Jurisprudence Examination

WORKBOOK

If you will be taking the exam on or after Tuesday September 4th, 2018, please use this workbook to prepare for the exam.

09/2018 – version

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Instilling public confidence in veterinary regulation.
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Introduction

The role of the College of Veterinarians of Ontario (the College) is to regulate and support the practice of safe, quality veterinary medicine in Ontario. It facilitates the development of and ensures adherence to the laws, regulations and standards for the profession. The College’s Jurisprudence Examination is a requirement for four of the College’s licence types and assures the public of a veterinarian’s understanding of his/her professional obligations in day-to-day practice.

The Jurisprudence Examination Workbook has been developed as a resource for applicants writing the Jurisprudence Exam. It provides applicants with insight into the complexity of the laws, regulations and standards applicable to veterinary practice in Ontario. The workbook covers a wide range of topics including professionalism, scope of practice issues, information management and responsibilities to the College.

Many of the College’s publications and standards, as well as the legislative requirements, have been quoted and used as sources to support the compilation of this workbook. However, a workbook of this size cannot possibly cover all aspects of each applicable law and standard of practice. To assist applicants, additional reference documents have been listed at the end of each chapter. Applicants should review these linked reference materials as you prepare for the Jurisprudence Exam and later as part of your ongoing continuing professional development. For the most recent versions of these reference materials, you can either click on the hyperlinks in the workbook or access the materials on the College website, www.cvo.org.

To assist with the applied learning of this jurisprudence content, Reflective Practice Exercises have been included throughout the workbook. These exercises support successful completion of the exam’s multiple-choice questions by helping you identify if you understand and can apply the content.

We encourage you to contact the College if you have any questions or require clarification.

Acknowledgements

The College extends its gratitude to everyone who contributed to the development of the examination and this workbook. We are extremely grateful to the licensed members of the profession who offered their valuable time to sort through and identify key content areas in the legislation and in College publications. As well, we would like to thank those veterinarians who contributed countless hours to creating the practice scenarios.
Chapter 1: Professionalism

With the privilege of being a licensed veterinarian comes the professional obligation to uphold the trust and respect of the public. As veterinarians, how do we gain and maintain that trust and respect?

For most people, trust is equated with honesty, integrity and transparency. We, as veterinarians, demonstrate our trustworthiness when we present information in a non-judgmental and non-biased manner, take responsibility for our actions and demonstrate competent practice. Likewise, we earn respect by demonstrating sound professional judgment, clinical reasoning and excellent communication skills. With clients, we earn trust when we ensure they are fully informed and seek their permission prior to proceeding with services and/or treatment.

In short, our actions and behaviours have a direct impact on how others view us and the profession. These behaviours are demonstrated in all aspects of our role and responsibilities – from advertising and initiating services, to diagnosing and offering treatment, to discharging, or to referring and terminating services. The values of trust, honesty and integrity are further described in this chapter and provide a link between expected behaviours and professional obligations as found in the Veterinarians Act.

Veterinarian-Client-Patient Relationship (VCPR)

The veterinarian–client–patient relationship is the foundation of effective veterinary medicine and animal care.

A veterinarian meets the requirements when he/she:
1. Establishes a VCPR prior to recommending and/or providing treatment or veterinary services (including the prescribing, dispensing, or administering of drugs) for any animal, group of animals, or herd.

2. Understands that a VCPR is established when the veterinarian:
   • Has been retained by the client;
   • Has reached an agreement with the client as to the scope of the services to be provided by the veterinarian; and
   • Has advised the client that services will only be provided in accordance with the standards of practice of the profession.

3. Obtains the client’s informed consent for each service or group of services to be provided.

4. Maintains recent and sufficient knowledge of an animal or group of animals or herd to continue to provide veterinary services. What constitutes “recent and sufficient knowledge” is a matter of the professional judgment of the veterinarian in the individual case. When making a diagnosis or prescribing, administering, or dispensing a drug, recent and sufficient knowledge is a matter of a history and inquiry and either a physical examination of the animal or groups of animals or medically
appropriate and timely visits to the premises where the animal or group of animals are kept to reach at least a general or preliminary diagnosis.

5. Ensures that he or she is readily available in case of an adverse reaction to a drug or a failure in a regimen of therapy, or informs his or her clients as to how they can access services outside of the veterinarian’s regular practice hours, in accordance with the After-Hours Care policy statement.

6. Provides a client with adequate written notice of the termination of a VCPR, allowing the client a reasonable amount of time in which to arrange for care with another veterinarian. This includes designating a period of time for which emergency services will be provided, and ensuring the appropriate transfer of medical records and other relevant information.

**Herd Health**

In herd health medicine, the veterinarian does not always need to examine each animal on the premises before making medical recommendations, but, through periodic visits to the premises and discussions with the client, he/she must acquire and maintain a current understanding of the level of husbandry practiced on the premises, and of the client’s abilities with respect to recognizing symptoms of disease and administering drugs and treatment plans. Veterinarians should also develop specific protocols with the client to ensure that drugs are used appropriately and safely.

**Groups of Companion Animals**

Veterinarians may use a herd-health model to provide services to companion animal clients (such as shelters and breeders) with large numbers of animals. Through visits to the client’s facility, the veterinarian must acquire and maintain a current understanding of the managed environment and of the client’s abilities with respect to recognizing clinical signs of disease, and administering drugs and treatment plans. The veterinarian should also develop protocols regarding drug usage and safety.

**Practice Snapshot**

*A veterinarian has examined three cows in a herd of 40 milking cows. The veterinarian has established treatment plans and provided written prescriptions to the owner treating the animals. During the visit, the owner, while being supervised by the veterinarian, administers the medication to one of the cows. A day later, the client calls the veterinarian to inform him of the treatment response. The client has documented elevated temperatures for three other cows. The veterinarian directs the client to treat the new cases.*

In this situation, the veterinarian has visited the premises and discussed the treatment plan with the client. The client has demonstrated the knowledge, skill and judgment to recognize the symptoms of the disease and administer drugs. Therefore, the veterinarian did not need to examine and personally treat the other affected cows.
Exceptions to the need for a VCPR include the following:

(a) a member, acting reasonably, determines that it is an emergency and that the animal requires immediate veterinary services;

(b) a member is an employee or contractor of the Crown in right of Canada or the Crown in right of Ontario and is providing veterinary services as part of that employment or contractual relationship;

(c) a member is providing veterinary services in or from a temporary facility;

(d) a member is providing veterinary services that are permitted or required under the Dog Owners’ Liability Act, the Animals for Research Act, the Ontario Society for the Prevention of Cruelty to Animals Act, the Animal Health Act, 2009 or under any other Act except for the Veterinarians Act; or

(e) a member is retained or employed by a person other than an animal’s owner to conduct an independent examination of the animal and report on the animal’s health to that person.

(f) a member dispenses non-controlled substances to individuals, agencies, or organizations that treat free-ranging wildlife (whom they may regard as clients) according to the guidelines set by the College.

Dispensing Exception:

A veterinarian can administer or dispense a drug, other than a controlled substance, pursuant to an oral or written prescription from another member if:

(a) it is not reasonably possible for the client to obtain the drug from the prescribing member or a pharmacy;

(b) it is necessary in the interests of the animal to administer or dispense the drug without the delay that would be associated with returning to the prescribing member;

(c) the member makes a reasonable effort to discuss the matter with the prescribing member;

(d) the member conducts a sufficient assessment of the animal’s circumstances, which may not require a physical examination in every case, to ascertain that it is unlikely that there has been a material change in the circumstances since the prescription was given;

(e) the quantity of the drug dispensed is no more than would reasonably enable the client to return to the prescribing member for future prescriptions or quantities of the drug; and

(f) the member makes a written record of the transaction as otherwise required by the Regulation.

Practice Snapshot

A dog has been prescribed a medication to treat Addison's disease. The dog and his owner are away on holidays and the owner realizes that he brought an empty medication container. The owner visits a local veterinary clinic without the dog to obtain a refill of the medication. The
veterinarian calls the prescribing veterinarian but is unable to reach her. The veterinarian discusses the dog’s condition and medical history with the owner prior to refilling the medication for three days. The veterinarian follows up with the prescribing veterinarian to confirm the appropriateness of the refill.

In this situation, the veterinarian responded to the emergency situation by considering the urgent need to administer the medication for the health of the animal. He attempted to contact the prescribing veterinarian, obtained sufficient information to ensure the appropriateness of the medication and provided only a short course of the medication. Finally, the veterinarian confirmed his actions with the prescribing veterinarian.

**Terminating a VCPR**

When it is in the best interest of all parties and in the interest of optimal animal care and treatment, the VCPR may be terminated. Likewise, when mutual trust, respect and honesty is no longer present, terminating the VCPR may be the most productive option for both parties.

For example, the following situations could lead to the termination of the VCPR:

- a client’s persistent non-adherence to a recommended treatment plan resulting in potential harm to the patient;
- a difference in philosophy about the approach to take in the care of the animal; and/or
- a client’s verbal abuse and/or threatening behaviour toward the veterinarian or staff.

In each of these situations, the veterinarian is expected to take steps to rectify the issue and then to continue to provide professional services to an animal, either until the services are no longer required or until the client has had a reasonable opportunity to arrange for the services of another member.

The veterinarian should provide the client with a written notice of the termination and allow a reasonable opportunity for the client to arrange for care with another practitioner. Written notice of termination should be delivered by courier, registered mail or by hand, confirming the end of the relationship. Electronic communication may be used as long as an automated notification that the message was received or opened is enabled.

**Transferring Medical Records**

When a VCPR is terminated, the client must be informed that the veterinarian will promptly forward all relevant information included in the medical record to the client’s new veterinarian. Alternatively, it may be possible to include a copy of the animal’s medical records with the termination letter.

**Practice Snapshot**

A long-standing client calls at 5:30 p.m. requesting that a veterinarian visit his dairy cow that is sick with acute mastitis. The veterinarian agrees to attend to the cow within half an hour and tells the client that he will need to do a culture prior to initiating treatment. When the
veterinarian reaches the farm, the owner has already administered an intra-mammary antibiotic, a leftover medication from a previous veterinarian’s prescription.

Similar situations have occurred in the past, and the veterinarian has communicated her concerns about self-treating and specifically with using medication not prescribed by the primary veterinarian. The veterinarian does the physical exam, determines the diagnosis, and advises the owner of treatment recommendations and follow-up. The owner is advised about the milk and meat withdrawal time for the treatment.

One week later, the veterinarian sends a registered letter to terminate the VCPR. The letter outlines the date on which the clinic will no longer provide veterinary services to the client. The letter also states that until the termination date only emergency care will be provided. The medical records will be transferred to the owner’s veterinarian of choice.

In this situation, the veterinarian terminated the relationship because on numerous occasions the client initiated treatment without and/or counter to the veterinarian’s direction and in the absence of an established treatment plan. The veterinarian removed herself from accountability due to potential harm to the animals and a concern for food safety.

The veterinarian followed appropriate procedures that included:

- providing a registered, written notification;
- setting a termination date that gives clients a reasonable opportunity to arrange care with another veterinarian; and
- communicating that the medical records will be transferred to the client’s veterinarian of choice.

**Reflective Practice Exercise**

What conditions must be met to establish a VCPR?

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Have you ever had to terminate a VCPR?

If yes, describe how you managed the situation.
If no, describe a situation in which you would terminate the VCPR and how you would manage it.

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_____________________________________________________________________________________
How does the VCPR differ for companion animal and herd health or groups of companion animals?

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Advertising

Regulation 1093 contains clauses related to marketing services and provides public protection rules on advertising to ensure advertising by veterinarians is not false, misleading or deceptive.

Marketing, in very general terms, is the activity of promoting one’s services to members of the general public or any segment of the public. Examples of marketing include (but are not limited to) advertising (see below), making public appearances, issuing press releases, participating in directory listings, and distributing brochures and business cards.

Advertising is a mode of marketing that might be defined as any message communicated in any public medium (e.g., print, internet, television, radio) that is used for the purpose of promoting a member’s professional services, goods, practice or image.

Client, in the context of advertising, means someone who uses the professional services of a member regularly and with reasonable frequency, and who has not requested the transfer of records for his/her animal(s) to another member or otherwise has had the relationship terminated.

General Principles

Advertising needs to follow some general ethical principles. The following principles apply to all forms of advertising, including social media, which are used for the purpose of promoting one’s practice of veterinary medicine.

A veterinarian may advertise the professional and ancillary services they provide, if the information in the advertisement is:

a) factual, verifiable, accurate and comprehensible;
b) not false, misleading or deceptive;
c) contains no testimonials;
d) contains no comparisons to, or claims of superiority over another member’s practice or expertise;
e) contains no endorsements or promotion of specific products, brands of products, brand-name drugs, or third-party service providers; and
f) could not reasonably be regarded by members as likely to demean the integrity or dignity of the profession or to bring the profession into disrepute.
Practice Snapshot

A small animal practice takes out an advertisement in a local newspaper. In the advertisement, the veterinarians focus on their spay and neuter surgeries, outline their prices and services, and claim that their surgical procedures are the best in town. They support this claim with testimonials from satisfied clients.

