



# Oregon Veterinary Board NEWSLETTER

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## Summer 2008

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### ► More New Rules Ahead

The Board has proposed new rule amendments, shown on page 4. We welcome your written comments, mailed or e-mailed, through August 18, 2008. Per ORS Ch. 183, the Board will conduct a public hearing only if requested by 30 or more individuals or by organizations with more than 10 members.

So, you might be wondering—has the Board gone rule-happy? Not really. Rules must adapt to changes in standards, common problems, or new statutes. Statutes provide a framework for self-governance of the profession in the interests of public and animal safety. Rules define and clarify statutes. Sometimes there is uncertainty over the interpretation of a statute. Rules can be adopted, amended or repealed to make sure the statute's original intent and the Board's interpretation are aligned and clearly defined.

Unlike rules, statutes are created or changed only through legislation. Statutory concepts for changes such as facility licenses and limited or specialty licenses must be approved by the Governor and heard by the Legislature, where they are examined, prognosticated and sometimes euthanized. Ask any former Board member about the dangers of 'opening up the statute.' The Board prefers, whenever possible as an alternative, to conduct rulemaking.

Here's a quick synopsis of the proposed rules:

- ✓ Veterinary Technician defined as licensed CVT.
- ✓ No non-veterinary use of controlled drugs.
- ✓ Veterinary & CVT licenses must be posted.
- ✓ More proof of eligibility for VTNE applicants.
- ✓ CVTs may intubate for anesthesia.
- ✓ Non-CVTs may not intubate or extract.

### ► Temp Rule re Euthanasia Task Force

A temporary rule in effect through October 2008 allows animal shelters to obtain staff euthanasia training and testing from a Board approved vendor or veterinarian. The Board will decide prior to its expiration whether to make the rule permanent.

New volunteers, Dr. Harry Christensen, Rebecca LeMaster, CVT, and Sue Gillilan, CVT, may be called upon for future service.

For over 20 years, the Euthanasia Task Force consisted of volunteers from various shelters, but over the last dozen years, it dwindled to two agencies: Oregon Humane Society and Multnomah County Animal Control. The Board is grateful for the many years of euthanasia training, testing and certification they provided for Oregon shelters. Particular thanks go to Sharon Harmon and Sandra Farnsworth of OHS, and Larry and Lorene Crabb of MCAS.

### ► Your Questions

1. May CVTs perform complex dental extractions and suturing? **NO.**  
*Only simple or 'loose tooth' extractions may be done by CVTs, under immediate supervision of a veterinarian.*
2. If an animal is presented with a serious condition and the client cannot or will not pay for required treatment, can the veterinarian refuse to treat? **YES.**  
*The Veterinary Practice Act does not require you to treat without payment.*
3. Do rabies vaccination certificates still need to be hand signed? **YES.** *By the supervising vet.*

### Your Board Members

- ◆◆◆ Emilio DeBess, DVM, MAPH, Portland (Chair)
- ◆◆◆ Leon Pielstick, DVM, Burns (Vice-Chair)
- ◆◆◆ Lauren Acton, DVM, Woodburn
- ◆◆◆ Dolores Galindo, CVT, Gresham
- ◆◆◆ Robert Lester, DVM, Portland
- ◆◆◆ Rocky Liskey, Public Member, Klamath Falls
- ◆◆◆ Mark McConnell, BVMS, MRCVS, Springfield
- ◆◆◆ Mark Reed, Public Member, Portland

## ► Dolores Galindo, CVT, on CVTs

Employment of CVTs is expected to grow 41 percent over the 2006-16 projection period (Bureau of Labor Statistics, *Occupational Outlook Handbook*, 2008-09).

The average longevity of CVTs in private practice is 7-8 years. Lack of job satisfaction is one of the leading reasons CVTs leave the profession. Factors that influence job satisfaction include enjoyment of the work, higher levels of responsibility, and recognition as licensed medical professionals, which promotes personal growth and meaning in the work.

Salary, interpersonal relations, working conditions and administrative policies also affect overall job satisfaction. To prevent CVTs from leaving the profession, veterinarians and practice managers need to recognize the importance of job satisfaction.

Creating aspiration and a career path for assistant staff can begin with recognizing that CVTs are licensed professionals accountable under the Veterinary Practice Act.

