

College of Veterinarians of British Columbia

PART 4: ETHICS AND STANDARDS

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PART 4 – ETHICS AND STANDARDS

Definitions

199. In addition to the definitions set out in section 1 of the Act and section 1 of the bylaws, for the purpose of this Part, including any schedule, and unless the context otherwise requires:

“Code” means the Code of Ethics for the profession as set out in Division 4.2 of this Part;

“standards of practice” means the standards set out in Divisions 4.3 to 4.7 of this Part, or such other standards as may be approved pursuant to section 2(d) of Part 1;

“veterinarian-client-patient relationship” means the relationship created when a registrant agrees with a client, expressly or by implication, including by actions, to provide veterinary services to a patient.

Division 4.1 – Designated Registrant

Designating a registrant

200(1) The owner of a practice or facility must do the following:

- (a) designate a registrant in good standing to be the designated registrant for that practice or facility;
- (b) promptly advise the registrar of the name of and contact information for that designated registrant, and any subsequent change in contact information;
- (c) if another registrant is designated to replace the designated registrant named in subsection (b), promptly advise the registrar of the name of and the contact information for that replacement designated registrant, and any subsequent change in that registrant’s contact information;
- (d) if advised by the registrar that the designated registrant for the practice facility is no longer in good standing, promptly designate a replacement designated registrant and advise the registrar of the name and the contact information for that replacement designated registrant, and any subsequent change in that registrant’s contact information;

(2) The designated registrant for a specialty practice must hold a diplomate status.

Designated registrant’s general duties

201(1) A designated registrant’s duties set out in this section are in addition to any other duty assigned to a designated registrant elsewhere in the bylaws.

(2) A designated registrant is the primary contact for the college with respect to general communications with the practice or facility.

(3) A designated registrant must respond promptly to any general inquiry from the college, including any inquiry in relation to the following:

- (a) any matter concerning the accreditation or naming of that designated registrant’s practice facility pursuant to Part 3;

- (b) a complaint the registrar receives concerning that designated registrant's practice facility pursuant to section 50 of the Act, which does not name or identify a specific registrant;
- (c) any other matter where a provision of the bylaws has named a designated registrant as being responsible to comply with that bylaw requirement.

Division 4.2 – Code of Ethics

Purposes

202(1) The purpose of the Code set out in this Division is to provide a general statement of the principles of ethical conduct required and expected of registrants in order to fulfill their duties to the public, their clients, their patients, the profession and their colleagues.

(2) The Code sets out general rules of registrant conduct and does not limit the duty of how a registrant conducts him or herself appropriately.

General principles

203(1) A registrant must conduct him or herself in accordance with the spirit of the Code.

(2) A registrant must at all times be courteous, respectful and professional in all dealings with clients, the public, other registrants and registrants of other professions.

(3) A registrant must not, when engaged in extra-professional activities or professional practice, engage in conduct that

- (a) casts doubt on the registrant's professional integrity or competence, or
- (b) reflects adversely on the integrity or competence of the profession.

(4) A registrant must use his or her knowledge and skill to improve the health, safety and well-being of patients, clients and the public.

Duties to patients and clients

204(1) When a veterinarian-client-patient relationship is established, a registrant must uphold the duties pertaining to such a relationship, including but not limited to those set out in the Code.

(2) In every veterinarian-client-patient relationship, a registrant must strive to use the level of care, skill and knowledge expected of a competent practitioner.

Qualifications or competence

205(1) A registrant must provide only those services for which the registrant is reasonably confident he or she is qualified and competent to provide, and, when doing so, must not misrepresent his or her qualifications or competence.

(2) Despite subsection (1), if a registrant determines that it is necessary in the particular circumstances to provide a service that is beyond the registrant's current qualifications or competence, but which the registrant is willing to provide in as safe and effective a way as possible, the registrant must disclose to the client that the service is beyond the registrant's current qualifications and competence and ensure the client has consented to the registrant providing that service.

Duty to the public

206(1) A registrant must protect and serve the public interest in pursuit of the highest medical and ethical standards of the profession in British Columbia.

(2) A registrant should make efforts to contribute to the education of the public in matters relating to and promoting the health and safety of animals, and thereby the health and safety of the public, but must do so in accordance with generally recognized standards of integrity, competency and professionalism.

Duty to the college

207(1) A registrant must at all times conduct him or herself in a manner that demonstrates understanding of, respect for and a readiness to be bound by the Act, the regulations and the bylaws.

