

Minnesota Board of Veterinary Medicine

BVM BITS



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Contact Info for Related Boards



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2829 University Ave SE #401
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www.vetmed.state.mn.us
vet.med@state.mn.us
[Veterinary Practice Act](#)

Mandatory Reporting of Employee Controlled Substance Diversion

Drug diversion and abuse of controlled substances are an unfortunately common reality of today's society. In the 2014 Legislative session, new language affecting veterinarians was added to MN Statute 214.33 Reporting. All health professionals with legal authority to dispense or prescribe controlled substances are affected. For veterinarians, the owner(s) of the practice are now required to report to the Board of Veterinary Medicine any regulated employee who diverts controlled substances from the practice. Currently, veterinary technicians are not regulated, but would come under this law in the future, if that profession becomes licensed. If an employer veterinarian discovers diversion, failure to report that employed veterinarian could result in investigation of the employer. There are some exceptions to this new requirement if the employed veterinarian is already being monitored by [Health Professional Services Program](#) (HPSP). Veterinary practice owners should read the new language in Statute 214.33 carefully. <https://www.revisor.mn.gov/statutes/?id=214.33>

This statute encourages all licensed veterinarians to report colleagues suspected of diversion or impairment to the Board of Veterinary Medicine. If the diversion is for their personal use, the individual can be reported to HPSP instead of the Board.

A veterinarian also has the option to self-report. If the individual is solely reported to HPSP, the Board will not be informed unless the individual is not eligible for HPSP programs or is discharged from HPSP. More information is available on the HPSP website <http://mn.gov/health-licensing-boards/hpsp/> or by calling (651) 643-2120.

The issues of professional impairment and diversion of controlled substances by licensed veterinarians are more widely addressed in the Veterinary Practice Act and the Rules of the Board of Veterinary Medicine. The board may revoke, suspend, or impose limitations upon a license of a veterinarian for several related issues: (1) being unable to practice with reasonable skill and safety by reason of illness, use of alcohol, drugs, chemicals, or any other materials, or as a result of any mental or physical condition; (2) violating a state or federal narcotics or controlled substance law (3) being adjudicated by a court as a person who is incapacitated, mentally incompetent or mentally ill, chemically dependent, and/or dangerous to the public; (4) unprofessional conduct which includes: prescribing or dispensing, delivering, or ordering delivered a controlled substance without first having established a veterinarian-client-patient relationship; and using, misusing or selling any controlled drugs. (Cont. on page 2)

The mission of the Minnesota Board of Veterinary Medicine is to promote, preserve, and protect the health, safety and welfare of the public and animals through the effective control and regulation of the practice of veterinary medicine.



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To protect our colleagues, animals, and the public, the veterinary profession must assume both legal and ethical responsibility for veterinarians that are professionally impaired or diverting controlled substances.

Substance Misuse of Gabapentin

The following article addresses rising concerns of gabapentin abuse which is spreading in Minnesota. Neuropathic pain affects up to 8% of the population, causing significant distress and morbidity. Good evidence-based treatment is available, so early diagnosis is important. Recent publicity and guidelines, and increasing prevalences of age-related causes of neuropathic pain (including postherpetic neuralgia and diabetic neuropathy), have led to increasing rates of diagnosis and treatment in primary care. Gabapentin is one of the recommended mainstays of evidence-based treatment.

Unfortunately, our clinical experience suggests that gabapentin is now prevalent as a drug of abuse. The drug's effects vary with the user, dosage, past experience, psychiatric history, and expectations. Individuals describe varying experiences with gabapentin abuse, including: euphoria, improved sociability, a marijuana-like 'high', relaxation, and sense of calm, although not all reports are positive (for example, 'zombie-like' effects). In primary care, an increasing number and urgency of prescription requests cannot necessarily be explained by the increased number of cases of neuropathic pain. In the substance misuse service, the numbers admitting to using gabapentin (local street name: 'gabbies', approx £1 per 300mg) are also growing.

Prescribing data from the Tayside region of Scotland show a rise in the number of patients receiving gabapentin, and an exponential rise in the total number of prescriptions issued, particularly since it was licensed for postherpetic neuralgia in 2002 (Figure). In the substance misuse services in Tayside in 2009, we found that of those who had been attending for at least 4 years ($n = 251$), 5.2% were currently receiving gabapentin on prescription, with a mean dose of 1343mg, and were >3 times more likely to admit to non-medical use of analgesics ($P = 0.006$). Meanwhile, of 1400 postmortem examinations in Central, Tayside, and Fife regions of Scotland in 2011, 48 included gabapentin in their toxicology report, 36 also including morphine and/or methadone, indicating recent possible opioid dependence.

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Gabapentin is easily prescribed without restriction, and escalating doses are recommended. It is therefore easy to facilitate any misuse and addiction potential, and to stock the black market.

A recent police report indicates the increasing tendency to use gabapentin as a 'cutting agent' in street heroin (and to recover gabapentin on the street and in prisons), further adding to the abuse and danger potential

Like opiates, gabapentin is fatal in overdose; unlike opiates, there is no antidote and the long half-life instills the need for prolonged, intensive management of overdose.

