



THE COLLEGE OF
VETERINARIANS
OF ONTARIO

UPDATE

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President's Message



by *David J. Kerr, DVM*
President

The Vision of the College of Veterinarians of Ontario (CVO) is “Complete Public Trust through Professional Excellence” and the Mission is “To Protect the Public by Regulating and Enhancing the Veterinary Profession in Ontario.”

In my last message, I talked about the Continuing Professional Development Summary Sheet. This tool is geared towards the “enhancing” part of the Mission; the “regulating” part has been around much longer and, for some members, is scary, onerous and frustrating. Without it though, where would we be?

To be a veterinarian in Ontario is a privilege. We are a self-regulated profession, which means that veterinarians oversee and regulate veterinarians whereas, in some other jurisdictions, the government—composed mostly of lay persons—regulates the profession.

In common with many Presidents who preceded me, I am finding that there are fellow veterinarians who don't like the CVO. Some think it is a body far removed from any sort of practice and that there may be a hidden agenda with a “black list” of veterinarians to be watched. While I must be diplomatic, I believe a short reminder of the history of this organization might help to explain why we do what we do and why we must do so (except for “the list” which, of course, is a fallacy).

The beginnings of organized veterinary medicine in Ontario date back to 1874 when the Ontario Veterinary Medical Association was formed. By 1879, the organization was incorporated by statute and became the Ontario Veterinary Association. This began the long struggle to attain true professional status and the privilege of self-governance enjoyed today.

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PRESIDENT'S MESSAGE

President's Message, cont'd...

By 1931 the precursor to the *Veterinarians Act*, the *Veterinary Science Practice Act*, was passed. This Act granted professional status to veterinarians and with it the right to practice veterinary medicine. Those not licensed were forbidden to do so. This is the way it is today, under the *Veterinarians Act*, passed in 1989.

Veterinarians are permitted, by law, to be self-regulated; and with this privilege comes the task of overseeing the veterinary profession of Ontario **in the public interest**. This is achieved through the College's Council, which is composed of licensed, elected members of the profession and public members appointed by government, as well as through the various committees: executive, accreditation, registration, complaints, discipline, and quality assurance. Council, the committees and administrative staff are guided and restricted by the *Veterinarians Act*, Regulation 1093 (made under the Act), and the By-laws of the College. The College must operate within the confines of this legislation.

Often I am asked why we cannot just "do things differently." The short answer is "we can"—by changing the *Veterinarians Act*. This, however, entails petitioning government to open the *Act* and should this be successful, it would require inviting input from the general public, humane societies, other levels of government, other veterinary related associations, and anyone else who is affected and would like to provide

comment. This process can take many years and the ultimate changes made may include items we did not anticipate. So, there is risk involved.

The *Act* will be opened at some time in the future as it has been in the past. There will be changes made, but until that time we are bound to follow the *Act* as it is currently written.

Remember, veterinarians make up the majority of the Council and committees that guide the CVO. These veterinarians practice in companion animal, equine and food animal practice: in government, industry, and education. As members of CVO, we are well represented by people in the trenches who are intimately involved in the day-to-day practice of veterinary medicine. These veterinarians help direct the regulation of the profession by working with CVO staff who are dedicated to our profession and to the protection of the public interest.

Abiding by the rules that permit self-regulation of the profession allows us to avoid the risk of being under the control of those with little appreciation of our knowledge, skill, compassion and dedication. That is a place I would not like to be.

So, in a nutshell, when the various sections of the *Act* and Regulations are changed, our procedures will change but, until that time, we at the CVO are bound to continue to do what we do, the way we do it.



by Susan J. Carlyle
Registrar

Do you know that veterinarians in Ontario have been members of an organized profession for 135 years? And that you have been a self-regulating profession since that concept was developed in the last century?

And do you know how important that is?

And if you know and appreciate all that, do you also know how exceptional that is on a global level? In Canada there are numerous self-regulating professions, the members of which

trade exclusivity of practice for the responsibility of determining, under law, how to deliver that practice for the good of the public. This is not the case in numerous other countries, including the United States and Europe.

So why am I raising this concept right now? Because, if you look at page 4 of this edition of *Update*, you will find that the annual CVO member election process is getting ready to begin. And if you look at Dr. Kerr's President's Message on the cover page you will see his view of the profession you share.

Opportunities are opening for members in three constituencies to run for Council positions. In addition, and always part of the CVO's message to our members, we need you for task forces, committees, focus groups; as workshop facilitators, peer reviewers, mentors and general providers of perspective.

You are members of a very diverse profession—the experiences and

types of practice veterinarians enjoy give you numerous and completely different points of view as to the world and your place in it.

The CVO is the hub of the collection of all of you and it operates because of you, by you, and with you in order to provide support, information and guidance to you, as you practice.

We need you. We need the combination of leaders with experience and those with brand new ideas to drive the CVO and create the culture and flavour that keeps the profession relevant, current and enduring.

We encourage every one of you to think about your profession this summer and what you could contribute. Please contact the CVO if you want to talk to us about what we do. The staff, which is your administrative team, always has time for you and welcomes your interest with enthusiasm.

Heartworm infections in “Katrina” dogs

The College has received concerns about a high rate of heartworm infection found in dogs which are being brought to Canada for adoption through rescue groups. Many of these dogs are reportedly being imported from Louisiana and Texas and put forward as animal refugees from Hurricane Katrina in 2005, and are being offered for adoption by rescue groups across the province, following a single negative heartworm test.

Heartworm infection has been suggested to be as high as 70% in these dogs, but a positive heartworm test result may not be seen for as long as 7 months post-adoption. There are fears that this influx of

heartworm positive dogs may lead to an increase in heartworm positives in Ontario's resident dog population.