(2) A registrant must be familiar with and adhere to procedures and rules as may be approved by the council.

(3) A registrant must respond promptly and appropriately to any communication from the college where a response is requested.

Duty to report

208(1) A registrant must immediately notify the registrar if that registrant is

- (a) charged with an offence under the *Criminal Code of Canada* or the *Prevention of Cruelty to Animals Act*, or
- (b) named in a legal action filed in a civil court or before an administrative tribunal,

which, if proven, could give rise to concerns about the registrant's competence or fitness to practice as a veterinarian.

(2) A registrant must immediately notify the registrar if the registrant has a reason to believe that a current or former registrant:

- (a) has contravened the Act;
- (b) has failed to comply with a limitation, term or condition imposed under the Act;
- (c) has been convicted in any jurisdiction of an offence that could give rise to concerns about the registrant's competence or fitness to practice as a veterinarian;
- (d) has engaged in unprofessional conduct or any conduct unbecoming a registrant;
- (e) has incompetently practiced veterinary medicine; or
- (f) may be suffering from a physical ailment, emotional disturbance or an addiction to any substance that impairs his or her ability to practice veterinary medicine.

(3) A registrant must immediately notify the registrar if the registrant has a reason to believe that someone who is not a registrant is in contravention of, or may have contravened, the Act.

Duty to the profession

209. A registrant must

- (a) uphold and advance the honour and dignity of the profession and promote its high standards of ethical conduct;
- (b) strive to maintain his or her own level of competence and to increase the competence of the profession overall;
- (c) accept full responsibility for their professional decisions and actions;
- (d) provide veterinary services to the public in a manner that will command respect and confidence;
- (e) establish, conduct and maintain their practice or facility in accordance with the Act, the regulations and the bylaws;
- (f) strive to use the level of care, skill and knowledge expected of a competent practitioner.

Duty to other registrants

210. A registrant must

- (a) respect the dignity and professional status of other registrants;
- (b) ensure that his or her interactions with other registrants are characterized by the hallmarks of professionalism, including respect, courtesy, candor and good faith;
- (c) not compare his or her professional competence to that of any other registrant;
- (d) not belittle, injure or make careless critical comment on the professional standing or actions of another registrant.

Division 4.3 – General Standards

Informed consent

211(1) For the purposes of this section, “**informed consent**” means the process of communication between a registrant and a client that allows the client to understand the veterinary services the registrant proposes to provide to the patient, followed by the client’s subsequent agreement to the provision of those services.

(2) Before providing veterinary services to a patient, a registrant must ensure that the client has provided informed consent to the proposed veterinary services.

(3) A registrant must ensure that the client giving consent is

- (a) capable of making a decision about whether to give or refuse consent to the proposed veterinary service, and
- (b) has the legal authority to give or refuse consent to provision of veterinary services to the patient.

(4) To be valid, a registrant must ensure that the client’s informed consent:

- (a) relates to the proposed veterinary service;
- (b) was given voluntarily;
- (c) was not obtained through misrepresentation or fraud.

(5) To obtain informed consent from a client for proposed veterinary services, a registrant must ensure that the client is provided with information a reasonable person would require to understand the proposed veterinary service.

(6) Without limiting the generality of subsection (5), the information provided to obtain informed consent must include information about:

- (a) the condition for which the veterinary services are proposed, including any differential diagnoses, and any presumed or definitive diagnosis;
- (b) the general nature of the proposed veterinary services;
- (c) the expected benefits of the proposed veterinary services;
- (d) the risks or dangers and common side effects of the proposed veterinary services that a reasonable person would expect to be told about;
- (e) reasonable alternative courses of action available, and the risks and benefits of each;
- (f) the potential consequences to the patient if the proposed veterinary service is refused by the client;
- (g) whether non-veterinarian staff and or other veterinarians may be providing some or all of the veterinary services to the patient;
- (h) the need for follow-up care, if it is likely to be required, and how such follow-up care will be provided;
- (i) an initial estimate of the cost of the veterinary services being proposed;
- (j) the level of supervision that will be provided, including the level of supervision with respect to after hours care.

(7) A registrant must ensure that, before giving consent, the client had an opportunity to ask questions and receive answers about the proposed veterinary services.

