



AMERICAN COLLEGE OF VETERINARY ANESTHESIA AND ANALGESIA

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Position Statement on the Supervision of Veterinary Technicians Performing Anesthetic and Analgesic Procedures

Background

While some North American regulatory jurisdictions have been detailed, others grant veterinarians wide latitude to make decisions related to delegation of tasks to veterinary assistants and technicians.¹ The American Veterinary Medical Association's Model Veterinary Practice Act (2019) provides a "uniform state-wide regulatory scheme to be enforced by the Board of Veterinary Medicine as defined in the scope of the practice", and it defines the practice of veterinary technology as: "To perform patient care or other services that require a technical understanding of veterinary medicine on the basis of written or oral instruction of a licensed veterinarian, *excluding* diagnosing, prognosing, performing surgery, or prescribing."² Traditionally, the statutes and administrative rules of the individual states have included the administration and management of anesthetic and analgesic drugs, monitoring, and recovery of patients from anesthesia among the duties performed by veterinary technicians under varying levels of supervision. The most common types of supervision specified are "direct" and "indirect" which have generally been defined to mean:³

1. "Direct Supervision" means a licensed veterinarian is readily available on the premises where the patient is being treated and has assumed responsibility for the veterinary care given to the patient by a person working under his or her direction.
2. "Indirect supervision" means a licensed veterinarian need not be on the premises; has given either written or oral instructions for treatment of the patient; is readily available by telephone or other forms of immediate communication; and has assumed responsibility for the veterinary care given to the patient by a person working under his or her direction.

¹ <https://www.avma.org/advocacy/state-local-issues/duties-veterinary-technicians-and-assistants>. Accessed on 4/30/2020.

² <https://www.avma.org/sites/default/files/2019-11/Model-Veterinary-Practice-Act.pdf>. Accessed on 4/30/2020.

³ <https://www.avma.org/sites/default/files/2019-11/Model-Veterinary-Practice-Act.pdf>. Accessed on 4/30/2020.

The Model Veterinary Practice Act states that “in both cases, the licensed veterinarian assumes responsibility for the veterinary care provided to the patient by another person working under his or her supervision”

Some jurisdictions have specified that “direct supervision” must be “immediate supervision”, which is defined as the veterinarian is physically present in the same room (in audible and visual range of the animal patient and the person treating it) to ensure that certain procedures are properly performed by technicians:⁴

It should be noted that in order for technicians and assistants to perform the allowed tasks, the veterinarian must have a valid veterinarian-client-patient relationship (VCPR) and must have performed the prerequisite examination and diagnostics prior to anesthesia. Professional liability and ethical responsibility generally fall upon the supervising veterinarian. Therefore, the veterinarian is held responsible for all technician and assistant actions, decisions, and mistakes which occur. While this constitutes a generally accepted legal precedent, there is very little effort in most regulatory jurisdictions to define what is ethically and legally an appropriate level of training for a veterinarian supervising technicians and assistants who perform potentially dangerous procedures like the induction of anesthesia in critically ill patients and advanced loco-regional neuronal blockade in animals.

This document intends to further clarify the American College of Veterinary Anesthesia and Analgesia’s position on what can be considered appropriate supervisor-supervisee oversight.

The Problem Defined

The level of complexity of veterinary anesthesiology, anesthetic monitoring and pain management in animals has increase significantly over the past decades, and it now includes a variety of advanced procedures whose advent would have been impossible to predict when the Veterinary Practice Act statutes and administrative rules were originally drafted. Additionally, it is not clear to what extent the traditional veterinary technician training curriculum has evolved to uniformly prepare new graduates for these clinical challenges.

Veterinary technicians and assistants have traditionally been employees of a practice owned by one or more veterinarians who had frequent, if not constant interaction with them and were able to assess their level of training, competency, and ability to recognize and communicate problems regarding changes in patient status. However, the increasing frequency of centralized (corporate) practice ownership has transferred much of the responsibility for employee hire and supervision from the veterinarian on clinical duty to non-veterinary staff, often located outside the clinic environment. Additionally, some

⁴ <https://dscog95ndhbkb.cloudfront.net/wp-content/uploads/2017/02/25194823/Guide-to-Animal-Health-Care-Tasks-Supervision-Levels.pdf>. Accessed on 4/30/2020.

jurisdictions allow relief or non-employee technicians and assistants to provide professional services to veterinary clinics on a locum (temporary) basis. As a result, supervising veterinarians may end up working with support staff hired by the practice management, without having been involved in their selection process and without having knowledge of their qualifications and skill level. This is often not appropriate and potentially dangerous, especially in high risk areas of veterinary medicine like anesthesiology and pain management, where an oversight, misunderstanding or omission can have catastrophic consequences.

The supervision of veterinary technicians engaged in the practice of anesthesia should have specific rules and well-defined guidelines for the following reasons:

1. Potent drugs with significant cardiorespiratory effects are routinely prescribed and administered;
2. Patient evaluation and diagnosis of preoperative and intraoperative complications, as well as initiation of therapies to correct abnormalities are required;
3. Advanced neuronal blockade techniques are often performed.

Regional anesthesia techniques that require ultrasound-guided neural blockade, pose a particular challenge in terms of technician supervision and legal responsibility of the supervising veterinarian because:

1. Veterinarians themselves must undergo advanced training and extensive practice before being able to safely and proficiently perform said procedures;
2. The use of echography to locate the nerve/s to be blocked implies image interpretation and the identification of the correct anatomical structures to be targeted (specific nerve/s), and of those to be avoided (adjacent blood vessels, other nerves, internal organs);
3. The element of 'image interpretation' is a professional prerogative of veterinarians and not of veterinary technicians, even if directly supervised;
4. 'Image interpretation' is the only non-invasive aspect of neural blockade, as it must be followed by proper ultrasound-guided advancement of a needle towards the target structure, and correct peri-neural delivery of a local anesthetic drug;
5. There is currently no information on the incidence and severity of procedural complications and morbidity following ultrasound-guided neural blockade in dogs and cats and therefore the potential short and long term damage to patients and possible legal implications have as yet to be defined.

In the role of clinical supervisors, veterinarians who utilize temporary employees, or are expected to work with revolving support staff in the

centralized practice model, must ensure that their skill level is greater than that of the individuals they employ or supervise so they can adequately oversee their performance and intervene if complications arise. The low frequency-high consequence types of complications encountered in veterinary anesthesia require a skilled anesthetist, and an even more highly trained and skilled supervising veterinarian. It is not appropriate for a veterinarian to allow a technician (even if in possession of a specialty certification), assistant, or other non-veterinarian to perform procedures which he/she is unable or unqualified to perform, including anesthesia, advanced analgesic techniques, and ultrasound-guided neural blockade for loco-regional anesthesia.

Recommendations

The American College of Veterinary Anesthesia and Analgesia recommends that, when selecting personnel to assist in the delivery of anesthesia/analgesia, the supervising veterinarian be adequately trained to perform delegated tasks and have a high degree of competency in the techniques which are routinely performed in that work place. If a supervising veterinarian is not adequately trained, or not comfortable/qualified to perform the necessary techniques or anesthetize their patients, it is his/her ethical and legal obligation to consult with, or employ a qualified veterinarian who is specialized or highly trained in anesthesia and pain management, such as:

1. A Diplomate of the American or European College of Veterinary Anesthesia and Analgesia;
2. A veterinarian with a documented record of advanced training in anesthesia techniques gained through AVA, NAVAS, or comprehensive specialized-techniques training courses;
3. A Diplomate in a board specialty that requires training with ACVAA/ECVAA Diplomates (eg. ACVS or AVDC).

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