



The Issue of Title Protection



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There are not many things that demoralize credentialed veterinary technicians more than having their title applied to those who did not rightfully achieve it, and this unfortunately is highly prevalent among veterinary practices today. While those who utilize the title of Certified, Registered, or Licensed Veterinary Technician or Licensed Veterinary Medical Technician may currently have met varied requirements depending on the state they reside in, it can be said that those credentialed as a veterinary technician have met a standard in education virtually in all states. So why is it that the “veterinary technician” title is commonly used to describe those who are credentialed and non-credentialed alike?

From a legislative sense, states with licensure that our profession have the ability to institute title protection laws or regulation which specifically state that the title may be applied only to those that have met the licensure requirements. Title protection language is put in place to prevent individuals from misrepresenting themselves as meeting qualifications without actually doing so. For example, the Indiana code states, “An individual who is not a registered veterinary technician may not use the title ‘registered veterinary technician,’ ‘veterinary technician,’ or the abbreviation ‘R.V.T.’” and deems it a misdemeanor to misrepresent oneself in such a way. There are, however, various states that do not have title protection laws in place. It is also a common complaint we hear from our peers that even in states that have title protection laws, they are often not enforced. This leads to a great deal of frustration from members of the profession and is contributing to the lack of fulfillment in the field.

So what can we, as veterinary technicians who are feeling helpless and frustrated against the misuse of our professional title, do? Solutions to this issue will come in different forms and require the efforts of all members of the field.

LEGISLATIVE CHANGES

In states with no licensure or title protection: Not all states have a licensure process in place and even fewer have title protection language. The veterinary profession should support the implementation of licensure and title protection in every state. This requires grass roots advocacy from veterinary technicians and is best done through state associations.

In states with title protection: The veterinary medical boards will need to enforce title protection. Because enforcement works off of complaints, members of the veterinary team and public will need to file a complaint to draw attention. However, individuals are sometimes hesitant to file complaints out of fear of retaliation. Our culture needs to shift to being able to uphold the practice act as a professional responsibility.

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Heartgard[®] Plus

(ivermectin/pyrantel)

CHEWABLES

CAUTION: Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian.

INDICATIONS: For use in dogs to prevent canine heartworm disease by eliminating the tissue stage of heartworm larvae (*Dirofilaria immitis*) for a month (30 days) after infection and for the treatment and control of ascarids (*Toxocara canis*, *Toxascaris leonina*) and hookworms (*Ancylostoma caninum*, *Uncinaria stenocephala*, *Ancylostoma braziliense*).

DOSAGE: HEARTGARD[®] Plus (ivermectin/pyrantel) should be administered orally at monthly intervals at the recommended minimum dose level of 6 mcg of ivermectin per kilogram (2.72 mcg/lb) and 5 mg of pyrantel (as pamoate salt) per kg (2.27 mg/lb) of body weight. The recommended dosing schedule for prevention of canine heartworm disease and for the treatment and control of ascarids and hookworms is as follows:

Dog Weight	Chewables Per Month	Ivermectin Content	Pyrantel Content	Color Coding On Foil Backing and Carton
Up to 25 lb	1	68 mcg	57 mg	Blue
26 to 50 lb	1	136 mcg	114 mg	Green
51 to 100 lb	1	272 mcg	227 mg	Brown

HEARTGARD Plus is recommended for dogs 6 weeks of age and older.

For dogs over 100 lb use the appropriate combination of these chewables.

ADMINISTRATION: Remove only one chewable at a time from the foil-backed blister card. Return the card with the remaining chewables to its box to protect the product from light. Because most dogs find HEARTGARD Plus palatable, the product can be offered to the dog by hand. Alternatively, it may be added intact to a small amount of dog food. The chewable should be administered in a manner that encourages the dog to chew, rather than to swallow without chewing. Chewables may be broken into pieces and fed to dogs that normally swallow treats whole.

Care should be taken that the dog consumes the complete dose, and treated animals should be observed for a few minutes after administration to ensure that part of the dose is not lost or rejected. If it is suspected that any of the dose has been lost, redosing is recommended.

HEARTGARD Plus should be given at monthly intervals during the period of the year when mosquitoes (vectors), potentially carrying infective heartworm larvae, are active. The initial dose must be given within a month (30 days) after the dog's first exposure to mosquitoes. The final dose must be given within a month (30 days) after the dog's last exposure to mosquitoes.

When replacing another heartworm preventive product in a heartworm disease preventive program, the first dose of HEARTGARD Plus must be given within a month (30 days) of the last dose of the former medication.

If the interval between doses exceeds a month (30 days), the efficacy of ivermectin can be reduced. Therefore, for optimal performance, the chewable must be given once a month on or about the same day of the month. If treatment is delayed, whether by a few days or many, immediate treatment with HEARTGARD Plus and resumption of the recommended dosing regimen will minimize the opportunity for the development of adult heartworms.

Monthly treatment with HEARTGARD Plus also provides effective treatment and control of ascarids (*T. canis*, *T. leonina*) and hookworms (*A. caninum*, *U. stenocephala*, *A. braziliense*). Clients should be advised of measures to be taken to prevent reinfection with intestinal parasites.

