



THE COLLEGE OF  
VETERINARIANS  
OF ONTARIO

# UPDATE

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## Welcoming New Council Members...



*(Back row, from left): Dr. Richard Liddell, Dr. Michele Dutnall  
(Front row, sitting): Dr. Arie (Harry) Vreugdenhil.*

The College welcomes three new council members: **Drs. Michele Dutnall, Richard Liddell and Arie (Harry) Vreugdenhil.**

Dr. Michele Dutnall is from Winchester, Ontario and replaces Dr. Bryan Kennedy. She is a small animal practitioner and is currently doing locum work.

Dr. Richard Liddell is from Ajax, Ontario and replaces Dr. Ann Bissett-Strahl. He is a small animal practitioner and is a partner at the Ajax Animal Hospital.

Dr. Arie (Harry) Vreugdenhil is from Dunnville, Ontario and replaces Dr. Nancy Griffith. He is a mixed animal practitioner and is a partner in the Dunnville Veterinary Clinic.

The Council is composed of 13 veterinarians and four public (non-veterinarian) members. Councillors participate in five regular council meetings per year, and are appointed to at least one other committee with varying time commitments.

Councillors are elected or appointed for a three-year term. Two consecutive three-year terms may be served.

# Past President's Message

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## Reflections of a past president...



**Mark Spiegle, DVM**

It is the mandate of the College of Veterinarians of Ontario to “govern its members ... in order that the public interest may be served and protected.” But how does anyone or any organization actually know what constitutes the public interest? Is it black and white? Is the public interest the same, regardless of where in the province you are located? Do the same rules apply equally to all aspects of our vast profession such as food animal practice versus companion animal practice?

The mandate can obviously be somewhat subjective. It is not always clear or absolute. Some “wrongs” are so obviously wrong, such as the abuse of animals by a veterinarian, but sometimes the “rights” are more cloudy. The

framework for many decisions, is found in the legislation that governs the practice of veterinary medicine in Ontario. It contains established practice standards and safeguards such as the complaints and discipline procedures.

The Ontario Court of Appeal has upheld the tenet that the CVO, while it must protect the public, must ensure fairness to CVO members. Both duties are important and should never be thought of as mutually exclusive.

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***“...quite often, there is an overlap between self-regulation and self-interest...”***

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This, then, leads to the interesting comparison of public interest versus self-interest. It is important to realize that, quite often, there is an overlap between self-regulation and self-interest. Members of the public, as well as members of our profession, would agree that maintaining the standards and reputation of the profession of

veterinary medicine is a good thing. For example, enforcing the rules and disciplining members who fail to meet the standards and rehabilitating members who suffer from substance abuse, serve both the profession and the public. There are other areas where there is no overlap, such as the self-interest activities of promoting higher fees and restricting competition. Even the election of CVO council members represents a challenge. The member is elected by the constituents, but once elected, s/he must serve the public interest and not the interests of the constituents. This is a frequent source of confusion among members.

The society we live in is changing and, accordingly, its expectations change too. We need to anticipate and adapt our legislation to meet society's needs, while balancing the rights of the individual, protecting the integrity of our professional standards, and defending the public interest.

A tall order? Yes, but one that we must continually aspire to meet if we are to progress successfully through this next century.

## Stewart Cressman Receives CVO Public Award



*Mr. Stewart Cressman*

The CVO council is pleased to announce the 2003 recipient of the CVO Public Award, Mr. **Stewart Cressman**. The CVO Public Award was established in 1999 to honour a non-veterinarian who has made a significant contribution to animal husbandry, animal care, and/or the veterinary profession in the course of his or her career.

Mr. Cressman holds B.Sc. (Agr.) and M.Sc. degrees from the University of Guelph. Before he began farming in 1980, Stewart worked for the Ontario Ministry of Agriculture and Food as a Dairy Cattle Specialist. He serves as a member of the Research

Committee of Ontario Pork and on the Advisory Council of the Ontario Cattlemen's Association.

Mr. Cressman completed a six-year appointment as a Public Member to the College of Veterinarians of Ontario. He currently serves on the Ontario Veterinary College Advisory Council. In addition, Stewart works with the Grand River Conservation Authority on the Steering and Review Committee of the Waterloo Rural Quality Program.

The Cressman family operates Crystal Brook Farm, a fourth generation beef and pork farm just north of the village of New Dundee.

Stewart and his wife, Nancy, have four sons. When time permits, Stewart, a sports enthusiast, can be found on the sidelines of a high school football field, at a summer men's or university rugby pitch, or in local arenas shouting encouragement to his sons and "instruction" to the officials.

The CVO Public Award was presented to Mr. Cressman on November 19, 2003. Congratulations, Stewart, on your deserved recognition.

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### **A Reminder from the Executive Committee**

The CVO is advised by the Ontario Racing Commission (ORC) when it has concerns with the conduct of an ORC licensed veterinarian. These concerns are addressed by the Executive Committee.

Recently the Executive Committee reviewed concerns relating to labeling of products dispensed by veterinarians at the track. CVO shares the concerns of the ORC in this regard and would like to remind veterinarians that **all drugs, including nutraceuticals, need to be properly labeled, according to O. Reg. 1093, when dispensed under any circumstances, including at the track.**

# Privacy Legislation

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## **PRIVACY LEGISLATION: ARE YOU READY?**

The **PIPEDA (Personal Information Protection and Electronic Documents Act)** is federal legislation that will come into effect on January 1, 2004. It will affect any organization or individual engaged in commercial activity. Therefore, it appears that it will affect veterinary practitioners.

What does it mean for practitioners? The CVO, on your behalf, has actively addressed this question and has "Getting Ready for Privacy Legislation - Privacy Requirements and Policies for Health Practitioners: **Guide and Checklists**" available to interested members. They are available on the CVO website - [www.cvo.org](http://www.cvo.org).

There are a number of obligations that many veterinarians will have to address:

- formulate a privacy code for publication
- appoint a privacy officer
- train staff on privacy issues
- develop a records retention policy to comply with PIPEDA

For more information on this important legislation, please see:

- the Guide and Checklists available from CVO, and
- the Information and Privacy Commissioner website at: <http://www.privcom.gc.ca>.

**This year's Members' Forum topic will be "How the new Privacy Legislation Affects You and the Practice of Veterinary Medicine in Ontario." See page 24 for further details.**

## **OVMA Conference February 5 - 7, 2004**

THE ONTARIO VETERINARY MEDICAL ASSOCIATION is holding its annual conference and trade show at the Ottawa Congress Centre/Westin Hotel in Ottawa, Ontario. The conference program will feature concurrent sessions on bovine, equine, small animals and public health, practice management, and hospital personnel. Special registration fees for out-of-province delegates. For further information, contact Christine Neziol, Delegate Coordinator, Ontario Veterinary Medical Association, 245 Commercial Street, Milton, Ontario, L9T 2J3, toll free telephone (800) 670-1702, toll free fax (800) 482-5941, or e-mail: [cneziol@ovma.org](mailto:cneziol@ovma.org).