Which principles does this advertisement violate?

When a veterinarian advertises in any public medium, they may not include testimonials or claims of superiority over other members' practice. This advertisement would violate both of these general principles, as outlined in Regulation 1093.

Practice Snapshot

A representative from a pharmaceutical company approaches a veterinarian with an offer of monetary compensation in exchange for the veterinarian endorsing and appearing in a client pamphlet for a specific brand-name drug. The veterinarian's name and credentials would be included in the pamphlet.

In this scenario, the pharmaceutical company is using the professional status of the veterinarian as a means to endorse and promote its specific brand-name product to clients. This advertisement contains an endorsement of a specific product which is not allowed.

Reflective Practice Exercise

Have you seen inappropriate advertising or marketing materials specific to veterinary services (e.g., flyers, websites, email, social media, newspaper, posters)?

If yes, describe the advertisement and/or marketing message and explain why it's inappropriate. If no, describe an inappropriate advertisement and explain how you would modify the advertisement to meet the regulations.

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Conflict of Interest

Members of the public expect veterinarians to be honest and serve the patient’s and client’s best interests. To ensure integrity within the veterinarian-client relationship, transparent practice requires clear, open and thorough communication that supports full disclosure. Intentionally or not, it is inappropriate to withhold information that may affect the client’s ability to be involved as an informed participant in decision-making around the care of his or her animal(s).
Generally speaking, a conflict of interest is defined as the private interest of a person conflicting with that person’s professional responsibilities. A conflict of interest may involve a financial gain which is received in return for completing an activity that conflicts with the individual’s professional duties.

Steering is a prohibited activity whereby a person is systematically referred or directed to a particular veterinarian or veterinary practice by another individual or organization, and where the direction is made for a reason other than the genuine belief that the receiving veterinarian or practice is being recommended for specialized skill, knowledge or expertise; and has the effect of restricting a person’s choice of veterinarian based on criteria of importance to him or her. Section 38 of Ontario Regulation 1093 states that a veterinarian "shall not participate directly or indirectly in a system in which another person steers or recommends clients to a member for a professional service or an ancillary service."

“Ancillary services” means boarding, grooming, funeral services and sales of foods, supplies and other goods and services used by or with animals that is provided by a member whether as part of, or separately from, his or her practice of veterinary medicine.

Steering restricts a client’s choice of veterinarians and doesn’t take into account the client’s criteria. Restricting steering ensures that a recommendation or referral to a particular veterinarian or practice is made for defensible reasons.

When referrals are made (or perceived to be made) primarily for one or both parties to receive a benefit tied to the referral, then steering might be involved. When steering occurs, it negatively impacts the integrity of the profession.

When a veterinarian refers a client to another veterinarian with specialized knowledge or expertise, the client trusts that the referral has been made in the best interest of the animal, and that the referring veterinarian believes the specialist is the right individual to manage the case. The fact that the specialist is gaining a new client through the process is secondary to the reason for the referral, and there is no conflict of interest involved. Similarly, when a person recommends his/her veterinarian to another person based on sincere opinion alone, there is no conflict of interest for either party.

The test for defining a steering relationship is whether the following four components are present:

- there must be a system (i.e. a structured agreement or ongoing activity or pattern of behaviour);
- the system must result in clients being directed to a particular veterinarian(s) or veterinary practice for a professional or an ancillary service;
- the veterinarian must knowingly participate in the system in some way; and
- there is either:
  - a conferral of some benefit to the referrer, or
  - a restriction on which veterinarians may participate in the system (beyond reasonable restrictions such as location, specializations, or scope of practice).

**Practice Snapshot**
A board-certified veterinary dental specialist opens a practice in a new town and approaches a local veterinarian about referring clients to his practice. The veterinary dental specialist offers a percentage of the referred client’s fee to the veterinarian as an incentive to help build his practice.

In this situation, the veterinary dental specialist is involved in a conflict of interest by offering an incentive in exchange for referrals. The other veterinarian would gain financially if she accepted the offer.

When a veterinarian refers a client to another veterinarian with specialized knowledge or expertise, the client trusts that the referral has been made in the best interest of the animal, and that the referring veterinarian believes the specialist is the right individual to manage the case.

Now consider the same situation, removing the conflict of interest:

A veterinarian is contacted by a board-certified veterinary dental specialist who has recently opened a practice in town. The veterinary dental specialist asks the veterinarian to consider referring clients to his practice. He presents good references and demonstrates expertise. The veterinarian sees value in offering a full range of services to his clients and agrees to refer his clients to the new practice when appropriate.

Reflective Practice Exercise

Have you experienced a situation in which you managed a conflict of interest?

If yes, describe a situation in which you faced a conflict of interest.
If no, describe a situation that may present a conflict of interest.
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_____________________________________________________________________________________
_____________________________________________________________________________________
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Explain why the situation you mentioned above is a conflict of interest.

Describe the personal benefit in this situation.
What are the competing issues?
What are the risks associated with the conflict?
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Informed Owner Consent

Informed owner consent is the basis on which veterinarians and clients confirm the veterinary services that will be provided. Informed consent is the process by which the client learns about and understands
the purpose, benefits and potential risks of all recommended activities, and uses this information to make decisions concerning their animal’s care.

Informed consent is a two-way dialogue in which the veterinarian provides the client with the details required to make an informed decision about whether to accept the recommended service and/or treatment. Client questions are addressed in order to clarify aspects of the proposed care and ensure that the client understands the information provided. The informed consent process requires disclosure of the purpose of the procedure, benefits, foreseeable risk(s), alternatives to the procedure and associated costs.

**Practice Snapshot**

*A veterinarian is called by a client to examine one of his Holsteins. A diagnosis of pneumonia is made. In the opinion of the veterinarian, the lung damage is severe, and he chooses to use a drug in an extra-label manner. Following treatment, the veterinarian advises the client that the milk must be withheld from the bulk tank for three weeks. The client is upset that he was not advised of the withholding time prior to treatment administration.*

In this situation, the veterinarian did not follow the standards for informed consent. By failing to inform the client of the required withdrawal time before treatment was initiated, the veterinarian did not disclose all of the information that would properly inform the client about the proposed treatment plan. Moreover, he should have allowed the owner to express concerns and ask questions in advance of treatment; the client’s concerns were expressed after, rather than before, treatment.

**The Informed Consent Process**

Consent is informed when the following is disclosed by the veterinarian and understood by the client:

- the differential and/or definitive diagnoses;
- the nature of the proposed diagnostic procedure(s), intervention(s) or course of treatment;
- the proposed benefits, common side effects and any serious risks;
- other reasonable alternative courses of action including the risks/benefits of each; and
- the consequences if the proposed action is refused.

Consent is valid when it is:

- obtained from an individual(s) over the age of 18 with the legal authority to grant it;
- given voluntarily; and
- not obtained through misrepresentation or fraud.

**Confirm Authority to Give Consent**

The veterinarian should obtain consent from a client who is over the age of 18 as consent is valid only when given by a person who has the legal authority to give consent. Establishing and understanding legal ownership of the animal(s) is one component of the initial conversation with a potential client. The
A veterinarian may establish legal authority through a bill of sale, registration papers or discussion with the client.

**Cost**

It is advisable to provide a range of total costs that might be involved in a particular procedure or treatment. Written cost estimates assist in ensuring that the client understands the financial implications of the proposed intervention. Clients should always be made aware of the possibility that the scope and associated costs of an intended procedure can increase based on the findings obtained during the actual procedure.

A veterinarian may charge interest on an unpaid account only when they have notified the client of the terms of the interest prior to the initial service being performed or when a Court has deemed that interest can be charged.

**Written Consent**

In some situations, such as obtaining informed consent for a surgical procedure for a companion animal, a signed written consent form is required. Veterinarians should use their professional judgment and obtain written consent for any procedure or treatment they deem to be of significant risk.

**Practice Snapshot**

*A dog breeder presents an intact male Great Dane who has been previously diagnosed with a prostate condition and treated conservatively. At this visit, the veterinarian determines that the dog requires neutering. The veterinarian explains the procedure, its benefits and risks, the costs involved, as well as aftercare. A standard written consent form is presented to the client for signature. The veterinarian has noted on this form that the dog will not be suitable for either the show ring or breeding following the procedure. He asks the client if there are any questions or concerns before signing the form.*

The veterinarian is required to obtain written informed consent from a client for a surgical procedure on a companion animal. The veterinarian must provide all necessary information and allow the client to ask questions and express concerns in advance of signing. A written consent form may include all of the necessary information to prompt a dialogue between the client and the veterinarian. In addition, the veterinarian exercises professional responsibility by ensuring that the client fully understands the information before asking the client to sign the consent form.

In summary, the client has the right to be fully informed. The veterinarian has obtained consent in this circumstance according to College standards and practices when:

- the veterinarian requested written consent,
- the veterinarian disclosed all pertinent information, and
- the client was given an opportunity to ask questions.
Refusal to Give Consent

A client has the right to refuse recommended interventions. A veterinarian must recognize and respect a client’s preference. A veterinarian should fully explain to the client the consequences of taking no action and document, in writing, the fact that this information was provided, as well as the client’s refusal. A veterinarian is obligated to report to the Ontario Society for the Prevention of Cruelty to Animals (OSPCA) any cases where the refusal to treat is indicative of, or will result in, abuse or neglect.

Telephone Conversations

Telephone conversations should be the same as a face-to-face discussion including discussion of options and the relevant benefits and risks and an opportunity for the client to ask questions. The veterinarian should document the conversation and consent in the medical record.

Witnessed Consent

In situations of high risk or where the outcome of a procedure has serious consequences, or when the consent is not provided face-to-face, it is advisable to have another person witness the consent.

Reflective Practice Exercise

Describe a situation in which you obtained consent for treatment.

Who was involved in the situation (e.g., client, client’s emergency contact person)?
What was the proposed treatment or procedure?
Did the client provide consent? If not, why not?
Was the client of legal age to provide consent?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What information did you share with the client?

Differential diagnoses, and presumed or definitive diagnosis?
General nature of proposed assessment/treatment/procedure?
Expected benefits?
Reasonable risks or dangers and common side effects?
Reasonable alternative courses of action available, with risks/benefits of each?
Consequences (prognosis of risk) if proposed assessment/treatment is refused by the client?
Cost options?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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What questions did the client ask?

Who responded to the client’s questions?
Did the client feel satisfied with the outcome of the discussion?

What, if anything, would you do differently next time?

Mandatory Reporting

Several different pieces of legislation require veterinarians to make mandatory reports, including when:

- there is suspected animal abuse or neglect;
- there is an animal bite or contact that may result in rabies in persons;
- there is a diagnosis of a reportable disease or an immediately notifiable disease;
- there is a diagnosis of an immediately notifiable hazard;
- an employee receives an overexposure of radiation; and/or
- there is unreconciled loss or theft of a controlled drug or substance

Suspected Animal Abuse and Neglect

Every veterinarian who has reasonable grounds to believe that an animal has been or is being abused or neglected shall report his or her belief to an inspector or an agent of the Ontario Society for the Prevention of Cruelty to Animals (OSPCA).

Reasonable grounds arise from first-hand information and/or detailed reports, and refer to the facts or circumstances which would cause a person of ordinary and prudent judgment to have a strong belief beyond a weakly substantiated suspicion, but less than a certainty. The College further interprets reasonable grounds to include information acquired during the veterinarian's assessment of the animal or herd and/or discussion with the owner/custodian/caregiver that could lead the veterinarian to suspect abuse or neglect.

Veterinarians identify when abuse and/or neglect might be occurring by recognizing when:
• an animal is in distress; and
• the custodian or caregiver is either causing distress through abuse, or not taking appropriate measures to address it, through neglect.

When these two conditions are met – whether or not the animal is a patient – veterinarians are required by law to report their belief that abuse and/or neglect may be occurring to the OSPCA, which will investigate the matter.

**Practice Snapshot**

A veterinarian is aware that a dog in his neighbourhood is being restrained in a small pen that is apparently never cleaned out. The dog is fed and given water regularly, but no exercise or grooming is being provided. The owner works out of town and is absent for long periods of time almost every day. Many neighbours complain about the dog barking and howling most of the day. The veterinarian is hesitant to take action, not wanting to be seen as a difficult neighbour.

In this situation, the lack of grooming and exercise, and the containment of the dog for prolonged periods in his own waste, combined with the noted distress of the dog, are reasonable grounds to make a report to the OSPCA. The veterinarian has the responsibility to prevent animal pain and distress. The report would promote an OSPCA investigation to educate the client on responsible care and accountability as a pet owner and to facilitate the process to remove the element of neglect. The veterinarian should notify the OSPCA.