Graduating more Veterinary Technicians from accredited institutions will help meet future growth demands in veterinary medicine. Oregon needs more professionally trained, educated and retained Veterinary Technicians.

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## ► AAVSB Nixes VTNE OTJ Option\*

Translation: the Veterinary Technician National Exam will no longer be open to 'on-the-job' (OTJ) applicants after 2010. Only applicants from accredited schools, or other Board-approved programs, will be eligible to sit for the exam.

Oregon is one of the few states that still accepts OTJ applicants for the VTNE. Because of increased out-of-state applications, and inability to verify claimed experience or training, the Board has adopted stricter eligibility criteria. Now, OTJ applicants' experience must be certified by an Oregon licensed veterinarian. A new proposed rule will further require OTJ applicants to provide proof of veterinary clinical experience.

The VTNE is administered on the third Friday of each January and June by Board staff in Portland.

\*Did you know that the average bureaucrat has a vocabulary of over 100,000 acronyms?

## ► Keeping Us Busy

The Board spends at least one day of each two-day meeting reviewing and discussing complaints after having pored over many complaints prior to the meeting. Complaints taken to the Board have been screened initially by staff, then by a Board member or committee. Many complaints never reach the full Board, either because they are not within the Board's jurisdiction (fees, attitude, clinic decor) or are invalid (no evidence). Following are brief summaries and hindsight review  of recent cases that resulted in discipline.

A veterinarian rented and took over part of a practice. Incompatibility blossomed. The veterinarian left, taking some patient records. The owner changed the locks. The Board received many complaints from clients about not getting record copies. The veterinarian was cited for failing to provide medical record copies upon request.

 If circumstances beyond your control prevent you from complying with any provision of the Veterinary Practice Act, contact us immediately.

A veterinarian was presented with a dog accidentally hit with a baseball bat. The veterinarian did not take an x-ray. After an emergency clinic x-ray yielded evidence of a fractured jaw, a complaint was filed with the Board. The veterinarian was cited for failing to use standard methods of diagnosis and treatment.

 Follow minimum practice standards by offering standard diagnostics.

A veterinarian made a cursory patient record of an emergency after-hours visit, then sent the record to the regular veterinarian, then lost the original, then sent a recreated version to the Board in response to a complaint. The Board was not amused, and cited the veterinarian for records violations.

 Practice good recordkeeping habits. Review minimum requirements for records in your Practice Act synopsis, page 17.

A veterinarian hired an intern who never activated her intern license. The Board discovered this before the veterinarian did. The veterinarian was cited for a noncomplying condition in the practice.

 Make sure your licensee employees have valid licenses. Use our website license directory regularly.

## ► License Suspension Publicized

In April the Board suspended a veterinarian's license based on felony conviction of possession of controlled drugs and violation of the provisions of a stipulated agreement. Due to the nature of the violations and potential harm to the public if this licensee were to continue having access to controlled drugs, the Board made the decision to publicize its action. An email was sent to veterinarians and veterinary technicians, and a letter was mailed to all Oregon practices.

By statute, disciplinary actions by Boards are public information in Oregon. That means that any person may request and receive disciplinary information on veterinarians and veterinary technicians. We provide only the Final Order or Stipulated Agreement; no other details of the case are public.

At some point in the future, the Board will post discipline documents on our website, but for now, public information is provided only on request. Generally, persons requesting public info are clients—potential, current or former. But it can be helpful to you, too. We urge you to check the licensee directory before hiring a veterinarian or veterinary technician, and each January to make sure your and your employees' licenses are current.

*NOTE: A House committee is looking at regulatory boards regarding impaired practitioners, confidentiality and public membership. Bills from this committee are expected to focus on public protection.*

## ► In Case of Anarchy...

What should you do if you encounter a situation for which there is no apparent rule? Apply this simple test: What is best for the patient and for my practice? An example is general supervision of CVTs. Other than tasks with specific supervision requirements, like dental extractions, rabies vaccine administration, and microchipping, most CVT tasks may be done under general supervision, which means the CVT has 'received an instruction.' If you're not comfortable with that for certain procedures, simply provide a higher level of supervision (and document it in the patient record). The Board is unlikely to discipline for adherence to minimum standards, but that doesn't mean a judge won't if you end up in court.

