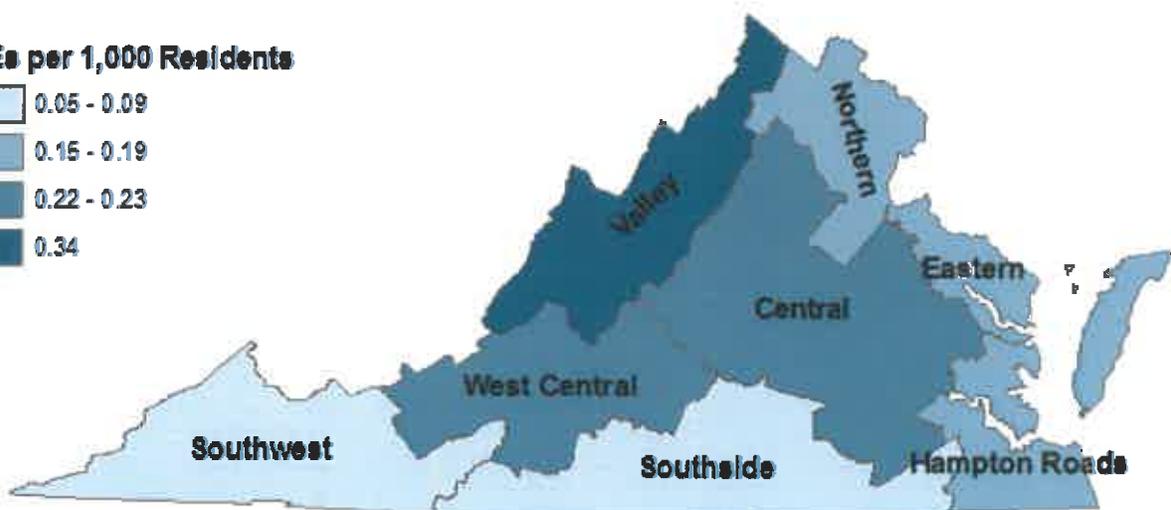
Source: VA Healthcare Workforce Data Center

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

Source: VA Healthcare Workforce Data Center

FTEs per 1,000 Residents

	0.05 - 0.09
	0.15 - 0.19
	0.22 - 0.23
	0.34



Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division



Results in Brief

This report contains the results of the 2019 Veterinary Technician Survey. More than 2,100 veterinary technicians voluntarily took part 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 90% of the 2,397 veterinary technicians licensed in the state and 98% of renewing practitioners.

The HWDC estimates that 2,130 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 1,716 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours per year.

More than 95% of all veterinary technicians are female, and the median age of this workforce is 36. 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. This is well below the diversity index of 57% for Virginia's population as a whole. More than one-third of all veterinary technicians grew up in rural areas, and 12% of these professionals currently work in non-metro areas of the state. In total, 6% of all veterinary technicians currently work in non-metro areas of the state.

More than four out of every five veterinary technicians are employed in the profession, and only 1% have experienced involuntary unemployment. Nearly two-thirds of all veterinary technicians hold one full-time job, and 43% work between 40 and 49 hours per week. More than half of all veterinary technicians work at a solo practice/partnership, while another 30% are employed at a group practice.

The typical veterinary technician earns between \$30,000 and \$40,000 per year. In addition, 83% of veterinary technicians receive at least one employer-sponsored benefit, including 61% who have access to health insurance. Nine out of every ten veterinary technicians are satisfied with their current work situation, including one-half who indicate 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 3% (2,397 vs. 2,334), and these licensees were more likely to respond to this survey (90% vs. 87%). The size of Virginia's veterinary technician workforce has also increased by 3% (2,130 vs. 2,060), but the number of FTEs provided by this workforce fell by 2% (1,716 vs. 1,745).

Virginia's veterinary technician workforce has become slightly more diverse (19% vs. 18%). At the same time, veterinary technicians have become slightly less likely to have grown up in a rural area (36% vs. 37%), and the workforce as a whole is less likely to work in rural areas of the state (6% vs. 7%).

Veterinary technicians are less likely to be employed in the profession (85% vs. 86%), and they are also less likely to hold one full-time job (65% vs. 67%). Veterinary technicians are more likely to work in the non-profit sector (7% vs. 6%) relative to the for-profit sector (85% vs. 86%). At their primary work location, veterinary technicians are less likely to fill a patient care role (73% vs. 74%).

Although the median annual income of Virginia's veterinary technicians has not changed, these professionals are slightly less likely to receive at least one employer-sponsored benefit (83% vs. 84%). In addition, the percentage of veterinary technicians who indicate that they are satisfied with their current work situation has fallen (90% vs. 92%). A similar decline occurred among those veterinary technicians who indicate that they are "very satisfied" (50% vs. 53%).

Survey Response Rates

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	2,095	87%
New Licensees	158	7%
Non-Renewals	144	6%
All Licensees	2,397	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing veterinary technicians, 98% submitted a survey. These represent 90% of all veterinary technicians who held a license at some point in the past year.

Definitions

- 1. The Survey Period:** The survey was conducted in December 2019.
- 2. Target Population:** All veterinary technicians who held a Virginia license at some point between January 2019 and December 2019.
- 3. Survey Population:** The survey was available to veterinary technicians who renewed their licenses online. It was not available to those who did not renew, including some veterinary technicians newly licensed in 2019.

Response Rates

Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	71	410	85%
30 to 34	54	458	90%
35 to 39	40	407	91%
40 to 44	31	264	90%
45 to 49	16	208	93%
50 to 54	7	173	96%
55 to 59	10	120	92%
60 and Over	19	109	85%
Total	248	2,149	90%
New Licenses			
Issued In Past Year	69	89	56%
Metro Status			
Non-Metro	19	172	90%
Metro	171	1,777	91%
Not in Virginia	58	199	77%

Source: Va. Healthcare Workforce Data Center

Response Rates

Completed Surveys	2,149
Response Rate, All Licensees	90%
Response Rate, Renewals	98%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Veterinary Techs.

Number:	2,397
New:	7%
Not Renewed:	6%

Response Rates

All Licensees:	90%
Renewing Practitioners:	98%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Veterinary Tech. Workforce: 2,130
 FTEs: 1,716

Utilization Ratios

Licenses in VA Workforce: 89%
 Licenses per FTE: 1.40
 Workers per FTE: 1.24

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 2019 and December 2019 or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licenses in VA Workforce:** The proportion of licenses in Virginia's Workforce.
- 4. Licenses per FTE:** An indication of the number of licenses needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

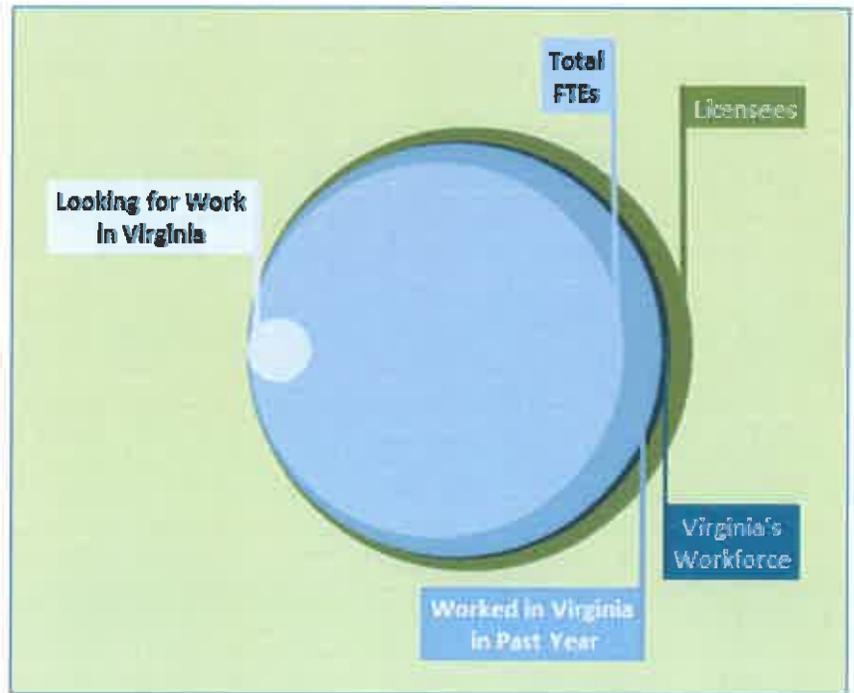
Virginia's Veterinary Technician Workforce

Status	#	%
Worked in Virginia In Past Year	2,083	98%
Looking for Work In Virginia	47	2%
Virginia's Workforce	2,130	100%
Total FTEs	1,716	
Licenses	2,397	

Source: Va. Healthcare Workforce Data Center

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

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



Source: Va. Healthcare Workforce Data Center

Demographics

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	13	3%	357	97%	370	22%
30 to 34	15	4%	366	96%	381	23%
35 to 39	11	4%	279	96%	290	18%
40 to 44	9	5%	187	96%	195	12%
45 to 49	9	6%	135	94%	143	9%
50 to 54	3	3%	114	97%	117	7%
55 to 59	4	5%	77	95%	81	5%
60 and Over	3	4%	71	97%	74	4%
Total	66	4%	1,584	96%	1,650	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