Situations arise in which veterinarians must apply critical thinking and judgment based on an assessment of an animal and its circumstances to determine suspected abuse or neglect.

**Practice Snapshot**

A golden retriever is presented with a bleeding splenic hemangiosarcoma. The dog is extremely weak, and the veterinarian explains the seriousness of the condition and recommends either surgery as soon as possible or euthanasia. The owner insists on taking the dog home to die quietly in its own bed. The veterinarian explains that this action would be considered animal neglect. The owner is insistent, and the veterinarian informs the owner that if the dog is taken home she is legally required to report this incident to the OSPCA.

In situations in which neglect or distress has occurred due to the owner lacking knowledge, the veterinarian should provide education to the client in an effort to remediate the situation and stop the neglect and distress. The veterinarian should inform the owner of the severity of the condition so the owner is knowledgeable about the situation. In this case, neglect would occur if the dog was taken home because bleeding internally is an inhumane way to die.

**Reporting Animal Bites and Contact that May Result in Rabies in Persons**

Veterinarians are required to report any knowledge of an animal bite or contact that may result in rabies in persons as soon as possible to a Medical Officer of Health.
**Practice Snapshot**

A dog that has not been vaccinated against rabies is being examined in the practice when it bites one of the kennel staff. The veterinarian recommends that the staff member go to her family physician, a walk-in clinic or an emergency department. A call is made to the local Public Health unit to report the bite. Public Health will now take over the management of the incident and make decisions about next steps and whether the animal should be quarantined.

In this scenario, the veterinarian is required to inform the staff of the risk and that she should see a doctor. As well, Public Health should be notified. Public Health is then responsible for assessing all potential rabies cases and ordering a quarantine if warranted.

**Reportable Diseases and Immediately Notifiable Diseases**

To protect human and animal health, the Canadian Food Inspection Agency (CFIA) conducts inspections, and maintains monitoring and testing programs to prevent and control the spread of diseases to the livestock and poultry sectors. CFIA carries out programs related to animal health and production to guard against the entry of foreign animal diseases and prevent the spread of certain domestic animal diseases. Veterinarians need to refer to the federal government’s posted list of foreign animal diseases to determine if they are required to take further steps.

Animal diseases are categorized as either reportable diseases or immediately notifiable diseases.

**Reportable Diseases**

Reportable diseases are usually of significant importance to human health or animal health or to the Canadian economy. These diseases are outlined in the Health of Animals Act and Reportable Diseases Regulations. Animal owners, veterinarians and laboratories are required to immediately report to a CFIA district veterinarian the presence of an animal that is contaminated, or suspected of being contaminated, with one of these diseases. Control or eradication measures will be applied immediately. Federally reportable diseases can be found on CFIA’s website, [www.inspection.gc.ca](http://www.inspection.gc.ca)

**Immediately Notifiable Diseases**

In general, immediately notifiable diseases are diseases that are exotic to Canada and for which there are no control or eradication programs. Only laboratories are required to contact CFIA regarding the suspicion or diagnosis of one of these diseases.

Immediately notifiable diseases can be found on the CFIA’s website, [www.inspection.gc.ca](http://www.inspection.gc.ca)

Under Ontario’s Animal Health Act, veterinarians are required to report to the Chief Veterinarian of Ontario (OMAFRA) when a positive result for an immediately notifiable hazard is received from a laboratory located outside of Ontario. See the Ministry of Agriculture, Food and Rural Affairs (OMAFRA) website for further details. [www.omafra.gov.on.ca](http://www.omafra.gov.on.ca)
**Practice Snapshot**

A veterinarian visits a farm and examines a recently imported cow that is presenting with fever, weakness and reduced milk production. On further examination, the veterinarian considers a tentative diagnosis of anaplasmosis. The veterinarian refers to the reference material that reveals that the disease is no longer reportable but is immediately notifiable. If the disease had been reportable, the veterinarian would have had to report the disease to CFIA.

In this scenario, the veterinarian referred to the posted list of diseases to determine what the protocol was for this disease. According to the reference material, the disease is found to be immediately notifiable. In this situation, it is the responsibility of the laboratory to contact CFIA. The veterinarian discusses biosecurity measures in place on the farm with the producer.

**Radiation Exposure**

The Occupational Health and Safety Act (OHSA) provides the framework to ensure that workplaces in Ontario are safe and healthy. It sets out the rights and duties of both employers and employees and through regulations establishes specific requirements for managing workplace hazards. With limited exceptions for facilities under the Healing Arts and Radiation Protection Act (Ontario) and the Atomic Energy Control Act (Canada), Regulation 861 applies to every owner, employer, supervisor and worker at a workplace where an x-ray machine is present or used in Ontario. The objective of Regulation 861 is to minimize the risk of exposure for anyone involved in taking and processing radiographs and for anyone who may be exposed to radiation (i.e., veterinarians, staff, clients, the public and animals).

Employers are required to report to the Ministry of Health and Long-Term Care when a dosimeter reading or a radiation dose is too high. There are different required reporting methodologies and timelines based on the specific circumstances.

**Unreconciled Loss or Theft of a Controlled Drug or Substance**

Veterinarians are required to report unreconciled loss or theft of drugs to the police immediately and to Health Canada within ten days.

**Reflective Practice Exercise**

Are you aware of a situation in which a mandatory report was made or should have been made to the appropriate authorities?

If yes, describe the situation.
Who was involved in the situation?
What was the risk in this situation?
If no, consider a time when a mandatory report would be required.
Describe the required communication with the client and others involved in the situation?

Euthanasia

Veterinary euthanasia is a practice that deliberately ends the life of an animal using humane methods. The decision to euthanize is complex. It can raise ethical dilemmas for veterinarians and emotional responses in animal owners. Clients have a right to clearly understand the veterinarian’s beliefs on euthanasia. If service excludes the option to euthanize, the veterinarian should inform the client of this decision at an appropriate point in the VCPR.

Refusal to Perform Euthanasia

Veterinarians who do not offer euthanasia as an option to clients who choose not to proceed with ongoing medical treatment(s) for their animal(s) should respectfully advise these clients of this fact at an appropriate point in the VCPR, and ensure they are not causing suffering to the animal by refusing to perform euthanasia. In all cases where the veterinarian refuses to perform euthanasia, including those where the client has requested the service for non‐medical reasons, clients should be provided with options such as a referral to another veterinarian who has agreed to take such cases.

Auxiliary Staff Involvement

Auxiliary staff may carry out euthanasia under the supervision of a veterinarian, as long as they are sufficiently trained in both technical and interpersonal skills to support compassionate communications with the client.

VCPR and Obtaining Informed Consent

Euthanasia is often one of several options a veterinarian presents to a client as a course of action in treating an animal. It should only be performed in the context of a VCPR after the veterinarian has obtained informed consent from the client. It is best to obtain written consent.

For cases where an existing VCPR is not in place (e.g. new client, after hours or in an emergency situation), a VCPR should first be established.

As part of the informed consent process, the client is provided with the options and associated costs involved, with clear distinctions regarding what is best for the animal and what consequences will result from each option. For cases in which the veterinarian sees no recourse other than euthanasia, this opinion should be communicated to the client with sensitivity and compassion.
Once a decision to euthanize has been reached, the veterinarian should determine if the client wishes to be present during the procedure. If so, the following items need to be thoroughly explained to him or her:

- the physical process of how the euthanasia will be performed,
- the visible effects of any pharmaceutical agents used,
- the length of time each step may take,
- the anticipated restraint that the patient may experience, and
- any unavoidable after effects.

**Practice Snapshot**

A man calls a veterinary clinic to request an appointment to have his 12-year-old male German shepherd euthanized. The receptionist asks for the name of the veterinary clinic he usually goes to in order for the medical record information to be transferred. When the receptionist phones the previous clinic, he learns that the dog had not been seen there for 10 years. When the man arrives at the clinic, the veterinarian determines that he is not the owner of the animal. His adult daughter is the owner.

*How should the veterinarian proceed?*

This situation presents concerns:

- a VCPR has not been established; and
- the owner of the animal has not provided informed consent.

The veterinarian needs to establish ownership of the animal. The veterinarian has to explain to the client that the animal cannot be euthanized without the daughter’s informed consent. The veterinarian calls the daughter to ensure that euthanasia meets her wishes, and a staff member verbally acknowledges the consent.

For cases presented to a veterinarian who is not the regular provider (e.g., after hours, in an emergency situation), the veterinarian should first establish a VCPR, conduct a physical assessment, determine the reasons for the referral, and discuss options with the animal’s owner or owner’s agent.

**Verification**

In addition to engaging in the informed consent process, the legal ownership of an animal and the identification of the animal should be confirmed before the performance of euthanasia. The remains should be clearly identified following the performance of euthanasia.

**Client Support**
Veterinarians recognize the importance of the human-animal bond and are aware that loss of companion animals can lead to profound emotional reactions. Veterinarians and auxiliary staff should offer appropriate support to their clients immediately after euthanasia has been performed.

**Practice Policies**

Communication between and among veterinarians and staff is important to ensure that each member of the veterinary health care team is clear on euthanasia policies and procedures. Clear communication will help ensure that clients receive consistent information. A euthanasia policy clearly outlines the:

- position of the practice and/or the veterinarians who work there;
- required training for performing and/or assisting with euthanasia;
- procedures related to performing euthanasia in a client’s home;
- informed consent process; and
- options for disposal.

Euthanasia policies should be developed by clinics and all staff should be made aware of this policy. Clients should be made aware of the position of the clinic and/or the veterinarians working there regarding euthanasia at an appropriate point in the VCPR.

Veterinarians and their staff can refer to guidelines published by the Canadian Council on Animal Care (CCAC) and the American Veterinary Medical Association (AVMA) for humane methods of euthanasia.

**Legislative Obligations**

Veterinarians are required to follow relevant legislation such as the *Veterinarians Act*, *Environmental Protection Act*, *Dead Animal Disposal Act* and municipal bylaws when disposing of animal remains, as well as when storing, handling and administering barbiturates or other drugs to perform euthanasia.

The *Environmental Protection Act*, the *Dead Animal Disposal Act* and municipal bylaws determine whether the burial or composting of animals is permitted. Veterinarians should advise clients who wish to bury or compost animals to confirm with their local authorities whether such means of disposal are available to them. As a service to clients, veterinarians may contract with private cremation businesses and include disposal as an ancillary service, charging the client directly. If the veterinarian disposes of the remains, he or she needs to ensure that it is done in accordance with the provisions of the Veterinarian’s Act (e.g. disposal within 24 hours unless the body is frozen), the Environmental Protection Act, the Dead Animal Disposal Act, municipal bylaws and other legal requirements.

**Practice Snapshot**

*In discussing end of life decisions with a client who has a terminally ill pet, the client mentions he has a property on the shores of Lake Ontario where he would like to bury his deceased pet when the time comes. His veterinarian discusses with him that there are environmental issues related to burial. He advises his client to contact the municipal offices where the property is located to*
see if this is an option. They then proceed to discuss other options available to the client if he is unable to bury his pet.

Reflective Practice Exercise

Describe a time when you were involved in euthanizing an animal.

Who was involved in the situation?
What was the reason for performing euthanasia?
What factors confirmed that a VCPR had been established?
How were the animal remains disposed?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Describe the communication with the client.

Was informed consent obtained?
Was the client made aware of:
  • the physical process of how the euthanasia is to be performed,
  • the visible effects of any pharmaceutical agents used,
  • the length of time each step may take,
  • the anticipated restraint that the patient may experience,
  • any unavoidable after effects,
  • the cost, and
  • the disposal options and applicable regulations?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What factors did you consider in this situation?

Did you address:
  • legislation and/or regulations,
  • client and/or staff emotions,
  • disposal options,
  • availability of the client (owner),
  • staff resources, and/or
  • the animal’s condition?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
How did these factors affect your actions?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What, if anything, would you do differently next time?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

After-Hours Care and Access to Emergency Services

Regulation 1093, Section 20 requires veterinarians to provide medically necessary services in a reasonably prompt fashion to their clients’ animals outside of regular practice hours. The intent of the regulation is to ensure that clients whose animals have been and/or are usually treated during regular office hours by a veterinarian, or by one of several veterinarians in a practice, have access to necessary medical services for their animals at times when the practice is closed.

