**Minutes to the BOD teleconference**

**June 6, 2019 5-7 PM EDT**

In attendance : Drs. Dunlop, Fischer, Grimm, Egger, O, Aarnes, Bauquier, McMurphy, Ebner, Love, Kushner

**Administrative Business**

1. Approve agenda- Dr. Love motioned, Dr. Aarnes seconded, all were in favor.

2. Approve minutes of the May BOD meeting- Dr. Fischer motioned, Dr. McMurphy seconded, all were in favor.

**Old Business**

1. Website update – Dr. Kushner said PHOS has been working on addressing some of the edits we have provided; they have begun building the resident and diplomate portals with hope to finish that next week.

a. Dr. Kushner reminded everyone that on our present website, posted are monthly BOD minutes that go back to 2010; also committee annual reports go back to 2009. Should we continue to keep these, archived, or just keep only the last 4-5 years?

i. Some felt it may not be necessary to keep them that long since the Secretary will always maintain a file

ii. It was suggested that if storage space is not an issue, keep it on the website

iii. Dr. Kushner will ask PHOS if space would be a problem to keep all

2. MOC documentation update – Dr. Bauquier created a survey requesting input from diplomates - the results of the survey were sent to the BOD

a. There was a 50% response to the survey – good representation from private practice versus university; more than 70% did not read or understand the requirements; and only a few have collected information so far

b. Most did agree with the categories/sections; some proposed a 2 yr progress report evaluation with yearly reminder to upload CE certificates

c. Some BOD discussion – consider the hours worked per week and not per day and full time work hours should be reduced from 40 hrs to 35 hrs/week ; or > 30 hrs /week

i. What about part-time work? – some do not have a regular schedule of days or hours ; what about those who take time off for situational leave?

d. The point is to keep current

e. Should there be a probationary period?- a remedy for those who do not fill requirements?

f. Should be manageable and easy to re-certify rather than having to sit the exam again

g. How do MD’s re-certify?

h. The MOC doc written and approved in 2014 is titled “ ACVAA MOC proposal”

i. “Proposal” suggests this is not final

ii. Re-evaluate and table for July

3. Update appointment of NAVAS representative

a. Dr. Grimm has prepared an email that will call out to the D list to solicit nominations and interested diplomates who may wish to serve as an ACVAA /NAVAS BOD member.

i. We want to generate interest in our newer members/diplomates

4. Revisit committee reimbursements and per diems\_

a. Dr. Kushner sent a proposed edited P&P to the BOD for review

a. Points different from the earlier P&P for discussion

i. The committee chairs must communicate with the secretary as soon as possible of the dates, places and attendees

ii. Secretary will investigate the hotel options in the area and provide information on the best lodging for the best price -and inform that if an attendee books a more expensive hotel the reimbursement may not cover the additional cost- ( this may be re- considered)

iii. The Secretary may search for flights to the location from the home areas of the attendees to provide the average costs of the flights ; if attendee chooses a flight that is significantly more expensive than the average cost found, the reimbursement may not cover the full amount- (this may be re-considered )

iv. Per diems of $20/day will be paid on travel days

v. Those who are ‘hosting’ the meeting in their own domicile will receive the same per diem with the exception of the travel per diems days

5. AVTAA/ACVAA liaison committee update- Dr. Egger discussed the summary of concerns that have been raised by many diplomates concerning the AVTA credentials application process which appears to result in rejection of many technicians ; some of whom the diplomates work with and feel are competent- this summary document was sent to the BOD

a. Some of the complaints-

i. Application process is tedious, arbitrary and is not blinded and there is a lack of constructive feedback

ii. Successful application rate for 2019 – was 32%- very discouraging to technicians

iii. No oversite by an ACVAA diplomate; none for training, or after becoming a VTS-A

iv. Reasons for rejection of the application often are in conflict with decisions made by the supervising DVM (often an ACVAA diplomate) and are sometimes incorrect

v. Their physical status classification system although different, is referred to as the ASA PS Scale

vi No AVMA oversite but AVTS oversees all technician groups

b. Discussion – ACVAA cannot dictate how they should run their organization

c. Dr. Egger- The ACVAA/AVTA liaison committee is doing good work and there has been some progress in discussions with a positive response from the AVTA BOD

d. Dr. Grimm mentioned the AVT technician group “Anesthesia Nerds”- they have a website, and provide/sponsor symposiums ; there are a couple of DACVAA who work with/for them

i. Should we learn more about what this group is ‘teaching’?

