

ALBERTA VETERINARY MEDICAL ASSOCIATION



AB.VMA
Alberta Veterinary Medical Association

COUNCIL GUIDELINES

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**ALBERTA VETERINARY MEDICAL ASSOCIATION
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COUNCIL GUIDELINES REGARDING PRESCRIBING, DISPENSING, COMPOUNDING AND SELLING PHARMACEUTICALSⁱ

Alberta veterinarians are dedicated to the health and welfare of all animals through diagnosis, treatment and prevention of disease. Veterinarians also play a principle role in ensuring a safe food supply for Canadians by promoting the responsible use of pharmaceuticals, biologicals and agricultural chemicals by animal owners.

These guidelines are intended to promote the appropriate delivery of veterinary services and safe and responsible drug use by veterinarians and their clients, and to address public concerns regarding food safety and the use of pharmaceuticals in animal production.

In addition, adherence to these guidelines will help maintain the highest quality and purity standards in Alberta's Agri-food industry, and safeguard export markets.

The ABVMA supports the development of regulations that encourage the prudent use of animal medications in all areas of animal management. The Association believes that such regulations are essential to the long-term viability of food animal production in Alberta.

Part A

ABVMA Council Guidelines for Veterinarians Prescribing Drugs (writing prescriptions)

The Guidelines set out in this Part A (with respect to Prescribing) and Part B (with respect to Dispensing) applies to the prescribing and dispensing of the following categories of drugs and substances:

1. All drugs or substances listed in Schedule F, Part 1 of the Food and Drug Regulations;
2. Any Antimicrobials not listed in Schedule F, Part 1 of the Food and Drug Regulations;
3. Any modified live virus vaccine;
4. Any drug or medication used in an extra-label manner;
5. Any Drug which has been removed from its original packaging.
6. Any drug or substance listed in the Schedules to the Controlled Drugs and Substances Act.
 - a. Additional conditions will apply

Prescribing treatment for animals by the use of various drugs is a cornerstone of veterinary practice. The term "Veterinary-Client-Patient Relationship" (V-C-P-R) as defined in s. 21.2 of the General Regulation to the Veterinary Profession Act outlines the conditions that must be met for a practitioner to prescribe treatment, including treatment that involves the prescription of the aforesaid drugs.

A summary of the conditions that must be met for a veterinarian to prescribe drugs are as follows:

- The veterinarian must be registered with the ABVMA and be working in conjunction with a veterinary facility or practice appropriately certified by the ABVMA;
- The veterinarian must have established the medical needs of the patient, either on an individual or herd basis prior to prescribing treatment, (including the prescription of the aforesaid drugs);
- The establishment of need is based on the prescribing veterinarian having received significant and relevant information with respect to the health of the animal or animals (a proper V-C-P-R must exist). This information may be gathered by the examination of the animal or animals, by undertaking appropriate diagnostic procedures, by gathering a medically appropriate history with respect to the animal or animals or other medically appropriate means.

- The veterinarian is responsible for providing medical care for the animals in question;
- The owner of the animals has agreed to follow the veterinarian's directions in regards to the treatment;

A proper prescription must meet the following:

- The prescription shall be specific in regards to:
 - the identification of the animals to be treated,
 - the drug to be used,
 - the dosage,
 - time duration,
 - the quantity required
 - the number of refills allowed;
- In some cases the prescription may be given in reasonable anticipation of need, provided the conditions above are met. ¹
- Veterinarians prescribing medications requiring compounding must adhere to the Canadian Veterinary Medical Association, "Guidelines for the Legitimate Use of Compounded Drugs in Veterinary Practice".
- A prescription or order for treatment must be written and contain the following information:
 - Prescribing practitioner (registered veterinarian and certified facility) and contact information.
 - Patient owner/agent (client)
 - Date of prescription
 - Patient
 - Name of drug prescribed and concentration
 - Quantity of drug
 - Directions for Use, including Dose, Frequency, and Duration
 - Substitution (yes or no) of same drug (different brand name)²
 - Number of refills (implies zero if not indicated)
 - Withdrawal time
 - Signature of the veterinarian

¹ A clinic's 'protocol' for drug use or a treatment regime for a group of animals is not a prescription. The protocol is a direction for use only

² If substitution is required, permission must be sought from the prescribing veterinarian and the client

Part B

ABVMA Council Guidelines for Veterinarians Dispensing Prescription Drugs

The Guidelines set out in this Part B apply to the dispensing of the types or categories of drugs or substances set out in Part A of these Guidelines.

The Veterinary Profession Act includes the procedure of “dispensing” in the scope of activities that a registered veterinarian may undertake as part of the practice of veterinary medicine. Dispensing is the act of supplying prescription medication on the specific order of a practitioner, who has determined the need or anticipated need of a patient (either individual animal or group of animals with a similar need) and who is responsible to treat or address this specific need. Federal legislation defines a “practitioner” as a person authorized by the law of a province of Canada to treat patients with any drug listed or described in Schedule F to the regulations to the Food and Drug Act. In Alberta the medical treatment of animal patients is restricted to registered veterinarians. There is a requirement that all facilities or practices offering veterinary services in Alberta be inspected and certified by the ABVMA in accordance with the Practice Inspection/Practice Standards Bylaw.

In many circumstances the prescribing veterinarian is the same as the dispensing veterinarian. However, there are situations where the medication may be prescribed by one veterinarian and dispensed by a different veterinarian. This unbundling or separation of the prescribing function and the dispensing function is recognized by the ABVMA as acceptable practice.

ABVMA Council Guidelines for Veterinarians filling a Prescription (Dispensing)

If a veterinarian elects to dispense medication (within his/her VPE or to fill a prescription made by another veterinarian) there are certain requirements that must be met

- The veterinarian may dispense the drugs only through an ABVMA certified veterinary facility or practice and only for animals located in Alberta.
- A prescription may only be filled within 12 months from the date it is written. After this time, a new prescription is required.
- A valid prescription may only be maintained at *one* location at a time.
- Original prescriptions must be kept on file by the dispensing veterinarian. Copies (marked as such) may be given to the client as required for On Farm Food Safety records. These copies must be marked such that another veterinarian will not fill them.
- A prescription, including refill, can facilitate treatment for only up to 18 months from when the prescription was written.
- The dispensing veterinarian must obtain and confirm the accuracy of the original prescription and refill information, and must forward available or remaining totals to other dispensing locations if requested by the client. A declining balance of the refills must be maintained, and when the final refill is performed, the prescription is finished. No more refills may be made, and a new prescription must be generated by a prescribing veterinarian.
- While only a registered veterinarian (the prescribing veterinarian) may prescribe drugs under Part A, a registered veterinarian (the dispensing veterinarian) may delegate the task of dispensing to a Registered AHT who is employed by the dispensing veterinarian’s practice and under that veterinarian’s indirect, direct or immediate supervision. The dispensing veterinarian remains ultimately responsible for the dispensing process.;
- When a veterinarian delegates dispensing to a RAHT, the veterinarian must review all the prescriptions thus filled, within 24 hours;
- Certain logistical services may be delegated to other non-AHT staff (i.e. picking inventory, counting pills, producing labels), but the actual labeling and final check of the prescription must be performed by an RAHT or the dispensing veterinarian

- The dispensing veterinarian must confirm the identity and registration of the prescribing veterinarian as well as the fact that the prescribing veterinarian is practicing in conjunction with an appropriately certified veterinary facility or practice in Alberta.
- The dispensing veterinarian must confirm the validity or reasonableness of the prescription;
- If the prescription is not valid, not reasonable, or improperly written the dispensing veterinarian **must** reject the prescription and not dispense any medications. The situation may be rectified by calling the prescribing veterinarian for clarification and confirmation of the prescription
- The dispensing veterinarian must provide the client with all necessary information regarding the use, storage and safety of the product;
- The dispensing veterinarian must confirm the identification of the client and establish and maintain an appropriate medical record for each client/patient;
- Veterinarians dispensing drugs pursuant to prescriptions from other veterinary practitioners may have their purchase and sales records audited by the ABVMA on a periodic basis;
- Labeling:

All products dispensed under this Part must be appropriately labeled:

- The words “Veterinary Use Only” on the main panel of both inner and outer package labels, immediately following or preceding the proprietary or brand name, proper name or common name, in type not less than one half as large as the largest type on the label;
 - Each using unit of product must be labeled by the dispensing facility
 - If units of medication are dispensed by the bottle, each bottle must have a label. If units are dispensed in a case lot, each case must display the label
 - The name of the client;
 - The names of the facility and the veterinarian prescribing the drug
 - The names of the facility and the veterinarian dispensing the drug
 - Identification of the animal or group of animals
 - The name of the drug dispensed and its concentration;
 - The Drug Identification Number (DIN);
 - The quantity of the drug dispensed;
 - Directions for Use, including Dose, Frequency, and Duration;
 - Minimal withdrawal time (where applicable) as prescribed;
 - Storage precautions;
 - Any toxic warnings or other precautions appearing on the original label.
- All drugs stored for future dispensing must be displayed and stored in accordance with the Practice Inspection/Practice Standards Bylaws. Specifically, all prescription and prescription like products must be stored in such a manner as to prevent physical access to the product by the public.
 - Substitution by the dispensing veterinarian of a specific medication for a generic medication must first be confirmed with the prescribing veterinarian and animal owner;
 - Prescriptions taken over the phone must be immediately transcribed to a written prescription by the dispensing veterinarian or a Registered AHT to which the veterinarian delegates the role. This may NOT be done by any other person.