## **Dr. Ed Doering - Constituency #3**



Upon graduation from veterinary college in 1982, Dr. Doering practiced large animal medicine at the Drayton Veterinary Clinic. In 1984, he moved to Waterloo and founded the Conestoga Veterinary Clinic, where he currently conducts a mixed-animal practice. From 1986 to 1989, Dr. Doering also served as a co-founder and an active partner of the Animal Hospital of Kitchener-Waterloo, a small animal practice. He was also a founding member of the Emergency Clinic of Waterloo Region; a member and chair of the OVMA Economics Committee, and director & vice president of the Kitchener-Waterloo and North Waterloo Humane Society.

Dr. Doering is a member of the CVMA, OVMA, and the Waterloo Regional Veterinary Association. Ed is married to Betty Ann, and they have four children.

## **Dr. Deji Odetoyinbo - Constituency #10**



Dr. Odetoyinbo received his DVM (1984) and a Masters in Veterinary Sciences (1986) from the University of Ibadan, Nigeria. He worked in clinical research and private practice in Nigeria until 1989. After immigration to Canada, Dr. Odetoyinbo practiced as a clinician at the Veterinary Emergency Clinic in Toronto, and conducted locum work at several practices in the greater-Toronto area, from 1991-1998. He now owns and operates the Bathurst Animal Clinic in Toronto.

He has served as an executive member of the Toronto Academy of Veterinary Medicine (TAVM) and represented the TAVM on the board of the Ontario Veterinary Medical Association. He also served on the CVO's Complaints Committee for six years, presiding as chair of the Complaints Committee from 2000 to 2003. Deji and his wife, Elaine, have two sons.

# National Examining Board

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## CVO Representative's Report to Members



by *Wendy Parker, DVM*

Membership: Dr. **Sylvie Latour**, chair; Dr. **Stanley Rubin**, Western Canada; Dr. **Ed MacAulay**, Maritime Provinces; Dr. **Mihaly Szoke**, Quebec; Dr. **Wendy Parker**, CVO representative; Ms. **Susan Hodgson**, public interest representative; and Mr. **Maxwell Hollins**, NEB director for the CVMA.

The board has met three times since my last report and much has been accomplished. Many issues are ongoing and will likely take some time to resolve. Dr. **Sylvie Latour** has replaced Dr. **David Sandals** as chair. Dave's tireless work on this board and as our Canadian representative on several American boards, has made a single North American licensing examination a reality. His efforts were rewarded at the recent CVMA convention where he received the CVMA President's Award. Dr. Latour is carrying on Dave's tradition of excellence.

### The News in Short:

- Prometric has expanded its service, which should reduce waiting lists in the future for those who wish to write the NAVLE. This exam can now also be administered in The United Kingdom, The Netherlands and New Zealand for those candidates residing outside of North America.

- The National Board of Veterinary Medical Examiners and the American Association of Veterinary State Boards have asked Dr. John Tait to assist with the development of a new Clinical Skills examination. This may be a lengthy process, since it is no easy task to configure a consistent and fair exam, with so many stakeholders involved in the process. I will keep you informed on their progress. Work also continues on improving the scheduling of the NAVLE translation into French.
- Dr. **Peter Fretz**, Clinical Proficiency Exam (CPE) Chief Examiner for the NEB attended a training session for CPE examiners at Oklahoma State University in March. He suggested that since this program is still in its infancy, we should wait for a formal report before attempting to offer it in Canada. Dr. Fretz will continue to monitor the program and keep us informed.
- Dr. Latour continues to represent us on many international boards and committees, ensuring that Canadian opinions are heard and that we remain closely involved with evolution of a global licensing procedure.

## Council Meeting: September 17, 2003

- Received activity reports from the President and Registrar.
- Accepted the Budget for 2003-2004.
- Passed a policy re: Dispensing T-61. The complete policy is posted on [www.cvo.org](http://www.cvo.org) or can be obtained by calling the CVO office.
- Recognized the need for emergency licensure of veterinarians in the event of an emergency situation involving a foreign animal disease outbreak and charged the Registration committee with investigating the issues and reporting its findings to Council.
- Tabled discussion concerning Quality Assurance in Veterinary Laboratories until the November 19, 2003 meeting.
- Approved an addition to subsection 17.-(1) of Ontario Regulation 1093 concerning disposal of Biological, Pathological and Hazardous Waste. The proposed amendment is posted on [www.cvo.org](http://www.cvo.org) or can be obtained by calling the CVO office.
- Received a report from Dr. Bryan Kennedy on his attendance at the Canadian Animal Health Institute meeting held September 12, 2003.
- Met with Ms. Jean Szkotnicki, Dr. Walt Ingwersen and Dr. Don Wilson, Canadian Animal Health Institute, who made a presentation on APIs and Compounding.
- Confirmed the appointment of Dr. Bryan Kennedy to continue to represent the College at meetings concerning APIs and Compounding.
- Received Health Canada Report of the Consultation with Stakeholders on the Development of a Risk Management Strategy on Antimicrobial Resistance Associated with Animal Use of Antimicrobial Agents.
- Met with representatives of the Ontario Association of Veterinary Technicians to hear a presentation on the status of the proposed self-regulation of Registered Veterinary Technicians.
- Continued discussion of the report of the Task Force on Delegated Acts and Informed Consent (in large animals) which commenced June 2003. Discussion will continue at the November 19, 2003 meeting.
- Considered nominations for the 2003 CVO Public Award and chose Mr. Stewart Cressman (see page 3).
- Appointed Mr. Mike Johnston and Dr. Wendy Parker to the working group to monitor the Prudent Management of Operations, the Treatment of Staff and Communication to Staff.
- Received Registrar's reports on Asset Protection and Treatment of Staff.
- Dr. Spiegle thanked the three outgoing councillors, Dr. Bryan Kennedy, Dr. Ann Bissett-Strahl and Dr. Nancy Griffith, for their contributions throughout their terms of office. He presented them with a CVO lapel pin.
- Confirmed the date for the 2003 Annual General Meeting to be held on Thursday, January 29, 2004 at the Ramada Hotel and Conference Centre in Guelph (see page 24).