e. Dr. Grimm -Perhaps NAVAS can engage with them

6. Update – Trademark – Dr. Kushner mentioned that she just paid a bill for $94.00 – the total now paid is $2,130.00 The BOD approved a ceiling price of $1000.00

a. Dr. Fischer said she would ask the lawyer about any more projected costs

b. We have received a preliminary approval as there is a 30 day review process in case a 3rd party objects; so we are waiting for a final, formal approval \*\* (see addendum)

7. Revisit regional distribution of diplomates- Dr. Kushner will send out her document to the diplomates for input—with hopes to continue the discussion at the annual meeting – with hopes to eliminate geographic organization of diplomates and representation by regional directors

**New Business**

1. Bylaws change – concerning repeated attempts of passing the certifying examination – Dr. Love has prepared the document for the membership to review and consider:

a. Bylaws change to restrict the number of times a candidate can sit the exam, (not more than 6 times) with a limit of time to pass the exam after completion of the residency, no more than 9 years) and to require that credentials must be accepted within 3 years of completion of the residency.

i. The document also includes a discussion of the background for these changes

b. Rationale -The overall pass rate looks worse with multiple attempts; a focused plan to help candidates could improve outcomes- but would require an investment of diplomate time

c. The RTC was not in favor of this -little response from the CC so the plan is to solicit a response from the membership

i. Perhaps send it out via survey monkey for input?

ii. Send the proposed changes to the D list for input/responses, and to continue discussion at the annual meeting.

iii. Bylaws must be approved by the BOD; and language must be presented to the membership no earlier than 30 days prior to the annual meeting ( by August 7)

**d. A motion was made to approve the proposed Bylaws change ( \*\* see addendum below for language)**

**i. Dr. Ebner moved and Dr. Fischer seconded the motion**

**ii. All were in favor**

2. Dates of next BOD meetings- because our regular meeting date will fall on the holiday of July 4th, the next monthly BOD mtg will be Thursday July 11th

a. Also, the cutscore is expected to be completed on July 15th

b. The ABVS states that candidates must receive results within 45 days of the exam- ( by July 17) so date of the BOD mtg to approve and accept results is scheduled on July 16th.

3. Motion to adjourn was made by Dr. Love and seconded by Dr. Fischer; all were in favor

a. Meeting adjourned at 7:14 PM

Respectfully submitted:

Lynne Kushner, DVM, DACVAA

ACVAA Executive Secretary

Addendum below

\* Soon after the meeting Dr. Fischer received an email from the lawyer concerning the trademark and stated that the approval was rescinded because the final review board found it to be too descriptive. The lawyer suggests not to appeal but to amend the application to register it on the Supplemental register (rather than the Principal register). It is still unknow the additional costs – \*\*\*July 3- just received another bill for $235.00 to make total, now at $2365.00.

\*\* Proposed language changes

Section 3 Certifying examination

A. All candidates shall be examined in a uniform and consistent manner under such rules as the Examination Committee may prescribe.

B. Examinations shall cover all phases of veterinary anesthesiology, including the basic sciences and clinical application. After approval of ~~his/her~~ their credentials which must occur within 3 years of completion of residency, ~~a~~ candidates ~~is~~ are entitled to three (3) attempts to pass the examination. This is hereafter referred to as a 3-exam cycle. It is preferred that the 3-exam cycle be completed within three calendar years. The 3-exam cycle begins on the date an applicant first sits for the examination. An additional three-exam cycle~~s~~ must be initiated by re-application demonstrating continued involvement in the practice and study of veterinary anesthesiology and a study/training plan with an ACVAA mentor approved by the ACVAA.   
 If the candidate is not successful within 6 exam attempts (up to 9 years post-residency to include years of deferral ) ~~2 3-exam cycles,~~ ~~additional training may be required as determined by the Examination Committee and the Board of Directors.~~ the candidate will become inactive and will not be allowed further exam attempts.  
 Appeal for special consideration can be made to the ACVAA BOD if a medical or family situation arises that would prevent the candidate from taking and passing the exam within 9 years of finishing residency.