

NORTH CAROLINA VETERINARY MEDICAL BOARD

P.O. BOX 12587
RALEIGH, NORTH CAROLINA 27605
919-733-7689

Thomas M. Mickey
Executive Director
George G. Hearn
Board Attorney



February 7, 2002

Joseph K. Gordon, D.V.M., President
Raleigh
Herbert A. Justus, D.V.M., Vice President
Etowah
Amy J. Lewis, D.V.M., Secretary-Treasurer
Raleigh
David E. Brooks, D.V.M.
Pembroke
Nellie P. Jones
Winston-Salem
David T. Marshall, D.V.M.
Raleigh
Kenneth R. Padgett, D.V.M.
Jacksonville

During 2001, the NCVMB undertook a rewriting of the Practice Act to aid you and the public in better understanding the application and interpretation of the Act. After much discussion and work in conjunction with the NCVMA, it has been decided to set aside the rewrite at this time and to deal with the singular issue of practice ownership and facility registration in the 2002 legislative session. The proposed changes will allow ownership of a veterinary medical practice by persons other than licensees and will require the registration of all veterinary facilities with the NCVMB. Please send any comments or questions on this issue to the NCVMB, or you may work through the NCVMA legislative committee. The other issues included in the original rewrite will be reconsidered in the future by the NCVMB.

One item that was to be clarified in the Practice Act revisions was the ownership of medical records. "Who owns the medical records?" is a question frequently fielded by the Board office. Because continuity of medical history and care is important for the benefit of our patients, the Board has established the following policy when answering questions of medical record ownership:

All documentation that comprises a medical record, including written notations, computerized or digital data, radiographs and laboratory reports are the property of the veterinary practice. The owner of the patient or group of animals is entitled to copies of the patient or animals' medical records. The veterinarian or facility to whom a request for copies is made shall respond within a reasonable time and may charge the person requesting the copies reasonable costs of the copies related to the time and expense of reproduction.

The availability of modern technology such as ultrasound, endoscopy, blood chemistry analysis and other techniques has provided us with the opportunity to evaluate our patients more thoroughly than ever before. These do not replace, however, the value of a complete history and physical exam. Occasionally, complaint cases before the Board reveal too much reliance on the advanced diagnostics and overlook the basic skills in the practice of veterinary medicine.

A new issue before the Board this year is the emergence of veterinary consultants as a resource for the primary practitioner. Everywhere you look, consultants are available via the internet, over the phone lines, and they may even come into your practice physically to assist you with patient care. As the primary care veterinarian in a doctor-client-patient relationship it is incumbent that you are certain of the credentials of the consultants used in your practice, including licensure status, facility inspection, and advanced training credentials.

The Board's enhanced facility inspection process has identified that many practices are complying with the letter of the law regarding minimum health and sanitation guidelines by having caps, gowns, sterile gloves, and steam sterilization equipment available. The Board currently interprets this section to require the use of these items routinely for sterile or aseptic invasive surgery.

The facility or mobile unit where we practice represents to the public the profession of veterinary medicine. Dr. Ben Turner, facility inspector, suggests all mobile veterinarians ask themselves these questions:

- Is your mobile unit clean and well organized, including the cab or passenger compartment?
- Is the vehicle relatively free of dents and scrapes?
- When clients see you reach for a vial of medicine, do they see dust free vials which are free of blood smears?
- Do clients watch you easily locate an instrument from a box of well-organized instruments, which are cleaned and sanitized between calls?
- Are your drugs and biologicals stored at temperatures that maintain their efficacy?
- Are your controlled drugs locked so that the public does not have access to them?
- Do you have a posted sign or brochure, which informs your clients where they may obtain services that you do not offer, i.e. surgery, radiology or emergency services?

These same concepts are applicable to any stationary veterinary facility. If you answer yes to all the above questions, you are probably representing veterinary medicine well. If not, then remedies should be made immediately.

A Board Investigator has been hired to assist the Board with the regulation and administration of the Practice Act and Board Rules. As this is a new role, a portion of the investigative officer's efforts will be directed to development of procedures and strategy for this position.

I appreciate the feedback from last year's President's Letter. Your input is helpful in determining the needs of the public and the profession.

Sincerely,

A handwritten signature in cursive script that reads "Joe Gordon, DVM".

Joseph K. Gordon, D.V.M.
President