



# DELEGATION OF VETERINARY CARE IN BRITISH COLUMBIA

## NAVIGATING THE CURRENT LANDSCAPE WITH CONFIDENCE

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A HUGE THANK YOU TO OUR GENEROUS SPONSORS



TRUE NORTH  
VETERINARY DIAGNOSTICS

# TK'EMLÚPS TE SECWÉPEMC

## WITHIN THE SECWEPENCÚL'ECW

“Where the rivers meet”



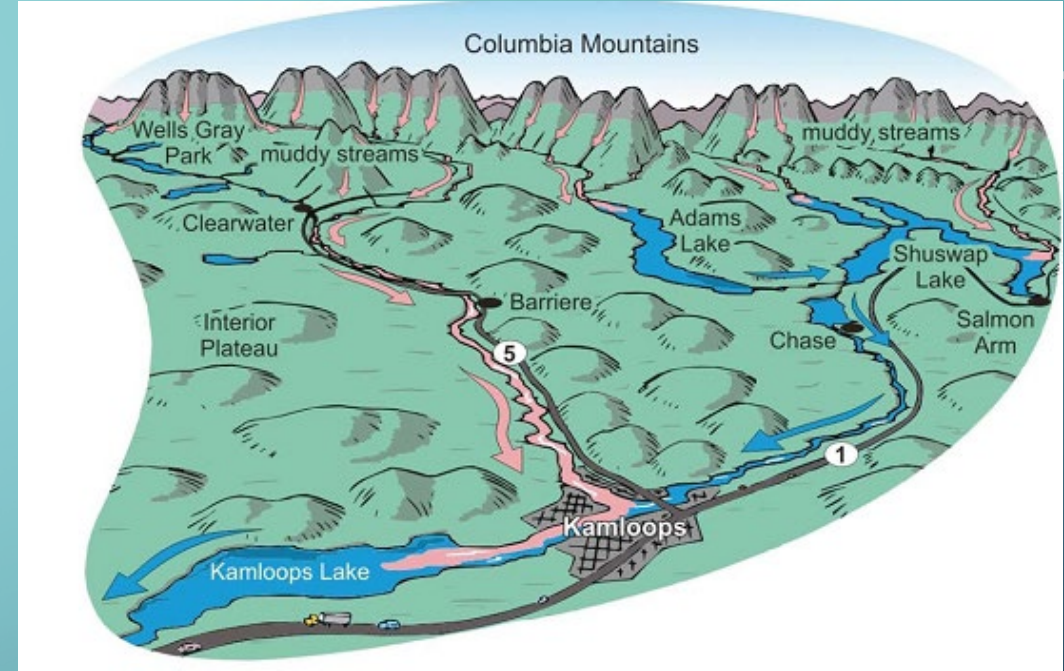
*Tk'emlúps* (Kamloops), British Columbia.

(Image: [ourtru.ca](http://ourtru.ca))

# THE TWO MUST COME TOGETHER AND FLOURISH



Photo credit: Peter Olsen, 2025



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# WHAT QUALIFIES ME TO BE HERE TODAY?



THOMPSON RIVERS UNIVERSITY Faculty of Science X **STAMP**  
Faculty Friday



Dr. James Sudhoff, DVM



- Served 13 years in general, private, small animal practice
- Am currently in my 7<sup>th</sup> year at TRU. Tenured.  
“Associate Teaching Professor”
- I am part of a team that graduates quality technologists,  
most go on to become registered.

# SO WHY ARE WE TOGETHER ALL HERE TODAY?

- It's a very exciting time to be in veterinary *Medicine*
- Change is on the horizon and you're looking for it
- We're on the verge of a culture shift in the approach to animal care.
- At a turning point in treatment.

**How do we engage the team and Delegate Veterinary Care Responsibly?**

# THROUGH THIS PRESENTATION

We will navigate the delegation of veterinary care within the current B.C. Landscape

- Identify the Issue
- Seek a Solution

→A Quest: Who What When Where Why & **How**

→A Map : The “Glorious Guide” to **How**

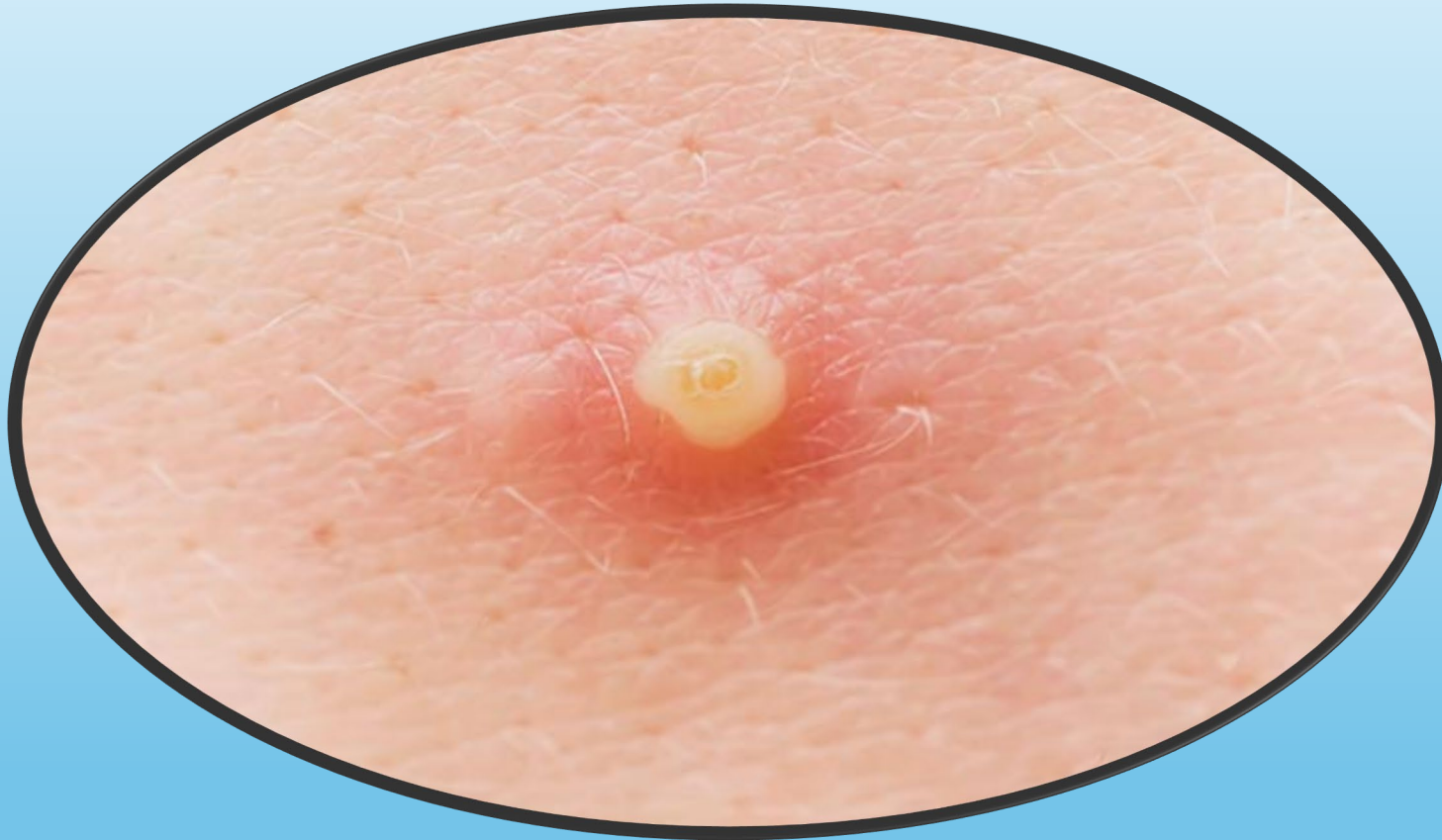
→A Course: Navigating the seven “Cs”



## BY THE END OF THESE SESSIONS, I HOPE YOU CAN APPRECIATE...

- That you have to **want to change** to really pursue it.
- Changing clinic culture is an **investment**, but its worth it!
- That you **can** do it.
  - “Many things seem impossible until they’re done”
  - You can change clinic culture to improve outcomes
- You have **guidance** from provinces that are further ahead on this.
- **Legislative change is needed to clarify RVT scope of practice**
  - Internal (vet clinic) policy will only go so far
  - Will remove uncertainty regarding roles and allowances

# The issue: Under Pressure



“the Pimple”

# UNDER PRESSURE

We are all very aware of the current situation we are in.

- Veterinary and RVT staffing shortages
- Compassion fatigue
- Employee Burnout
- Increased Client expectations
- Client Dissatisfaction and mistrust on the rise
  - Impression that costs for care are skyrocketing
  - Value of Service - Rushed feeling
  - Communication gaps
  - Not enough time available to thoroughly explain conditions or procedures.

# POSSIBLE SOLUTIONS

- **Changing the culture** and mindset around provision of veterinary care
- **Elevating non-DVM team members** to operate within the full capacity of their roles
- **Re-thinking workflow** and delegating tasks when possible/acceptable
- **Empowering Team Based Medicine** – a shift from a DVM-centric clinical mindset

# CHANGE

- Why even change?
- You have to really **want** change to pursue it.
- It's both **exciting and frightening** at the same time.
- What is the **"North star"** that guides you?
  - Better patient care?
  - Work Life Balance?
  - Meeting your communities needs?



# OUR CURRENT LANDSCAPE

BC is in some confusing times...

- **RVTs are not regulated** in BC.
  - BC is the only western province without regulation. NL it is optional.
  - There is no defined scope of practice for RVTs.
    - Medical tasks can legally be delegated to anyone, regardless of training.
  - There is no outright accountability- falls on the registrant
- RVTs are working on Regulation- the “Made in BC model”.



Image Wikipedia

# Delegation of Care

Who – What – When – Where – Why  
& How

(I will just present them slightly out of order 😊)



# WHY?

Because times are changing and  
We are all worth it!

Like Mark Carney, said in his famous Jan 20<sup>th</sup>, 2026 Davos speech:

**“Nostalgia is not a strategy, but we believe that from the fracture, we can build something bigger, better, stronger, more just”**

# TO ALLEVIATE PRESSURE AND INCREASE SATISFACTION

- Ask yourself- why then is not everyone at a practice a DVM?
  - You are already delegating
  - Now increase your comfort level and move the needle on delegation.
- Give opportunity for other Team-members to generate income
  - onus in not just on registrants.
- To give better access to care
  - Days of the week
  - Extended hours
  - Extended health care professional options.

# MENTAL WELLNESS 🧠

- **Job Satisfaction**
  - RVTs in their expanded roles
  - DVM getting to do more of what they love.
  - Reception having the power to orchestrate workflow with greater options.
  - Feeling of contribution to a team– Win-Win.
  - Decreased attrition of RVTs/other staff
- **More Efficient**
  - Reframe service provision models. Greater time management.
  - Get more done in a day and feel more productive.
- **Better Animal Care and Client Service opportunities (e.g.)**
  - DVM: More time afforded to research or work through tough cases
  - Managing chronic conditions
  - Hospice & end of life



## MORE “YES’S”

RVTs: With more time for clients, have better perceived care

**More “Yes’s” = more care provided**

(Proven results in Ontario, 1000’s of interactions)

**The Myth:** that clients only want to see a veterinarian:

**The Truth:** Clients don’t care about credentials as long as they are provided with a quality, compassionate experience that they **value**.



# WHO

- In terms of employees, the CVBC only specifies that a Veterinarian (“Registrant”) can delegate to...  
*“non registrants”*
- So how do you navigate which tasks to delegate to whom?

# THE LANGUAGE USED IN THE BYLAWS:

...discussing specific procedures in the CVBC bylaws

- “ 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...provided they are performed in accordance with the bylaws”

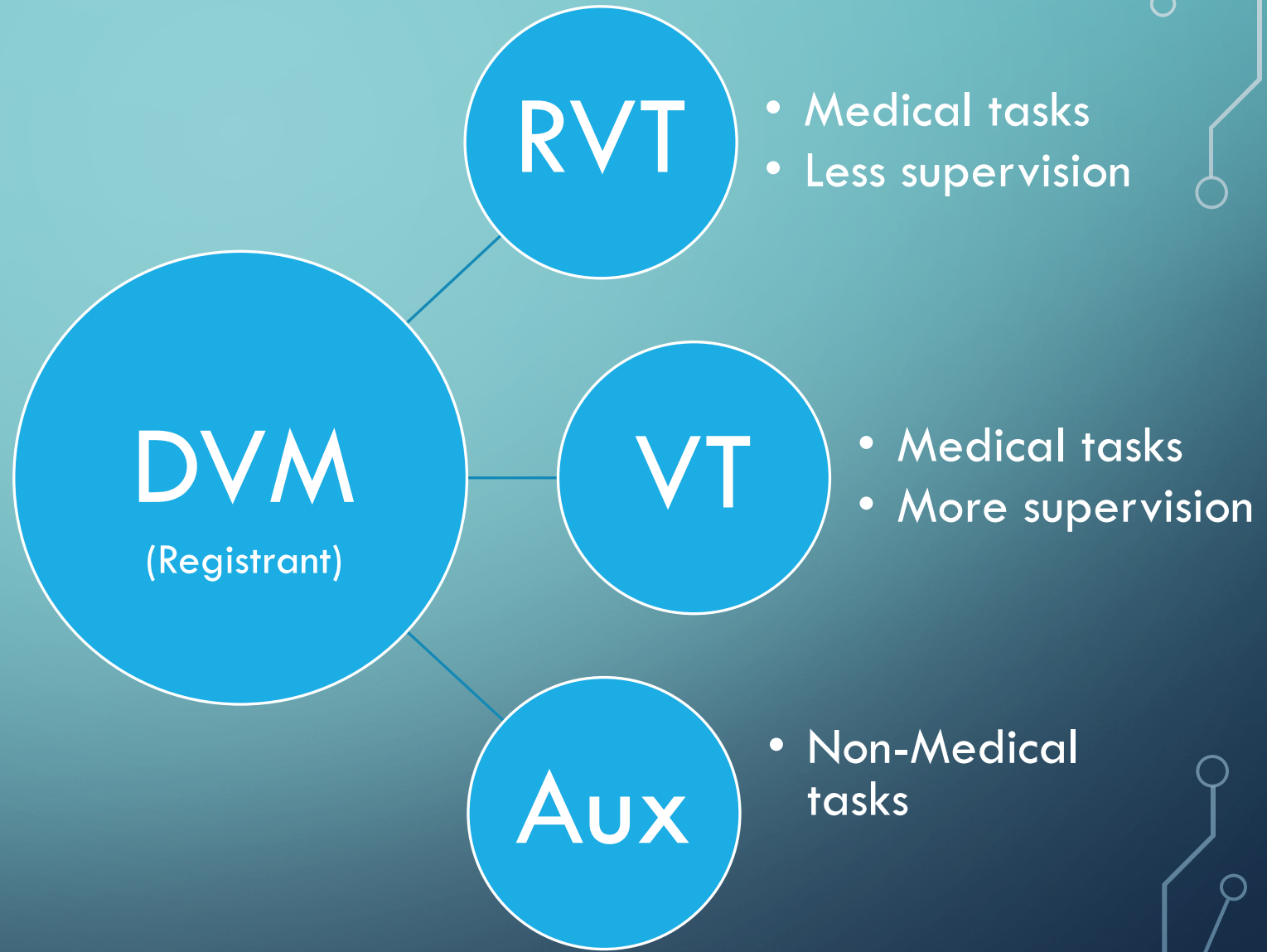
# WHO? RVTS AND OTHER EMPLOYEES

- Everyone has a **different “scope of talents”** – what would they like to build on?
- Engage them:
  - Employees & RVTs are not part of the process; **they are the process.**
- The **“buy-in”** of the culture should be by **everyone**, but the **expansion of roles** should be **optional**.
- **THUS:** create a want and willingness to participate:
  - A **“Pull, not a Push”**
  - From skill acquisition → implementation in practice.
- Find your **Champions!!**



## DELEGATION DECISION TREE

- What prompted the visit?  
Who can see the animal?
  - Can an RVT do it?
    - If yes, then do it.
  - If things change...
    - define when to reach for the vet.
    - Plan for DVM follow-up
- DVM's need to be there to take the baton of needed.