PART C

ABVMA Council Guidelines on Veterinarians Selling Non Prescription Drugs

The Guidelines set out in this Part C apply to the sale of drugs other than the categories or types set out in Parts A and B. They will typically apply to:

- Food and Drug Regulations, Schedule F Part 2 drugs that are not antimicrobials;
- Pesticide control products;
- Killed vaccines.

These drugs are referred to in this Part as “Non Prescription Drugs”. The sale of Non Prescription Drugs is a recognized activity of veterinary practices in Alberta. Such sales may be carried out under the following conditions.

- While the sale of Non Prescription Drugs falls within the scope of practice of veterinary medicine, a veterinarian may delegate the sale of such drugs to a registered AHT or appropriately qualified layperson. Under current legislation an appropriately qualified layperson is a person who has successfully completed the Production Animal Medicine (PAM) certification course.
- These sales do not require a prescription and do not require the presence of a Veterinary Client Patient Relationship.
- The veterinarian has a responsibility to ensure the client has adequate information about the safe use of the product, including: dosage, storage, withdrawal times, and any relevant precautions to be taken when using the product.
- The only products that may be sold in this manner are non-prescription products in the manufacturer’s original container.
- Veterinarians must treat all antimicrobials as if they were prescription only and not sell them as an over the counter preparation, regardless of their official designation.
- All modified live vaccines must be treated as prescription only and not sold in an over the counter manner.
- Veterinarians are reminded of s. 21.2 of the General Regulation, which prohibits the sale of any pharmaceutical or biological product to a warehouse, pharmacy, Production Animal Medicine Outlet or any other individual who intends to re-sell the drug

PART D

ABVMA Council Guidelines on Veterinarians Compounding Drugs

The ABVMA recognizes that the procedure of compounding pharmaceuticals is within the scope of practice of veterinarians. Compounding generally is described as the mixing together of two or more ingredients to create a final product in an appropriate form for dosing and are always treated as prescription medications.

If a veterinarian participates in this field of practice he or she must be knowledgeable about the activity and must do so with in the standards of good practice required for this field. This scope of practice must be carried out in accordance with Health Canada, Health Products and Food Branch Inspectorate, “Policy on Manufacturing and Compounding Drug Products in Canada.”

PART E

ABVMA Council Guidelines for Veterinarians Prescribing Narcotic, Controlled and Targeted Substances

Veterinarians are unique in that they are one of the only practitioners who have the legislated authority to both prescribe and dispense narcotic and controlled substances. With this privilege come significant consequences. The very nature of the pharmaceuticals in these categories makes them very risky. This risk extends well beyond the patient being treated and can impact the patient's owner and the general public as well as the veterinary practitioner, allied professionals and staff. Issues of addiction, self medication, drug diversion, theft, fraud and other illegal activities are all too common. It is the professional responsibility of the veterinary community to ensure that our continued access to these necessary products is ensured by processes that guarantee their safe use in all situations.

As part of the Alberta Veterinary Medical Association's commitment in this area, the Council Guideline for prescribing narcotic, controlled substances and other targeted substances shall be that the ABVMA participates fully in the College of Physicians and Surgeons of Alberta Triplicate Prescription Program (TPP). This initiative makes it:

MANDATORY FOR VETERINARY PRACTITIONERS TO RECORD ALL PRESCRIBING AND DISPENSING OF NARCOTIC, CONTROLLED AND OTHER TARGETED MEDICATIONS THROUGH THE USE OF A TRIPLICATE PRESCRIPTION FORM.

This process will allow for recording and traceability of all transactions involving substances of concern. The TPP forms are personalized with the veterinarian's individual information and the veterinary practice location. Security of your prescription pads is essential and is ***your*** responsibility. They need to be kept in a locked environment with access only to the prescriber. Also, only the person identified in the pad can use the document. You ***can not*** lend your pad to a co-worker or any other prescriber. They must register and obtain their own pad in order to have the privilege of prescribing these products. ***There can be no exceptions!*** All stolen or missing pads must be reported to the police and the CPSA. Spoiled prescription forms or ones no longer required must be reported and appropriately destroyed. Allowing anyone other than you to have access to your prescription pad may allow an unauthorized person to illegally access dangerous, life threatening products. It is your professional responsibility to prevent this from happening.

When using a TPP form:

- all fields must be filled out appropriately and in a legible manner;
- the total quantity of the prescription must be indicated both numerically and written to deter forgery;
- directions for use must be as complete as possible to assist in verifying quantities;
- pharmacists will not fill prescriptions for triplicate prescription medications issued on regular prescription pads;
- veterinarians shall not dispense triplicate prescription medications based on their own direction without first transcribing their order for treatment to a TPP form;

- verbal orders for triplicate prescription medications are not permitted;
- prescribers can only use their own personalized TPP pad;
- TPP pads shall not be used to prescribe non-triplicate prescription medications;
- refills are not allowed for triplicate prescription medications;
- prescriptions for triplicate prescription medications must be filled within three days (72 hours) of the prescribing date. Those not filled within this time become void;
- it is necessary for the client (patient owner) to sign the triplicate prescription at the time they pick up the medication.

Members are encouraged to be proactive and register in the TPP. You will be **unable** to prescribe or dispense these products without being registered and using the appropriate prescription forms.

More detailed information and an application form can be obtained from the College of Physicians and Surgeons of Alberta, www.cpsa.ab.ca 780-423-4764.

COUNCIL GUIDELINES FOR THE PRACTICE OF COMPLEMENTARY AND ALTERNATIVE VETERINARY MEDICINE

Purpose

The purpose of this Council Guideline is to define complementary and alternative veterinary medicine in accordance with the provisions of the *Veterinary Profession Act*, and to clarify the position of the ABVMA regarding the rights and responsibilities of providing such services to animals of clients who are members of the public.

Definitions

The Veterinary Profession Act defines “*veterinary medicine*” to mean a medical service performed with respect to an animal and includes the following: surgery, obstetrics and ova and embryo collection, prescribing, compounding, dispensing and selling drugs. For clarity, the ABVMA further embraces the definition of veterinary medicine proposed by the American Association of State Board’s “Veterinary Medicine and Veterinary Technology Practice Act Model”. The Practice of Veterinary Medicine means that any person practices veterinary medicine with respect to animals when such person performs any one or more of the following:

- (a) Directly or indirectly consults, diagnoses, prognoses, corrects, supervises, or recommends treatment of an animal, for the prevention, cure or relief of a wound, fracture, bodily injury, disease, physical or mental condition;
- (b) Prescribes, dispenses or administers a drug, medicine, biologic, appliance, application or treatment of whatever nature;
- (c) Performs upon an animal a surgical or dental operation or a Complementary or Alternative Veterinary Medical procedure;
- (d) Performs upon an animal any manual procedure for the diagnoses and /or treatment of pregnancy, sterility, or infertility;
- (e) Determines the health, fitness, or soundness of an animal;
- (f) Represents oneself directly or indirectly, as engaging in the practice of veterinary medicine;
or
- (g) Uses any words, letters or titles under such circumstance as to induce the belief that the person using them is qualified to engage in the practice of veterinary medicine, as defined. Such use shall be prima facie evidence of the intention to represent oneself as engaged in the practice of veterinary medicine.

“Complementary and Alternative Veterinary Medicine” (CAVM) is an inclusive term that describes treatments, therapies, and/or modalities that are not accepted as components of mainstream veterinary education or practice, but that are performed on animals by some practitioners. While these treatments, therapies and/or modalities often form part of veterinary post-graduation education, they are generally viewed as alternatives or complementary to more universally accepted treatments, therapies and modalities. Veterinary treatments, therapies, and/or modalities that are currently considered complementary and/or alternative include (but are not limited to) the following: chiropractic care; physical therapy; rehabilitation therapy; massage therapy; homeopathy; acupuncture; nutraceutical therapy; botanical and herbal medicine; and phytotherapy.

Other names commonly used for these modalities include holistic or integrative veterinary therapies or therapy options. (Integrative veterinary medicine is the complete synthesis of conventional and CAVM diagnostic and therapeutic modalities).

Scope

This Council Guideline applies to all veterinarians in Alberta who wish to practice or offer complementary and alternative veterinary medicine. It does not apply to non veterinarians illegally practicing these modalities outside a veterinarian-client-patient relationship, or the rehabilitation of wildlife.

