

**The College of  
Veterinarians of Ontario**

## **Position Statement**

# **Ophthalmic Screening Programs**

# Position Statement

## Ophthalmic Screening Programs

<b>Approved by Council:</b>	<b>March 2006</b>
<b>Publication Date:</b>	<b><i>Update</i> June 2006, Website March 2006</b>
<b>To Be Reviewed by:</b>	<b>March 2011</b>
<b>Key Words:</b>	<b>Ophthalmic evaluation, Screening Programs</b>
<b>Related Topics:</b>	<b>Accredited Facility, Medical Records</b>
<b>Legislative References:</b>	<b><u><i>Veterinarians Act RSO, 1990, Chapter V.3, S. 15</i></u> <b>Ont. Regulation 1093, ss. 22.-(1)</b></b>
<b>College Contact:</b>	<b>Accreditation Coordinator, Deputy Registrar or Registrar</b>
<b>Reference Materials:</b>	

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## Purpose

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

## Scope

This position statement applies to members wishing to conduct ophthalmic 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.

## Relevant Legislation

The *Veterinarians Act* R.S.O. 1990, Chapter V.3 is the profession specific Act which governs the practice of veterinarians in Ontario.

### ***Certificate of Accreditation Required***

Section 15 of the Act describes the requirement for a certificate of accreditation:

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

Ontario Regulation 1093 is the regulation made under the Veterinarians Act.

### ***Practice Standards***

Subsection 17.-(1) of Ontario Regulation 1093 describes professional misconduct as including:

- 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).**

## ***Medical Records***

Subsection 22.-(1) of Ontario Regulation 1093 describes the required elements of the companion animal medical record, which appear at Appendix A.

Subsection 22.-(2) of Ontario Regulation 1093 describes the required elements of the food animal and equine medical record, which appear at Appendix B.

## **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. However, 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. In addition, the waiver applies only to the rules described below and only to the extent specified.

Approved ophthalmic screening programs need not be performed from an accredited veterinary facility. The medical records required shall be maintained in a systematic manner by 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.

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.

Members wishing to conduct an ophthalmic screening program must ensure that:

- A. A diplomate of the American College of Veterinary Ophthalmology (ACVO) conducts all of the evaluations.
- B. An application has been made to and approved by the College at least seven days prior to the scheduled date of the program. (See Appendix C)
- C. No sedation or anaesthetic agents are administered to the animal being evaluated to facilitate the examination other than topical pupillary dilating drops or topical ocular anaesthetics and no other drugs are prescribed, administered or dispensed to or for the animal.

- D. The custodian of each evaluated animal is provided with an examination form signed by the specialist who performed the evaluation following the procedure.
  
- E. 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 - REQUIRED ELEMENTS OF THE COMPANION ANIMAL MEDICAL RECORD

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.

## APPENDIX B - REQUIRED ELEMENTS OF THE MEDICAL RECORD FOR FOOD PRODUCING ANIMALS AND EQUINES

1. Individual or herd identification, including breed and sex.
2. If individual advice or care is given, at least one of the animal's name, the animal's tattoo or ear-tag number or the animal's colour, markings or other distinguishing physical features.
4. The client's name, address and telephone numbers.
5. The name and telephone number of a person to be contacted in the absence of the client.
6. Date of each service.
7. A history of the presenting complaint.
8. If there is a presenting complaint, particulars of each assessment, including any laboratory investigations performed or ordered by the member and the results of each assessment.
9. A note of any professional advice regarding the individual or herd and an indication of to whom the advice was given if other than to the client.
10. A complete record of all written prescriptions and drugs that the member has prescribed or dispensed.
11. A copy of any report prepared by the member in respect of the individual or herd.
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.

# APPENDIX C - OPHTHALMIC SCREENING PROGRAM AUTHORIZATION FORM

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

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

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

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

Location	Date	Time

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

- Applying Member, who is a diplomate of the American College of Veterinary Ophthalmology.
- Dr. \_\_\_\_\_, who is a diplomate of the American College of Veterinary Ophthalmology.

I am a licensed member of the College of Veterinarians of Ontario and agree to abide by the College's position statement on Cardiac 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:  
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

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Authorized by:	
Confirmation sent by:	