



College of Veterinarians of British Columbia

Guidelines for the Use of Telemedicine in Veterinary Practice

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Preamble

This information will set the boundaries and identify the areas of risk for College of Veterinarians of British Columbia (CVBC)-registered veterinarians when applying Telemedicine in veterinary service delivery in B.C. based on current legislation and bylaws. It is not meant to be a deterrent to adopting telemedicine but to help enable registrants to engage in telemedicine with confidence. Telemedicine is an additional tool for registered veterinarians to use in their practice and the application of this tool will, by and large, be left to the professional judgement of the veterinarian. This document is not intended to grant permission to veterinarians not registered to practice with the CVBC to engage in the provision of telemedicine services to members of the B.C. public – such activity will be addressed by the CVBC as Unauthorized Practice.

Each veterinarian must employ sound professional judgment to determine whether using Telemedicine is suitable each time veterinary services are provided and only furnish medical advice or treatment via Telemedicine when it is medically appropriate. Some patient presentations are appropriate for Telemedicine as a part of, or to replace, hands-on medical care, while others are not.

A veterinarian using Telemedicine must take appropriate steps to establish or work within a Veterinarian-Client-Patient Relationship (VCPR) as defined by the College of Veterinarians of B.C. (CVBC), obtain Informed Consent from the client, and conduct all necessary patient evaluations and maintain all medical records consistent with currently acceptable CVBC standards of care.

Telemedicine

Telemedicine refers to the actual practice of veterinary medicine and provision of veterinary services (advice, diagnosis, treatment) which occurs at a distance using technology (audio and video links) between a veterinarian and an animal owner. Telemedicine is a veterinary medical practice tool and involves the evaluation and communication of medical information regarding a patient's clinical health status via electronic methods. It comes with requirements, just like more traditional practice does:

- A VCPR should be already in place to deliver veterinary medicine through telemedicine, however an exception can be made to establish a VCPR through telemedicine when an in-person examination is not possible. The justification for the exception in establishing a VCPR by

telemedicine must be well documented by the veterinarian in the medical record, and include situations where professional judgement confirms that:

- The animal and/or owner cannot physically get into the practice facility and a remote visit is not possible; and
 - Use of telemedicine does not impede the diagnostic process required in the circumstances (See appendix 3).
- Informed consent as laid out in the CVBC bylaws must be in place.
 - Medical records must be kept and shared as described in the bylaws and professional standards of practice.
 - Prescribing a treatment is possible through telemedicine.

The use of a standard checklist and a standard method of confirming informed consent is strongly advised to ensure all requirements are met with each telemedicine consult. An example is provided as an appendix.

TELEMEDICINE SERVICE REQUIREMENTS

I. The Veterinarian providing a telemedicine service must make sure before the appointment starts that the client knows:

- a. The identity of the B.C. veterinarian and B.C. accredited practice facility providing that service.
- b. The jurisdiction and status of the license held by the veterinarian.
- c. The veterinarian's location:
 - i. Declaration that the veterinarian is located in the province of B.C. at the time of the appointment. If the CVBC-registered veterinarian is not physically present in the province of B.C. at the time of the telemedicine appointment, then stating the jurisdiction that they are in and working under. Note: if a veterinarian is working outside of B.C., they must determine for themselves the requirements of that jurisdiction and meet them as well as the requirements of B.C.
 - ii. If the location of the veterinarian is not a private space, that information should be shared as the client could decline the appointment in those circumstances.
- d. How to contact the veterinarian or accredited practice facility so the client could report any unusual reaction, update their contact information, or provide further health information of the patient if required.
- e. That the appointment is to be carried out through telemedicine, and that:
 - a. Telemedicine has inherent limitations and that, depending on the nature of the animal's condition, it may not be possible to proceed without an in-person visit, or that an in-person visit may be necessary for follow-up; and

- b. There are privacy and security issues involved in accessing veterinary care via telemedicine, in that any virtual communication comes with inherent risks, and ensuring that the client accepts those risks.
- f. How charges will be applied.
- g. What options are available (within regular service hours and outside those hours) for follow up care in case of an adverse reaction to prescribed treatment, or a failure of response to the prescribed treatment.