Professional Obligations

Veterinarians can meet their obligation to provide after-hours services in a number of ways:

- be “on-call” for his/her clients and provide after-hours services;
- arrange coverage with a colleague who agrees to be “on-call” for his or her clients;
- join a “call group” comprising members from a number of practices that cover for each other’s practices on a rotating schedule;
- refer patients to a hospital or clinic that advertises 24/7 service; or refer clients to an emergency clinic which, under Regulation 1093, must be open at a minimum from 7 p.m. to 8 a.m. on weekdays, on weekends from 7 p.m. on Friday to 8 a.m. on Monday, and from 7 p.m. the day prior to a statutory holiday to 8 a.m. the morning after. In these circumstances, a veterinarian is required to see patients promptly after their discharge from an emergency facility if ongoing care is necessary, or until services are no longer required or until the client has had a reasonable opportunity to arrange for care.

Requirements to Notify Clients

When the VCPR is established, veterinarians are expected to advise their clients of the arrangements for after-hours coverage and to keep records of each time this information is provided. Veterinarians are expected to take reasonable steps to notify their clients of an unavoidable absence or a planned
absence, such as a vacation, when services will not be available. Such steps include an appropriate voice message, signage on the door of the facility or an electronic notice instructing clients who to contact for service. The veterinarian should keep a record of each time this information is provided.

When animals are housed overnight in a veterinary facility, the veterinarian is expected to obtain informed owner consent to ensure that the client understands and accepts the level of care and supervision provided.

**Practice Snapshot**

*A veterinarian is presented with an emergency case in the late afternoon. After performing an appropriate examination and diagnostics, the veterinarian determines a diagnosis and recommends hospitalization for IV fluids and treatment. The veterinarian explains to the client that hospitalization would be overnight and that while there is no staff or veterinarian monitoring consistently overnight, an auxiliary will perform routine checks periodically throughout the night. The veterinarian also offers the client the option of a referral to an emergency hospital that offers overnight monitoring.*

In this scenario, the veterinarian offers overnight hospitalization and is very clear in explaining the level of care and supervision that will be provided to the hospitalized animal. The veterinarian also offers the alternative of a referral to an emergency hospital, which would provide a higher level of supervision. Given this information, the client is able to make an informed decision.

**Reflective Practice Exercise**

**What options would you consider implementing to meet the requirement to provide after-hours care?**

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

**What information about after-hours care must be shared with clients?**

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Chapter 1 Resources

College Documents

Link to these reference documents from the CVO Website. Click “list view” to sort resources alphabetically.

- Professional Practice Standard: The Veterinarian-Client-Patient Relationship (VCPR)
- Guide to the Professional Practice Standard: The Veterinarian-Client-Patient Relationship (VCPR)
- Professional Practice Standard: Advertising
- Steering Policy Statement
- Professional Practice Standard: Informed Client Consent
- Guide to the Professional Practice Standard: Informed Client Consent
- Legislative Overview: Mandatory Reporting
- Reporting Animal Abuse or Neglect Position Statement
- After-Hours Care Policy Statement
- Professional Practice Standard: Veterinary Euthanasia

Legislative References

Link to relevant legislation from the CVO website
Chapter 2: Scope of Practice

The practice of veterinary medicine is broadly defined in the Veterinarians Act, Section 1.(1) as including “the practice of dentistry, obstetrics including ova and embryo transfer, and surgery, in relation to an animal other than a human being.”

Veterinary medicine is further described in the Pan-Canadian Agreement on Internal Trade (AIT) as: “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.”

The Veterinarians Act stipulates that 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.

There are some exceptions identified in the Veterinarians Act which permit other individuals to perform specific activities on animals. These exceptions include:

- rendering first aid or temporary assistance in an emergency without charging a fee;
- treating an animal if the person is the owner of the animal, is a member of the household of the owner of the animal, or is employed for general agricultural or domestic work by the owner of the animal;
- taking blood samples;
- preventing or treating fish and invertebrate diseases;
- collecting or using semen for the purposes of a business that engages in the artificial insemination of livestock; and
- collecting or transporting ova and embryos of animals other than mammals.

The requirement for a licence to engage in the practice of veterinary medicine or hold oneself out as engaging in the practice of veterinary medicine does not apply to a student of veterinary medicine to the extent that the student is engaging in the undergraduate curriculum of studies at the Ontario Veterinary College of the University of Guelph.

Under the Veterinarians Act, R.S.O 1990, the unauthorized practice of veterinary medicine by an unlicensed individual or organization is subject to a fine of up to $15,000 for the first offence and up to $30,000 for subsequent offences.

In this chapter, the specific expectations and requirements are outlined for when veterinarians offer services related to rabies vaccination, pain management, complementary and alternative medicine and veterinary dentistry. Also discussed are the rules and responsibilities related to ordering, dispensing, and administering drugs. Finally, delegation of tasks to auxiliaries will be reviewed.
Rabies Vaccination

Vaccinating animals against rabies is an important public health measure. In Ontario, most domestic biting incidents reported to public health officials involve animals whose vaccines are not up to date. In conjunction with the Ministry of Health and Long-Term Care (MOHLTC) and local public health units, veterinarians play a key role in the combined effort to increase rabies vaccination rates and reduce the risk of human exposure to the rabies virus. Rabies programs are one opportunity for veterinarians to contribute to provincial efforts to control rabies in Ontario.

Overview of the Health of Animals Act (Canada) and Regulation

The Health of Animals Act is intended to control the spread of disease between and among animals as well as transmission from animals to persons. Sections 130 – 135 of the Health of Animals Regulation address a variety of issues related to veterinary biologics and include a specific reference in section 134 regarding the sale of rabies vaccines. Section 134.2 of the Regulation prohibits the sale of rabies vaccines to non-veterinarians.

Overview of Health Protection and Promotion Act (Ontario) and Regulations

The Health Protection and Promotion Act (HPPA) is intended to provide for the organization and delivery of public health programs and services that are administered by the Ministry of Health and Long-Term Care (MOHLTC). Under the HPPA, public health units have a very broad mandate including sanitation, family counselling, health promotion and protection, and injury.

Relevance to Veterinary Practice

The HPPA contains two regulations that apply to veterinary medicine. Regulation 567 Rabies Immunization provides direction to veterinarians who carry out rabies immunizations. Regulation 557 Communicable Diseases – General sets out expectations for veterinarians regarding reporting animal bites and the management of animals suspected of having rabies. These regulations complement the requirements set out under Regulation 1093 of the Veterinarians Act.

Under Regulation 567, the following expectations are described:

- Immunizations must be carried out with a rabies vaccine licensed for use in Canada and following the manufacturer’s instructions;
- The veterinarian must issue a Certificate of Immunization and, in the case of a cat, dog, or ferret, a rabies identification tag, to the owner/custodian of the animal that has been immunized or re-immunized against rabies;
- The Certificate of Immunization must include: the name and contact information of the owner/custodian, a description of the animal (species, breed, sex, age, size, and markings), a record of any microchip or tattoo numbers, the name and code of the vaccine, the date of immunization, the date the animal is to be re-immunized, the rabies identification tag number, the full name and contact information of the veterinarian who administered the vaccine, the
address of the location where the vaccine was administered and where the vaccine was the primary immunization or a booster;

- The veterinarian must retain a scanned or paper copy of the original signed Certificate of Immunization for three years;
- If the veterinarian is of the opinion that the animal is in or has a physical condition that precludes its safe immunization or re-immunization against rabies, the veterinarian will issue a Statement of Exemption describing the physical condition of the animal on request and when justifiable.

Under Regulation 557, the following expectations are described:

- A veterinarian must report to the local Medical Officer of Health, immediately, any knowledge of an animal bite or contact that may result in rabies in persons;
- A veterinarian must comply with a request from a Medical Officer of Health to examine a dog or cat for evidence of rabies and to detain the animal, if necessary, to determine if it is remains free of symptoms of rabies. The Medical Officer of Health may also request that a veterinarian confine and isolate an animal at a veterinary hospital for at least 10 days.

Rabies Programs

To support liberal access to rabies vaccination, veterinarians can establish a rabies program outside of the regular VCPR to facilitate administering rabies vaccines to as many domestic animals as possible. Rabies programs can be offered at both accredited veterinary facilities and, under specific conditions, at unaccredited facilities.

Practice Expectations

A veterinarian meets the Professional Practice Standard: Rabies Programs when he/she:

1. Submits an application to the College of Veterinarians of Ontario in the format provided.
2. Understands that veterinarians offering services at a rabies program must hold a certificate of accreditation for a temporary facility.
3. Cooperates with local public health officials to deliver the Rabies Program.
4. Invites local veterinarians to participate in a Rabies Program to be held at an unaccredited facility. This requirement is not applicable to Rabies Programs offered at an accredited facility.
5. Ensures that the resources to respond to adverse vaccine reactions are available.
6. Establishes infection control protocols to ensure the safe administration of vaccines.
7. Ensures that at a Rabies Program held in an unaccredited facility, vaccinations are performed by a veterinarian. In an accredited facility, the administration of vaccines may be delegated to a suitably qualified auxiliary.
8. Asks basic questions about the general health of the animal in order to determine whether or not the animal should be vaccinated.
9. Creates a record for each animal that includes: information that identifies the animal; the name and contact information of the custodian; date of vaccination; and name and type of vaccine (e.g., lot and serial number).

10. Retains records from the Rabies Program in an accessible, systematic manner for a period of 3 years.

11. Issues a signed Certificate of Rabies Vaccination to the custodian, and retains a copy (paper or scanned) of the signed original Certificate, for each animal that is vaccinated, in accordance with the requirements of Regulation 567 of the Health Protection and Promotion Act.

12. Issues a signed Statement of Exemption from Rabies Vaccination to the custodian, and retains a copy (paper or scanned) of the signed original Statement, for each animal that is determined to have a medical condition which precludes safe vaccination at the time of the Rabies Program, in accordance with the requirements of Regulation 567 of the Health Protection and Promotion Act.

13. Submits data on the utilization of the Rabies Program for use by the Ministry of Health and Long-Term Care to the College of Veterinarians of Ontario in a timely manner.

**Practice Snapshot**

A group of veterinarians identifies a population of dogs in a rural area that are not vaccinated for rabies. Wishing to help rectify this situation, the group seeks to establish a one-day rabies program. The veterinarians will not be performing full physical examinations and will be vaccinating animals for which no prior VCPR exists. The sponsoring veterinarian will submit all required documentation to the College of Veterinarians of Ontario to obtain authorization to conduct a rabies vaccination clinic.

In this scenario, the veterinarians do not need to have a VCPR to offer a one-day rabies program as long as they meet all of the requirements outlined by the College. When a veterinarian establishes a rabies program, he or she is responsible for ensuring that protocols and procedures are in place to offer safe and ethical services.

Safe administration also includes a determination of the appropriateness of the proposed administration. Therefore, veterinarians must ask basic questions about the general health of the animal to determine whether the animal should be vaccinated.

**Practice Snapshot**

An owner brings her dog to a rabies clinic. The attending veterinarian asks a number of basic health questions to ascertain the general health status of the animal. The owner indicates that the dog has been having diarrhea for four days. The veterinarian takes a rectal temperature and determines that the dog is pyrexic. The veterinarian decides not to vaccinate the animal.

In this scenario, the veterinarian asks a sufficient number of questions about the health of the animal. With the responses from the client as well as further examination, the veterinarian has determined that
the animal should not be vaccinated. The veterinarian should refer this client to a veterinary facility for an appropriate examination, diagnostics and treatment prior to any vaccination.

If the rabies program is held at an unaccredited facility (e.g., a pet store), veterinarians must administer the vaccinations. In an accredited facility, however, veterinarians may delegate suitably qualified staff to administer the vaccines.

**Record Retention**

Veterinarians must create a record for each animal that includes: information that identifies the animal; the name and contact information of the custodian; date of vaccination; and name and type of vaccine (e.g., lot and serial number). Records from the Rabies Program must be retained in an accessible, systematic manner for a period of 3 years.

**Practice Snapshot**

*Six months after being vaccinated at a rabies program, a dog bites a stranger in the park. The bite victim is treated at the hospital, and the local public health office is notified. The officer of public health contacts the veterinarian responsible for conducting the rabies vaccination clinic and requests all relevant medical records to ascertain the rabies vaccination status of the animal. The veterinarian provides these records to the officer of public health.*

In this scenario, the veterinarian must provide the medical records and certificate of rabies vaccination to the requesting officer of public health. The veterinarian must retain these records for three years following the date of the vaccination. As well, the College collects data specific to the utilization of the rabies program and submits it to MOHLTC.

If the veterinarian had provided services within the accredited veterinary practice, the veterinarian would retain a copy of the certificate in the animal’s medical records for a period of five years after the last entry in the record.

**Certificate**

Veterinarians must provide the client with a signed Certificate of Rabies Vaccination and retain a copy of it in the medical record for a period of three years. The certificate must include the:

1. name and address of the owner or person having care and custody of the animal;
2. species, breed, sex and age of the animal;
3. markings, if any, on the animal;
4. the microchip and/or tattoo number of the animal, if applicable;
5. the approximate size of the animal;
6. address of the clinic or other location where the animal was immunized;
7. the full name and contact information of the veterinarian who performed the immunization;
8. the reimmunization interval specified in the product monograph of the vaccine;
9. name and code of the vaccine;
10. date of the immunization;
11. whether the immunization was a primary vaccine or a booster;
12. date the animal is to be re-immunized; and
13. the number of the rabies identification tag issued to the animal.

