

# **ALBERTA VETERINARY MEDICAL ASSOCIATION**



**AB.VMA**  
Alberta Veterinary Medical Association

## **COUNCIL GUIDELINES**

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COUNCIL GUIDELINES  
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## **COUNCIL GUIDELINES FOR ASSOCIATING WITH NON-VETERINARIANS PRACTISING VETERINARY MEDICINE**

The Council of the ABVMA remains concerned about reported incidents of unlicensed individuals practising veterinary medicine contrary to the Veterinary Profession Act. This concern emanates from the fact that there is no protection for, or accountability to, the public for such activities. In some cases, these individuals have no recognized qualifications. The ABVMA will continue to enforce the Act but recognizes that enforcement is necessarily a “reactive” measure. The following summarizes a practical and proactive approach which Council recommends veterinarians follow with respect to this issue.

### **1. Position within the veterinary profession:**

- a) Be proactive and communicate as a profession and as individuals to each other, to our clients, and the general public that:
  - i) Veterinarians are currently the only people with the education and skills to make a diagnosis and prescribe treatment. This position must be very strenuously reinforced.
  - ii) Veterinarians are committed to protecting animal health and welfare.
  - iii) Veterinarians are committed to protecting the public’s interest in regards to animal health and welfare.
  - iv) Veterinarians in Alberta, with a few exempted cases, have exclusive scope of practise legislated by the Veterinary Profession Act which states “... no person except a Registered Veterinarian or Permit Holder shall engage in the practise of Veterinary Medicine”. A technologist, practising under the direction and control of a registered veterinarian, who is an active member of the Alberta Association of Animal Health Technologists (AAAHT), may practise certain aspects of veterinary medicine. Other exceptions deal with very specific cases.
- b) Recognize veterinary specialists and veterinarians with “special interests” within our profession.
  - i) Encourage practitioners to refer cases to specialists registered in Alberta.
  - ii) Encourage veterinarians to develop areas of special interest that have demonstratable value to the animal patient and to become properly equipped to handle referrals from colleagues.
  - iii) With the assistance and guidance of the ABVMA, encourage veterinarians who develop these special interests to communicate to other veterinarians that they are equipped and are willing to take referrals.
- c) Encourage ABVMA members to work with qualified and/or certified technicians.

## **2. Position Regarding Liaison with Other Professionals:**

- a) Even though the Veterinary Profession Act in Alberta grants, with a few exemptions, veterinarians the exclusive right to engage in the practise of veterinary medicine, the ABVMA recognizes a need for our members to access other occupational groups and use the expertise of those groups in the practise of veterinary medicine for the betterment of animal health and welfare. The ABVMA would endorse consultation with these groups if the following criteria are met:
  - i) The registered veterinarian:
    - a) Employs these groups only as consultants and only allows them to work under direct supervision or with written directive performing specific tasks or therapies in the management of a particular case.
    - b) Maintains a proper Veterinary/Client Relationship, i.e. the veterinarian assumes ultimate responsibility for the case and any treatment administered and is responsible for on-going communication with the non-veterinary professional.
    - c) Makes the diagnosis and determine the course of treatment.
    - d) Is responsible to ensure that the consultant has the expertise appropriate to benefit the animal's health and welfare. Where possible the consultant should have valid animal training. Members should refer to current ABVMA pre-approved courses with respect to training in complementary and alternative therapies.
    - e) Is responsible to see that appropriate malpractice and liability insurance is in place for each specific case. It is recommended that an acknowledgment be signed by the consulting professional identifying that professional liability coverage, with no exclusion for animals, is in place and will be maintained over the course of the treatment of the animal.
  - ii) The Occupation Group:
    - a) Has legislative authority to exist and have Regulations and By-laws governing its affairs.
    - b) Serves to protect the public against incompetence and fraud.
    - c) Represents an identifiable profession or occupation based on science.
    - d) Has an approved educational program in place that serves as the minimum requirement to gain entry to the group.

- e) Has a requirement for continuing education so its members maintain an appropriate level of expertise.
  - f) Has an elected governing body.
- b) In the future, the ABVMA recognizes that once confidence and expertise is established that some groups or individuals may advance from a consultative capacity to a referral capacity. A referral system implies that the right to make a diagnosis and determine the course of treatment would be transferred to the referral practitioner. To have a referral system put in place the other group must have legislative authority to practise on animals, must grant permission to its members (or selected members if extra training is required) to practise on animals, and must keep its members credible and accountable to the public in the delivery of veterinary services. No provision for a referral system is contemplated at this time.