The College reviewed several possible responses to this problem and after considering all of the issues, the Executive Committee suggests that the best course of action for veterinarians would be to strongly encourage new adoptive owners to accurately determine the background of their new dog and if from the at risk group to commit to an appropriate testing regime, as well as informing existing clients of the potential increased risk of heartworm infection.

It's Election Time!

On **October 6th**, the College of Veterinarians of Ontario will hold elections in three constituencies.

Constituency 2

(Counties of Brant, Elgin and the regional municipalities of Haldimand-Norfolk, Hamilton-Wentworth and Niagara). **Dr. Arie Vreugdenhil** is not eligible for re-election.

Constituency 8

(Counties of Dundas, Frontenac, Glengarry, Grenville, Lanark, Leeds, Lennox and Addington, Prescott, Renfrew, Russell and Stormont and the regional municipality of Ottawa-Carleton). **Dr. Michele Dutnall** is not eligible for re-election.

Constituency 11

(Counties of Hastings, Northumberland, Peterborough, Prince Edward and Victoria and the regional municipality of Durham). **Dr. Clare Craig** is eligible for re-election.

An election will not be held in constituency 7 as **Dr. Beverly Baxter** has served on the Executive Committee for the year immediately preceding this election [By-law 4.(4)].

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 about serving on Council 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 for expenses for all meeting days.

What is the time commitment?

Councillors can expect to attend approximately five 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.

Election Timelines

Nomination forms and notice of election will be forwarded prior to **July 24, 2009**

Nominations due no later than 4:00 p.m. on **September 1, 2009**

Ballots mailed no later than **September 22, 2009**

Election Date
October 6, 2009

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

The Provincial Animal Welfare (PAW) Act (amended Ontario SPCA Act) *A report from the OSPCA*

Veterinarians have always been in a unique position to identify suspected cases of animal abuse. As professionals with daily interactions with animals and their owners, veterinarians can now have confidence that their decision to report is the right course of action. Veterinarians will now have greater authority to act on behalf of the animals in their care.

With the proclamation of **Bill 50 (the new Provincial Animal Welfare Act)** amending the 90-year-old Ontario SPCA Act, veterinarians are now required to report suspected abuse and neglect. Those who do so in good faith will be protected from personal liability under the law. The Act states that when a veterinarian has reasonable grounds to suspect an animal has been neglected or abused, he/she must notify an officer of the Ontario SPCA. Veterinarians can make a report either with the Provincial Office or their local Society.

To contact an officer of the Ontario SPCA, veterinarians can visit www.ontariospca.ca or call 1-888-668-7722.

Many cases of animal abuse occur in residential households. Often, pet owners bring abused animals to a veterinarian in search of veterinary care out of remorse. Furthermore, the link between animal and human abuse has been well documented. When veterinarians report suspected abuse, they may also be assisting family members at home who may be experiencing similar types of abuse.

The Provincial Animal Welfare (PAW) Act establishes new provincial offences against animal cruelty, including causing or permitting distress. It also gives judges greater flexibility to impose stiffer penalties, including jail time, fines up to \$60,000 and a potential lifetime ban on animal ownership. Furthermore, the Act allows investigators to inspect premises where animals are kept for the purposes of exhibit, entertainment, boarding, sale or hire [though veterinary facilities accredited by the CVO are exempt]. It makes it an offense to train an animal to fight with another animal or to own animal fighting equipment. And perhaps most importantly for veterinarians, it allows the Society to apply for custody of an animal victim while a case is still before the courts and it expands the Act's standards of care to be applicable to all animals, not just dogs and cats that are being bred for sale.

The PAW Act is a positive step forward in reducing violence towards animals. The requirement to report with protection from liability empowers veterinarians with the ability to improve animal welfare in Ontario.

Note: The Council of the College of Veterinarians of Ontario is currently working on a Position Statement on Reporting Abuse in Ontario.

Did you know...

The **Agreement on Internal Trade (AIT)**, in force throughout Canada, gives veterinarians who hold a general licence in one jurisdiction the right to become licensed in another. However, veterinarians must be licensed in the province or territory they wish to work. The AIT makes them eligible to practice, but they must **first apply** for licensure in the province/territory in which they wish to work. For example, a veterinarian holding a general licence in BC is eligible to practice in Ontario but only if he/she actually holds a licence to practice in Ontario.

COUNCIL HIGHLIGHTS

In order to keep members and the public fully apprised of the business of the College, *Update* provides summaries of key items considered or heard by Council at its meetings. The following highlights are from the Council Meeting held on **March 25, 2009**.

March 25, 2009

Policy Reviews

The following documents were reviewed, approved, or amended and approved by Council:

- The Guideline document on **Informed Owner Consent** was amended; staff was directed to re-circulate the document to stakeholders and return it to a future meeting of Council.
- A Policy Issue Review Form proposing the development of a new Position Statement on **Advertising and Promotion**, to consolidate existing publications and update CVO's position *vis à vis* the current professional climate, was reviewed and accepted. Staff will develop a draft Position Statement and return it to a future meeting of Council.
- Draft **Medical Records Guidelines for FA, Poultry, and Equine**, were reviewed. Councillors were appointed to work with staff on drafting the document: Dr. Ken Bridge, Food Animal Practice; Dr. Jim Christian, Poultry Practice; and Dr. Alison Moore, Equine Practice.
- A Policy Issue Review Form on **Screening Programs** was considered. Staff was directed to extend the currency of the Position Statement **Conducting Programs for the Implantation of Electronic Identification Devices (EID) in Companion Animals** to 2011 and initiate the addition of a new Title 13 to Ontario Regulation 1093, "Temporary Facilities." The Accreditation Committee will begin to draft Minimum Standards for Temporary Facilities.