EFFICACY: HEARTGARD Plus Chewables, given orally using the recommended dose and regimen, are effective against the tissue larval stage of *D. immitis* for a month (30 days) after infection and, as a result, prevent the development of the adult stage. HEARTGARD Plus Chewables are also effective against canine ascarids (*T. canis*, *T. leonina*) and hookworms (*A. caninum*, *U. stenocephala*, *A. braziliense*).

ACCEPTABILITY: In acceptability and field trials, HEARTGARD Plus was shown to be an acceptable oral dosage form that was consumed at first offering by the majority of dogs.

PRECAUTIONS: All dogs should be tested for existing heartworm infection before starting treatment with HEARTGARD Plus which is not effective against adult *D. immitis*. Infected dogs must be treated to remove adult heartworms and microfilariae before initiating a program with HEARTGARD Plus.

While some microfilariae may be killed by the ivermectin in HEARTGARD Plus at the recommended dose level, HEARTGARD Plus is not effective for microfilariae clearance. A mild hypersensitivity-type reaction, presumably due to dead or dying microfilariae and particularly involving a transient diarrhea, has been observed in clinical trials with ivermectin alone after treatment of some dogs that have circulating microfilariae.

Keep this and all drugs out of the reach of children.

In case of ingestion by humans, clients should be advised to contact a physician immediately. Physicians may contact a Poison Control Center for advice concerning cases of ingestion by humans.

Store between 68°F - 77°F (20°C - 25°C). Excursions between 59°F - 86°F (15°C - 30°C) are permitted. Protect product from light.

ADVERSE REACTIONS: In clinical field trials with HEARTGARD Plus, vomiting or diarrhea within 24 hours of dosing was rarely observed (1.1% of administered doses). The following adverse reactions have been reported following the use of HEARTGARD: Depression/lethargy, vomiting, anorexia, diarrhea, mydriasis, ataxia, staggering, convulsions and hypersalivation.

SAFETY: HEARTGARD Plus has been shown to be bioequivalent to HEARTGARD, with respect to the bioavailability of ivermectin. The dose regimens of HEARTGARD Plus and HEARTGARD are the same with regard to ivermectin (6 mcg/kg). Studies with ivermectin indicate that certain dogs of the Collie breed are more sensitive to the effects of ivermectin administered at elevated dose levels (more than 16 times the target use level) than dogs of other breeds. At elevated doses, sensitive dogs showed adverse reactions which included mydriasis, depression, ataxia, tremors, drooling, paresis, recumbency, excitability, stupor, coma and death. HEARTGARD demonstrated no signs of toxicity at 10 times the recommended dose (60 mcg/kg) in sensitive Collies. Results of these trials and bioequivalency studies, support the safety of HEARTGARD products in dogs, including Collies, when used as recommended.

HEARTGARD Plus has shown a wide margin of safety at the recommended dose level in dogs, including pregnant or breeding bitches, stud dogs and puppies aged 6 or more weeks. In clinical trials, many commonly used flea collars, dips, shampoos, anthelmintics, antibiotics, vaccines and steroid preparations have been administered with HEARTGARD Plus in a heartworm disease prevention program.

In one trial, where some pups had parvovirus, there was a marginal reduction in efficacy against intestinal nematodes, possibly due to a change in intestinal transit time.

HOW SUPPLIED: HEARTGARD Plus is available in three dosage strengths (See DOSAGE section) for dogs of different weights. Each strength comes in convenient cartons of 6 and 12 chewables.

For customer service, please contact Merial at 1-888-637-4251.

EDUCATING VETERINARY PROFESSIONALS

Regardless of the licensure and title protection status of the state, each practice can educate their staff on proper use of titles and implement policies surrounding respect of the qualifications of those within their team. There currently are individuals without a veterinary technician credential who are highly competent and contribute in the same or similar capacity as a credentialed veterinary technician, and veterinary teams show concerns that non-credentialed team members may feel demeaned being called “assistants.” This is yet another cultural shift we must embrace in the veterinary field. A credentialed veterinary technician has a title that is associated with a credential. It is earned. Similarly, we should be concerned that credentialed veterinary technicians will feel demeaned by their title not being properly protected. The credential is a clear-cut difference and it doesn't mean that a non-credentialed team member contributes any less to the practice.

WHERE DO WE STAND?

A question we should be asking ourselves is, “Where do we stand with title protection?” Is this issue significant enough that we feel an organized effort must be made to change the current culture? The question is rhetorical as we, as NAVTA leaders, have been working toward change to on a national level. That is why NAVTA has backed legislative bills that institute title protection as a major goal in the Veterinary Nurse Initiative. That is why NAVTA has fought against proposed changes that reduce the qualifications that are needed to become credentialed veterinary technicians.

As individuals, are you discussing this issue with the veterinary medical boards? Veterinary medical associations? Your state veterinary technician association? Those are the entities that can drive change in legislation. Are you discussing the issue with the management of your veterinary practice and the team members to professionally convey the importance of establishing policies that recognize our credential within practice?

If the answer is “not yet,” then we urge you to join the conversation and become a professional representative and advocate for veterinary technicians around the nation. If the answer to these questions is “yes,” thank you for the effort you are putting in to changing the culture of the field for the better. Real change can be made, and it will take a collective voice. **TVN**