SUPPLEMENTAL INFORMATION

**PROFESSIONAL LIABILITY INSURANCE WAIVER**

I, \_\_\_\_\_, declare that I have professional liability coverage  
(name of non-veterinary professional)

in place, with respect to the treatment of animals, and that this coverage will remain in place throughout  
the course of treatment of the following animal as directed by the supervising veterinarian,

Dr. \_\_\_\_\_ .

Animal name/I.D.: \_\_\_\_\_

Species: \_\_\_\_\_

Owner Name: \_\_\_\_\_

\_\_\_\_\_  
Signature (non-veterinary professional)

\_\_\_\_\_  
Signature (supervising veterinarian)

\_\_\_\_\_  
Signature (witness)

\_\_\_\_\_  
Date

**(EXAMPLE)**

## **COUNCIL GUIDELINES REGARDING PRESCRIBING, DISPENSING, COMPOUNDING AND SELLING PHARMACEUTICALS**

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

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

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

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

### **□ ABVMA Council Guidelines for Veterinarians Prescribing Drugs**

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

- All drugs or substances listed in Schedule F, Part 1 of the Food and Drug Regulations;
- Any other Antimicrobials;
- Any modified live virus vaccine;
- Any drug or medication used in an extra-label manner or which has been removed from its original packaging.
- Any drug or substance listed in the Schedules to the Controlled Drugs and Substances Act.

Prescribing treatment for animals by the use of various drugs is a cornerstone of veterinary practice. The term "veterinary-client-patient relationship" as defined in s. 21.2 of the General Regulation to the Veterinary Profession Act outlines the conditions that must be met for a practitioner to prescribe treatment, including treatment that involves the prescription of the aforesaid drugs. A summary of the conditions that must be met are as follows:

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

- The veterinarian is responsible for providing medical care for the animals in question;
- The owner of the animals has agreed to follow the veterinarian's directions in regards to the treatment;
- The prescription shall be specific in regards to the identification of the animals to be treated, the drug to be used, the dosage, time duration, the quantity required and the number of refills allowed;
- In some cases the prescription may be given in reasonable anticipation of need, provide the conditions above are met.
- Veterinarians prescribing antimicrobials must adhere to the Canadian Veterinary Medical Association, "Guidelines for the Legitimate Use of Compounded Drugs in Veterinary Practice".
- A prescription or order for treatment must contain the following information:
  - Prescribing practitioner (registered veterinarian and certified facility)
  - Patient owner/agent (client)
  - Patient
  - Name of drug prescribed and concentration
  - Quantity of drug
  - Directions for Use, including Dose and Duration
  - Refills

□ ABVMA Council Guidelines for Veterinarians Dispensing Prescription Drugs

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

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

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

If a veterinarian elects to dispense medication (i.e. fill a prescription made by another veterinarian) there are certain requirements that must be met:

- The veterinarian may dispense the drugs only through an ABVMA certified veterinary facility or practice for an animal located in Alberta.
- While only a registered veterinarian (the prescribing veterinarian) may prescribe drugs under Part A, a registered veterinarian (the dispensing veterinarian) may delegate the task of dispensing to a

registered AHT who is employed by the dispensing veterinarian's practice and under that veterinarian's appropriate supervision;

- When a veterinarian delegates dispensing to an AHT, the veterinarian must review all the prescriptions thus filled, within the same day;
- The dispensing veterinarian must confirm the identity and registration of the prescribing veterinarian as well as the fact that the prescribing veterinarian is practicing in conjunction with an appropriately certified veterinary facility or practice in Alberta.
- The dispensing veterinarian must confirm the validity or reasonableness of the prescription;
- The dispensing veterinarian must provide the client with all necessary information regarding the use, storage and safety of the product;
- The dispensing veterinarian must confirm the accuracy of refill information and forward available totals to other dispensing locations if required;
- The dispensing veterinarian must confirm the identification of the client and establish and maintain an appropriate medical record for each client/patient;
- Veterinarians dispensing drugs pursuant to prescriptions from other veterinary practitioners may have their purchase and sales records audited by the ABVMA on a periodic basis;
- All products dispensed under this Part must be appropriately labeled:
  - The words "Veterinary Use Only" on the main panel of both inner and outer package labels, immediately following or proceeding the proprietary or brand name, proper name or common name, in type not less than one half as large as the largest type on the label;
  - The name of the client;
  - The names of the facility and the veterinarian dispensing the drug;
  - Identification of the animal;
  - The name of the drug dispensed and its concentration;
  - The Drug Identification Number (DIN);
  - The quantity of the drug dispensed;
  - Directions for Use, including Dose and Duration;
  - Minimal withdrawal time (where applicable);
  - Storage precautions;
  - Any toxic warnings or other precautions appearing on the original label.
- All drugs stored for future dispensing must be displayed and stored in accordance with the Practice Inspection/Practice Standards Bylaws. (Specifically, all prescription and prescription like products must be stored in such a manner as to prevent physical access to the product by the public.)
- Any drug or medication prescribed in an extra-label manner, or removed from its original packaging must be treated as if it were a prescription product.