II. The Veterinarian providing a telemedicine service is responsible for:

- a. Knowing that veterinary telemedicine services can only be provided to the B.C. public by a registrant of the CVBC holding an Active Private Practice or Specialty license.
- b. Practicing veterinary medicine via telemedicine only in association with a CVBC-accredited facility. Veterinarians who provide telemedicine in B.C. without appropriate registration and practice facility accreditation will be investigated for Unauthorized Practice by the CVBC.
- c. Ensuring their malpractice insurance covers virtual care platforms including tele-triage and telemedicine.
- d. Accurately documenting the reasons supporting establishing a VCPR via telemedicine when required.
- e. Ensuring that Informed Consent - both for the use of telemedicine and for all services provided and fees charged – is obtained and maintained, and clearly documented in the medical record, just as it is with in-person services.
- f. Ensuring that the technology used with respect to practice via telemedicine is of sufficient and appropriate quality to support the accuracy of remote assessment.
- g. Understanding that a veterinarian-client-patient relationship established by telemedicine must meet the same expectations as when the relationship is established in-person.
- h. Knowing that a veterinarian’s existing legal and professional obligations are not altered when veterinary medicine is provided via telemedicine.
- i. Considering whether practising via telemedicine will enable them to satisfy all relevant and applicable legal and professional obligations and meet the expected standard of care in any specific case.
- j. Employing sound professional judgment to determine whether using telemedicine is appropriate in the circumstances every time they consider practicing via telemedicine, and only providing advice via telemedicine to the extent that it is possible without a physical examination.
- k. Not substituting telemedicine technology for a physical examination when a physical examination is necessary to make an appropriate diagnosis or create a treatment plan.
- l. Determining if the client has a primary care veterinarian (PCV) and obtaining permission and instructions on sharing medical records with the PCV.
- m. Recognizing the need to safeguard a client’s privacy when practising via telemedicine by communicating that all virtual communications have inherent risks.

- n. Maintaining all applicable aspects of record keeping, outlined in the College's regulations and standards, and specifically maintaining all medical records developed through telemedicine appointments in compliance with the CVBC medical records standards, [Guide-to-the-Medical-Records-Standards.pdf \(cvbc.ca\)](#) and providing the medical record information in a timely way to facilitate the continuity of care of an animal between and among veterinarians.

PRESCRIBING THROUGH TELEMEDICINE

~ prescribing is allowed through telemedicine ~

Prescribing medications whether in-person or via telemedicine requires a VCPR and is at the professional discretion of the Veterinarian. The indication, appropriateness, and safety considerations for each prescription issued in association with telemedicine services must be evaluated by the Veterinarian in accordance with all jurisdictional regulations and standards of care.

Prescribing Expectations:

- a. Within a pre-existing VCPR, for a previously existing condition, a veterinarian can prescribe medication for that condition, using professional discretion regarding necessity of physical assessment and/or diagnostic tests to monitor a patient receiving chronic medications
- b. Within a pre-existing VCPR, but for a new condition, a prescription should be intended to fill an immediate short-term need until an in-person examination can occur. To do otherwise would require a documentation in the medical record of why it would not be a risk.
- c. Within a VCPR established via Telemedicine, a prescription should be intended only for the purpose of filling an immediate short-term need until an in-person examination can occur. To do otherwise would require the documentation in the medical record of why it would not be a risk.

When a prescription is provided by telemedicine, the optimal outcome is that the client then goes to the accredited practice and picks up the medication as dispensed by the veterinarian, or the prescription is filled through a licensed pharmacy. In B.C., Practitioners/Practices may dispense prescriptions **only to their own patients** (not another practitioner's/practice's), except under extenuating and exceptional circumstances and following the requirements laid out in the CVBC's *Professional Practice Standard: Veterinarian-Client-Patient Relationship's* section regarding exceptions to the requirement for a full VCPR.

A practitioner or group of practitioners that provide veterinary services within a group of accredited practices of shared ownership may fill prescriptions issued through telemedicine and dispense medications for one another.

If a medication is to be sent to the client, it must be delivered by a system that is tracked and audited. Courier services must be informed that it is a prescription medication that is being sent.