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

Age

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

Diversity

Diversity Index: 19%
Under 40 Div. Index: 22%

Source: Va. Healthcare Workforce Data Center

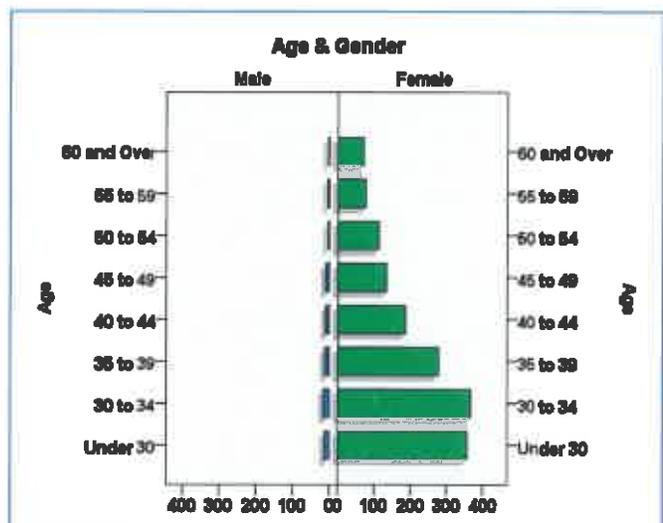
Race & Ethnicity					
Race/ Ethnicity	Virginia*	Veterinary Technicians		Vet. Tech. Under 40	
	%	#	%	#	%
White	61%	1,485	90%	921	88%
Black	19%	30	2%	24	2%
Asian	7%	18	1%	11	1%
Other Race	0%	9	1%	4	0%
Two or More Races	3%	46	3%	32	3%
Hispanic	10%	66	4%	51	5%
Total	100%	1,654	100%	1,043	100%

*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, 2018.

Source: Va. Healthcare Workforce Data Center

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

Among the 63% of veterinary technicians who are under the age of 40, 96% are female. In addition, the diversity index among these professionals is 22%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 8%
 Rural Childhood: 36%

Virginia Background

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

Location Choice

% Rural to Non-Metro: 12%
 % Urban/Suburban to Non-Metro: 3%

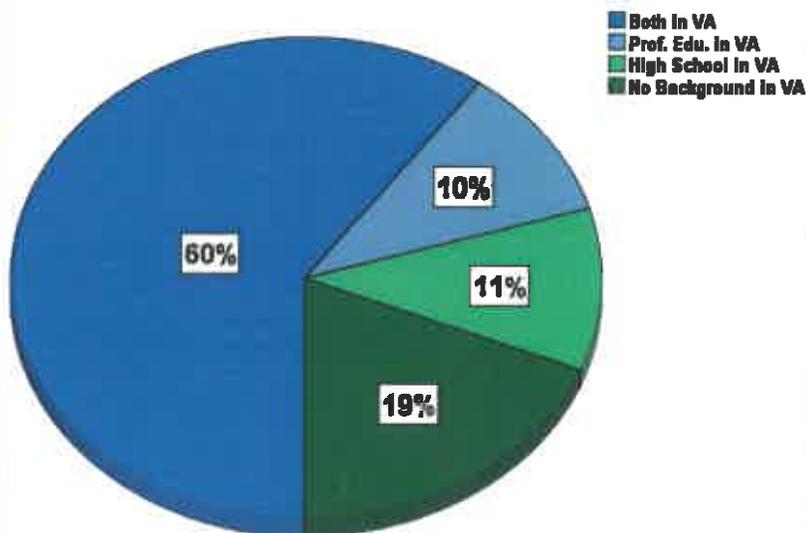
Source: Va. Healthcare Workforce Data Center

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+	27%	65%	8%
2	Metro, 250,000 to 1 Million	51%	39%	10%
3	Metro, 250,000 or Less	53%	41%	5%
Non-Metro Counties				
4	Urban Pop. 20,000+, Metro Adjacent	60%	0%	40%
6	Urban Pop., 2,500-19,999, Metro Adjacent	71%	24%	5%
7	Urban Pop., 2,500-19,999, Non-Adjacent	83%	8%	8%
8	Rural, Metro Adjacent	74%	22%	4%
9	Rural, Non-Adjacent	50%	42%	8%
Overall		36%	56%	8%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Among the 36% of veterinary technicians who grew up in a rural area, 12% currently work in non-metro areas of the state. Overall, 6% of veterinary technicians currently work in non-metro areas of Virginia.

Top Ten States for Veterinary Technician Recruitment

Rank	All Veterinary Technician			
	High School	#	Professional School	#
1	Virginia	1,169	Virginia	1,142
2	New York	63	Pennsylvania	77
3	Pennsylvania	62	Texas	50
4	Maryland	38	Colorado	44
5	Florida	26	New York	39
6	West Virginia	22	Florida	33
7	New Jersey	21	New Mexico	31
8	Ohio	19	North Carolina	22
9	North Carolina	18	Tennessee	15
10	California	17	California	15

Source: Va. Healthcare Workforce Data Center

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

Among veterinary technicians who received their initial license in the past five years, 66% earned their high school degree in Virginia, while 60% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Professional School	#
1	Virginia	413	Virginia	372
2	New York	29	Pennsylvania	48
3	Pennsylvania	26	Texas	27
4	Maryland	13	New Mexico	25
5	Florida	13	Colorado	19
6	New Jersey	10	New York	18
7	California	10	Florida	16
8	Texas	9	California	11
9	Ohio	8	Ohio	9
10	Illinois	7	Arizona	9

Source: Va. Healthcare Workforce Data Center

More than 10% of Virginia's licensees were not a part of the state's veterinary technician workforce. Among these licensees, 85% worked at some point in the past year, and 57% currently work as veterinary technicians.

At a Glance:

Not in VA Workforce

Total:	267
% of Licensees:	11%
Federal/Military:	4%
Va. Border State/D.C.:	18%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Associate Degree	1,448	89%
Baccalaureate Degree	153	9%
Other	25	2%
Total	1,627	100%

Source: Va. Healthcare Workforce Data Center

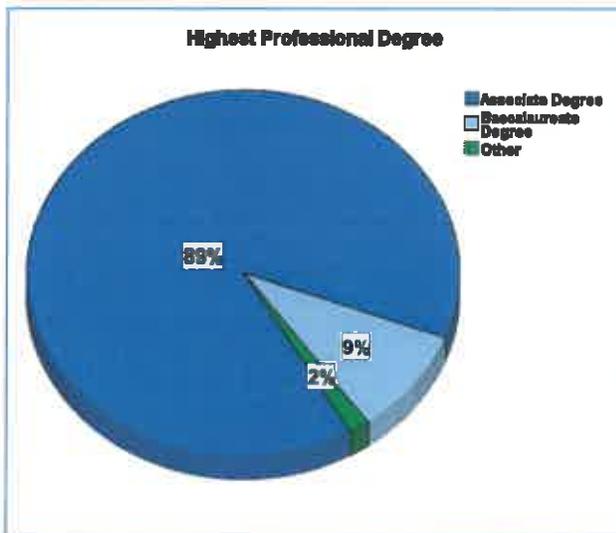
More than one-third of veterinary technicians carry education debt, including 45% of those under the age of 40. For those with education debt, their median debt burden is between \$10,000 and \$20,000.

At a Glance:

Education
 Associate: 89%
 Baccalaureate: 9%

Educational Debt
 Carry Debt: 34%
 Under Age 40 w/ Debt: 45%
 Median Debt: \$10k-\$20k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Certifications		
Certification	#	%
Veterinary Emergency and Critical Care Technicians	13	1%
Veterinary Technicians In Anesthesia and Analgesia	8	0%
Veterinary Dental Technicians	6	0%
Laboratory Animal Veterinary Technicians and Nurses	5	0%
At Least One Certification	42	2%

Source: Va. Healthcare Workforce Data Center

Amount Carried	All Vet. Tech.		Veterinary Tech. Under 40	
	#	%	#	%
None	915	66%	491	55%
Less than \$10,000	129	9%	112	13%
\$10,000-\$19,999	116	8%	106	12%
\$20,000-\$29,999	73	5%	60	7%
\$30,000-\$39,999	42	3%	37	4%
\$40,000-\$49,999	45	3%	35	4%
\$50,000-\$59,999	20	1%	16	2%
\$60,000-\$69,999	13	1%	11	1%
\$70,000-\$79,999	7	1%	6	1%
\$80,000-\$89,999	5	0%	5	1%
\$90,000-\$99,999	2	0%	2	0%
\$100,000 or More	15	1%	13	1%
Total	1,382	100%	893	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 85%
 Involuntarily Unemployed: 1%

Positions Held

1 Full-Time: 65%
 2 or More Positions: 15%

Weekly Hours:

40 to 49: 43%
 60 or More: 3%
 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 Technician-Related Capacity	1,397	85%
Employed, NOT in a Veterinary Technician-Related Capacity	141	9%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	9	1%
Voluntarily Unemployed	80	5%
Retired	13	1%
Total	1,643	100%

Source: Va. Healthcare Workforce Data Center

Among all veterinary technicians, 85% are currently employed in the profession, while 1% are involuntarily unemployed. Nearly two-thirds currently hold one full-time job, while 15% hold multiple positions at the same time.

