



THE COLLEGE OF
VETERINARIANS
OF ONTARIO

UPDATE

Vol. 23 No. 2
ISSN 0821-6320

visit the CVO website at
www.cvo.org

June 2007

Inside...

CVO News	2
Elections	3
Council Bulletin /	
Controlled Drugs	4
Student Corner	5
Booster Vaccinations .	6
Advertising	7
Complaints Case	8
New Facilities	10
Updates	11
Cold Chain	
Maintenance	14
Medical Records	
Workshops	16
VSTEP	17
Undertakings	18

Dialogue...



Susan Carlyle
Registrar

Councillors and staff of the CVO often find themselves in meetings, seminars and gatherings with other professional regulators. It is seldom the case that we have little to talk about; quite the contrary, as most issues, attitudes, challenges and success stories are universal among professional regulatory bodies at the same time as they are applicable to specific member circumstances.

The vast majority of the issues we discuss are as important and often as puzzling to our members as they are to administrators.

CVO will therefore be including “**Dialogue**” on issues or questions in future *Update* editions, on which we would very much like the readers’ views. Anyone with an opinion is encouraged to write us - by email or letter - and let us know what you think.

We promise to read carefully what you say and to consider your thoughts, suggestions, frustrations and wishes as we strive to meet the future needs of the practice of veterinary medicine.

To begin, we would appreciate knowing how you view the concept of “**public interest.**”

The phrase “public interest” appears 1294 times in 251 separate pieces of legislation in Ontario, the vast majority of which deals with regulation in some form. Yet it is never defined. In the *Veterinarians Act*, which gives the CVO its authority to govern veterinarians, it is stated that the principal object of the CVO itself is to regulate practice and govern members “in order that the public interest may be served and protected” (section 3(1)).

continued on next page...

CVO News

continued from front cover...

This is a strong mandate. The CVO has taken this statutory duty and made it the basis of our vision and mission statements. The “public interest” is the bottom line for everything we do - complaints and discipline actions, registration and accreditation decisions, policies, guidelines, and on and on.

We are used to using these words and applying them in accordance with contexts that dictate their meaning.

The phrase grounds our activities and decisions. But “public interest” is fluid - it changes with time, geography, legislative intentions, categories of affected people, culture, history, demographics, societal norms and attitudes.

Surprisingly, regulators work very well with no “correct” definition of public interest. But we seldom ask what the public and the professions think it means.

We would very much appreciate your opinion.

Future topics will include: **aspects of Quality Assurance, global connectedness, self regulation, the meaning of “professional”**... and so on.

Suggested topics are also welcome, of course, so please send them in.

CVO Welcomes Policy and Quality Assurance Program Manager



We are pleased to announce that Ms. **Karen Smythe** has joined the staff of the CVO as of May 28th, 2007. As the Policy and Quality Assurance Program Manager, Karen’s responsibilities will mainly lie in researching and drafting policy and managing the development of the College’s quality assurance initiatives.

Karen comes to us with a background in University administration and teaching as well as regulatory experience. She is also a published author - of both academic works and fiction.

We are pleased to welcome Karen.

In Memoriam

Council and staff of the CVO were saddened to learn of the death of Mr. **Gordon Lowes**, a past public member who served on council from 1994 to 1996.

Before being appointed as a public member, Gordon was a retired insurance broker of 25 years. Mr. Lowes worked in the Horse Superintendent’s Office as superintendent for seven years at the Canadian National Exhibition and as assistant superintendent for 21 seasons of the Royal Winter Fair. Gordon was also a cash crop farmer for 12 years.

Gordon is survived by his wife Verna, four children and several grandchildren.

Ms. Anita Stephenson, Quality Assurance Coordinator, is no longer with the College. We wish her the best in her future plans.

For Quality Assurance matters, please contact Ms. Karen Smythe at extension 2237 or ksmythe@cvo.org.

On **October 2, 2007**, the College of Veterinarians of Ontario will hold elections in five constituencies.

Constituency 1

(Counties of Essex, Kent, Lambton and Middlesex). Dr. **Jim Christian** is eligible for re-election.

Constituency 3

(Counties of Oxford and Perth and the regional municipality of Waterloo). Dr. **Ed Doering** has served two three-year terms therefore is not eligible for re-election.

Constituency 4

(Members employed by the University of Guelph). Dr. **Grant Maxie** is eligible for re-election.

Constituency 6

(County of Wellington). Dr. **Randy Graham** is eligible for re-election.

Constituency 10

(Metro Toronto and York). Dr. **Tim Arthur** is eligible for re-election.

Election Timelines

Nomination forms and notice of election will be forwarded prior to **July 21, 2007**

Nominations due no later than 4:00 p.m. on **August 28, 2007**

Ballots mailed no later than **September 18, 2007**

Election Date
October 2, 2007

If you are interested in standing for election, or would like to have further information, please contact:

Ms. **Christine Simpson**
extension 2225
email csimpson@cvo.org

CVO councillors have interesting and wide-ranging responsibilities. Serving on Council is an opportunity and challenge that can offer an immense amount of personal satisfaction and fulfillment. Some frequently asked questions are addressed below:

What is the Council of the College?