When an animal cannot be immunized for a medical reason, the veterinarian must issue a signed
Statement of Exemption From Rabies Vaccination to the client, stating the reason for the exemption. A
copy must be retained in the medical record.

**Practice Snapshot**

*A client presents with her dog for an annual physical examination. The veterinarian administers a
rabies vaccination. The dog has an anaphylactic reaction to the vaccination. Therefore, the
veterinarian determines that the dog should no longer be vaccinated for rabies and issues a
signed Statement of Exemption From Rabies Vaccination to the client. A copy of this exemption is
retained in the medical record.*

In this scenario, the veterinarian has found a medical reason for why the dog should not be vaccinated
for rabies. This decision is acceptable as long as there is a Signed Statement of Exemption From Rabies
Vaccination that clearly outlines the veterinarian’s reasons. This exemption must be provided to the
client and a copy retained in the animal’s medical record.

**Biting Incidents and Reporting**

Under Regulation 557, veterinarians are required to report to the local Medical Officer of Health
knowledge of any bites and/or contact incidents by an animal that may result in rabies in a person. A
veterinarian uses his/her professional judgement and knowledge of how rabies is transmitted to assess
if there is a need to report. A veterinarian is not required to assess the likelihood of rabies disease in the
biting animal.

For example, transmission can occur with a bite or scratch that results in an open wound or in other
situations where there is contact between an animal’s saliva, cerebral spinal fluid or brain tissue through
either an open wound or mucous membranes. All of these situations in which rabies virus transmission
to persons could occur must be reported. Animal blood or urine does not serve as a vehicle for the
transmission of rabies virus.

An animal’s rabies vaccination status, clinical history, behaviour, and current health status does not
preclude the legal requirement for a veterinarian to report a bite or other contact that may result in
rabies. As a result, even provoked bites by fully vaccinated animals should be reported under Regulation
557.
Reflective Practice Exercise

What are the veterinarian’s responsibilities when administering a rabies vaccine?

Consider the specific requirements for:
- client communication
- documentation
- record retention

What are the practice expectations when establishing and managing a rabies program?

Consider the veterinarian’s:
- accountability to the College
- accountability to local veterinarians
- the required co-operation with local public health officials
- the responsibility to manage adverse effects

What information must be documented on the Certificate of Immunization?
1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________
4. ____________________________________________________________
5. ____________________________________________________________
6. ____________________________________________________________
7. ____________________________________________________________
8. ____________________________________________________________
9. ____________________________________________________________
10. ____________________________________________________________
11. ____________________________________________________________
12. ____________________________________________________________
13. ____________________________________________________________

Pain Management

Attention to the prevention and relief of animal suffering is a cornerstone of ethical and humane veterinary care. The obligation to attend to the prevention and relief of pain applies in all cases, medical
or surgical, where the potential for pain exists. Withholding appropriate analgesic therapy should not be viewed as a justifiable means for reducing treatment costs.

Veterinarians should deliver appropriate pain management as a requisite therapeutic component in keeping with current, species-specific standards of care and knowledge.

**Practice Snapshot**

A dog owner calls the veterinary clinic to obtain pricing for a mature dog ovariohysterectomy. The veterinarian explains the procedure and outlines the costs. Included in the costs is the administration of analgesic therapy. The client wants to decline the pain medication to save money. The veterinarian explains to the client that surgical procedures are painful for the animal, and it is the veterinarian’s duty to relieve animal pain, and that it is inhumane not to provide pain control. Therefore, refusing pain medication is not an option.

**Practice Snapshot**

A client who owns a beef herd has requested the veterinarian’s advice about dehorning his calves. The veterinarian explains that dehorning the calves when they are young is the best option. The veterinarian also explains that pain medication needs to be given at the time of dehorning “to promote animal health and welfare” and to “relieve animal suffering.”

Because pain management is different for each species of animal, veterinarians are professionally obligated to maintain their knowledge, skill and judgment about current, effective, safe pain management protocols that are relevant to a particular species and, if needed, to seek consultation.

**Reflective Practice Exercise**

**What impact would appropriate communication have on the above scenarios?**

Consider the:
- informed consent process
- timing of the communication
- support materials that would enhance communication with the client

**Delegation**

Delegation occurs when a veterinarian, following an assessment of an animal(s), determines that a member of the veterinary team, who is not a veterinarian, is competent to perform a veterinary task under his/her supervision. Delegation must only occur when the best interest of the animal(s) is not
compromised. At all times, the veterinarian remains accountable and responsible for any care provided to an animal under delegation. Safe, quality care must not be compromised by the delegation. Veterinarians are responsible for the conduct of his or her auxiliaries and for the suitability and quality of the performance of their acts.

Veterinarians must only delegate tasks within an established VCPR.

**Practice Snapshot**

A dog owner calls and speaks with the veterinarian who informs her about a needle aspiration laboratory result. Several hours later, the dog owner calls back with additional questions related to the prognosis of the animal. The veterinarian is unavailable but the receptionist, on recognizing that the client is extremely upset, passes the phone to the veterinarian technician. The veterinarian technician explains to the client that she will have to speak with the veterinarian to obtain the information she seeks.

*Should the veterinary technician obtain delegation from the veterinarian to answer the client’s additional questions about the dog’s prognosis?*

In this situation, the veterinary technician was correct in telling the client that she would need to consult with the veterinarian. The veterinary technician could ask the client what specific questions she has. The veterinarian could then answer the questions through the technician until he has time to talk directly to the client. Note that the technician would be engaging in the practice of veterinary medicine by not conferring with the veterinarian before answering the client’s questions.

**Delegation Parameters**

Under Regulation 1093 and as published in College policy, there are restrictions to delegation and parameters that veterinarians must follow to reduce the risk of harm to animals.

Veterinarians may not delegate the acts of diagnosis, prognosis, prescribing or performing major surgery.

A veterinarian must only delegate a task(s) where doing so does not increase the overall risk of harm to the animal(s) or herd(s). He or she should determine that a task, when performed under delegation, is as safe and effective as if performed by a veterinarian. A veterinarian must not delegate a task that he/she is not competent to perform personally.

A veterinarian must also disclose if auxiliaries or other veterinarians may provide some or all of the care of the animal(s) to the client, and obtain informed client consent.

**Level of Supervision**

When delegating activities or procedures to an auxiliary, the veterinarian determines the level of supervision required for the service, considering all circumstances including the:
• nature of the task(s);
• The degree and nature of the risks and side-effects to the animal associated with the task(s).
• The location, facilities and safeguards available to the team member when performing the task(s).
• The veterinarian’s awareness of the knowledge, skills, training and judgement of the team member.

A veterinarian must supervise the performance of an auxiliary’s task in one of the following methods, whichever is appropriate in the circumstances:

1. Immediate supervision, where the member is on the same premises as the auxiliary and can see and hear the auxiliary perform the task.

2. Direct supervision, where the member is on the same premises as the auxiliary and, although not present to see and hear the task being performed, is accessible to the auxiliary in a timely and appropriate manner.

3. Indirect supervision, where the member is not on the same premises as the auxiliary while the task is being performed but where the member,
   i. communicates appropriately with the auxiliary before and after the auxiliary performs the task, and
   ii. is accessible to the auxiliary in a timely and appropriate manner while the task is being performed

**Individual Competence and Professional Accountability**

A veterinarian must identify a member of the team who has the appropriate education, skills, training and/or experience necessary to perform the task as competently and safely as a veterinarian. The veterinarian must not assume that the auxiliary has the knowledge, skill and judgement required to perform the task. The delegating veterinarian must assure himself/herself that the auxiliary can perform the task competently and safely.

**Practice Snapshot**

*A client asks his veterinarian about dehorning some calves during a herd health visit. The veterinarian looks at the calves and asks the client if her technician can come next week to do local nerve blocks and dehorn the calves via electrical cauterization. The technician arrives the next week and dehorns the calves. The owner remembers there are a few older calves in another pen that need dehorning. The technician looks at the older calves and explains that they will require the veterinarian to be present and that the veterinarian can dehorn the older calves at the next herd health visit.*
The technician completes the task for the specific calves that the veterinarian agreed to dehorn. The technician did not complete the additional dehorning that was not directed by the veterinarian. In this situation, the client was given the opportunity to decline having an auxiliary perform the procedure.

Reflective Practice Exercise

Describe a time when you or another veterinarian asked an auxiliary staff to perform an activity. Who was involved in the situation? What type of animal (e.g., companion, food-producing, equine) was involved? What activity was delegated to the auxiliary staff? What was the veterinarian’s responsibility in this situation?

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What was the level of supervision provided in this situation? Explain the parameters of the required supervision.

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Describe the communication with the client. Do you think informed consent was obtained from the client for the involvement of the auxiliary staff?

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What, if anything, would you do differently?

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Complementary and Alternative Veterinary Medicine

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 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) chiropractic care, physiotherapy, rehabilitation therapy, massage therapy, homeopathy, acupuncture and nutraceutical therapy.

**Individual Competence**

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.

**Veterinarian Professional Responsibility and Accountability**

Veterinarians must adhere to all of their usual practice expectations when initiating and/or providing alternative veterinary medicine, including establishing a VCPR, obtaining informed consent and maintaining documentation. Veterinarians who utilize complementary and/or alternative treatments, therapies or modalities may not refer to themselves or to their auxiliaries with the protected titles of human health professionals (e.g., physiotherapist, chiropractor).

It is the position of the College 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 VCPR.

The College 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 independently seek and obtain alternative or complementary services for their animal from non-veterinarians without the knowledge of the veterinarian or against the veterinarian's medical advice do so at their own risk. The College considers unsupervised and/or undirected or uncoordinated services by a non-veterinarian to be the unauthorized practice of veterinary medicine.

**Practice Snapshot**

> A client asks her veterinarian about the option of chiropractic treatment for her mini dachshund’s back problems. The veterinarian recommends a human chiropractor who has taken additional training in animal chiropractic care.

In this situation, the veterinarian is fully responsible for assessing the health of the animal and reviewing the qualifications of the non-veterinary provider of chiropractic care. The veterinarian needs to establish a plan of care and obtain informed client consent for the services to be provided. 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. The veterinarian holds professional accountability to ensure safe and competent care when he/she delegates a chiropractic procedure.

If the veterinarian advises a client against pursuing alternative and/or complementary therapies, treatments, or modalities and he/she chooses to pursue them, 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.

**Practice Reflection Exercise**

Describe a veterinarian’s responsibility when offering and providing complementary and/or alternative medicine.
Describe a veterinarian’s responsibilities when referring to a regulated human-health professional for services related to complementary and/or alternative medicine.

Compounding Veterinary Drugs

Compounding is the combining or mixing together of two or more ingredients (of which at least one is a drug or a pharmacologically active component) to create a final product in an appropriate form for dosing. It can involve an Active Pharmaceutical Ingredient (API) or the alteration of the form and strength of commercially available products. It can include reformulation to allow for a novel drug delivery (e.g. Transdermal). Compounding does not include mixing, reconstituting or any other manipulation that is performed in accordance with the directions for use on an approved drug’s labeling material.

Because Health Canada has not approved compounded drugs, they are distinct from those that have completed the rigorous testing and government approval process. Prescribing a compounded drug requires the veterinarian to assume full and total responsibility for the quality, stability, safety, efficacy and potency of the product.

Drug compounding is an accepted veterinary practice and, in certain cases, a properly compounded prescribed drug may be an appropriate and effective treatment, but veterinarians must recognize the potential risks. In general, practitioners must ensure that the products do not inflict harm on an animal; are not associated with therapeutic failure originating from drug interaction or deficient product potency; or cause residues in food products or reduced performance.

In Ontario, no individual other than a licensed veterinarian or pharmacist may compound drugs for administration to animals.

When is compounding appropriate?

The Canadian Veterinary Medical Association (CVMA) has developed a decision cascade (Therapeutic Decision Cascade for Animal and Public Safety) that veterinarians may consider when deciding whether or not it is appropriate to use a compounded product for a specific animal. The following decision-making hierarchy may be beneficial for determining when the use of compounded drugs might be appropriate.

1. Prescribe approved veterinary products, according to label directions.
2. Prescribe approved veterinary products in an extra-label manner.
3. Prescribe approved human products in an extra-label manner.
4. Prescribe compounded products that have been prepared from other approved products.
5. Prescribe compounded products prepared from active pharmaceutical ingredients (API).