□ ABVMA Council Guidelines on Veterinarians Selling Non Prescription Drugs

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

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

These drugs are referred to in this Part as "Non Prescription Drugs".

The sale of Non Prescription Drugs is a recognized activity of veterinary practices in Alberta. Such sales may be carried out under the following conditions.

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

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

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

## THE RESPONSIBLE USE OF COMPLEMENTARY AND ALTERNATIVE VETERINARY MODALITIES

Complementary and alternative veterinary medicine (CAVM) is the term most often used to identify the increasing number of diagnostic and therapeutic modalities that are not currently recognized as Board Certified specialties or as a component of mainstream veterinary education. These modalities include, but are not restricted to: veterinary acupuncture and acutherapy, veterinary botanical or herbal medicine, veterinary chiropractic, veterinary homeopathy and veterinary nutraceutical or orthomolecular medicine (see Appendix). Other names commonly used for these modalities include holistic or integrative veterinary therapies or therapy options. (Integrative veterinary medicine is the complete synthesis of conventional and C & A diagnostic and therapeutic modalities).

The ABVMA recognizes the following:

1. Complementary and alternative veterinary modalities constitute the practise of veterinary medicine (as defined in the Veterinary Profession Act) when performed on animals.
2. Only veterinarians have the education and background to evaluate and integrate complementary and alternative veterinary modalities into a treatment regime for animals.
3. There is demand for the use of complementary and alternative veterinary modalities on animals.
4. Some complementary and alternative veterinary modalities have not been endorsed by the scientific community.
5. A scientific evaluation of the merits of each complementary and alternative veterinary modality by the ABVMA prior to its implementation is impractical.
6. ABVMA members working with non-veterinarians will refer to the Council Guidelines for Associating with Non-Veterinarians Practising Veterinary Medicine.
7. It is not the purpose of the ABVMA to restrict the responsible use of natural products, remedies or foods by veterinarians provided that it is appropriate and of benefit to the animal.
8. Certain requirements must be met by any veterinarian or veterinary clinic wishing to use a complementary or alternative modality, in order to protect the public.

Following are the guidelines of the ABVMA for the responsible provision of complementary and alternative veterinary modalities by its members within the context of a Veterinarian-Client Relationship:

Any member who wishes to use a complementary and alternative modality(s) must submit an **Application to Provide a Complementary and Alternative Veterinary Modality**, and provide documentation of post-graduate education, certification, or continuing education to the Practice Review Board, for approval, before proceeding. All such approved members must submit annual confirmation to the ABVMA that the appropriate continuing education has been achieved during the previous year in regards to the specific modality, in accordance with the recognized regulating body of that modality.