- A Policy Issue Review Form on **Declared Emergencies** was reviewed. While the Accreditation Committee develops accreditation standards under the "Temporary Veterinary Facility" Title, staff will develop a Position Statement on **Ontario Emergencies** confirming that Council will not enforce a breach of s. 15 of the *Act* for the provision of emergency services in an emergency. This Position Statement would be in place until Regulation changes are drafted and enacted.

Appointments

- Council appointed Dr. Scott Arnold and Dr. Geoffrey Cochrane to the Complaints Committee.
- Council appointed Dr. Clare Craig to the Discipline Committee to replace Dr. Beverly Baxter for one day.

Plans

- Council directed staff to organize a one day session in the Fall of 2009 to review the **Strategic Plan**.
- A discussion paper proposing designated categories for Reserve Funds was approved. These are: Capital Reserve; Information Systems Reserve; Legal Reserve; and Operating Reserve.

Reports

- Reports were provided by the President and Registrar.
- Reports were provided on the activities of Statutory Committees for the previous 6 months.

“Inbox Issues” is a feature of *Update* that answers questions the CVO receives from members or the public. The College welcomes suggestions for issues to explore in future editions of “Inbox Issues,” so please submit your ideas to bready@cvo.org for consideration.

Internet Advertising

Who doesn't use the Internet nowadays? You can find everything on there, including some things you probably aren't even looking for. The estimated world population as of March 31, 2009 was 6,710,029,070 and the estimated number of Internet users was 1,596,270,108—almost 25% of the people in the world have access to your clinic's website!

The question is, how does this awesome advertising potential fit in with the CVO Holding Out regulations?

The easiest way to think about this issue is to consider that the Internet is really just one big, world-encompassing public advertisement. Your clinic website can be seen by anyone with an Internet connection; it's like a giant electronic Yellow Pages. You can't advertise fees or prices in the Yellow Pages—or on the Internet. Nor can you use terms like “best”, “high-quality”, “state-of-the-art” or “unparalleled,” because they all contravene the regulations prohibiting the use of comparative or non-verifiable statements.

Ss. 36(1) of the regulations state:

- 36.(1) Except as provided in this Part, a member may communicate factual, accurate and verifiable information that a reasonable person would consider relevant in the choice of a veterinarian, including the availability of ancillary services, that,

- (a) is not false, misleading or deceptive by the inclusion or omission of any information;
- (b) is readily comprehensible, dignified and in good taste;
- (c) contains no testimonial or comparative statements;
- (d) contains no information in respect of a fee or price; and
- (e) contains no reference to a specific drug, appliance or equipment.

Similarly, Sec. 37 prohibits veterinarians from permitting “his or her name to appear in any communication offering to the public any product or service other than the member's professional services and ancillary services.” This section restricts veterinarians from engaging in public endorsements. The same restriction applies to linking products or services other than your own to your website. Having your website sponsored by or listing advertisements for a third party is also a contravention. Your professional obligation is to provide veterinary services to the public, not to use your status as a means of promoting and appearing to recommend someone else's business.

continued on next page...

INBOX ISSUES

What about Password Protected areas for clients? The Holding Out Regulations don't apply to clients, so Password Protected areas are permitted, so long as the area is truly protected. For example, you can't list on your website that the password to the protected area is the clinic cat's name. As well, you can't have a client-

restricted area that is so loosely controlled that anyone the client gives the password to can log-in. Password Protected areas can reasonably be used to keep your clients informed and up to date about information regarding your clinic. They must not be used as a vehicle for soliciting new clients.

Use of Professional Corporation Names

A substantial number of incorporated veterinary practices that use their facility name as part of the professional corporation name have replaced the name of the facility on faxes and other documents in error. The professional corporation is for tax purposes and does not change or replace the name of the facility.

The professional corporation name never replaces the approved facility name. You must always use the approved facility name, in accordance with the regulations. On contractual agreements you must indicate both the professional corporation name and the approved facility name. (Example, on consent forms and estimates/invoices, you use both names).

This information was stated in the covering letter with your initial Certificate of Authorization.

The approved facility name does not change, no matter what name you have given the professional corporation. For example, if your professional corporation is "Doe Animal Hospital Professional Corporation" and the facility name is "Doe Animal Hospital", you must be sure not to refer to the facility as "Doe Animal Hospital Professional Corporation."

Please make any necessary corrections in your practice.

Correction...

In the March 2009 issue of *Update* there was a misprint on page 9 under the Inbox Issues "What is a drug." The legislation section should have read as follows:

- (a) manufactured, sold or represented for use in,
 - (i) the diagnosis, treatment, mitigation or prevention of a disease, disorder, abnormal physical or mental state or the symptoms thereof, in humans, animals or fowl, or
 - (ii) restoring, correcting or modifying functions in humans, animals or fowl,

But does not include,

- (e) manufactured, offered for sale or sold as, or as part of, a food, drink or cosmetic.

In “Case Studies,” we summarize complaints outcomes, Mutual Acknowledgement and Undertakings, and reported matters investigated by the College that are now considered public knowledge. A regular feature in *Update*, “Case Studies” is an educational tool that members should find of interest regarding both (a) their responsibility to uphold professional standards, and (b) the College’s responsibility to respond to issues that come to its attention.

Failure to provide factual information...

Mr. and Mrs. A presented their ten-year-old, female, Standard Schnauzer to Dr. X, a board certified surgeon. The dog had been referred to Dr. X by their regular veterinarian as she required surgery to correct a chronic anal gland problem. After the pre-operative examination and consultation, Mr. and Mrs. A had the impression that the surgery was reasonably straight forward and all would soon be well again with their dog.

Two weeks later the dog was left in the care of Dr. X and the surgery was scheduled for the following day.