# Proposed By-law Amendments

Council approved the following proposed By-law amendments on March 26th to be ratified by the membership at the 2002/2003 **Annual General Meeting, January 29, 2004.**

## **Election by-law amendment**

**[Background information on proposed amendment.** The purpose of this amendment is to clarify the succession planning provision. The provision is designed to ensure that the orderly succession of professional members in major leadership roles at the College is not disrupted by the election process. The scope of the current provision is unclear in a number of scenarios.

The current by-law does not expressly deal with second vice-president even though the *Veterinarians Act* contemplates that there may be more than one vice-president. The proposed amendment defines the vice-president as including the second vice-president if there is one and only changing the provisions that absolutely require it.

The changes to the existing provision is shown by the underlining.]

1.-(1)(i) "vice-president" includes a second vice-president if one is elected under section 16.

4.-(4) Where an election would be held for a constituency but for this subsection and the councillor for that constituency has served as president, first vice-president or second vice-president for the year immediately preceding such election, or the major part of that year.

(a) no election shall be held for that constituency in that election,

(b) the councillor shall be deemed to be elected for that constituency in that election,

(c) clause 5(3)(c) does not apply, and

(d) if the councillor does not become president, first vice-president, second-vice president or past-president following the election, the president shall declare the councillor's office to be vacant as of the date necessary under section 13 to cause a by-election to be held for that constituency at the time of the next regular elections.

16.-(1) The council shall at each annual council meeting elect a president and a vice-president and may elect a second vice-president from within the council to hold office, subject to subsection (5), until the next annual council meeting and, if an election is not so held, those elected shall continue in office until their successors are elected.

(3) If the office of the president becomes vacant, the vice-president (or first vice-president as the case may be) shall become the president for the unexpired term of the office and the office of vice-president (or first vice-president as the case may be) thereby becomes vacant.

(4) The council shall fill any vacancy in the office of vice-president at a special meeting which the president shall call for that purpose as soon as practicable after the vacancy occurs.

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## **Electronic Voting Amendments**

**[Background information on proposed amendments.** The purpose of these amendments is to permit council and committees to vote on matters without physically meeting. Currently this is not permitted under the by-laws. As drafted here, there is no provision for the general meetings of members to be held electronically.]

14. -(2) Meetings of the council shall take place in Ontario at a place or by electronic means, date and time designated by the president or the seven councillors calling the meeting but, if a place or electronic means, date or time is not designated or is incompatible with the by-laws, the registrar shall select a place or electronic means, date and time compatible with the by-laws, which is as close as he or she can reasonably select to the place or electronic means, date and time designated by the person or people calling the meeting.

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# Proposed By-law Amendments

## *Electronic Voting Amendments...*

15.-(2) The registrar shall cause each councillor to be notified in writing of the place or electronic means, date and time of a council meeting by sending such notification by ordinary prepaid mail at least,

- (a) 14 days before a regular meeting, and
- (b) 5 days before a special meeting,

and the registrar shall cause to be included in or with the notification of a special meeting the matter or matters for decision contained in the requisition of the meeting deposited with him.

(7) Every vote at a council meeting held in person shall be by a show of hands but, if any two councillors so require, the presiding officer shall require the councillors voting in the affirmative and in the negative, respectively, to stand until they are counted and, in either case, the presiding officer shall declare the result and his or her declaration is final.

(11) The rules of order in schedule 1 to this by-law are the rules of order for meetings of the council held in person and form part of this by-law.

(12) Council may meet or vote electronically, either simultaneously or serially, so long as each Councillor has an opportunity to express his or her views to the other Councillors on a question before any vote and each Councillor can vote on each question on which a vote is taken.

24.-(1) Each committee shall meet from time to time at the direction of the council or the executive committee or the call of its chairman or convenor at a place in Ontario or by electronic means, date and time designated by the chairman or convenor.

24.-(9) A committee may meet or vote electronically, either simultaneously or serially, so long as each committee or panel member has an opportunity to express his or her views to the other committee or panel members on a question before any vote and each committee or panel member can vote on each question on which a vote is taken.

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## Update Schedule

The *Update* is published four times a year: March, June, September and December. Any current articles/issues can always be found on the CVO website at [www.cvo.org](http://www.cvo.org).

## CVO e-news

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

# Complaints Case

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## Responsibility and Accountability when Delegating

The dispensing of drugs is one of the most common of professional services performed in veterinary practice. In the following case, which was recently examined by the Complaints Committee, serious consequences occurred when the attending veterinarian did not adequately supervise the auxiliary to whom she delegated the task of dispensing a patient's medication.

### Case Example:

Mr. Owner presented his three-year-old neutered male cat, Whiskers, to Dr. X at the Busy Animal Hospital because of a concern about a wound on the cat's hind leg. Dr. X diagnosed a cat-bite abscess, and Whiskers was admitted for treatment. Prior to the cat's discharge later that day, Dr. X directed her receptionist to dispense fourteen 100mg amoxicillin tablets, to be administered at a dose of one tablet twice daily. Whiskers was subsequently discharged to his owner.

Mr. Owner went away for the long weekend, and a friend medicated Whiskers as directed. Over the next few days, the cat became inappetent, lethargic and started to vomit blood. On his return, Mr. Owner immediately took Whiskers to the Busy Animal Hospital, where he was seen by Dr. Y. On physical examination, Dr. Y found Whiskers to be severely dehydrated, icteric and hypothermic.

Mr. Owner showed Dr. Y the prescription vial that had been previously dispensed to him, which was labeled as containing 100mg amoxicillin tablets. Dr. Y

immediately noted that the tablets were not 100mg amoxicillin tablets, and determined that they were, in fact, 100mg carprofen (Rimadyl®) tablets, which had been dispensed in error. Dr. Y informed Mr. Owner of the error.

Despite hospitalization and critical care, Whiskers deteriorated and died the following day.

Mr. Owner subsequently filed a complaint with the College, alleging that:

1. Dr. X is responsible for the medication error made by her receptionist, which led to the death of Mr. Owner's cat.
2. Dr. X failed to properly supervise her receptionist, who had only been employed at the clinic for two months.

### Decision and Reasons:

In her response to the allegations, Dr. X was very remorseful for the dispensing error and the resultant death of her patient. She stated that the hospital was very busy on the evening that the incident occurred. She also indicated that, as an associate, she was compelled to work with staff that the practice provided, some of whom were inexperienced. As a result of the incident, the receptionist was dismissed, and Dr. X subsequently resigned her position.

Dr. X further stated that in order to prevent a similar incident from ever recurring, she has implemented certain measures she follows when dispensing, including personally

handing the auxiliary the stock container of the drug and, when time allows, performing the entire dispensing procedure herself.