The Council is the governing body, or Board of Directors, of the CVO, and its composition and powers are established in the *Veterinarians Act*. The Council is composed of 13 veterinarians and three to five public (non-veterinarian) members. Veterinarian members of Council are elected by their peers and bring their understanding of the profession, from the perspective of the setting in which they practice, to the Council table. Public members are appointed by the Lieutenant Governor in Council and bring the public perspective to Council decisions.

How are Councillors compensated?

Councillors are paid a per diem, currently \$400/day, and reimbursed expenses for all meeting days.

What is the time commitment?

Councillors can expect to attend approximately six regular council meetings per year to make policy decisions affecting the practice of veterinary medicine, and to discuss other matters as they pertain to the regulation of the profession. They will also be appointed to at least one committee, with varying time commitments.

Can candidates send out campaign letters?

Yes. Those candidates wishing to send out a campaign letter should forward the correspondence for review by the CVO staff.

Council Bulletin / Controlled Drugs

Council Meeting: March 21, 2007

- Received a briefing on current issues from Dr. **Deb Stark**, Assistant Deputy Minister & Chief Veterinarian of Ontario, Ontario Ministry of Agriculture, Food and Rural Affairs
- Heard a presentation from Dr. **Michael Kaufmann**, Medical Director, Professionals Health Program, who was accompanied by Ms. **Cynthia MacWilliam**, Associate Director, and Ms. **Judi Platt**, Case Manager
- Received a report from the VSTEP Steering Committee
- Enacted amendments to the **By-laws** that had been previously circulated to the membership for comment
- Deleted **Member Guideline R2001 - Abused Women's Shelters** from the Council Policy and Procedures Manual - now incorporated into the Steering Position Statement
- Reviewed and approved the **Guideline : Medical Records - Companion Animals** (*see enclosed with this issue of Update*)
- Reviewed and approved the **Position Statement : Deficiencies Noted During the Inspection of New Facilities** (*see enclosed with this issue of Update*)
- Reviewed and discussed the draft **Position Statement - Compounding of Veterinary Drugs**; returned to staff for further revision
- Approved amendments to **Council Policies : Board Governance**
- Ratified decision to strike a Working Group to review and present options for amending the **Minimum Standards for Companion Animal Hospitals**
- Approved dates for 2008 Council Meetings

Proper Recording of Compounded Controlled Drugs

Members are reminded that any controlled drug or narcotic used for the purpose of compounding a new drug, such as Ketamine/Valium, or Atropine/Demerol/Acepromazine remains, for the purposes of the regulations, a controlled drug or narcotic. Therefore, a new dispensing register must be created for the compound. The new register should then incorporate all of the information required by Section 28 of the regulations:

28. (1) *A member who dispenses a controlled substance shall keep a controlled substances register in which is entered,*

(a) *the date of the dispensing;*

(b) *the name and address of the owner of the animal or animals for which the drug was dispensed;*

(c) *the name, strength and quantity of the drug dispensed; and*

(d) *the quantity of the drug remaining after dispensing.*

Specifically, the register for the original substance must contain all of the information required in Section 28, with the "name and address of the owner" being recorded as "office use" or "premix" or a similar disposition. The new register for the compounded substance must then contain reference to the name and address of the owner of the animal or animals to which the compound was dispensed.

Student Corner

by Tanya Fournier



An Introduction to the New CVO Student Representative, Ms. Jessica Swan



Ms. Jessica Swan

Jessica was raised in Harcourt, Ontario on a hobby farm and graduated from the University of Guelph with a B.Sc. in Animal Biology in 2006. She has recently completed her first year at the Ontario Veterinary College where she is an active member in many clubs, including such esteemed positions as the Jr. AAHA representative, a General Executive Member in the Business Club, and the Jr. Treasurer of the OVC fraternity.

When Jessica is not spending her time devoted to her OVC studies and extra-curricular endeavours, she is spending quality time with her “little sister” as part of the Big Sister program. Other interests include Highland dance, snowboarding, and track and field. Jessica also works part-time and cares for her two cats, Bruce and Monty.

Jessica’s DVM goals are to either be involved in a mixed animal practice (bovine and small animal) upon graduation, ultimately leading to ownership or to first further her studies to specialize in internal medicine or cardiology.

Jessica is looking forward to representing the student body in her new position as the CVO student representative and is enthusiastic to gain a more thorough understanding and appreciation of all that the CVO is involved with.

The Council and staff would like to thank Tanya for all her hard work and wish her well in her final year of veterinary medicine.

Booster Vaccinations

The Executive Committee recently considered the question of whether auxiliaries can provide booster vaccinations to companion animals.

Section 19.(4) of Ontario Regulation 1093 permits veterinarians to “direct an auxiliary who is suitably qualified by education or experience to perform, under the supervision of a member, the tasks traditionally assigned to auxiliaries including flushing and infusion procedures in the course of embryo transfers after appropriate assessment by a member.”

Since it is a booster vaccination, it is presumed that a VCPR already exists with the client. Otherwise, proper establishment of a VCPR would be appropriate.