Current Positions		
Positions	#	%
No Positions	102	6%
One Part-Time Position	218	13%
Two Part-Time Positions	40	2%
One Full-Time Position	1,060	65%
One Full-Time Position & One Part-Time Position	185	11%
Two Full-Time Positions	8	0%
More than Two Positions	18	1%
Total	1,631	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	102	6%
1 to 9 Hours	42	3%
10 to 19 Hours	68	4%
20 to 29 Hours	97	6%
30 to 39 Hours	476	29%
40 to 49 Hours	692	43%
50 to 59 Hours	89	6%
60 to 69 Hours	31	2%
70 to 79 Hours	14	1%
80 or More Hours	7	0%
Total	1,618	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	25	2%
Less than \$20,000	142	12%
\$20,000-\$29,999	197	16%
\$30,000-\$39,999	384	31%
\$40,000-\$49,999	300	24%
\$50,000-\$59,999	116	9%
\$60,000 or More	75	6%
Total	1,238	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

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

Benefits

Health Insurance: 61%

Retirement: 60%

Satisfaction

Satisfied: 90%

Very Satisfied: 50%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	803	50%
Somewhat Satisfied	640	40%
Somewhat Dissatisfied	116	7%
Very Dissatisfied	38	2%
Total	1,596	100%

Source: Va. Healthcare Workforce Data Center

The typical veterinary technician earns between \$30,000 and \$40,000 per year. Among veterinary technicians who are compensated at their primary work location with either a salary or an hourly wage, 59% receive health insurance and 58% have access to a retirement plan.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	1,081	77%	74%
Health Insurance	850	61%	59%
Retirement	845	60%	58%
Paid Sick Leave	718	51%	49%
Dental Insurance	678	49%	47%
Group Life Insurance	392	28%	28%
Signing/Retention Bonus	77	6%	6%
At Least One Benefit	1,157	83%	79%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In The Past Year, Did You . . .?	#	%
Work Two or More Positions at the Same Time?	324	15%
Switch Employers or Practices?	181	8%
Experience Voluntary Unemployment?	123	6%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	38	2%
Experience Involuntary Unemployment?	24	1%
Experienced At Least One	549	26%

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 2.8% during the same time period.¹

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 8%
New Location: 23%
Over 2 Years: 60%
Over 2 Yrs., 2nd Location: 39%

Employment Type

Hourly Wage: 80%
Salary/Commission: 18%

Source: Va. Healthcare Workforce Data Center

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

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	62	4%	30	9%
Less than 6 Months	121	8%	58	18%
6 Months to 1 Year	136	9%	45	14%
1 to 2 Years	286	19%	63	19%
3 to 5 Years	373	24%	56	17%
6 to 10 Years	239	16%	36	11%
More than 10 Years	315	21%	37	11%
Subtotal	1,533	100%	327	100%
Did Not Have Location	80		1,756	
Item Missing	517		46	
Total	2,130		2,130	

Source: Va. Healthcare Workforce Data Center

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

Employment Type		
Primary Work Site	#	%
Hourly Wage	990	80%
Salary/ Commission	219	18%
Business/Practice Income	10	1%
By Contract/Per Diem	10	1%
Unpaid	9	1%
Subtotal	1,238	100%
Did Not Have Location	80	
Item Missing	812	

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 from a low of 2.4% to a high of 3.2%. At the time of publication, the unemployment rate from November 2019 was still preliminary, and the unemployment rate from December 2019 had not yet been released.

At a Glance:

Concentration

Top Region:	34%
Top 3 Regions:	76%
Lowest Region:	1%

Locations

2 or More (Past Year):	24%
2 or More (Now*):	19%

Source: Va. Healthcare Workforce Data Center

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

Number of Work Locations

Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	49	3%	100	6%
1	1,157	73%	1,185	75%
2	220	14%	163	10%
3	127	8%	118	8%
4	15	1%	6	0%
5	1	0%	0	0%
6 or More	9	1%	7	0%
Total	1,579	100%	1,579	100%

*At the time of survey completion, Dec. 2019.

Source: Va. Healthcare Workforce Data Center

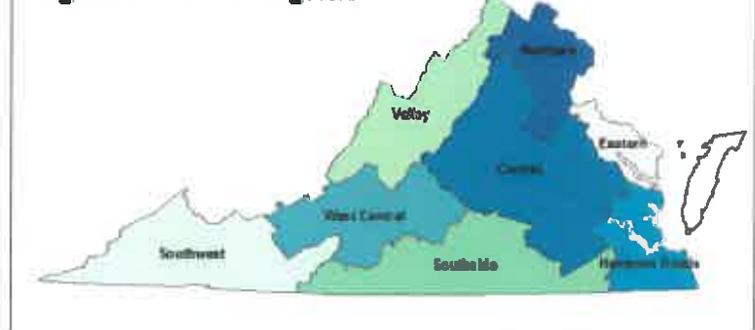
A Closer Look:

Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Northern	520	34%	128	35%
Central	372	24%	78	21%
Hampton Roads	273	18%	70	19%
Valley	154	10%	30	8%
West Central	138	9%	30	8%
Southwest	31	2%	8	2%
Eastern	19	1%	2	1%
Southside	14	1%	1	0%
Virginia Border State/D.C.	6	0%	5	1%
Other U.S. State	7	0%	11	3%
Outside of the U.S.	1	0%	0	0%
Total	1,535	100%	363	100%
Item Missing	514		10	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



While nearly 20% of veterinary technicians currently have multiple work locations, 24% of all veterinary technicians have had multiple work locations over the past year.

Establishment Type

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	1,210	85%	270	89%
Non-Profit	96	7%	18	6%
State/Local Government	100	7%	8	3%
Veterans Administration	4	0%	0	0%
U.S. Military	4	0%	2	1%
Other Federal Government	12	1%	4	1%
Total	1,426	100%	302	100%
Did Not Have Location	80		1,756	
Item Missing	625		72	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

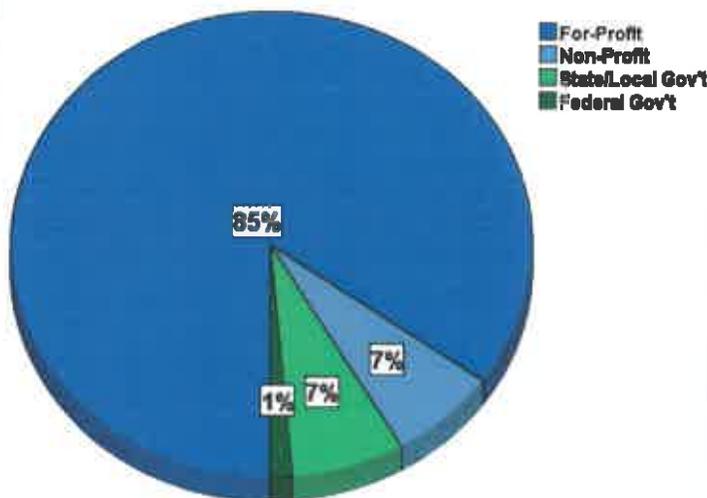
For Profit:	85%
Federal:	1%

Top Establishments

Solo Practice:	51%
Group Practice:	30%
Vet. Edu. Program:	1%

Source: Va. Healthcare Workforce Data Center

Sector, Primary Work Site



Source: Va. Healthcare Workforce Data Center

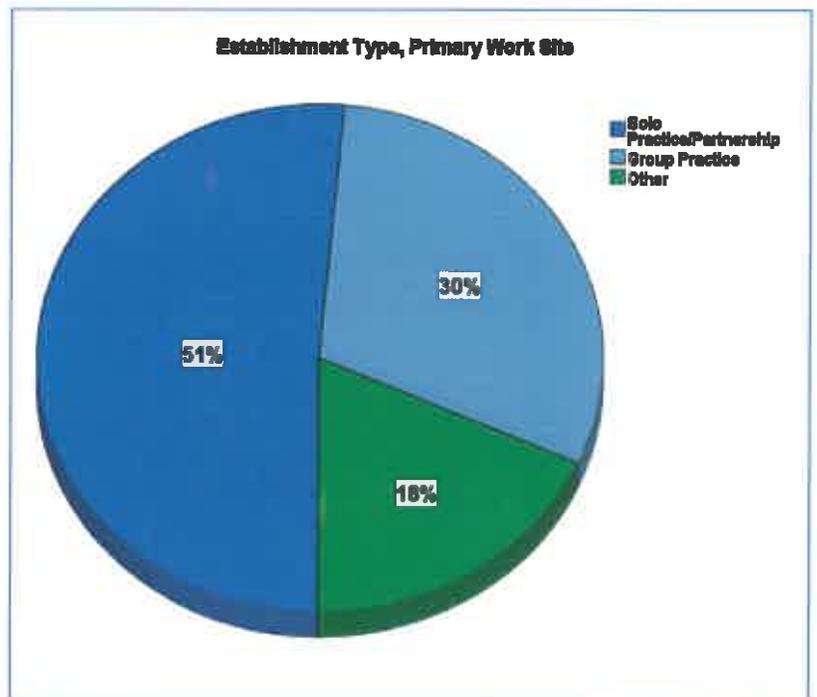
Most veterinary technicians work in for-profit establishments. In addition, 8% work for a governmental organization, and 7% work in the non-profit sector.

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Solo Practice/Partnership	718	51%	154	51%
Group Practice	425	30%	81	27%
Veterinary Education Program, Community College	11	1%	3	1%
Veterinary Technology Program, Technical School	7	1%	0	0%
Public Health Program	6	0%	6	2%
Supplier Organization	6	0%	2	1%
Other Practice Setting	226	16%	58	19%
Total	1,399	100%	304	100%
Did Not Have a Location	80		1,756	

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 30% work at a group practice.

Among those veterinary technicians who also have a secondary work location, 51% work at a solo practice or partnership and 27% work at a group practice.