Background

This position statement replaces the ABVMA’s former Council Guidelines “**Council Guideline for the Responsible Use of Complementary and Alternative Veterinary Modalities**” and “**Council Guidelines for Associating with Non-Veterinarians Practicing Veterinary Medicine**”. This Council Guideline establishes a single position of the ABVMA with regard to treatments, therapies, and/or modalities that are currently considered to be “complementary” and/or “alternative.”

In human health care, these services are available to patients from a number of regulated health professions, many of which do not require referrals from primary-care physicians. In Alberta, these professionals are governed by the *Health Professions Act* and each is differentiated from the others in profession-specific enabling legislation by way of defined “scopes of practice” and “controlled acts.” However, all of veterinary medicine is considered “controlled” and the scope of practice for animal health care is attributed exclusively to veterinarians through the *Veterinary Profession Act*. As a result, it is illegal for anyone other than a veterinarian to engage in independent veterinary practice without the appropriate supervision by a veterinarian within a certified Veterinary Practice Entity.

It is important to note that even individuals who are licensed to practice on humans under the HPA (and who are accountable to their own College for their practice) are not licensed to practice independently on animals under the legislation that governs their own profession. The only way for these professionals to provide complementary/alternative services to animals (assuming they have the appropriate training and skill to do so) is through the direction and supervision of a veterinarian. Public access to the complaints avenue at HPA Colleges in cases involving animals treated by non-veterinarians is limited to nonexistent. The ABVMA is the only body responsible for overseeing veterinarians’ actions and/or pursuing allegations of unauthorized veterinary practice by non-veterinarians in Alberta. This Council Guideline therefore considers the mechanisms for authorizing and legitimatizing such activity within the scope of the current legislation, which requires that veterinary medicine only be practiced by individuals registered under the act.

ABVMA Position

General

It is the position of the ABVMA that only veterinarians have the education, knowledge, skills, and judgment to evaluate and integrate complementary and alternative veterinary medicine into a rational treatment plan for animals. Therefore performing alternative and complementary veterinary treatments, therapies and/or modalities on animals constitutes the practice of veterinary medicine such that these

procedures may only be performed by a veterinarian or potentially by a non-veterinarian who is directed and supervised by the veterinarian, within the context of a valid veterinarian-client-patient relationship.

The ABVMA acknowledges that specific training opportunities in some complementary and alternative veterinary medicine treatments, therapies and modalities are available to non-veterinarians who wish to work with animals (examples include chiropractic animal care, animal rehabilitation, and animal massage therapy). Although such training, when undertaken by non-veterinarians, may potentially qualify these individuals to provide specific services to animals under the supervision of a veterinarian who chooses to provide this type of veterinary service by way of such an arrangement, it is the veterinarian who remains fully responsible for monitoring all such treatments, therapies or modalities and assessing related outcomes for their patients. Clients who employ non-veterinarians to provide alternative or complementary treatments, therapies or modalities to their animals outside of the veterinarian-client-patient relationship do so at their own risk. The provision of any unsupervised and/or undirected and therefore uncoordinated service by non-veterinarians will be considered the unauthorized practice of veterinary medicine by the ABVMA. Individuals who offer such services may be subject to an ABVMA investigation and prosecution (as well as a complaint to their own regulatory body, if they are licensed in another profession), particularly if those services include medical assessment, diagnostic and/or prescriptive components.

Training Requirements

Veterinarians who utilize complementary and/or alternative treatments, therapies, and/or modalities as part of the treatment plans developed for their clients' animals must ensure they are sufficiently educated and trained (with appropriate knowledge, skills, and judgment) in the indications, risks, and implementation of such approaches. It is the position of the ABVMA that such training undertaken by veterinarians would complement their credentials and prior training and may therefore qualify them for providing complementary or alternative services to animals. For veterinarians without this training, the performance of complementary and/or alternative treatments, therapies, and/or modalities would fall outside of his/her personal competence; however, with adequate knowledge of indications, risks and benefits, veterinarians may choose to refer clients to qualified veterinarians or to delegate and supervise their performance by appropriately trained non-veterinarians. The ABVMA considers the successful completion of a post-graduate certificate program in treating animals to be the appropriate educational standard for those who wish to perform complementary and/or alternative procedures on animals. Such programs may be open to both veterinarians and to regulated (human) health professionals (e.g., Programs certified through the American Veterinary Chiropractic Association).

Delegation, Supervision, and Coordinated Care

The *Veterinary Profession Act* grants, with few exceptions, veterinarians the exclusive right to engage in the practice of veterinary medicine. Despite legislated limitations, the ABVMA recognizes a need for our members to access other occupational groups and use the expertise of those groups in the practice of veterinary medicine for the betterment of animal health and welfare. The overriding principle of delegation is that it must occur within the context of a veterinarian-client-patient relationship and within a certified Veterinary Practice Entity. Delegation can only occur after the veterinarian has performed a conventional patient assessment, made recommendations, obtained the informed consent of the owner and developed a specific treatment plan that has been clearly communicated to the non-veterinarian auxiliary. This requirement for assessment and ongoing communication between the veterinarian and non-veterinarian—which is also required for inter-veterinary transfers and referrals—is based on the need for coordinated care for the sake of the animals' health, welfare and the protection of the public. The veterinarian must also ensure that an appropriate and reasonable level of supervision is provided to all non-veterinarians who are to provide delegated complementary or alternative services. Ultimately the

responsibility for the health care of the animal remains with the veterinarian. The level of supervision may vary in each case³ and may change as the animal's condition progresses.

Ideally all veterinary medicine that is delegated would be to registered personnel working within a certified Veterinary Practice Entity. However, delegation to qualified off-site non-veterinarians for the provision of complementary or alternative veterinary medical therapies, treatments, or modalities may constitute an acceptable form of indirect supervision of the case, but only if the veterinarian has first performed a patient assessment, with periodic re-evaluation. (Indirect supervision would also include periodic contact with the veterinarian to discuss the case.) If a veterinarian is confident that delegation to a non-veterinarian with appropriate training in alternative and/or complementary treatments, therapies or modalities would benefit his/her patient, and if the client gives full informed consent, then—in order to meet professional standards—written direction must be issued that includes:

- a) copies of relevant medical records / information;
- b) specific record-keeping and follow-up requirements for the non-veterinarian to follow; and
- c) a mechanism for the veterinarian to monitor the patient's treatment and outcome, including communication expectations and the provision of records (such as initial assessment, progress notes, and discharge forms) kept by the non-veterinarian to the veterinarian.

To avoid conflict of interest concerns, billing for services performed by off-site non-veterinarians (unless they are employed by the veterinarian) must be done independently by the non-veterinarian and all financial transactions so carried out must be completely separate from the client's account with the veterinarian. The veterinarian who delegates to a non-veterinarian is fully responsible for his or her patients receiving services from any and all non-veterinarians under supervision/direction. Veterinarians who delegate to non-veterinarians for alternative and/or complementary therapy, treatment, or modalities for their patients without providing an appropriate level of supervision could be considered to be assisting a non-veterinarian to practice veterinary medicine, an act that constitutes professional misconduct. They may also, in some cases, be exposed to civil liability for any harm that results in these circumstances.

If the veterinarian advises a client against pursuing alternative and/or complementary therapies, treatments, or modalities and he/she chooses to pursue them anyhow, the veterinarian should note the discussion and declined advice in the medical record of the animal in question. Records must still be provided to the client on request as this is the general professional expectation and is required (with very rare exceptions) under privacy legislation. The veterinarian will not be considered to be assisting an unauthorized practice by providing records to the client even if the veterinarian suspects or knows that the records will be used by other persons. A veterinarian who encounters a client wishing to pursue complementary or alternative veterinary medical therapies, treatments, or modalities, and who does not feel comfortable delegating to a non-veterinarian who offers the service(s) should recognize that the client has the right to choose services; clarify for the client that the veterinarian will not be responsible

³ *Some of the considerations would be as follows:*

- a. The nature of the services;*
- b. The degree and nature of the risks and side-effects associated with the services;*
- c. The location, facilities and supports available to the auxiliary when performing the services;*
- d. The veterinarian's awareness of the knowledge, skills, training and judgment of the auxiliary;*
- e. The safeguards in place (e.g., whether the auxiliary participates in on-going education and certification, whether the auxiliary is independently accountable to a self-regulatory body, whether there are resources immediately available to intervene in the case of complications).*

for the outcome; advise the client that he/she does so at his/her own risk; record the discussion and decision in the medical record; and encourage ongoing communication between the veterinarian, client, and service provider.

The ABVMA recognizes and upholds the following:

1. Complementary and alternative veterinary modalities constitute the practice of veterinary medicine (as defined above) when performed on animals.
2. Only veterinarians have the education and background to evaluate and integrate complementary and alternative veterinary modalities into a treatment regime for animals.
3. There is demand for the use of complementary and alternative veterinary modalities on animals.
4. Some complementary and alternative veterinary modalities have not been endorsed by the scientific community.
5. A scientific evaluation of the merits of each complementary and alternative veterinary modality by the ABVMA prior to its implementation is impractical.
6. Certain requirements must be met by any veterinarian or veterinary practice entity wishing to use a complementary or alternative modality, in order to protect the public.