# TRAINING AN RVT

- **On-site** training at an accredited institution
  - **2-year, full time courseload** (fall and winter semesters)
  - In addition to schoolwork, they perform **patient care** and practical “**essential skills**” evaluations, as well as **240 hours of in-clinic practicum**
- **Open Learning Distance Education** through an accredited institution
  - **3-year**, part time courseload (fall, winter, and summer semesters)
  - Must be **working** a minimum number of hours per week **at a vet clinic**
  - Work with Clinic Mentors to complete essential skills demonstrations
  - Complete a mandatory 1-week “wet lab” for large animal and exotics **essential skills**.

# ACCREDITED INSTITUTIONS (2 IN BC)

## Veterinary Technology Programs

Thompson Rivers University – Veterinary Technology Diploma Program

[www.tru.ca/science/diplomas-certificates/vtech.html](http://www.tru.ca/science/diplomas-certificates/vtech.html)

Thompson Rivers University – Veterinary Technology Open Learning Diploma Program

[www.tru.ca/distance/programs/veterinary-technology.html](http://www.tru.ca/distance/programs/veterinary-technology.html)

Douglas College – Veterinary Technology Program

<https://www.douglascollege.ca/program/dpvtec>

Retrieved from BCVTA website, <https://www.bcvta.com/links/>, Oct 2025



Retrieved from: <https://www.tru.ca/marcom/brandguide/logos.html>, Oct 2025



Retrieved from: <https://www.douglascollege.ca/>, Oct 2025

### ANESTHESIA

1. **Premed/Drugs**
  - a. Understand the common premeds and effects on the body including contraindications
  - b. Understand the need for anticholinergics
  - c. At home sedatives like Gabapentin and Trazadone
2. **Induction**
  - a. Understand the types of induction drugs available including:
    - i. Propofol
    - ii. Alfaxalone
    - iii. Ketamine, Ketamine/benzodiazepine, Ketamine/propofol
    - iv. Neurolept-analgesics
  - b. Understand indications for mask induction and chamber induction – no longer performed routinely at TRU
  - c. Know how to intubate a dog and cat
  - d. Transitioning on to inhalant anesthetics
3. **Maintenance**
  - a. Maintain an animal once induced with
    - i. Injectable drugs
    - ii. Gaseous anesthetics using Isoflurane
  - b. Monitor an animal under anesthesia, including several parameters to determine anesthetic stages and planes & know when the Veterinarian needs to be informed
4. **Recovery**
  - a. Recognize when to extubate patient
  - b. Understand the need for ongoing post anesthesia monitoring
5. **Equipment Care & Maintenance**
  - a. Endotracheal tubes
  - b. Rebreathing bags and circuits
  - c. Anesthetic machines

### DENTISTRY

1. Know the dentition for the dog & cat
2. Identify, use and care of basic hand instruments
3. Use an ultrasonic scaler and a simple dental unit
4. Perform dental radiography using a digital dental x-ray unit
5. Understand the principles of simple extractions
6. Understand periodontal disease, its progression and its treatment
7. Know how to perform a complete dental cleaning on a dog or cat
8. Be able to give the client basic education on oral home care

### LABORATORY ANIMALS

1. Know how to pick up, handle & restrain rats & mice
2. Perform a PE, including sexing the animals
3. Know how to obtain a blood sample from each species
4. Understand the basic concepts of anesthesia for rats & mice
5. Understand nutritional & husbandry needs for rats & mice
6. Know basic concepts of quality control/biohazard containment associated with lab animals in research.

### ANIMAL DISEASES

1. Understands the concepts of infectious and non-infectious diseases, and how infections occur
2. Be able to give basic advice on the disease, its communicability and methods of prevention
3. Zoonotic risks of Rabies; Sample preparation and submission of suspect cases

### SMALL ANIMAL CARE

1. Perform physical exam, TPR & know normal ranges for these parameters
2. General bathing / grooming procedures
3. Basic eye care / ear cleaning
4. Administration of IV, IM, Sub Q, P/O medications
5. Enemas (demo only)
6. Anal Gland Expressions (demo only)
7. Perform basic bandage techniques
8. Collect various samples - blood, urine, fecal
9. Perform basic limb stabilization techniques including:
  - a. Thomas Splint – discussed only – no demo
  - b. Meta splint
  - c. Robert-Jones bandage – discussed only – no demo
10. Care for a traumatized animal including instillation of jugular or extremity catheter & know fluid requirements for these animals
11. Cystocentesis & urinary catheterization (female & male dog & cat)
12. Nutritional needs for various types of patients
13. Understand the principles of enteral nutrition and techniques
14. Animal restraint including muzzles/cat bags
15. Apply basic physiotherapy techniques
16. Manage and deliver nursing care to pediatric and geriatric patients

### LARGE ANIMAL CARE

1. Perform basic restraint procedures in cattle, sheep, goats, horses, & poultry
2. Clean hooves & perform routine hoof trimming on small ruminants & horses
3. Perform IV, Sub Q & IM injections
4. Collect blood samples
5. Basic nutrition, genetics, vaccination protocols & large animal husbandry
6. Knots
7. Basic familiarity of L.A. instruments
8. Bandaging
9. Reproductive behavior, parturition and neonatal care

### PHARMACOLOGY

1. Be familiar with the various types of drugs used in a Veterinary practice & understand their possible side effects/consequences including:
  - a. antibiotics
  - b. cardiovascular drugs
  - c. G/I drugs
  - d. Anti-inflammatory drugs
    - i. Steroids
    - ii. Nonsteroidal
  - e. Narcotics & the Narcotic & Control Drug Act
2. Understand how to properly label/dispense medication

**LAB PROCEDURES**

1. Microbiology
  - a. streak plates
  - b. Do grams stain
  - c. Do basic ID of organism
2. CBC
  - a. Perform White Blood cell estimates on blood film
  - b. Do differential & ID toxic cells
  - c. Assess RBC morphology
  - d. Do a complete CBC including PCV, TSP
3. Urinalysis
  - a. Do basic Dip stick procedures
  - b. Examine urine sediment for casts, WBC, bacteria, renal cells, crystals
4. Clinical Chemistries
  - a. Understand the concept of quality control
  - b. Understand the methodology of and "trouble-shoot" dry serum chemistry techniques (we use Idexx equipment in the laboratory at TRU)
5. Parasitology
  - a. Perform fecal analysis for common mammals & ID common parasites
  - b. Perform Heart worm tests (Knotts)
  - c. Know life cycles of common mammalian parasites
  - d. Understand the various types of parasiticides available
6. Understand the concept of ELISA tests and how to perform them
7. Buccal mucosal bleeding time

**OFFICE/COMMUNICATION SKILLS**

1. Be confident in Microsoft Word and Power Point
2. Students have been trained in the basic functions of a Veterinary Software package - Cornerstone
3. Know how to prepare and write a proper business letter
4. Know how to communicate with clients, including telephone skills
5. Know how to prepare a CV, and conduct an interview for employment
6. Know proper medical terminology
7. Maintain client medical files
8. Understand the concept of client confidentiality & proper record keeping
9. Understand and support human animal relationships, including pet loss and grief
10. Conduct oneself in a professional and ethical manner

**DIAGNOSTIC IMAGING**

1. Prepare & position small animal patients for routine radiographic exposures including:
  - a. Extremities
  - b. Spine & skull
  - c. Chest/abdomen
  - d. Dentistry
2. Understand the concepts of MAS & KVP & their effect on the radiograph
3. Understand and follow the principles of radiation safety
4. Recognize and correct artifacts
5. Process films via automated and digital techniques
6. Trouble shoot radiographs and correct exposure factors
7. Perform maintenance on accessory radiographic equipment, i.e. screens
8. Perform safety checks on accessory radiographic equipment
9. Ultrasound demonstrated; Emerging concepts and the applications of sonograms

**SURGICAL ASSISTANCE**

1. Know how to prepare surgical packs
2. Know the basic instruments in a surgical pack
3. Understand the concept of sterility
4. Know how to:
  - a. prep an animal for basic surgical situations
  - b. perform a routine scrub on oneself, gown and glove
  - c. surgically drape a patient
  - d. pass and use surgical instruments
  - e. clean & handle surgical instruments
5. Know the basic types of sutures & suture patterns and how to place skin sutures
6. Know how to assist in a surgical operation
7. Use a gravity displacement autoclave
8. Use a simple IV infusion pump and administer IV fluids
9. Know how to perform identification techniques such as ear tattoos and microchip placement.

**COMPANION ANIMAL BEHAVIOR**

1. Recognize normal behavior in dogs and cats and to a lesser extend horses and birds.
2. Interpret and apply learning behavior theory including classical and operant conditioning
3. Demonstrate positive, animal friendly management/restraint and training of animals
4. Identify common behavior concerns and problems in dogs and cats and describe/apply sound, basic behavior modification and training techniques to address those concerns
5. Assist clients and others in acquiring current knowledge about pet behavior and determining/attaining realistic behavior goals to facilitate positive pet-people relationships.

**BACKGROUND COURSES**

1. Anatomy of Domestic Animals – several species examined
2. Immunology
  - a. Theory of vaccinations – Future Trend
  - b. Concepts of antigen/antibody interactions
  - c. Lab Tests – external lab – PCR, Titers, IFA
  - d. Lab Tests – SNAP Tests (in-house) Elisa
  - e. Inflammatory process and the body's immune mechanism
3. Math
  - a. Drug Calculations
  - b. Anesthetic flow rates
  - c. Basic Statistical Data
  - d. Concentration / Volume Problems
  - e. Constant rate infusions of fluids and drugs
4. English
  - a. Writing a formal and informal report, including feasibility study
  - b. Write memos, reports and letters
5. WHMIS - have written & passed WHMIS exam
6. Fear Free Certification (multiple species)
7. Nutritional Counselling

# TO BECOME A REGISTERED VETERINARY TECHNOLOGIST “RVT”

1. Has **graduated from an accredited program** of training for veterinary technologists.
2. Has **completed the national licensing exam:**  
“Veterinary Technician National Exam” (VTNE)
3. Has become a **member of their Provincial Association.**
  - maintains annual education and training requirements.

**It's no small accomplishment!**



# VITALLY IMPORTANT

- BCVTA Website



In most Canadian provinces, RVTs are regulated, which means they are internally governed by a professional college. In BC, while we are not currently a regulated profession, the title Registered Veterinary Technologist is a protected title under the Societies Act. This term indicates that the individual using the title is a member of our organization – the British Columbia Veterinary Technologists Association – and meets the eligibility requirements.

Retrieved from: <https://www.bcvta.com/vitally-important/>, Sept 2025



Canada  
Province of British Columbia  
A Proclamation

CHARLES THE THIRD, by the Grace of God, King of Canada  
and His other Realms and Territories, Head of the Commonwealth  
To all to whom these presents shall come – Greeting

WHEREAS registered veterinary technologists (RVTs) are highly skilled members of the veterinary health care team who work to provide quality animal health care, to ensure the humane treatment of all animals and to protect public safety and interest, and

WHEREAS over 1 400 formally educated RVTs work in British Columbia in general practice, specialty practice, large-animal medicine, shelter medicine, education, industry and sales, and

WHEREAS it is important that RVTs maintain their professional registration by completing lifelong continuing education and upholding ethical standards, and

WHEREAS in October, British Columbia's RVTs join their colleagues across Canada to promote awareness of the important contributions of RVTs to the health and well-being of all animals, to public safety and to biosecurity;

NOW KNOW YE THAT We do by these presents proclaim and declare that October 2025 shall be known as

“Registered Veterinary Technologist Month”

in the Province of British Columbia.

IN TESTIMONY WHEREOF, We have caused these Our Letters to be made Patent and the Great Seal of Our Province of British Columbia to be hereunto affixed.

WITNESS, The Honourable Wendy Cocchia, Lieutenant Governor of Our Province of British Columbia, in Our City of Victoria, in Our Province, this third day of October, two thousand twenty-five and in the fourth year of Our Reign.

BY COMMAND.

Attorney General and Deputy Premier

Lieutenant Governor

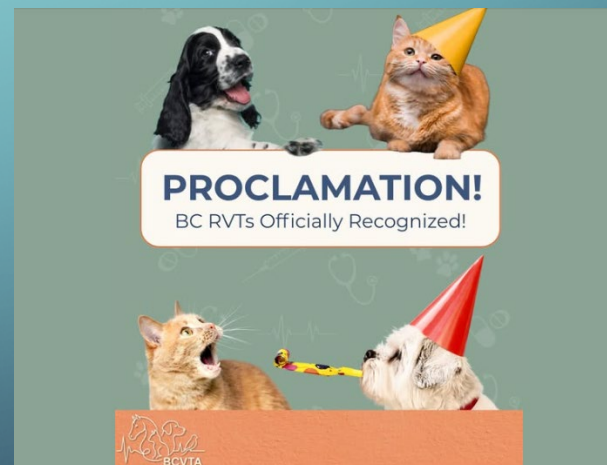
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# Registered Veterinary Technologist

As Proclaimed:

## October is RVT month in BC

An acknowledgement of their value to the Veterinary Team.



# WHAT

...Exactly are you delegating?

Have **Vision** and **Trust**

→ Rethink the clinic workflow.

- Better efficiencies,
- better workflow,
- better client and patient experience.

Better Days 😊

# THE FOCUS

- Should not be on what an RVT can do
- But rather what an RVT **CANNOT** do.



# WHAT

- **Define what success looks like:**

- Efficiencies, Increased revenues, Decreased Stress-increased wellness, Freeing up time for complex case management.

- **Sharing the spotlight/limelight.**

- Think of “different” roles not “lesser than” roles.

- **What can't we delegate**

- Diagnosis, Prescribing (medications or treatment plans), Surgery
- Informed consent.

- **Team Based medicine - Part of the Solution:**

- A paradigm that everything centers around the veterinarian → Time to shift.
- Each role is respected and equally important.

- **Emphasis on providing Value to clients though the High quality of Service**

- **Increased Client Service:** Nutritional Advising, Client Education, Wellness exams, Pain assessments (using chronic pain scales) , Euthanasia services, leading quality of life consultations, demonstrations.
- **Collaboration on in-house patients:** monitoring vitals, documenting, plan on patient discharge, client updates.



British Columbia  
Veterinary  
Technologists  
Association

## What RVTs can do and/or specialize in:

- anesthesia and pain control procedures
- sample collection and laboratory procedures
- radiology procedures
- nursing care for hospitalized patients such as comforting a patient after surgery, changing bandages, and providing nutrition through a variety of methods
- dentistry such as dental cleaning, scaling, polishing, radiographs, and pain control
- emergency medicine
- surgical assistance
- surgical equipment sterilization and preparation
- physical rehabilitation
- massage therapy
- client education
- behaviour consultation
- nutritional consultation
- practice management

## What RVTs are:

- college and university graduates
- highly trained
- paraprofessionals
- work under supervision of a Veterinarian
- participate in clinical decision-making
- work with multiple species
- work in many different settings
- can perform many procedures, except in the areas of diagnosis, surgery, and prescription of medications, which can only be performed by a licensed Veterinarian

## RVT soft skills often include:

- work ethic
- team-building
- decision-making
- communication
- time management
- empathy
- working well in challenging environments

Screen snips retrieved from: <https://www.bcvta.com/vitally-important/>, Sept 2025

# WHEN

WHENEVER YOU ARE READY....

BUT CHANGE IS COMING!



- Take the time to plan for success as opposed to just “winging-it”
- Look to a 5–10-year plan.
  - Change takes time, momentum builds.
- Start: what are you waiting for?
  - Fears? Overcome them right away.
- Daily exposure
  - Can clinic hours be expanded? Is it feasible to increase staffing hours?
  - Accommodate rural commuters or after work appointments: wellness appointments?



IF NOT NOW, WHEN?

“The best time to plant a seed is 20 years ago, or right now”



# WHERE

- From Treatment room to exam room.
- Delegation within your physical clinic
- Delegation when registrant is at a different location
- Virtual appointments?
- Telemedicine follow-ups (RVT/DVM)?