Source: Va. Healthcare Workforce Data Center

Time Allocation

At a Glance: (Primary Locations)

Typical Time Allocation

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

Roles

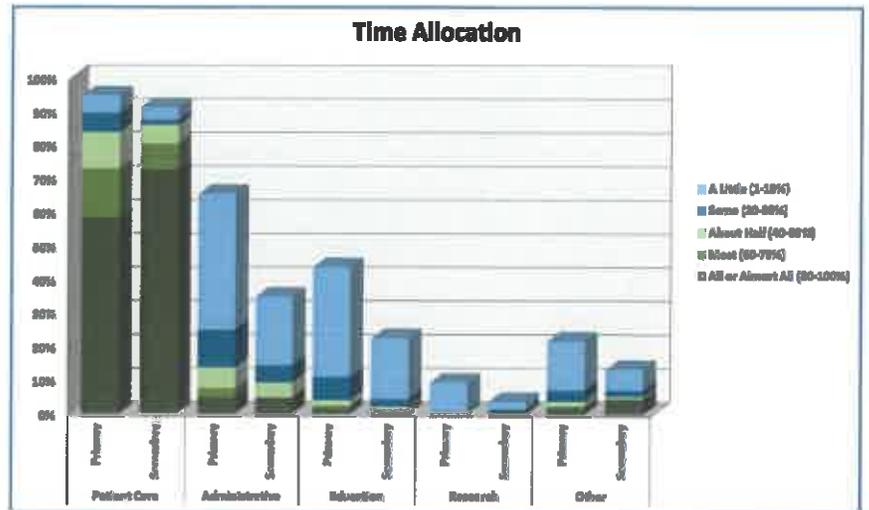
Patient Care: 73%
Administrative: 8%
Education: 2%

Patient Care Vet. Tech.

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



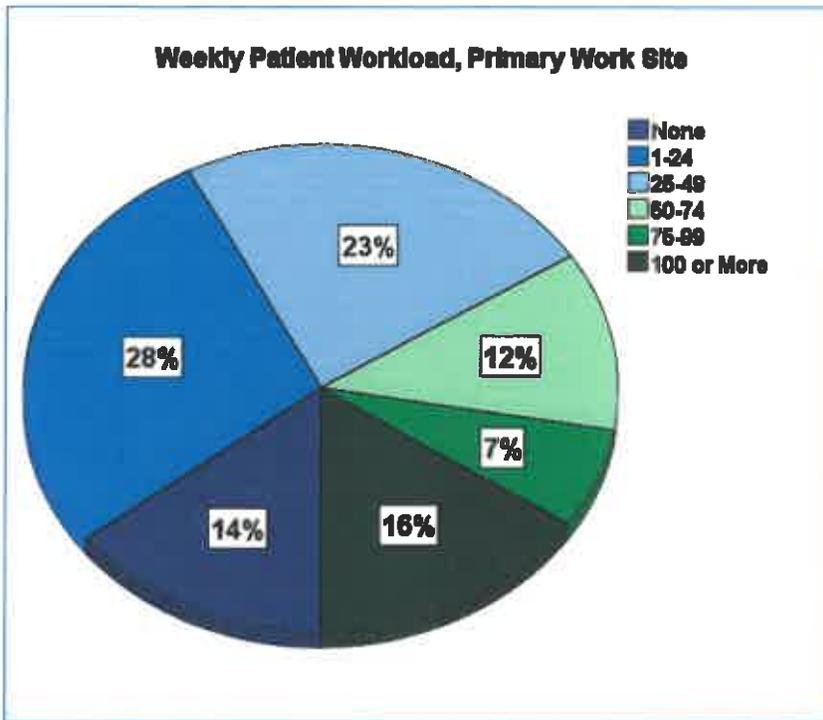
Source: Va. Healthcare Workforce Data Center

A typical veterinary technician spends most of her time treating patients. In particular, 73% 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		
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	
	All or Almost All (80-100%)	58%	72%	5%	5%	2%	1%	0%	1%	2%	4%
Most (60-79%)	15%	8%	3%	0%	1%	0%	0%	0%	1%	0%	
About Half (40-59%)	11%	6%	6%	4%	2%	1%	0%	0%	1%	1%	
Some (20-39%)	6%	1%	11%	5%	7%	2%	0%	1%	3%	2%	
A Little (1-19%)	5%	4%	40%	20%	33%	18%	9%	2%	15%	6%	
None (0%)	5%	9%	35%	65%	56%	77%	91%	96%	78%	86%	

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:

Patient Workload
(Median)

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

Source: Va. Healthcare Workforce Data Center

The typical veterinary technician treats between 25 and 49 patients per week at her primary work location. 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	204	14%	71	23%
1-24	400	28%	118	39%
25-49	331	23%	56	18%
50-74	169	12%	28	9%
75-99	94	7%	8	3%
100-124	84	6%	7	2%
125-149	27	2%	1	0%
150-174	38	3%	5	2%
175-199	14	1%	1	0%
200 or More	58	4%	8	3%
Total	1,419	100%	303	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	276	21%	-	-
50 to 54	137	10%	9	5%
55 to 59	142	11%	22	11%
60 to 64	276	21%	54	28%
65 to 69	246	19%	62	32%
70 to 74	59	4%	18	9%
75 to 79	12	1%	0	0%
80 or Over	14	1%	1	1%
I Do Not Intend to Retire	166	13%	26	14%
Total	1,328	100%	192	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: 44%
 Under 60: 16%

Time Until Retirement

Within 2 Years: 3%
 Within 10 Years: 12%
 Half the Workforce: By 2044

Source: Va. Healthcare Workforce Data Center

More than 60% of all veterinary technicians expect to retire by the age of 65. Among veterinary technicians who are already at least age 50, 44% still expect to retire by age 65.

Within the next two years, nearly 20% of Virginia's veterinary technicians expect to pursue additional educational opportunities, and 5% expect to increase their patient care hours.

Future Plans

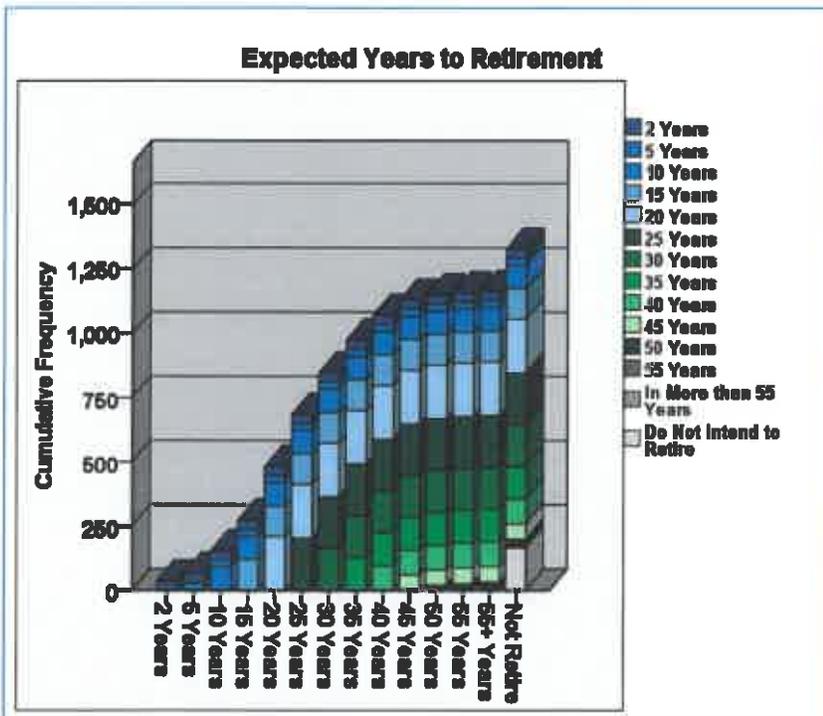
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	138	6%
Decrease Patient Care Hours	110	5%
Leave Virginia	71	3%
Decrease Teaching Hours	19	1%
Increase Participation		
Pursue Additional Education	404	19%
Increase Patient Care Hours	110	5%
Increase Teaching Hours	91	4%
Return to Virginia's Workforce	10	0%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectations to age, we can estimate the maximum years to retirement for veterinary technicians. While only 3% of veterinary technicians expect to retire in the next two years, 12% plan to do so within the next decade. More than half of the current workforce expect to retire by 2044.

Time to Retirement			
Expect to Retire Within...	#	%	Cumulative %
2 Years	34	3%	3%
5 Years	29	2%	5%
10 Years	90	7%	12%
15 Years	119	9%	20%
20 Years	209	16%	36%
25 Years	203	15%	52%
30 Years	161	12%	64%
35 Years	128	10%	73%
40 Years	97	7%	81%
45 Years	60	5%	85%
50 Years	20	2%	87%
55 Years	8	1%	87%
In More Than 55 Years	5	0%	88%
Do Not Intend to Retire	166	13%	100%
Total	1,328	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 2039. Retirement will peak at 16% of the current workforce around the same time before declining to under 10% of the current workforce again by 2059.