When in doubt, err on the side of the patient.

## ► Adieu, Dr. DeBess ...

Dr. Emilio DeBess, Board chair for the last two years, bids us farewell on June 30, 2008. Dr. DeBess was appointed to the Board in June, 2000, and served an extra year after his second term ended. In addition to providing expertise in both large and small animal medicine, Dr. DeBess introduced a public health perspective to the Board's mission. Thanks to his efforts, bird flu, mad cow disease, West Nile virus, leptospirosis and '*Cryptococcus gatii*' are practically household names. Dr. DeBess's expertise and user-friendly approach to educating the profession have helped veterinarians throughout the state recognize the potential impacts of zoonotic disease outbreaks.

You've known Dr. DeBess as the state public health veterinarian, but he also works with the Centers for Disease Control on food borne illness investigations and special projects on emerging infectious diseases, heads the voluntary veterinary disease reporting project to inform veterinarians about diseases of veterinary and public health importance, and reviews NAVLE questions for the American Association of Veterinary State Boards. In his spare time, he teaches at OSU-CVM, does committee work for the Registry of Approved Continuing Education (RACE), and fills in at an emergency clinic in the metro area. His nickname is 'Lazy.'

'I have enjoyed serving on this Board and getting to know so many of my colleagues,' said DeBess. 'Every veterinarian should commit to serving on the Board or on a board committee. Until you have sat on this side of the table, you don't know how hard—or how important—it is to fairly and objectively regulate our profession. Being credible as a Board ensures that we retain a high level of public confidence.'

Dr. DeBess also says to keep reporting those zoonoses!

On behalf of members and staff: best wishes, heartfelt thanks and a fond farewell to Dr. DeBess. ***It's been grand! Olé!***

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## PROPOSED RULE AMENDMENTS, SUMMER 2008

Text to be added is in **bold**.

### 875-005-0005 Definitions

**(18) 'Veterinary Technician': a person licensed by the Board as a Certified Veterinary Technician.**

### 875-011-0010 Unprofessional or Dishonorable Conduct

The Board interprets "unprofessional or dishonorable conduct" to include, but is not limited to, the following:

**(18) Non-veterinary prescribing, use, theft or diversion of controlled drugs.**

### 875-015-0020 Minimum Requirements for All Veterinary Medical Facilities

Each veterinary medical facility shall comply with the following:

**(10) Licenses: Licenses of every veterinarian or veterinary technician practicing in the veterinary medical facility shall be displayed in a place conspicuous to the public. Relief or temporary licensees may post legible photocopies of licenses. Mobile practice licensees shall have their license or a legible copy available for verification upon client request.**

### 875-030-0010 Criteria for Becoming a Certified Veterinary Technician

**(e) On-the-job applicants shall provide proof of on-the-job experience such as W2 forms or other proof approved by the Board. A form, available from the Board, with a notarized signature of an Oregon-licensed veterinarian(s), describing period(s) of employment and total hours worked, is acceptable in lieu of other proof.**

### 875-030-0040 Supervision of Certified Veterinary Technicians

(1) All duties of certified veterinary technicians must be performed under the supervision of a licensed veterinarian. At minimum, 'supervision' means that each act shall be performed by the certified veterinary technician only after receiving specific directions from a licensed veterinarian.

**(G) Place an endotracheal tube for the purpose of delivering oxygen and anesthetic gas to the patient requiring inhalant anesthesia.**

### 875-030-0050 Practice Limitations for Individuals not Certified as Veterinary Technicians

Persons who are not certified by this Board as veterinary technicians may perform under the supervision of a licensed veterinarian all acts that a certified veterinary technician may perform except for OAR 875-030-0040(2)(b)(E), (induce anesthesia), **(2)(b)(G)(place an endotracheal tube)**, (2)(e)(D) (operate X-ray equipment) unless the person has completed 20 hours training in radiation safety as required by the Oregon State Health Division (OAR 333-106-0055), **(2)(e)(G) (perform dental extractions)**, (2)(e)(H) (administer rabies vaccine) and (875-030-0040(I)) (inject or implant a permanent identification device).