



POSITION STATEMENT

Delegating to Auxiliaries in Food Animal & Equine Practice

Approved by Council:	June 2004; September 2006; June 2011 “Indirect” definition modified June 9, 2010
Publication Date:	<i>Update</i> September 2004, Website June 2004 Website October 2006; Website June 2011
To Be Reviewed by:	June 2014
Key Words:	auxiliary, informed consent, supervision, delegation
Related Topics:	sheep ultrasound, chute crews, equine dentistry, VCPR
Legislative References:	O. Reg. 1093 sections 1., 17.(1) 30., 19., 33., 40.(2)(a) (see Appendix A)
College Contact:	Registrar
Reference Materials:	Report of the 2004 Task Force on Delegated Acts & Informed Consent: Food Animal & Equine Component; CVO Guidelines, Informed Owner Consent (June 2009) and CVO Position Statement, VCPR (March 2011).

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

Purpose

This position statement has been developed to help members understand the College's interpretation of the provisions in the legislation relating to delegation and supervision of services to non-veterinarians. It describes what acts and in what circumstances veterinarians may delegate. The position statement is intended to describe the appropriate upper limits of delegation and what a member should consider when delegating acts.

Scope

This position applies to members involved in food producing animal (cattle, sheep, goats and pigs) and equine practice who delegate tasks to auxiliaries who are employed by a member. Different considerations apply to companion animals and this position statement does not apply to them.

College Position

The levels of supervision that relate to the delegation of any task to an auxiliary include the following:

Immediate Supervision: the member is within sight or hearing of the auxiliary

Direct Supervision: the member is on the same premises as the auxiliary but not necessarily within sight or hearing

Indirect Supervision: the member will communicate with auxiliaries in such a way and using the appropriate means so as to provide proper assessment of animal(s) and direction to auxiliaries; further, the member must be accessible in a timely and appropriate manner while the delegated task is being performed. ¹

No member shall delegate any task to an auxiliary unless the task is to be performed for a client with whom the member has a valid Veterinarian-Client-Patient Relationship (VCPR).

The following list is intended to assist members in applying the "upper limits" of tasks that can appropriately be delegated by members to auxiliaries. It describes consensus thinking on the interpretation of paragraph 17.(1) 30. and such phrases as: "*performance of the task does not require a member's attendance*" in section 19. of O. Reg. 1093.

¹ This definition was modified by Council at its meeting of June 9, 2010. Previously, it had read: "the member is in face-to-face communication with the auxiliary at least once per day on the days that the auxiliary is performing a delegated task and the member must be accessible in a timely and appropriate manner while the delegated task is being performed."

Diagnosing, prognosing, prescribing or performing major surgery (except as described below) are not acts that can generally be delegated to an auxiliary. As noted in O. Reg. 1093 (see Appendix A), the auxiliary must have appropriate training in the performance of the procedure even if it is on the list; further, all other standards of practice must be met.

May be Delegated Under Immediate or Direct Supervision

1. Intravenous catheterization
2. Floating teeth of horses
3. Collection & submission of necropsy samples
4. Inguinal hernia and cryptorchid surgeries of pigs
5. Administering vaccinations to horses (except Rabies)
6. The implantation of embryos into horses
7. Dehorning of cattle and goats over two (2) months of age
8. Castration of cattle, sheep and goats over two (2) months of age

May be Delegated Under Immediate, Direct, or Indirect Supervision

9. Intramuscular and subcutaneous injections
10. Administering vaccinations to food animals (except Rabies)
11. Intravenous injections
12. Implanting for the purposes of growth promotion
13. Insertion of electronic identification devices
14. Administration of intramammary medications
15. Administration of oral medications by balling gun, esophageal feeder or pre-loaded single dose forms
16. Application of therapeutic bandages
17. Transcutaneous (non-rectal) ultrasonic pregnancy diagnosis²
18. The implantation of embryos into food animals but not horses
19. Collection & submission of laboratory samples (except biopsies of internal organs) from live animals
20. Dehorning of cattle and goats less than two (2) months of age
21. Local nerve blocks of cattle and goats
22. Castration of cattle, sheep and goats less than two (2) months of age
23. Castration of pigs less than one (1) month of age
24. Tail docking of cattle and sheep less than one (1) month of age
25. Removal of extra teats of cattle less than six (6) months of age