ABVMA Requirements

1. Any member who wishes to use a complementary and alternative modality does so with the recognition that current accepted standards of **both** conventional and complementary & alternative modalities will prevail in the event of a peer review. When a particular complementary/alternative modality is in question, the peer review may consult with veterinary colleagues who are knowledgeable in that particular modality.
2. An important consideration in a peer review will be the appropriate integration of that modality with conventional therapy. A complementary and alternative modality must **not** be offered to the exclusion of a conventional therapy, which has known, demonstrable benefit to the patient.
3. The practitioner is advised to obtain informed client consent⁴ by discussing the known facts and relative merits of all treatments, and procedures appropriate to a given case. Members are strongly encouraged to use the Complementary and Alternative Veterinary Modality(s) Consent Form, because evidence of informed client consent should form a significant component of a peer review.

⁴ *The ABVMA endorses the AAVSB definition of Informed Consent to indicate that the veterinarian has informed the client or the client's authorized representative, in a manner understood by the client or representative, of the diagnostic and treatment options, risk assessment, and prognosis, and has provided the client with an estimate of the charges for veterinary services to be rendered and the client has consented to the recommended treatment.*

**COMPLEMENTARY AND ALTERNATIVE VETERINARY MODALITY(S)
CLIENT CONSENT FORM**

1. **OWNER IDENTIFICATION:** Date_____

Name_____

Address_____

2. **ANIMAL'S DESCRIPTION:**
Animal's Name or Identification No._____

Species_____ Breed_____ Age_____

3. **INFORMATION PROVIDED:**

I have been advised by Dr(s)._____ of the conventional, complementary and alternative veterinary options for diagnosis and therapy for my animal, and their associated risks, costs and prognosis.

I am aware that the following complementary and alternative modalities to be used in the treatment of my animal are **not** considered conventional veterinary medicine.

- _____
- _____
- _____

4. **I AGREE THAT:**

I have read and fully understand this Client Consent Form.

I am the owner of, or the authorized agent of, the animal described above and I am of legal age (18 years or older).

I consent to the provision of the above listed complementary and alternative modalities for my animal by the above-mentioned doctor(s).

I am seeking complementary or alternative services without involvement of my veterinary practitioner.

Client Signature

Veterinarian Signature

Witness Signature

Alberta Veterinary Medical Association
CONTINUING EDUCATION GUIDELINES

Continuing Education in veterinary medicine is a mandate of the Alberta Veterinary Medical Association (ABVMA). According to the ABVMA Bylaws, each active ABVMA member is required to earn a minimum of 15 credit hours of continuing education per year. These hours can be a total of not less than 30 continuing education credit hours in the 24-month period prior to renewal of registration. Of these 30 hours, a maximum of 5 per year or 10 within 24 months may be made up of non-scientific continuing education.

Conferences, seminars and workshops are often hosted, sponsored or endorsed by the ABVMA to facilitate participation in continuing education by ABVMA members. These programs are pre-approved by the Practice Review Board or the Registrar and allow participants to earn continuing education credits.

The purpose of this document is to:

- I) Provide guidelines for ABVMA sponsored Continuing Education.
- II) Provide guidance and an approval process for organizations wishing to provide Continuing Education programs for Alberta veterinarians.
- III) Provide guidelines to allow ABVMA members to assess CE opportunities for their suitability for credit.

Groups not affiliated with the ABVMA wishing to have scientific continuing education opportunities approved by the ABVMA for credit are hereby requested to:

1. Conform to the Guidelines for ABVMA Sponsored or Approved Scientific C.E. Programs.
2. Provide the ABVMA with a detailed program agenda (i.e. course outline, name and affiliation of presenters, sponsors, date, time(s), place).
3. Provide the ABVMA with current professional biographies of all speakers.
4. Submit an ABVMA Scientific CE Approval Application Form.

1. Guidelines for ABVMA Sponsored or Approved Scientific CE Programs

A. Program Content:

i) Continuing Education In Veterinary Medicine

In order for scientific continuing education programs for ABVMA members to be sponsored and approved by the ABVMA, they should focus on topics that are:

- supported by applied or basic research,
- presented in peer reviewed scientific literature

Or, if the program is unable to meet these conditions (i.e. C & A modalities) it should be presented by an accredited school of veterinary medicine or nationally recognized organization or institution.

Speakers for ABVMA sponsored or approved scientific continuing education programs should be suitably qualified to speak on the topic presented (i.e. be Board certified, have a Ph.D., have research experience, or have evidence of advanced knowledge/ skill as demonstrated by past

lectures, publications or clinical experience/training). Although individuals with a veterinary background are preferred, the ABVMA realizes that recognized experts in some fields may have an alternate educational background. Speakers will be given CE credit for presenting ABVMA approved Scientific CE programs at the rate equal to the amount allowed for attendees.

ii) Continuing Education in Disciplines That Have an Impact on Animal Health

Disciplines such as animal nutrition, management, husbandry and others require specialized training. These animal sciences can have an impact on animal health. Continuing education in these disciplines as they relate to veterinary medicine is important, as the veterinary practitioner is the individual most qualified to assess animal health. These programs should contain a significant educational component.

iii) Continuing Education in Disciplines That Have an Impact on Veterinary Medicine

Continuing education in disciplines that have an impact on veterinary medicine is encouraged. Programs should be designed to reflect recent scientifically accepted advances and their impact on veterinary science. Programs should contain a significant educational component.

Speakers for ABVMA sponsored or approved scientific continuing education programs in sciences related to veterinary medicine should be selected on the basis of their qualifications and professional reputation in peer organizations. Speakers will be given CE credit for presenting ABVMA approved Scientific CE programs at a rate equal to the amount allowed for attendees of their presentation.

iv) Continuing Education in Non-Scientific Disciplines

The ABVMA recognizes that members may be interested in continuing education in non-scientific disciplines. Programs to be considered eligible for credit for non-scientific CE should be recommended by ABVMA members. Speakers should be selected on the basis of their qualifications and professional reputation. Attendance at ABVMA Committee and Council meetings by ABVMA Committee and Council members will qualify for a maximum of 5 hours of non-scientific CE per year.

B. Program Format:

Various modes of delivery are acceptable for up to 100% of ABVMA sponsored or approved scientific and non-scientific CE. ABVMA Members' attendance or completion of these programs, as applicable, must be verified in writing for all program delivery formats.

- 1) Seminars and conferences.
- 2) Wet labs or workshops.
- 3) Distance education or learning (i.e. Computer-on-line, satellite conferences, teleconferences).
- 4) Independent study (i.e. CD-ROM, videotape, audiotape, "Compendium on Continuing Education" articles verified by examination).
- 5) On-site visits or facility tours.
- 6) Post-doctoral degree programs offered by accredited schools of veterinary medicine.
- 7) The Registrar or Practice Review Board may accept other CE formats upon request.

**COUNCIL GUIDELINE FOR CONSULTATION/REFERRAL
OR
OWNER INITIATED SECOND OPINION**

GUIDING PRINCIPLES

The General Regulation of the Veterinary Profession Act sets out in Part 3 (Ethics and Advertising) a number of statements which provide clear guidance to veterinarians providing consultative/referral services, or a second opinion.

- Section 16** The registered veterinarian, permit holder and student
- (h) Should assist in maintaining the integrity of the profession and participate in the activities of the profession, and
 - (i) Should maintain conduct characterized by courtesy and good faith, with a mutual interchange of counsel and assistance.
- Section 18** No member shall belittle or injure the professional standing of another member of the profession or publicly criticize the character of his professional acts.
- Section 22** When a registered veterinarian is consulted by another registered veterinarian and in the course of that consultation discusses the matter with a client, he shall do so in such a way as to avoid criticizing the other registered veterinarian.
- Section 24** Consultation shall be conducted in such a spirit of professional cooperation between consultant and attendant registered veterinarian as to assure the confidence of the client in veterinary medicine.
- Section 25** A consulting registered veterinarian shall not revisit the patient or client or communicate directly with the client without the knowledge of the attending registered veterinarian.
- Section 26** In no instance and under no circumstances shall a consulting registered veterinarian take charge of a case or problem without consulting with the attending veterinarian and obtaining the consent of the owner of the animal.

Veterinarians should conduct themselves professionally and ethically in accordance with the General Regulation and Council Guidelines with respect to second opinions, consultations, and referrals, and represent to the client an air of collegiality. Communication in a professional manner between the client, the initial attending veterinarian, and the consulting/referring veterinarians is the essence of the above tenets and violation of any one of those tenets may constitute unprofessional conduct.

DEFINITIONS

Initial Attending Veterinarian - a client selected veterinarian or veterinarians from a Veterinary Practice Entity (VPE) that have undertaken the initial or primary veterinary medicine examination, diagnosis and treatment of an animal.