At a Glance:

FTEs

Total: 1,716
 FTEs/1,000 Residents²: 0.201
 Average: 0.84

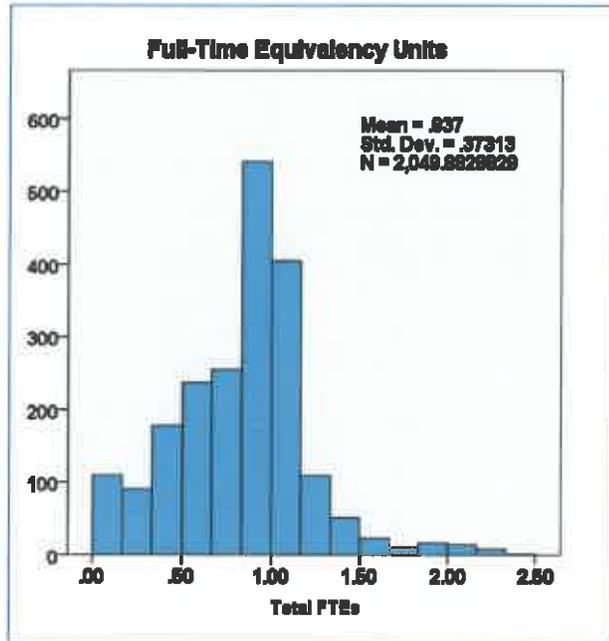
Age & Gender Effect

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

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

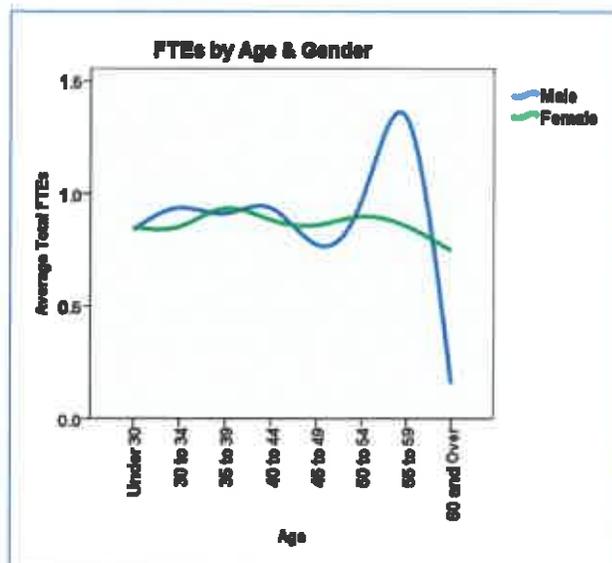


Source: Va. Healthcare Workforce Data Center

The typical veterinary technician provided 0.91 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	0.81	0.83
30 to 34	0.76	0.83
35 to 39	0.93	0.91
40 to 44	0.90	0.93
45 to 49	0.80	0.66
50 to 54	0.86	0.80
55 to 59	0.85	0.76
60 and Over	0.81	0.96
Gender		
Male	0.89	0.96
Female	0.87	0.94

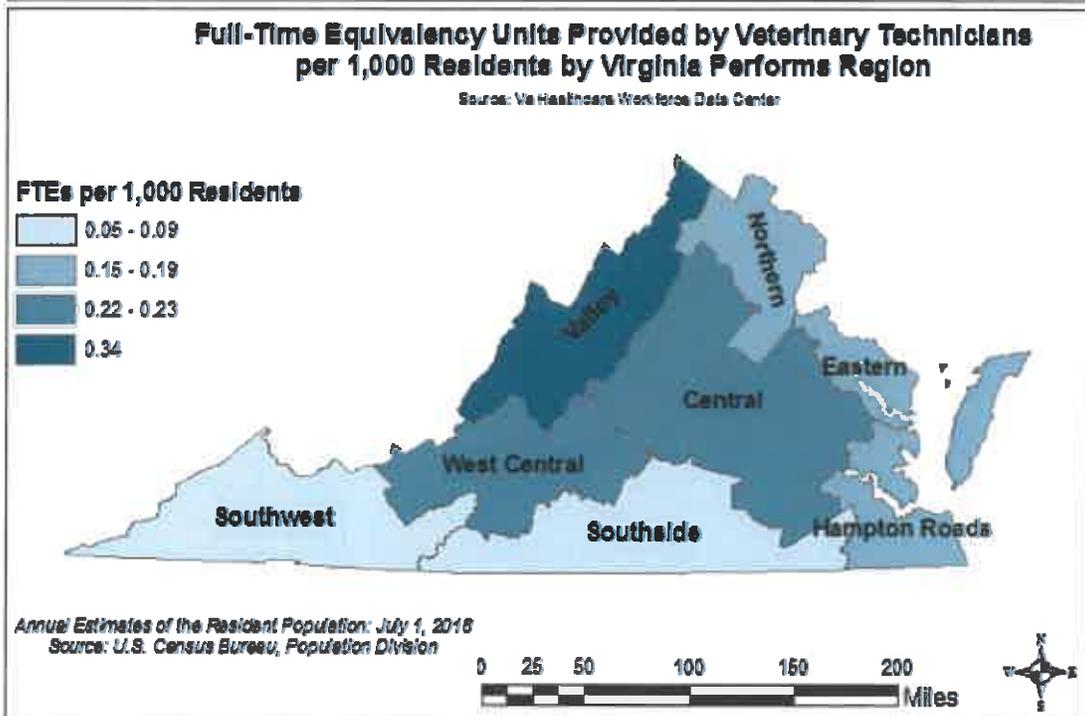
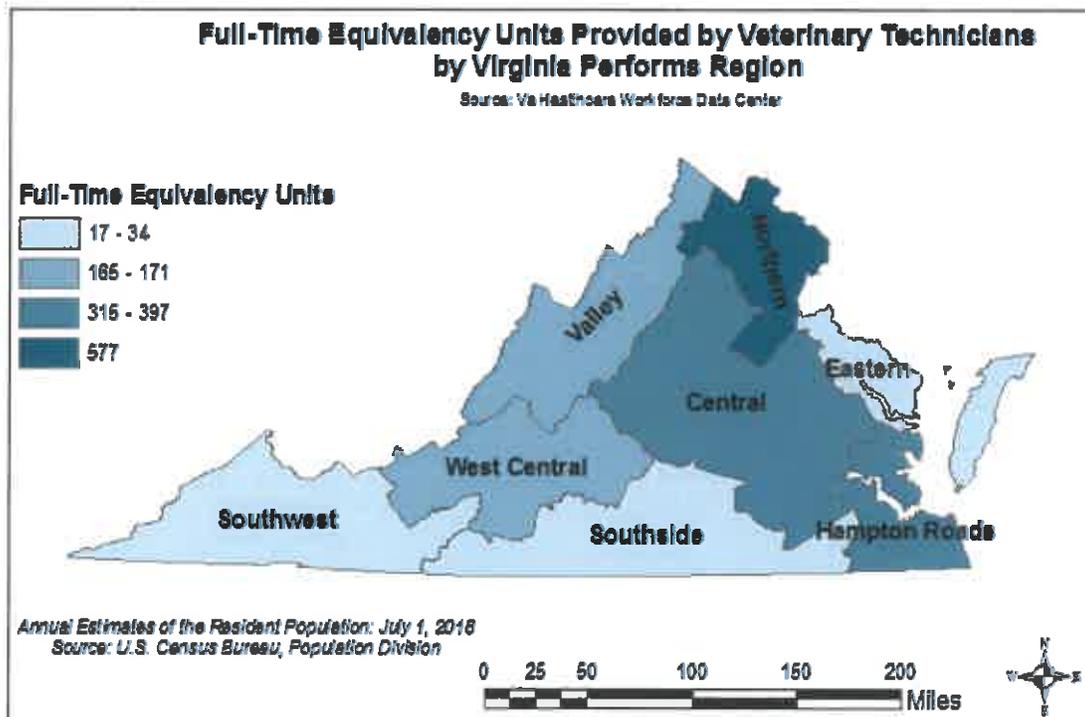
Source: Va. Healthcare Workforce Data Center



