



POSITION STATEMENT

The Veterinarian-Client-Patient Relationship (VCPR)

Approved by Council:	March 23, 2011
Publication Date:	April, 2011 (website); June 2011 (Update)
To Be Reviewed by:	March, 2016
Key Words:	dispensing, prescriptions, herd health, shelters, protocols, drugs, continuity of care, medical record
Related Topics:	communication, consent
Legislative References:	O. Reg. 1093, section 17(1).40; section 23 (1); section 33(1) (see Appendix 1).
College Contact:	Registrar
Reference Materials:	CVO's Informed Owner Consent Guidelines (June 2009); CVO's Terminating the Veterinarian-Client-Patient Relationship Position Statement (November 2006); CVO's InfoSheet Guidelines, Dispensing to Free-Ranging Wildlife (2003); Health Canada's Policy on Extra-Label Drug Use [ELDU] in Food-Producing Animals (hc-sc.gc.ca/dhp-mps/vet/label-etiquet/pol_eldu-umdde-eng.php); CVMA's 2009 Position Statement on Antimicrobial Use in Animals (http://canadianveterinarians.net/ShowText.aspx?ResourceID=1494); AVMA's Definition of VCPR (http://www.avma.org/issues/policy/mvpa.asp)

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 serves to clarify the definition of the veterinarian-client-patient relationship (VCPR), which is inferred from Ontario Regulation 1093 but not explicitly defined in either the legislation or previous College publications.

Scope

This document applies to all licensed veterinarians engaged in the clinical practice of veterinary medicine in Ontario.

Background

Queries come to the CVO regularly from companion animal (CA), Food Animal (FA), and regulatory veterinarians about issues related to the VCPR and, more specifically, the implications of the definition of a VCPR for dispensing drugs.

While Ontario Regulation 1093, section 33(1), provides the framework for a working understanding of the VCPR, Council has determined that establishing a clear definition will assist veterinarians in interpreting and fulfilling their responsibilities under the legislation.

In this document, “client” means “owner or owner’s authorized agent.”¹ “Owner’s authorized agents” would include producers, trainers, and temporary care-givers authorized to make decisions regarding the care of the animal(s) in question.

Position Statement

It is the position of the College that before a veterinarian recommends and/or provides treatment (including the dispensing or prescribing of medications) for any animal or group of animals, a valid Veterinarian-Client-Patient Relationship (VCPR) must exist.

Definition of VCPR

A valid veterinarian-client-patient relationship (VCPR) exists when:

- (a) 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 indicated a willingness to accept the advice of the veterinarian;
- (b) the veterinarian has sufficient knowledge of the animal(s)—including its/their health status, immunization history, nutrition, management, environment, and hygiene—to initiate a general or preliminary diagnosis of the medical condition of the animal(s); this knowledge must be acquired through
 - Within the last year,
 - (i) an examination of the animal(s) or
 - (ii) medically appropriate and/or timely visit(s) to the premises where the animal(s) are kept;
 - thorough history taking, including details of any presenting complaint(s) and a review of previous medical records (obtained as soon as possible after first encounter);

and

¹ This definition of “client” is also used in the CVO’s Guidelines on Informed Owner Consent (June 2009).

(c) the veterinarian is readily available or has arranged for emergency coverage for follow-up care in case of adverse reactions or failure of the treatment regimen.

Application of Definition: Herd Health

In herd health medicine, the veterinarian² does not always need to examine each animal on the premises before making medical recommendations, but—through periodic visits to the premises and discussions with the client—he/she must acquire and maintain a current understanding of the level of husbandry practiced on the premises, and of the client’s abilities with respect to recognizing symptoms of disease and administering drugs and treatment plans. Veterinarians should also develop specific protocols with the client to ensure that drugs are used appropriately and safely.

Application of Definition: Groups of Companion Animals

Veterinarians may use a herd-health model to provide services to companion animal clients (such as shelters and breeders) with large numbers of animals.³ Through visits to the client’s facility, the veterinarian must acquire and maintain a current understanding of the managed environment and of the client’s abilities with respect to recognizing clinical signs of disease, and administering drugs and treatment plans. The veterinarian should also develop protocols regarding drug usage and safety.

Application of Definition: Dispensing Exemptions

A VCPR must exist before a veterinarian dispenses any treatment product—whether it requires a prescription or not—except for substances that are sold as or as part of food, drinks, or cosmetics (ss.23[1]d). However, despite a lack of VCPR,

- a) the Regulation permits veterinarians to fill or re-fill a prescription (other than for a controlled substance) issued by another veterinarian in situations whereby it is in the animal’s interests to dispense without delay, as long as a sufficient assessment is carried out and an effort is made to discuss the matter with the prescribing veterinarian [Ont. Reg. 1093 section 33 (1.1)].
- b) the CVO guideline, “Policy on Dispensing to Free-Ranging Wildlife” (<http://www.cvo.org/uploadattachments/Dispwildlife.pdf>), permits veterinarians to dispense to individuals, agencies, or organizations that treat free-ranging wildlife.