After the surgery, Mr. and Mrs. A were informed that all had gone reasonably well with the surgery, however, there were a few concerns with their dog’s health and it was recommended and agreed to that their dog stay in the hospital for observation. Over the next few days the dog’s condition deteriorated and she was humanely euthanized.

In the letter of complaint received by the College, Mr. and Mrs. A alleged that:

1. Dr. X failed to explain to Mr. and Mrs. A why their relatively healthy pet had to be euthanized because of her failing health after surgery to remove her anal glands. Mr. and Mrs. A felt that they were not told the complete truth about the circumstances surrounding their dog’s death.
2. Dr. X failed to discuss the costs of the procedures prior to administering them to their dog. When Mr. and Mrs. A were asked about having certain procedures performed on their dog, they agreed under duress.
3. Mr. and Mrs. A question why it was not possible to have an autopsy performed on their dog and have her ashes returned to them afterward.

Reasons for Decision

In their complaint, Mr. and Mrs. A maintained that they took their dog to Dr. X for what seemed like an uncomplicated surgery and it resulted in her death. In consideration of this concern, the Committee commented that it may seem uncomplicated to those who do not perform this procedure. As well, they noted that this was a relative term since all anesthetics

and all surgeries have a potential to have complications. In veterinary medicine today, with much improved tests and surgery techniques, veterinarians tend to take certain surgeries for granted. However, the type of surgery performed on Mr. and Mrs. A’s dog is not routine for most veterinarians, which is why the owner’s regular veterinarian referred her to Dr. X instead of performing it himself. Even so, any thing can go wrong at any time no matter who performs the surgery.

Mr. and Mrs. A further complained that Dr. X failed to explain their dog’s death and believe that they were not told the complete truth surrounding it. The Committee noted that the advance blood tests did not raise any questions among the medical team and agreed that although pre-anesthetic blood tests are certainly useful, they are not fool proof. According to the medical records, the dog became hypotensive during the surgery, but it was controlled at that time. However, post surgery the dog continued to have difficulties and during this phase, Dr. X and staff kept in touch with the owners keeping them updated on their

CASE STUDIES

dog's condition. The Committee was of the opinion that, at the point where the dog's condition was failing, Dr. X and Dr. Z (another veterinarian at Dr. X's practice) were calling the owners often and that the owners must have felt overwhelmed and confused as to what was happening with their dog especially when it could not be explained. The staff of the practice could only report and support the dog because even they did not know definitively what was happening with her. Although Dr. X had some tentative ideas about why the dog's health was failing, it was not definitive, and the treatment which was provided to the dog at the time could only be supportive and not curative. It was, therefore, the Committee's opinion that Dr. X acted appropriately by keeping the owners apprised in a timely manner of the dog's health status. As well, because he did not definitely know the cause of the dog's condition, he was unable to advise the owners. The Committee agreed that his actions were appropriate under the circumstances.

Regarding ongoing costs of the care being provided to the dog, Dr. X stated that both he and Dr. Z discussed the costs with the owners on multiple occasions and they were not told to stop treatment due to financial reasons. Dr. Z confirmed Dr. X's response to the College that careful and deliberate consent for all treatment was explicitly sought, and was explicitly granted by the owners.

Mr. and Mrs. A, however, maintained that at no time, during the several calls throughout the night, did Dr. [Z] quote specific costs. In their investigation of the documents, the Committee noted that the telephone log provided by Dr. X had notations that quotes were provided to the owners. Given the discrepancies in the recollections, the Committee was unable to positively resolve this allegation but agreed that it would be reasonable that Dr. X would have offered euthanasia sooner had he been advised that costs were a concern for the owners. At the same time, it is sometimes difficult to make these sorts of decisions when the veterinarian is unsure as to what the outcome of a situation may be and therefore, what specific costs would be involved. The Committee finally noted that the owners confirmed that Dr. X did, in fact, remove three charges from the final bill.

Mr. and Mrs. A complained that when they asked Dr. X about an autopsy as well as having their dog's ashes returned to them, they were informed that they could not get both. Dr. X explained that he had conferred with colleagues at the practice about having ashes returned after an autopsy but failed to contact the laboratory which would perform the autopsy to determine if this was a possibility. Had he done so, he would have found out that both are possible. This misinformation on the part of Dr. X resulted in a failure on his part to obtain information for

himself, and more importantly, the owners, about what may have gone wrong with their dog. A report from the pathologist may or may not have been able to explain why the dog's health deteriorated; however, the owners may have been more satisfied that all that could have been done for their dog was done and they may have been more willing to accept her unfortunate demise.

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 for determinations of allegations of professional misconduct or serious neglect. The Committee decided, in the interest of the public and to hopefully ensure that such an incident does not recur, to exercise its authority under section 24(2) (c) and take the following action:

Dr. X is advised of the Committee's concerns with regard to his failure to provide factual information to Mr. and Mrs. A about being able to have their dog's ashes returned to them following a post mortem performed at a laboratory.

Dr. X was cautioned to consider this carefully, and take any necessary action related to this advice to ensure that such a situation does not recur.

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 Ms. Rose Robinson, Manager, Complaints and Discipline, at extension 2227 or email robinson@cvo.org.

Dr. Sherry Deemar

ALLEGATIONS OF PROFESSIONAL MISCONDUCT

Notice of Hearing #1

- The member’s auxiliary made misrepresentations to a tourist and prescribed a drug for the tourist’s dog.
- The member prescribed a drug without complying with Section 33 of the Regulations which states:

33. (1) No member shall administer, dispense or prescribe a drug unless,

(a) the member has assumed the responsibility for making medical judgements regarding the health of the animal or group of animals and the need for medical treatment and the custodian of the animal or group of animals has indicated a willingness to accept the advice of the member;

(b) the member has sufficient knowledge of the animal or group of animals by virtue of a history and inquiry and either physical examination of the animal or group of animals or medically appropriate and timely visits to the premises where the animal or group of animals is kept to reach at least a general or preliminary diagnosis;

(c) the member believes that the drug is prophylactically or therapeutically indicated for the animal or group of animals; and

(d) the member is readily available in case of adverse reactions to the drug or failure of the regimen of therapy. R.R.O. 1990, Reg. 1093, s. 33 (1); O. Reg. 431/00, s. 7.

