

**VIRGINIA BOARD OF VETERINARY MEDICINE  
MINUTES OF FORMAL HEARING  
AND FULL BOARD  
NOVEMBER 3, 2004**

**CALL TO ORDER:** A quorum of the Board of Veterinary Medicine was called to order at 9:08 a.m.

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

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

**STAFF PRESENT:** Elizabeth A. Carter, Ph.D.  
Terri Behr  
Emily Wingfield, Assistant Attorney General  
Elaine Yeatts, Regulatory Manager

**OTHERS PRESENT:** Karen Shoemaker-Smith  
Jack Mills

**PUBLIC COMMENT:** Jack Mills made public comment regarding his views of the Board of Veterinary Medicine.

**APPROVAL OF MINUTES:** On properly seconded motion by Dr. McKelvin, the Board voted unanimously to approve the minutes of August 4, 2004 as presented, August 5, 2004 as corrected on pages 3 and 4, and October 7, 2004 as presented.

**ADOPTION OF PROPOSED REGULATIONS AND GUIDANCE DOCUMENTS:** Ms. Yeatts stated that the emergency regulations on delegating informal fact finding to a subordinate of the Board are identical to the emergency regulations that the board adopted effective August 25, 2004. They are in effect for one year from that date, and during the interim, the Board must replace them with permanent regulations. Ms. Yeatts explained that the subordinate of the Board would typically be a single member of the Board and that the only cases that this board would delegate would involve continuing education compliance. Ms. Yeatts stated that the Board needs to adopt proposed regulations which can go out for public comment.

On properly seconded motion by Dr. Siemering, the Board voted unanimously to adopt the proposed regulations for delegation to an agency subordinate.

Ms. Yeatts stated that the Board needs to adopt a guidance document that describes the steps for conducting an Informal Conference that has been delegated to the subordinate single member of the Board.

On properly seconded motion by Dr. McKelvin, the Board voted unanimously to adopt the guidance document on the process for delegating Informal Fact Finding to the subordinate.

**CONFLICT OF INTEREST TRAINING:**

The board member training on Conflict of Interest began at 9:30 a.m. and concluded at 10:15 a.m. The board meeting resumed after completion of the training.

**BOARD DISCUSSIONS:**

**Revision of NAVLE**

Dr. Carter informed the Board that the NBVME Board has approved a motion to create two new categories in the animal species dimension of the blueprint for the NAVLE, one for items dealing with public health and food security (which will comprise 3% of the total examination) and another for non-species specific items (1%). She stated that the revised blueprint is available on the NBVME's website if anyone wishes to review it.

**Letter asking for CE approval for Equine Massage Therapy course**

The Board discussed a letter from a veterinary technician asking for approval of a course in equine massage therapy for continuing education.

The Board directed Dr. Carter to respond to her that the course would need to meet the requirements of the regulations and could be reviewed by AAVSB's RACE program. The course must relate to clinical veterinary practice and should have appropriately credentialed presenters.

**Letter from William Dunnivant, Jr., DVM**

A letter was received from Dr. Dunnivant asking

for the Board's interpretation of a scenario relating to the treatment of animals in a municipal animal shelter. Dr. Dunnivant states that he is given written detailed signalment (temp., weight, attitude, appetite, BM), clinical signs such as sneezing, runny eyes and nose, and a history of anything done for the animal while at this shelter such as vaccinations, or dewormings. He further states that individual records are kept for each animal or litter at the shelter and also at his hospital. The animals included in this routine are only those that have what appears to be a simple upper respiratory infection. Any other illnesses are brought to him at his clinic for assessment. Dr. Dunnivant's question is whether he can dispense medication for those animals that appear to have the upper respiratory infections as described by shelter staff, without seeing the individual animals.

The Board's interpretation is that it would require a statutory amendment to allow the type of scenario that Dr. Dunnivant describes. A valid veterinarian-client-patient relationship is required by the Drug Control Act and presumes examination by the practitioner.

#### **Letter from Dr. Katherman regarding solicitation**

The Board reviewed a letter from Anne Katherman, DVM, regarding a solicitation from a company called World Resource Pet Supply. This company is asking veterinarians to sell them non-prescription flea and tick medication so that they can then resell it. The Board directed Dr. Carter to send a letter to Dr. Katherman that the Board does not have jurisdiction over these types of companies.

#### **Request for waiver of CE during military deployment**

The Board reviewed a request for a waiver of the CE requirement while on military deployment. The waiver is granted automatically per Department of Health Professions Directive # 1.12.

#### **Letter from Dr. Escobar**

The Board reviewed a letter from Dr. Escobar, President of the VVMA, regarding the Board's requirement that veterinarians be listed as adjunct faculty members in order to be valid preceptors for students of veterinary technology and veterinary medicine. Dr. Escobar specifically inquired whether the terminology used by Cedar Valley College in Lancaster, Texas, was appropriate and would be considered the same as adjunct professor. Cedar Valley refers to the veterinarians who act as preceptors as Clinical Instruction Preceptors.

The Board directed Dr. Carter to draft a letter to the program head at Cedar Valley and inquire as to the exact meaning of the term Clinical Instruction Preceptor.

#### **Mobile Clinic**

The Board reviewed a diagram of a mobile unit in which the only way to access the x-ray machine and dark room is through the surgery suite. The x-ray machine is actually affixed to the wall of the surgery suite, over the surgery table.

The Board determined that the facility could not meet the requirements of the regulations as is and must be modified in order to comply.

#### **REPORT ON AAVSB ANNUAL MEETING:**

Ms. Behr and Dr. Siemering reported on their attendance at the AAVSB annual meeting in Kansas City, MO.

#### **EXECUTIVE DIRECTOR'S REPORT:**

Dr. Carter reported to the Board regarding the budget and board statistics and gave them an overview of the recent activities of the Board of Health Professions.

#### **2005 CALENDAR:**

Dr. Wise stated that the VVMA would like for the Board to host another panel for questions and answers at the VVMA's Annual Meeting at the Hotel Roanoke in Roanoke, VA in February.

The 2005 calendar is as follows:

February 2, 2005 – Informal Hearings, Roanoke, VA

February 3, 2005 – Board meeting, Roanoke, VA

April 7, 2005 – Informal Hearings, DHP

May 25, 2005 – Board meeting, DHP  
May 26, 2005 – Informal Hearings, DHP  
July 13, 2005 – Informal Hearings, DHP  
August 10, 2005 – Board meeting, DHP  
August 11, 2005 – Informal Hearings, DHP  
October 20, 2005 – Informal Hearings, DHP  
November 9, 2005 – Board meeting, DHP  
November 10, 2005 – Informal Hearings, DHP

**NEW BUSINESS:**

Dr. Carter reported to the Board that Dr. Horner would like for the Board to consider in some way providing CE classes on record-keeping for licensees that are required to take record-keeping CE as part of a sanction. It has been difficult for veterinarians to find record-keeping courses, per se. Record-keeping, if offered, tends to be embedded in other coursework.

Dr. Wise appointed Rebecca Lakie, LVT to chair a committee to inquire if the VVMA and other local associations would be willing to offer record-keeping CE.

Dr. Wise requested that the complainants in cases that are being heard at an Informal Conference be informed that there are additional waiting rooms available where they can wait, instead of sitting in the main lobby with the respondent. In addition, because it is an issue that cuts across all the health regulatory boards, he offered that the agency consider developing a brochure to describe what to expect at an informal conference in terms of protocol and logistics.

**MEETING ADJOURNED:**

There being no further business, the meeting adjourned at 12:00 noon.

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John T. Wise, DVM, President

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