In its investigation of this case, the committee noted that the dose of carprofen administered to Whiskers (a 3.4 kg cat) at 100mg twice daily was the recommended dose for administration to a 45kg dog. This drug is indicated for the treatment of chronic inflammatory pain in dogs, and is not licensed for use in cats. On review of Dr. Y's medical records, the committee found that he documented a consultation with a toxicologist, who advised him that the LD50 of carprofen in cats is 54 mg/kg given once. The dose of carprofen administered in error to Whiskers was calculated to be 29mg/kg given twice daily for four days, and at this dose, the consequence of gastrointestinal perforation was likely.

The committee regarded this documentation to be evidence substantiating Mr. Owner's allegation that the auxiliary's dispensing error led to the death of his cat from a severe carprofen overdose.

In its further investigation, the committee reviewed a submission from the hospital administrator, confirming that the receptionist who dispensed the medication had only been with the hospital for two months at the time of the incident.

The committee reviewed the legislation pertaining to a

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veterinarian's obligations in supervising an auxiliary. The pertinent legislation is set out in subsections 19.-(1-3), paragraphs (a) and (b) of Regulation 1093 under the *Veterinarians Act*, as follows:

*19. (1) A member is responsible for the conduct of his or her auxiliaries and for the suitability and quality of the performance of their acts.*

*(2) A member is guilty of professional misconduct if an auxiliary of the member does or omits to do anything that, if done or omitted by a member, would constitute professional misconduct.*

*(3) A member properly supervises the performance of an auxiliary's task if the member,*

*(a) is physically present on the premises when the task is performed, remains available for personal intervention if required and monitors the performance to determine that the task is properly carried out; or*

*(b) if absent on account of an emergency or otherwise temporarily absent and the performance of the task does not require a member's attendance, has given general instructions for such an occasion and the member ascertains as soon as practicable after the task is performed that it was properly carried out.*

The committee further noted subsection 17.-(1) (30) of Regulation 1093, which states that professional misconduct includes:

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

The committee concluded that, as the attending clinician, Dr. X was responsible for the actions of her auxiliary whose dispensing error resulted in the death of Mr. Owner's cat.

The committee had very serious concerns with the adequacy of Dr. X's supervision of her auxiliary. It strongly cautioned Dr. X that in the future, when she directs an auxiliary to perform a task she must provide a level of supervision appropriate to the auxiliary's qualifications, experience, and the nature of the task delegated.

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***“...it is the attending veterinarian who is solely responsible for ensuring that the drug is dispensed properly...”***

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**Discussion:**

It is common in veterinary practice for auxiliaries to assist with the dispensing of drugs. A veterinarian is responsible for assessing the training, experience and ability of auxiliaries and is accountable for the actions of auxiliaries to whom they have assigned tasks. Certain components of the dispensing procedure, such as counting tablets, may be reasonably delegated to less experienced auxiliaries after the

veterinarian has provided the stock container of the drug. More highly qualified auxiliaries may, on the direction of the veterinarian, prepare the entire prescription and have the veterinarian approve it before dispensing.

Regardless of what components of the dispensing procedure auxiliaries perform or what qualifications they have, it is the attending veterinarian who is solely responsible for ensuring that the drug is dispensed properly. Veterinarians need to be constantly mindful that there are numerous drugs on the pharmacy shelf that can be toxic or fatal to the patient if dispensed improperly.

Veterinarians may find themselves in positions where they are unfamiliar with the skills and experience of the auxiliaries with whom they are working. These may be veterinarians who are newly graduated, working part-time, performing locums or parental leaves, changing places of employment, or working in practices where there is a high turnover of auxiliary staff. Moreover, many veterinarians now work in high volume, multiple-person practices, 24-hour clinics and emergency clinics, where frequent handing off of a case to another clinician is the norm. In these various practice circumstances, the adequate supervision of auxiliaries not only in dispensing drugs but in other delegated tasks as well, may present a challenge. However, the veterinarian's professional responsibility as set out in the above noted legislation is clear.

## Letters to the Editor

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*Update* welcomes and encourages letters from members, signed by the author. The CVO reserves the right to edit letters for style, clarity, and length, and may decline to publish letters. Please write to the editor, *Update*, College of Veterinarians of Ontario, 2106 Gordon Street, Guelph, Ontario N1L 1G6 or fax (519) 824-6497, toll free fax in Ontario (888) 662-9479.



Dear CVO:

It has been brought to my attention that the Canadian Animal Health Institute (CAHI) which represents the Canadian pharmaceutical industry recently gave a presentation to the CVO Council. The focus of their presentation was centred on the quantity of drugs that a veterinarian may have compounded pursuant to a prescription.

It is my understanding that in accordance with the definition of the pharmacist-patient-prescriber relationship (PPPR) as defined by the Health Products and Food Branch (HPFB) Inspectorate, I may prescribe a drug to be compounded "For Office Use". In accordance with the CVO regulations, that particular medication must be labeled properly at the time that it is dispensed. I must remind you that as an equine practitioner, I am often treating a group of animals rather than just an individual horse. To suggest that I must prescribe on an individual basis is just not practical and could place me in a litigious situation unnecessarily. Thus, a sufficient drug inventory is of the essence in order for me to maintain a high standard of practice.

I am of the opinion that veterinary pharmacies fulfill an important need to my equine practice. It seems that veterinary pharmaceutical companies have abandoned our particular discipline and it is for that reason that I have looked to veterinary pharmacies to fill the void. I am not in a position to provide an answer for the abyss, but it would not be surprising if the answer was found in the axiom of cost to reward with respect to the development and marketing of equine drugs.

I hope that the CVO will look to its members for input and guidance on this very important issue prior to making any decision that is not in the best interest of the membership.

**John A. Chris, D.V.M.**  
*Toronto, Ontario*



Dear CVO:

I wanted to voice my concern over the agenda of the CAHI (Canadian Animal Health Institute) with respect to our right to prescribe medication from compounding pharmacies. Along with all the concerns expressed to CVO regarding the veterinarians' right to prescribe and the fact that as an equine practitioner, I am dealing in a herd health situation whereby my barns may house 120 horses, is the very real issue of abandonment by the pharmaceutical manufacturers. We find in equine medicine, especially, that a number of years ago, more and more products that we routinely use are no longer available to us.

Thankfully, the compounding pharmacists have helped to fill this void. I ask that CVO does not bow to the CAHI with their profit motivated agenda and that a realistic approach is taken with this issue.

**Darryl Bonder, D.V.M.**  
*Toronto, Ontario*

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Dear CVO:

Please accept this letter as a rebuttal to Dr. Bernard's letter in the Vol. 19 No. 3 Summer 2003 issue of *Update*.