DEFINITIONS

In this section, you will find definitions for the follow terms used in the Guidelines:

1. VETERINARIAN-CLIENT-PATIENT RELATIONSHIP (VCPR)
2. TELE-TRIAGE
3. HYBRID APPOINTMENT
4. TELEHEALTH
5. CONSULTING PRACTICE
6. VETERINARY TECHNOLOGIST (VT)
7. ACCREDITED PRACTICE
8. PRIMARY CARE VETERINARIAN (PCV)

1. VETERINARIAN-CLIENT-PATIENT RELATIONSHIP (VCPR)

From the *Professional Practice Standard*: *Veterinarian-Client-Patient Relationship* (or ‘VCPR Standard’):

A veterinarian meets the regulatory expectations for establishing a Veterinarian-Client-Patient Relationship when they:

1. Establish a VCPR prior to recommending and/or providing treatment or veterinary services (including the prescribing, dispensing, or administering of drugs) for any animal, group of animals, or herd.
2. Reach an agreement with the client as to the scope of services to be provided by the veterinarian and advises the client that services will only be provided in accordance with the CVBC’s bylaws and Professional Practice Standards.
3. Understand that a legitimate VCPR is established and maintained only when:
 - a. The veterinarian has assumed the responsibility for making clinical assessments and recommendations regarding the health of the animal(s) and the need for medical treatment;
 - b. The client has agreed to follow the veterinarian’s recommendations and prescriptions;
 - c. The veterinarian has recent and sufficient knowledge of the animal or group of animals or herd on which to base the assessment, diagnosis, and treatment of the medical condition of the animal(s). What constitutes “recent and sufficient knowledge” is a matter of the professional judgement of the veterinarian in the individual case. When making an assessment, diagnosis, or prescribing, administering, or dispensing a drug, recent and sufficient knowledge is a matter of
 - i. History and inquiry, and
 - ii. 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 are kept reaching at least a general or preliminary diagnosis.

- d. The veterinarian ensures that they are readily available in case of an adverse reaction to a drug or a failure of treatment or has made reasonable arrangements for follow-up evaluation and care with another veterinarian.
4. Provide a client with adequate notice of the termination of the VCPR, allowing the client a reasonable amount of time in which to arrange for care with another veterinarian. This includes designating a period for which emergency services will be provided and ensuring the appropriate transfer of medical records and other relevant information.

The VCPR Standard does allow that, when appropriate, an exception can be made to the requirement for a full, “legitimate” VCPR which may include establishing a VCPR by telemedicine.

This can happen only when both the client and the B.C. licensed veterinarian are within B.C. The requirement and circumstances that support the exception for establishing a VCPR through telemedicine must be fully documented in the medical record which must include how and when a physical exam will be carried out. A new VCPR cannot be established if either the veterinarian or the client is not in B.C. at the time of the appointment. A VCPR that is established through telemedicine is required to otherwise meet the same regulatory expectations as when it is established in-person.

A previously established VCPR will permit a veterinarian and client to engage in telemedicine when either or both are outside of B.C., if this does not contravene any regulation of the jurisdiction where each is located at the time of the appointment.

2. TELE-TRIAGE

Tele-triage is the appropriate and timely assessment and management of animal patients via electronic consultation with their owners. It is primarily focused on identifying need for emergency animal care in life-threatening situations. It assesses a patient’s condition electronically to determine urgency level and the need for immediate referral to a veterinarian, based on the owner’s (or responsible party’s) report of history and clinical signs, sometimes supplemented by visual (e.g., photographs, video) information. The essence of tele-triage is to help the owner to make good and safe decisions regarding a patient’s status and needs (immediate referral to a veterinarian or not), under conditions of uncertainty and urgency.

- Tele-triage in B.C. can only be provided under the delegation of duties from a CVBC-registered veterinarian, in an active class of registration (Private Practice or Specialty Private Practice) working at an accredited practice facility and within the scope of their registration.
- Tele-triage cannot be used to make a diagnosis, develop a treatment plan, or provide medical advice (beyond whether after hours veterinary medical attention should be sought).