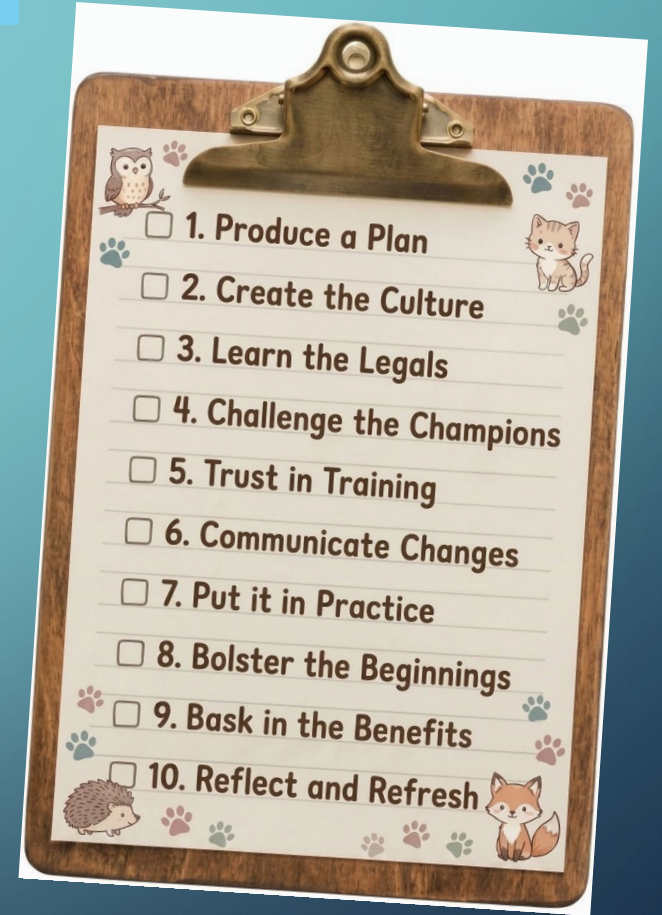


## Where to start ?

→ Get your feet wet.

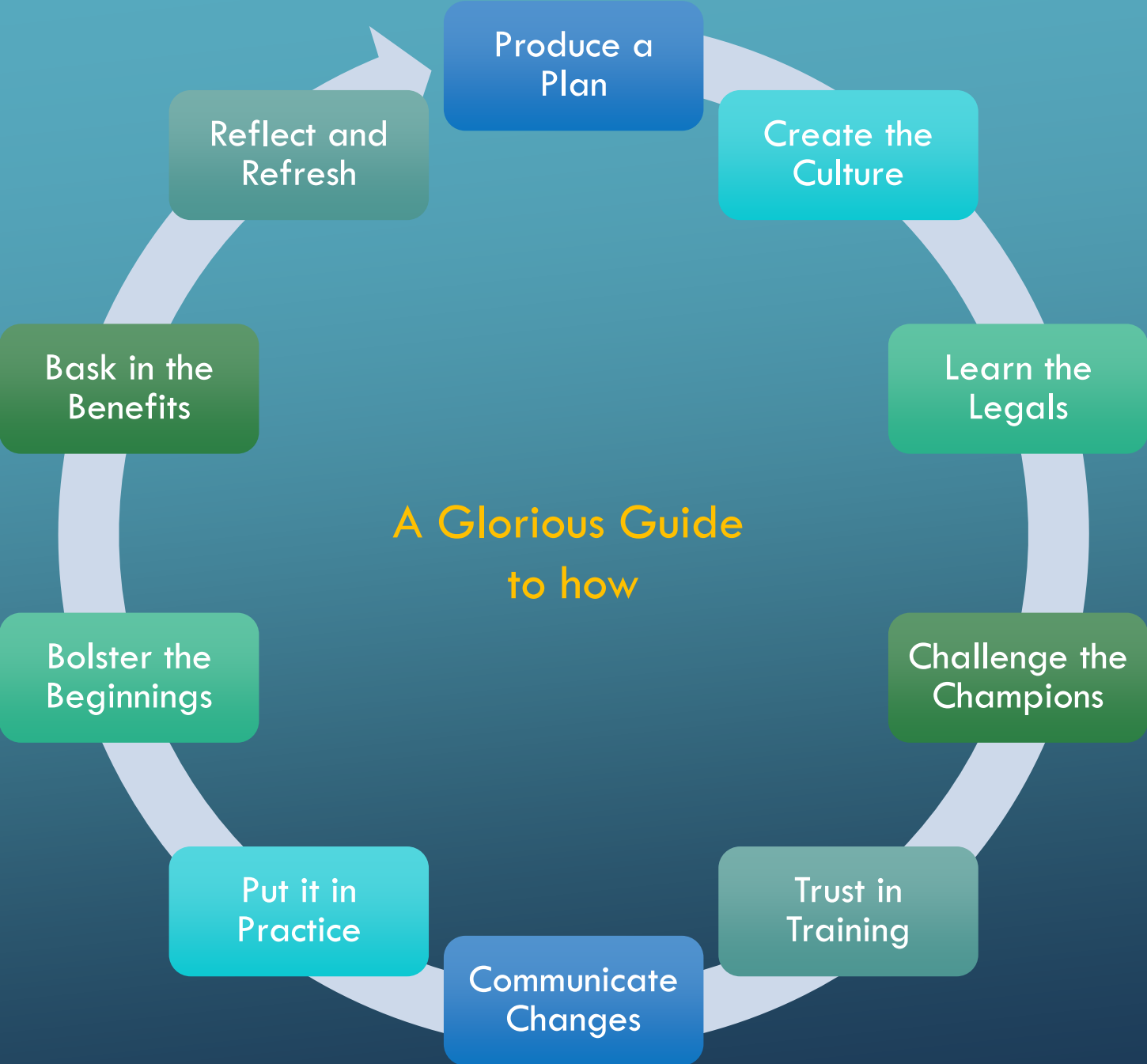
- Filling back logs
- RVTs Vaccine booster appointments  
e.g. "If emergencies come in, I can do booster vaccine appointments."
- Wellness exams
- Emergency triage
- Counselling (weight, parasite, nutrition).

# HOW



Don't just "wing it"

# HOW:



# BE HONEST WITH YOURSELF

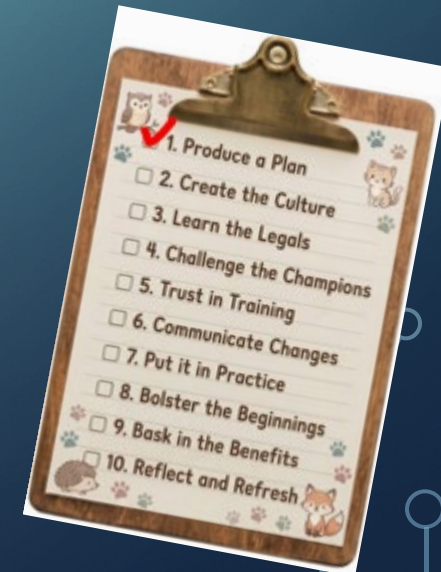
- Vets often want a solution without paying for it. **This truly is a strong investment.**
- You have to really want change and go for it.
  - Make a financial and emotional **commitment** and stick to it.
- **Break barriers down.**
  - Respect across the team. No Levels- we are working in our roles at the same level.
  - Every role in the hospital is equally important.
- **Be creative** & make things up
  - Change can be nerve wracking.
  - It is work- it will not just be handed to you. It does not happen by accident.
- **Evaluate your practice:** Lean into your strengths and find opportunities to support your weaknesses.
- **Get all the vets on board:** Trust your plan, let go of control, and trust in your vision.

“Many things seem impossible until they’re done”

# 1. PRODUCE A PLAN



- Bring Everyone to the table
  - Engage the whole team
  - Allow everyone to provide input and contribute to the decision-making processes
- Ask a lot of questions – of everyone.
- Have openness in listening and be aware of possibilities.
- Be curious. Always.



# THE PLAN

**Envision** where you want your clinic to be within a specific time frames

→ Create **crystal clear, measurable goals** to reach for.

• **How** will you start?

- Short term interventions are rarely going to give you **long term** relief
- You have to look 5-10 years out, but break this into stages
- Set reasonable goals, then build from foundation.
- Mentally budget for it, it can work.



# IDENTIFY THE PAIN POINTS

Can you solve or alleviate the pressures and take the strain off the system?

- **Team?:**
  - Identify any barriers (cultural, professional or logistical) that could be holding you back.
- **DVM Staffing issues?**
  - Delayed hire: months- years.
  - Micro shortages: Not quite the demand for 2<sup>nd</sup> DVM but at the peak of current load.
  - Expanding of time? Not possible due to availability.
  - Difficulty absorbing short term backlog – illness, vacation, CE,
- **Client Frustration?**
  - Is your clinic reaching or at capacity - Booking out weeks not days “appointment overload”.
  - Running late for appointments
    - newer vets longer appointment times/workups.
    - Trying to fit in same day care

# IDENTIFY THE PAIN POINTS

- **RVT attraction:** Hard to attract RVTs?
  - If they see that you have a defined and expanded scope of practice for RVTs...
  - It will attract more hires. Certainty.
- **RVT attrition:** (avg 5-8 years)
  - Underutilized
  - Low Pay
  - Feeling underappreciated
  - Stressful/toxic work environment
  - Burnout

“You wouldn’t have a red seal chef in a restaurant peeling potatoes all day”

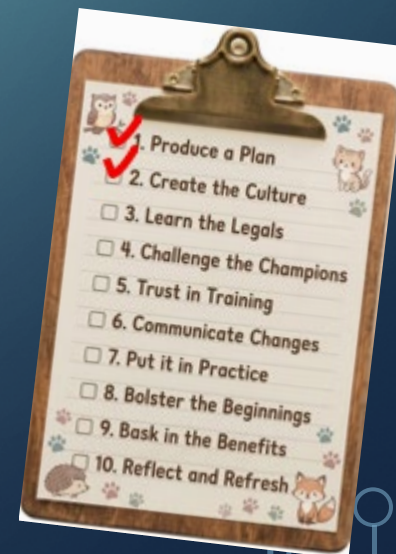
# PLAN → CREATE

- **Create a clear workflow plan** that outlines delegation opportunities for “non-registrants”
  - Are there considerations for: RVTs, VTs, VAs, Reception etc.
- **Create your in-clinic scope of practice** that considers the bylaws.
  - Write policies about what can't be done (SOPs, workflow).
  - DVMs will know what to delegate confidently, RVTs know what to expect and want to do something.
- **Create SOPs or a Clinic manual** for clear direction in specific examples.
- **Clear boundaries as to delegation**
  - tasks
  - intervention points



## 2. CREATE THE CULTURE

- The whole team must be on board
- Remind ourselves: why did we all get into this profession?
- Important to instil is the concept that there is value in their practice
  - Not be just “enjoyable” but “mutually beneficial”
  - A place where employees can:
    - Take breaks
    - Know that your voice matters
    - Contribute to decisions
    - See their team aligns
    - love coming to work.



# Just start

Expectations go from desired to standard

# This is new

Have a culture where we can make mistakes,  
have each others backs,  
identify errors and learn,  
advance skills,  
all without reprimand.



# Opening our mindset

There is a mindset that all staff in clinic have roles that are there “in support of the veterinarians”. This can be exhausting. It’s what is taught in vet school.

Consider a team-based approach.

- Respect all roles at the same level and value them for their scope and talents,
- Allow the entire team to engage in practicing medicine together.

Language matters

These aren’t “tech” appointments

These are **Wellness exams with a Registered Veterinary Technologist.**

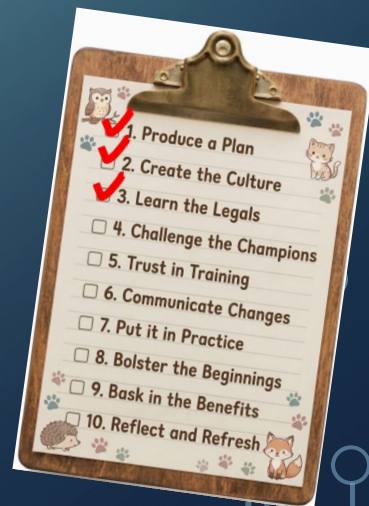
# 3. LEARN THE LEGALS

(BIG SECTION)

- How do the CVBC bylaws and Standards (**regulation**) support the Veterinarians act (**Law**)
- What are the legal considerations about delegating care?
- Types of Legal ramifications
- Levels of Supervision Defined
- **What does the CVBC want you to know?**



**College of Veterinarians  
of British Columbia**



# How would we get in trouble with **delegation**?

## DVMs

- Inappropriate delegation
  - non-delegatables
  - to a non-competent person
- Lack of Proper Supervision level
- Poor Record Keeping
- Failure to Report Unauthorized Practice

## RVTs

- Practicing beyond scope
- Practicing without competency
- Misuse of Title “RVT”
- Negligence or misconduct.



# WHAT ARE THE LEGAL RAMIFICATIONS

Different ways Legal Issues Arise

- **Professional Discipline:**

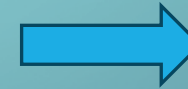
- CVBC Complaints from anyone
- Investigations and subsequent penalties



Can result in limitations, suspensions, and cancellations of a registrant's license

- **Civil Liability: (Clients)**

- Lawsuit – Malpractice, Negligence, or Breach of contract
- Small Claims court



Does not affect your license, a 3<sup>rd</sup> party is seeking compensation

- **Statutory Offences:** Unlawful practice (e.g. Practicing without a licence)

- Injunctions/Restraining orders – stop doing order
- Offence Act Penalties (Criminal enforcement)
  - For Unauthorized practice
  - (up to \$2000 or 6 months Jail or both)

# - THE VETERINARIANS ACT -

- Division:

- 4.2 – Code of Ethics

- General Principles
    - Qualifications or Competence
    - Duties to: Patients and Clients, Public, College, Report, the Profession, other Registrants

- 4.3 - General Standards:

- Informed Consent (211)
    - Unauthorized Practice: defined(224) , preventing (255) & Reporting

- 4.7 – Delegation and Supervision

# STATEMENT FROM THE CVBC REGISTRAR

E-MAIL REPLY : SEPT 8<sup>TH</sup> 2025

**Q:** Is there any message you would directly like me to pass on to fellow registrants during this presentation?

**A:** **“unless a particular task/procedure is explicitly addressed (as an example) in the delegation and supervision bylaws, as with all delegation decisions (whether to RVTs or other clinic support staff), professional judgement of the veterinarian (re what is appropriate to delegate, who it is appropriate to delegate to, and the appropriate level of supervision) is paramount”**

→ Check out the “Roles for RVT” blog on the CVBC website (published Sept 8<sup>th</sup> 2022)”

It was just by chance that I got an e-mail reply on the same date 😊

# CVBC WEBSITE – “ROLES FOR RVT”

- On main page,
  - Hover over “News”
  - Click on “Blog”
  - Scroll to the bottom → Go to Page 2.
- Done in Compliance with the
  - Veterinarians Act
  - CVBC’s bylaws – (part 4 – Ethics and Standards).



## Roles for RVT

🕒 September 8, 2022

Maximizing your veterinary team capacity while staying within the CVBC Bylaws. The pandemic, together with the veterinarian and Registered Veterinary Technologist (RVT) ...

# DELEGATION OF TASKS

## 1. The *Veterinarians Act* establishes:

- **the definition of veterinary medicine** (section 1, Definitions) and also
- **the practice of veterinary medicine as a regulated activity, only to be performed by registrants of the CVBC, except within a series of excepted scenarios, one of which is the treatment of an animal by an employee of a registrant under the supervision of a registrant** (s. 46, Prohibitions regarding practice of veterinary medicine), and

## 2. The following expectations and requirement for practice are **established through Bylaws and Professional Practice Standards:**

- A. Veterinarian-Client Patient Relationship
- B. Delegation and Supervision
  - Ensuring Competency
- C. Informed Consent
- D. Unauthorized Practice
- E. Medical Records Keeping

# First...the **definition** of veterinary medicine

FROM THE **VETERINARIANS ACT**, PART 1 - INTRODUCTORY PROVISIONS, DEFINITIONS

- "**veterinary medicine**" means the art and science of veterinary medicine, dentistry and surgery, and includes, whether or not for consideration,
  - (a) the diagnosis and treatment of animals for the prevention, alleviation or correction of disease, injury, pain, defect, disorder, or other similar condition,
  - (b) the provision of a service prescribed by regulation of the Lieutenant Governor in Council, and
  - (c) (c) the provision of advice in respect of a matter referred to in paragraph (a) or (b).

Second...through the CVBC Bylaws & Standards

## A: VETERINARIAN-CLIENT PATIENT RELATIONSHIP

- **Defined as:** in the CVBC bylaws part 4 199.