Protocol

In order to facilitate this procedure, the following protocol would be followed:

1. An auxiliary may not administer a rabies vaccination or booster.
2. The auxiliary must obtain the appropriate diagnostic measures of the animal i.e., temperature, pulse, respiration, weight, as well as any other observations which the veterinarian could direct the auxiliary to make - all procedures which are currently permitted to be assigned to qualified auxiliaries in companion animal practice.
3. The auxiliary does not communicate the results of the examination or observations to the client, but does report them to the veterinarian, who is on the premises in accordance with sub section 19.(3)(a).

4. The veterinarian, based on the information provided by the auxiliary, either directs the auxiliary to perform the procedure, directs the auxiliary to obtain further information, or personally intervenes, as the case may be.
5. If directed by the veterinarian, the auxiliary administers the vaccine - the veterinarian is responsible for ensuring that the auxiliary is competent to perform an injection.
6. The veterinarian confirms that the procedure has been performed appropriately, either through personal follow-up observation, or a report from the auxiliary.
7. The veterinarian ensures that the appropriate information is entered into the medical record.

While this scenario involves companion animals, it is consistent with the protocol set out in the **Position Statement: “Delegating to Auxiliaries in Food Animal & Equine Practice.”**

It has the added benefit of the veterinarian actually being on the premises, which is not a requirement of the above mentioned Position Statement.

This protocol is consistent with other Position Statements which permit auxiliaries to administer injections, e.g., Implantation of EID Devices in Companion Animals.

Advertising - What is Permitted?

Members often ask the College to preview advertisements to ensure that they are in compliance with the **Holding Out** regulations, and we are happy to do so.

In some cases, the member has gone to a large amount of effort, perhaps even retaining a professional advertising agency, to create an advertisement which will attract new clients, while still conforming to the regulations. It is unfortunate when, due to a lack of understanding of the regulations on the advertiser's part, the response from the College results in an advertisement that looks like it has gone through a paper shredder.

Remember that the regulations prohibit terms that are non-verifiable or comparative. So if your advertising contains factual information that is verifiable and not comparative, you are free to use it.

Examples

Following are some suggested terms that members can use in their advertising without fear of contravening the regulations:

"range of services" is permissible. Terms such as "wide" or "full" are non-verifiable and are not permitted.

"call for more information" - this simple statement can encourage potential clients to contact your clinic. When the member of the public initiates the first contact, without being solicited or steered, then a veterinarian can provide them with the same information that they would provide to a client, including prices, specific equipment or protocols.

"special interest in" - is permissible for use by any veterinarian to describe a particular area of their practice that the member wants to promote to the public. This may include certification in different procedures, or a particular area of medicine.

However, only members with the appropriate board certification can use "specialist" and related terms.

"emergencies day or night", "24 hour emergency service", "24 hour emergency services", "emergencies", "emergency service", "24 hour hospital" should only be used if there is a veterinarian on site 24 hours a day.

"emergency service available", "(on call) emergency service", "after hours (on call) emergency service", "emergency service by appointment", "veterinarian on call 24 hours per day" are suitable to indicate that emergencies can be serviced, but there is not a veterinarian on site at all times. The term *"member of the veterinary emergency clinic"* is also acceptable for use.

"private parking available" may be of particular importance to clients of urban practitioners. However, terms such as "convenient" or "free" may not be attached to such a statement.

You may advertise services and procedures which make reference to equipment by way of the name of the procedure, for example: ultrasonography, laryngoscopy, laser surgery, dental x-rays, arthroscopic surgery, and/or endoscopy.

You may also advertise products available without mentioning the brand name, such as prescription diets and pet supplies.

Prices, fees and discounts cannot be advertised, but you can advertise methods of payment available, including pet insurance.

While the **"Holding Out"** regulations are restrictive, they are not intended to abolish all veterinary advertising. The College is happy to consider any member advertising proposals which can be demonstrated to comply with the regulations.

Complaints Case

Complaints cases are designed as an educational tool to help Ontario veterinarians and the public gain a better understanding of the current trends observed by the College's Complaints Committee. The cases are an edited version of some of the cases dealt with by the Committee. The law does not allow for either the veterinarian or the complainant to be identified.

Volunteering at a veterinary facility...

This complaints case originated as a result of a high school student applying to volunteer at the ABC Animal Hospital under the supervision of Dr. X.

The student submitted an application to the hospital after seeing a poster at her school, as “she felt this would be an opportunity to complete her 40 hours of community service volunteering” which is a requirement for obtaining an Ontario Secondary School Diploma.

The student attended an interview and was given a consent form for her parents to sign. The student's mother, Ms. Z, telephoned the clinic and spoke to Dr. X with some questions.

In the letter of complaint received by the College, Ms. Z alleged that:

Dr. X behaved in an inappropriate and unprofessional manner when she:

- (a) posted an opportunity for high school students to meet their 40 hours of community service requirement by volunteering at

her clinic to perform work that appeared to be more like “slave labour” than volunteering (e.g., cleaning cages).

- (b) informed Ms. Z that her daughter would be given a “wad of paper towels to handle fecal material” instead of proper hand protection like disposable latex gloves when Ms. Z inquired about hand protection for cleaning the cages.

The committee reviewed written submissions from Ms. Z and Dr. X.