Subsequent Attending Veterinarian - a client selected veterinarian or veterinarians from a VPE that examines a patient for a client that was previously seen by another attending veterinarian at another VPE (regarding the same condition or problem). The subsequent attending veterinarian becomes an attending veterinarian until the client chooses otherwise.

Second Opinion - a choice exercised by a client to obtain an opinion from a subsequent attending veterinarian with respect to a previous diagnosis or treatment of its animal(s). The veterinarian providing the second opinion assumes responsibility for the case unless the client returns for treatment or further action to the initial attending veterinarian.

Specialist – an individual whom specializes (focuses) in an occupation, interest, or field of study. No veterinarian shall hold out that he or she is a specialist or uniquely qualified in an area of veterinary medicine unless that recognition has been approved by Council of the ABVMA. Council will consider granting this recognition to individual members who:

1. have successfully completed the process of board certification a **American Veterinary Medical Association** recognized veterinary specialty organization, or
2. have successfully completed the process of certification by those Colleges of the **European Board of Veterinary Specialization** that have reached full recognition, or
3. upon the recommendation of the Registration Committee to Council that the veterinarian has the appropriate education and experience to qualify as a specialist.

Specialist/Specialty Practice - A VPE whose primary purpose is to provide specialty services primarily by specialists recognized by the ABVMA.

Consulting Veterinarian - a veterinarian or veterinarians within a VPE with additional qualifications, expertise and/or equipment who agrees to accept responsibility for the management of care for the animal(s), or provide specific diagnostics or treatment to animals under the care of the initial attending veterinarian. This is at the request of the initial attending veterinarian with permission and consent of the animal's owner. The expectation is that care of the animal(s) will remain with the initial attending veterinarian.

Referral Veterinarian - a veterinarian or veterinarians within a VPE that accept cases (for reasons such as availability, additional qualifications, expertise and/or equipment) and agrees to become the subsequent attending veterinarian, and accept responsibility for the management, care, and/or treatment of the animal(s), previously under the care of the initial attending veterinarian, at the request of the initial attending veterinarian with permission and consent of the animal's owner. The expectation is that the care of the animal(s) will return to the initial attending veterinarian once the referral veterinarians are finished their specific contributions to the case.

Consultation/Referral - occurs when the initial attending veterinarian (*referring veterinarian*) recognizes the need for advanced diagnostics, treatment or care and makes that recommendation to the owner. Consultation with, and referral to, more specialized colleagues is an essential part of patient care.

Referral Practice – A VPE in which a significant portion of the business is accepting referrals from other VPEs or veterinarians.

RECOMMENDED PROTOCOL FOR SECOND OPINIONS

In the event that a client seeks a second opinion, with or without the knowledge of the initial attending veterinarian, the following protocol should be followed:

1. Appropriate permissions should be obtained from the client to facilitate collaboration and communication between both veterinarians as early as possible in the case. Permission from the client must be provided to the initial attending veterinarian before records can be released to the second opinion veterinarian. It is considered a professional courtesy for the second opinion veterinarian to inform the initial attending veterinarian that they are seeing the case when record transfer is not required.
2. It is the duty of every veterinarian to perform any procedure with confidence in their ability such that the outcome will be in the best interest of the patient. When such confidence is in question then the initial veterinarian has a duty to inform the client that a referral to specialty practice may be in the best interest of the patient. This should subsequently be noted in the records if the client declines the referral in favour of the attending veterinarian performing the procedure.
3. If the client requests that the initial attending veterinarian not be contacted, the subsequent veterinarian assumes responsibility for the care of the animal(s) as the current attending veterinarian, and must not contact the initial attending veterinarian.
4. All communication should be between veterinarians, not support staff, in all but the simplest of cases where meticulous records are provided.
5. If the subsequent attending veterinarian is concerned regarding the conduct or skill of the initial attending veterinarian, then he/she should:
 - a) Initially communicate those concerns directly to the initial attending veterinarian.
 - b) If those concern(s) are significant and not alleviated after communication with the initial attending veterinarian, then he/she may verbally communicate the concern(s) to the ABVMA Complaints Director.
6. If the client is concerned about the conduct or skill of the initial attending veterinarian, they should be encouraged by the subsequent attending veterinarian to:
 - a) contact the initial attending veterinarian to express their concerns.
 - b) If the client remains concerned and wishes to proceed further, they may be advised to phone the ABVMA to discuss the matter with the Complaints Director.
7. ***Declining a Client*** - declining to examine or treat an animal, and subsequently sending the client elsewhere is not a referral. Referrals only follow an initial examination, workup and/or treatment of a patient by the initial attending veterinarian. Reasons for declining a client may include:
 - a) the client asking for service that is outside the scope or species of the VPE
 - b) human resources not available at the VPE to provide the service
 - c) previous history with the client

8. No report from the second opinion veterinarian is required to be sent to the initial attending veterinarian but is allowed with permission from the client.

RECOMMENDED PROTOCOL FOR CONSULTATION / REFERRALS

1. Referral of a case to a consulting/referral veterinarian must be a joint decision between the attending veterinarian, and an animal's owner. The animal's owner **must** consent to seeking consultation or having the animal referred. The attending veterinarian should always attempt to satisfy a client's request for referral.
2. The attending veterinarian makes the initial contact with the consulting/referral veterinarian, and provides the relevant medical information regarding the matter.
3. The consulting/referral veterinarian may choose to accept or decline the case from the initial attending veterinarian, based on the assessment of the case information provided.
4. All relevant information and records are to be transferred to the consulting/referral veterinarian in a timely fashion.
5. Direct communication by the consulting/referral veterinarian to the initial attending veterinarian should be made on a timely and regular basis with respect to the progress and outcome of the case. Other services or treatments required by the patient not related to the cause for consultation/referral should be communicated to the owner and initial attending veterinarian.
6. At the conclusion or resolution of the case, a written report is to be sent to the initial attending veterinarian to facilitate follow-up care in a timely manner.
7. A consulting/referral veterinarian shall revisit the patient for an unrelated problem only in collaboration with the initial attending veterinarian.

CLARIFICATION EXAMPLES AND COMMENTARY

1. An owner is concerned regarding the treatment of the skin condition of her dog. She is fond of her current veterinarian, Dr. A, but has heard that Dr. X "specializes" in dog skin problems. She books an appointment at Dr. X's clinic, and takes her dog to see Dr. X. Dr. X examines the dog, and assures the owner that the current diagnosis and treatment is, in her opinion correct, the owner then resumes using Dr. A for her dog's health care.

In this scenario, Dr. X is providing a client requested second opinion. Dr. X is expected to contact Dr. A as a courtesy, unless the owner requests her not to do so. (Dr. X can not make contact with Dr. A regarding this case without the owner's permission.) If the owner had decided to remain as a client with Dr. X, the owner would have to provide written instructions to Dr. A to forward her dog's records to Dr. X.

2. A 12 year old Lab is diagnosed at ABC Clinic with a liver problem. Dr. B recommends to the owner that they arrange to have Dr. T attend ABC Clinic to perform an ultrasound of the dog's liver. This occurs, and a diagnosis is made by Dr. T that requires the dog to undergo surgery. The owner is informed, and it is recommended by Dr. B that the dog be taken to Dr. G at DEF Specialty Surgical Clinic for the surgery. The owner agrees, the dog is transferred, the surgery is performed, and the dog returns to ABC Clinic for post-surgical aftercare and check ups.

*In this scenario, Dr. T has provided **consultative services** to Dr. B at ABC Clinic. Dr. T never assumes responsibility for the case, and is only providing a **diagnostic service**. The dog is then **referred** to Dr. G, where Dr. G provides a **specialty service** for the dog as the **referral** and **specialist** veterinarian. While at GEF Specialty Clinic, Dr. G assumes responsibility for the case as the current attending veterinarian, but care reverts back to Dr. B at ABC clinic as the initial attending veterinarian when Dr. G's involvement in the case is over. Permission must be obtained from the owner for both the consultation with Dr. T and the referral to Dr. G. In both cases, care returns to the initial attending veterinarian. There is an expectation that the referral veterinarian send a report to the referring veterinarian.*

3. A horse owner contacts HIJ Equine Clinic, his regular care clinic, because his prized Quarter Horse stallion is colicing badly. He is informed that all of the veterinarians are unavailable at the moment, and that no one can see the horse for at least 4 hours. He is told that the colic sounds very serious and that he should contact TEG Equine Surgical Centre immediately and take the horse there.

*In this scenario the client is declined service, and is appropriately directed elsewhere. This is **not** a referral. The veterinarian at TEG Equine Surgical Centre would become the initial attending veterinarian upon examination of the horse. If a veterinarian had been available to examine the stallion at HIJ Equine Clinic, and then contacted TEG Equine Surgical Centre to send the stallion there for surgery, then this would be a referral.*

4. A dairy farmer has become disgruntled with the veterinary services of Dr. M. He contacts Dr. V to conduct his next herd health visit, and is very impressed with Dr. V, and requests that Dr. V continue with regular monthly herd health visits. The dairy farmer calls Dr. M and informs him that his services are no longer required, and sends Dr. M a letter requesting that he please forward all of his dairy herd's medical records to Dr. V.