Notice of Hearing #2

- Advertising inconsistent with Certificate of Accreditation.
- Refused to co-operate with the investigation.
- Improper advertising.

BRIEF SYNOPSIS OF FACTS

Notice of Hearing #1

- A tourist, passing through the area, brought her dog to the member’s hospital asking if a veterinarian was available as her dog appeared to have a skin problem.
- The member’s auxiliary told the tourist that she would go to the back of the hospital and see if the veterinarian could see her dog.
- The member’s auxiliary informed the tourist that the veterinarian could see her dog. The tourist was not asked about her dog’s medical history or any questions about the concern with her dog.
- The member’s auxiliary took the dog to the back of the hospital and asked the tourist to wait at the front reception area.
- The tourist was informed that the veterinarian diagnosed her dog with bug bites and that it needed antibiotics. Unsatisfied with an answer to a further question, the tourist asked if she could speak directly to the veterinarian. The member’s auxiliary responded that the veterinarian was too busy to see her.

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- After the tourist continued to press to speak with the veterinarian, the auxiliary conceded that no veterinarian was present and that the auxiliary had spoken with the veterinarian by telephone. The tourist left the hospital and spoke with her husband about the matter in the parking lot.
- The auxiliary came out of the hospital and spoke to the tourist in the parking lot asking if she could return to the hospital to speak with the veterinarian who was on the telephone. She agreed.
- The member informed the tourist that she was out on a call and that this was the only way they could help her. The tourist explained that she was upset that her auxiliary misled her that the veterinarian was present in the hospital.
- The tourist was encouraged to take the antibiotics that her auxiliary prepared for her dog because, according to the veterinarian, the dog's face was swollen. The tourist responded that her dog's face was not swollen and that the veterinarian had not even been given an accurate description in order to make an appropriate diagnosis. The tourist left the hospital.
- The member was asked for her written confirmation that the changes were made.
- The member failed to confirm that the necessary changes had been made; nor did she provide any evidence that any changes had been made.
- The member was given several opportunities to cooperate with the investigation but repeatedly and persistently failed to co-operate and/or obstructed the College's investigation.
- The member, in her advertising, used terms that are non-factual, non-verifiable, testimonial and comparative in nature.

DECISION

1. Finding

- The Discipline Committee found the member guilty of professional misconduct with respect to the above allegations.

2. Penalty

- Suspension of the member's licence for a period of five months. Three months of the suspension will be suspended upon the member completing a 2500 word paper on self-regulation addressing, among other things, the need to have a proper veterinarian-client-patient relationship before prescribing medication and the proper supervision of auxiliaries. The paper will be approved by the Registrar.
- The member will pay a fine in the amount of \$500.00 within three months of the date of the Order.
- The member will pay the College's costs of her motion for an adjournment and of the hearing in the amount of \$2,500.00.
- Pursuant to the legislation, this matter, including the member's name, will be published.

Notice of Hearing #2

- The member forwarded an application to change the name of her facility which was approved by the Registrar.
- The member was sent replacement certificates of accreditation identifying the facility.
- Despite the fact that her new facility name had been approved and certificates of accreditation had been issued in the new name, the member continued to identify her facility with the old name in advertisements and in various forms of stationery.
- The member was asked to immediately cease and desist using the old name and to make immediate arrangements to have all stationery and other materials conform to the regulations.

3. Panel's Reasoning

- The reasons provided by the panel were in respect of both matters.
- Veterinarians are responsible for the acts of their auxiliaries.
- The member prescribed a drug without complying with Section 33 of the Regulations.
- The member refused to co-operate with the investigation regarding the name being used for her clinic, under circumstances where it was clearly apparent she was using an improper name, resulting in further breaches of the *Act* and the issuance of a second Notice of Hearing.
- The member and her solicitors chose to engage in a number of pre-hearing applications, resulting in appeals to the Divisional Court and the Court of Appeal, at considerable cost to the member and the College, all of which were unnecessary and unsuccessful.
- This was the member's first offense.
- These acts, and in particular, the failure to co-operate with an investigation under the Act are serious acts of professional misconduct and in the panel's opinion warranted a suspension.

REMINDER

Foreign-Trained Veterinarians - Supervised Experience

In April 2008 a letter was sent to all members regarding a change in the CVO policy on supervised experience for foreign-trained veterinarians. Along with the letter was a copy of an undertaking to be signed by the supervising veterinarian and faxed to CVO.

The previous policy made provisions for those foreign-trained veterinarians who have passed the North American Veterinary Licensing Exam and are seeking practical experience before taking their Clinical Proficiency Exam (CPE). We understand that numerous individuals may be working under that policy with licensed veterinarians at any given time, in order to gain clinical experience before taking the CPE. However, that policy could be interpreted as conflicting with our legislation by potentially condoning the practice of veterinary medicine without a licence.

In order to remedy this situation the Council has directed the Registration Committee to review the situation and to begin drafting appropriate regulation changes that would better accommodate not only foreign-trained individuals in this situation, but also Canadian-trained graduates who may be required to take the CPE. This approach will reduce the liability of the supervising veterinarian as well.

In the meantime, all veterinarians who invite or allow individuals to gain experience in their practice on this basis, both currently and in the future, **must provide the name of each individual to the CVO on an Undertaking (which must be signed by the individual as well as by the supervising veterinarian and faxed to the CVO)**. In other words, the College will temporarily condone an expansion of the delegation of certain veterinary procedures in these circumstances under appropriate supervision.