Reasons for Decision

Ms. Z alleged that Dr. X acted in an inappropriate and unprofessional manner by offering students an opportunity to perform community service hours while, in fact, they were being recruited for “slave labour.”

The response from Dr. X, an associate at the ABC Animal Hospital, described the opportunities afforded students at the hospital over the years which allowed exposure to opportunities

and experience in the animal care field. It appeared there were some significant misunderstandings in the interaction between the parent/student and the hospital. Without a copy of the poster, the committee was not able to determine if the posters offered simply “volunteer” opportunities or “community service opportunities.”

Ms. Z further alleged inadequate protection from risks of handling dangerous materials such as Dr. X not providing gloves for handling feces. The committee believed that a simple solution to the concern might have been found, had the parent/student or the veterinary hospital provided suitable gloves for cleaning. Dr. X submitted that students would not be placed in situations where there would be risks of zoonotic infection (diseases that can be transferred from animals to humans) based on how their duties as volunteers are developed over time.

All members of the committee agreed that there was a need for students considering a career working with animals to have exposure to those careers.

Historically, work in veterinary (and even human) clinics has been initiated by predominantly watching and cleaning. In many instances, these responsibilities lead to opportunities to become more involved as 'on the job' training through observation eventually leads to increased participation in patient care. Litigation, risk assessment and insurance limitations have made this area more "red tape" than previously, and many students find they cannot easily access opportunities to experience veterinary medicine first hand.

The diploma requirements posted on the Ontario Secondary School Diploma government website include the following references to "volunteer hours":

- Students must complete a minimum of 40 hours of community involvement activities
- The requirement will benefit communities but its primary purpose is to contribute to students' development. It will provide opportunities for students to learn about the contributions they can make to the community
- Activities may take place in a variety of settings - including businesses
- Students cannot get hours by assuming duties normally performed by a paid employee

The committee agreed that a High School should ensure that anything posted in the halls of their school meet the requirements of their school and school board. There remains a question as to the investigation the school made prior to allowing the posters.

Parents should be responsible for the safety of their children and Ms. Z is to be commended for her diligence.

Parents and schools are both responsible for ensuring that students understand what "community service" is, and the committee did question whether volunteer service in a regular veterinary hospital qualified, especially when you compare it to similar duties at a Humane Society or Animal Shelter.

The committee suggested that Dr. X acted as many Ontario practitioners have and continue to, trying to work within the confines of such a litigious society, to provide opportunities for students to determine their direction scholastically.

Decision

It was the decision of the committee that the actions and conduct of Dr. X did not warrant a referral to the Discipline Committee or to take any further action.

The committee hoped that Ms. Z's daughter was able to find both rewarding community service hours

and exposure to veterinary medicine.

Additional information was provided by **Susan Warren, DVM**, Complaints Committee Member.

Some clinics that currently accept volunteers have developed a consent form for parents to sign. The information shared should include risks, responsibilities, lack of financial remuneration, and means for terminating the arrangement by either party. Veterinarians are urged to check with their insurance providers to be certain they have appropriate coverage. It may be recommended that students participating in a program purchase Student Accident Insurance.

Community involvement cannot displace a paid worker. The purpose of this requirement is to give students experience of how they fit "in the community" - not in a career. In addition to the Ministry of Education website information on the requirements for graduation - each School Board posts their own specific directions - which may be more restrictive than the provincial standards. As an example, some Catholic School Boards title their requirements as "Christian Community Service". Listed suggestions include community projects of a cultural, humanitarian, athletic or fund-raising nature - designed to be of benefit to the community. While the posted

continued on next page...

New Facilities

literature indicates all activities should be approved by a teacher/principal prior to participation - in the real world - most students simply get the forms signed by a supervisor in the community - and hand them in.

It needs to be noted; these "volunteer" situations are quite different from the "co-op" education programs offered by some high schools, or any recognized apprenticeship program. In organized education cases, there is liability and Workmen's Compensation coverage (as "unpaid trainees" or "workers") extended from the school and school board.

One insurance company that was approached, suggested that the professional liability insurance (commercial) that a clinic has would provide liability insurance should a volunteer harm a patient, client or equipment - but they had concerns that an injury to the volunteer that required therapy or had long term consequences might impact a clinic's liability history and there would be the risk of a volunteer seeking damages through a legal suit. Veterinarians are advised to contact their own insurance agent to ensure their coverage is sufficient, and to have written documentation of understanding with volunteers and their guardians because even

the best training and safest practices cannot prevent all animal related accidents. The business of veterinary medicine is not obligated to provide Workmen's Compensation coverage even to paid workers. Application for this coverage is based on earnings (a volunteer has no earnings/no potential or future earnings) through the Agricultural Division of WSIB.

Veterinarians are encouraged to review their protocols and policies carefully, for the safety of themselves and any interested student

New Facilities Opening

The College recognizes that at the time of the initial inspection of a facility, no records, logs or radiographic data are recorded. Therefore, as of June 1, 2007, the College will allow the practice to open and to submit examples of each type of record for review, within 60 days of the opening date of the new facility.