In this case, Dr. M is obliged to transfer the records for the dairy to Dr. V within a timely manner. Dr. M has no grounds not to do so, even if there happens to be outstanding financial or other issues. Dr. V is not obligated to contact Dr. M. but may wish to do so as a professional courtesy.

Date Approved by Members at AGM:	March 1, 2009
Date Reviewed:	
Reviewed By:	
Future Revision Date:	

MARKETING ACTIVITY GUIDELINES

- A) In this section “marketing activity” includes:
- i) an advertisement, which is defined as the use of paid space or time, in a public medium, or the use of a commercial publication such as a brochure or handbill, to communicate with the general public or a segment thereof, for the purpose of promoting a member’s professional services or goods or enhancing the image of the member;
 - ii) any publication in any medium or any communication with the public, or with any client or prospective client in the nature of an advertisement, promotional material, a listing in a directory, a public appearance or any other means by which veterinary services are promoted; and
 - iii) contact with a prospective client initiated by a member in a manner which can fairly be regarded as directly or indirectly having for its purpose attracting clients, expanding services, or aggrandizing that member’s professional reputation.
- B) A registered veterinarian or permit holder who uses any marketing activity shall do so:
- i) fairly and responsibly
 - ii) in accordance with this Regulation, and
 - iii) so as not to put at risk either the interests of the animals that are or may be placed under his or her care or of the owners of the animals and so as not to endanger the good name and reputation of the profession for providing veterinary services at the highest levels of skill and competence in a caring and ethical manner.
- C) Marketing activities shall neither contain anything that contravenes the law, nor omit anything that the law requires to be included.
- D) Any marketing activity undertaken or authorized by a member must:
- i) be true and objective;
 - ii) be complete, accurate and verifiable;
 - iii) not be reasonably capable of misleading the recipient or intended recipient;
 - iv) not be in bad taste, self-laudatory or otherwise contrary to the honor and dignity of the veterinary profession;
 - v) be worded so that it does not abuse the trust, or exploit the lack of experience or knowledge of members of the public on matters of animal health, veterinary medicine or both;
 - vi) not contain any material that contravenes Section 16.1(f) of the General Regulations as it relates to the obligations of professional confidentiality of a registered veterinarian or permit holder towards his or her client;
 - vii) not contain any material that, if read, heard, or seen by children, is likely to exploit their credulity, their lack of experience or their emotional involvement with animals;

- viii) not directly or indirectly suggest that a registered veterinarian or permit holder has access to or uses a secret remedy or exclusive method;
 - ix) not offer to make a diagnosis, advise, prescribe or provide treatment in relation to any animal without an examination of the animal;
 - x) not play on the fears of animal owners by making inappropriate reference to the existence, extent or expectation of disease situations with a view to persuading such owners to consult the registered veterinarian or permit holder;
 - xi) not involve an advertisement for publication or otherwise make it available to the public unless the registered veterinarian or permit holder is able to provide the services advertised in a reasonable period of time to the number of persons who may be likely to respond to the advertisement;
- E) Marketing activities that are prohibited include:
- i) claims of professional superiority,
 - ii) claims respecting other practitioners, their services, or their products,
 - iii) claims of guaranteed success,
 - iv) claims respecting products or services that are not provided as promised.
- F) The term specialist may be used in marketing activities if the veterinarian is registered with the ABVMA as a specialist in accordance with Section 5.1 of the General Regulations.
- G) The member or the designated member of the facility that undertakes or authorizes any marketing activity must retain records and copies of any advertisement sufficient to document the full extent of such activity. Such records and copies must be retained and made available to the Registrar at his request for a minimum of 2 years beyond the termination or cessation of the marketing activity.
- H) No registered veterinarian or permit holder shall:
- i) advertise or endorse the availability of specific pharmaceutical, biological, medical or other products, except to a person or persons with respect to whom the veterinarian has a valid Veterinarian-Client Relationship (VCR), and
 - ii) include in an advertisement the generic or trade name of any pharmaceutical, biological, medical or other products.
- I) In the undertaking of any marketing activity the onus is on the member to ensure that the above requirements are met.
- J) A registered veterinarian or permit holder may give awards or contributions to charitable, cultural or community groups.
- K) Contravention of the marketing guidelines may be considered to be unprofessional conduct by the member or the designated member of the facility.

ADVERTISING

A member may not enter into an agreement with any person or corporation which involves the person or corporation directing clients to the member in return for receiving from the member a portion of the fee paid by the client to the member.

FEES

- A) Fees, prices of products, or any indication of a discount may not be included or referred to in any marketing activity by a registered veterinarian or permit holder.



GENERAL GUIDELINES ON THE PRUDENT USE OF ANTIMICROBIAL DRUGS IN ANIMALS

Introduction:

Antimicrobials have been important tools in the control of infectious diseases since the 1950s. Their use in veterinary medicine has improved the health and welfare of animals. Antimicrobial use has also contributed to the production of meat, milk and eggs which are safe for both the consumer, and the people involved in food production.

The CVMA recognizes the emerging implications of antimicrobial use on human health. The continued use of antimicrobials in veterinary medicine depends upon the profession's ability to use these products wisely and finding the balance between maximizing animal welfare and conserving antimicrobial efficacy.

General Principles:

- ❑ Veterinarians, animal owners and animal caretakers all share responsibility for minimizing the use of antimicrobial drugs to conserve drug efficacy.
- ❑ Antimicrobial treatment regimens should be designed to maximize therapeutic efficacy while minimizing bacterial resistance.
- ❑ Antimicrobials used in animals should only be used within the confines of a valid veterinarian-client-patient relationship (VCPR) ⁱⁱ.
- ❑ Veterinarians should continually update their knowledge of methods of disease prevention, new therapeutics and of other issues such as drug resistance trends, to ensure the prudent use of antimicrobials.
- ❑ All users of antimicrobials should be educated in the proper use of antimicrobials including administration, handling, storage, disposal and record-keeping. Veterinarians have a responsibility to educate staff, clients and other animal handlers on the prudent use of antimicrobials and for ensuring such training occurs.

Specific Principles:

1. All antimicrobials, even those not purchased directly through or on prescription from a veterinarian, should be used within the confines of a valid VCPR.
2. Animal owners and caretakers should be instructed in and encouraged to implement management, immunization, housing and nutritional programs that prevent or reduce the incidence of disease and therefore antimicrobial use.

3. Antimicrobials should only be used therapeutically if a pathogen is demonstrated or anticipated to be present, based on clinical signs, history, necropsy examinations, laboratory data (including resistance testing), and if the pathogen is expected to respond to treatment.
4. The need for prophylactic antimicrobials should be regularly assessed. Prophylactic antimicrobials should only be used when an animal(s) is determined to be at risk and evidence indicates that such usage reduces morbidity and/or mortality. Surgical protocols should emphasize strict aseptic technique instead of prophylactic antibiotics.
5. Antimicrobials should only be used to promote growth and feed efficiency if such use does not compromise therapeutic use in animals and people. Only those products currently approved should be used as growth promotants.
6. Antimicrobial selection should be based on the known or suspected target organisms, their known or predicted antimicrobial drug susceptibility, the site of infection, knowledge of the drug including its pharmacokinetic and pharmacodynamic properties, and other factors such as host immunocompetence. Antimicrobials that specifically target the pathogen should be selected over broader-spectrum agents and local therapy should be selected over systemic therapy when appropriate.
7. Antimicrobials with unique mechanisms of action or novel resistance profiles in human medicine should not be used in veterinary medicine, particularly food animals, unless other antimicrobials by use or sensitivity testing have been shown to be ineffective and use of the antimicrobial is considered to be life-saving in the animal.
8. Antimicrobials approved for the treatment of the diagnosed condition should be used whenever possible. The dose, frequency and duration stated on the label should be followed whenever possible.
9. Combinations of antimicrobials, compounding of active pharmaceutical ingredients and extra-label usage of antimicrobials should be avoided unless safety and efficacy have been documented.
10. Antimicrobials should be used for the shortest time period required to reliably achieve a cure. This minimizes exposure of other bacterial populations to the antimicrobial.
11. Appropriate withdrawal times for antimicrobials used in animals intended for food should be adhered to.
12. Animals treated with antimicrobials may shed resistant bacteria into the environment. If possible, steps should be taken to minimize environmental contamination.
13. Antimicrobial products should be handled and stored properly. This includes proper disposal to avoid environmental contamination by the antimicrobial drug.