“**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”

- **The Practice Standard: VCPR**
  - One of the foundations of effective veterinary care and service.
  - Must exist before a vet recommends or provides veterinary services
  - Required for even “making a recommendation for the use of a particular product”

PERTINENT  
EXCERPTS FROM  
THE  
PROFESSIONAL  
PRACTICE  
STANDARD: THE  
VCPR

A veterinarian meets the Professional Practice Standard: Veterinarian-Client-Patient Relationship when he/she:

1. Establishes a VCPR prior to recommending and/or providing treatment or veterinary services (including the prescribing, dispensing, or administering of drugs) for any animal, group or animals, or herd.
2. Reaches 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. Understands 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 keptto reach at least a general or preliminary diagnosis.
  - d. The veterinarian ensures that he/she is 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.

## B: DELEGATION OF TASKS AND STAFF SUPERVISION

Sections 259-266 of the bylaws (Part 4)

- Requires:
  - the existence of a Valid VCPR
  - an **Assessment, Diagnosis, and Treatment plan** by the veterinarian.
- When making decisions, Strongly consider:
  - Potential for harm (adverse reactions)
  - Unforeseen complications &/or human error
  - The ability of a Veterinarian to promptly intervene and respond if needed.
  - & that “Particular scrutiny” is required when RVTs perform tasks in a mobile practice setting (delegation under indirect supervision)

# C: INFORMED CONSENT

Section 211 of the bylaws (Part 4).

- Imperative:

“that the informed consent discussion is between *the veterinarian* and a *client* ” – it is one part of practice that **cannot be delegated to staff.**

- Obtain **in writing** whenever possible

- Verbal or implied consent may be valid

- Have a witness to that consent

- Is not considered best practice when written consent may be easily obtained.

- Document: **That you did & how you got** informed consent

- Re-confirm Consent: It is an ongoing obligation, not “one and done”

## CVBC BYLAWS, PART 4: ETHICS AND STANDARDS, DIVISION 4.3 GENERAL STANDARDS, (EXCERPTS)

- 211 Informed Consent, (6)

“the information provided to obtain informed consent **must include information about:**”

(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) **The level of supervision** that will 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.

## D: UNAUTHORIZED PRACTICE

CVBC bylaws, Division 4.3, General Standards,  
Sections 224-226 refers to Section 46-47 of the Veterinary Act

“While a veterinarian is responsible for delegating appropriately, under necessary levels of supervision and for the outcomes of those delegated activities, if non-registrants are engaging in those aspects of veterinary medicine which cannot be delegated (diagnosis and treatment decisions), the CVBC may need to **consider** whether the activities **have expanded beyond inappropriate delegation** by the veterinarian and into the staff member engaging in the unauthorized practice of veterinary medicine.”

## E: MEDICAL RECORD KEEPING

Section 245 of the Veterinary act, CVBC Bylaws, Division 4.5 Medical Records, 245(1)

“a registrant must create and maintain medical records, and that the author of an entry in the medical record would be the person who provided the service and could include any person authorized by the registrant to provide the service or could be the registrant who supervised the provision of a service.

The *Professional Practice Standards (PPS)* for medical record keeping provide more detail on what should be included in a complete medical record.”



So now we know that is legally required by the CVBC to Delegate tasks...

Let's look at the language outlining the **Supervision levels** required for certain tasks

# VETERINARIANS ACT, PART 2, DIVISION 2

“The council may by bylaw do any of the following:” ...“create”

## 17 Bylaws regarding practice of veterinary medicine

(e) establish aspects of the practice of veterinary medicine that

- (i) a registrant **may authorize an employee who is not a certified technician** to provide or perform under the supervision of a registrant,
- (ii) a registrant **must not** authorize an employee who is not a certified technician to provide or perform, or
- (iii) may be performed only by registrants;”

## 20 Bylaws to establish services that certified technicians may provide

(a) establish aspects of the practice of veterinary medicine that a registrant

- (i) **may delegate to a certified technician** to provide or perform, or
  - (ii) may authorize a certified technician to provide or perform under the supervision of a registrant;
- (b) establish one or more classes of certified technicians;
- (c) **specify limits or conditions** for registrants in respect of
- (i) delegating aspects of the practice of veterinary medicine to certified technicians, or
  - (ii) authorizing certified technicians to provide or perform aspects of the practice of veterinary medicine under the supervision of a registrant.

# THE LANGUAGE USED IN THE **BYLAWS**:

...discussing specific procedures in the CVBC bylaws

- “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...provided they are performed in accordance with the bylaws”

# FROM; DIVISION 4.7: DELEGATION AND SUPERVISION:

## 259. DEFINITIONS: LEVELS OF SUPERVISION

- Direct Personal Supervision
- Direct Supervision
- Indirect Supervision

# DIRECT PERSONAL SUPERVISION

- Registrant must be Present in person
- Sufficiently nearby to see, hear, and direct the employee who is performing the designated procedure or treatment
- Attend to the animal as a competent veterinary practice requires

264. (1) *Specific procedures or treatments under **direct personal** Supervision*

- (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.

# DIRECT SUPERVISION

- The registrant is sufficiently nearby (in a vet facility or place where vet services are performed)
- Available to Consult the person performing the designated procedure or treatment or to attend the animal as competent veterinary practice requires.
- Provided they are performed in accordance with the bylaws:

265. (1) *Specific procedures or treatments under **direct** supervision*

- (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.

# DIRECT SUPERVISION

...CONTINUED!

265. (2) *Specific procedures or treatments under **direct** supervision*

**(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.**

# INDIRECT SUPERVISION

- Registrant has given **oral or written instructions** to another person to perform the designated procedure or treatment.
- The **patient has been examined by the registrant**, at such times as competent veterinary practice requires.
- They are performed in accordance with the bylaws:

266 (1). *Specific procedures or treatments under **indirect** supervision*

- (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.

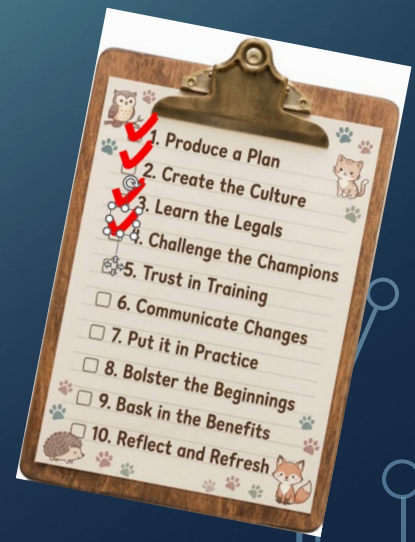
## Indirect supervision ...continued

### 266 (2). SPECIFIC TREATMENTS UNDER INDIRECT SUPERVISION

- (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.

## 4. CHALLENGE THE CHAMPIONS

- **It's not all or nothing-** who do you choose to start the process?
  - Perhaps start with the most Senior/Experienced Technologists
  - Identify people who look bored
- **Unshackle your team members** to expand your practice model
- Explore and set career goals - what do you want to do?
  - Once you know what drives individuals you can challenge them more.
- **Moving Forward**
  - Balance confidence and competence



# HOW WELL DO YOU KNOW YOUR RVT?

- When did they graduate?
- What experience do they have?
- What training and additional certifications have they obtained?
- What excites and interest them ?
- What are their Professional Passions (area specific)?
- What would they like to **champion?**
  
- How do you ignite their spark
  - → What do they like to do?
  - → What sets them apart from others?



<https://www.istockphoto.com/>

## LISTENING TO OUR RVT'S

- Let Technologists utilize their time to do what they are trained to do.
- If not Utilized, RVT's will get bored – loose their passion.
- Growth and development are limited if there is nothing else available that they want to do.
- Reshape a mindset that **RVTs aren't just part of the process, they are the process.**
- Create an environment that is intentionally set up not to just “do more”, instead be elevated to “champion more”.

# CHAMPION: 🥰

- **Noun**

*“a person who fights or argues for a cause on behalf of someone (or something) else”*

-- Our RVT is a champion for adaptive patient warming regarding all aspects of anesthesia and recoveries.

- **Verb**

*“support the cause of; defend”*

-- We thank our RVTs who championed hands-free radiology in our practice to help decrease exposure rates for our staff.

Definitions from Google Search: Oxford Languages. Retrieved Sept 2025.  
Examples: I made them up.



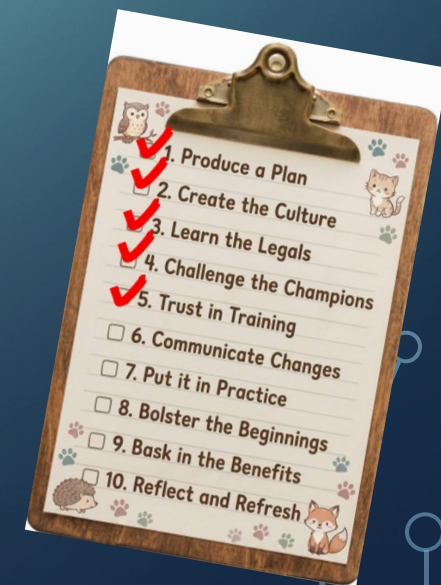
# WHAT COULD RVT'S CHAMPION?

- Patient comfort and care
- Laboratory efficiencies
- Rehabilitation outcomes
- Nutritional counselling
- In-depth client communications
- Wellness exams for Puppies & kittens and healthy animals
  - Vaccine administration, weight loss plans.
- Specific Areas of Practice
  - Hospice & End of life
- Social Media

And so much more...

## 5. TRUST IN TRAINING

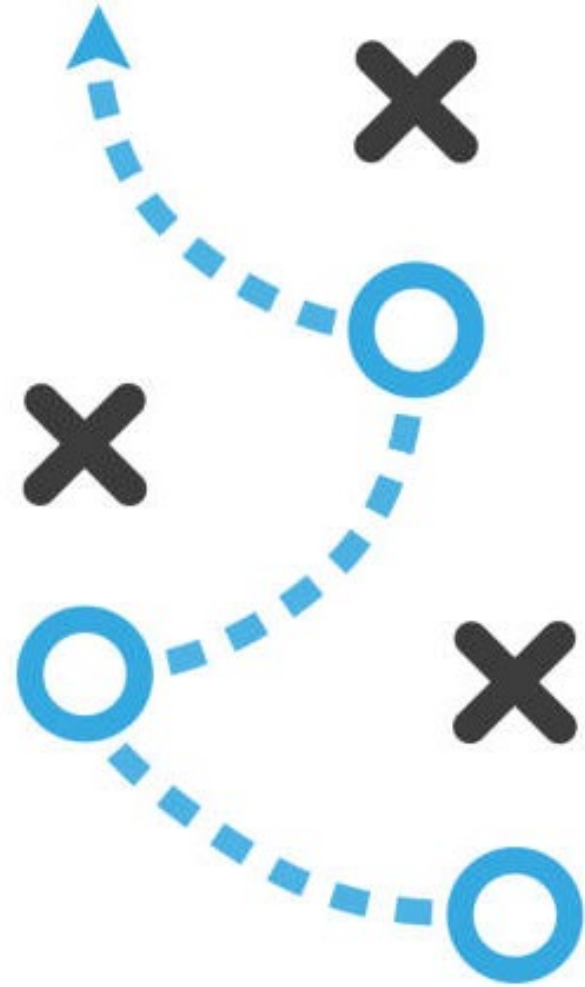
- Everyone Starts in different places
- Different levels of investment for different roles
- DVMs: Often, no additional training is needed other than **communication**
- What is available for RVTs and other staff members?



# SOME POTENTIAL TRAINING OPTIONS

(THIS LIST IS NOT EXHAUSTIVE)

- I. In-Clinic opportunities
- II. Specific Advanced Career or Communications training
- III. Continuing Education & Conferences
- IV. Veterinary Technologists Specialties (VTS)
- V. Future Options?





# I: INTRA-CLINIC MENTORSHIP

- **Pair seasoned RVTs with Novice.**
  - ✓ Approach new skills in incremental Steps
  - ✓ Observe, Attempt, Constructive feedback
- **Have Refresher Courses led by DVMs**
  - ✓ A P.E. from nose to tail with focus on importance
  - ✓ Vaccine schedules
- **Initial Exam Observations**
  - ✓ Have DVM watch RVT to ensure competency
  - ✓ Have Skeptic receptionists see the clients reactions – with them over.
- **Simulated Client Appointments with feedback.**
  - ✓ Ensure appropriate history Q's
  - ✓ Confirm animal is not symptomatic at home before progressing
  - ✓ Talk Costs (Estimates)
  - ✓ Run full appointments

# II: SPECIFIC CAREER/COMMUNICATIONS TRAINING

Training your RVTs who will then bring their extensive skills back



- **BS Communication Strategies (Origins: Alberta)**

- They also offer Onboarding Specialists to implement learned strategies
- I met **Becky Taylor**, RVT, MA at the 2022 CVMA Convention in Halifax



- **RVT Integrations (Origins: Ontario)**

- I was introduced to **Heather MacDonald**, DVM, through Becky in 2025.
- Working with CVO, doing communications research.
- Chronic Case Management, RVT-Led Appointments, Advanced Triage
- Integration workshops, custom workshops.

“ What I know to be true is that, in veterinary medicine, when we communicate better, patient care gets better, clients are less likely to complain, and we are all happier”



**Mobilizing RVTs®**: A 5-day program that empowers RVTs to lead wellness appointments by developing their communication skills & strategies within the scope of practice in their jurisdiction. We have 4 editions: Companion Animal Wellness (the OG program), Large Animal Wellness, End of Life and Pet Nutrition (coming soon).

**Rally the Receptionists**: A 2-day program for busy reception teams to handle all the client interactions (even the 'difficult' ones) with confidence and skill. It's tough being on the frontline having 100's of convos a day!

**Clinically Clear**: A 2-day program that shows veterinarians the communication tools to handle tough client conversations, improve compliance and strengthen team culture. Made specifically for DVM's to improve efficiencies & grow business revenue.

# III: CONTINUING EDUCATION



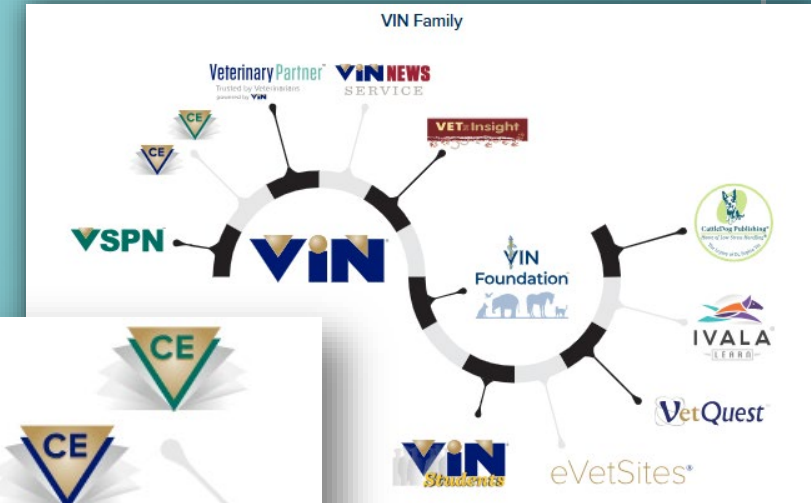
<https://www.avpbc.com/frmHome.aspx>

# & CONFERENCES

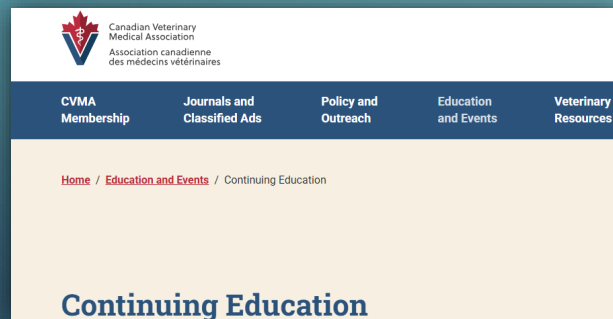
## BCVTA



<https://www.bcvta.com/>



<https://www.vin.com/vin/>



<https://www.communivet.com/en/ca/>

<https://www.canadianveterinarians.net/education-and-events/continuing-education/>

# IV: VETERINARY TECHNICIAN SPECIALTIES



## Approved Veterinary Technician Specialties

- Dental Technician
- Anesthesia and Analgesia
- Internal Medicine
- Emergency and Critical Care
- Veterinary Behaviour Technician
- Veterinary Zoological Medicine
- Equine Veterinary Nursing Technician
- Veterinary Surgical Technician
- Physical Rehabilitation Veterinary Technician
- Veterinary Ophthalmic Technician
- Veterinary Technician in Diagnostic Imaging
- Veterinary Technician in Clinical Practice
- Veterinary Nutrition Technician
- Veterinary Clinical Pathology Technician
- Laboratory Technician
- Dermatology Technician

- CVTS: the NAVTA Committee

“NAVTA's VTS<sup>SM</sup> program exists to help veterinary technicians attain a higher level of recognition for advanced knowledge and skills in specific disciplines.” Retrieved from: <https://navta.net/veterinary-technician-specialties/>, Oct 2025

## Career planning

To become a Veterinary Technician Specialist, you must:

- Graduate from high school
- Graduate from an accredited degree program in Veterinary Technology
- Pass the Veterinary Technician National Examination
- Obtain your RVT
- Get experience in a specialty
- Take continuing education in a specialty
- Apply to a National Association of Veterinary Technicians in America recognized academy (Note: Each academy has specific requirements a Veterinary Technician must complete before taking the VTS credentialing exams so find out directly from the academy what is required.)