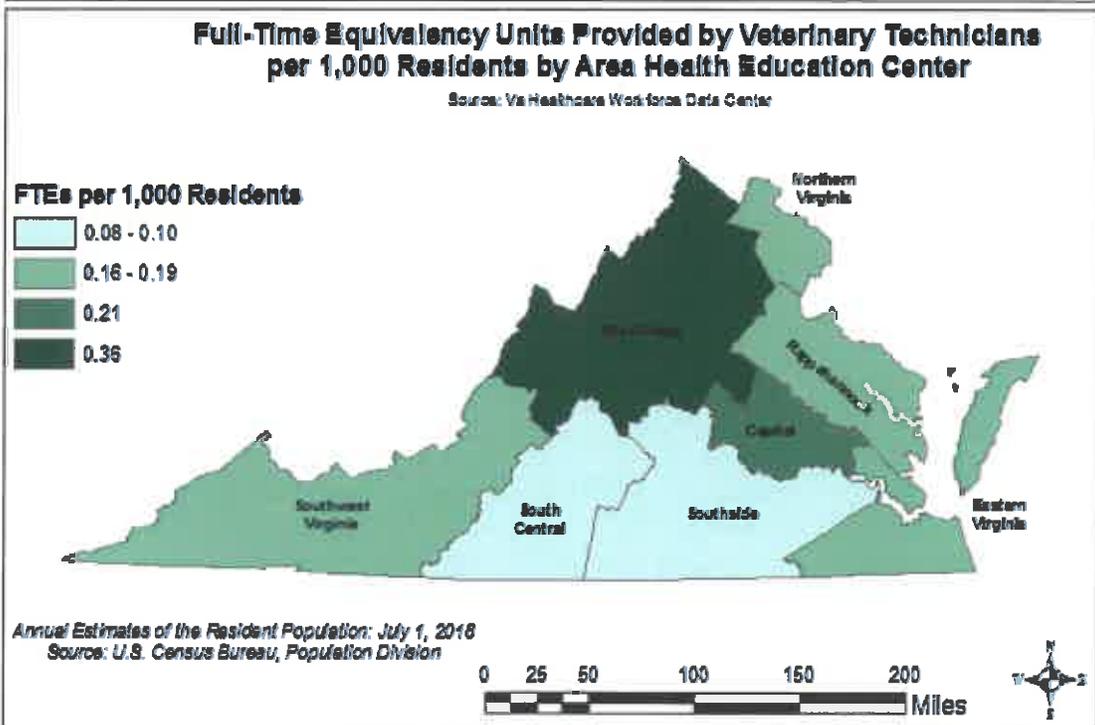
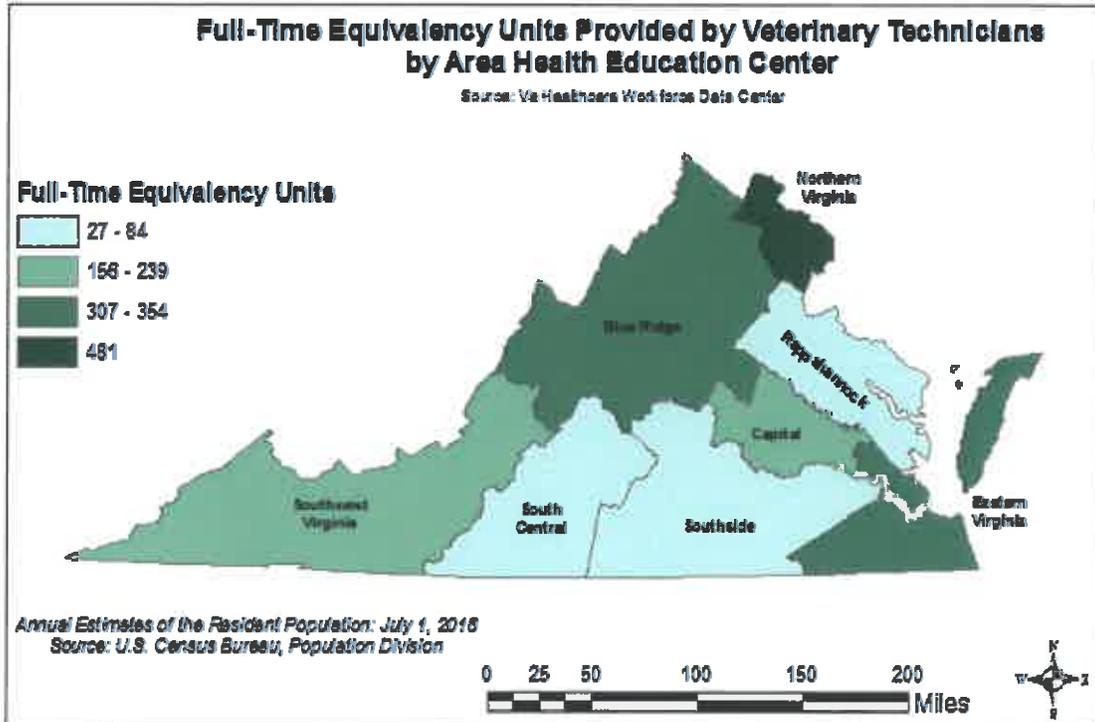
Source: Va. Healthcare Workforce Data Center

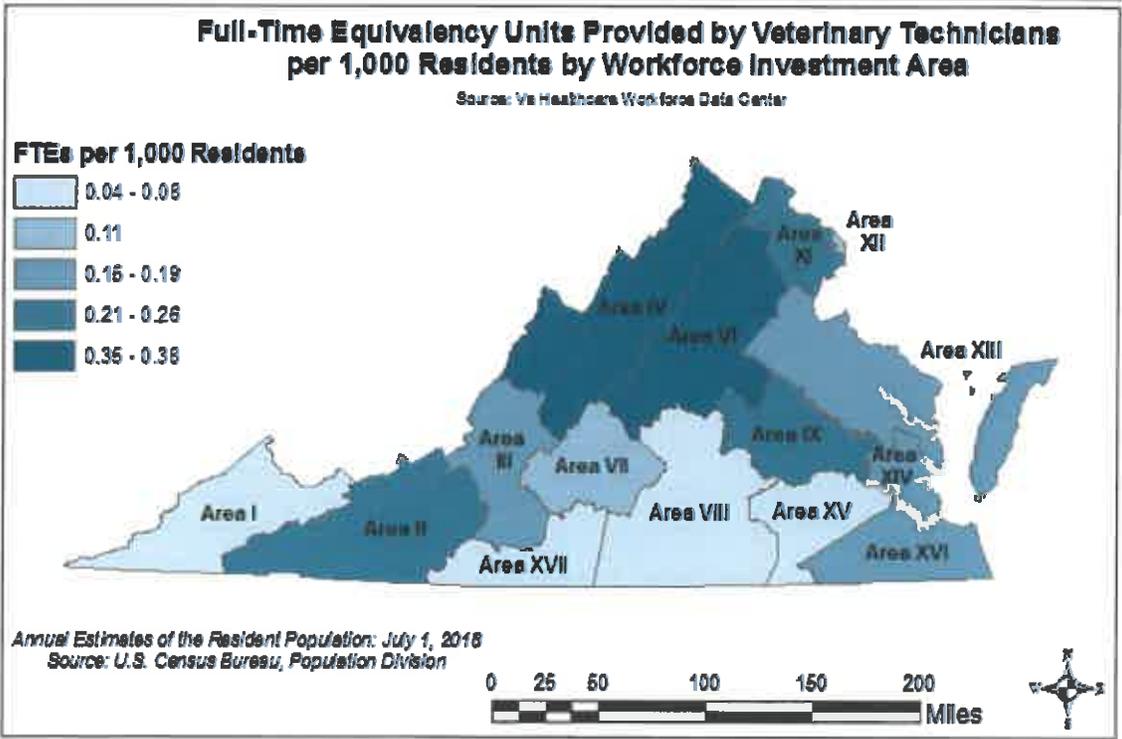
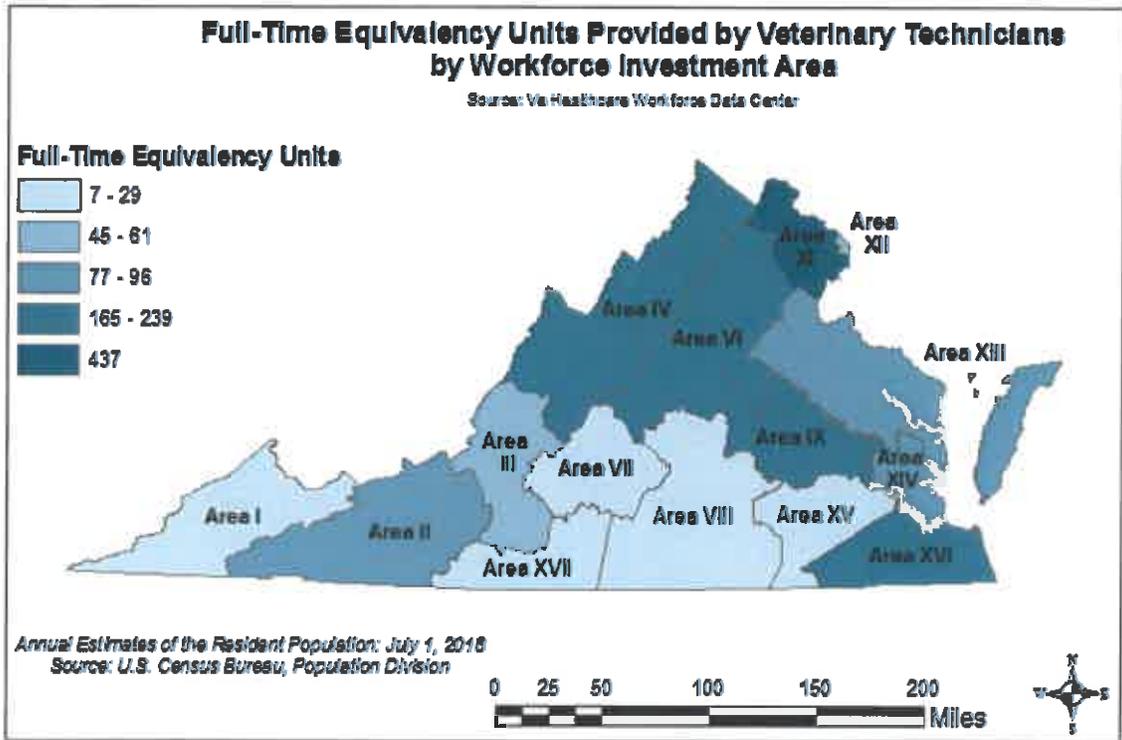
² Number of residents in 2018 was used as the denominator.