A sample of each of the following types of records will be required:

Types of Records

1. A wellness examination or vaccination visit
2. A routine surgery (e.g., spay, castration)
3. A non-routine surgery
4. An acute medical case
5. A chronic medical case
6. A referral case

If you do not have all of the above types, then a combination will be acceptable. Please ensure that a total of six cases are

submitted per companion animal facility and/or large animal/equine. Please send photocopies of your records and the original x-rays.

The College will also require the practice to submit samples of the narcotics, controlled drug, ketamine, targeted drug, surgery/anesthetic and radiology logs applicable to the category(ies) of the facility.

Updates (February 2, 2007 - May 4, 2007)

The College welcomed the following new registrants between February 2, 2007 and May 4, 2007. The list also indicates licence type as follows:

*G = General GNR = General Non-Resident E = Educational R = Restricted A = Academic
PGR = Postgraduate and Resident Licence PS = Public Service*

Dr. Sasha Black	G	Dr. Tajinderjit Kaloti	G	Dr. Maria Popa	R
Dr. Aboubaker Bouzid	G	Dr. Dalbir Malik	G	Dr. Parul Sharma	G
Dr. Diane Chandler	G	Dr. Mark Moore	G	Dr. Kristin St. John	G
Dr. Nishan Dhillon	G	Dr. Aman Mor	G	Dr. Enid Stiles	G
Dr. Amy Doornekamp	G	Dr. Balubhai Odedra	G	Dr. Jennifer Vander Kooi	G
Dr. Ereen Gad	G	Dr. Jeremy Owen	G		
Dr. Jeff Kaufmann	G	Dr. Chantale Pinard	G		

The following is a list of new corporations:

New Corporations

Ancaster Animal Hospital Professional Corporation	Mountain Animal Hospital Professional Corporation
Barnes/Cowbrough Veterinary Professional Corporation	Oxford Bovine Veterinary Professional Corporation
Coombs Veterinary Professional Corporation	Rosati Veterinary Professional Corporation
Dufferin-Queen Animal Hospital Professional Corporation	Shaw Road Veterinary Clinic Professional Corporation
Duque Veterinary Professional Corporation	St. Denis Veterinary Professional Corporation
Elizabeth Salmon Professional Corporation	Toole Veterinary Professional Corporation
Espanola Veterinary Professional Corporation	Turnbull Veterinary Professional Corporation
Gananoque - Island City Veterinary Professional Corporation	Walkerton Equine Clinic Professional Corporation
Jongert Veterinary Professional Corporation	Wheal Veterinary Professional Corporation

Updates (February 2, 2007 - May 4, 2007)

The following is a list of new, closed and relocated veterinary facilities:

New Facilities

404 Veterinary Hospital

Category: Companion Animal Hospital
Director: Dr. Kevin Isakow

Ashbridge's Bay Animal Hospital

Category: Companion Animal Hospital
Director: Dr. Harjinder Singh

Eglinton Animal Hospital

Category: Companion Animal Hospital
Director: Dr. Gurpreet S. Pandher

Foster Park Pet Hospital

Category: Companion Animal Hospital
Director: Dr. Kristina Bennett

Gilson Equine Veterinary Services

Category: Equine Mobile
Director: Dr. Kelli Gilson

John McNally DVM

Category: Food Producing Animal Mobile
Director: Dr. John McNally

Liston Animal Hospital

Category: Companion Animal Hospital
Director: Dr. Stephen Liston

Maxville Veterinary Clinic

Category: Companion Animal Hospital, Food Producing Animal Mobile
Director: Dr. Ingrid Bill

Metro Mobile Veterinary Services

Category: Companion Animal Mobile
Director: Dr. Milan Solesa

Millen Road Animal Hospital

Category: Companion Animal Hospital, Companion Animal Mobile
Director: Dr. Gurpal Sandhu

Velyvis Veterinary Housecall Services

Category: Companion Animal Mobile
Director: Dr. Judy Velyvis

West End Equine Veterinary Service

Category: Equine Mobile
Director: Dr. Jennifer Jobin

Closed Facilities

Algonquin College Pet Clinic
Dennhardt Veterinary House Call Services
Mill Pond Mobile Veterinary Services
Ottawa Mobile Equine Services

Relocated Facilities

Algoma Veterinary Clinic (Blind River Office)
Animal Hospital of Stoney Creek
Barriefield Animal Hospital
Blenheim Veterinary Hospital
(previously Charing Cross Animal Clinic)
Chapel Hill Veterinary Clinic
Dr. Maxina Hunt von Herbing
Dundas Veterinary Services
Mississippi Veterinary Services
Romeo Pet Hospital
Veterinary Emergency Clinic of York Region
Victoria Veterinary Services

Updates (February 2, 2007 - May 4, 2007)

The following veterinarians are no longer licensed in Ontario:

Dr. Adam Chambers
Dr. Tehal Gill
Dr. Cheryl Jachymek
Dr. Magnolia Jucan
Dr. Christopher Lesbines

Dr. Douglas McGrogan
Dr. Etienne Palerme
Dr. Jean-Paul Petrie
Dr. Laura Pratscher
Dr. Patricia Richter

Dr. Jasbir Sandhu
Dr. Lisa Sepesy
Dr. Nabil Wisa

*If you note any errors in the preceding lists or believe someone may be practising without a licence, please contact Ms. **Karen Gamble** at extension 2228 or e-mail kgamble@cvo.org.*

In Memoriam

The council and staff of the CVO were saddened to learn of the following deaths and extend sincere sympathy to their families and friends. In memory of deceased members, the CVO contributes an annual grant to the Ontario Veterinary College Alumni Trust.