Tele-triage is an application of veterinary practice that comes under a delegation of duties from a CVBC-registered veterinarian to a person who is not a CVBC-registered veterinarian, and who therefore cannot provide veterinary services as defined in the *Veterinarians Act* of B.C. A VCPR is not required to provide tele-triage and cannot be established through tele-triage. Tele-triage cannot be used to

give a prognosis, make a diagnosis, or prescribe a treatment. In tele-triage a diagnosis must not be given.

If any advice is provided by a person who is not an appropriately registered CVBC veterinarian, that must be clearly identified at the beginning of the telemedicine appointment along with the name of the practice facility and veterinarians under whose delegation they are acting. The use of a standardized checklist and method of confirming informed consent, as suggested for telemedicine appointments is advised.

3. HYBRID APPOINTMENTS

There are many situations where telemedicine cannot be used as the sole approach but may be an effective addition to streamline and optimize client experiences. For example, a new puppy appointment could be first conducted via telemedicine to obtain the full history, identify client issues, and provide generic puppy health information. This could be followed by a shorter clinic appointment for physical examination, administration of vaccinations and any further testing suggested by the history and clinical findings.

4. TELEHEALTH

Telehealth is an ambiguous and overarching term that encompasses all uses of technology geared to remotely deliver health information, education, or care. It allows long-distance veterinary contact, through technology like phone, email, and videoconference to provide animal care, advice, reminders, education, intervention, and monitoring. Not all these would require a VCPR to be in place for delivery of the service. Telehealth is anything and everything health related where you are not standing in a room together during the provision of the service.

5. CONSULTING PRACTICE

Consulting practice means a veterinary practice in which a registrant provides veterinary services to other registrants or practice facilities, including online, and does not have its own premise, structure, vehicle, or facility. Without an accredited practice facility, the registrant cannot offer telemedicine directly to the public.

6. VETERINARY TECHNOLOGIST (VT)

The Veterinary Technologist (VT) is a college graduate who has trained to be a paraprofessional in the field of veterinary medicine. The CVBC currently does not certify Registered Veterinary Technicians (RVT) and they are not currently regulated in B.C. as they are in some other provinces. In B.C., a veterinary technologist can only provide veterinary services under the supervision of an appropriately CVBC registered veterinarian, under the same rules as any other employee.

7. ACCREDITED PRACTICE

All telemedicine service delivery must be carried out by a veterinarian who is employed by and working through a CVBC-accredited practice facility. This would include mobile practices but excludes

consulting practices. The nature of the veterinary services should be in line with the scope of that facility's accreditation (e.g., small animal, large animal, equine)