Under Health Canada’s Emergency Drug Release program, veterinarians may import and use drugs approved in other jurisdictions in emergency situations. Veterinarians, though, may not prescribe or prepare compounded products to circumvent drug-approval processes. Any drugs banned for use in food-producing animals may not be used in compounded products for these animals.

If the ingredients in a compounded product include a controlled substance, the compounded product is deemed to be a controlled substance and all relevant regulations apply.

Informed Consent

A veterinarian initiates a discussion with the client to determine the client’s permission or refusal to use a compounded drug and obtain written consent for using the compounded drug. A veterinarian ensures that the client understands that the:

- drug is not approved (i.e., has not gone through the rigorous and thorough government approval process);
- efficacy of the drug is not necessarily known;
- any risks that may be incurred when handling the product; and
- any commonly expected side effects that the animal may demonstrate.

When client consent is not required

Many practitioners routinely administer compounded drugs to animals they are treating either in a hospital or from a mobile unit. Examples include:

- IV ketamine/diazepam for the induction of general anesthesia;
- diluted narcotics for pain control;
- diluted dexamethasone for diagnostic tests; and
- combinations of a tranquilizer plus a narcotic for balanced sedation.

In these situations, separate client consent is not required as long as their use is in accordance with published data in referred journals, veterinary textbooks, or recommendations from recognized experts.

Issuing a Compounded Drug Prescription

In situations where a veterinarian writes a prescription for a compounded drug, the following information is to be provided:

- the name of the client;
- the identity of the animal or group of animals for which the drug is prescribed;
- the date of the prescription;
- generic product names, brand names (if applicable), strengths, and resulting concentrations of any drugs to be included in the compounded product;
- quantity of the created product;
• the directions for administration to the animal(s), including the amount, route, frequency and duration of treatment;
• any renewal instructions permitting refills of the prescription, including the mandatory interval between refills for controlled substances;
• any storage recommendations;
• a beyond-use date;
• the veterinarian’s name, address and licence number; and
• withdrawal times, if applicable.

Veterinarians should not prescribe or dispense a compounded product in the following situations:
• for growth promotion or performance enhancement;
• to circumvent legitimate drug-approval processes;
• when a component of the compounded drug is banned for use in food-producing animals; or
• to sell to third parties.

**Practice Snapshot**

*A veterinarian with a large animal practice is called to a farm for a group of cattle that are sick. After the appropriate examinations and diagnostics, the veterinarian determines a diagnosis. The veterinarian would like to prescribe a compounded drug to be dispensed by a local pharmacy. The veterinarian outlines all required information on the prescription, including withdrawal time for meat and milk. The veterinarian also explains the risks and benefits to the client, informing the client that the drug has not been tested or approved. The client provides informed consent for using the compounded medication.*

In this scenario, the veterinarian decides to use a compounded drug because there are no approved veterinary or human medications for treating the condition. In addition, the veterinarian can prescribe the compounded drug to be dispensed by a pharmacist as informed consent has been given.

**Reflective Practice Exercise**

*Have you prescribed a compounded drug?*

If yes, explain the situation.  
If no, explain a situation when you may prescribe a compound drug.

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*What factors influenced, or would influence the need to prescribe a compounded drug?*
Drugs (non-compounding)

Regulation 1093 section 33 outlines the requirements by which a veterinarian can administer, prescribe and dispense drugs. In 2018, the College is releasing Professional Practice Standards on both prescribing and dispensing. The following must be in place in order for a veterinarian to prescribe, dispense and administer drugs:

- An established VCPR must exist
- The veterinarian has recent and sufficient knowledge of the animal/group of animals by virtue of a history and inquiry and either physical examination of the animal or group of animals or medically appropriate and timely visits to the premises where the animal or group of animals is kept to reach a diagnosis/preliminary diagnosis
- The veterinarian believes the drug is prophylactically or therapeutically indicated
- The veterinarian is available in case of adverse reactions to the drug or failure of the therapy
- The veterinarian dispenses drugs only when working from an accredited facility

When a drug is administered or dispensed to food producing animals, the veterinarian is to advise their client of an appropriate withholding time for milk and meat.

Labeling information

A veterinarian who dispenses a drug shall mark the container, in which the drug is dispensed with,

(a) the name, strength and quantity of the drug;
(b) the date the drug is dispensed;
(c) the name and address of the veterinarian/veterinary facility;
(d) the identity of the animal or group of animals for which it is dispensed;
(e) the name of the owner of the animal or animals;
(f) the prescribed directions for use;
(g) the withholding times (for food producing animals);
(h) the Drug Identification Number (DIN);
(i) storage precautions;
(j) any toxic warnings or other precautions; and
(k) any other information required by legislation.

Except for a drug listed in Schedule 1 established under section 3 of Ontario Regulation 58/11 (General) made under the Drug and Pharmacies Regulation Act, the above requirements do not apply if the container in which the drug is dispensed is the original and unopened container in which the drug was packaged, the original label on the container has not been altered and the prescribed directions for use are the same as the directions for use on the original label.

The containers should be child-resistant where possible.

Medical Records Requirements

When drugs are administered, prescribed or dispensed, the following information is to be documented in the patient file:

- the name, strength and quantity of the prescribed drug;
- the Drug Identification Number (DIN);
- directions for use;
- the date the drug was dispensed;
- the price charged (generally found on the invoice); and
- the name of the prescribing veterinarian if it is not the same veterinarian who is dispensing the drugs.

Prescription information

When a veterinarian determines that a drug should be prescribed to a patient, a client is within their rights to request a written or oral prescription instead of the veterinarian dispensing the drug.

For written prescriptions, the following information is to be included:

1. The name, strength and quantity of the drug.
2. The name and address of the veterinarian.
3. The identity of the animal or group of animals for which the drug is prescribed.
4. The name and address of the client.
5. The prescribed directions for use (dose, route of administration, frequency, and duration).
6. The date the prescription is issued, including the day, month and year.
7. The withholding times if the prescription is for a food-producing animal.
8. The number of refills permitted, if any.
9. The veterinarian’s licence number issued by the College.

10. The veterinarian’s signature.

For further clarity, the following information is also required for prescriptions regarding medically important antimicrobials which are administered via feed:

- Animal production type;
- Weight or age;
- Type of feed;
- Total amount of feed or feeding period;
- Amount of drug used per tonne;
- Manufacturing instructions;
- Cautions; and
- CgFARAD # if applicable.

**Dispensing Information**

A veterinarian meets the professional standards for dispensing when:

- Dispenses drugs that are not past their expiry date or that will not likely expire before the prescribed course of therapy has ended.
- Dispenses a drug for resale only where the drug is dispensed to another veterinarian or a pharmacist, who are licensed in Ontario, in reasonably limited quantities in order to address a temporary shortage experienced by that other veterinarian or pharmacist.
- Advises the client of common side effects and serious risks associated with the dispensed drug.
- Advises the client of proper storage and handling of dispensed drugs.
- Disposes of drugs that are damaged or expired and unfit for dispensing, safely and securely and in accordance with any environmental requirements.
- Understands that he or she may not return to stock, re-sell, or re-dispense a drug that was previously sold or dispensed.

**Controlled Substances**

Veterinarians are authorized to prescribe, dispense, and administer controlled drugs. With that authority comes the responsibility to mitigate the risk of inappropriate or illegal access to controlled drugs. This responsibility includes the overall management of any controlled drugs used in a veterinary practice, including disposal.

“Controlled substances” is a general term used in this context to refer to drugs and substances as defined in the *Controlled Drugs and Substances Act* and its regulations.

Regulation 1093 specifies that a controlled substance can only be prescribed, administered or dispensed to an animal under a veterinarian’s care (valid VCPR) and that the controlled substance is required for the condition for which the animal is receiving treatment.
Secure Storage

Veterinarians are responsible for ensuring the security of controlled substances. Ontario Regulation 1093, Section 28 outlines the requirements for ensuring controlled drugs are stored securely at all times and that access to these drugs is restricted to veterinarians and qualified auxiliary staff only.

Record Keeping

In addition to recording the use of controlled drugs in an individual patient record, a controlled substances register/log is to be maintained. The log is to contain the following information:

1. The date the controlled substance is dispensed or administered.
2. The name and address of the client.
3. The name, strength and quantity of the controlled substance dispensed or administered.
4. The quantity of the controlled substance remaining in the member’s inventory after the controlled substance is dispensed or administered. O. Reg. 233/15, s. 20.

Controlled Drugs Audit

Mechanisms should be in place for both regular and random audits of controlled drug inventory. In the case of companion animal facilities, audits of controlled drugs are required on a weekly basis as per the Minimum Standards for Veterinary Facilities in Ontario. Veterinarians who practise in all other facilities are encouraged to engage in regular audits.

Veterinarians are required to report unreconciled loss or theft of drugs to the police immediately and to Health Canada within 10 days.

Expired, damaged and/or unusable controlled drugs, are to be destroyed using a process that follows federal regulations and any environmental requirements set out by federal, provincial and/or municipal jurisdictions.

Reflective Practice Exercise

Describe your plan for ensuring secure storage of controlled substances.
What is the rationale for ensuring secure storage of controlled substances and conducting a controlled drug audit?

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Veterinary Dentistry

Animal dentistry is an aspect of veterinary medicine and should, therefore, only be practised by a licensed veterinarian or experienced auxiliary.

Performing dentistry on animals falls within the scope of practice of veterinary medicine. The knowledge acquired during the course of veterinary training qualifies veterinarians to provide both preventive oral care and dental treatment to animals.

Dental care in veterinary medicine involves the assessment, diagnosis and treatment of diseases and disorders of the teeth and associated structures. Competent and safe performance of dentistry requires extensive knowledge of anatomy, anesthesiology, pharmacology, physiology, pathology, radiology, neurology, medicine and surgery.

Veterinary dentistry involves every aspect of oral health care procedures including but not limited to the cleaning, adjustment, filing, extraction or repair of teeth and treatment of or surgery to related structures (Canadian Veterinary Medical Association, July 2011).

Anyone who provides veterinary dentistry services in Ontario without the direction and supervision of a veterinarian is considered to be practise veterinary medicine without a licence. People who are not licensed veterinarians are only able to provide cosmetic teeth cleaning services, which is not considered to be veterinary dentistry. “Dentist” and “dental surgeon”, as defined in the Dentistry Act, are protected titles. Veterinarians should not use these or any similar titles in reference to themselves (e.g., veterinary dentist, equine dentist).

A veterinarian who provides dental services to any animal(s) meets the Professional Practice Standard: Veterinary Dentistry when he/she:

1. Diagnoses and determines a treatment plan through direct assessment of the animal. Includes or recommends radiography in the assessment as indicated.

2. Administers species and procedure appropriate sedation and/or general anesthesia in combination with appropriate analgesics.
3. Delegates a dental procedure under the following circumstances:

- the veterinarian is confident that the auxiliary staff has the education and experience to perform the procedure;
- the veterinarian is available on site to provide direct supervision to the competent auxiliary; and
- the veterinarian confirms that the delegated procedure was correctly performed by re-examining the entire oral cavity on completion of the procedure.

4. Does not delegate the examination of the teeth and/or oral cavity needed to make an assessment, develop a diagnosis and/or formulate a treatment plan.

5. Does not delegate extraction procedures.

6. Uses appropriate dental charting.

7. Performs routine dental procedures, when carried out in a veterinary hospital or clinic that are located in a permanent facility, in a room separate from surgical space.

**Practice Snapshot**

_A veterinarian examines a four-year-old male shih tzu. The dog requires a dental cleaning, and an appointment is booked. On the following day, an experienced technician in the practice performs the dental cleaning procedure. The technician determines that the dog has a molar requiring extraction. When the technician asks the veterinarian for advice, the veterinarian tells the technician to leave that tooth until she is free to assess further. The technician can proceed with further cleaning but cannot be delegated to do the extraction._

In this scenario, the veterinarian must perform the extraction if it is needed. The technician is only allowed to carry out dental cleaning.

**Reflective Practice Exercise**

Describe the appropriate involvement and/or role of auxiliary staff when providing veterinary dentistry.

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What are the veterinarian’s professional and ethical responsibilities when performing veterinary dentistry?

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Ordering Lab Tests

In veterinary medicine, diagnostic laboratory tests can be a critical component of the diagnostic and/or treatment process. Veterinarians provide diagnostic laboratory testing either with in-house diagnostic laboratory equipment or by sending tests to an external laboratory or a combination of the two.

Veterinarians meet the College’s Professional Practice Standard: Diagnostic Laboratory Testing when they:

- establish a VCPR before ordering or conducting tests;
- require the test results as part of a preventive health maintenance program or to formulate a diagnosis and/or treatment plan;
- interpret the results and ensure that the results are communicated to the client;
- implement and regularly document a quality control process for each piece of in-house laboratory equipment; and
- establish for all testing done by external laboratories, relationships with diagnostic laboratories that are accredited by a recognized organization that inspects and accredits diagnostic laboratories.