## A COMMITMENT IN ITSELF!

- But not impossible 🤪 🤩

### Education

Typical application materials to earn a VTS designation include:

- Completed application with work experience, including proof of 1,000-10,000 hours of experience in the specialty area
- Registered Veterinary Technologist/Technician, Certified Veterinary Technician, or Licensed Veterinary Technician credentials
- 40+ hours of continuing education related to the specialization
- Letter(s) of recommendation
- Skills assessment signed by a supervisor
- Case logs
- Detailed case studies
- Passing score on a specialized exam
- Application fee
- Exam fee

# V: FUTURE ?

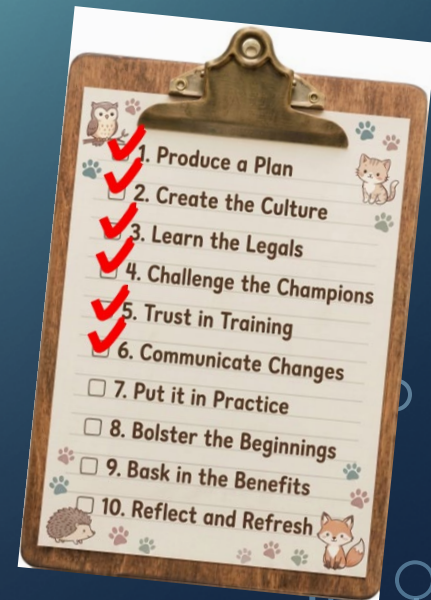
## More resources to share practical tips?

- **Inter-clinic** collaboration?
- **Sound Bites** from CVBC regulators
  - record once/share.
- **Writeups/blogs**: locals sharing tips on provincial sites.
  - Integration successes. – What worked for you?
- **Follow up**: “This was fun but now I want to do more” → shapes direction.
  - As experience is gained it is built upon allowing increased complexity in delegated tasks.



## 6. COMMUNICATE THE CHANGES

- Through the team
- To the clients
  - First: Give advanced notice that employees will be observing appointments (learning).
  - Interject: We are running a bit behind, we have an RVT who can see you now.
- Stand behind and support your decisions
  - Options for veterinary professionals that could be seen
  - Appointment Pricing- Stand firm. Value the Service.
    - Should it cost less...NO! It's the same service.





# COMMUNICATE THAT RVTS COMPLEMENT THE DVM

- Why?
  - To expand your practice, help more pets.
- **It's not about Competition but collaboration**
- Help your team members with **Goal Setting**
- **Devise a plan** to reach those goals with frequent check-ins.
  - Is the clinic need being met?
  - Is competency being met?
  - Is the desire ongoing?
- **Revise the plan** as needed along they way

# COMMUNICATE WITH YOUR CLIENTS TOO!

Onboard them to your shift for optimized patient care.

Let them know that another Qualified Animal Health Professional will be handling their needs.

Reinforce the Language at every Team interaction

Introduce your Registered Veterinary Technologists – Be Proud

The majority of your clients will understand and appreciate.

There may some that are reluctant to change, work with them.

FROM THE BC VETERINARY TECHNOLOGISTS ASSOCIATION

## REGISTERED VETERINARY TECHNOLOGISTS WHAT WE ARE AND WHY IT MATTERS PART 1

BY AMBER GREGG, RVT

If I told you that I had an appointment with an RMT, dental hygienist, LPN, or RN, you would likely know exactly what I meant. You would also have an idea of what kind of education and training they had completed in order to use that title, giving you confidence that you would be treated by a professional.

The term RVT is less widely recognized and typically requires some kind of explanation. Many RVTs say, "I'm like a nurse, but for animals." While this helps the public conceive of how an RVT's role relates to the veterinary team, it is not appropriate for a number of reasons. For example, in British Columbia, the term "nurse" has title protection and is used solely in the context of human medicine. So, while it may be easy to refer to an RVT as a veterinary nurse, that would run afoul of the regulatory body for nurses and would likely result in a complaint.

The Ontario Association of Veterinary Technicians describes RVTs as veterinary care providers who participate in clinical decision making alongside veterinarians. The OAVT offers an excellent description of the tasks RVTs are qualified to perform and the ways they differ from the work of other members of veterinary team. However, this does not help to clarify the role of RVTs in day-to-day conversation with the public.

The use of different titles from one jurisdiction to another further complicates the issue. For example, in the United States, the titles include registered veterinary technologist (RVT), certified veterinary technician (CVT), and licensed veterinary technician (LVT). Although professionals using these titles perform similar duties, levels of qualification and regulation vary depending on the state.

In Canada there are only two designations—registered veterinary technician and registered veterinary technologist. In BC, we use the term registered veterinary technologist; we'll discuss the

“... DESCRIBING RVTs AS TECHS, VET TECHS, OR TECHNICIANS, OR REFERRING TO ALL MEMBERS OF THE VETERINARY SUPPORT STAFF AS RVTs CAN ONLY CONFUSE CLIENTS...”

distinction between technicians and technologists in part 2 of this article, appearing in the next issue. In most provinces, these professions are regulated, which means they are internally governed by a professional college, similar to the College of Veterinarians of BC.

In BC, RVTs are not yet internally regulated by a professional college. However, the title Registered Veterinary Technologist is protected under the Societies Act. That means that anyone using the title must be a member of the BC Veterinary Technologists Association, which can only happen if they meet the BCVTA's stringent eligibility requirements.

Ultimately, it is important for veterinarians, veterinary staff, and RVTs themselves to use the title Registered Veterinary Technologist appropriately. Saying that RVTs are "like" another profession, describing RVTs as techs, vet techs, or technicians, or referring to all members of the veterinary support team as RVTs can only confuse clients—and in some cases staff—who do not fully understand what an RVT is and does. And it is vital to professional transparency and public safety that this term is broadly and clearly understood.

An important goal of the BCVTA is to educate the public and members of the veterinary community to use the title RVT correctly so that when someone hears it, they immediately know that the individual in question:

- Has attended an accredited program of training for veterinary technologists.
- Has completed a national licensing exam demonstrating their familiarity with the required knowledge and skills.
- Continues to undertake annual education and training to ensure their skills and knowledge remain current.

Public recognition and understanding of the RVT title are high on the list of priorities for the BCVTA. We will continue to attend public outreach events and create public awareness campaigns to encourage the public to ask for RVTs and not one of the many current variations of the title. Knowing that an RVT administers anesthesia, provides nursing care, takes radiographs, and more may help owners understand the breadth of RVT experience, knowledge, and ability to assist veterinarians, while providing excellent care for their animals. 🐾



Amber Gregg, RVT, is the executive director and past president of the BCVTA. She graduated from the Thompson Rivers University veterinary technology program in 2007 and spent eight years in mixed animal practice before gaining experience in not-for-profit management. She joined the BCVTA board of directors as vice president in 2020 and served a one-year term as president in 2021 before being appointed to the executive director position in 2022. Amber is grateful for everyone who made the BCVTA the strong and healthy organization it is today, and she is proud to work with the board of directors and members of the BCVTA to continue to advance the veterinary technology profession.

# WHY LANGUAGE MATTERS

“

If you had an appointment with an RMT, LPN, RN, or a Dental Hygienist, you would likely know what is meant.

The Term RVT is less widely recognized and typically requires some kind of explanation.

Public recognition and understanding of the RVT role are high on the list of priorities for the BCVTA

”

FROM THE BC VETERINARY TECHNOLOGISTS ASSOCIATION

## REGISTERED VETERINARY TECHNOLOGISTS WHAT WE ARE AND WHY IT MATTERS – PART 2

BY AMBER GREGG, RVT

In our last column, we explored the Registered Veterinary Technologist (RVT) title and discussed why using the correct title is important for professional acknowledgement and public recognition. Now, I'll explore the difference between "technologist" and "technician".

An internet search of the two terms produces definitions that focus on specialization. A technician develops a set of skills focused on practical knowledge in an industry, such as theatre, or a type of technology, such as laboratory technology.

A technologist develops the same practical skills as a technician, and also learns the theoretical knowledge behind them. For example, a theatre technician would learn the skills to apply lighting as directed, and a theatre technologist would also learn the difference between electronic and digital lighting and why one might be better than the other in certain situations.

The way it was once explained to me is that a technician knows how, and a technologist knows why. While this makes sense, it doesn't explain why some provinces call their RVTs technicians and others call them technologists. A graduate of a program in BC becomes a technologist, and a graduate in Quebec becomes a technician, even though any CVMA-accredited veterinary technology program must meet the same standard.

According to Applied Science Technologists and Technicians of BC (ASTTBC), a Certified Technician is a graduate of an accredited one-year certificate program (or equivalent on-the-job training). An Applied Science Technologist is a graduate of an accredited two-year diploma program (or equivalent on-the-job training). Using this definition, the term "technologist" certainly applies to RVTs.

Some would simply state that students of animal health technology or veterinary technology programs are technologists. I think we can all agree that a professional title should not be decided based on a Google search or varied definitions of unofficial terms. Because, as discussed in Part 1 of this column, Registered Veterinary Technologist is the protected title for the profession in BC, it is the correct title by which to refer to a member of the BCVTA. Other terms used to describe an individual who performs tasks typically delegated to an RVT are misleading.

(On a related note, your valuable trained-on-the-job staff are allowed to use the term "veterinary technician." To refer to them as "registered," however, is inaccurate and may create misunderstanding for some individuals.)

BCVTA members are permitted to input their own title in the association database and many RVTs use "technician." I also see and hear "technician" in daily communications with RVTs, students, practice owners, and managers. I urge you, as veterinarians, mentors, and practice owners, to refer to your RVTs as "technologists," and I encourage RVTs to do the same when introducing themselves.

As we move toward regulation of RVTs, the BCVTA will continue to clarify the appropriate use of titles, why this is important, and how best to utilize the professionals in your practice to improve patient outcomes, build positive team culture, and provide long-lasting, meaningful care. 📖



Amber Gregg, RVT, is the executive director and past president of the BCVTA. She graduated from the Thompson Rivers University veterinary technology program in 2007 and spent eight years in mixed animal practice before gaining experience in not-for-profit management. She joined the BCVTA board of directors as vice-president in 2020 and served a one-year term as president in 2021 before being appointed to the executive director position in 2022. Amber is grateful for everyone who made the BCVTA the strong and healthy organization it is today, and she is proud to work with the board of directors and members of the BCVTA to continue to advance the veterinary technology profession.

“...A PROFESSIONAL TITLE SHOULD NOT BE DECIDED BASED ON A GOOGLE SEARCH...”

“

- Registered Veterinary Technologist (RVT)
  - Is the protected term in B.C. under the Societies Act
- Veterinary Technician
  - Could refer to an on-the-job trained and skilled employee
  - Many go on to take training to get their credentials.

”

# WHY LANGUAGE MATTERS

# VITALLY IMPORTANT

- BCVTA Website – (one of the top tabs on the main page)
  - <https://www.bcvta.com/vitally-important/>



British Columbia  
Veterinary  
Technologists  
Association

Retrieved Sept 2025, from above website

# PROMOTIONAL MATERIAL YOU CAN DISPLAY



**VITALLY IMPORTANT**

Registered Veterinary Technologists

are college/university educated paraprofessionals participating in big-picture patient care alongside doctors of veterinary medicine. They are trained to perform challenging procedures, work with multiple species, and operate in many different veterinary settings.

Many people are not aware of the vitally important role RVTs play within the veterinary field.

To find out more about who we are and what we do, visit [bovta.com/vitally-important](http://bovta.com/vitally-important).

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Many people are not aware of the vitally important role RVTs play within the veterinary field.

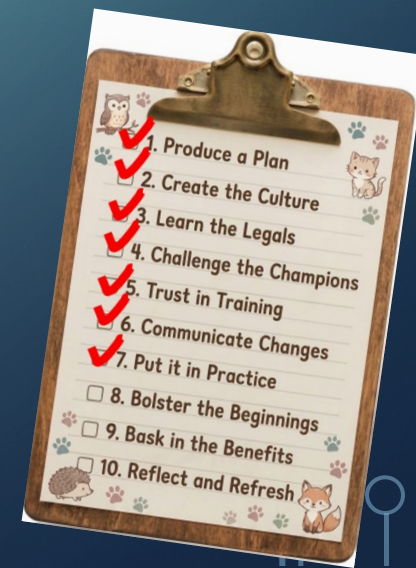
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# 7. PUT IT IN PRACTICE

- **Have leadership that promotes accountability.** (Competence, trust).
- Initiate your training program, testing program, and follow this up to implementation of ideas.
  - Confident in your good process, training, and oversight.
- Make it official – have a “**Launch day**”
- Give team members space/resources to move into the new environment
  - Gives room to discover new passions when they get there.
- Build strategies, trouble shoot, adapt to patient and client needs
- Sharing delivery of services as opposed to needing to rely on DVMs for whole thing.
  - Re-frame service provision models.
  - Eg. Advanced triage- SOPS → ordering initial diagnostics.
- Start small and build bigger as comfort grows.



# CREATING A GIANT TRIAGE SYSTEM

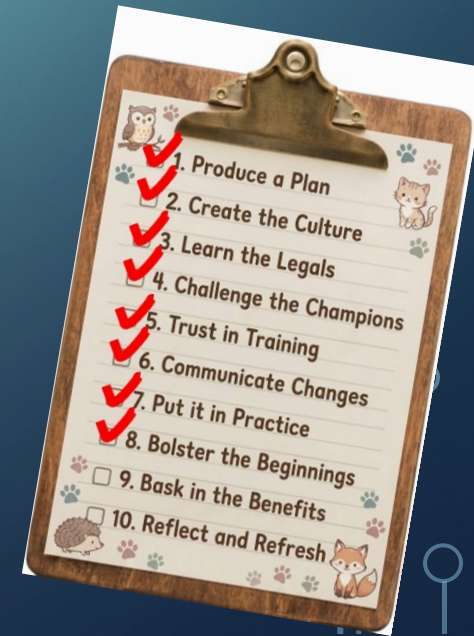
- A “positive feedback loop”.
  - You will free up time so that you can treat the ill animals and have time to talk to clients because you have freed up your time.
- Trust in recognizing experience.
  - **Collaboration:** e.g., using age and BCS, RVTs can collaborate on anesthetic procedures.
  - **Collaborative decision process:** Unblocking cats, NG tubes, cate bite abscesses.



## 8. BOLSTER THE BEGINNINGS



- Everyone is starting this together ; it might not be smooth at first.
- Its not going to be easy, but it doesn't have to be hard.
- Give everyone support and grace
  - Mistakes will happen
- Take Notes
  - What is going well, what needs revisiting?
  - Strongly follow up on any “near misses” and modify your plans
- Communicate frequently
  - Successes, Challenges, New Directions?

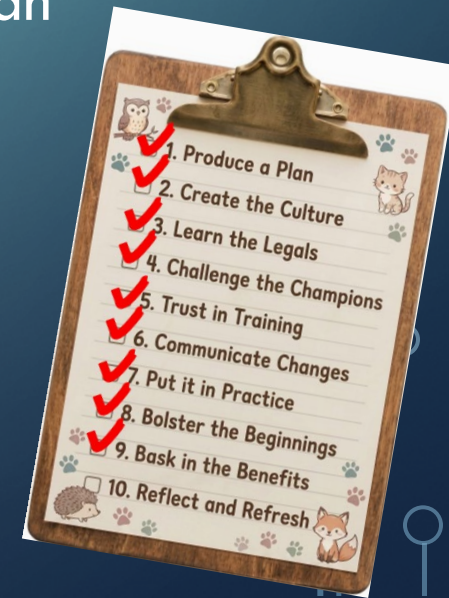


It's awesome!