Application of Definition: Other Exceptions

Other exceptions to the requirement for a VCPR may exist in some circumstances. Examples include the following:

- a) administering rabies vaccinations as part of a public health initiative [see Ont. Reg. 1093 section 45];
- b) providing ophthalmological, cardiac, or deafness screening clinics;

² Veterinarians must have accredited food-producing animal mobiles to provide on-farm services.

³ Veterinarians must have accredited companion animal mobiles to provide these services.

- c) conducting Electronic Identification Device (EID) implantation programs;
- d) responding to an emergency situation; and
- e) intervening informally in cases that are generally accepted within the profession (e.g., looking at a relative's dog on a visit because "it is walking funny" and suggesting either a minor treatment [e.g., removing slivers] or that the animal be seen by its regular veterinarian for a full workup).

APPENDIX 1

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*. The *Minimum Standards for Veterinary Facilities in Ontario* are established by the Council of the CVO under the authority of the Regulation.

From Ontario Regulation 1093, section 23 (1):

PART III DRUGS

23. (1) In this Part,

“controlled substance” means a controlled substance as defined in subsection 2 (1) of the *Controlled Drugs and Substances Act* (Canada);

“dispense” means administer, sell, distribute or give away;

“drug” means any substance or preparation containing any substance,

(a) manufactured, sold or represented for use in,

(i) the diagnosis, treatment, mitigation or prevention of a disease, disorder, abnormal physical or mental state or the symptoms thereof, in humans, animals or fowl, or

(ii) restoring, correcting or modifying functions in humans, animals or fowl,

(b) referred to in Schedule C, D or E,

(c) listed in a publication named by the regulations made under the *Drug and Pharmacies Regulation Act*, or

(d) named in the regulations made under the *Drug and Pharmacies Regulation Act*,

but does not include,

(e) any substance or preparation referred to in clause (a), (b) or (c) manufactured, offered for sale or sold as, or as part of, a food, drink or cosmetic,

(f) any proprietary medicine as defined from time to time by the regulations made under the *Food and Drugs Act* (Canada) that does not contain any substance or preparation containing any substance referred to in Schedule C, D or E, or

(g) a substance or preparation named in Schedule A or B;

From Ontario Regulation 1093, section 33(1):

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

- (a) the member has assumed the responsibility for making medical judgements 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. R.R.O. 1990, Reg. 1093, s. 33 (1); O. Reg. 431/00, s. 7.

(1.1) Subsection (1) does not apply to a member who administers or dispenses a drug, other than a controlled substance, ketamine or a targeted drug, pursuant to an oral or written prescription from another member if,

- (a) it is not reasonably possible for the client to obtain the drug from the prescribing member or a pharmacy;
- (b) it is necessary in the interests of the animal to administer or dispense the drug without the delay that would be associated with returning to the prescribing member;
- (c) the member makes a reasonable effort to discuss the matter with the prescribing member;
- (d) the member conducts a sufficient assessment of the animal's circumstances, which may not require a physical examination in every case, to ascertain that it is unlikely that there has been a material change in the circumstances since the prescription was given;
- (e) the quantity of the drug dispensed is no more than would reasonably enable the client to return to the prescribing member for future prescriptions or quantities of the drug; and
- (f) the member makes a written record of the transaction as otherwise required by this Regulation. O. Reg. 161/04, s. 19 (1).

(2) No member shall,

- (a) sign a blank prescription form;
- (b) knowingly represent that a drug is a drug which it is not or that it contains a substance which it does not;

- (c) send through the mail, except by a form of mail that provides proof of delivery, a controlled substance, ketamine or a targeted drug or a drug referred to in Schedule D or E;
- (d) knowingly dispense a drug for resale except to another member or a pharmacist;
- (e) dispense a drug or possess a drug for the purpose of dispensing the drug at any place other than a veterinary facility where he or she regularly practises veterinary medicine; or
- (f) dispense pharmaceutical product T-61 except if it is for administration by a member or a person who is known to the member to be competent in the humane administration of euthanasia and aware of the advisability of administering sedation to the animal before administering the product and who,
 - (i) is an auxiliary of the member acting upon the specific direction of the member, or
 - (ii) is carrying out euthanasia procedures on animals, including wild animals, while,
 - (A) operating, or being employed by a person operating, a pound or research facility within the meaning of the *Animals for Research Act*,
 - (B) being employed by the Ontario Society for the Prevention of Cruelty to Animals or an affiliate of the Society, or
 - (C) acting as a wildlife custodian within the meaning of section 44 of the *Fish and Wildlife Conservation Act, 1997*. R.R.O. 1990, Reg. 1093, s. 33 (2); O. Reg. 407/92, s. 5; O. Reg. 161/04, s. 19 (2); O. Reg. 398/07, s. 14.

From Ontario Regulation 1093, section 45

45.(5) A conventional assessment is not required before a vaccination is performed under this Part [exceptions for rabies vaccination programs].

From Ontario Regulation 1093, section 17(1):

It is considered professional misconduct when a veterinarian is found to be:

- 40. Treating an animal receiving veterinary services from another member without notifying the other member and obtaining the relevant historical information as soon as practicable except if the treatment is done in accordance with subsection 33 (1.1).
- 41. Treating an animal receiving veterinary services from another member who did not refer the animal without advising the client that such uncoordinated veterinary services may place the animal at risk except if the treatment is done in accordance with subsection 33 (1.1).