(8) A registrant must renew informed consent throughout the veterinarian-client-patient relationship as may be required by a change in the patient's condition or the veterinary services to be provided.

(9) After a client has given informed consent, the registrant must either document in the clinical record the process by which consent was sought and obtained from the client, or obtain written consent.

(10) Informed consent may be in the form of written consent, oral consent or implied consent.

Conflicts of interest

212(1) For the purposes of this section, “**conflict of interest**” means a situation in which a registrant's duty could be seen to, or may in fact be required to, serve two opposing interests.

(2) A registrant must not allow his or her objective medical judgment and advice to a client, another registrant or the public to be compromised by any circumstances that could give rise to a conflict of interest.

(3) A registrant must disclose to each client all the circumstances of his or her involvement in providing care to a patient that might influence whether the client would retain the registrant to provide veterinary services.

(4) If there is a conflict of interest between a registrant and a client or between two or more clients, the registrant must not act or provide services to the affected client or clients, without the agreement of each client included in the conflict consenting to the registrant providing services despite that conflict.

Definitions for availability and after hours care

213. In sections 214 and 215:

“after hours” means the hours when the registrant is not available or the facility is closed beyond that registrant’s or facility’s regular hours of business and may be available to treat animals in an emergency;

“receiving registrant or facility” means a registrant or facility that is willing to accept a referring registrant’s or facility’s clients during after hours;

“referring registrant or facility” means a registrant or facility that is referring clients to another registrant or facility during after hours;

“regular hours” means the stated hours of business when the registrant is available or a facility is open to provide veterinary services to patients.

Availability

214. A registrant must provide information to clients which, regardless as to how that information is conveyed, clearly states

- (a) the regular hours that the registrant is available or the facility is open to provide veterinary services to patients, and
- (b) whether the facility provides after hours or emergency care beyond regular hours.

After hours care

215(1) If a facility does not regularly or cannot temporarily provide emergency care beyond regular hours, the facility must provide information to clients whose animals may be in need of emergency veterinary services after hours which, regardless as to how that information is conveyed, clearly

- (a) states that the facility is closed and when it will reopen, and
- (b) directs clients whose animals are in need of emergency care after hours to contact other facilities without specifically naming another facility.

(2) If, instead of directing clients generally to other registrants or facilities as required under subsection (1)(b), the facility instead recommends that clients contact another specifically named registrant or facility that will provide the emergency veterinary services during after hours for the facility’s clients, that registrant must ensure in advance that

- (a) the named receiving facility is willing and able to provide emergency veterinary services to the referring facility’s patients during after hours,
- (b) both parties have reached an emergency care after hours agreement which documents those arrangements, and
- (c) the name, address, phone number and other contact information for the receiving facility is included in the information for clients.

(3) Despite subsections (1) and (2), if it is reasonably likely that a patient the registrant has recently treated or treats regularly will need to receive veterinary services after hours, a registrant must do one or more of the following:

- (a) provide necessary veterinary services in a reasonably prompt fashion to that patient during after hours;
- (b) make appropriate arrangements for the provision of follow-up veterinary services for that patient by another receiving facility who has agreed in

- advance to cover the referring registrant's practice, and so inform the affected client of that arrangement;
- (c) ensure the client has consented to the fact that no specific arrangements have been made for after-hours care by another facility, and ensure the registrant has provided reasonable guidance to assist that client to obtain care or veterinary advice from other sources.
 - (d) if after hours monitoring is not provided, the client must be informed and given the opportunity to transfer the pet to another facility or to take the pet home.

Definitions for referrals and assumption of care

216. For the purposes of section 217 to 220:

"newly involved registrant" means a registrant who has been asked by either a referring registrant or a client to participate in or assume care of a patient;

"previously involved registrant" means either

- (a) the registrant who was providing care to the patient immediately prior to the newly involved registrant, or
- (b) the referring registrant, if care for the patient has transferred to the newly involved registrant.

Referrals

217(1) A registrant must be ready and willing to consult with other registrants, including specialists where appropriate, on examination findings, diagnoses, treatment plans and prognoses.

(2) Where it is in the patient's best interest to do so, a registrant must offer to refer a patient to another registrant who can provide the necessary veterinary services.

(3) If a patient has been referred to another registrant for consultation, a second opinion or treatment, the newly involved registrant must, with the client's informed consent

- (a) render veterinary services in such form or timing that are reasonably necessary for the purposes of the referral and
- (b) are in the best interests of the patient or the client.