Satisfaction all around!

## 9. BASK IN THE BENEFITS

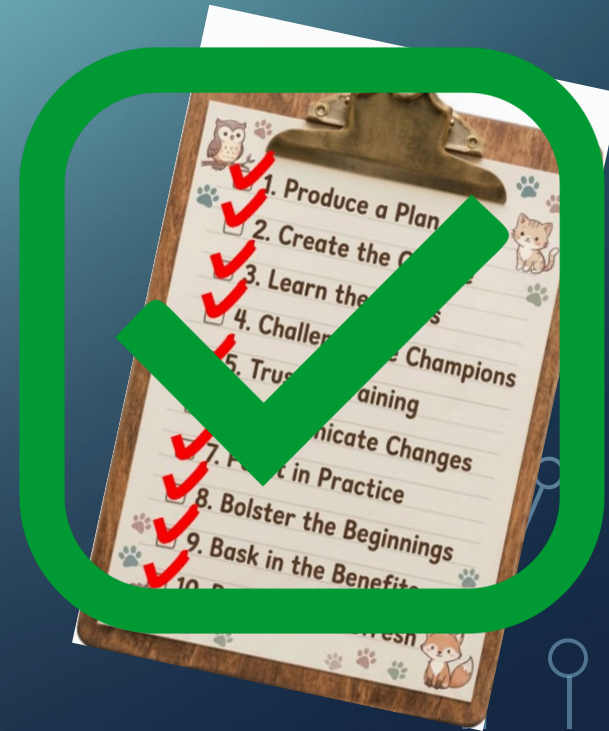
- We don't have to fill found time with more income generation;
  - we can focus back on wellness lost 😊
- Our jobs are easier if our clients are happy.
- The elevated RVT becomes a respected backup option to the DVM that can help alleviate the stress of a runaway- fully booked day.
- Feedback from clients- they LOVE the increased contact, time, and being heard. Very few barriers to entry- virtually no pushbacks



# 10. REFLECT AND REFRESH

- Set specific times to reconvene - aligned with your goal dates
- What went well, what did not? What future directions to take?
- Again, all the voices of the team are at the table

- Make changes/additions to workflow plan.
- Recruit others for training 🙌
- Updating the protocols (SOPs)
- New technologies to support?





Now that we have an idea of the landscape we want to end up on  
Lets set a course for Clear Horizons...

# Navigating the Seven C's



**C**ompassion

**C**ollaboration

**C**ompetence

**C**ommunication

**C**ompliance

**C**onsent

**C**onfidence



# COMPASSION

- We have to care about people:
  - We want better outcomes for our patients, ourselves, & our clients.
  - To do this, **be kind to ourselves**, **protect our RVTs** and **be careful**.
- Your team becomes the **support network** for each other. You are all going through a shared experience together.
- There is less fatigue as we can create time for what we love in our profession.

# BUILD COMPASSIONATELY

Be

- Be open to feedback. Be gracious for constructive feedback

Be

- Be kind to ourselves & each other. Protect our RVTs,

Be

- Be Careful.

Build

- Build relationships even further.

Remember

- Nothing is instant, it all takes time, trust, and patience.





**“With Compassion, We’re Increasing animal care & human contact time”**

- We want to be there for the team and for the animals, but it can’t come at our own expense.
  
  - **Highlight: The Value is the high-quality of service achieved**
    - Timely provision of animal care
      - Same day care- non urgent
      - Vaccine boosters and anti-parasitides
      - Chronic case management
    - Emergency Medical accommodations
    - Potential increase in hospice and end of life services.
- 



# COLLABORATION

- Collaborative effort, not all or nothing between medical professionals.
  - Cooperation not competition.
- Whole team approach
  - Ensuring that the clinic does not venture into unlawful practice
  - Coming up with a plan together
    - bring multiple views to the table (Reception, RVT, DVM, Owners, Managers).
  - Workflow management from the whole team
    - Create consistency, visibility, flow of working together- avoids stepping on toes.
    - Client care representatives booking appropriately.
- Remember...we don't "utilize our techs"
  - we mobilize or empower them to utilize their skills to the fullest.
  - They are not a tool.



# BUILDING RVTs INTO THE TEAM APPROACH



- As a veterinarian, practice manager, or practice owner, you can support your RVTs in a number of ways.
- Ask them what their professional goals are and work with them to achieve those goals.
  - Can you give them a continuing education budget that will help them meet their goals?
  - Are there opportunities for them to get hands-on experience in your practice, or
  - can you allow them time off to be able to seek that experience elsewhere?

Supporting your RVTs' career goals will allow them to **expand their knowledge and skills**, which will help them create meaningful and long careers.

- Include your RVTs in decision-making when appropriate and consider their opinion, especially with changes to protocols, procedures, or equipment that will affect their day-to-day responsibilities.
- Including RVTs in these types of discussions can go a long way to helping them feel like they are a valued member of the patient care team
- Studies show that when people feel fulfilled, engaged, and appreciated, morale goes up, along with employee retention rates



bcvta.com / WCV-January-Article

FROM THE BC VETERINARY TECHNOLOGISTS ASSOCIATION


## RETAINING RVTs BY OFFERING THEM OPTIONS AND OPPORTUNITIES

BY AMBER GREGG

**A**s the Executive Director of the BC Veterinary Technologists Association (BCVTA), I am often responsible for providing support for our members, the hard-working Registered Veterinary Technologists (RVTs) of BC. I receive requests for advice from our members every day on how to navigate discussions with their clinic owners, practice managers, and veterinary co-workers when it comes to protocols, policies, and procedures in their practices. Questions and concerns often include patient safety and outcomes, utilization of skills, compensation packages, and personal safety. I can tell you with absolute certainty that these members are seeking support because they are often torn between wanting to be a good team member by not "causing trouble" and advocating for patients, clients, and their own personal safety and well-being. Recognizing the value of RVTs in the veterinary field and fully utilizing their skills can help alleviate veterinarians' heavy workloads. The Veterinarians' Art and College of Veterinarians of BC (CVABC) bylaws allow veterinarians to delegate a range of tasks to RVTs. According to the BCVTA's 2022 Employment and Wage Survey, nearly 100% of respondents have additional certifications and credentials including Veterinary Technician Specialist, Certified Canine Rehabilitation Practitioner, and Veterinary Practice Management Certificate. It is clear that most RVTs

are not satisfied with careers where they are restricted to performing the same old daily tasks and procedures, and often pursue continuing their education beyond what is required to maintain their membership. Does this mean that RVTs are not satisfied with their career choice? Absolutely not! Does it mean that they are looking to get out of veterinary medicine? Again, absolutely not! It means that RVTs want to pursue opportunities that allow them to apply all of their knowledge and skills and grow within the profession. As a veterinarian, practice manager, or practice owner, you can support your RVTs in a number of ways. Ask them what their professional goals are and work with them to achieve those goals. Can you give them a continuing education budget that will help them meet their goals? Are there opportunities for them to get hands-on experience in your practice, or can you allow them time off to be able to seek that experience elsewhere? Supporting your RVTs' career goals will allow them to expand their knowledge and skills, which will help them create meaningful and long careers. Include your RVTs in decision-making when appropriate and consider their opinion, especially with changes to protocols, procedures, or equipment that will affect their day-to-day responsibilities. Including RVTs in these types of discussions can go a long way to helping them feel like they are a valued member of the patient care team—and studies show that when people feel fulfilled, engaged, and appreciated, morale goes up, along with employee retention rates. The BCVTA's vision is for every animal care facility in BC to employ and fully utilize RVTs, and we believe this is a key factor in the longevity and well-being of these amazing professionals. The association is grateful for the opportunity to share our thoughts on issues like this, and we are always happy to discuss them further. If you have any questions or comments, feel free to reach out to us at [bcvtboard@gmail.com](mailto:bcvtboard@gmail.com). ☺

**"SUPPORTING YOUR RVTs' CAREER GOALS WILL ALLOW THEM TO EXPAND THEIR KNOWLEDGE AND SKILLS, WHICH WILL HELP THEM CREATE MEANINGFUL AND LONG CAREERS."**



Amber Gregg, RVT, is the Executive Director and Past President of the BCVTA. She graduated from the TRU veterinary technology program in 2007 and spent eight years in mixed animal practice before gaining experience in staff for-profit management. She joined the BCVTA Board of Directors as Vice-President in 2020, and served a one-year term as President in 2021 before being appointed to the Executive Director position in 2022. Amber is grateful for everyone who makes the BCVTA the strong and healthy organization it is today, and she is proud to work with the Board of Directors and members of the BCVTA to continue to advance the veterinary technology profession.

1 | RVT

# WE ARE ALL IN THIS TOGETHER

- DVMs and RVTs are... **Veterinary Medical Professionals**
- Working with vets
  - **What is the need.** I (non-vet) can meet that (how) need. Let me give it a try
  - **When do you need a Vet,** when do you need another team member.
  - Start a skill small, build bigger. Follow up.
- With Clients
  - what are the new expectations/realities for animal care for provision.



# COMPETENCE

- No matter who you are delegating to, ensuring competence and documenting it is very important.
- Does **DVM** feel **RVT** is **Competent**, Does **RVT** feel competent
- What do we need to see -- What is the training gap -- How do we bridge the gap?
- Has competence been **observed** and **evaluated** and **recorded** (like an essential skills book 😊).
- Acknowledge first that competence has been achieved and then move forward.

## USE "THE REASONABLE AND PRUDENT" VETERINARY STANDARD:

- Would a **"Reasonable Veterinarian"**, *with the same information, have concluded that this staff member was competent to perform this task?*
- If a vet delegates a **brand-new task to staff without any training or observation**, they are likely in breach of professional standards, even if the task is technically "delegable."
- A veterinarian **cannot simply assume** a staff member is capable based on their job title or years of experience. They have a "positive obligation" to ensure competency.
- **Staff have the right to refuse**, even if the vet orders it—they have a professional and legal obligation to decline. Proceeding with a task you aren't comfortable with is a major way both the vet and the staff member get into trouble.

# Be Confident (and covered) with delegation choices.

Three steps to ensuring and being able to prove competency levels in your co-workers

1. **Assessment** (3 pillars – Knowledge, Technical skill, Judgement)
2. **Verification** (Observed, evaluated, and reviewed)
3. **Record Keeping** (and Accountability)



# COMPETENCY VERIFICATION

- **Observe** the staff members abilities
  - Not just once, multiple times
  - Can begin with: "See one, do one, lead one" approach
- **Evaluate** outcomes after procedure
  - E.g. is there patient morbidity, was it diagnostic ?
- **Review** their Education Documents (RVT certification, diplomas)

# COMPETENCY: RECORD KEEPING

- Skills Validation checklists
  - sign off sheets
- Delegation Logs
  - who has been cleared for what?
- Annual reviews
  - Competency is not “one and done”
  - Ensuring that skills have not

*If a mistake happens with a delegated task and CVBC investigates, the vet should be able to prove that the delegated competence was assessed.*

# ENSURING COMPETENCE

- Guidance?
  - Manitoba Documents
- Leads to confidence- and more trust in the team.



## Delegation of Veterinary Tasks Policy Regulatory Policy

**Effective Date: December 6, 2023**  
**Review Date: 2026**

### 1. Purpose:

This policy serves to provide veterinary professionals with better clarity and guidance on how tasks can be delegated.

### 2. Background:

This policy was adopted by the MVMA Council in anticipation of the passage of amendments to the RVT, RVT student, and AHA scope of practice at the January 26, 2024 AGM.

The by-law amendments that are proposed for the 2024 AGM are a significant departure from the current scope of practice. Rather than a positive list of veterinary tasks that can be completed by an RVT, RVT student and AHA, the by-law provides a negative list of veterinary tasks that cannot be completed by the RVT, RVT student and AHA.

With this shift in the framing of scope of practice, the MVMA Council seeks to provide guidance on how veterinary tasks can be delegated in an appropriate manner.

Membership was consulted (written and via virtual meeting) on the content in Appendix A in the spring and summer of 2023. The final document was developed by the Ad Hoc RVT Scope of Practice, Retention, and Career Advancement Committee and in consideration of the feedback of the consultation process.

### 3. Policy Statement:

The MVMA Council adopts this policy, including Appendix A "Delegation of Veterinary Tasks" to provide guidance on how veterinary tasks can be delegated.

### 4. Procedure:

N/A

<https://www.mvma.ca/wp-content/uploads/2023/12/Delegation-of-Veterinary-Tasks-Policy-2023-12-06.pdf>

# APPROPRIATE DELEGATION

## INCLUDES CONSIDERING:

- 1) **Is it within the RVT Scope of Practice?**
  - In BC- think what can't they do
    - diagnosing, determining course of action (Rx or Tx plan), Surgery
- 2) **Is the RVT Competent?**
  - If not – how can the team work together to increase this
- 3) **What level of supervision is required?**
- 4) **Is the RVT willing and able to provide care?**
  - They have the right to say no

# COMPETENCY:

- Not a fixed state
- **As an RVT progresses** from (novice) graduate to expert
  - Competency becomes more intuitive
  - Can handle harder tasks with less supervision
- Development of professional competence
  - Access to ongoing training and mentorship
  - Exposure to new techniques
  - Active involvement in practice.
  - Informal in-Practice training.



Delegation of Veterinary Tasks Policy  
Regulatory Policy

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<https://www.mvma.ca/wp-content/uploads/2023/12/Delegation-of-Veterinary-Tasks-Policy-2023-12-06.pdf>, Retrieved, Oct 2025

Building mutual trust!

# DETERMINING COMPETENCY

## DVM ROLE

- Communicate with RVT about previous training or experience
- Monitor performance
- Onboarding:
  - **Gradually increase difficulty level**
  - Pair New RVT with Experienced
- Provide appropriate training and supervision as needed

## RVT ROLE

Ask oneself...

- Am I permitted (scope of practice)
- When did I last engage in task?
- Was the task on same or similar Species?
- Does patient exhibit behavior that requires higher experience?
- Am I competent to engage?

# DELEGATION

Division 4.7- Delegation and Supervision  
262 (1).

## *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.



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# AS REGISTRANTS, WE ARE ACCOUNTABLE

Division 4.7- Delegation and Supervision  
263.

*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.**



# COMMUNICATION

- **Consistent messaging** across the whole team,
  - From client care representatives to associate vets to management.
- **SOPs** created to define when:
  - delegation is appropriate and when it is absolutely not.
  - Points when veterinarians absolutely must intervene.
- **Ensuring informed consent** attained by the DVM.
- Determine **what information should be disclosed** by which role ( DVM v/s RVT).
- **RVT is a protected Title-** misuse creates confusion



For communication to be effective all three pieces need to be in place

1. Sender (delivery)      2. Message (Clear)      3. Receiver (Openness)

# COMMUNICATE WITH YOUR TEAM

- Focus on what the **shared purpose** is → Better patient care.
- Collaborate to find out what **expectations** are held (clinic/client/legal).
- Determine **what is the need of the clinic**, how can it be met?



- **Try something.** If not effective, follow up and moderate.

→ Nothing is static, nor perfect the 1st time

**Create a culture where expectations go from desire to standard**

# COMMUNICATE WITH YOUR CLIENTS

- Again, a whole team approach
- Advocate this is the **same or improved service** to the animal and client
  - “This animal care professional will see you today as your pet is not ill”
  - We are restructuring our care so that when your animal is sick, we are more able to get you seen by a vet promptly. If your animal is well, then our other health care professionals are able to accommodate your needs.
- Technologists are often equipped better to communicate at a level that is **more realistic with clients.**
- Who?
  - Technologists can do an assessment and give a recommendation,
  - Vets can do an examination, Dx, and Rx a treatment plan.



# DOCUMENT EVERYTHING

- **In the medical records!**
- Whoever provided the service authors the medical record  
→ Initialed and dated
- **AI-Powered** “Scribe” and dictation tools (Tips)
  - Have client disclaimer that is transparent about clinics AI use.
  - Registrants must review, edit and approve all AI generated plans.
  - Have clinic protocols about what must be entered in the record



# COMPLIANCE

Remember, RVTs are not regulated in B.C., so **Scope of Practice must be inferred**

- Professional: Know the CVBC Bylaws and Standards
  - Definitions and Levels of Supervision
  - VCPR in place
    - 1<sup>st</sup> time seen, must be by a veterinarian (circumstances-triage)
  - **Ensuring you are not engaging in Unauthorized practice** – Duty to report.
- In- Clinic:
  - SOP's clearly and specifically written to direct workflow for non-registrants.
  - When do they reach for a vet?