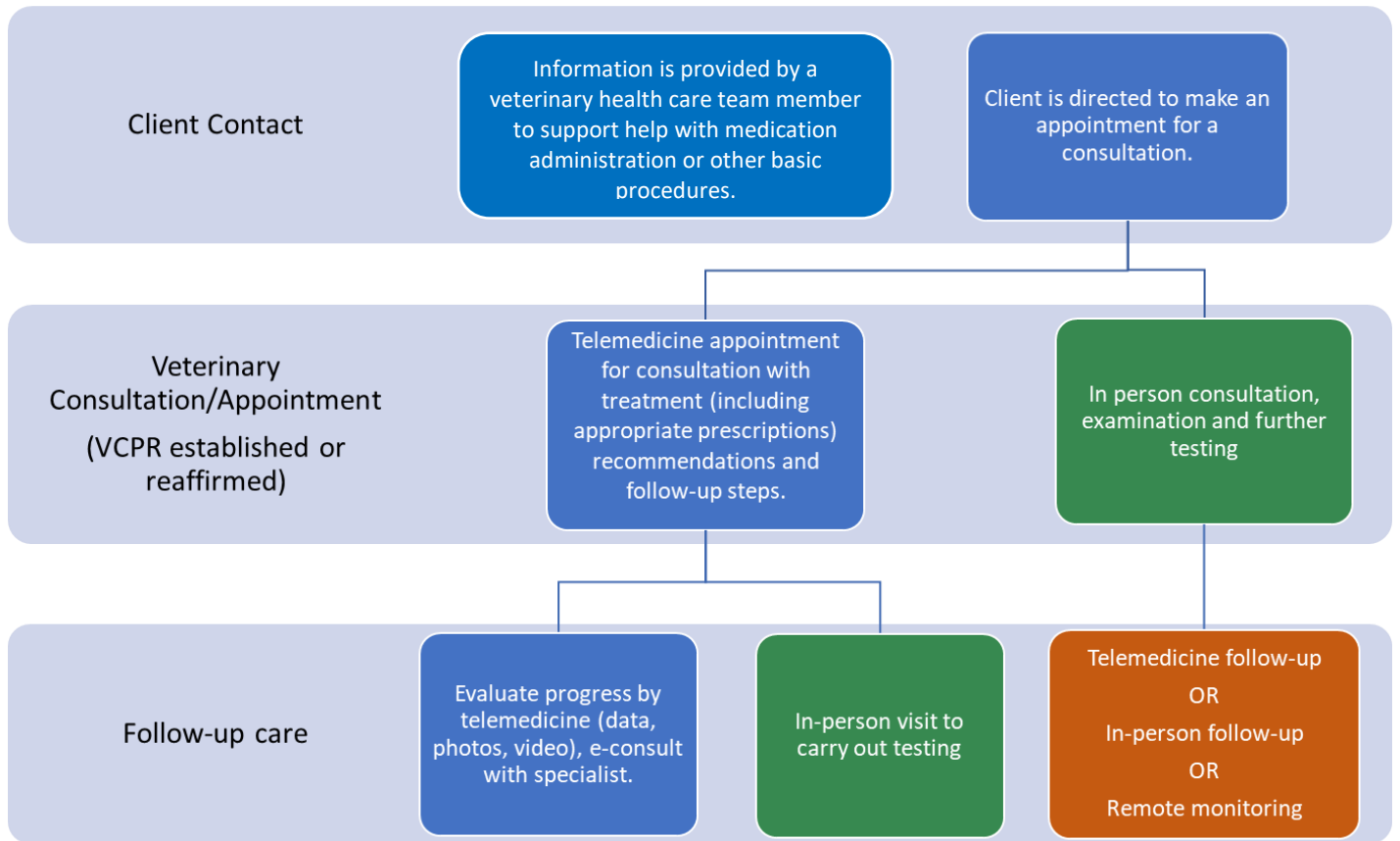
8. PRIMARY CARE VETERINARIAN (PCV)

The veterinarian that the client routinely consults and who routinely provides in-person veterinary care to the animal.

APPENDICES

1. FLOW CHART OF THE INTEGRATION OF TELEMEDICINE IN VETERINARY PRACTICE IN B.C.
2. CHECKLIST FOR COVERING THE REQUIRED DISCLOSURES AT THE BEGINNING OF A TELEMEDICINE APPOINTMENT.
3. BASIC EXAMPLES OF USING TELEMEDICINE IN PRACTICE.
4. EXAMPLES OF CONSENT TO USE ELECTRONIC COMMUNICATION.

Appendix 1. Integration of Telemedicine in Veterinary Practice in B.C.



APPENDIX 2. **SAMPLE** CHECKLIST FOR COVERING THE REQUIRED DISCLOSURES AT THE BEGINNING OF A TELEMEDICINE APPOINTMENT.

Telemedicine Checklist



Date _____
Time _____

Veterinarian *

- Name
- Registration: jurisdiction, classification
- Current location (city, province) **NOTE veterinarians must carry out the appointment from a quiet and private area.**

Owner

- Name
- Home Address
- Current Location *
- Primary Care Veterinarian
- Contact mobile phone number
- Contact email
- Method of payment
-

Veterinarian-Client-Patient Relationship

- Is a VCPR in place
- If this is establishing a new VCPR has the justification for that been documented in the medical record*
-

Animal

- Name
- Species and breed
- Age
- Sex
- Current medications
-

Informed Consent

- To proceed with telemedicine consultation *
- Level of privacy and security with telemedicine platform
- Treatment plan *
- Send medical record to Primary Care Veterinarian
- Aware of the limitations of telemedicine and that an in-person appointment may still be required



* Items marked with an asterisk (*) must be done by the veterinarian not by a delegate

APPENDIX 3. EXAMPLES OF APPLYING TELEMEDICINE IN PRACTICE

The following are basic examples of topics that could be successfully addressed via telemedicine. **This list is not exhaustive** and is intended to be demonstrative, rather than prescriptive:

- Treatment of on-going skin conditions such as flea or food allergy, atopic dermatitis, parasitism, and general dermatology topics
- Aggressive animals that need sedation to come into the practice facility and a controlled medication needs to be dispensed. A telemedicine appointment prior to this would be advantageous and would be establishing the VCPR.
- Simply being an aggressive animal could also be a justification for some appointments by telemedicine, but there is a limit to what can be done with telemedicine and should only occur at the discretion of the registrant's professional opinion.
- Behavioral consultations
- Eye and ear ongoing treatment assessments
- Preventative care - Wellness exams that can later be completed in hospital
- Palliative care monitoring
- Continued management of chronic conditions
- Remote patient monitoring
- Lameness exams
- Acute diarrhea
- Post-surgical checks
- Prescription refills for chronic conditions
- Prescribing flea and tick medications, heart worm products, topical medication, anthelmintics and more
- Assisting owners in remote communities
- Assisting owners unable to bring their pets in

APPENDIX 4. EXAMPLE OF CONSENT FORM

'Client Consent Form for Telemedicine Services' courtesy of the Veterinary Virtual Care Association (VVCA) - <https://vvca.org/>

CLIENT NAME: _____
E-MAIL: _____
PHONE NUMBER: _____
MEDICAL RECORD #: _____
PATIENT NAME: _____
SEX/ BREED: _____
COLOR: _____ PATIENT AGE: _____
PRIMARY CARE VETERINARIAN (PCV): _____
PCV EMAIL: _____ PCV PHONE NUMBER: _____

CONSULTANT: _____
CONSULTANT'S SPECIALITY: _____

Introduction

Telemedicine involves the use of electronic communications to enable animal health care providers at different locations to share individual patient medical information for the purpose of improving animal care. Providers may include primary care veterinarians, specialists, and/or subspecialists. The information may be used for diagnosis, therapy, follow-up and/or education, and may include any of the following:

- Patient medical records
- Medical images
- Real time text communication
- Live two-way audio and video
- Output data from medical devices and sound and video files
- Electronic systems used will incorporate network and software security protocols to protect the confidentiality of client and patient's identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Expected Benefits:

- Improved access to medical care by enabling a client and patient to remain at a remote site while the veterinarian obtains test results and consults from other veterinarians at distant/other sites.
- More efficient medical evaluation and management.
- Obtaining expertise of a distant specialist.

Possible Risks:

As with any medical procedure, there are potential risks associated with the use of telemedicine. These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g., poor resolution of images) to allow for appropriate medical decision making by the veterinarian and consultant(s);
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment;
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information;
- In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other judgment errors;

By signing this form, I understand the following:

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies me will be disclosed to researchers or other entities without my consent.

2. I understand that I have the right to withhold or withdraw my consent to the use of telemedicine during the patient's care at any time, without affecting the patient's right to future care or treatment.

3. I understand that I have the right to inspect all information obtained and recorded during a telemedicine interaction and may receive copies of this information for a reasonable fee.

4. I understand that a variety of alternative methods of medical care may be available to the patient, and that I may choose one or more of these at any time.

_____ (name of primary care veterinarian) has explained the alternatives to my satisfaction.

5. I understand that telemedicine may involve electronic communication of the patient's medical information to other medical practitioners who may be in other areas, including out of province.

6. I understand that it is my duty to inform _____ (name of primary care veterinarian) of electronic interactions regarding my care that I may have with other healthcare providers.

7. I understand that I may expect the anticipated benefits for the patient from the use of telemedicine in their care, but that no results can be guaranteed or assured.

8. I understand that in an emergent consultation, the responsibility of the telemedicine consulting specialist is to advise my primary care veterinarian and that the specialist's responsibility will conclude upon the termination of the conference connection.

Client Consent to The Use of Telemedicine

I have read and understand the information provided above regarding telemedicine, have discussed it with my veterinarian or such assistants as may be designated, and all my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemedicine in the patient's medical care.

I hereby authorize **(name of veterinarian)** to use telemedicine during the patient's diagnosis and treatment.

Signature of Client: _____

Date: _____

Witness: Date:

I have been offered a copy of this consent form (client's initials)

[Link](#)