### **Wound Dehiscence**

I take exception to Dr. Bernard's assertion that if a wound dehiscence occurs, it must be due to an incompetent surgeon. His comments demonstrate one of the worst aspects of the culture of our profession. When something goes wrong we point a finger at a colleague and attach his/her competence without having all the facts.

Fifteen years into my career, I had a spay dehiscence. Two days after the surgery, and ignoring written discharge instructions the owner took her dog to the cottage. When the hernia appeared they took her to a clinic nearby. The unfortunate thing was the attending veterinarian found it necessary to comment on the type of suture material used and stated that they used a superior type. Rather than ask the client why they did not follow my advice, the veterinarian found it necessary to shine at my expense. Of course, two weeks later, the client called looking for a refund. Since the charge for the repair was more than double the initial fee she wished compensation.

Success at surgery requires four components: a skilled surgeon, a healthy patient, a responsible owner and a bit of luck. Surgeons only appose tissues. A good body will look after any surgeon. However, if after surgery that body is unduly stressed, complications may occur.

Many practitioners are stressed daily by the fear that they are only as good as their last 15 minutes. They feel that one problem can crash both their career and reputation. That is too much for any person to bear. That is why good records are so important. (I didn't say that out loud did I??). Records are an important resource that the committee needs to make an informed appraisal of a colleague's abilities.

All veterinarians make mistakes and have disasters. The difference is that competent veterinarians acknowledge and learn from their mistakes. They strive not to repeat them. Incompetent veterinarians just do not get it.

As for this case, I have confidence that the complaints committee reviewed the facts to the best of their abilities. We all take great pride in our profession and do not think sloppy work should be overlooked. However, we need all the facts to make an accurate assessment. We all have to resist the temptation to gain a client by diminishing a colleague.

**David Funston, D.V.M.**  
*Alliston, Ontario*

# Professional Enhancement

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## Peer Review of Medical Records Program



by **Ed Empringham**, director of professional enhancement and member communications

The Peer Review of Medical Records is a voluntary program offering Ontario veterinarians an opportunity to have their medical records reviewed by peers in a structured, non-threatening process. This service is offered under the Professional Enhancement Program and veterinarians can choose to participate either individually or as a practice. The veterinarian remains in control of change.

Some practices have used the Peer Review program more than once, either as a monitor of changes being made in medical record practices or as an ongoing part of their practice quality assurance program.

The practitioner benefits from peer feedback on medical record content and on the care choices that were made. The medical record content is objective and the review process assesses whether certain information is routinely recorded. The assessment of care is more subjective, but is included to demonstrate how complete records must be to ensure effective case hand-off.

The experience of the first two years of the Peer Review of Medical Records was used as the basis for the widely attended Medical Record Workshops delivered throughout the province last winter and spring. In this way, the program has contributed to the improved record-keeping practices of many more practices in the province.

The Medical Record Workshop content is being used as the basis for a web-based, learning program being developed by Lifelearn through the OVC Canarie

Project. The goal is to have these materials available to practitioners and OVC students, through the OVC portal. The target group is the animal care team. This is an exciting partnership venture which will provide further use of the Peer Review experience.

Practitioners interested in participating in the Peer Review Program are provided with an information package which details the type of records to submit. Practitioners select their own records for submission and include related materials such as radiographs, logs, protocols, etc.

There have been some questions about allowing practitioners to select their own records. There is reasoning behind this method. When building a voluntary program, the CVO decided that it was appropriate and more conducive to participation if practitioners were given autonomy to select their own records for submission. If practitioners select their best records for review, it demonstrated that they had already made an initial, internal assessment of their records, based on expectations. This view has been supported by the College of Physicians and Surgeons of Ontario (CPSO), which is using a similar approach in their off-site peer assessment program: "First, if physicians review College guidelines and begin to reflect on their own practice and their record-keeping, then the Quality Assurance Committee has moved much closer to its goal of instituting an improvement culture. Second, even if a physician does align with a self-reflective model, individuals are not always 100% accurate in identifying personal, behavioural and clinical attributes that need improvement." - (*The College of Physicians and Surgeons of Ontario QA Committee, Members' Dialogue - January/February 2002*). The CVO is committed to providing quality assurance tools as part of the College's mandate. The Peer Review of Medical Records is a quality assurance tool available to Ontario veterinarians. Have you given consideration to the potential value of this program to your practice?

For more information contact:  
**Dr. Ed Empringham**, (empring@cvo.org)  
Phone: (519) 824-5600 or Toll free: (800) 424-2856

## Peer Reviewers / Medical Record Workshops

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### Peer Reviewers Needed

We are in need of companion animal peer reviewers for the Peer Review of Medical Records Program.

#### Who is Eligible?

Veterinarians licensed in Ontario are eligible to be a peer reviewer. Peer reviewers should be interested in enhancement of the practice of veterinary medicine in the province.

#### Training Provided

There is a standardized peer review form and training for reviewers to ensure uniformity in assessments. The peer reviewers will report to the director of professional enhancement. The director of professional enhancement will use the peer review reports to assist veterinarians in developing a self-directed improvement program.

A stipend is paid to peer reviewers at a level established by CVO Council.

For further information about being a peer reviewer or the Peer Review Program of Medical Records, please contact **Ed Empringham**, DVM, director of Professional Enhancement, 1-800-424-2856 (empring@cvo.org).

### Medical Record Workshops Are Back!

Due to the success of last year's Medical Record Workshops, the CVO will hold more interactive workshops around the province over the course of this winter. Practices in the geographic area of a scheduled workshop will be notified by mail but all workshops are open to practices across the province.

The workshops will be conducted from 7 to 9 p.m., with a light lunch served at 6:00 p.m.. The entire practice care team is invited to attend and participate. While there is no registration fee, participants must pre-register since group size is limited by the interactive format.

In response to suggestions by last year's workshop participants, registrants will be asked to help form the agenda, by providing issues they would like to see addressed or by suggesting the particular record forms they would like to discuss. The opportunity to submit suggestions will be provided in the pre-registration process and will form the basis of each individual workshop.

Please see page 22 for a list of upcoming medical record workshops or the CVO website at [www.cvo.org](http://www.cvo.org). Anyone wishing to organize a workshop in their area can contact Dr. **Ed Empringham** or Ms. **Beth Ready** at the CVO.

# Discipline Hearings

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## Summary of Recent Discipline Committee Hearings

### Discipline Hearings

The *Veterinarians Act*, section 31.-(1) "Where the Discipline Committee finds a member or former member of the College guilty of professional misconduct or serious neglect, the registrar shall publish the finding..." the name of the member who is subject of the hearing may, or may not, be included depending on the decision of the Discipline Committee panel. Information revealing the names of the witnesses and clients has been removed.

