



THE COLLEGE OF
VETERINARIANS
OF ONTARIO

REPORT ON CONSULTATION

Topic:	Professional Practice Standard - Delegation
Consultation Period:	July 21 – September 4, 2015
Submissions:	33 submissions from licensed members and stakeholders 1 written submission from a stakeholder

Background on the Consultation

Three position statements on delegation were reviewed in late 2014 and converted to a single Professional Practice Standard in an effort to simplify the material and add clarity.

The draft standard was presented to Council in June 2015 and circulated for consultation in July 2015. Three general questions were posed as part of the consultation process:

- Does the standard protect the public interest?
- Are the practice expectations clear with regard to delegation?
- Suggestions for additional practice expectations to include?

Overview of Feedback

Protection of Public Interest

71% of respondents indicated yes the draft standard adequately protects the public interest.

The following quotes reflect issues raised:

- *No definition of major surgery is included.*
- *This opens the door to all vets, no matter their knowledge or experience level, to allow any of their staff to perform just about ANYTHING*
- *No standard will protect the public unless it is properly understood and enforced.*
- *The public needs full disclosure on who is cleaning their dog's teeth, who is castrating their cat etc...not sure that this is happening.*
- *Costs go up if you have proper, competent staffing. Someone is doing surgery while a volunteer watches a monitoring device. Should inform the pets' owners of who does what during surgery.*
- *Public has no idea on what criteria a veterinarian is using to make the decision on what specific tasks may be delegated.*

- *Appreciate the move toward a team-based approach to veterinary medicine*

Clarity of Practice Expectations

73% of respondents indicated yes the draft standard is clear in establishing the practice expectations regarding delegation.

The following quotes reflect issues raised:

- *Sometimes subordinates can act on their own...need to have the vet protected too*
- *Who determines if an "auxiliary" is competent enough-- there are no guidelines to determine auxiliary's competency. This undermines a vet tech's job and belittles their training.*
- *A more fulsome understanding by members as well as their staff of the critical role we play in public health*
- *When hiring a non-DVM team member to perform a task, the veterinarian should ensure that the person has adequate training in the procedures being performed.*
- *should be clear description of what non-DVMs and non-RVTs should NOT be allowed to do*
- *scope of practice for RVTs needs to be defined and added*

Additional Comments

The following quotes reflect issues raised:

- *The statement at the end of this point, "A veterinarian must not delegate a task that s/he is not competent to perform personally" requires clarification.*
- *Records the tasks that are delegated and to whom. This is not really practical. Every time an IV is placed, an injection given, a TPR done, an animal walked or a nail trimmed, a note would need to be put in the file.*
- *I really think this opens up a dangerous can of worms and is too vague to allow proper protection of the public.*
- *Good Job*
- *I believe this is the way of the future with nurse practitioners, Telehealth Ontario etc. To me the vets who truly care and do a great job know which staff they can trust and who has the experience.*
- *Again, it seems the CVO (although the intent is good) is creating more and more bureaucracy. I spend more time recording/logging/entering/storing surgical data than the surgery itself.*
- *More clear outline of what can be reasonably delegated. This guideline appears open to a broad interpretation*
- *Would this require every minor task delegated to be recorded with the task and name? In some cases, auxiliaries would be performing dozens of tasks during a surgery.*

Council October 2015 Discussion and Decision

Council reviewed briefing notes and summaries of the consultation feedback. Following discussion, Council decided to make revisions based on the feedback received. Council incorporated the necessity of obtaining informed client consent with regard to auxiliaries or other veterinarians caring for the animal(s). Council also removed the requirement that the medical record reflects which tasks are delegated to whom.

Council approved the standard as amended. A Guide to the Professional Practice Standard – Delegation will be prepared.