Celerin, Antonin Josef (Czechoslovakia 1965)
Jackson, Kenneth George (OVC 1936)

Moore, Kenneth William (OVC 1964)
Sauer, Frank (OVC 1951)

Hiring a New Graduate or Someone New to Ontario?

To ensure that the veterinarian you plan to hire is licensed with the CVO, please check with the CVO office at:

(519) 824-5600 ext. 2228 / toll free (Ontario) (800) 424-2856

or email Ms. **Karen Gamble**
registration coordinator, at kgamble@cvo.org

Cold Chain Maintenance

The Accreditation Committee researched “Cold Chain Maintenance” resulting in the following article for information purposes only.

by Ann West, DVM, MSc., on behalf of the Accreditation Committee

Veterinary drugs and biologics must be shipped and stored in a manner that does not risk exposure to temperatures outside of their recommended storage conditions potentially impacting the safety and effectiveness of the drug or biologic product.

Environmental controls play a key role in maintaining the quality of veterinary drugs and biologicals. Temperature is one of the most important parameters to control. Veterinary drugs and biologics must be stored, handled and transported according to predetermined conditions (e.g., temperature, etc.) as supported by stability data. Many drugs and biologics are particularly sensitive, such as drugs and biologics that must be kept refrigerated or frozen, and must be handled with appropriate care.

Maintenance of the “cold chain” is a crucial element in the distribution of many medicinal products that require refrigeration. Veterinarians need to be particularly conscious of the nature of variations in temperature storage conditions that can affect the efficacy and shelf life of drugs and biologics. Manufacturers of such products have stability data that can be used to predict the effects of specific changes in the storage conditions of products. Establishing the shelf life of a product involves extensive studies of product potency (which is directly related to efficacy) when kept under defined and controlled environmental conditions. Occasionally other storage requirements must be met to protect

the integrity of a product. These may be met using specialized packaging materials e.g., using cardboard cartons to contain vials of substance that is sensitive to exposure to light. Veterinarians have an important role in ensuring that biologics and drugs administered and dispensed through their practice facilities, are stored and handled in such manner that the integrity of these products is not compromised. The product storage conditions are specified on the label and all veterinarians using them must be aware of the storage requirements. Veterinarians and their staff must exercise diligence in adhering to these specifications within their practice facilities as part of their responsibility in the provision of safe and effective medicines to their patients.

This responsibility is not limited to veterinarians alone and begins with manufacturers and extends to transporters, importers and distributors of these products. These areas are subject to regulatory requirements and inspections to ensure requirements are met (Health Canada and Canadian Food Inspection Agency). Veterinary clinics are not inspected by Health Canada or the Canadian Food Inspection Agency to verify storage requirements are met. In the province of Ontario the College of Veterinarians of Ontario conducts accreditation inspections to verify compliance with Minimum Standards of practice.

The following information is provided to assist veterinarians in

developing “best practises” for the storage of veterinary biologics and pharmaceuticals that require refrigeration. There is a great deal of information available on the internet, concerning cold chain management. Several sources are listed at the end of this article.

1. Storage Units

Note: It is strongly recommended that a refrigeration professional be consulted to help assess your storage needs and to recommend an appropriate monitoring and maintenance program for the equipment used.

A combination domestic refrigerator and freezer unit, each compartment with its own door, is an acceptable storage unit for vaccines.

Vaccines should not be stored near the air outflow opening from the freezer to the refrigerator.

Ideally, refrigerated or frozen vaccines should be stored in stand alone units to segregate stock by the equipment best suited to offer consistency. If single-purpose units are not available for frozen vaccines, the freezer should be part of a refrigerator that is at least 0.51 cubic metres.

For refrigerators that do not have a frost-free feature, ice should not build up more than 1 cm.

Food, beverages and specimens should not be stored in the vaccine refrigerator.

Refrigerator or freezer door should not be left ajar for periods of time.

Cold Chain Maintenance

Size of the refrigerator should be reflective of the volumes required.

The thermometer dial or set point should be set at +5EC.

To prevent accidental unplugging of the unit a plug guard should be used. If necessary, warning signs not to unplug it should be used and fuses and circuit breakers for this equipment should be identified.

The refrigerator should be positioned in a dark, cool area, away from direct sunlight or a heat source and at least 10 cm from the wall to allow adequate ventilation.

2. Storage of Vaccines in the Refrigerator

Never store vaccines in the refrigerator door.

Vaccines are best stored in the centre of the fridge.

Vaccines should not be stored in the crispers or in air-tight containers.

Refrigerators should not be congested with products

3. Use of Thermometers for Monitoring Temperature

Thermometers should be kept both in the refrigerator and the freezer (if freezer is used to store drugs or biologics). The thermometers must be calibrated for the particular compartment monitored (freezer or refrigerator).