Practice Snapshot

A client calls to get medication for heartworm prevention for a dog he has adopted from an animal rescue. The dog was in last week for a lameness work-up and has been on medication for pain control. The veterinarian explains to the client that the dog needs to come in for a blood test before starting the medication. The veterinarian used an accredited laboratory to perform the test. The test shows no evidence of heartworm but does indicate that the dog has Lyme disease. The veterinarian calls the client to communicate the results and treatment plan.

In this situation, the veterinarian has established a VCPR and explained the requirement of testing before prescribing and dispensing the required medication. The veterinarian used an accredited laboratory to perform the test and communicated the results and treatment to the client.

Laboratory Testing Facilities

Veterinarians have several choices to determine the way in which diagnostic laboratory testing will occur. They may:

- establish a relationship with an external laboratory;
- establish an in-house facility with the necessary equipment, and the veterinarian has developed the necessary protocols and skill; or
- set up a combined in-house and external service.

For veterinarians who establish in-house facilities, they must implement and document quality control
processes for each piece of in-house laboratory equipment. Reviewing the quality control process results, veterinarians should determine the accuracy of the results and consider factors which may affect the results (e.g., sensitivity, specificity, predictive values of positive test, confidence intervals). Where a facility performs in-house laboratory testing, the facility must demonstrate evidence that internal and external controls are run with sufficient frequency that results can be accepted as accurate.

Reflective Practice Exercise

Explain the veterinarian’s professional responsibilities when ordering laboratory tests.

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Explain the veterinarian’s professional responsibilities when he or she establishes an in-house diagnostic facility for laboratory testing.

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Telemedicine

A veterinarian meets the Professional Practice Standard: Telemedicine when he/she:

1. Understands that a veterinarian-client-patient relationship is established via telemedicine in the same circumstances as when the relationship is established in-person.

2. Understands that practising veterinary medicine via telemedicine is only permitted in the context of a valid veterinarian-client-patient relationship.

3. Understands that telemedicine is a method or mode of delivering veterinary medicine, rather than a new model of practice. Further, a veterinarian’s existing legal and professional obligations are not altered when veterinary medicine is provided via telemedicine.

4. Employs sound professional judgment to determine whether using telemedicine is appropriate in particular circumstances each and every time he or she considers practising via telemedicine, and only provides advice via telemedicine to the extent that it is possible without a physical examination. In doing so, a veterinarian must consider whether practising via telemedicine will enable him or her to satisfy all relevant and applicable legal and professional obligations, and meet the expected standard of care in any specific case. He or she does not substitute telemedicine technology for a physical examination when a physical examination is necessary, and where he or she could not thereby make an appropriate diagnosis or create a treatment plan.
5. Accepts that he or she cannot prescribe drugs when practising via telemedicine alone, unless the veterinarian has recent and sufficient knowledge of the animal or group of animals by virtue of a history and inquiry and either physical examination of the animal(s) or groups of animals or medically appropriate and timely visits to the premises where the animal or group of animals is kept to reach at least a general or preliminary diagnosis.

6. Practises veterinary medicine via telemedicine only in association with an accredited facility.

7. Ensures that the client is aware of the veterinarian’s location, licensure status and the privacy and security issues involved in accessing veterinary care via telemedicine.

8. Ensures that he or she safeguards a client’s privacy when practising via telemedicine by taking appropriate precautions and confirming that the technology and physical setting being used by the veterinarian and client have adequate security protocols in place to ensure compliance with the veterinarian’s legal and professional obligations to protect clients’ privacy and confidentiality.

9. Ensures that the technology used with respect to practice via telemedicine is of sufficient and appropriate quality to ensure the accuracy of remote assessment.

10. Ensures that information that is collected when a veterinarian practises via telemedicine becomes a part of the medical record. Maintains all applicable aspects of record keeping, outlined in the College’s regulations and standards.
Chapter 2 Resources

College Documents

These resources can be accessed from the CVO Website. Click “list view” to sort resources alphabetically.

- Professional Practice Standard: Rabies
- Legislative Overview: Rabies
- Request for Authorization of a Rabies Program
- Pain Management Position Statement
- The Practice of Complementary and Alternative Veterinary Medicine Position Statement
- Professional Practice Standard: Delegation
- Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice
- Guide to the Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice
- Professional Practice Standard: Prescribing a Drug
- Professional Practice Standard: Dispensing a Drug
- Professional Practice Standard: Extra-Label Drug Use
- Professional Practice Standard: Management and Disposal of Controlled Drugs
- Guide to the Professional Practice Standard: Management and Disposal of Controlled Drugs
- Patch-For-Patch Fentanyl Return Program – Fact Sheet
- Professional Practice Standard: Veterinary Dentistry
- Professional Practice Standard: Diagnostic Laboratory Testing
- Professional Practice Standard: Telemedicine
- Guide to the Professional Practice Standard: Telemedicine

Legislative References

Review the applicable legislation from the CVO website

Minimum Standards for Veterinary Facilities in Ontario
Chapter 3: Information Management

The complete medical record is a compilation of all information that pertains to the care of an animal or a group of animals. It represents the veterinarian’s thought process, decisions, judgment, actions and interactions with others (e.g., clients, colleagues, other caregivers, service providers such as specialists and laboratories) who have an impact on patient outcomes. The medical record is also a communication tool that facilitates the continuity of care for patients both within and between veterinary medical-care teams. A quality record is therefore fundamental to quality practice. The College’s Professional Practice Standard: Medical Records itemizes the essential elements of a quality record.

Documentation Requirements

Veterinarians are expected to create and maintain records that are accurate, complete and appropriately detailed, as well as comprehensible, organized, secure and appropriately accessible. All aspects of the record must be clearly identified with the client and patient details.

All entries must be:

- dated and initialed; and
- made as soon as possible after interacting with the client, seeing the animal or receiving new information.

Records provide a comprehensive timeline of services to support continuity of care, and demonstrate the veterinarian’s actions and accountability in managing the care. Signing or attesting the record assigns responsibility and authorship for an activity.

Identification

Veterinary medical records are required to have patient, client and emergency contact information. This should include:

- animal, flock or herd identification, with name(s) or ID number, group number or other unique identifier;
- descriptive information about the animal (or group of animals) adequate to distinguish it, with species, breed, age, markings/colour, sex and whether altered or intact, as appropriate; and
- client name, address, phone number(s), email address; and
- an emergency contact name, phone number and the authority for decision-making when an animal, flock or herd is under the care of the veterinarian without the owner being present.

Client and patient identification is to be on all components of the medical record (including all pages and on both sides of each page). A unique identification number for each patient that links to the client identification record can be used instead.
**Practice Snapshot**

A cat is admitted to a hospital for an ovariohysterectomy. The client’s contact information is documented on the client consent form. During surgery, an anesthetic complication arises that results in resuscitation efforts. The animal declines and progresses to a critical state. The veterinarian phones the client but there is no answer.

Documenting alternative contact information and noting who has the authority to provide financial and/or treatment consent supports timely access to care in an emergency situation.

**Correcting an Error**

Entries are permanent such that content cannot be changed or deleted without the original entry remaining legible. Erasing or making illegible any part of a medical record risks eliminating the historical fact of the record entry. When a record is changed, the original entry remains intact.

A correction must:
- ensure the original information is legible or retrievable (when in electronic form);
- note the date of the change, the initials or the name of the person making the change; and
- include a notation explaining the reason for the change.

It is sufficient to strike a line through incorrect information in paper based records. Electronic records should establish an audit trail that documents the change and retains the original information.

**Components of a Medical Record**

A complete record contains many components including, but not restricted to, client information sheets, radiographs/digital images, laboratory data, surgical/anesthetic monitoring sheets, logs, communication (e.g., correspondence, phone logs), certificates, consent forms, photographs, protocols, client education materials, fee estimates and invoices.

Records should clearly document all client and patient interactions including the following information:

**Assessment**

- the presenting complaint and history
- vaccine history (companion animal)
- physical examination - detailing systems assessed
- differential diagnoses
- diagnoses
- diagnostic results and interpretations
Treatment plan

- details of all drugs and biologics administered, dispensed or prescribed
- medical intervention notes
- detailed descriptions of surgeries performed and anesthetic procedures completed

Advice

- Advice given to clients, which includes recommendations on diagnostic testing and medical treatment options, and discharge instructions, client education, or other instructions;
- details of phone call, email and other correspondence with clients;
- documentation on whether the advice was given in person, in writing, by phone, through voicemail or in electronic format, along with the date/time of communication, names of all parties involved and a summary of the discussion;
- details of refusal of treatment including the rationale for the refusal; and
- advice in communication logs, plans, re-checks, follow-up calls, etc., is noted as appropriate.

Informed consent

- documentation of consent indicates an understanding by the client of the risks and benefits associated with any treatment or procedure, and his or her agreement to proceed with the treatment plan.
- all consent is documented, whether written or oral; and
- copies of written consent when required or needed, are in paper or electronic format.

Written consent form

Regulation 1093 only specifies that written consent is required for surgical procedures on companion animals. However, it is best practice to obtain written consent when a procedure or treatment presents significant risks (e.g. complex cases and higher risk procedures).

Invoices

Fees for vaccines and other pharmaceuticals are itemized separately from fees for professional services.

Other reports, including but not limited to:

- rabies vaccine certificates;
- export certificates;
- referral letters to and/or from others;
- insurance forms;
- estimates for services; and
- health certificates.
Radiograph logs

A radiographic log must include the date each radiograph was taken, the identification of the animal and the client, the area of the body exposed to the radiation, the number of radiographic views and the radiographic settings.

Surgical Records

Detailed descriptions of surgeries performed and anesthetic procedures completed.

Drug administration

- Details of all drugs and biologics administered, dispensed or prescribed, as well as controlled substances logs required under federal law.
- Controlled substance logs include documentation of the drugs received, how they are used and the remaining balance.
- Patient and client information in logs.

As a further note, veterinarians who dispense drugs must maintain a system for filing the records of the purchase and dispensing of the drugs, keep a record of every purchase of a drug, and must document the following information:

- the date of the purchase;
- the name, strength and quantity of the drug;
- the name and address of the person from whom the drug was purchased or received;
- the purchase price; and
- in the case of a controlled substance or targeted drug, the signature of the member who made the purchase.

Practice Snapshot

A veterinarian wishes to administer a controlled substance to a client’s animal. The veterinarian removes the desired amount of the substance from a secure and locked storage area, and records the amount of drug taken, the name and address of the client, the date of dispensing and the balance remaining. The veterinarian prepares a drug label with all required information and dispenses the drug to the client.

In this situation, the veterinarian meets all of the documentation requirements.

DAP and SOAP Format

A data-assessment-plan (DAP) or subjective-objective-assessment-plan (SOAP) format is used for documenting medical assessments or examinations. These record keeping formats facilitate the creation
of complete and consistent records, and allow for the ready transfer of files between facilities and practitioners.

**Retention and Release of Records**

**Retention of Records**

Records are “accessible” when all components are easily retrievable either in hard copy or an electronic copy. Electronic records must be able to be printed in their entirety. Veterinarians are required to maintain a patient’s record for a period of five years after the last entry has been made or two years from the date that the practice closes.

Retiring members or those closing a facility must ensure that their medical records are available. They must inform clients, the College and others who may require their records as to how the records can be accessed.

**Release of Records**

It is expected that all components of the record are easily retrievable and that electronic records can be printed in their entirety. There are situations in which a veterinarian will be required to release a medical record within a reasonable timeframe either to a client or another veterinarian. A request may be made for a copy of the entire medical record or for specific parts of the medical record that are relevant to an animal’s ongoing care.

**Releasing records to a client**

A client has the right to access a copy of their animal’s medical record as the information contained in the record belongs to the client. It cannot be withheld for any reason. The veterinarian may charge the client for expenses incurred in the preparation of the required copies or summaries, including costs associated with duplication (photocopying a paper record or making copies of radiographs), courier and postage fees, and other related items. The expenses charged, however, must be reasonable and should not obstruct the efficient and timely release of information contained in the medical record.

**Releasing records to another veterinarian**

Upon request by another veterinarian treating an animal – without requiring explicit consent of the client (implied consent is valid in these circumstances) – medical records are to be released within 2 business days.

**Releasing without consent**

Medical records and other confidential information are released without client consent only when:

- reporting suspected abuse to the OSPCA; or
- providing records subpoenaed by warrant; or
• trying to locate, identify or notify, the apparent owner of the animal; or
• protecting the rights of the apparent owner, or enforcing a law with respect of the animal, where it appears that the animal is not owned by the person who has presented the animal for treatment; or
• helping to prevent or assisting in the treatment of a person with a disease or a physical injury; or
• responding to another veterinarian’s request for information to facilitate and coordinate patient care; or
• When requested by the College of Veterinarians.