Decisions may be obtained, in full, by contacting **Rose Robinson**, coordinator for Complaints and Discipline, at 519-824-5600 or toll free at 1-800-424-2856, or email [rrobinso@cvo.org](mailto:rrobinso@cvo.org).

### **Dr. Edwin Butterworth** (*Timmins, Ontario*)

Commencing on September 30, 2002 the Discipline Committee met to hear and consider allegations of professional misconduct against Dr. Edwin Butterworth. The committee sat for a total of 26 days concluding on April 4, 2003. Approximately 38 expert and fact witnesses were called to provide testimony.

Dr. Butterworth was found guilty of the following allegations:

- Dr. Butterworth used abusive language towards a client.
- Dr. Butterworth failed to properly supervise and monitor the performance of his auxiliaries in regards to his patient "Zack", and thereby fell below the standards of practice of the profession.
- Dr. Butterworth failed to promptly inform his client about the availability of an independent necropsy in regards to his patient "Zack".
- Dr. Butterworth failed to fulfill the terms of an agreement with a client and further failed to dispose of an animal in accordance with the client's instructions in regards to his patient "Charcoal".
- Dr. Butterworth failed to euthanize his patient "Charcoal" and used him as a blood donor without the consent of the owners.

The Discipline Committee rendered the following penalty against Dr. Butterworth:

- That Dr. Butterworth receive an oral reprimand.
- That Dr. Butterworth's license to practice veterinary medicine be suspended for four, one week intervals to be served during the weeks of September 8, October 6, November 3 and December 1, 2003.
- That Dr. Butterworth enroll and complete a course in behaviour and conciliatory management as it relates to his conduct.
- That this matter be published in *Update*.



# Discipline Hearings

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## **Dr. Clare Maine** (*Rockwood, Ontario*)

On April 22, 2003 the Discipline Committee met to hear and consider allegations of professional misconduct against Dr. Clare Maine.

Dr. Maine pleaded guilty to the following allegations:

- Dr. Maine practiced veterinary medicine from an unaccredited facility from approximately 1997 to 2002.
- Dr. Maine participated in steering members of the public to her veterinary clinic in Rockwood, Ontario.
- Dr. Maine solicited clients by transporting animals belonging to members of the public from the unaccredited facility to her veterinary clinic in Rockwood, Ontario.
- Dr. Maine treated goats, in a non-emergent situation, without proper accreditation.
- Dr. Maine provided care, including performing surgery for many species of wildlife between April 1996 and August 2001 without having a permit from the Ministry of Natural Resources to operate a wildlife rehabilitation centre.
- Dr. Maine failed to properly use and supervise her auxiliaries including that she permitted them to administer rabies vaccines, sign her name to rabies certificates and perform major surgery.
- Dr. Maine failed to ensure that staff followed appropriate x-ray precautions in the proper use of x-ray dosimeters.
- Dr. Maine failed to maintain adequate medical records for the treatment she provided at the unaccredited facility, for presentations and treatment of wildlife and from her clinic in Rockwood, Ontario.
- Dr. Maine failed to maintain adequate clinic logs (i.e. surgery/anaesthetic log, narcotics and controlled drug log and radiology log).

## **Decision:**

The Discipline Committee accepted Dr. Maine's guilty plea and the following joint submission as to penalty:

- That Dr. Maine be reprimanded by the Discipline Committee.
- That Dr. Maine's license to practice veterinary medicine be suspended for 8 months. However, Dr. Maine's licence shall initially be suspended for a period of 4 months. The second 4 month period of suspension shall itself be suspended provided that Dr. Maine satisfies the following requirements within 2 years from the time that the initial 4 month period of suspension is completed:
  - (a) A monitor shall practice with Dr. Maine and conduct a random chart review, one day per month for a period of two years, commencing immediately following the initial 4 month suspension.
  - (b) Dr. Maine shall take and successfully complete courses designed by the College in the following areas: radiology technique, appropriate record keeping and jurisprudence.
  - (c) Dr. Maine shall pay \$11,123.24 in costs to the College.
- Dr. Maine's licence will be suspended effective December 1, 2003.

# Mutual Acknowledgement and Undertaking

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A Mutual Acknowledgement and Undertaking was made between the College of Veterinarians of Ontario and Dr. A. An abbreviated version of the agreement follows:

## 1. I, DR. A:

- (1) undertake that I have fully disclosed to the College of Veterinarians of Ontario my conduct in respect of the following:
- (2) acknowledge that I admitted animals for euthanasia and failed to perform the procedure, as requested and paid for by the owner.
- (3) acknowledge that I or my staff misled a College inspector to believe that my facility contained a completely enclosed room used solely for the performance of major surgical procedures under sterile conditions when, in fact, this area was used for preparing animals for major surgery and as an examination room.
- (4) acknowledge that I allowed a non-veterinarian to practice veterinary medicine and expected that person to diagnose and prescribe a controlled drug.
- (5) acknowledge that I failed to respond in an appropriate time to care for an injured animal presented at my facility,
- (6) acknowledge that my conduct contravened subsections 17.(1) 1., 2., 3., 21., 30., 31., 32., 38.1, and 44., of Ontario Regulation 1093 under the *Veterinarians Act*, which state:

*17. - For the purposes of the Act, professional misconduct includes the following: ...*

3. *Failing to fulfil the terms of an agreement with a client.*
21. *Failing to dispose of an animal, deceased or alive, or a part thereof, in accordance with the client's instructions if those instructions are in accordance with law and accepted veterinary standards and practice.*

30. *Failing to direct or supervise, or inadequately directing or supervising, an auxiliary.*
31. *Permitting, counselling or assisting any person, other than a member, to practise, or to attempt to practise, veterinary medicine.*
32. *Permitting, advising or assisting any person, other than a member, to perform any act or function which should properly be performed by a member.*
- 38.1 *Providing false or misleading information to the College. ...*
- (7) undertake that I will henceforth obey subsections 17.(1) 1., 2., 3., 21., 30., 31., 32., 38.1, and 44., of Ontario Regulation 1093 under the *Veterinarians Act*,
- (8) undertake that no animals will be boarded at my facility unless and until a re-inspection of the facility is completed and passed, at my expense,
- (9) undertake that I will respond to emergency calls within an appropriate time,
- (10) undertake that I will allow unannounced inspections of my facility, to be carried out three times per year, at my expense, for three years from the date of this undertaking,
- (11) undertake that these inspections will focus on compliance with the Minimum Standards for Veterinary Facilities in Ontario, the safety and comfort of hospitalized and boarded animals, the narcotics and controlled drug logs, and will include interviews with associates and lay staff, to ensure that the conditions contained in this undertaking are being fulfilled.
- (12) undertake that I and my staff will cooperate fully with the College's inspector,
- (13) acknowledge that I have obtained independent legal advice before signing this document.