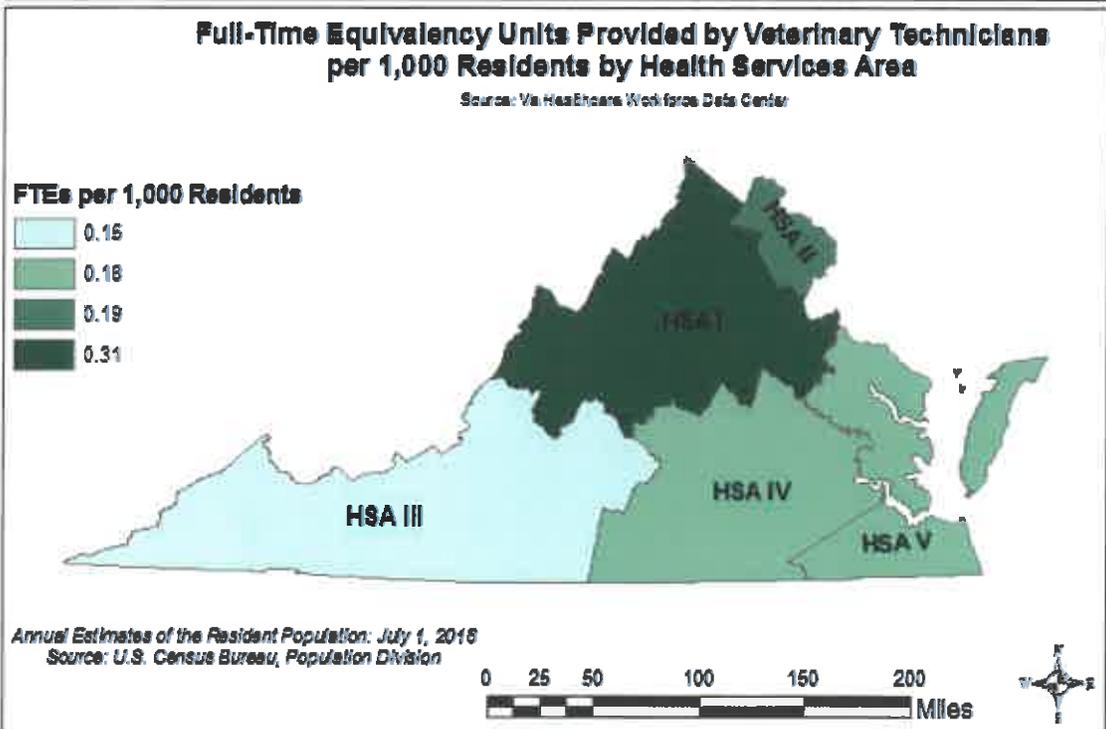
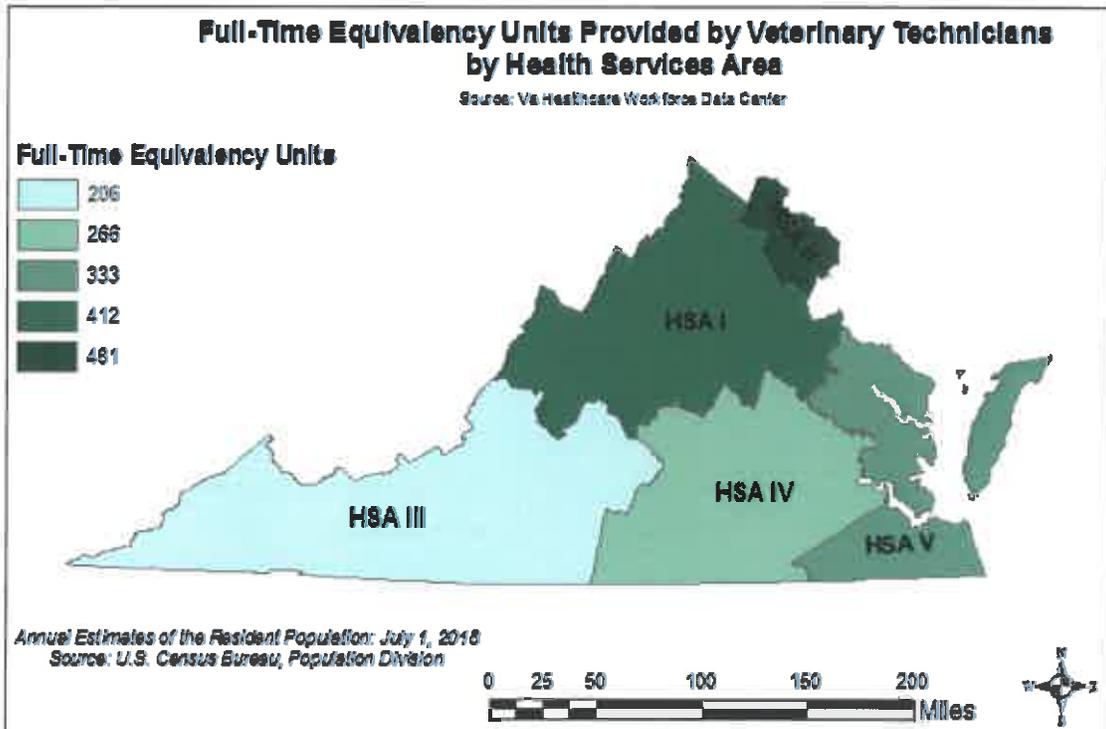
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

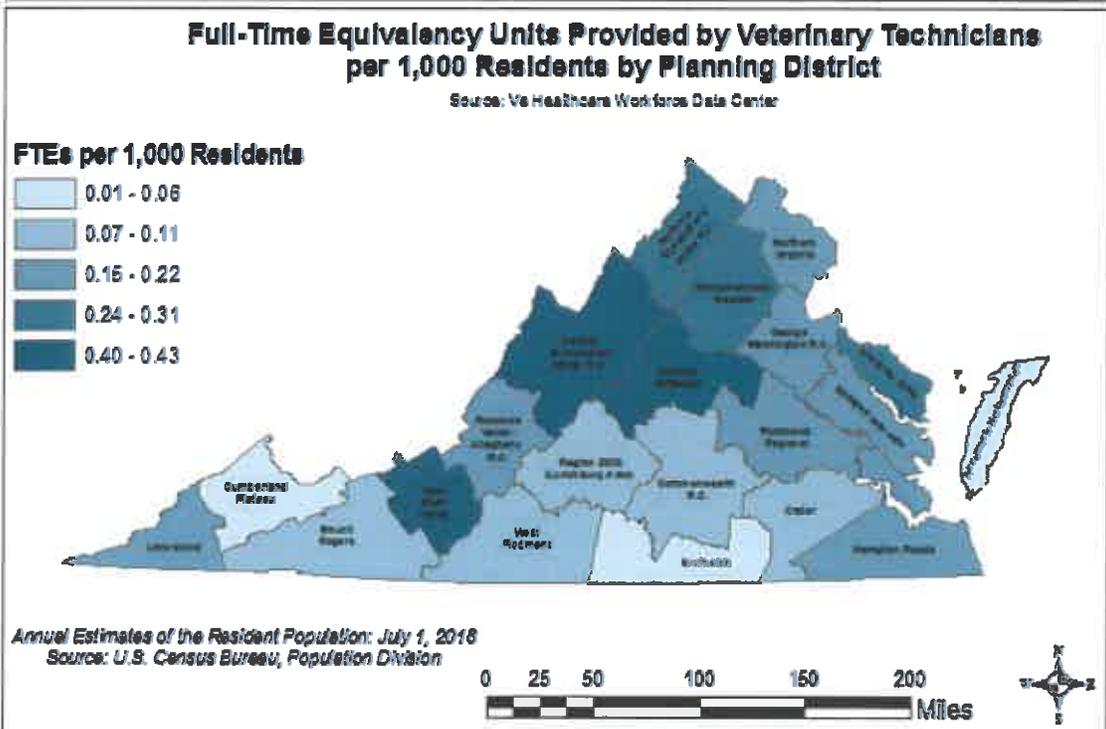
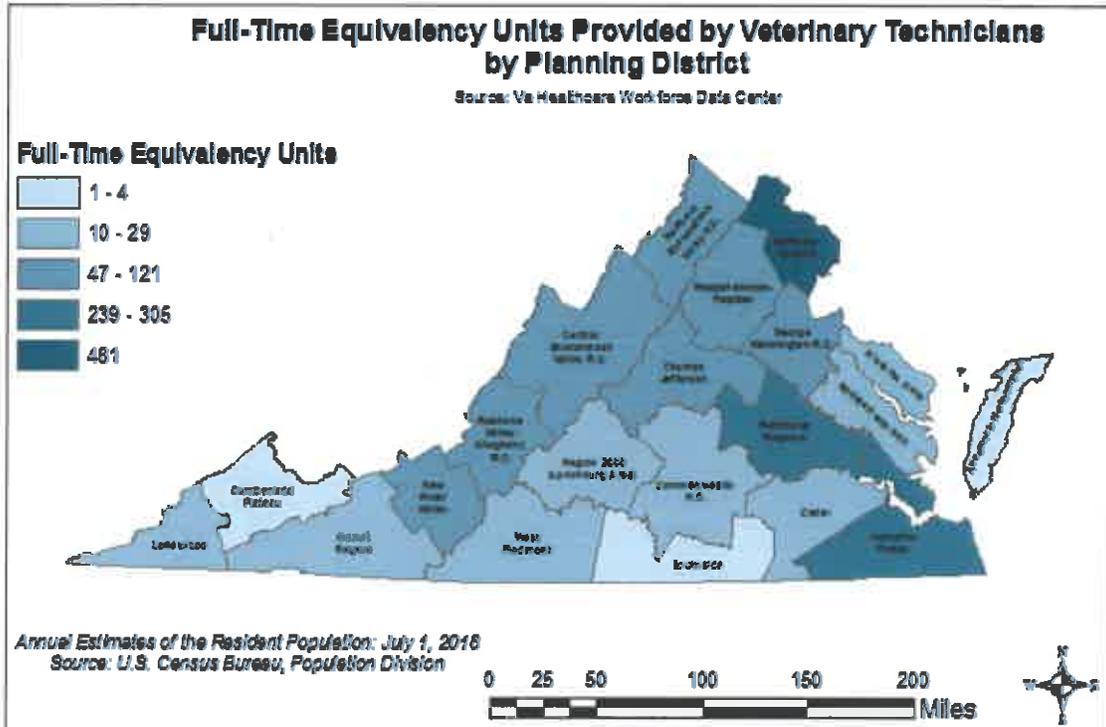