- With Clients: → In your treatment plans

- Accurate and updated estimates
- **Communicate which Health Professional will be providing care.**
- More time with clients, fuller demonstrations,
  - make them feel part of the team, better compliance to treatment plans.
- Increased surveillance and follow up for chronic conditions
  - Renal blood pressures, Diabetic glucose control, Arthritic conditions, Weight loss goals



**COMPLIANCE**



# CONSENT

- Again, ensure transparency about **which health care provider is providing service.**
- **Informed consent must come from the DVM** How to set up informed consent.
  - Written, verbal, implied
  - Method documented in the medical record.
- **Not one and done**, this is very fluid
  - Procedures & Treatment plans
  - Estimates



# CONFIDENCE

- “Reluctance” comes from caring deeply.
- We are at times reluctant to change because we are worried that we could cause harm.
- In charting a new course:
  - **Don't be afraid to speak up for yourself-** no-one will create your dream job for you.
  - **Leaving our comfort zone:** Personal and professional growth comes from outside of our comfort zones.

# WHAT ARE YOU AFRAID OF?

We are all “*Professional Catastrophists*”

- That we will get in trouble
  - Legal ramifications if there's an error – unlawful practice?
  - Loosing your License? College Disciplinary Action?
- Decreased quality of patient care?
- RVTs will not be able to “Pull it off” → DVMs will have more work bailing them out.
- Competition between RVTs and DVM's with expanding roles ?
  - Loosing the connection between DVM's and Clients
  - Not Taking anything from Vets, adds to the RVTs, extends the team overall
- Client Dissatisfaction?
  - They only want to see a vet.
  - Social media attacks.
- That this shift in workflow will be “too big a lift” – not worth starting
- That your Staff will not be on board?
- That you will suffer an income loss?

# TEAM CONFIDENCE

- **Follow through.**

- It can be very disheartening to have repeated discussions about what the clinic “could” do to increase patient care and client education, if no one is motivated enough to implement the solutions. → Going back to same routine.
- To avoid; encourage growth ideas, involve staff in implementation, evidence an environment and culture or growth, people stay.

- **Have a plan, chart the course, Set goals**

- Doesn't have to be all or nothing.
- Once reached- then what's next? Look to the horizon for training opportunities.

- **Trust in the results of a well-built system that can be modified.**

- **Expanding Roles**

- There will stressors and hangups- these are new waters.
- Have fail-safes in place by means of SOPs or Clinic Handbooks

# VET'S CONFIDENCE

*Vets want to protect their Licenses – This is not a bad thing.*

- Confidence in their **Team**
  - Ensuring and **witnessing competence**
    - listen to their communications
    - watch the exams – they are doing the same service after all
    - Give feedback if lacking
  - **Trust** built on experience:
    - “Trusting that the RVT won’t do something they are not comfortable with.”
    - That they are “**Confident and Cautious, just like a vet**”
    - Trusting the receptionists will book accordingly.
- Confidence to Clients
  - Foster open conversations – **explain how you value your RVT and trust their autonomy.**



## RVT'S CONFIDENCE

- **Regulation** for RVTs !!!
  - We have a lot more courage to tackle something, when we can define what it is we are afraid of tackling.
- That they will **receive training** before starting new responsibilities.
- That participation is **within their comfort levels**, and they are OK with it.
- That their **voices will be heard**. Find a location where you are respected.
  - When seeking input: Changes to protocols, procedures, equipment that will affect their daily lives.
  - “nothing for us without us”
- **Their wellness matters**, do not involve a doctor if not needed (team- going behind back).
- That they have **support when needed**: They will not be thrown under the bus

I mean, they are confident after graduation about being delegated anesthesia- this is major!

They can really look forward to their daily schedule- its awesome and they know it.

- Return clients
- Pursuing passions

# CLIENT'S CONFIDENCE

- **In the value of your service.**
  - When care is delivered well, the expertise and the service of the appointment is the inherent value.
  - Care is reliable or improved, just delivered in a more sustainable way.
  - The value is what is important, not who delivers it.
  - This increases satisfaction and loyalty.
- **That all staff are trained**
  - To know when there is an issue that requires a DVM, and that one will be attained.
- **On discharges-** this is not just the “tech” discharging you.
  - This is “Jenny the RVT” and they are amazing
  - Client already knows and trusts

*Display your “Vitaly important” brochures!*

# A CULTURAL SHIFT IN VETERINARY MEDICINE.

## Believe in it...

- Trust in something and let go of control. (I know, it's hard)
- RE-think **Team effort**:
  - Utilizing the skills of the entire team becomes a baseline, not a luxury
- Key to growth is a collaboration built on mutual respect, **not hierarchy**
- Every member of the team is valuable and has an integral role
- Create the culture where technologists are respected.
  - Where they can make a mistake and not be reprimanded, but supported
  - Where they can take the lead

# FROM OTHER PROVINCES AND ASSOCIATIONS

- Manitoba
- Alberta
- Ontario
- AVMA & AAHA

Some Great Guiding  
Examples 🌟😊

# SOME GREAT GUIDING LEADERS TO FOLLOW

## ONTARIO

- Veterinary Professionals Act in 2024. Law June 6<sup>th</sup> 2024
- Acknowledges evolving roles of Veterinary health care providers.
- Does not impose a rigid scope of practice
- Empowers DVMs to delegate tasks based on what the team needs are.

## MANITOBA

- Delegation of Veterinary Tasks Policy (Regulatory Policy) adopted, Dec 6<sup>th</sup> 2023 adopted by MVMA council.
- Provide Veterinary Professionals with better guidance about veterinary task delegation.

AAHA Technician Utilization Guidelines

# MANITOBA



## Key Highlights of the MVMAs New Delegation of Veterinary Tasks Policy

This policy provides important guidance on how veterinary tasks can be appropriately delegated to RVTs and unregistered auxiliary staff, with the goal of improving practice efficiency, job satisfaction, and patient care.



### DELEGATION OF TASKS TO RVTs

The policy outlines a comprehensive (but not exhaustive) list of tasks that can be delegated to Registered Veterinary Technologists (RVTs)



### EMPHASIS ON COMPETENCES AND SUPERVISION

The policy emphasizes the importance of RVTs continuously assessing their own competence and only accepting tasks they are capable of performing.



### COLLABORATIVE APPROACH TO VETERINARY CARE

The policy encourages a team-based approach where RVTs and veterinarians work together to maximize their respective skills and expertise.



### PROFESSIONAL DEVELOPMENT OPPORTUNITIES

RVTs are encouraged to pursue additional education, training, and certifications, to continuously enhance their competence and value within the veterinary team.



### DELEGATION TO UNREGISTERED AUXILIARY STAFF

The policy also outlines specific expectations for veterinary practices when assigning tasks to unregistered auxiliary staff, which includes receptionists, assistants, and other lay personnel who are not registered veterinary technologists or veterinarians. The policy provides a clear distinction between medical procedures that can only be performed by RVTs and tasks that are generally not considered medical procedures, which can be assigned to unregistered auxiliary staff.

“ The utilization of Registered Veterinary Technologists (RVTs) is essential in building an efficient and healthy veterinary practice.

Utilizing RVTs to their fullest extent can increase productivity, reduce RVTs leaving the profession, and increase job satisfaction and career opportunities.

Utilizing RVTs can also increase overall medical care to Manitobans and increase the sustainability of the practice of veterinary medicine.

However, there are barriers practices may face when looking to utilize RVTs.

This guidance document will provide clarity on the scope of practice for RVTs, as well as information about liability and other barriers practices may face when looking to utilize RVTs.”

## Scope of Practice

### RVTs Scope of Practice in Manitoba

As the regulatory body for the veterinary technologist profession in the province, the Manitoba Veterinary Medical Association (MVMA), through its bylaws, is responsible for establishing the rules for veterinary technologists' scope of practice.

The Manitoba Veterinary Technologists' Associations (MVTAs) role, with regards to scope of practice, is to advocate for its technologist members through meetings with the MVMA and government.

All veterinary technologists must be registered in the Province of Manitoba with the MVTA and MVMA as practicing members in order to work in a clinic as an RVT.

It is important to note that any individual cannot use the title VT, RVT or Veterinary Technologist or engage in the practice of veterinary medicine (as defined through scope of practice) in Manitoba without registration in both associations.

### MVMA By-Law on RVTs Scope of Practice

The MVMA General By Law No. 1 defines the RVT Scope of Practice as:

- A Practicing Veterinary Technologist Member may practice all aspects of veterinary medicine other than**
- (a) making a diagnosis
  - (b) determining a course of treatment (including prescribing medications)
  - (c) applying surgical techniques

MVMA By-Law

### MVMA's Delegation of Veterinary Tasks

On December 4, 2023 the MVMA Council adopted a Delegation of Veterinary Tasks Policy (Regulatory Policy) to provide veterinary professionals (DVMs and RVTs) with better clarity and guidance on how tasks can be delegated.

The utilization of Registered Veterinary Technologists (RVTs) is essential in building an efficient and healthy veterinary practice. Utilizing RVTs to their fullest extent can increase productivity, reduce RVTs leaving the profession, and increase job satisfaction and career opportunities. Utilizing RVTs can also increase overall medical care to Manitobans and increase the sustainability of the practice of veterinary medicine. However, there are barriers practices may face when looking to utilize RVTs. This guidance document will provide clarity on the scope of practice for RVTs, as well as information about liability and other barriers practices may face when looking to utilize RVTs.

Click the button below to learn more about how veterinary medicine is delegated in Manitoba to RVTs are helpful to consult when determining appropriate tasks to delegate. These can be found in Appendix 1 (for RVTs) and Appendix 2 (for unregistered auxiliaries).

Delegation of Veterinary Tasks Policy

#### Key Highlights of the MVMA's New Delegation of Veterinary Tasks Policy

The policy provides relevant guidance on how veterinary tasks can be appropriately delegated to RVTs and registered auxiliary staff, with the goal of maximizing efficiency, job satisfaction, and patient care.

<b>ELIMINATION OF TASKS FOR RVTs</b> The policy no longer allows a comprehensive list of tasks that can be delegated to Registered Veterinary Technologists (RVTs).	<b>EMPHASIS ON COMPETENCIES AND SUPERVISION</b> The policy emphasizes the importance of RVTs continuously assessing their own competence, actively accepting tasks they are capable of performing.	<b>ENCOURAGEMENT OF COLLABORATION BETWEEN RVTs AND VETERINARIAN WORK</b> The policy encourages active collaboration between RVTs and veterinarians to ensure their respective skills and expertise.	<b>PROVISIONS FOR SUPPORT SERVICES</b> RVTs are encouraged to pursue additional education, training, and certification to continuously enhance their knowledge and value for the veterinary team.
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**DELEGATION TO REGISTERED AUXILIARY STAFF**  
 The policy also outlines specific expectations for veterinary practices when delegating tasks to registered auxiliary staff, which include: registration, education, and other key personnel who are not registered veterinary technologists or veterinarians. The policy includes a clear distinction between medical procedures that can only be performed by RVTs and tasks that are generally not considered medical procedures, which can be assigned to registered auxiliary staff.

#### Steps for RVTs to Address Inappropriate Task Delegation

By taking these steps, RVTs can address the immediate issue, document the incident, and work towards resolving their role and delegating in accordance with the MVMA's Delegation of Veterinary Tasks Policy and the RVT's scope of practice.

- 1 COMMUNICATE IMMEDIATELY**  
Approach the veterinarian immediately to discuss the task delegation. Explain that you will only perform tasks that are within your scope of practice and that you are not a veterinarian. Do not perform the task.
- 2 SAFETY FOR SUPERVISION**  
Take a step back and ensure the safety of the patient and staff. If the veterinarian is unable to provide supervision, the practice should be notified immediately.
- 3 DOCUMENT THE INCIDENT**  
Make a written record of the incident, including the date, time, location, and the tasks being delegated. This record should be kept in a secure location and shared with the appropriate authorities.
- 4 FOLLOW UP WITH THE PRACTICE**  
Follow up with the practice to ensure the incident is resolved. Discuss the incident with the veterinarian and the practice manager to ensure that the practice is aware of the issue and that appropriate measures are being taken to prevent future incidents.
- 5 REPORT TO THE BOARD**  
Report the incident to the Board of the MVMA. The Board will investigate the incident and take appropriate action to ensure the safety and well-being of the profession.

# MVMA By-Law on RVTs Scope of Practice

The MVMA General By-Law No. 1 defines the RVT Scope of Practice as:

- A Practicing Veterinary Technologist Member may practice all aspects of veterinary medicine other than**
- (a) making a diagnosis
  - (b) determining a course of treatment (including prescribing medications)
  - (c) applying surgical techniques



**ALL VETERINARY TECHNOLOGISTS MUST BE REGISTERED IN THE PROVINCE OF MANITOBA WITH THE MVTA AND MVMA AS PRACTICING MEMBERS IN ORDER TO WORK IN A CLINIC AS AN RVT.**

**IT IS IMPORTANT TO NOTE THAT ANY INDIVIDUAL CANNOT USE THE TITLE VT, RVT OR VETERINARY TECHNOLOGIST OR ENGAGE IN THE PRACTICE OF VETERINARY MEDICINE (AS DEFINED THROUGH SCOPE OF PRACTICE) IN MANITOBA WITHOUT REGISTRATION IN BOTH ASSOCIATIONS.**

# ALBERTA



ABOUT THE ABVMA

FOR THE PUBLIC

MEMBERSHIP APPLICATION

PRACTICES AND PERMITS

CLASSIFIEDS | CPD | LIBRARY | EVENTS

## Who We Are

### Council ▾

- ➔ Council Members
- ➔ Council Schedule

### Committees ▾

- ➔ Legislated Committees
- ➔ Professional Advisory Committees
- ➔ Standing Committees

### Legislation ▾

- ➔ ABVMA Bylaws
- ➔ ABVMA Council Policies
- ➔ **ABVMA Professional Standards**
- ➔ ABVMA Member Guidance Documents
- ➔ Veterinary Profession Act

## ABVMA PROFESSIONAL STANDARDS

ABVMA Council sets professional standards to provide information to members regarding the expected professional conduct in given circumstances. Council undertakes extensive member and partner consultation during the development and periodic review of these guidelines.

The Veterinary Profession General Regulation establishes those standards and guidelines that specifically require the approval of the membership. Documents are being transitioned to Professional Standards from the previous ABVMA Guidelines. These documents provide direction to members on the expected and required professional standards for veterinary medicine in Alberta.

ABVMA Council has approved the following as the expected professional standard to which members are expected to abide:

- [Consultation/Referral or Owner Initiated Second Opinion](#)
- [Delegation of Veterinary Medicine Professional Standard](#)
- [Marketing Activity Guideline](#)
- [Council Guidelines regarding Prescribing, Dispensing, Compounding and Selling Pharmaceuticals](#)
  - [Veterinary Oversight of Antimicrobial Use: A Pan Canadian Framework of Professional Standards for Veterinarians](#)
  - [CVMA Guidelines for Veterinary Antimicrobial Use](#)
  - [CVMA Guidelines for the Legitimate Use of Compounded Drugs in Veterinary Practice 2006](#)
  - [Compendium of Medicating Ingredient Brochures](#)
- [Telemedicine – Professional Standard](#)
- [Veterinarian-Client-Patient Relationship \(VCPR\) – Professional Standard](#)
- [Obtaining Client Informed Consent – Professional Standard](#)
- [Use of Artificial Intelligence in Veterinary Medicine – Professional Standard](#)

# Ontario

## Changing the Veterinarians Act

The OAVT, together with the College of Veterinarians of Ontario (CVO) and the Ontario Veterinary Medical Association (OVMA), have been advocating for an updated *Veterinarians Act, 1996* for many years to better reflect the current practice of team-based care in veterinary medicine.

In late 2022, the Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA) announced the *Veterinarians Act, RSO 1990*, was open for public consultation.