### Co-sign United States Prescriptions

by **Barbara Leslie, DVM**  
*registrar*

It appears that veterinarians are being approached via fax by a United States operation to "co-sign United States Prescriptions" to enable pet owners to receive lower cost prescription drugs. This fax includes the suggestion that other veterinarians are earning "\$60,000 + a year" for their participation in this scheme. Presumably the prescription signed by the veterinarian will result in cheaper Canadian drugs being shipped into the United States.

This initiative parallels similar operations relating to human health that have been reported in the media and been the subject of at least one court decision.

The College of Veterinarians of Ontario would view the co-signing of prescriptions in these circumstances as professional misconduct. Both the regulations made under the Veterinarians Act and minimum professional standards of practice require a veterinarian to develop a veterinarian-client-patient relationship, which would include a traditional assessment of the animal or the herd, before any prescription can be signed. This is a fundamental professional obligation in order to ensure the safety of the animal and to prevent the diversion of drugs.

In the College's view, the breach of this fundamental obligation is a very serious matter. The Discipline Committee of the CVO has imposed very serious sanctions, including revocation, on veterinarians associated with the indiscriminate sale of veterinary drugs. In human health there has also been a court case upholding the interim suspension of a physician's licence for participating in a similar scheme. In *Loiselle v. College of Physicians and Surgeons*, 2003 NBQB 107 the court said:

"The Committee received information from another professional body, the Manitoba Pharmaceutical Association, that a member of the College, Loiselle, was dispensing prescriptions without examining the patient. They decided that the risk to the public was great enough to justify use of their extraordinary powers under 56.1(6) [i.e., to impose an interim suspension without a hearing]. I find that it was reasonable for them to reach that conclusion."

In addition, veterinarians engaging in such an operation might well be considered to be practising veterinary medicine in the United States without a licence. Furthermore, veterinarians in these circumstances may not be covered by existing Canadian professional liability insurance.

Please direct any inquiries to the CVO office at 1-800-424-2856.

# In Memoriam

*The council and staff of the CVO were saddened to learn of the following deaths. We extend our 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.*

**Black, James Gilbert** (OVC 1942) - Dr. Black passed away in December 2002. During his career, he worked with Connaught Laboratories for several years and with the provincial government as a meat inspector. Dr. Black held Emeritus Status with the College. He is survived by his wife Helen.

**Branton, Harvey Douglas** (OVC 1954) - Dr. Branton passed away June 1, 2003. After graduation, Dr. Branton attended an internship in Chicago and subsequently established the Branton Animal Hospital in Windsor. He is survived by his wife Shirley, six children, and twelve grandchildren. Two of his sons followed in their father's footsteps: Dr. Paul Branton (OVC 1984) and Dr. Thomas Branton (OVC 1989).

**Cepas, Silvestras** (Lithuania 1945) - Dr. Cepas passed away on September 1, 2003. He immigrated to Canada in 1947, from Germany, and after translating his knowledge into a third language (English), he joined the Federal Department of Agriculture. He earned his license to practice in Ontario in 1951. Dr. Cepas spent his entire professional career in public service, from which he retired in 1987, after 37 years. He held Emeritus Status with the College. Dr. Cepas is survived by his wife Emilija, four children and 7 grandchildren.



**Chassels, John B. (Jack)** (OVC 1947) - Dr. Chassels passed away in May 2003. Dr. Chassels worked for the Ontario Racing Commission and went on to become resident veterinarian at Windfields Farm, where he delivered the famed racehorse, Northern Dancer. He also worked with four Olympic Equestrian Teams and was an avid rider himself. Dr. Chassels is survived by his three children, Celia, John and Robert.

**McDermid, Kenneth A.** (OVC 1951) - Dr. McDermid passed away in March 2003. After graduation, and following a Diploma in Veterinary Public Health from the University of Toronto, Dr. McDermid practiced veterinary public health in the St. Catharines - Lincoln Health Unit. In the late 1950's, he joined the Ontario Ministry of Agriculture and Food. His contributions to veterinary medicine from within OMAF were many and varied. Dr. McDermid wrote and guided numerous Acts through to enactment including the revised Veterinarians Act, which established CVO.

As the Director of Veterinary Services branch and other administrative positions, Dr. McDermid implemented and administered acts and regulations that set standards for the protection of public health, animal welfare, and which promoted the agriculture industry in Ontario. After his retirement, Dr. McDermid held Emeritus Status with the College. He is survived by his wife Florence, sons Dr. Donald McDermid (OVC 1985), Dr. Douglas McDermid (OVC 1991), daughter Betty McDermid-Witt, and seven grandchildren.

**Nuttall, Wilmer John** (OVC 1946) - Dr. Nuttall passed away June 27, 2003. After graduation, Dr. Nuttall practiced large and small medicine in Kingston, Ontario. In 1951, he co-founded the Kingston Veterinary Clinic with his partner Dr. W.A. Osborne. During his career, Dr. Nuttall worked for the federal government as a meat inspector in both Charlottetown and Moncton, and he was later appointed Chief Veterinarian for the province of Nova Scotia. Dr. Nuttall held Emeritus Status with the College. He is survived by his wife Jean, five children, two stepchildren, and many grandchildren.



**Plummer, Percy Jonathan Gilbert** (OVC 1928) - Dr. Plummer passed away July 7, 2003. After graduation, Dr. Plummer joined the staff of the federal government's Health of Animals Division. He became head of the histopathology section in 1943, and was later appointed chief, Research Division (director, Animal Pathology Division). He held this position until his retirement in 1965. Dr. Plummer held Emeritus Status with the College.

*continued on next page...*

# In Memoriam

*continued from previous page...*

**Rowe, Kenneth B.** (OVC 1940) - Dr. Rowe passed away on October 9, 2003. During his career, Dr. Rowe owned a veterinary practice until 1968 and then joined the federal government, meat inspection department, where he worked until 1989. Dr. Rowe held Emeritus Status with the college. He is survived by his wife Edna, three children, several grandchildren and one great-grandson.

**Stone, Robert Charles (Bob)** (OVC 1948) - Dr. Stone passed away on August 18, 2003. During his career, Dr.



Stone practiced in the Dunnville and Fort Erie area for thirty-five years, retiring in 1983. Bob was very involved with the College of Veterinarians of Ontario. He served as a councillor for District 2 for twelve years and as CVO president in 1989-1990. Dr. Stone is survived by his wife Lois, three children and five grandchildren.