14. Veterinarians should alert any person handling antimicrobials of any potential risk to themselves and other species.

Veterinarian/Client/Patient Relationship (VCPR) exists when all of the following conditions have been met:

- *The veterinarian has assumed the responsibility for making clinical judgments regarding the health of the animal(s) and the need for medical treatment, and the client has agreed to follow the veterinarian's instructions.*
- *The veterinarian has sufficient knowledge of the animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s). This means that the veterinarian has recently seen and is personally acquainted with the keeping and care of the animal(s) by virtue of an examination of the animal(s) or by medically appropriate and timely visits to the premises where the animal(s) are kept.*
- *The veterinarian is readily available for follow-up evaluation, or has arranged for emergency coverage, in the event of adverse reactions or failure of the treatment regimen.*

*(Adopted July 1999)
(Revised Dec. 23, 1999)*

GUIDELINES FOR THE ROLES OF REGISTERED ANIMAL HEALTH TECHNOLOGISTS, UNREGISTERED AUXILIARIES AND STUDENTS (2009)

INTRODUCTION

The Alberta Veterinary Medical Association's (ABVMA) mission is to protect people and their animals by enforcement of the laws governing veterinarians, veterinary practice entities, registered Animal Health Technologists (RAHTs), veterinary students, and other auxiliary staff.

The Veterinary Profession Act (VPA) and Regulations govern the practice of veterinary medicine in Alberta and allow veterinarians to utilize RAHTs to perform a wide range of auxiliary animal health care tasks. Additionally, it is recognized that unregistered lay personnel and recognized veterinary and AHT students provide a support and assisting role. The purpose of this Guideline is to provide guidance as to what tasks can be delegated these personnel.

VETERINARY SERVICES

The scope of practice authorized by the Veterinary Profession Act is very broad. The Legislature has created the regulatory structure which governs the practice of veterinary medicine with the veterinarian at its apex. It authorizes the veterinarian to perform medical procedures including the ability to diagnose and prescribe drugs, medicines and appliances, as well as perform surgical operations. Canada's Labour Mobility Agreement defines Veterinary Medicine as: "the practice of veterinary medicine, surgery and dentistry, and includes the examining, diagnosing, prescribing, manipulating and treating for the prevention, alleviation or correction of a disease, injury, condition, deformity, defect, or lesion in an animal with or without the use of any instrument, appliance, drug or biologics."

The Legislature has granted such a broad authorization to the veterinarian based on education, credentials, and accountability. A license to practice, in turn, creates affirmative expectations on behalf of the client that causes him or her to rely on the superior knowledge, training and education of the veterinarian in matters of animal health. This is the reason the law prohibits the practice of acts of veterinary medicine without a license, as well as falsely holding oneself out to the public in such a way as to induce the belief that an unlicensed person has the ability of practicing veterinary medicine. The scope of a veterinarian's actual practice is limited through licensing standards, review and realistic considerations of civil liability.

SERVICES PERFORMED BY REGISTERED AHTs AND UNREGISTERED PERSONNEL

As noted above, RAHTs, in contrast to veterinarians, have been granted a limited right through exemption to perform allowable auxiliary animal health care tasks. A RAHT practicing under the direction of a supervising veterinarian may practice all aspects of veterinary medicine other than (a) making a diagnosis; (b) determining a course of treatment; and (c) applying surgical techniques.

Unregistered personnel may only perform tasks that are not generally considered to be medical procedures. The tasks that are considered appropriate for RAHTs and unregistered personnel are listed in Appendix I of this Guideline.

DELEGATION OF TASKS

Prior to the delegation of any allowable animal health care task, the supervising veterinarian has a duty to verify the practical competency of the RAHT or unregistered personnel to perform the task to be delegated. This assessment will determine (a) the task to be delegated; (b) the level of supervision to be exercised; and (c) who will supervise the delegated task, a veterinarian or a RAHT. This assessment of competency is based upon the unique education, training, experience and skill of each individual AHT or assistant. As a result, decisions relating to delegation may be as diverse as the background and abilities of each member of the veterinarian's staff.

All judgments relating to the delegation of any task must be in keeping with standards of good veterinary medical practices. As a practical matter, this means that the veterinarian's judgment will be governed by the community standard of practice. This standard establishes what a veterinarian is expected to know, given basic professional competency. It assumes the maintenance and upgrading of professional skills and knowledge regarding advances in medicine, pharmacology and the law.

Although the veterinarian may delegate a wide range of tasks, only the supervising veterinarian may make decisions relating to the diagnosis, treatment, and management and future disposition of the animal patient. The veterinarian must assume responsibility for the animal patient and the animal patient must be assessed by the veterinarian prior to the delegation of any task.

Careful implementation of the principles governing allowable tasks is a matter of particular importance to the veterinarian and the RAHT. A violation of the legal duties related to task delegation has the potential of exposing the veterinarian and the RAHT to discipline action by the ABVMA, and possibly to civil liability to the animal patient owner in the event of injury or death. The establishment and effective use of written protocols for AHT and assistant functions are useful and highly recommended. The Alberta Veterinary Medical Association (ABVMA) is required to take action against any veterinarian who permits any RAHT or assistant to perform any animal health care service other than those allowed by the Veterinary Profession Act (VPA).

A comprehensive list of tasks is included in Appendix I that details what may be delegated to a Veterinary Medical Receptionist (VMR), a Veterinary Medical Assistant (VMA), a Registered Animal Health Technologist (RAHT), and an Advanced Trained Registered Animal Health Technologist. Levels of supervision required are indicated as well.

LEVELS OF SUPERVISION

All animal health care services rendered by non veterinarians must only be performed under the supervision of a veterinarian licensed to practice in Alberta. The ABVMA Council Guidelines provide for three (3) levels of supervision; immediate, direct and indirect. For any of these levels, the animal patient must have initially been examined or assessed by a supervising veterinarian prior to the delegation of any task.

Immediate Supervision* – the supervising veterinarian is in the immediate area and within audible and visual range of the animal patient and the person treating the patient.

Direct Supervision* –the supervising veterinarian is on the premises where the animal is being treated and is quickly and easily available , but not necessarily within sight or hearing range.

Indirect Supervision* –the supervising veterinarian is on the same premises as the supervised person at least once a day during which time the veterinarian has in-person communication with the supervised person. The veterinary service is performed pursuant to either written or oral instructions of the veterinarian, but the veterinarian need not be on the premises at the time the service is performed.

(* Adapted from the **AMERICAN ASSOCIATION OF VETERINARY STATE BOARDS
Veterinary Medicine and Veterinary Technology Practice Act Model**)

REGISTERED ANIMAL HEALTH TECHNOLOGISTS (RAHTs)

RAHTs are allowed, by statute, to perform a number of primary animal health care tasks. RAHTs are precluded from making a diagnosis, determining a course of treatment (which includes prescribing medications), or performing any surgical operation.

RAHTs may perform procedures listed under “Indirect Supervision” in the veterinary hospital or in other settings such as at the client’s home or farm, providing that the veterinarian has authorized such treatments and that the appropriate Practice Inspection and Practice Standards certification is in place.

A list of tasks that are expected of all graduates of a CVMA accredited course in animal health technology is included in Appendix I of this guide. The level of veterinary supervision required for RAHTs performing various tasks is defined as well. The level of supervision is determined by the significance or risk of the procedure as well as the level of training of the RAHT.

AUTHORIZATION TO PROVIDE EMERGENCY CARE

Because of special training and qualifications of a RAHT, the Legislature also provides that RAHTs may render life-saving aid and treatment to an animal independently without direct or indirect supervision of a veterinarian under emergency conditions.

With respect to conditions of emergency, when the life of the animal is in immediate danger or immediate action is required to relieve pain or suffering, the Registered Animal Health Technologist must make a reasonable attempt to contact a registered veterinarian. If the Registered Animal Health Technologist is unable to contact a registered veterinarian, the Registered Animal Health Technologist may:

- Evaluate life signs and initiate necessary treatment:
 - Administration of pharmacological agents and parental fluids.
 - Resuscitative procedures.
 - Application of pressure bandages, splints and wound dressings.
 - Euthanasia with owner’s written consent where animal pain or suffering is obvious.

- The Registered Animal Health Technologist must, as soon as possible, notify the veterinarian who directs or controls the Registered Animal Health Technologist, of the evaluation and therapy initiated. The veterinarian, upon being notified, must immediately assume the clinical management of the case.

ADVANCED TRAINED RAHT

Council's position regarding advancing the role of Registered Animal Health Technologists (RAHTs) is:

- The ABVMA recognizes the value of technologists in veterinary practices and encourages a veterinary practice that has unique demands for technical support to provide the necessary continuing education to the RAHT so that the technologist is able to perform the technical task competently under the direction and control of the registered veterinarian.
- The ABVMA encourages educational institutions to include the teaching of new skills to Animal Health Technology students if a significant need is identified.
- The ABVMA in conjunction with the AAAHT will coordinate continuing education courses to teach additional skills if a significant need is identified.