¹. Individuals who were trained through a certification program acceptable to the CVO are exempt from the requirement for veterinary supervision for transcutaneous (non-rectal) ultrasonic pregnancy diagnosis in sheep and goats.

Consent

In the case of auxiliaries performing delegated acts, the member shall obtain the usual consent of the client which defines the involvement of any auxiliaries in the performance of the procedure(s).

When auxiliaries perform delegated acts under indirect supervision, the consent required is more extensive and typically includes the following additional elements:

- The client's signature
- A full description of and the reasons for the procedure(s) performed
- A description of the risks associated with the procedure(s) performed
- A description of the risks associated with not performing the procedure(s)
- A description of any alternatives to performing the procedure(s)
- Where drugs are used a description of the drug name, dosage, lot number, any withdrawal time and the reasons for their administration
- A description of the risks associated with the administration of the drugs
- A description of the risks associated with not administering the drugs
- A description of any alternatives to the use of the drugs
- The fees being charged including those for drugs, other materials and services
- The name and signature of the auxiliary performing the procedure(s)
- The name and signature of the member supervising the auxiliary
- A description of the animal(s) (a range may be used where appropriate) including:
 - the breed characteristics
 - the approximate age and/or weight
 - gender

The verbal component shall include a discussion of each element of the written consent with the client to ensure the client understands the nature of their consent and all associated risks.

No auxiliary shall perform any task or dispense any product that is not described in the written portion of the consent documentation.

Members are advised to review the CVO's Guidelines on Informed Owner Consent to ensure their consent procedures and forms meet CVO's expectations.

APPENDIX A

Relevant Legislation

The *Veterinarians Act, 1989* is the profession specific Act which governs the practice of veterinarians in Ontario. O. Reg. 1093 is the regulation under that Act.

Regulation 1093

Definitions

O. Reg. 1093 section 1 defines an auxiliary:

“auxiliary” means a person involved in a member’s practice of veterinary medicine other than another member.

O. Reg. 1093 section 40. (2) (a) defines a regular client:

A person is a regular client of a member if,

- (i) the person uses the professional services of the member regularly and with reasonable frequency, and
- (ii) the person has not requested the transfer of the records for the person’s animal to another member.

Veterinary-Client-Patient Relationship (VCPR)

O. Reg. 1093 defines a valid Veterinarian-Client-Patient Relationship (VCPR) in the context of drug administration, prescription, and dispensing:

Sec 33. (1). No member shall administer, dispense or prescribe a drug unless,

- (a) the member has assumed the responsibility for making medical judgments regarding the health of the animal or group of animals and the need for medical treatment and the custodian of the animal or group of animals has indicated a willingness to accept the advice of the member;
- (b) the member has sufficient knowledge of the animal or 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 at least a general or preliminary diagnosis;
- (c) the member believes that the drug is prophylactically or therapeutically indicated for the animal or group of animals; and
- (d) the member is readily available in case of adverse reactions to the drug or failure of the regimen of therapy.

Members are directed to CVO’s Position Statement, “The VCPR” (March 2011), for a definition that goes beyond the above circumscribed situations.

Responsibility for Auxiliaries

Regarding a member's responsibility when delegating to an auxiliary, O. Reg. 1093 states:

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

Supervision and Conduct

As well, O. Reg. 1093 subsection 17.-(1) states that professional misconduct includes:

30. Failing to direct or supervise, or inadequately directing or supervising, an auxiliary.