Assumption of care

218(1) A newly involved registrant must

- (a) use his or her best efforts to have relevant discussions about the patient with the previously involved registrant, and
- (b) with the consent of the client, obtain relevant medical records from the previously involved registrant.

(2) The previously involved registrant must participate in relevant discussions with the newly involved registrant and, provide patient medical records when so requested by the newly involved registrant.

Avoiding negative comments on care

219(1) A newly involved registrant must not comment negatively on the care rendered by the previously involved registrant until the newly involved registrant

has obtained the medical records from, and discussed those records and the details of the patient with, the previously involved registrant.

(2) Without limiting the generality of subsection (1), a newly involved registrant must not make comments that are unnecessarily critical of the previously involved registrant.

Additional concerns

220. If in his or her medical judgment it is in the patient's or client's best interests to do so, the newly involved registrant

(a) may discuss with the client any additional health concerns the registrant may have about the patient, and

(b) must then use their best efforts to advise the previously involved registrant as early as possible about those concerns.

Sales of drugs

221. A registrant must not sell, supply, prescribe, or in any way assist in the supplying of a pharmaceutical or biological product to a warehouse, pharmacy or lay outlet, or any other person who intends to resell such products, unless the registrant is an employee of a manufacturer or distributor of that product.

Use of outside consultants

222(1) For the purposes of this section, "**outside consultant**" means an external licensed veterinarian who has not been registered with the college pursuant to section 118.

(2) Further to section 46(3)(e) of the Act, if a registrant employs or engages an outside consultant to advise or assist the registrant as a consultant, that registrant is responsible for

(a) any misconduct or breach of the standard of care by the consultant, and

(b) ensuring the consultant does not contravene the Act or the bylaws.

(3) Without limiting the generality of the foregoing,

(a) the registrant must pay the outside consultant directly for any advice or assistance the consultant provides to the registrant, and

(b) the consultant must not bill a client for providing those services.

(4) This section does not apply to an external licensed veterinarian who has been granted temporary registration pursuant to section 118.

Proof of registration

223. A registrant must

(a) post his or her certification of registration with the college at any facility where that registrant provides veterinary services, or

(b) produce evidence of registration with the college if so requested by a client.

Unauthorized practice defined

224. For the purposes of the sections 225 and 226, "**unauthorized practice**" means a breach of one or more of the following provisions of Act:

(a) section 46;

- (b) section 47;
- (c) section 48.

Preventing unauthorized practice

225(1) A registrant must not allow an individual who is not also a registrant to provide a service that constitutes unauthorized practice or that otherwise contravenes the Act.

(2) A registrant must not aid, abet or acquiesce to an individual providing a service that constitutes unauthorized practice or that otherwise contravenes the Act.

Reporting unauthorized practice

226(1) A registrant must report to the registrar or to an inspector if that registrant believes that an individual has provided or may provide a service that constitutes unauthorized practice or has otherwise engaged or may engage in an unauthorized practice.

(2) Without limiting the generality of foregoing,

- (a) a registrant must advise the registrar or an inspector of any unauthorized practice by a registrant of another profession;
- (b) an inspector must report to the registrar if, as a result of an inspection, the inspector believes that an individual has provided or may provide a service that constitutes unauthorized practice or has otherwise engaged or may engage in an unauthorized practice.

Registrant practicing beyond category of registration

227(1) A registrant must not practice beyond the scope of that registrant's granted category of registration.

(2) A registrant must report to the registrar if that registrant has a reason to believe another registrant is practicing beyond the scope of that registrant's granted category of registration.

Pre-purchase examinations

228(1) A registrant who is invited by a buyer to conduct a pre-purchase examination on a current or former patient must:

- (a) disclose to the buyer the registrant's relationship to the seller and advise the seller that such a disclosure must be made to the buyer;
- (b) not accept a fee from the seller, unless the existence and amount of the fee is disclosed to the buyer;
- (c) not disclose their findings to the seller unless the buyer expressly agrees otherwise;
- (d) not disclose any information concerning the patient gained from having provided previous services to that patient without the express agreement of the client who is the current owner of the patient.

(2) A registrant must

- (a) not offer to provide any treatment during a pre-purchase examination, nor undertake any invasive tests, which might put the animal at undue risk;
- (b) only undertake tests beyond clinical examination with the knowledge and consent of the seller.