From May 2008 forward, individuals who enter into this practice with a veterinarian without signing an Undertaking for submission to the CVO will be committing an alleged act of unlawful practice of veterinary medicine, and both parties may be subject to investigation. Copies of the undertaking are available from the CVO and on the CVO website.

To date, the College has received Undertakings for 23 foreign-trained veterinarians. We thank those members for their co-operation, but we are aware that there are many more who have not followed this new procedure and wish to remind you of your responsibility to do so.

QUALITY ASSURANCE

Quality Assurance Matters Part II: Survey and Focus Group Results

The Quality Assurance (QA) Committee instituted a survey in January 2009, asking members to respond to a series of 12 questions about the developing Continuing Professional Development (CPD) Cycle. There was a tight timeline for response. By mid-February, twenty percent of recipients had responded, which is statistically significant. Their submissions were tabulated and analyzed by the CPD Advisory Group reporting to the QA Committee. Between February and May, 5 Focus Groups were held with interested participants across Ontario and via teleconference.

The answers to each survey question are summarized below, with *Indications* and details on the QA Committee's response (*QAC Response*) to the data—as well as information about how the amended and revised CPD tools were received by the Focus Groups (*FG Reaction*). When the QA Committee made further adjustments to the CPD tools, the resultant changes are noted as well.

Demographic variables (Survey questions 1-4)

1. Sex: 46% male, 54% female
2. Years since graduation: about 15% for each cohort
3. Schools: 80% were OVC graduates
4. Practice type: all were represented

Indications: Members who responded to the survey reflected the diversity and proportion of all active CVO members. The Focus Group members were equally diverse and representative.

CPD Cycle Tools (Survey questions 5-8)

5. *“The Needs Assessment will help me to determine focused learning goals for the coming year.”*
>50% agree or strongly agree 25% disagree

Indications: This binomial/polarized distribution indicates that a large group would prefer a template or concrete tool to assess their practice, while another smaller group would prefer a guideline to do what they already do “intuitively.”

QAC Response: The CPD Cycle was reduced from 4 steps to 3, and the Needs Assessment/Learning Plan Tools were collapsed into a single Planning Tool for the Focus Groups to test.

FG Reaction: Participants preferred the new Planning Tool. Many requested the development of an objective exercise that would assist them in completing their Planning Tool more effectively.

QAC Response: The CPD Advisory Group developed a draft “Practice Profile” tool that will be tested in the mini-pilot program between May and September 2009. The Practice Profile contains sections on Role(s), Scope of Practice, Patient Types, and Frequent/Notable Case Types.

6. *“Do you think that using the Learning Plan in Step 2 of the Cycle will help you develop a proactive approach to setting learning goals and engaging in appropriate CPD activities?”*
41% think so 8% think definitely not

QAC Response: Since survey comments from many members included the fact that they would have difficulty planning their CPD activities ahead of time, the new Planning Tool provided space for goals that could be set *as needs arise in day-to-day practice*.

7. *“Do you think you could predict the outcome of CPD activities on your practice, as the Log encourages you to do?”*

85% said yes only 15% said no

Indications: Both survey respondents and Focus Group members were strongly in favour of a Log tool, and strongly supportive of the wide range of categories of activities that “count” to accommodate geographical circumstances, practice types, or individual work-life balance issues.

QAC Response: the Log was modified for the Focus Groups to include both a column linking the activity completed to the new Planning Tool, and the option to record the activity as a “New Learning Opportunity” that arose without necessarily being included on the Planning Tool.

FG Reaction: In the Focus Groups, 85% of participants said they likely would be able either to link the activity listed to a goal on the learning plan or identify an activity as a “new learning opportunity” on the Log. There also was much discussion about the need for more clarity on the definition of Type A (formal CE) and Type B (self-directed learning) categories of activities.

QAC Response: the Advisory Group created “Documentation Sheets” that members would use to record Type B-category activities and/or Type A-category activities that do not provide participants with any documentation of completion. These will be tested in the mini-pilot in May - September 2009.

8. *“What is the minimum number of CPD hours per year that a licensed veterinarian should complete?”*

59% said up to 30 22% said up to 40

Indications: These numbers are far below the actual 2008 reports from members: the average number of CPD hours reported was **143** (with new CPD categories in place); the median was **76**.

QAC Response: The Committee noted that any minimum number of CPD hours that might be set by the CVO would take into account the wide range of CPD activities that are “countable” (as opposed to the traditional attendance at CE that is most often acceptable by regulatory bodies), and that data on actual hours reported by members over the years will be used to help set this minimum.

FG Reaction: The focus group participants strongly confirmed that the CVO needs to establish a minimum number of hours for members to achieve to maintain competency, that the range of activity types allowed in the CPD Cycle system should make it easy for practitioners to meet a minimum, and that the CVO should allow a 2-3 year cycle for flexibility for members to accumulate hours.

Attitudes to CPD and Continuing Competence (Survey questions 9-11)

9. *“I think the tools developed to support the CPD Cycle so far will effectively meet the needs of the developing QA Program for Ontario veterinarians.”*

60% strongly agree or agree 15% disagree

FG Reaction: At the Focus Groups, participants heard an explanation of what the standards are in other professions, what self-regulation means, how continuing competency is linked to responsibilities of licensure and how peer-reviewable documentation links to the mandate of the CVO. Afterwards there was tremendous support for the CPD Cycle itself, and a strong recommendation that an audit process is necessary sooner rather than later to get across the import of the process to members. Some said existence of the CPD tools should be verified at Accreditation Inspections. Several said that members will need lots of support and education about the CPD cycle.