Both an electronic and a certified manual thermometer are recommended to act as back ups for one another, calibrating the electronic one to the certified manual one.

The standard fluid-filled Hg thermometer is the preferred choice for cost and ease of use. Dial thermometers are common but have the most inaccuracies. Minimum/maximum thermometers provide temperature highs and lows, but are less easy to read and require training in their proper use. Digital thermometers require specific placement of the probe for an accurate reading. Continuous reading chart thermometers provide exceptional tracking of temperatures, highs and lows and actual readings charted against time. These provide the best information when a cold chain incident occurs. Charts require routine changing e.g. once per week.

Thermometers should be kept alongside the product, ideally in the centre of the refrigerator.

4. Temperature Logs

Temperatures need to be monitored and recorded regularly for continuous storage assurances (in absence of electronically monitored equipment). The log can be a simple chart with some basic information: (1) date, (2) time, (3) readings, (4) initials of person logging information, and (5) other vaccine or refrigeration related observations.

Temperature should be logged twice a day, once at the start, and once again at the end of the working day. The log should be posted on the refrigerator door making it easy to reference for all staff.

If the cold chain is breached, stock should not be distributed, nor the vaccine administered from this storage location until a

recommendation can be sought on their safe and effective usage.

5. Refrigerator Logs

Regular maintenance of the refrigerator/freezer is an integral part of the cold chain. Regular servicing by a refrigeration company is encouraged. A service log is recommended alongside the temperature log on the refrigerator door.

6. Separating Stock Locations

Open, unopened and quarantined vials should not be stored in the same area. Open vials that have multi-dose usage, i.e., expiring before the manufacturer-labelled expiry date or useable within its post-reconstitution period, should be visibly marked as opened and date stamped with the first puncture date. Stock should rotate with the “first in, first out rule”, keeping the expiry date in perspective.

For further information:

Canada Communicable Diseases Weekly Report, “**National Guidelines for Vaccine Storage and Transportation**” Vol. 21-11, 15 June 1995 <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/95pdf/cdr2111e.pdf>

UBC Continuing Pharmacy Professional Development Home Program - Cold Chain Management of Vaccines <http://pharmacy.ubc.ca/and search for Cold Chain Management>

Morbidity and Mortality Weekly Report, Centers for Disease Control and Prevention, October 24, 2003 / 52(42);1023-1025 “Notice to Readers: Guidelines for Maintaining and Managing the Vaccine Cold Chain” <http://www.cdc.gov/mmwr/> and search for Vaccine Cold Chain

Medical Records Workshops



The College held eight interactive medical records workshops in February and March 2007. They were held in Owen Sound, Orillia, Mississauga, Brantford, Lindsay, Perth, Stratford and Burlington.

Additional workshops will be held in the fall (dates and locations have not yet been confirmed). Please take advantage of the opportunity when CVO comes to a location near you.





Veterinary Skills, Training and Enhancement Program

On December 6, 2005, the Ontario Government announced that it would provide funding over three years to the Veterinary Skills, Training and Enhancement Program (VSTEP). VSTEP is a joint venture of the College of Veterinarians of Ontario (CVO), the Ontario Veterinary College of the University of Guelph (OVC) and the Ontario Veterinary Medical Association (OVMA). Twenty-four participants began the program on May 2nd, 2006. On December 15th, 2006, the first cohort of participants completed the course. Of the 20 who successfully completed the program, 5 have already reported that they have passed the Clinical Proficiency Exam.

The objective of the Veterinary Skills, Training and Enhancement Program is to retrain and refine internationally trained veterinarians' skills in order to assist them in becoming licenced, securing employment and enjoying a successful career in veterinary medicine. Upon successful completion of the VSTEP, participants can apply for a restricted licence from the College of Veterinarians of Ontario permitting them to practice veterinary medicine while they await their opportunity to sit the Clinical Proficiency Exam (CPE), the final step on the road to full licensure. Three of the 2006 participants who completed the program are now practicing with the restricted licence.

The 2006 Veterinary Skills, Training and Enhancement Program consisted of over 350 hours of instructional labs and lectures and 20 days of field placement. The labs and lectures covered the 4 basic species of cat, dog, cow and horse and were spread across 9 modules including pathology, pharmacology, radiology, anesthesia, companion animal surgery, clinical communication, companion animal medicine, equine medicine and bovine medicine. VSTEP 2006 also included instruction in jurisprudence and maintaining proper medical records. The field placements took place in veterinary practices throughout Ontario and allowed participants to engage in the day to day procedures of North American practice, and learn about it first hand.

The 2007 program has 40 participants and began on April 30th. The labs and lectures will be delivered until August 31st. The field placements will take place during the months of September and October throughout Ontario.