An advanced trained RAHT is an individual who possesses specific skills beyond those expected of all AHTs who have graduated from a CVMA accredited program in Animal Health Technology. These skills may be obtained by participation in an approved "Advanced Training Course", extensive on job training and experience, in depth continuing education, or pre-graduation training provided by a school that is beyond the level required for accreditation.

The Council of the ABVMA may consider recognition of a course of advanced study for registered AHTs as providing an Advanced Technologist Certificate if it provides a standardized level of education. The program must follow a three-course model, with the following components:

- Theory
- Wet Labs
- Directed field studies

Further, a participant must successfully complete all three courses to obtain a certificate. The courses must be presented by a Canadian Veterinary Medical Association (CVMA) accredited AHT College and result in a certificate from that college.

The format may be flexible and include distance learning, campus activity and field study in appropriate locations, under approved veterinary mentorship. Student skills must be evaluated with practical and written exams.

It is the responsibility of the veterinarian to verify that the RAHT is qualified for any delegated task. Additional assessments are required before delegating tasks from the "advanced trained" list.

UNREGISTERED ASSISTANTS (LAY PERSONNEL)

Unlike veterinarians and RAHTs, the unregistered assistant is not required to possess any verified education, training, qualifications or skills. The animal patient and the consuming public, as a result, are wholly dependent upon the assessment made by the veterinarian of the competency of the assistant to perform a given animal health care task.

Unregistered or lay personnel are not allowed to perform any of the functions of veterinarians and/or RAHTs that constitute the practice of veterinary medicine. Lay personnel are not permitted to perform any of the tasks set out in Appendix I listed under RAHT or Advance Trained RAHT.

Unregistered or lay personnel are, however, authorized to engage in a host of activities in support of the veterinarian and RAHT as long as these activities are not specifically the practice of veterinary medicine (see appendix I of the Guideline). These tasks, despite not being restricted activities, can significantly impact upon patient care, workplace safety, and professional image, and consequently require appropriate professional supervision.

STUDENTS OF “RECOGNIZED” VETERINARY AND ANIMAL HEALTH TECHNOLOGIST COLLEGES

In all cases a DVM must assess the competency of a student before allowing them to engage in any veterinary activities.

DVM and AHT STUDENTS:

The following guidelines apply to the employment, education or participation of DVM and AHT students within ABVMA certified veterinary practices. Students may be engaged at any time to partake in activities appropriate for any lay person, but when the students are expected to participate in veterinary service activities, for the purposes of either delivering such services to the public or for the purposes of learning, the following guidelines must be adhered to. These guidelines do not apply to educational activities within an accredited veterinary college or AHT program in which services are not provided to the public.

The student must be a current student member of the ABVMA or the AAAHT, as appropriate, and must be registered before instruction begins, regardless of whether they are engaged as an employee or volunteer. The application for registration must provide the employment location, program of study, educational institute, anticipated year of graduation and the name of the responsible veterinarian or veterinarians, terms of employment, and a brief outline of the duties and responsibilities the student will be required to assume. The certified practice must also apply for permission to employ a student.

FINAL YEAR VETERINARY STUDENTS (ACCREDITED SCHOOL)

Pursuant to the VPA, a Final Year Veterinary Student may practice veterinary medicine, with the consent of the Registrar of the ABVMA. It is appropriate for a supervising veterinarian to delegate veterinary tasks to these individuals after assessment of their competency and upon receiving consent from the ABVMA. The supervising veterinarian shall ensure that s/he reviews with the student member on a daily basis all services performed by the student. Direct or immediate supervision by a veterinarian is required for veterinary procedures restricted to registered veterinarians (ie: making a diagnosis, determining a course of treatment (which includes prescribing medications), or performing any surgical operation). Tasks normally delegated to a RAHT may be performed under indirect supervision. A DVM student must not perform a veterinary service unless the owner of the animal has given consent (written is recommended) for student involvement in the service to be performed; and if the owner's consent is given subject to any conditions, those conditions are complied with. It is recommended that a generic statement is included on clinic consent forms that inform the animal owner that students may be involved in the treatment of their animals. A registered veterinarian or permit holder may charge and collect fees for the services performed by a student employed in the practice. A student member shall not be left in charge of a practice, nor shall a student member sign documents requiring the signature of a graduate veterinarian.

NON FINAL YEAR VETERINARY STUDENTS, AHT STUDENTS, AND FINAL YEAR VETERINARY STUDENTS FROM NON ACCREDITED SCHOOLS

In addition to the foregoing, council supports members in providing learning opportunities for non final year veterinary students and animal health technology students. These students may participate in medical procedures in an instructional capacity. Students of DVM or AHT programs (including distant learning) may receive direct instruction and experience in veterinary medicine procedures through their volunteering or employment in a certified veterinary practice. No veterinary procedure may be delegated to these individuals in an independent fashion. They may:

- Perform all tasks normally delegated to an unregistered person (see Appendix I)
- Assist the active Registered Animal Health Technologist (RAHT) in their regular activities.
- Assist the active registered supervising Veterinarian (DVM) in their regular activities
- Participate in medical procedures, in a learning capacity, under the direct instruction of a RAHT or veterinarian as appropriate for the procedure.
- engage in or be taught all activities that a RAHT may engage in (see Appendix I of this Guideline). .

Definitions

Animal Health Technology (AHT) Student - an individual who is enrolled in a Canadian Veterinary Medical Association (CVMA) accredited program of study in animal health technology.

Employment - a student is working within a veterinary practice and is not receiving formal educational credit for the activity. Students may be remunerated by the practice, through government grants or other outside funding, or they may be voluntary employees (volunteers). Occasional student volunteers (eg

for a few days) shall only be permitted to engage in activities approved for unregistered persons and to assist the RAHT or veterinarian in their regular activities.

Final Year veterinary Student – A veterinary student who is enrolled in and eligible to begin the final year of a professional degree program in veterinary medicine that is accredited by the Council on Education of the American Veterinary Medical Association.

Non Final Year Veterinary Student - an individual enrolled in a program of study recognized by Council of the ABVMA leading to a professional degree in veterinary medicine at a level prior to the final year of study, or a final year student in a non accredited DVM program.

Registered Animal Health Technologist (RAHT) - an Animal Health Technologist (AHT) holding current active membership in good standing with the Alberta Association of Animal Health Technologists (AAAHT) and registered by the ABVMA.

Supervising Veterinarian* - a veterinarian who assumes responsibility for the professional care given to an animal by a person working under his or her direction. The supervising veterinarian must have examined the animal at such time as acceptable veterinary medical practice requires consistent with the particular delegated animal healthcare task.

Unregistered personnel - includes AHT students, non final year veterinary students, Veterinary Medical Receptionists, Veterinary Medical Assistants, and other lay personnel.

Veterinarian (DVM) - a registered active Veterinarian in good standing with the Alberta Veterinary Medical Association (ABVMA).

Date Presented to Annual General Meeting:	March 1, 2009
Date Reviewed:	
Reviewed By:	
Future Revision Date:	March 1, 2012

Student Engagement Guidelines - Executive Summary

The following is meant as a summary guideline for veterinarians wishing to engage students within their practice:

In all cases a DVM must assess the competency of a student before allowing them to engage in any veterinary activities.

- **All Students (AHT or Veterinary)**
 - *Students may be engaged at any time to partake in activities appropriate for any lay person*
 - *When the students are expected to participate in veterinary service activities, for the purposes of either delivering such services to the public or for the purposes of learning, the following must be adhered to:*
 - *The student must be a current student member of the ABVMA or the AAAHT, as appropriate, and must be registered **before** instruction begins, regardless of whether they are engaged as an employee or volunteer*

- **Final Year Veterinary Students from Accredited Schools**
 - *May practice veterinary medicine, with the consent of the Registrar of the ABVMA.*
 - *The supervising veterinarian shall ensure that s/he reviews with the student member on a daily basis all services performed by the student*
 - *Direct or immediate supervision by a veterinarian is required for veterinary procedures restricted to registered veterinarians*
 - *Tasks normally delegated to a RAHT may be performed under indirect supervision*
 - *A DVM student must not perform a veterinary service unless the owner of the animal has given consent (written recommended) for student involvement.*

- **Non Final Year Veterinary Students, AHT Students, and Final Year Students from non-accredited schools**
 - *These students may participate in veterinary procedures in an instructional capacity.*
 - *No veterinary procedure may be delegated to these individuals in an independent fashion*
 - *They may:*
 - *perform all tasks normally delegated to an unregistered person*
 - *assist the active Registered Animal Health Technologist (RAHT) in their regular activities.*
 - *assist the supervising veterinarian (DVM) in their regular activities.*
 - *participate in medical procedures, in a learning capacity, under the direct instruction of a RAHT or veterinarian as appropriate for the procedure.*
 - *engage in or be taught all activities that a RAHT may engage in.*

ⁱ This document is based upon the Health Professions Act **Standards for Pharmacist Practice** (April 1, 2007) , and the Pharmacy and Drug Act **Standards for Operating Licensed Pharmacies** (April 1, 2007)