QUALITY ASSURANCE

QAC Response: The Committee will plan on extensive outreach in the coming months to provide the same educational opportunity to as many members as possible as that given to the Focus Groups. CPD Cycle Workshops will be planned in the coming months.

10. *“How effectively will the tools for the CPD cycle help you to document your efforts to maintain competency?”*

60% said very or somewhat effectively 8% said not at all

11. *“The CPD Cycle approximates or reflects my current approach to professional development.”*

50% strongly agree or agree 25% disagree

FG Reaction: Focus group members indicated that the cycle in some format is what they do; they just don't keep their documents in this way.

Evaluations of the Focus Group Experience

“I am very happy that I came to the meeting. I really had no idea what was going on with this CPD thing. It sounded to me like a whole lot of bureaucratic mumbo-jumbo. I resented the forms, even though I feel very strongly that we need mandatory CE. Now I understand what “Peer Review” means, why the forms are necessary, and I think it's a good idea....
I will try to promote it to other vets I know.”

“I, and I assume many others, was overwhelmed when I received the CPD package from CVO. I found the material vague and confusing. I felt as though this was just one more thing to fit into my already busy day. I was somewhat fearful that Big Brother was going to be watching my every move.

I couldn't have been more wrong! The CVO focus group on the CPD which I attended was fantastic! It cleared up all of my questions. The CPD is a living document. It is simply a way for me to examine my activities, set some educational goals and assess how I am succeeding in reaching those goals. It is definitely not about catching or punishing anyone.

The CPD is simply a tool to assist all veterinarians in maintaining a high standard of competency, something no professional could argue with.

The CPD is the carrot, and we all want the carrot. The stick on the other hand would be the loss of self-regulation by our profession if we are unable to convince regulators that we are dedicated to maintaining high standards of veterinary care through continuous professional development.

The sooner we veterinarians embrace the CPD the better for us as professionals and for all Ontarians

Thanks again for the positive and enlightening experience.”

Self-Regulation of Veterinary Medicine in Ontario: The Quality Assurance Link

As CVO members know, veterinary medicine is a self-regulated profession in Canada. The College of Veterinarians of Ontario is mandated to regulate the Ontario veterinary profession in the public interest. But what does “self-regulate” mean? And what does self-regulation have to do with the CVO’s Quality Assurance program?

Self-regulation means that the College governs the profession in place of the government; in other words, it is the College’s Council (comprising licensed, elected veterinarians and appointed members of the public)—and not the government—that must “**maintain and develop [its members’] standards of knowledge and skill**” (*Veterinarians Act*, sec. 3(2)), among other things. Self-regulation does not mean that individual veterinarians are responsible for governing themselves, though of course there are expectations that members will indeed conduct themselves according to established practice standards and behaviour acceptable to their peers.

In terms of knowledge standards, members must qualify for the licence to practice veterinary medicine, and the CVO ensures that entry-level requirements are met before licences are issued. On becoming licensed with the CVO, members have the right to practice veterinary medicine, but they also assume the responsibilities associated with this right—including the responsibility to **maintain competency**. Members must maintain and enhance their knowledge, skills, and judgment in order to uphold all standards of professional practice. In other words, they must engage in “Continuing Professional Development” or CPD.

In order to be accountable to the public in this regard, the CVO must monitor and report on the CPD of its members. The vast majority of veterinarians in Ontario do participate in significant amounts of CPD. Members already submit their CPD Summary Sheets to the College each year, noting the total hours of activity they complete.

However, *submitting hours is not enough*. The CVO must also be able to **assess** the CPD activity

undertaken by its members to ensure that they meet acceptable standards of the profession. Therefore a CPD Cycle with tools that members employ to plan, track, and reflect on their ongoing educational experiences is needed—one that the College can **peer-review** in order to:

- (a) support members in their efforts to maintain current levels of and develop new knowledge and skill; and
- (b) assure the public that standards are being maintained.

Already, the QA Committee has worked with a diverse group of volunteer veterinarians to draft versions of CPD tools for members to use. It then implemented a “Quality Assurance Matters” survey, ran a series of focus groups (see the Survey/Focus Group report in this issue of *Update*), and began a mini-pilot program whereby volunteer participants will “test drive” the tools over the spring and summer months.

Implementation of the CPD Cycle under the Quality Assurance Program of the CVO will continue to be a cooperative initiative between the College and its members. Next steps will include:

1. evaluating the mini-pilot program this fall, and testing an audit process by the QA Committee;
2. running a full-scale pilot program from January - October 2010, auditing the participant documentation, and evaluating the CPD toolkit;
3. drafting regulations that outline the requirements of members to participate in and document their CPD (as well as other QA program components); and eventually,
4. conducting random audits of members’ CPD documentation to verify and encourage participation in appropriate CPD activities.

The CVO will continue to work in partnership with members to develop programs as part of its legislated mission to protect the public interest and assure the competent and ethical practice of veterinary medicine in Ontario.