If you would like further information, please contact:

Dr. Alec Martin, Program Manager
(519) 767-6564
email: amartin@vstepontario.org

Mutual Acknowledgement and Undertakings

The following Mutual Acknowledgement and Undertakings were made between the College of Veterinarians of Ontario and members of the College. An abbreviated version of the agreements follow:

I, DR. X,

1) undertake that I have fully disclosed to the College of Veterinarians of Ontario my conduct with respect to providing veterinary dentistry without anesthetic,

2) acknowledge that my conduct contravened subsections 17.(1) 1., 2., 7., 7.1., 8., 9., 27., 30., and 44. of Ontario Regulation 1093 under the *Veterinarians Act*, which states:

17.1 For the purposes of the Act, professional misconduct includes the following:

1. An act or omission inconsistent with the act or this Regulation.

2. Failing to maintain the standard of practice of the profession.

7. Providing, or attempting or offering to provide, services that are not reasonably useful or needed.

7.1 Recommending, referring, ordering or requisitioning laboratory tests, technical procedures or professional services that are not reasonably useful or needed.

8. Making a misrepresentation to a client or prospective client.

9. Making a claim respecting the utility of any remedy, treatment, device or procedure other than a claim which can reasonably be supported as professional opinion.

27. Failing to make or retain the records required by this Regulation.

30. Failing to direct or supervise, or inadequately directing or supervising, an auxiliary.

44. An act or omission relevant to the practice of veterinary medicine that, having regard to the circumstances, would be regarded by members as disgraceful, dishonourable or unprofessional.

3) undertake that I will henceforth not contravene subsections 17.(1) 1., 2., 7., 7.1., 8., 9., 27., 30., and 44. of Ontario Regulation 1093 under the *Veterinarians Act*,

4) undertake that I will compose and submit a research paper on the current view of anesthetic free teeth cleaning, which will include current, acceptable protocols on companion animal dental periodontal assessment and treatment, that this paper will be not less than 1500 words and be subject to approval by the Registrar, or her designate,

5) undertake that if the research paper is not approved by the Registrar, it will be returned with comments and an amended paper will be submitted within two weeks of being notified,

6) undertake that paragraphs 1. (4) and (5) will be repeated until the article is approved by the Registrar.

I, DR. Y,

1) undertake that I have fully disclosed to the College of Veterinarians of Ontario my conduct with respect to providing veterinary dentistry without anesthetic,

2) acknowledge that my conduct contravened subsections 17.(1) 1., 2., 7., 7.1., 8., 9., 27., 30., and 44. of Ontario Regulation 1093 under the *Veterinarians Act*, which states:

Mutual Acknowledgement and Undertakings

17.1 For the purposes of the Act, professional misconduct includes the following:

- 1. An act or omission inconsistent with the act or this Regulation.*
 - 2. Failing to maintain the standard of practice of the profession.*
 - 7. Providing, or attempting or offering to provide, services that are not reasonably useful or needed.*
 - 7.1 Recommending, referring, ordering or requisitioning laboratory tests, technical procedures or professional services that are not reasonably useful or needed.*
 - 8. Making a misrepresentation to a client or prospective client.*
 - 9. Making a claim respecting the utility of any remedy, treatment, device or procedure other than a claim which can reasonably be supported as professional opinion.*
 - 27. Failing to make or retain the records required by this Regulation.*
 - 30. Failing to direct or supervise, or inadequately directing or supervising, an auxiliary.*
 - 44. An act or omission relevant to the practice of veterinary medicine that, having regard to the circumstances, would be regarded by members as disgraceful, dishonourable or unprofessional.*
- 3) undertake that I will henceforth not contravene subsections 17.(1) 1., 2., 7., 7.1., 8., 9., 27., 30., and 44. of Ontario Regulation 1093 under the *Veterinarians Act*,
 - 4) undertake that I will attend a course on the current expectations in small animal dentistry within six months of the date of this undertaking,
 - 5) undertake that I will compose and submit a paper within one month of completing the course referred to in paragraph 1. (4) of this undertaking, of not less than 1500 words, based on the content of the course, and that this paper will be approved by the Registrar, or her designate,
 - 6) undertake that within three months of the date of this undertaking I will spend one day observing the practice of a board certified veterinary dentist, that I will prepare a report of the experience, and that this report will be approved by the Registrar, or her designate,
 - 7) undertake that if the paper and report are not approved by the Registrar, they will be returned with comments and an amended paper and report will be submitted within two weeks of being notified,
 - 8) undertake that paragraphs 1. (5) and (6) will be repeated until the paper and report are approved by the Registrar,
 - 9) undertake that I will be responsible for all the costs of this undertaking,
 - 10) undertake that I will make a donation of \$1,000 to the Deans Greatest Needs Fund.

CVO e-news

Have you signed up for the CVO electronic newsletter? To sign up go to the CVO website (www.cvo.org).

Professionals Health Program

Confidential toll-free line:

1-800-851-6606

www.phpoma.org

Update, the official publication of the College of Veterinarians of Ontario, is the principle means of communication between the College and its members. It is the primary means of informing the membership on regulatory issues, with the expectation that members will govern themselves accordingly. *Update* is charged with the responsibility of providing comprehensive, accurate and defensible information.

Phone: 519-824-5600

Ontario toll free: 1-800-424-2856

Fax: 519-824-6497

Ontario toll free: 1-888-662-9479

email: inquiries@cvo.org

website: www.cvo.org

editor: Ms. Susan J. Carlyle

assistant to the editor: Ms. Beth Ready

Publication mail agreement Number: 40583010