Charges and statements

229. In charging a client for services provided, a registrant must:
- (a) refrain from charging a fee that is excessive in relation to the nature and quality of the services provided;
 - (b) inform the client in clear terms of the nature of and reasons for the services provided and their relation to the fee charged;
 - (c) record and report promptly to the client the receipt of any monies from the client;
 - (d) at the client's request, provide an itemized statement setting out each separate fee item, its accompanying cost, and the registrant who provided each service.

Fee splitting

230. A registrant must not enter into an agreement with any person or corporation which involves
- (a) the person or corporation directing clients to the registrant, or
 - (b) the registrant sending clients to that person or corporation
- in return for the corporation or person receiving from the registrant a portion of the fee paid by the client to the registrant, or any financial or other reward, whether direct or indirect.

Cosmetic alterations

- 231(1) For the purposes of this section,
- (a) “**ear cropping**” means the removal of part or all of the pinnae or auricles of the ear of a dog;
 - (b) “**tail docking and alteration**” means the removal of all or part of the tail of dogs, horses, cattle, and includes tail blocking and tail nicking;
 - (c) “**tail nicking**” means cutting any of the tail muscles; and
 - (d) “**tail blocking**” means injecting the major nerves of the tail with a substance which affects the animal's ability to move the tail;
- (2) A registrant must not perform ear cropping for any reason, other than to treat an injury or a disease of the pinnae.
- (3) A registrant must not perform tail docking or alteration for any reason, other than to treat an injury or a disease.

Section 231 was amended following registrant approval in November 2016

Division 4.4 – Advertising and Marketing

Designated registrant

- 232(1) The registrant designated under section 200 is deemed to be the designated registrant for the purposes of both Part 3 and this Division, unless the owner of a practice or facility designates another registrant to be the registrant responsible for that practice facility's compliance with this Division.

(2) If another registrant had been designated as the registrant responsible for that practice facility's compliance with this Division, the provisions of section 200 apply to that registrant with respect to advising the registrar of the name and contact information of that registrant.

Testimonials

233(1) A registrant must not, for any marketing purpose or for a financial or other reward of any kind, give an oral or written testimonial or endorsement concerning the effectiveness or any other attribute of any commercial product, including but not limited to veterinary foods and medications.

(2) Subsection (1) does not apply to a registrant's objective comments on or reporting of the results of experiments or clinical studies that are delivered for the purpose of the advancement and sharing of knowledge in the veterinary sciences reported through a journal or at a meeting established for that purpose, or are for the purpose of preventive health recommendations or treatment.

Endorsements

234. A registrant must not display their name as a form of endorsement on a business premise or business advertisement, except when the registrant advertises his or her own veterinary practice in accordance with this Division.

Improper declarations

235. A registrant must not make, or induce a client to make, any statement or declaration or sign any document which the registrant knows or ought to know to be untrue, misleading or otherwise improper.

Guarantees

236. A registrant must not guarantee a cure or the effectiveness of any treatment recommended to the public generally or to any client or person.

Public communications

237(1) When making or engaging in any public communications of any kind connected in any way with the practice or science of veterinary medicine, a registrant must not imply the registrant is communicating on behalf of the college unless specifically authorized as in subsection (2).

(2) A registrant must not make or engage in a public communication on behalf of the college unless and until the registrant first obtains the approval of the council as conveyed by the registrar or the president with respect to the content and other aspects of the communication.

Superior knowledge or ability

238(1) A registrant must not expressly or by inference claim to have knowledge or ability in veterinary medicine that is superior to other registrants.

(2) Subsection (1) does not apply when a registrant is using their specialty title or description of their practice as permitted in Part 2.

Specialist status

239. A registrant must not refer to him or herself as, or infer that he or she is, a specialist, unless

- (a) the registrant has been registered in the class of specialty private practice registration pursuant to section 117, or
- (b) the registrant holds a diplomate status that has been recognized by the registration committee.

Marketing

240(1) A registrant's marketing, whether undertaken or authorized by a registrant must:

- (a) be true and objective;
- (b) be accurate and verifiable;
- (c) not be reasonably capable of misleading the public or any person;
- (d) not be self-laudatory;
- (e) not otherwise be contrary to the honour and dignity of the profession.

(2) For clarity and without limiting subsection (1), a registrant must not use any comparative statements in any aspect of their practice including fees, services, facilities or qualifications.