1. A list of pre-approved courses will be provided when requesting an application. Suitable educational equivalencies for these and other C & A modalities will be reviewed for applicability and approval will be subject to the decision of the Practice Review Board.
2. Where appropriate, **provisional approval** for a set period of time may be given to members to utilize the modality before completion and when appropriate the certification of their course of study. Members given provisional approval may not advertise these services and may be required to proceed under the supervision of an approved member.
3. Prior to implementing any complementary and alternative veterinary modality, appropriate diagnostic procedures must be followed to determine the modality that is in the animal's best interests. Individual members will be responsible for evaluating the merits of using a complementary and alternative veterinary modality in any given case, and whether to use it alone or in conjunction with conventional therapy.
4. Any member who wishes to use a complementary and alternative modality does so with the recognition that current accepted standards of **both** conventional and complementary & alternative modalities will prevail in the event of a peer review. When a particular complementary/alternative modality is in question, the peer review may consult with veterinary colleagues who are knowledgeable in that particular modality.
5. An important consideration in a peer review will be the appropriate integration of that modality with conventional therapy. A complementary and alternative modality must **not** be offered to the exclusion of a conventional therapy, which has known, demonstrable benefit to the patient.
6. The practitioner is advised to obtain informed client consent by discussing the known facts and relative merits of **all** treatments, and procedures appropriate to a given case. Members are strongly encouraged to use the **Complementary and Alternative Veterinary Modality(s) Consent Form**, because evidence of informed client consent should form a significant component of a peer review.
7. A Holistic (or comparable term) Veterinary Clinic:
  - a) must provide an integrated approach to case management utilizing conventional veterinary medicine and a minimum of three Complementary and Alternative Veterinary modalities. These modalities must be provided by one or more approved (non-provisional) veterinarians on an on-going basis; and
  - b) must meet all the minimum standards for each appropriate category of facility (e.g., small animal facility, large animal facility, house call practice, etc.) as specified in the Practice Inspection & Practice Standards Bylaws.
  - c) must submit an '**Application for a Holistic Veterinary Clinic**' for approval by the Practice Inspection & Practice Standards Committee.

8. A list of veterinarians approved to offer complementary and alternative modalities will be made available through the ABVMA.

## APPENDIX

### ALBERTA VETERINARY MEDICAL ASSOCIATION (ABVMA) GUIDELINES FOR THE RESPONSIBLE USE OF COMPLEMENTARY AND ALTERNATIVE VETERINARY MODALITIES

#### DEFINITIONS OF COMPLEMENTARY AND ALTERNATIVE MODALITIES

**Veterinary Acupuncture and Acupuncture** involve the examination and stimulation of specific points on the animal's body according to the principles of traditional Chinese medicine, for the purpose of diagnosis and treatment of numerous conditions. This stimulation is accomplished by the use of acupuncture needles, moxibustion, injections, low-level lasers, magnets, and a variety of other techniques.

**Veterinary Botanical or Herbal Medicine** is the therapeutic use of plants and plant derivatives that are not classified as drugs, as a major component of case management.

**Veterinary Chiropractic** is the examination, diagnosis and treatment of animals through manipulation and adjustments of spinal and extremity joints and cranial sutures.

**Veterinary Homeopathy** is the treatment of disease using substances in minute doses. These substances, when used in large quantities, produce clinical disease symptoms in healthy animals, which are similar to those of the animal being treated (as per the principles of Samuel Hahnemann).

**Veterinary Nutraceutical or Orthomolecular Medicine** is the use of micronutrients, macronutrients and other nutritional supplements as a major component of case management.

-Clinic Letterhead-

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

1. **OWNER IDENTIFICATION:**

Name \_\_\_\_\_

Address \_\_\_\_\_

2. **ANIMAL'S DESCRIPTION:**

Animal's Name or Identification No. \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

3. **INFORMATION PROVIDED:**

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

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

\_\_\_\_\_  
\_\_\_\_\_

4. **I AGREE THAT:**

- I have read and fully understand this Client Consent Form.
- I am the owner of, or the authorized agent of, the animal described above and I am of legal  
age (18 years or older).
- I consent to the provision of the above listed complementary and alternative modalities for  
my animal by the above-mentioned doctor(s).

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Veterinarian Signature

\_\_\_\_\_  
Witness Signature

Date \_\_\_\_\_



## APPLICATION TO PROVIDE A COMPLEMENTARY AND ALTERNATIVE VETERINARY MODALITY(S)

**A. Personal Identification:**

Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Type of Practice: Small/Large/Mixed/Equine/Other \_\_\_\_\_

**B. Description of Complementary and Alternative Modality(s):**

I intend to provide the following Complementary and Alternative Veterinary Modality(s) within the context of a veterinarian-client relationship (list below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Assessment of Qualifications Process:**

i) For each of the modality(s) listed above, provide supporting documentation of educational qualifications or certification and all information pertinent to its assessment, for approval by the Practice Review Board. If pre-approved, this should include the following:

- the name of the certificate(s) and/or the name of the course(s)
- the sponsoring organization(s)
- the date(s) and locations(s) where course work was taken

If not pre-approved, it should include the above, plus:

- the total number of academic and/or clinic hours the method(s) that learning was evaluated (e.g. exams, case reports, etc.)
- the course curriculum and prospectus
- the qualifications of the instructors
- the standards of practise of the complementary and alternative modality(s) accepted by educational centres where the modality(s) is taught
- other and/or on-going obligation(s) in order to maintain certification or membership in good standing

- if the course of study and/or certification is a human-based program, provide evidence of safe and successful use of that modality in animals
- i) A list of pre-approved courses will be provided when requesting an application. Suitable educational equivalencies for these and other C & A modalities will be reviewed for applicability and approval and will be subject to the decision of the Practice Review Board.
- ii) Where appropriate, **provisional approval** for a set period of time may be given to members to utilize the modality before completion and when appropriate the certification of their course of study. Members given provisional approval may not advertise for these services and may be required to proceed under the supervision of a C & A approved member.
- iii) Members may request the ABVMA Council to review rejected applications.

