

The AVMA Model Veterinary Practice Act is revised as follows:

(additions in underline, deletions in ~~strikethrough~~)

Section 2 - Definitions

7) “Consultation” means when a licensed veterinarian seeks and receives advice in person, telephonically, electronically, or by any other method of communication from a veterinarian licensed in this or any other state or other person whose expertise, in the opinion of the licensed veterinarian, would benefit a patient. The licensed veterinarian receiving consultation maintains the veterinarian-client-patient relationship.

COMMENTARY TO SECTION 2-7

In subsection 7, “consultation” is defined in part from the recognition that veterinary medicine is becoming an increasingly specialized profession, and a licensed veterinarian may believe it is in the best interest of the patient to request advice from another individual with given expertise. In addition, the definition used in this MVPA better delineates, for the public interest, who will maintain responsibility for maintaining the veterinarian-client-patient relationship.

20) “Veterinarian-client-patient relationship” means that all of the following are required:

- a) The veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient and the client has agreed to follow the veterinarian’s instructions.
- b) The veterinarian has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis of the medical condition of the patient. This means that the veterinarian is personally acquainted with the keeping and care of the patient by virtue of:
 - i. a timely examination of the patient by the veterinarian, or
 - ii. medically appropriate and timely visits by the veterinarian to the operation where the patient is managed.
- c) The veterinarian is readily available for follow-up evaluation or has arranged for the following:
 - i. veterinary emergency coverage, and
 - ii. continuing care and treatment.
- d) The veterinarian provides oversight of treatment, compliance and outcome.
- e) Patient records are maintained.

COMMENTARY TO SECTION 2-20

The definition of “veterinarian-client-patient relationship” (VCPR) in subsection 20 was changed in 2012, and is now different from that embodied in federal regulation 21 CFR 530.3(i) relating to extralabel drug use.

In 2012, subsection 14 was revised to define “patient” as “an animal or group of animals.” Therefore, the definition of VCPR can be applied to individual animals as well as a group or groups of animals within an operation (production system).

The AVMA recognizes that individual states may wish to more clearly define specific terms within the definition of VCPR. For example, a state regulatory board may wish to include a specific time period (eg, no less frequent than 6 or 12 months) to better delineate the term “timely” relating to examinations and visits. The term “timely” should be considered in light of the nature and circumstances of the patient (eg, species, condition or disease, or operation).

In 2012, subsections 20-b and 20-c were revised for purposes of clarification. Subsection 20-e was added to state that patient records must be maintained to establish a VCPR.

States may also wish to further specify that when establishing a VCPR in the case of large operations, “sufficient knowledge” can be supplemented by means of:

1. examination of health, laboratory, or production records; or
2. consultation with owners, caretakers or supervisory staff regarding a health management program for the patient; or
3. information regarding the local epidemiology of diseases for the appropriate species.

Section 5 – Veterinarian-Client-Patient Relationship Requirement

- 1) No person may practice veterinary medicine in the State except within the context of a veterinarian-client-patient relationship (VCPR).
 - a. A veterinarian-client-patient relationship cannot be established solely by telephonic or other electronic means. Without a VCPR, any advice provided through electronic means shall be general and not specific to a patient, diagnosis or treatment. Veterinary telemedicine shall only be conducted within an existing VCPR, with the exception for advice given in an emergency until that patient can be seen by a veterinarian.

COMMENTARY TO SECTION 5— This section, which was added in 2003 to emphasize, emphasizes not only that veterinary medicine must be practiced within the context of a veterinarian-client-patient relationship (VCPR), but also emphasizes that because a VCPR usually requires the veterinarian to examine the patient, it cannot be adequately established by telephonic or other electronic means (ie, via telemedicine) alone. However, once established, a VCPR may be able to be maintained between medically necessary examinations via telephone or other types of consultations. In 2017, this section was revised to address the use of veterinary telemedicine, with the understanding that it may change in the future as technologies advance and evidence-based research on the impact of telemedicine on access to care and patient safety becomes available.

AVMA policy on Remote Consulting

The AVMA opposes remote consulting including, but not limited to, telephone or web-based media, offered directly to the public when the intent is to diagnose and/or treat a patient in the absence of a veterinarian-client-patient relationship (VCPR) as defined by the AVMA Model Veterinary Practice Act. Remote consulting directly with the patient owner can be beneficial and is acceptable when performed with an agreement and in collaboration with the attending veterinarian who has established and retains the VCPR.