Onus

241(1) A registrant has the onus of demonstrating that the requirements of section 240 and any other applicable requirements of this Part have been complied with in any marketing undertaken or authorized by the registrant.

(2) A registrant must

- (a) retain records and data sufficient to demonstrate that the registrant's marketing meets the above requirements and any other applicable requirements of this Part;
- (b) retain such records and data required under subsection (2)(a) for a minimum of two years after the final publication of the marketing, and make them available to the college on request.

Fees in marketing

242. Without limiting the foregoing sections, a registrant who includes a fee-related offer in any marketing must ensure that the marketing sufficiently and clearly describes the fees and the services involved so as to enable the recipient or intended recipient of the marketing to understand:

- (a) the nature and extent of the services to be provided and the cost to the client for the services,
- (b) whether there are any fees or other charges for other services or goods that would commonly be provided in connection with the services that are not included in that offer, and if so, the additional costs of those other services or goods; and
- (c) the time period during which the services will be available under the offer.

Division 4.5 – Medical Records

Definitions

243. For the purposes of this Division,

“**client personal information**” means the personal information of a client as prescribed by the *Personal Information Protection Act*;

“**medical information**” means information concerning a veterinary service provided to a patient;

“**medical record**” means a record of information retained by a registrant with respect to a particular patient or group of patients, which contains but may not be limited to, medical information, financial information, personal communications and client personal information.

Interpretation

244. For the purposes of this Part, the client who owns an animal is the owner of that patient’s medical information as recorded in the medical record.

Medical records

245(1) In this section, “**author**” means the person who provided a service, and may include a registrant, a technician or any other person authorized by the registrant to provide that service, or the registrant who supervised the provision of the service.

(2) A registrant must:

- (a) create, maintain and keep current a medical record containing medical information for each patient;
- (b) ensure that medical information in the medical record is
 - (i) written in English,
 - (ii) accurate, complete, appropriately detailed, comprehensible, and
 - (iii) properly organized;
- (c) ensure the author of an entry in a medical record can be identified.

Retention of medical records

246(1) The designated registrant of a facility must retain an original medical record for a period of at least 7 years after the last service provided to the patient, unless the record has been transferred to another facility on closure of the original facility.

(2) In the event of a pending or actual closure of a practice or practice facility, the designated registrant should follow the record retention guidelines approved by the council in relation to the handling of medical records when a practice or office closes.

Security of medical records

247. The designated registrant of a facility must ensure that

- (a) a client’s personal information and a patient’s information in a medical record is collected, used, disclosed and protected in accordance with the *Personal Information Protection Act*;

- (b) the information in a medical record is secure and the confidentiality of that information is maintained, except where disclosure of such information is required or authorized by law.

Disclosure of information

248(1) Subject to section 249(4), the current client has the sole authority to authorize the disclosure of a patient's medical information which may include information from a prior owner to another party.

(2) A client's authorization to disclose medical information may be verbal or written and can be conveyed by an agent of the owner, including another registrant.

(3) On receipt of an authorization for the disclosure of medical information, a registrant must forthwith provide to the designated party the information that is to be disclosed, on such terms and conditions, if any, as the client set within such authorization.

Access to information

249(1) In this section, "access" includes the opportunity to examine or obtain a copy of a client personal information or medical information as recorded in a medical record.

(2) A registrant must allow a client access to their own personal information or their animal's medical information, except if there is a reasonable likelihood that such access may result in serious harm to a patient, client or a third person.

(3) A registrant must respond in a timely fashion to a client's request for access to their own personal information or medical information, by providing

(a) full access to the records, or

(b) written reasons for the refusal to provide full access to the records.

(4) Despite the above, a registrant must provide full access to client personal information or medical information or provide a copy of a medical record to:

(a) any party that has an urgent and compelling need for the information in order to ensure the well-being of an animal;

(b) any party that has an urgent and compelling need for the information in order to ensure the health or safety of the general public or a particular person;

(c) the college for the purpose administering the Act or bylaws;

(d) a government agency or its designate, as required or authorized by law;

(e) a party on the basis of a court order or subpoena.

Disputes over animal ownership

250. If a dispute concerning ownership or treatment of an animal cannot be resolved, registrants must comply with a court order resolving the dispute.

Fees

251(1) A registrant may charge a client a fee for the reasonable costs incurred in creating a copy of a medical record.

