

North Carolina Veterinary Medical Board

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Regulatory Bulletin

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New Software at the NCVMB!

<http://www.ncvmb.org/>

The Board is in the process of installing new computer software on our website. The projected “live date” for the new software is the first two weeks of November 2017.

The new software will require you to register via the new ‘Licensure Gateway’ before you can renew. Please be aware your current **User Name** and **Password** will no longer be effective (you will be prompted to create new ones).

If you are a veterinarian, who owns a facility and/or a

corporation, you will only be required to register one time as all entities will be linked. We’ll provide you with instructions when the new software goes live.

The NCVMB will communicate additional information to you as the “live date” draws near. We are excited about this new software that will offer ease-of-use as well as additional on-line options for all users (Veterinarians, Technicians, and the public).

NCVMB FACEBOOK Page

<https://www.facebook.com/NCVetMedicalBoard>

The NCVMB Facebook page has a vast variety of information available for veterinarians, technicians, and pet owners. Examples of recent posting include the following topics:

- Have you experienced “Vet Shopping” for controlled drugs?
- Here’s what to do if your pet gets skunked
- Bovine vets taking financial hit from other service providers
- Being a Vet Tech is not a consolation prize
- How to help animal disaster survivors in Texas
- Why do dogs pant?
- Top 5 tips for a successful Dermatological Examination



HB 243- The Stop (Strengthen Opioid Misuse Prevention) Act of 2017

Many of you are aware of the recent state legislation passed on June 29, 2017 in an attempt to address the current opioid abuse crisis in our state. While the majority of the law addresses the human side of medicine, the law does charge “the Dept. of Health and Human Services, in consultation with the Office of the Attorney General and the NC Veterinary Medical Board, on how to implement the provisions of this act pertaining to electronic prescriptions and the submission of data to the Controlled Substances Reporting System as they relate to the practice of veterinary medicine.” The NCDHHS must submit a report back to the General Assembly by Feb. 1, 2018.

During the September 15th meeting the DHHS stated that nothing in this STOP Act, as it is currently written, impacts veterinarians. Future legislation will be needed during the next Session after the report is received to address requirements on the veterinary profession. It is anticipated that some impact on the profession is to be expected in the form of central database information collection of Controlled Substances prescribed or dispensed for pets. Many of the more impactful requirements that were in the early discussions at the legislature do not appear to be gaining traction (mandatory electronic prescriptions, pet owner background checks, etc.). The NCVMB will update you, as information becomes available, upon your requirements to comply with the STOP Act.

Veterinary Facility Inspection Update

David Marshall, DVM- Facility Inspection Supervisor

The Board has recently implemented several changes to the practice facility inspection process. Of particular note is the addition of a third part-time inspector and division of the state into three regions of coverage. This addition is in response to the continued increase in the number of licensed practices (including a significant increase in the more labor intensive mobile practices), as well the Board's initiative to provide more detailed inspections with a heavy emphasis on outreach, education, and follow-up.

Effective Oct. 1, 2017 the inspection program will be as follows:

Western Region- The Board welcomes back Dr. Joe Wright to the inspection staff. As many of you recall, Dr. Wright served as a practice inspector for the Board from 2012-2015. In addition, he has a distinguished 36 years of practice experience in NC, including 32 of those as an owner. Dr. Wright enjoys volunteering for the Native American Ministries section of Christian Veterinary Mission, and served in the past on the Cleveland County Board of Health. He will be responsible for the westernmost 32 counties of the state, as well as Brunswick, New Hanover, Pender, Onslow, and Carteret counties. Dr. Wright's email is: jwright@ncvmb.org

Central Region- The central region will continue to be inspected by Dr. Fred Schmid, who has served as a facility inspector for the Board for the past two years. Dr. Schmid is a 1982 graduate of Iowa State University and a graduate of the Kenan Flagler Business School at UNC. He has extensive experience in many aspects of veterinary medicine, including private practice, practice management, and research and development. He is responsible for a populous 22 county area in the center of the state. Dr. Schmid's email is: drs Schmid@ncvmb.org

