



# POSITION STATEMENT

## Congenital Deafness Screening Programs for Companion Animals

<b>Approved by Council:</b>	March 2006; revision approved June 2011
<b>Publication Dates:</b>	Website, March 2006; <i>Update</i> June 2006 Website, June 2011
<b>To Be Reviewed by:</b>	March 2016
<b>Key Words:</b>	Congenital deafness, companion animals, screening programs
<b>Related Topics:</b>	Accredited Facility, Medical Records
<b>Legislative References:</b>	<i>Veterinarians Act RSO, 1990, Chapter V.3, S. 15</i> Ont. Regulation 1093, ss. 22.-(1)
<b>College Contact:</b>	Accreditation Manager or Registrar

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

## **Purpose**

This position statement describes the circumstances under which members are permitted to conduct screening programs for the assessment of congenital deafness in companion animals in or from a non-accredited facility.

## **Scope**

This position statement applies to members wishing to conduct congenital deafness screening programs either on their own or further to a request from an outside agency. Typically these programs are held when a number of animals are congregated for another purpose, such as a show.

## **College Position**

Properly conducted screening programs serve an important function in the public interest that might justify a decision by the College to refrain from fully enforcing rules that would otherwise apply (see Appendix A for relevant legislation).

## **Application for Approval**

To ensure that the screening program is going to be properly conducted, prior College approval must be obtained for it to agree to waive full enforcement of the rules (see Appendix B for the application form).

## **Exemptions Allowed on Approval**

**Accreditation Requirement:** Approved congenital deafness screening programs need not be performed from an accredited veterinary facility.

**Medical Records Requirements:** The medical records required shall be maintained in a systematic manner by the members organizing the program, and may be limited to:

1. A reasonable identification of the examined animal;
2. The owner's name, address and telephone numbers; and
3. The date and results of the evaluation.

**Communication with Primary-Care Veterinarian(s):** There is no requirement that any member performing such an evaluation:

1. Notify the previous member treating the animal.
2. Obtain the relevant historical information.
3. Advise the client regarding any risks of uncoordinated care.

## **Screening Program Requirements**

Members wishing to conduct a congenital deafness screening program must ensure that:

- A. An application has been made to and approved by the College at least 7 days prior to the scheduled date of the program. (See Appendix B).
- B. A diplomate of the American College of Veterinary Internal Medicine in Neurology (ACVIM-N) conducts all of the evaluations.
- C. The diplomate of the ACVIM-N is licensed to practice veterinary medicine in Ontario (a short-term licence will be required for visiting specialists). It is the responsibility of the member applying to the CVO for the screening clinic to ensure the licence has been applied for and granted in advance of the clinic's scheduled date.
- D. No sedation or anaesthetic agents are administered to the animal being evaluated to facilitate the examination, and no other drugs are prescribed, administered or dispensed to or for the animal.
- E. The custodian of each evaluated animal is provided with an examination form signed by the specialist who performed the evaluation, *which also includes a statement that the custodian/owner should advise his/her regular veterinarian of the outcome of the assessment.*
- F. All professional fees collected as part of the program must be paid directly to the veterinarian conducting the program. Professional fees are not to be paid to an outside agency, such as the one that requested the screening program. None of this precludes the donation of any or all of the proceeds collected to a third party.

# APPENDIX A

## Relevant Legislation

The *Veterinarians Act* R.S.O. 1990, Chapter V.3, is the profession-specific Act that governs the practice of veterinarians in Ontario. Ontario Regulation 1093 is the regulation made under the Veterinarians Act; it contains specific requirements pursuant to the practice of veterinary medicine in Ontario.

### Under Ontario Regulation 1093

**Records requirements** as per sec 22 (2) of Ont. Reg. 1093 are as follows:

1. Patient identification, including species, age and sex.
2. The client's name, address and telephone numbers.
3. If the client is likely to be absent from his or her address while the animal is confined with the member, the name, address and telephone number of a person to be contacted in case of an emergency.
4. Date of each time that the member sees the animal.
5. A history of the animal's health, including a record of vaccinations.
6. The animal's current weight.
7. Particulars of each assessment, including any laboratory investigations, performed or ordered by the member and the results of each assessment.
8. A note of any professional advice given regarding the animal and an indication of when and to whom such advice was given if other than to the client.
9. All medical or surgical treatments and procedures used, dispensed, prescribed or performed by or at the direction of the member, including the name, strength, dose and quantity of any drugs.
  - 9.1 One of the following with respect to each surgical treatment:
    - i. The written consent to the surgical treatment signed by or on behalf of the owner of the animal.
    - ii. A note that the owner of the animal or a person on the owner's behalf consented orally to the surgical treatment, and the reason why the consent was not in writing.
    - iii. A note that neither the owner of the animal nor anyone on the owner's behalf was available to consent to the surgical treatment, and the reason why, in the member's opinion, it was medically advisable to conduct the surgical treatment.
10. A copy of all reports prepared by the member in respect of the animal.
11. A final assessment of the animal.
12. The fees and charges, showing separately those for drugs and those for advice or other services.
13. Any additional records required by this Regulation.

## **Under the Veterinarians Act**

**Practice Standards** are listed under Ont. Reg. 1093, Subsection 17.-(1), where It is stated that professional misconduct occurs when a veterinarian is:

40. Treating an animal receiving veterinary services from another member without notifying the other member and obtaining the relevant historical information as soon as practicable except if the treatment is done in accordance with subsection 33 (1.1).
41. Treating an animal receiving veterinary services from another member who did not refer the animal without advising the client that such uncoordinated veterinary services may place the animal at risk except if the treatment is done in accordance with subsection 33 (1.1).

**Certificates of Accreditation** are required under Section 15 of the Act:

15. No person shall establish or operate a veterinary facility except under and in accordance with a certificate of accreditation.

# APPENDIX B

## COLLEGE OF VETERINARIANS OF ONTARIO

### APPLICATION FORM: CONGENITAL DEAFNESS SCREENING PROGRAM

Applying Member's Name: \_\_\_\_\_

Applying Member's Address: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

I hereby apply to conduct a congenital deafness screening program as per the following timetable:

Location	Date	Time

The evaluations will be conducted by (check the appropriate box):

- Myself, as a diplomate of the American College of Veterinary Internal Medicine in Neurology, OR
- Dr. \_\_\_\_\_, who
- is a diplomate of the American College of Veterinary Internal Medicine in Neurology, **and**
  - has obtained a short-term licence to practice in Ontario

I am a licensed member of the College of Veterinarians of Ontario and agree to abide by the College's Position Statement on Congenital Deafness Screening Programs and all other relevant legislation, including that on holding out (advertising).

**Signed:**

\_\_\_\_\_ Date: \_\_\_\_\_  
Member of the College of Veterinarians of Ontario

**Return this form to:**

Accreditation Manager, College of Veterinarians of Ontario  
2106 Gordon Street, Guelph, ON, N1L 1G6 Telephone: (519) 824-5600, (800) 424-2856  
Fax: (519) 824-6497, (888) 662-9479

Office Use Only	
Date received:	Board credentials and Short-term Licence (if applicable) verified:      Y      N
Authorized by:	Confirmation sent on: