



POSITION STATEMENT

The Practice of Complementary and Alternative Veterinary Medicine

Approved by Council:	June 10, 2009
Publication Date:	June 2009 (website); September 2009 (<i>Update</i>)
To Be Reviewed by:	June 2014
Replaces:	<i>Animal Rehabilitation in Veterinary Practice</i> (published on website October 2005); <i>Chiropractic Care of Animals</i> (published January 1999); and "Informed Consent—Authorization for Non-Conventional Treatment" (published June 11, 1997).
Key Words:	animal rehabilitation, physiotherapy, chiropractic, supervision, delegation, auxiliary, complementary, alternative, consent
College Contact:	Registrar
Reference Materials:	College of Physiotherapists of Ontario Position Statement, "Animal Rehabilitation"; College of Veterinarians of Ontario Position Statement, "Release of Medical Records" and "Informed Owner Consent" Guidelines; Canadian Veterinary Medicine Association Position Statement, "Alternative and Complementary Veterinary Medicine."
Legislative References:	<i>Veterinarians Act R.S.O. 1990</i> , Chapter V.3 section 11(1) and O. Reg. 1093 section 1., subsections 17(1)(30-31) and section 19. <i>Attached as Appendix 1.</i>

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Purpose

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

Definitions

For the purpose of this document,

“Veterinary Medicine” means the practice of medicine, surgery, and dentistry on animals, 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;¹ and

“Complementary and Alternative Veterinary Medicine” 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-graduate education, study and writing, 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; and phytotherapy.

Scope

This position statement applies to all veterinarians who wish to practice or offer complementary and alternative veterinary medicine, and also serves as information for all non-members of the College of Veterinarians of Ontario (CVO), including non-veterinarian therapists and members of the public. It does not apply to rehabilitation of wildlife as per the *Fish and Wildlife Conservation Act, 1997*, subsection 44(2), which permits wildlife custodians who are authorized by the Minister of Natural Resources to care for and rehabilitate sick, injured or immature wildlife in captivity.

Background

This position statement replaces the CVO’s former position statement on “Animal Rehabilitation in Veterinary Practice” and its published policy on “Chiropractic Care of Animals.” Since these documents were published, a number of other treatments, therapies and modalities have been identified in both human and animal health-care arenas. This position statement establishes a single position of the College 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 Ontario, these professionals are governed by the *Regulated Health*

¹ This definition is based on that agreed to by all Canadian veterinary regulators as published in the 2001 Mutual Recognition Agreement under the pan-Canadian Agreement on Internal Trade (AIT).

Professions Act (RHPA) 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 *Veterinarians 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.

It is important to note that even individuals who are licensed to practice on humans under the *RHPA* (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 *RHPA* Colleges in cases involving animals treated by non-veterinarians could be limited. The CVO is the only body responsible for overseeing veterinarians’ actions and/or pursuing allegations of unauthorized veterinary practice by non-veterinarians in Ontario. This Position Statement therefore focuses on the mechanisms for authorizing and legitimizing such activity within the scope of the current legislation, which requires veterinarians to supervise acts of veterinary medicine performed by non-veterinarians. Pertinent excerpts from the *Veterinarians Act, 1990*, and O. Reg. 1093 are contained in Appendix 1.

College Position

General

It is the position of the CVO that only veterinarians have the education, knowledge, skills, and judgment to evaluate and integrate complementary and alternative veterinary medicine into a 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 by a non-veterinarian who is directed and supervised by the veterinarian, within the context of a valid veterinarian-client-patient relationship.

The CVO acknowledges that specific training opportunities in some complementary and alternative veterinary medicine treatments, therapies and modalities are available to individuals who wish to work with animals whether or not they are licensed veterinarians (examples include chiropractic animal care, animal rehabilitation, and animal massage therapy). Although such training, when undertaken by non-veterinarians, may 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 CVO. Individuals who offer such services may be subject to a CVO 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 College 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 CVO 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., the program offered through the American Veterinary Chiropractic Association).

Delegation, Supervision, and Coordinated Care

The overriding principle of delegation is that it must occur within the context of a veterinarian-client-patient relationship. 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 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. The level of supervision may vary in each case² and may change as the animal's condition progresses.

² 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).

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. 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. This separation is also consistent with competition policies. There can be no splitting of fees.

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 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 veterinarian should be aware that records must still be provided to the client on request, and that he/she will not be considered to be assisting an unauthorized practice by so doing.

Protected Titles

A number of regulated health professions in Ontario have protected titles entrenched in the *RHPA* and their profession-specific legislation. For instance, the title “physiotherapist” is protected in Ontario and is for the exclusive use of persons registered with the College of Physiotherapists of Ontario. “Chiropractor” is similarly protected for exclusive use of persons registered with the College of Chiropractors of Ontario.

Veterinarians who utilize complementary and/or alternative treatments, therapies or modalities may not refer to themselves or to their auxiliaries using the protected titles of human health professionals.

Registrants of Colleges that fall under the *RHPA* are registered to practice on human beings only and therefore may not refer to themselves or hold themselves out as veterinarians or veterinary therapists while working on animals. Some of those Colleges do not permit their members to use their protected title when treating animals as this may be misleading the public, causing the public to believe that the person is practising within their professional scope of practice when they are not.

Informed Consent

Informed consent is important for all interventions (treatments, therapies or modalities). The fact that a proposed intervention is alternative or complementary in nature is information that may be relevant to the client’s decision whether to proceed. As a result, it is necessary to communicate this to the client in order for consent to be considered fully informed. Similarly, the fact that a procedure will be performed by a non-veterinarian may also be relevant to the client’s decision, particularly when the professional status of the individual performing the service is not obvious.

Veterinarians who offer or recommend alternative or complementary treatments, therapies or modalities to their clients should:

- a) ensure that the client is first informed whether conventional treatments, therapies or modalities are available for the animal’s condition, including their potential benefits, limitations and risks; and
- b) obtain informed consent from their clients.

A sample “Informed Consent” form is attached (see Appendix 2).

RELEVANT LEGISLATION

The *Veterinarians Act* is the profession-specific *Act* that governs the practice of veterinarians in Ontario. O. Reg. 1093 is the regulation under that *Act*.

Section 11(1) of the *Veterinarians Act* states: No person shall engage in the practice of veterinary medicine or hold himself, herself or itself out as engaging in the practice of veterinary medicine **unless the person is the holder of a licence.**

O. Reg. 1093 section 1 defines an auxiliary: “auxiliary” means a person involved in a member’s practice of veterinary medicine **other than another member.**

O. Reg. 1093, section 19 specifies a member’s responsibility when delegating to an auxiliary:

- (1) A member is responsible for the **conduct** of his or her auxiliaries and for the **suitability** and **quality** of the performance of their acts.
- (2) A member is guilty of professional misconduct **if an auxiliary of the member does or omits to do anything that, if done or omitted by a member, would constitute professional misconduct.**
- (3) A member **properly supervises** the performance of an auxiliary’s task if the member,
 - (a) is **physically present** on the premises when the task is performed, remains available for personal intervention if required and monitors the performance to determine that the task is properly carried out; or
 - (b) **if absent on account of an emergency or otherwise temporarily absent and the performance of the task does not require a member’s attendance**, has given general instructions for such an occasion and the member **ascertains as soon as practicable** after the task is performed **that it was properly carried out.**
- (4) A member may direct an auxiliary who is suitably qualified by education or experience to perform, **under the supervision of a member**, the tasks **traditionally assigned to auxiliaries** including flushing and infusion procedures in the course of embryo transfers after appropriate assessment by a member.

O. Reg. 1093 subsections 17(1) states that professional misconduct includes:

- (30) **Failing to direct or supervise, or inadequately directing or supervising, an auxiliary.**
- (31) **Permitting, counselling or assisting any person, other than a member, to practise, or to attempt to practise, veterinary medicine.**

SAMPLE INFORMED CONSENT

APPENDIX 2

FOR ALTERNATIVE OR COMPLEMENTARY VETERINARY MEDICAL TREATMENT

Owner / Owner's Agent: _____

Contact Telephone Number(s): _____

Alternate contact person: _____

Alternate's Phone #: _____

Animal ID: _____ **Animal Name:** _____ **Species:** _____

Breed: _____ **Colour:** _____ **Sex: M F**

Planned Procedure/Treatment:

Authorization:

I, the undersigned, am the owner or agent of the owner of the animal(s) described above and am authorized to make decisions regarding its case.

I hereby acknowledge that my veterinarian, Dr. _____, or his/her representative, has advised me of and explained the following:

- the tentative or final diagnosis of my animal(s);
- the nature of the procedure/treatment identified above;
- the anticipated and potential benefits;
- the material risks, limitations and side effects associated with it;
- the alternatives, including conventional options to it;
- the likely consequences of having no treatment;
- the cost of the treatment/procedure; and
- that the above procedure/treatment is considered alternative and/or complementary to traditional veterinary medical approaches.

I hereby authorize the performance of the identified procedure/treatment and use of any associated medications by Dr. _____ or his/her auxiliary in his/her practice, **OR** I hereby accept the recommended consultation regarding my animal(s) with the following individual: _____ (name) of _____

(Clinic/Address), who is a
 veterinarian
 non-veterinarian.

I understand that there can be no guarantee as to the animal's condition or reaction to or the outcome of any procedure/treatment undertaken. I have read and fully understand this form and declare that I voluntarily provide my informed consent as per the above items.

Date: _____
Print

Owner/owner's agent: _____
Print Sign

Veterinarian or Representative of: _____
Print Sign