On March 7, 2024, Ontario's Minister of Agriculture, Food and Rural Affairs, Lisa Thompson, announced the new ***Veterinary Professionals Act, 2024***, under the ***Enhancing Professional Care for Animals Act***, which will formally recognize RVTs' growing role in team-based veterinary care. This legislation is a significant, positive development in the regulation and modernization of veterinary care for the benefit of animals, RVTs, and the public. On June 6, 2024, the bill received Royal Assent and is now law in Ontario.

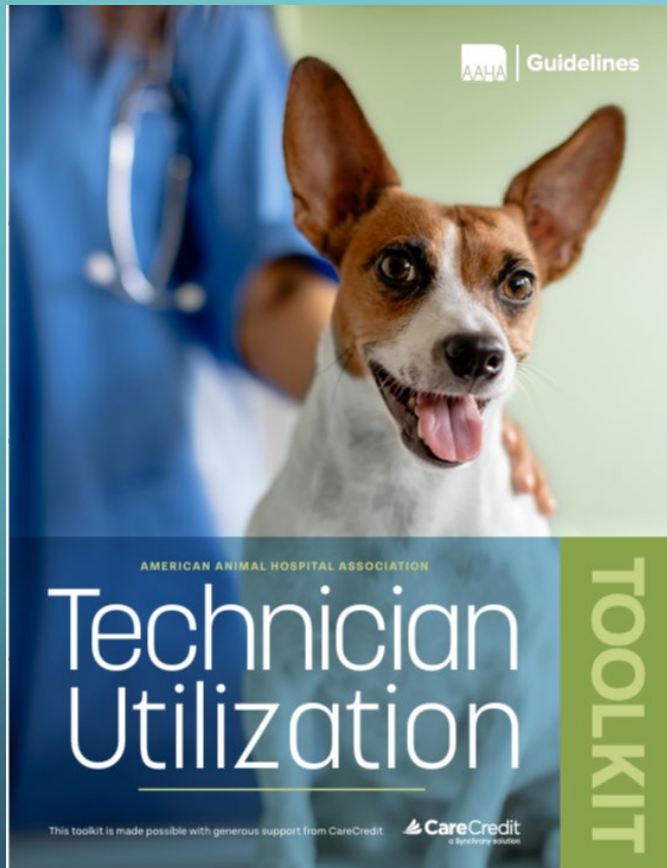
- “ The OAVT expects this process to be complete before the end of 2025 with regulations taking effect over the course of 2026.”
- “ This change will formalize the one profession, two professionals' model that is already widely in practice among modern veterinary teams. RVTs will finally be able to practice to the full scope of their training, enabling them to use their education and training to benefit animals, veterinary teams, and the public. The legislation will also ensure RVTs have a seat at the Council table where the profession is governed, increasing representation of RVTs' interests and concerns.”

### Podcast

Listen to this January 4, 2022 episode of Oculus Insights' Hire the Smile Podcast, hosted by Dr. Mike Pownall, DVM. In this important episode, titled "HOW REGISTERED VETERINARY TECHNICIANS CAN HELP SAVE THE VETERINARY PROFESSION," Dr. Pownall speaks with OAVT President Kirsti Clarida, RVT about the roles, value and utilization of RVTs. They also touch on the topics of RVT burnout and setting boundaries.



# AAHA GUIDELINES



## Contents

- 3** Resources for Veterinary Teams
- 4** Supporting Veterinary Technicians through Healthy Workplace Culture
- 6** Building a Team-Based Approach to Cost of Care
- 10** Trust Your Team
- 12** Protecting the Veterinary Technician Title in Practice
- 13** Strategies for Creating Trust Among Teammates
- 14** Trust Our Team Client Handout
- 16** Know Your Role
- 17** Career Progression for Veterinary Assistants and Technicians
- 18** Resources for the Utilization and Support of Veterinary Technicians
- 19** References



Meet Indy, mascot of the AAHA Technician Utilization Guidelines

# Guidelines at a Glance

Are you leaving credentialed veterinary technicians on the bench when they could be star players?

Credentialed veterinary technicians are a valuable resource for a veterinary practice, but their skills, education, and experience are often not being used to their full potential. Optimal utilization of credentialed veterinary technicians can benefit the entire veterinary team by supporting professional longevity, mutual trust and collaboration, improved patient care, and financial sustainability. The *2023 AAHA Technician Utilization Guidelines* outline the steps you can take right now to improve credentialed veterinary technician utilization in your practice.




These guidelines include practical tools to help implement optimal utilization, including:

-  **Goal worksheets**
-  **Workflows by role for everyday clinical examples**
-  **Veterinary team member utilization assessment tools**
-  **Examples of levels and skills for professional growth and increased learning potential for credentialed veterinary technicians**
-  **Case examples showing optimal utilization**
-  **Open-ended questions to structure conversations around improving utilization**





3/2/1


## 3 Takeaways

-  Credentialed veterinary technicians cite lack of utilization as a top reason for leaving the profession, along with burnout and decreased job satisfaction.
-  Proper utilization is crucial for optimizing team efficiency, which in turn can increase access to veterinary services, improve patient care, and address staffing and retention problems.
-  Using credentialed veterinary technicians to the full extent of their education and training contributes to financial sustainability. Practices where veterinarians rarely perform tasks that credentialed veterinary technicians can, and should, do show an average revenue increase of 36%.

## 2 Actions

-  Recognize that the causes of poor utilization often stem from lack of knowledge and learn about what tasks and procedures credentialed veterinary technicians can legally perform in your area.
-  To begin integrating greater utilization into your workflow, prioritize appointments/initial assessments, surgeries and anesthetic procedures, and telehealth/teletriage. Develop detailed plans based on agreed-upon protocols and train everyone on implementation.

## 1 Thing to Never Forget

-  Optimal utilization is tied to job satisfaction, and it's an essential piece for retaining credentialed veterinary technicians in the profession. Veterinary practices must make the commitment of time and training for all team members to implement optimal utilization. When practices make this commitment, change can start now!

©2023 AAHA

# American Animal Hospital Association

- Promotes optimal utilization of (RVTS)
- Supports professional longevity
  - Job Satisfaction
- Creates mutual trust and collaboration

The Guidelines **outline the steps you can take right now** to improve utilization and start making changes NOW.

- Prioritize
- Develop detailed plans based on agreed upon protocols and train the whole team.

# 2023 AAHA TECHNICIAN UTILIZATION GUIDELINES

## CREDENTIALLED TECHNICIANS CAN, AND WANT TO, BE DOING MORE.

So what does optimal utilization look like?

- Creating training and development programs
- Clearly defining team roles and responsibilities
- Implementing SOPs for greater utilization
- Having frank and open conversations about overcoming barriers to change
- Learning about credentialed veterinary technicians' scope of practice and what tasks they can legally perform
- Building a workplace culture of trust and psychological safety
- Shifting perspectives to a team-centric model, where everyone feels empowered to reach their highest potential



CREDENTIALLED VETERINARY TECHNICIANS ARE HIGHLY SKILLED PROFESSIONALS WHO:

- ✓ Trained and studied hard
- ✓ Passed a rigorous national examination



OPTIMAL UTILIZATION OF CREDENTIALLED VETERINARY TECHNICIANS BENEFITS THE ENTIRE VETERINARY TEAM BY:

- ✓ Supporting professional longevity
- ✓ Creating mutual trust and collaboration
- ✓ Improving patient care, and
- ✓ Increasing financial sustainability



ARE YOU LEAVING CREDENTIALLED VETERINARY TECHNICIANS ON THE BENCH WHEN THEY COULD BE STAR PLAYERS?

CREDENTIALLED VETERINARY TECHNICIANS ARE A VALUABLE RESOURCE FOR A VETERINARY PRACTICE...



...YET, THEY ARE OFTEN IN JOBS THAT PREVENT THEM FROM FULLY USING ALL OF THEIR TRAINING, SKILLS, AND EDUCATION



THE 2023 AAHA TECHNICIAN UTILIZATION GUIDELINES OUTLINE THE STEPS YOU CAN TAKE RIGHT NOW TO IMPROVE CREDENTIALLED VETERINARY TECHNICIAN UTILIZATION IN YOUR PRACTICE. GO TO [AAHA.ORG/TECHNICIAN-UTILIZATION](https://www.aaha.org/technician-utilization) TO LEARN MORE.

THANK YOU ONCE AGAIN



FOR MAKING THIS LEARNING  
OPPORTUNITY POSSIBLE!

# RESOURCES:

## Legislation

BC: Veterinarians Act: [https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/10015\\_01](https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/10015_01)

Ontario: Veterinary Professionals Act, 2024: <https://www.ontario.ca/laws/statute/24v15>

Manitoba: RVT Scope of Practice: <https://mymvta.ca/membership/scope-of-practice>

## Guidance documents:

CBCV Legal Documents:

<https://www.cvbc.ca/resources/legislation-standards-policies/>

AAHA: 2023 AAHA Technician Utilization Guidelines:

<https://www.aaha.org/resources/2023-aaha-technician-utilization-guidelines/>

Manitoba: Delegation of Veterinary Tasks Policy, Regulatory Policy

<https://www.mvma.ca/wp-content/uploads/2023/12/Delegation-of-Veterinary-Tasks-Policy-2023-12-06.pdf>

## Further Training Examples for Technologists

BS Communications: <https://www.bscommunication.ca/>

RVT integrations: <https://rvtintegrations.com/>

RVTC: RVT Career Navigator: <https://rvtcareernavigator.ca/>

VTS training. <https://navta.net/veterinary-technician-specialties/>

Policies and Procedures; National Association of Veterinary Technicians in America Committee of Veterinary Technician Specialties. ( Revised December 6<sup>th</sup> 2024).

**EXTRA**

# FEEDBACK FROM SUCH TRAINING... AN INTERVIEW SUMMARY



## An interview with a DVM who's Clinic Mobilizes RVTs

(Some tips from a vet who has taken the journey before you.)

While researching how to effectively mobilize RVTs, I interviewed a veterinarian whose clinic invested in BS Communication Strategies training and has been mobilizing RVTs for several years now. Here is a summary of the words of advice that were offered in how they took a leap of faith, trusted in something better, and are enjoying a new, rewarding practice model.

### Why did they consider changing their clinic culture?

1) They started to burn out, were seeing extended wait times, and frustrated clients. They could not find vets to fill the coverage gaps. DVMs had to generate all the significant income themselves, and it was becoming unsustainable.

2) They asked themselves; how can we truly and effectively make change happen?

"Vets all want a solution without paying for it", but they knew this would not generate the change they were looking for. Everything is expensive. They made a mental budget and trusted that a new direction can work; if they didn't commit fully, they knew it would fail. "We all could see how it should happen, but we are scared". So, we trusted that it is doable, that we wanted it, and we went for it.

3) They researched and invested into BS communication strategy programs.

BS Communication Strategies = "Communication Nerds"

- Engaged in training over the next 2 years. Sent the first technologist, their most experienced, to the training and launched their new clinic workflow six months later.

- Integration Services were offered so that after the teaching, instructors came in and worked with staff to get through hurdles and problems. The vet needed no different skill set other than communication. They came and did a full team day.

- The second Technologist who wanted to go was their least experienced tech. Now have 4 technologists on board.

### How to get there? Supporting each other.

We have to care about our people. Be kind to ourselves, protect our RVT's, and be careful.

You have to look 5 and 10 years out and have several goal and check ins along the way.

You have to want to change. This truly is a financial and emotion commitment.

"The reaction to change is resistance". Individuals (staff and clients) can be stubborn to engage in change. However, all things to all people we can't be. How do we expand care?

Through communication and recognition, give clients trust; "this professional is who you will see as you pet is not ill"

These situations work for clients, as technicians are much better at communicating at a level that is more realistic. They get more fulfillment as they are leaders in client care.

### They determined:

What sort of tasks or appointments are you having RVTs doing? Wellness oriented. If techs are not comfortable, they have the right to refuse.

Technologists need to trust that when they reach for the vet, they have coverage, and the vet will not throw them under the bus. The vet needs to take the baton to follow up if there is a discrepancy of any sort.

Internally, they defined a specific scope of practice for the technologists, being very conscious to local bylaws. The 1st time an animal is seen, it must be by a doctor who determines a wellness plan.

### The practice owner wrote an RVT handbook.

- When do they reach for a vet? What prompted the client to call the clinic?
- Mental Wellness matters to the RVT. What appointments are driven by the RVT?
- When does the team not involve a doctor? When are there plans for a DVM to follow up?

They have Standard operating procedures to guide/follow them during assessments.

Regarding client communications: they clearly define what topics, updates, or information are meant for RVTs to communicate to clients. Who should disclose what: a technologist, a veterinarian, another team member?

Language in appointments is important.

- They are strict to use "assessment" for a Technologist. Veterinarians can do an "examination".
- They can make a "recommendation".

For E.g., A technologist can do an assessment and recommend a dental. During the dental, the DVM will examine and diagnose.

### The Outcome:

They "Launched the program" within their clinic. The DVMs trusted the training, **let go of the control**, and put their faith towards a new clinic workflow and culture

"It is awesome." They look at their days now, look at their schedule, and know that they have a return on their investment. Bookings are very full for RVTs and there are now openings for DVMs. **"We can practice better medicine"**

**"Really, a giant triage system was created"**

When a senior vet looked at their schedule and noted the full RVT bookings and the openings for the Veterinarians it was asked: "Shouldn't vets be completely filled first? The answer, **"No they should be open for ill animals"**.

**It has become a positive feedback loop.** You will free up time so that you can treat the ill animals, and you will have time to talk to clients, because you have freed up your time.

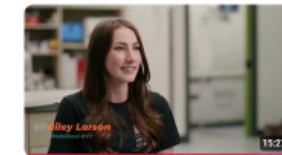
**The DVM job became more fulfilling** as they do more of what they love now!

- As summarized by James Sudhoff, DVM.

**Also:** Check out the documentary about BS Communication Strategies Inc. on YouTube.

### "Mobilizing RVTs © 2.0 documentary"

<https://www.youtube.com/watch?v=tund3ZK8KFc>



Mobilizing RVTs© 2.0 Documentary

You will be inspired!



# Some Specific Examples

# Dentistry

From: CVBC Professional Practice Standard:  
Veterinary Dentistry (Companion animals) Oct 2018/2020

- A veterinarian who provides dental services to any companion animal(s) meets the Professional Practice Standard: Veterinary Dentistry (Companion Animals) when he/she:

“ Diagnoses and determines a treatment plan through direct assessment of the animal and includes radiography in the assessment as indicated”

# Dentistry

From: CVBC Professional Practice Standard:  
Veterinary Dentistry (Companion animals) Oct 2018/2020

- Delegates a dental procedure under the following circumstances:
  1. The veterinarian is confident that the employee has the education and experience to perform the procedure.
  2. The veterinarian is available on-site to provide appropriate supervision to the competent employee; and
  3. The veterinarian confirms that the delegated procedure was correctly performed by re-examining the entire oral cavity on completion of the procedure

# Dentistry

From: CVBC Professional Practice Standard:  
Veterinary Dentistry (Companion animals) Oct 2018/2020

4. Does not delegate the examination of the teeth and/or oral cavity needed to:
  - Make an assessment,
  - Develop a diagnosis, and/or
  - Formulate a treatment plan.
  
5. Does not delegate extraction procedures.
  
5. Uses appropriate dental charting.

Dentistry 

# Putting it together: An RVT

- Makes an initial pre-anesthetic assessment
- Prepares Sedation – Collaborate with DVD ( Age, BCS) adjust?
- Induces Anesthetic (D.P.S.) and then maintains.
- Charts the oral cavity → DVM confirms and Diagnoses
- Performs Oral Radiology
- Delivers Appropriate local analgesia (Nerve Blocks)
- Performs the Dental COHAT → DVM confirms completeness
- Anesthetic recovery
- Prepares or formalizes the medical record (AI assisted?).
- Patient Discharge, Client Communication,

# Anesthetic

From The CVBC Professional Practice Standard:  
**Small Animal Anesthetic Monitoring**

“The Council acknowledges that this Professional Practice Standard does not address the delegation and supervision of anesthetic monitoring. These requirements are currently prescribed in Part 4 of the CVBC bylaws (sections 259-266).

A Standard cannot impose requirements that are contrary to the bylaws”

# Anesthetic: Small animal Anesthetic Monitoring.

Focus is on “Competent” care and record keeping.

- Circulation
- Blood Gasses
- Ventilation
- Temperature
- Medical Record Keeping
- Recovery Period
- Personnel:
  - A responsible and “competent person” – from induction to recovery
- Sedation without G.A. – if loose control of protective airway reflexes



Istockphoto.com