Confidentiality and Privacy

Veterinarians ensure the physical security of on-site records by using controls such as locked filing cabinets, restricted office access and computer log-out protocols when leaving the office.

When moving from a paper to an electronic record, veterinarians ensure the physical security of original paper copies by encrypting, converting and logging them as electronic records, setting them in read-only formats and verifying them for accuracy before destroying them.

Paper-based and electronic systems are “secure” when:

• access is restricted to authorized individuals;
• physical and visual access to paper-based and electronic records is restricted to veterinarians, authorized auxiliary staff and clients;
• paper-based records are stored in secure cabinets that are locked when not in use (fireproof cabinets are optimal);
• passwords are secure and changed on a regular basis;
• backups of electronic records are made and tested regularly, and stored off-site; and
• files stored in electronic equipment are encrypted, and the equipment is securely stored when in transport.

Veterinarians must ensure that the privacy of client information in their medical records is in accordance with all applicable legislation. Veterinarians may only collect personal health information that is necessary and pertinent to the purpose of the collection. Note that, unless otherwise permitted to do so by law, the collection, use and disclosure of personal information of the client can only occur with the consent of the client.

Veterinarians must also establish a process for destroying records in an appropriate manner and in accordance with legislated retention and destruction requirements. For example, veterinarians must destroy a record, both in electronic form and on paper, in a secure manner; that is, one that prevents anyone from accessing, discovering or otherwise obtaining the information (e.g., cross-shredding, incineration).
Practice Expectations

A veterinarian meets the *Professional Practice Standard: Medical Records* when he or she:

1. creates a record for each animal or group of animals in which a VCPR is established;
2. ensures records are accessible;
3. ensures each record provides an accurate, complete and up-to-date profile of the animal(s) to enable continuity of care;
4. ensures that, in situations in which a change to the medical record is required, an audit trail is established so that the original content is preserved and a record of the author and date/time is established, and changes to the original content are approved by the veterinarian;
5. establishes procedures and protocols to protect client confidentiality and safeguard records against loss, damage, unauthorized access or disclosure;
6. responds to or makes requests for and/or provides medical information in a timely manner that facilitates the continuity of care of an animal(s) between and among veterinarians;
7. responds within two business days to requests from clients or another veterinarian to transfer complete records;
8. maintains records for five years after the last entry is made; and
9. destroys records in a manner that protects client confidentiality.

Reflective Practice Exercise

List five key learning points from this chapter.

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________
5. ________________________________________________________________

How does this learning affect your practice?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What changes will you implement?

_____________________________________________________________________________________
_____________________________________________________________________________________
Chapter 3 Resources

College Documents

These resources can be accessed from the CVO Website. Click “list view” to sort resources alphabetically.

- Professional Practice Standard: Medical Records
- Guide to the Professional Practice Standard: Medical Records

Legislative References

- Review the applicable legislation from the CVO website

Minimum Standards for Veterinary Facilities in Ontario
Chapter 4: Professional Accountability

In the area of professional accountability, the College and veterinarians themselves share the responsibility and accountability for the self-regulation of the practice of veterinary medicine in the province.

The role of the College is to protect and serve the public interest by ensuring that veterinarians provide quality, competent and ethical services. The College consists of an elected Council made up of 13 veterinarians from across Ontario and up to five members of the public appointed by the Ontario government. Veterinarians are nominated and elected by their peers to serve a three-year term. Licensed members who are in good standing and reside or work in the electoral district are eligible to run for Council.

Unauthorized Practice

The College regularly receives information raising concerns about the possible practise of veterinary medicine by non-veterinarians. Section 11 of the Veterinarians Act (the “Act”) is clear that only a holder of a valid licence, issued by the College of Veterinarians of Ontario, can practise veterinary medicine in the province or hold himself or herself out as a veterinarian. The purpose of restricting the practice of veterinary medicine to registered veterinarians only is for public protection given the highly skilled and highly technical nature of the profession. Such protection assures that safe, quality veterinary medicine is provided to animals.

The College’s principal object is to regulate the practice of veterinary medicine in Ontario and to govern its licensed members so that the public interest may be served and protected. This is to assure the delivery of safe veterinary medicine by licensed veterinarians meets the expected standard of practice. When an unlicensed individual or an organization is believed to be engaging in the practice of veterinary medicine and it is reported to the College of Veterinarians of Ontario, the College will investigate. Where the results of the investigation clearly demonstrate evidence of a violation of section 11 of the Veterinarians Act, the College will issue a cease and desist notice and request confirmation that the offending individual or organization will cease to perform the activity or activities at issue. When an individual or an organization is non-compliant with a cease and desist notice, the College may proceed with legal action through the Ontario court system.

Penalty If the unauthorized practice of veterinary medicine by an unlicensed individual or organization is proven in court, the following penalties may apply:

- first offence is a fine of not more than $15,000
- each subsequent offence is a fine of not more than $30,000

The unauthorized use of veterinary titles, terms or descriptions may also result in a penalty:

- first offence is a fine of not more than $5,000
• each subsequent offence is a fine of not more than $15,000

These penalties are payable to the Treasurer of Ontario, not to the College.

**College Processes**

The College is responsible for ensuring that veterinarians have met the educational requirements and standards of qualification to become licensed to practise veterinary medicine in Ontario.

Holding a licence to practise in the province is a privilege and, as such, comes with ongoing responsibilities. The veterinarian’s responsibilities include:

- practising from an accredited veterinary facility;
- following the applicable legislation, regulations, standards of practice and College guidelines;
- maintaining the required knowledge, skill and judgment to provide safe, competent and ethical care;
- engaging in the Quality Assurance program; and
- completing the annual licensure renewal process by submitting to the College the renewal documentation, including a record of continuing education, declarations related to criminal and misconduct charges and findings, and fitness to practise, and paying the annual fees by November 30th of each year.

No one other than a veterinarian can practise veterinary medicine in Ontario. Veterinary medicine encompasses the assessment, diagnosis and treatment, including surgery, of all animal species other than humans.

The public can feel confident knowing that only those licensed by the College – regulated, highly trained veterinary professionals – can practise veterinary medicine. Any member of the public can check the Public Register to confirm that a veterinarian is a current licensed member.

**Change in Name and/or Contact Information**

If veterinarians change their home, work or email address, they are required by law to notify the College in writing within 30 days of the change. They must also include any updates to phone numbers. If veterinarians are changing positions, they must provide the end date of the position they are leaving and the start date of the new position.

Licensed members must practise veterinary medicine using the same personal name as listed on the Public Register, which is the name that appears on the member’s basic degree in veterinary medicine. If a veterinarian changes his or her name, he/she must submit an application form to the College Registrar with appropriate supporting documentation.

**Quality Assurance Program**
Veterinarians engage in a range of quality improvement activities that include workshops, webinars, online learning modules, consultations with the Practice Advice Service and continuing professional development (CPD) online tools. Council currently recommends that veterinarians engage in 150 hours of CPD activity over three years. Veterinarians annually report their CPD activity hours, and current statistics indicate voluntary completion of an average of 131 hours annually, well beyond that recommended by the College Council.

The College’s Quality Practice program promotes continuing competence and continuing quality improvement among Ontario veterinarians.

Statutory Committees

The College has several committees which support the work of Council. Committee membership includes veterinarians and public members. There are also non-Council member veterinarians appointed to serve on Committees.

Registration Committee

Under the Veterinarians Act, the Registrar issues licences to applicants who meet the licensing requirements. These applications are not reviewed by the Registration Committee. The Committee reviews requests from applicants whose applications do not meet the regulatory requirements and who may be seeking exemptions. The Committee endeavors to ensure public protection and equitable access to the profession. It is also responsible for the College’s jurisprudence examination.

Executive Committee

The Executive Committee proposes policy changes, makes recommendations to Council, identifies the need for the Registrar to launch an investigation, and reviews recommendations from Committees. It also reviews the results of the Registrar’s investigations and recommends appropriate resolution or disciplinary action.

Issues of a member’s fitness to practise or the impairment of a veterinarian (e.g., suspected substance abuse, mental health issues) are dealt with solely by the Executive Committee and separately from discipline.

Complaints Committee

The public, including clients, have the right to file a complaint with the College if they have concerns about the care provided by a veterinarian, or the actions or conduct of a veterinarian. The public trusts the College to address concerns about a veterinarian’s practice or conduct. The College oversees the professional conduct of Ontario’s veterinarians as it receives, investigates and acts upon matters brought to its attention.
The Complaints Committee investigates complaints about veterinarians related to the practise of veterinary medicine. A case may be presented to the Complaints Committee when a report is made to the College regarding a veterinarian’s practice or conduct.

Case decisions made from this process can include:

- closed with no action;
- closed as frivolous and vexatious;
- advice related to improving practice;
- seeking an agreement for remedial activity; or
- referral to the discipline process.

Mediated Resolutions Program

The College offers a voluntary and confidential program to resolve certain complaints. The Mediated Resolutions Program (MRP) provides an alternative means of resolving disputes; namely, mediation.

The goal of MRP is to resolve complaints in a manner that protects public interest while giving all parties the opportunity to participate in seeking a positive and constructive resolution. This approach focuses on quality improvement and education, not punishment. An independent mediator works with both parties involved to reach a resolution that satisfies the interests of all parties.

Discipline Committee

A Panel of the Complaints Committee or the Executive Committee reviews cases to determine if the Committee has concerns with the veterinarians’ actions or conduct. If the Committee identifies serious concerns with a veterinarian’s actions or conduct, it refers the case to the Discipline Committee.

At the Discipline Hearing, a panel of three to five appointed members, including at least one public member, hear the matter. Discipline hearings are generally open to the public. However, the Discipline Panel can direct that all or part of a hearing be held in camera (closed to public) to protect confidential matters.

Discipline decisions can or may include: reprimand, suspension, revocation, fines and any other remedial action that the Committee feels appropriate (e.g. mentorship, continuing education). In most circumstances the decision usually includes an element of costs awarded.

Accreditation Committee

The Accreditation Committee oversees the development and application of standards that ensure that a facility provides a safe, professional environment for veterinary care. The Committee also monitors trends in veterinary medicine and amends accreditation standards, when necessary, to keep up with technological changes in the profession.

Quality Assurance Committee
The Quality Assurance Committee is a standing committee and provides recommendations to Council with respect to the Quality Assurance program. The program includes continuing education, professional development, practice review and peer review.

**Reflective Practice Exercise**

**Explain the role of the College of Veterinarians of Ontario.**

_____________________________________________________________________________________
_____________________________________________________________________________________

**What are the requirements of the College’s Quality Assurance program?**

_____________________________________________________________________________________
_____________________________________________________________________________________

**What is the main role of the Registration Committee?**

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

**What is involved in the College’s review of a complaint or a report?**

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

**Minimum Standards for Veterinary Facilities**

Veterinarians in Ontario must practise from an accredited veterinary facility. The College’s Facility Accreditation program ensures veterinary facilities provide a professional environment and contain the essential equipment required for patient care. Veterinary facilities are inspected for specific equipment requirements, proper patient records, safe drug storage, a medical reference library, and orderly and sanitary premises.

The College inspects all Ontario veterinary facilities every five years. When facilities meet all requirements, they receive a Certificate of Accreditation. A facility must have achieved accreditation prior to operating as well as upon relocation, or a change in category or ownership.

Veterinarians must meet the minimum requirements described in the College’s *Minimum Standards for Veterinary Facilities in Ontario*. By meeting the accreditation requirements and supporting the inspection program established by the College, Ontario veterinarians demonstrate a commitment to safe, competent veterinary health care.

**Accredited Categories**
Each category has its own particular sets of standards tailored to suit the type of practice.

- Companion animal hospital
- Companion animal office
- Companion animal mobile office
- Companion animal mobile
- Companion animal emergency clinic
- Companion animal spay-neuter clinic
- Food-producing animal hospital
- Food-producing animal mobile
- Equine clinic
- Equine mobile
- Emergency Equine mobile
- Poultry Service
- Remote Area Companion animal mobile
- Specialty animal hospital - dentistry
- Specialty animal hospital - ophthalmology
- Specialty animal hospital - companion animal referral hospital

Reflective Practice Exercise

What is the purpose of the Facility Accreditation program?

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________
Chapter 4 Resources

College Documents

These resources can be accessed from the [CVO Website](http://cvo.com). Click “list view” to sort resources alphabetically.

- Licensure of Veterinarians in Emergency Situation Policy Statement
- Applicant Character Assessment Policy Statement
- Temporary Emergency Facilities Position Statement
- Radiation Safety – Legislative Overview
- Code of Ethics
- A Guide to the Accreditation Process – Information Sheet
- Quality Practice Program – Position Statement
- The Complaints Process – Info Sheet
- Unauthorized Practice Position Statement

Legislative References

- Review the applicable legislation from the [CVO website](http://cvo.com)