**Wilson, Joseph Bertrum (Bert)** (OVC 1950) - Dr. Wilson passed away on September 15, 2003. He was a mixed-animal practitioner and practice owner for 37 years in Gananoque, Ontario. Dr. Wilson held Emeritus Status with the College. He is survived by his four children, and several grandchildren.

## Professionals Health Program

Confidential toll free line:  
1-800-851-6606

*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.

Deadline for the Spring 2004 edition of *Update* is February 4, 2004. Send in your submissions to the editor c/o CVO, 2106 Gordon Street, Guelph, Ontario N1L 1G6.

Phone: 519-824-5600  
Ont. toll free: 1-800-424-2856  
Fax: 519-824-6497  
Ont. toll free: 1-888-662-9479  
email: [questions@cvo.org](mailto:questions@cvo.org)  
visit our website: [www.cvo.org](http://www.cvo.org)

editor: Dr. Ed Empringham  
assistant to the editor: Ms. Beth Ready

Publication mail agreement Number: 40583010

# Member Meetings

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## “OPEN EXCHANGE”

Member communication is a major focus of the CVO. Some of our efforts include making changes to *Update*, offering more services through our website, and initiating CVO e-news. While these forms of communication provide CVO-related information to the membership, our staff has gone a step further by providing face-to-face opportunities for two-way communication with the membership. To this end, the CVO began hosting meetings last year at various locations around the province. These meetings are called "*Open Exchange*", a name which reflects their purpose.

The most recent *Open Exchange* was held in Toronto on September 24, 2003. Registered members were invited to submit topics of interest and current CVO Council agenda topics were added to the discussion options. Members attending the meeting were then asked to rank the topics that were most important to them to ensure that these were covered first. The meeting was held from 3 - 8 p.m. and included dinner.

The following topics were discussed:

- OAVT Self-regulation
- Professional Incorporation
- Incorporation of non-professional services
- Professional Advertising (holding out)
- CVO Website
- T61 policy
- Informed Consent
- Vaccine frequency/protocol

Attendance at the meeting was disappointingly low, but those present participated in active discussion of the topics and raised some issues that have already been acted on, such as a clarification of an item on the CVO website. The objective of an open exchange between members and staff was achieved.

Comments from surveys of those attending indicated that the meeting met their expectations and that they appreciated the opportunity to discuss the topics on the agenda in reasonable depth. Everyone in attendance recommended that CVO continue with this type of meeting.

*Open Exchanges* are scheduled to be held in London in March 2004 and Niagara in September 2004. Invitations will be sent to members in those areas but all members are welcome. Watch [www.cvo.org](http://www.cvo.org), the CVO website, for details of upcoming *Open Exchanges* as they become available. Members who register will be asked to indicate topics of interest and will be given the opportunity to also select from current Council agenda items to build the agenda for the day.

*Open Exchange* is your opportunity to meet with the CVO staff to discuss issues related to the regulation and practice of veterinary medicine in Ontario. Your input is important to the College; participation is a privilege of self-regulation.

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### MEDICAL RECORD WORKSHOPS - 2004

(time: 6 p.m. to 9 p.m. / locations to be announced)

**Date:**

January 14, 2004  
January 21, 2004  
January 22, 2004  
February 11, 2004  
February 12, 2004  
February 17, 2004  
March 10, 2004  
March 24, 2004

**Area:**

Peterborough  
Toronto  
Ottawa  
Woodstock  
Barrie  
Windsor  
Owen Sound  
Sault Ste. Marie

## Things I have noticed in my travels...

by *Ed Empringham, DVM*

*As the Director of Professional Enhancement, I have the opportunity to visit many practices around the province. Many practices have innovative ideas or ingenious solutions to problems that many of us face. "Things I have noticed on my travels..." is my way of sharing these solutions and ideas amongst the membership.*

I often notice when visiting practices and reading the Peer Review of Medical Record Program submissions, that there are considerable differences in the recording style and content detail of medical records written by different veterinarians in the practice. I frequently hear the comments "My associate writes so much" or "There is so little detail in Dr. B's record."

To help resolve this issue, it can be useful to develop a practice expectation for medical records and to foster a culture in the practice that allows open discussion on this topic between the veterinarians and care-team members making record entries. The practice expectation might also specify which members of the care-team have responsibility for certain record entries. This can be a useful staff training and management tool.

However, it is important to remember that although veterinary medical records tend to be practice-based, individual veterinarians are responsible for their own entries and for those of the care-team members who are also working on the case with the veterinarian. Each veterinarian must ensure that their medical records meet the standards described in legislation as well as their own requirements for completeness, with consideration for patient care and client communication in the event of continuing care by another veterinarian.

### **Protocols:**

Protocols are increasingly being used as a way of reducing entry requirements while maintaining record completeness for routine procedures. Protocols should be maintained in a written or electronic file. They are considered to be part of the medical record and should be available to support record entries if requested. Computerized medical record programs lend themselves to the use of protocols.

Protocols can be developed to describe such things as routine surgery techniques, vaccination route and location, anesthesia and various office procedures. Protocols can also be a useful practice management tool if used to describe such things as routine kennel cleaning standards.

When writing protocols:

- The protocol should be dated for the period used and if changed, it should be retained.
- Text references may be used by referencing the text, edition and page.
- The final line of any protocol should be "Any variations will be recorded."

### **Templates:**

Templates help standardize information collected, promote uniform recording, maximize detail, minimize entry time, and improve legibility. Templates can be developed for many procedures such as physical examinations, surgery, vaccination, and radiography. Most practices already use templates for practice activities like consent forms and recording client contact information. Templates work well as recording tools for physical examinations, surgical procedures and anesthesia.

# CVO Annual General Meeting / Members' Forum

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## Annual General Meeting / Members' Forum

The College of Veterinarians of Ontario members are invited to attend the annual Members' Forum:

### **"How the new Privacy Legislation Affects You and the Practice of Veterinary Medicine in Ontario"**

To be held on **Thursday, January 29, 2004** at the  
Ramada Hotel and Conference Centre  
716 Gordon Street, Guelph

Come and learn from lawyer **Mr. Richard Steinecke** what changes **you** will have to make to comply with the new legislation.

Registration and coffee	9:00 am
Mr. Steinecke's presentation	9:30 am
Registration for Annual General Meeting	11:45 am
CVO Annual General Meeting	12:00 pm
Lunch (complementary for CVO members)	12:30 pm
Adjourn	

Please register for the Members' Forum and lunch by January 13, 2004 with Beth Ready 1-800-424-2856 (bready@cvo.org)  
**(There is no charge for this presentation)**

**Note: Members are invited to bring their office managers to the Members' Forum. Non-members staying for lunch will be charged for their meal.**