Eastern Region- I will be responsible for a 41 county area in the eastern part of the state, minus the 5 counties in the Wilmington area. In addition, the Board has assigned me the duties of supervising the facility inspection program. I have just completed my third year as inspector, after retiring from a career of 8 years of practice and 14 years as State Veterinarian, including serving on the Board from 2000-2014. My email is: dmarshall@ncvmb.org

Due to the reorganization, some of you will continue to see a familiar face, some a new inspector. The entire inspection staff looks forward to working with you in the future. Please don't hesitate to contact us with questions.

Other pertinent observations, notes, and points of emphasis in regards to inspections:

- ▶ Licensees are reminded that an inspection is ***required*** for all new practices, relocation to a new facility, change of ownership, or ***significant*** renovations or additions that directly impact the practice of veterinary medicine. Please contact the Board office as far in advance as possible so we can schedule the visit as closely as possible to your requested date, and keep us apprised of the progress. Our inspectors do everything possible to accommodate the request, and encourage contact prior to the official date for consultation or questions on facility inspection requirements.
- ▶ It is important that you contact the Board office with any change in your hours of operations, as well as a permanent closure of a practice. This is primarily for our benefit so we don't expend time and expense travelling to an unannounced inspection, only to find the practice closed. The following scenario may result in incurrence of an additional \$125 inspection fee to offset the expense.
- ▶ Practices are scheduled to be inspected every two years in the same quarter (new practices or ownership changes have a one year follow-up, then to a two year schedule). Facilities may be inspected up to a few months early or late, even outside of the designated official "quarter." Those practices inspected early or late retain their original quarter designation for their next inspection.

- ▶ Please be aware that only Registered Veterinary Technicians who have completed an official course curriculum, passed the state exam, and been registered by the Board may be referred to as “Technicians.” Lay employees may be referred to as “Assistants” or a similar term.
- ▶ The importance of detailed records has been discussed repeatedly in past Board communication. For those utilizing handwritten records, it cannot be emphasized enough the importance of *legible* records. We continue to see illegible records that make it very difficult for the Board to assess the quality of medicine in the case of a client complaint.
- ▶ I continue to see prescription labels not containing warning statement(s). While voluntary and not required by the Practice Act, I would highly suggest including “**Keep Out of the Reach of Children**” or “**For Veterinary Use Only**,” or both, for your protection in the case of an unfortunate mistake at home by a client.
- ▶ We continue to routinely find expired drugs to varying degrees in many practices, including Controlled Substances. It is important to have a procedure in place to monitor and track drug expiration dates and remove them from the practice when expired. If an expired drug is found within the facility, the potential for its use has to be assumed and a violation noted.
As for Controlled Substances, we recognize the challenge in destroying these legally. Currently, the NC Dept. of Health and Human Services’ state statute takes precedent over DEA law and mandates that a state DHHS inspector oversee the destruction of these Scheduled drugs. We met with NCDHHS on September 15th 2017 and they acknowledge the impracticality of the 1970’s era antiquated law and that they do not have the staffing to provide this service. They are pursuing legislation to eliminate this requirement, and grateful for our offer to certify our NCVMB inspectors to oversee that process on our biennial visits if requested. We will keep you posted on this issue. Currently there are several private companies in the state “DEA Registered Reverse Distributors” that will legally dispose of them for a fee. Information can be found at:
<https://vetboard.az.gov/sites/default/files/documents/files/DEA%20Registered%20Reverse%20Distributors%20-%202016.pdf>
- ▶ On another Controlled Substance issue, I have occasionally found the “working inventory” of Scheduled drugs left out on a counter unlocked in a surgical prep area throughout the day, and returned to the lock box at night. This usually occurs in a large hospital with a busy surgical load but has also been observed in smaller practices. Please be reminded that these substances must be under lock *at all times* between use. Also, please be cognizant of boarding animals that may arrive with their controlled medication to be administered during their stay. These drugs (Tramadol, etc.) must be kept locked and accounted for during the pet’s stay, administered under competent supervision, and not left unsecured in the kennel area. The potential for diversion in both of these instances is high.
- ▶ We have recently redesigned our inspection form, and it is much more detailed and comprehensive. A copy of this form is on our web site (www.ncvmb.org> Professionals> Forms and Applications). I would highly invite you, practice managers, and other supervisory staff to review the form in detail line by line to better familiarize yourselves with the facility standards and ensure your compliance.
- ▶ One of the new points of emphasis for the Board is the issue of overnight care of critical patients. Occasional complaints have arisen from clients who were under the assumption that an overnight patient was receiving around the clock care when it was not. My experience is that most hospitals in urban areas refer the patient to an overnight emergency facility with fairly good compliance. Remote, rural practices do not have that luxury. Communication and documentation are the key. Please post a notice in your