Area Health Education Center Regions









Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 Million+	1,414	91.51%	1.092736	1.01932	1.15045
Metro, 250,000 to 1 Million	141	88.65%	1.128	1.05221	1.18758
Metro, 250,000 or Less	393	91.09%	1.097765	1.02401	1.15574
Urban Pop. 20,000+, Metro Adj.	7	100.00%	1	0.93281	1.05179
Urban Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban Pop., 2,500-19,999, Metro Adj.	95	90.53%	1.104651	1.03043	1.16299
Urban Pop., 2,500-19,999, Non-Adj.	19	94.74%	1.055556	0.98464	1.1113
Rural, Metro Adj.	63	87.30%	1.145455	1.0685	1.20595
Rural, Non-Adj.	7	85.71%	1.166667	1.13312	1.22709
Virginia Border State/D.C.	154	78.57%	1.272727	1.18722	1.33995
Other U.S. State	103	75.73%	1.320513	1.23179	1.39026

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	481	85.24%	1.173171	1.05179	1.3889
30 to 34	512	89.45%	1.117904	1.00224	1.32347
35 to 39	447	91.05%	1.09828	0.98465	1.30024
40 to 44	295	89.49%	1.117424	1.00181	1.32291
45 to 49	224	92.86%	1.076923	1.01914	1.27496
50 to 54	180	96.11%	1.040462	0.93281	1.23179
55 to 59	130	92.31%	1.083333	0.97125	1.28255
60 and Over	128	85.16%	1.174312	1.1113	1.39026

Source: Va. Healthcare Workforce Data Center

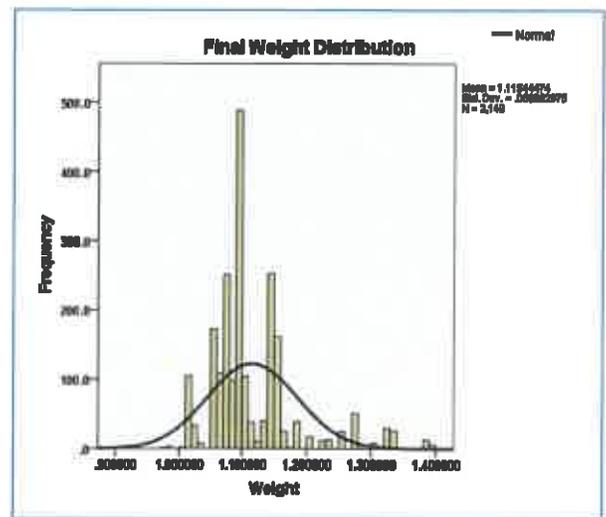
See the Methods section on the HWDC website for details on HWDC Methods:

<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: 0.896537



Source: Va. Healthcare Workforce Data Center

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, 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.

Article II. Meetings.

A. Number and organization of meetings.

1. For purposes of these bylaws, the board shall schedule at least three full board meetings in each year, with the right to change the date or cancel any board meeting, with the exception that one meeting shall take place annually.
2. A majority of the members of the board shall constitute a quorum for the transaction of business. The current edition of Robert's Rules of Order, revised, shall apply unless overruled by these bylaws or when otherwise agreed.

B. Attendance of board members.

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

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

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

Article III. Committees.

A. Standing Committees:

1. Special Conference Committee.

This committee shall consist of two board members who shall review information regarding alleged violations of the veterinary medicine laws and regulations and determine if probable cause exists to proceed with possible disciplinary action. The President shall also designate

another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date. Further, should the caseload increase to the level that additional special conference committees are needed, the President may appoint additional committees.

2. Regulatory/Legislative Committee.

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

3. Credentials Committee.

The committee shall consist of two board members. The members of the committee shall may review non-routine licensure applications to determine the credentials of the applicant and the applicability of the statutes and regulations when the Board President deems necessary. The committee shall not be required to meet collectively.

B. Ad hoc committees

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

Article IV. General Delegation of Authority.

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

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

C. The Board delegates to board staff the authority to develop, approve and update information on forms used in the daily operations of board business, to include, but not limited to, licensure

applications, renewal forms, inspection forms and documents used in the disciplinary process. The Executive Director shall consult with the board President prior to posting inspection form changes.

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

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

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

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

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

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

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

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

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

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

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

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

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

Q. The Board delegates authority to the Executive Director to assign cases to the Veterinary Review Coordinator to make probable cause decisions in consultation with board staff for cases involving the following:

- Impairment;
- Diversion;
- Failure to maintain drugs in a secure manner;
- Inspections;
- Compliance with Board Orders;
- PMP reporting;
- Compliance with continuing education requirements;
- Unlicensed Activity;
- Aiding and abetting unlicensed activity;
- Fraud;
- Unprofessional conduct for failure to release records; and
- Compliance with medical recordkeeping requirements.

R. The Board delegates authority to the Executive Director to assign cases to the Veterinary Review Coordinator to make investigation decisions in consultation with board staff for cases involving the following:

- Lack of evidence to proceed; and
- Reports of drug theft and loss

Article V. Amendments.

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

Virginia Board of Veterinary Medicine

Guidelines for Processing Applications for Licensure

The Executive Director for the Board of Veterinary Medicine has been delegated authority to issue an initial license, renew a license or reinstate a license for those applicants who meet the qualifications as set forth in the law and regulations provided no grounds exist to refuse to issue a license pursuant to § 54.1-3807 of the *Code of Virginia* and 18VAC150-20-140 of the *Regulations Governing the Practice of Veterinary Medicine*.

An affirmative response to any question on an application for licensure related to grounds for the Board to refuse to issue a license shall be referred to the Board President to determine how to proceed.

An applicant whose license has been revoked or suspended for any reason other than nonrenewal by another jurisdiction is not eligible for licensure in Virginia unless the license has been reinstated by the jurisdiction which revoked or suspended it. Pursuant to §54.1-2408 of the Code of Virginia, such applicants shall be advised in writing of their ineligible status by the Executive Director.

Veterinary Medicine Monthly Snapshot for January 2020

Veterinary Medicine has received more cases in January than closed. Veterinary Medicine has closed 14 patient care cases and 15 non-patient care cases for a total of 29 cases.

Cases Closed	
Patient Care	14
Non Patient Care	15
Total	29

Veterinary Medicine has received 8 patient care case and 25 non-patient care cases for a total of 33 cases.

Cases Received	
Patient Care	8
Non Patient care	25
Total	33

As of January 31, 2020, there were 197 Patient care cases open and 98 non-patient care cases open for a total of 295 cases.

Cases Open	
Patient Care	197
Non Patient Care	98
Total	295

There were 7895 Veterinary Medicine licensees as of January 31, 2020. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Total for Equine Dental Technician	23
Total for Veterinarian	4300
Total for Veterinary Establishment - Ambulatory	283
Total for Veterinary Establishment - Stationary	875
Total for Veterinary Faculty	81
Total for Veterinary Intern/Resident	65
Total for Veterinary Technician	2268
Total for Veterinary Medicine	7895

There were 31 licenses issued for Veterinary Medicine for the month of January. The number of licenses issued are broken down by profession in the following chart.

License Issued	
Equine Dental Technician	1
Veterinarian	10

Veterinary Establishment - Ambulatory	3
Veterinary Establishment - Stationary	4
Veterinary Faculty	3
Veterinary Technician	10
Total	31

Virginia Department of Health Professions
Cash Balance
As of January 31, 2020

	<u>106- Veterinary Medicine</u>
Board Cash Balance as June 30, 2019	\$ 1,035,182
YTD FY20 Revenue	1,123,450
Less: YTD FY20 Direct and Allocated Expenditures	585,756
Board Cash Balance as January 31, 2020	<u>\$ 1,572,876</u>

BOARD OF VETERINARY MEDICINE

2020 CALENDAR

January 7, 2020 (Tuesday)	TR 1 10:00 AM	CONTINUATION OF FORMAL HEARING
January 23, 2020 (Thursday)	BR 1 9:00 AM	INFORMAL CONFERENCES
February 13, 2020 (Thursday)	TR 2 9:00 AM	INFORMAL CONFERENCES
March 5, 2020 (Thursday)	BR 2 9:00 AM	BOARD MEETING
March 5, 2020 (Thursday)	BR 2 9:00 AM	INFORMAL CONFERENCES
April 9, 2020 (Thursday)	TR 2 9:00 AM	INFORMAL CONFERENCES
May 7, 2020 (Thursday)	TR 2 9:00 AM	INFORMAL CONFERENCES
June 10, 2020 (Wednesday)	BR 4 9:00 AM	INFORMAL CONFERENCES
July 28, 2020 (Tuesday)	BR 4 9:00 AM	INFORMAL CONFERENCES
July 28, 2020 (Tuesday)	BR 4 9:00 AM	BOARD MEETING
August 25, 2020 (Tuesday)	TR 2 9:00 AM	INFORMAL CONFERENCES
September 29, 2020 (Tuesday)	TR 2 9:00 AM	INFORMAL CONFERENCES
October 29, 2020 (Thursday)	BR 4 9:00 AM	INFORMAL CONFERENCES
October 29, 2020 (Thursday)	BR 4 9:00 AM	BOARD MEETING
November 17, 2020 (Tuesday)	TR 2 9:00 AM	INFORMAL CONFERENCES
December 9, 2020 (Wednesday)	TR 2 9:00 AM	INFORMAL CONFERENCES