REGISTER UPDATES

The College welcomed the following new registrants between February 19, 2009 and May 12, 2009. 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. Kathryn Arbic	G	Dr. Robert Hillerby	G	Dr. Dorothy Pham	G
Dr. Lindsay Baltjes	G	Dr. Vivek Jain	G	Dr. Aimee Porter	G
Dr. Mar Bardagi	A	Dr. Kuldip Jindal	G	Dr. Marie Ramoutar	G
Dr. Galina Bershteyn	G	Dr. Shannon Johnson	G	Dr. Tiffany Richards	G
Dr. Pushproop Brar	G	Dr. Samina Kausar	G	Dr. Marinella Scalzo	G
Dr. Jessika Bronsoiler	G	Dr. Stephanie Keating	G	Dr. Alanna Schad	G
Dr. Amy Butler	G	Dr. Michael Kim	G	Dr. Vikas Sharma	G
Dr. Sarah Charron	G	Dr. Julia Kremer	G	Dr. Heather Shouldice	G
Dr. Melissa Cirinna	G	Dr. Leah Larsen	G	Dr. Andrea R. Smith	G
Dr. Sherri Cox	G	Dr. Heather Leenaars-Egan	G	Dr. Dominique Solecki	G
Dr. Blanaid Donnelly	G	Dr. Amanda Lewandowski	G	Dr. Abigail Stovman	G
Dr. Breanne Dugan	G	Dr. Sarah Logan	G	Dr. Yulien Sun	G
Dr. Melanie Eckensviller	G	Dr. Kendra Long	G	Dr. Tanya Tkaczyk Lowrey	G
Dr. Stephanie Farkouh	G	Dr. Amanda Low	G	Dr. Stephanie Vamplew	G
Dr. Katharine Found	G	Dr. Erica Lutman	G	Dr. Karen van Haaften	G
Dr. Jordan Fromstein	G	Dr. Sarbjit Mall	G	Dr. Kara Vittitow	G
Dr. Laurel Gale	G	Dr. Arshdeep Mann	G	Dr. Emma Webster	G
Dr. Surinder Gandhara	G	Dr. Erica Mitchell	G	Dr. Leah Westrup	G
Dr. Chloe Garner	G	Dr. Jennifer Morrow	G	Dr. Elaine Williams	G
Dr. Devendra Godara	G	Dr. Michael K. Mossop	G	Dr. Kasia Wisniewska	G
Dr. Krista Gower	G	Dr. Mandy Mulder	G	Dr. Valerie Wong	E
Dr. Jackie Grant	G	Dr. Caroline Niegos	G	Dr. Krishna Yekkala	E
Dr. Kelly Haelzle	G	Dr. Dieter Oberbichler	G	Dr. Kris Young	G
Dr. Brianne Hagan	G	Dr. Lindsey Patton	G		
Dr. Ben Henderson	G	Dr. Christine Pelland	G		

The following is a list of new corporations:

New Corporations

Animal Hospital of Beeton Professional Corporation	Dr. Stephanie Van Monsjou Veterinary Professional Corporation
Animal Hospital of Unionville Professional Corporation	Hillside Veterinary Clinic Professional Corporation
Ashbridge's Bay Animal Hospital Professional Corporation	Kim Kosari Veterinary Professional Corporation
Barrie Animal Hospital Professional Corporation	Springer Animal Hospital Professional Corporation
Birch-Dan Animal Hospital Professional Corporation	Tucker and Valenti Veterinary Professional Corporation
Blue Cross Animal Hospital Professional Corporation	Vaughan-Richmond Veterinary Emergency Clinic Professional Corporation
Dixie-Eglinton Animal Professional Corporation	Verona Animal Hospital Professional Corporation
Dr. Kelly Cummings Veterinary Professional Corporation	Watson Bateman Veterinary Professional Corporation
Dr. Matthew Shany Professional Corporation	Wellington-Baseline Animal Hospital Professional Corporation
Dr. Patricia Murphy Veterinary Professional Corporation	Wilmot Veterinary Clinic Professional Corporation

REGISTER UPDATES

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

New Facilities

Apsley Veterinary Services, Apsley
Bangar Mobile Veterinary Services, Brampton
Bayview York Mills Veterinary Services, Toronto
Bloor West Village Animal Hospital, Toronto
Cachet Village Animal Hospital, Markham
Close Veterinary Clinic, Kitchener
Gumley Veterinary Services, Osgoode
Hiltz Veterinary Services, Millbrook
Kivi Equine Mobile Veterinary Services, Brooklin
Leslie St. Animal Hospital, Richmond Hill
Maplecrest Avian & Exotic Veterinary House Call Services, Barrie
Morningstar Mobile Veterinary Services, Whitby

Pathak Veterinary Services, Schomberg
Pirie Veterinary Services, Dundas
Queen Street Veterinary Services, Kincardine
Roncy Village Veterinary Clinic, Toronto
The Elora Gorge Animal Hospital, Elora

Relocated Facilities

Chelmsford Animal Hospital
Marina Animal Hospital
Moore Swine Services
Tiller Mobile Veterinary Services

Closed Facilities

Giroux Veterinary Services (only the Food Producing Animal Mobile)
Mobile Veterinary Services of Ottawa

The following veterinarians are no longer licensed in Ontario:

Dr. Koharik Arman	Dr. Kamran Jahangir	Dr. Rameshbhai Patel
Dr. Atal Bahadur	Dr. Erin MacDonald	Dr. Gilbert Plummer
Dr. Rachel Bart	Dr. Jean MacLean	Dr. Elizabeth Rodgers
Dr. Mary Bretsen	Dr. Bridget Malboeuf-Stewart	Dr. David Rubenstein
Dr. Jatinder Dhanoa	Dr. Carlos Medina	Dr. Gagan Sachdeva
Dr. Christopher Elson	Dr. Anita Miniats	Dr. Enid Stiles
Dr. Isabelle Gregoire	Dr. Germain Nappert	Dr. Dan Templeton
Dr. Mark Henderson	Dr. Jacqueline Narayansingh	Dr. Pierre Thibaudeau
Dr. Jennifer Hess	Dr. Joane Parent	

*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.*

The following veterinarians were granted Emeritus Status:

Dr. Donald Atkinson	Dr. Thomas Gastle
Dr. Murrel Bauman	Dr. Brian Saunders

REGISTER UPDATES

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.

Graham, John Edward (OVC 1968)
Karn, Willard (OVC 1954)

Menard, Denis Pierre (Montreal 1972)
Spence, Charles (OVC 1951)

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