(2) If a client is required by a registrant to pay a fee for services provided to the individual to enable the registrant to respond to a request under section 250, the registrant

- (a) must give the applicant client a written estimate of the fee before providing the service, and
- (b) may require the applicant client to pay a deposit for all or part of the fee.

Division 4.6 – Continuing Competence Program

Definitions

252. For the purpose of this Part,

“**approved course**” means a continuing education course or distance learning program, or any other way that a registrant may employ to maintain continued competences, as approved by the continuing competence committee under section 254;

“**credit hour**” means attendance at a veterinary lecture or wet lab in person for one hour or one hour of participation in distance learning through an approved distance learning program.;

“**two-year cycle**” means a two-year period determined in accordance with criteria established by the continuing competence committee under section 253(3).

Interpretation

253(1) The continuing competence committee is responsible for the administration of the continuing competence program established and maintained by the college pursuant to section 3(2)(c) of the Act.

(2) The approval of a course under this Division does not constitute certification of a registrant who has completed that course, nor does completion of such a course approved under this Division lead to granting specialty certification under Part 2.

Approval of courses

254(1) The continuing competence committee may assess, review and approve a continuing education course or a distance learning program, or any other way that a registrant may employ to maintain continued competence, as an approved course, so long as that course or program meets the following requirements:

- (a) the course or program will maintain or further a registrant’s knowledge, skills and abilities in relation to the practice of veterinary medicine, office management or professional ethics;
- (b) the course or program directly relates to the practice of veterinary medicine, office management or professional ethics;
- (c) there is a mechanism to confirm a registrant’s attendance at or completion of the course or program.

(2) The continuing competence committee may develop policies and procedures to help guide the process it will employ to assess, review and approve a course or program for the purposes of subsection (1).

(3) Once a course or program has been approved by the continuing competence committee pursuant to subsection (1) the registrar must post the approved course or program on the college's website.

Mandatory continuing education

255(1) An active registrant must obtain a minimum of 30 credit hours during each two-year cycle.

(2) An inactive registrant does not have to maintain the minimum credit hours in a two-year cycle, but if an inactive registrant applies for registration in a class of active registration, that registrant must then show that he or she has met the requirements for continuing education as set out in subsection (1), prorated to account for the length of time that that registrant was inactive.

(3) The continuing competence committee must establish criteria to determine when each two-year cycle begins for each registrant to whom this Part applies.

Reporting continuing education

256. On renewal pursuant to section 142, an active or inactive registrant must declare in the form required by the registrar, the number of credit hours of continuing education attained in the preceding year.

Verification

257(1) A registrant must keep proof of having met the continuing education requirement for at least one year after completing the two-year cycle specified in section 255.

(2) On request by the continuing competence committee, an active or inactive registrant must provide verification of compliance with this Part in the form of documentary proof of their attendance at or completion of the courses and credit hours attained and in the form approved by the continuing competence committee.

Continuing education audits

258(1) The continuing competence committee may undertake an audit of a registrant to ensure compliance with section 255.

(2) For the purposes of conducting an audit under subsection (1), the continuing competence committee may retain the services of an inspector appointed pursuant to section 49 of the Act. An inspector undertaking an audit pursuant to this subsection is vested with the authorities prescribed by section 49 of the Act.

(3) If during an audit, the continuing competence committee or the inspector finds an inaccurate or false report and is unable to resolve that deficiency to its satisfaction through subsequent discussions with the registrant, the continuing competence committee may report that finding to the investigation committee which may then investigate the registrant for a breach of the bylaws pursuant to Part 4 of the Act.

Division 4.7 – Delegation and Supervision

Definitions

259. In this Part:

“animal health technologist” means a person who is:

- i) a graduate of a course in animal health technology accredited by the CVMA and recognized by the college, or
- ii) a person registered with the Animal Health Technologists Association of British Columbia.

“direct supervision” means a registrant is sufficiently nearby in a facility, or the place where veterinary services are provided away from a facility, such that the registrant is available to consult the person performing the designated procedure or treatment or to attend to the animal as competent veterinary practice requires for the particular procedure or treatment;

“direct personal supervision” means the registrant is present in person and sufficiently nearby to see, hear and direct the employee who is performing the designated procedure or treatment, and to attend to the animal as competent veterinary practice requires for the particular procedure or treatment;

“indirect supervision” means the registrant has given either oral or written instruction to another person to perform the designated procedure or treatment and the patient has been examined by the registrant at such times as competent veterinary medical practice requires, consistent with the particular procedure or treatment;

“non-registrant veterinarian” means a person who has obtained a degree in veterinary medicine but is not a registrant of the college;

“registered health professional” means a health professional who has been registered with a college pursuant to the *Health Professions Act*;

“veterinary student” means either

- (a) a student currently enrolled in the final year of a program of veterinary studies in an accredited school of veterinary medicine, or
- (b) a graduate from a non-accredited school of veterinary medicine who is participating in an upgrading program recognized by the registration committee in preparation to sit the North American Veterinary Licensing Examination and obtain a CQ.

Interpretation

260. The provisions of this Division apply equally to an employee or any person who is not a registrant, and who is hired on a short-term basis, including by contract, to perform tasks that can be delegated under this Division.

Registrants as employees

261. A registrant employed by a non-registrant employer, including a corporation, must, regardless of the direction of that employer, conduct themselves in

accordance with the Act, the regulations, the bylaws and other applicable rules and guidelines of the college.

Registrant delegation to employees

262(1) Subject to sections 264 to 266, a registrant may delegate procedures or treatments to an employee or another person who is not a registrant.

(2) A registrant must not direct or permit an employee or another person who is not a registrant to perform any procedure or treatment if the registrant is not satisfied that person is competent to perform that procedure or treatment.

Registrant ultimately responsible

263. Despite any provision of this Division

- (a) a registrant is responsible for the actions of any person to whom the registrant delegates the performance of a procedure or treatment, and
- (b) if a registrant delegates the performance of a procedure or treatment, the registrant is responsible for assessing that person's competence to perform such a delegated procedure or treatment.

Specific procedures or treatments under direct personal supervision

264. (1) A registrant may permit an employee or any other person who is not a registrant to perform the following procedures or treatments or other tasks that are comparably similar in nature to those listed, under the registrant's direct personal supervision, provided they are performed in accordance with the bylaws:

- (a) to induce and maintain anaesthesia;
- (b) to suture skin;
- (c) to collect and transfer embryos;
- (d) to perform dental cleaning and prophylaxis, including dental extractions not requiring surgical intervention;
- (e) to collect urine by cystocentesis;
- (f) to administer rabies vaccine.

(2) A registrant may permit a veterinary student to perform the following procedures or treatments or other tasks that are comparably similar in nature to those listed, under the registrant's direct personal supervision, provided they are performed in accordance with the bylaws:

- (a) to sterilize dogs or cats;
- (b) to suture minor skin lacerations;
- (c) to lance and treat minor abscesses;
- (d) to perform other similar minor surgical procedures.

Specific procedures or treatments under direct supervision

265. (1) A registrant may permit an employee or any other person who is not a registrant to perform the following procedures or treatments or other tasks that are comparably similar in nature to those listed, under the registrant's direct supervision, provided they are performed in accordance with the bylaws:

- (a) to monitor anaesthetized patients;
- (b) to clean and prepare surgical sites, including wounds;
- (c) to flush ears;

- (d) to apply bandages and splints;
- (e) to perform dental procedures other than dental surgery;
- (f) to perform urinary catheterization;
- (g) to administer enemas;
- (h) to operate a mechanical ventilator.

(2) A registrant may permit a registered health professional to provide veterinary services at the request of the registrant and under the registrant's direct supervision, provided they are performed in accordance with the bylaws.

Specific procedures or treatments under indirect supervision

266. (1) A registrant may permit an employee or any other person who is not a registrant to perform the following procedures or treatments or other tasks that are comparably similar in nature to those listed, under the registrant's indirect supervision, provided they are performed in accordance with the bylaws:

- (a) to perform radiographic procedures;
- (b) to collect specimens for laboratory analysis, except those specimens that require an invasive procedure to collect;
- (c) to perform diagnostic laboratory procedures;
- (d) to administer medications;
- (e) to insert intravenous catheters.

(2) A registrant may permit an employee or any other person who is not a registrant to administer controlled drugs and vaccines excluding rabies vaccines, under the registrant's indirect supervision, provided:

- (a) the registrant has conducted an appropriate examination on the patient consistent with standard medical care,
- (b) the patient has been adequately supervised in the period between the registrant's examination of the patient and the time the registrant's instructions are given, and
- (c) the service is administered in accordance with the bylaws.