client reception area the name and address of the facility that has agreed to provide monitored overnight care. If a client refuses (due to cost, distance, etc.), document in the record that he/she has been advised to transport the animal but has declined (wants to take the animal home, or leave it with you). I am seeing more hospitals that are utilizing “Consent for Release Against Doctor’s Recommendation” forms or similar separate documents. These are excellent tools to limit liability and improve communication with the client.

Renewal/Application Question: Convictions/Misdemeanors/Disciplinary Actions?

Executive Director Tod Schadler DVM

The Board frequently receives questions about how a criminal conviction/misdemeanor (including any verdict of guilty or plea of no contest of any felony or misdemeanor) might affect a licensed veterinarian or a registered veterinary technician. The question is not as straightforward as it would appear because every situation is different and, as such, is evaluated on a case-by-case basis. 90-187.8 states that the conviction of any offense substantially related to the qualifications, functions, or duties of a licensee or registrant constitutes unprofessional conduct which can be cause for disciplinary action. The Board reviews the records related to every conviction/misdemeanor considering not only the record of the conviction/misdemeanor itself, but also the underlying issues which led to the arrest.

A conviction/misdemeanor that does not, at first glance, appear to be substantially related to the qualifications, functions or duties of a licensee or registrant, may, under closer scrutiny, be revealed to be otherwise (e.g.; reckless driving and DUIs). All information related to the criminal case is considered, such as when the arrest occurred; the circumstances surrounding the arrest; any previous history of arrests or convictions; and the licensee’s or registrant’s compliance with the court’s terms and conditions.

The following information may be requested from an applicant with a criminal conviction:

- A certified copy of all conviction orders (obtained from the courthouse of record);
- Evidence that all court ordered requirements were met (i.e., letter from the probation officer if on supervised probation, paid fines and restitution, etc.);
- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s).

The following information may be requested from the applicant with past disciplinary action or licensure/certification denial in another state:

- A certified copy of the Order for disciplinary action or denial from the other state licensing entity; and certified copy of any subsequent actions (i.e. reinstatement), if applicable;
- A letter from the applicant explaining the factual circumstances leading to the action or denial.

The following information may be requested from applicants with a possible impairment:

- Evidence of any past treatment (i.e., discharge summary from outpatient treatment and inpatient hospitalizations);
- A letter from the applicant’s current treating healthcare provider(s) indicating diagnosis, treatment regimen, compliance with treatment, and ability to practice safely;
- A letter from the applicant explaining the factual circumstances of condition or impairment and addressing ongoing efforts to function safely (including efforts to remain compliant with treatment, maintain sobriety, attendance at AA/NA meetings, etc.).

NOTE: Some applicants may be eligible for the North Carolina Health Program (NCVHP) which is a program for persons with impairments due to chemical dependency and/or mental health diseases.

Willingness to participate in the NCVHP is information the Board will consider during the review process for applicants with a criminal conviction history related to impairment or a history of impairment alone.

Information about the NCVHP may be obtained directly from the homepage at:

<https://ncphp.org/veterinarians-and-veterinary-technicians/>.