**A. Member Obligations:**

I, the above veterinarian agree to adhere to the decision of the Practice Review Board and, if given approval (provisional/non-provisional), agree to practice in concurrence with the ABVMA Guidelines for the Responsible Use of Complementary and Alternative Veterinary Modality(s).

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

**B. Practice Review Board Decision (see comments):**

- i) **Non-provisional Approval:**  
Chair, Practice Review Board \_\_\_\_\_  
Date \_\_\_\_\_
- ii) **Provisional Approval:**  
Chair, Practice Review Board \_\_\_\_\_  
Date \_\_\_\_\_
- iii) **Refusal:**  
Chair, Practice Review Board \_\_\_\_\_

**Comments:**

**PRE-APPROVED EDUCATIONAL QUALIFICATIONS**

- i) *Certification through the following courses will be recognized as acceptable by the Practice Review Board for the specific modality listed:*

***Veterinary Acupuncture:*** *Certification in Basic Veterinary Acupuncture by the International Veterinary Acupuncture Society.*

***Veterinary Chiropractic:*** *Basic Animal Chiropractic Certification Course by the American Veterinary Chiropractic Association.*

***Veterinary Homeopathy:*** *Certification of Qualification - Basic Course by the Academy of Veterinary Homeopathy.*

- ii) *Suitable educational equivalencies for these and other C & A modalities will be reviewed for applicability and approval and will be subject to the decision of the Practice Review Board.*

January, 1999

**Application for a Holistic (or comparable name) Veterinary Clinic/Service**

**A. Clinic Information:**

Clinic Name: \_\_\_\_\_ Clinic Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_ Clinic Fax: \_\_\_\_\_

**B. Description of Complementary and Alternative Modality(s) Offered:**

The following Complementary and Alternative Veterinary Modality(s) will be provided by the following veterinarian(s):

<b>Modality:</b>	<b>Veterinarian:</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**C. Please provide supporting documentation regarding these veterinarians non-provisional approval by the ABVMA.**

**D. Please indicate how on-going provision of complementary & alternative modalities has been ensured (i.e. daily, weekly, vacation periods):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. I, the above mentioned clinic/service owner, ensure that the information provided in this application is complete and accurate.**

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**F. Approval:**

Chair, Practice Inspection & Practice Standards Committee \_\_\_\_\_

Date \_\_\_\_\_

**Rejection:**

Chair, Practice Inspection & Practice Standards Committee \_\_\_\_\_

Date \_\_\_\_\_

**G. Members may request the ABVMA Council to review rejected applications.**

**Alberta Veterinary Medical Association**  
**CONTINUING EDUCATION GUIDELINES**

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

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

The purpose of this document is to:

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

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

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

**1. Guidelines for ABVMA Sponsored or Approved Scientific CE Programs**

**A. Program Content:**

**i) Continuing Education In Veterinary Medicine**

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

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

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

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

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

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

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

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

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

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

**iv) Continuing Education in Non-Scientific Disciplines**

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

**B. Program Format:**

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

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

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

### GUIDING PRINCIPLES

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

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

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

### DEFINITIONS

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

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

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

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

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

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

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

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

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

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

## RECOMMENDED PROTOCOL FOR SECOND OPINIONS

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

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

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

## **RECOMMENDED PROTOCOL FOR CONSULTATION / REFERRALS**

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

## **CLARIFICATION EXAMPLES AND COMMENTARY**

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

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

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

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

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

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

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

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

Date Approved by  
Members at AGM:

March 1, 2009

Date Reviewed:

Reviewed By:

Future Revision Date:

## MARKETING ACTIVITY GUIDELINES

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

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

**ADVERTISING**

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

**FEES**

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



## **GENERAL GUIDELINES ON THE PRUDENT USE OF ANTIMICROBIAL DRUGS IN ANIMALS**

### **Introduction:**

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

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

### **General Principles:**

- ❑ Veterinarians, animal owners and animal caretakers all share responsibility for minimizing the use of antimicrobial drugs to conserve drug efficacy.
- ❑ Antimicrobial treatment regimens should be designed to maximize therapeutic efficacy while minimizing bacterial resistance.
- ❑ Antimicrobials used in animals should only be used within the confines of a valid veterinarian-client-patient relationship (VCPR) <sup>1</sup>.
- ❑ Veterinarians should continually update their knowledge of methods of disease prevention, new therapeutics and of other issues such as drug resistance trends, to ensure the prudent use of antimicrobials.
- ❑ All users of antimicrobials should be educated in the proper use of antimicrobials including administration, handling, storage, disposal and record-keeping. Veterinarians have a responsibility to educate staff, clients and other animal handlers on the prudent use of antimicrobials and for ensuring such training occurs.

### **Specific Principles:**

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

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

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

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

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

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

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

## **INTRODUCTION**

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

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

## **VETERINARY SERVICES**

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

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

## **SERVICES PERFORMED BY REGISTERED AHTs AND UNREGISTERED PERSONNEL**

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

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

## **DELEGATION OF TASKS**

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

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

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

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

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

## **LEVELS OF SUPERVISION**

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

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

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

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

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

## **REGISTERED ANIMAL HEALTH TECHNOLOGISTS (RAHTs)**

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

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

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

### **AUTHORIZATION TO PROVIDE EMERGENCY CARE**

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

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

- Evaluate life signs and initiate necessary treatment:
  - Administration of pharmacological agents and parental fluids.
  - Resuscitative procedures.

- Application of pressure bandages, splints and wound dressings.
- Euthanasia with owner's written consent where animal pain or suffering is obvious.
- The Registered Animal Health Technologist must, as soon as possible, notify the veterinarian who directs or controls the Registered Animal Health Technologist, of the evaluation and therapy initiated. The veterinarian, upon being notified, must immediately assume the clinical management of the case.

## **ADVANCED TRAINED RAHT**

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

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

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

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

- Theory
- Wet Labs
- Directed field studies

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

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

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

## **UNREGISTERED ASSISTANTS (LAY PERSONNEL)**

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

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

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

## **STUDENTS OF “RECOGNIZED” VETERINARY AND ANIMAL HEALTH TECHNOLOGIST COLLEGES**

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

### **DVM and AHT STUDENTS:**

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

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

## **FINAL YEAR VETERINARY STUDENTS (ACCREDITED SCHOOL)**

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

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

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

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

### **Definitions**

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

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

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

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

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

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

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

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

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

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Date Reviewed:	
Reviewed By:	
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## **Student Engagement Guidelines - Executive Summary**

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

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

- **All Students (AHT or Veterinary)**
    - *Students may be engaged at any time to partake in activities appropriate for any lay person*
    - *When the students are expected to participate in veterinary service activities, for the purposes of either delivering such services to the public or for the purposes of learning, the following must be adhered to:*
      - *The student must be a current student member of the ABVMA or the AAAHT, as appropriate, and must be registered **before** instruction begins, regardless of whether they are engaged as an employee or volunteer*
  
  - **Final Year Veterinary Students from Accredited Schools**
    - *May practice veterinary medicine, with the consent of the Registrar of the ABVMA.*
    - *The supervising veterinarian shall ensure that s/he reviews with the student member on a daily basis all services performed by the student*
    - *Direct or immediate supervision by a veterinarian is required for veterinary procedures restricted to registered veterinarians*
    - *Tasks normally delegated to a RAHT may be performed under indirect supervision*
    - *A DVM student must not perform a veterinary service unless the owner of the animal has given consent (written recommended) for student involvement.*
  
  - **Non Final Year Veterinary Students, AHT Students, and Final Year Students from non-accredited schools**
    - *These students may participate in veterinary procedures in an instructional capacity.*
    - *No veterinary procedure may be delegated to these individuals in an independent fashion*
    - *They may:*
      - *perform all tasks normally delegated to an unregistered person*
      - *assist the active Registered Animal Health Technologist (RAHT) in their regular activities.*
      - *assist the supervising veterinarian (DVM) in their regular activities.*
      - *participate in medical procedures, in a learning capacity, under the direct instruction of a RAHT or veterinarian as appropriate for the procedure.*
      - *engage in or be taught all activities that a RAHT may engage in.*
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