The epidemiology of gabapentin misuse needs further detailed and urgent assessment, including cross-linking data from Police, NHS, and other sources. We should consider introducing routine gabapentin testing in urine drug screens. This will inform clinical and political approaches to this possible new and dangerous type of substance misuse, as well as safe management of the distress caused by neuropathic pain.

Smith, Higgins, Baldacchino, Kidd, and Bannister, University of Dundee, Scotland
(Contact Board for references and original article)

Avoid CE Approval Pitfalls

Continuing education to meet the regulatory requirements for licensure must be approved. Before registering for a program, double check that the program is approved. Any RACE-approved program automatically counts. However, caution is warranted for any program advertised as "RACE approval pending", as that program may ultimately fail to gain that approval. Other automatic approvals include: All programs sponsored by the AVMA, CVMA, accredited veterinary colleges, and state, regional or local veterinary associations. Programs provided by AVMA-recognized specialty groups, U.S. Animal Health Association, USDA, MN Board of Animal Health and AAHA are also automatically approved. All other programs must be approved by either of two routes: The CE program sponsor or provider can apply to the Board for approval. This entails submitting a form at least 90 days before the scheduled program, and a \$50 fee.

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Board certified speakers are quickly approved. Brief professional biographies must be provided for all other speakers. Approved programs can then be advertised as approved by the MN Board of Veterinary Medicine, and will be posted on the Board's website. The other option is to have the individual veterinarian seek program approval up to 30 days after the program. The form is available on the Board's website. No fee is required. The veterinarian must provide sufficient information about the program to determine the educational value of its content and credit hours that can be assigned. This route works well for veterinarians in research, public health, or other related fields. If you have a question about whether a program would be approved, please contact the Board office **before** attending.

Continuing Education

Interactive vs. Non-interactive

Veterinarians are required to have a minimum of 40 hours of approved continuing education in the preceding 2 years at the time of their license renewal. Thirty of those hours need to be interactive, as defined in Minnesota Rules 9100.1000. Interactive courses typically have the following features:

- Occur in real-time
- There's the ability to write or call in questions
- Other veterinarians participate at the same time

In contrast, taking a non-interactive course on the internet allows a veterinarian to learn from either a pre-recorded presentation or webinar at a time that is convenient, and may include a quiz to obtain credit. These non-interactive courses should ideally be RACE approved and are considered self-study, so 3 hours of non-interactive CE would be needed for 1 credit hour of self-study. Please note that there is a limit of 10 hours that can be claimed for self-study. If in doubt about whether a web-based course would be considered interactive before enrolling, please check with the Board of Veterinary Medicine.

License Renewal & CE Extensions

Odd-numbered licenses **expire on February 28, 2015**. This year the Board implemented a new online renewal system that makes it easier for you to renew your license. You may notice new questions on your renewal. This information will be used by the Board to better characterize the profession, and develop targeted proactive education.



Because this is a new licensing system **you need to create a user name and password to access the renewal site. This is different from your MVMA log in information.** [Click here](#) to get started.

Please remember that you need a total of 40 hours of continuing education credits from March 1, 2013 through February 28, 2015. Thirty of these hours must be interactive. It takes 30 actual hours of self-study to claim the maximum of 10 hours of non-interactive CE. Most on-line courses are non-interactive. There is a maximum of 10 hours allowed for practice management topics. If you will not have 40 hours prior to the renewal period, please contact the Board.

License Verification

If you are applying for licensure in another state, you may need to contact the Board for a document stating you are in good standing with the Minnesota Board of Veterinary Medicine. The Board will generate a form that contains your license history in Minnesota and will send this form directly to the state in which you are seeking licensure. There is a \$25.00 fee associated with this request payable via check to the MN Board of Veterinary Medicine.

You can request license verification by filling out a paper copy of the request form

The form can be downloaded on our website or you can email vet.med@state.mn.us or call us to request this form. License verifications requests are completed within 1-2 business days of the request and are sent directly to the specified state. Special accommodations to this request can be made by contacting the Board at vet.med@state.mn.us



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Tips: Who to Call?

Board of Veterinary Medicine: license, CE, veterinary and lay person complaints, Veterinary Practice Act, professional firm

Board of Animal Health: reportable diseases, rabies certificates, MN health certificates, animal identification

Board of Chiropractors: human chiropractors working on animals

Board of Pharmacy: Compounding, drug label requirements, complaints regarding a pharmacy or pharmacist, license check

DEA: controlled substances

MVMA: veterinary technician credentials and CE

USDA/APHIS: accreditation, health certificate requirements by state



Contact Information for Related Boards

Minnesota Board of Animal Health:
625 Robert Street North, St. Paul, MN 55155
<http://mn.gov/bah/>
Phone: (651) 296-2942 Fax: (651) 296-7417

Drug Enforcement Agency:
100 Washington Avenue South, Suite 800 Minneapolis, MN 55401
www.deadiversion.usdoj.gov/index.html
DEA Regional Field Office at (612) 344-4136
National office toll free 1-800-882-9539

Minnesota Board of Pharmacy:
2829 University Avenue SE, Suite 530
Minneapolis, MN 55414
<http://www.pharmacy.state.mn.us/>
Phone: (651) 201-2825 Fax: (651) 210-2837

