The time has come for me to deliver my final message as your president. Thanks to the support I have been given, I have had a very exciting and productive year. It would be impossible to perform well as a president without a capable staff to provide the appropriate background and a strong council to provide the necessary debate and endorsement. The CVO team not only made policies and deliberated on issues that will have far-reaching impact on the profession, but we also focussed our attention on the internal organization of the CVO. Council and staff examined established policies and procedures to confirm their effectiveness and relevance. Roles and responsibilities for each of the facets of the organization were more clearly defined, and inefficient methods were discontinued.

It has been my privilege as president to represent the CVO at various meetings, and to interact with veterinarians holding similar positions in other jurisdictions. This interaction has allowed me to gain a better perspective of the similarities and differences in our profession on a global basis. The annual CVMA conference represents one such opportunity, where representatives from Canada and the international veterinary community meet to exchange ideas at the Canadian Veterinary Summit. This year's discussions in Halifax on the broad topic of “Education, Licensing, and the Expanding Scope of Veterinary Practice” were very informative.

This and other meetings have helped me realize just how fortunate we are in Ontario to have a reasonably modern Veterinarians Act and legislation, a well-organized and efficiently-run regulatory body, and an independent, viable, professional advocacy group.

Continued on next page...
President's Message

Continued from front page...

Communicating with other groups
At many functions, I shared the stage with the OVMA president, and enjoyed interacting with both Dr. Morag McMurray and Dr. Andrea Chapin. It is encouraging to see the efforts made on the part of the two organizations to keep the lines of communication open.

Our profession is often affected by decisions that are made by other groups and government agencies. CVO strives to interact with these groups when issues emerge, giving us an opportunity to provide constructive suggestions and avoid unintended consequences.

I enjoyed all the opportunities I had this year to meet with veterinary students. At the CVMA conference, I talked with several students who were taking advantage of their opportunities to fully explore all that the profession has to offer them. It's refreshing to hear of their innovative ideas, and it is comforting to know that our profession will continue to change to meet the needs of society.

Proactive efforts
I have observed a trend in the past couple of years for the CVO to become more proactive. Council and staff have identified the need to examine some of the larger issues facing the profession in order to provide effective leadership for our profession in the years to come. One of the most important issues facing any professional is the need to fulfill career obligations while maintaining a reasonable balance between work and leisure. It is far too easy to overemphasize one or the other, and when you are part of a demanding but enjoyable profession like veterinary medicine, the sacrifices are often personal rather than professional.

Professional Health Program
This year, the CVO Council and the OVMA Board of Directors acknowledged this potential problem, and agreed to form a three-way affiliation with the Ontario Medical Association to develop a Professionals Health Program. This program will assist individual veterinarians who are facing wellness concerns. To introduce this program to the membership, this year's Members' Forum in November will be dedicated to the Professionals Health Program.

Dedicated staff
With the dedicated staff at the CVO who provide the background expertise, and the hard work of my predecessors who laid the necessary foundations, my role as president of this organization was not burdensome. Issues have continued to arise in the last year that will require action on the part of the CVO. Some of these will be readily dealt with, while others will require creative solutions.

I will soon assume a less prominent position on Council, but I have confidence that the organization will continue to strive towards excellence in governing our profession.

Professional Health Program available to Ontario veterinarians

The CVO received the following letter from Michael Kaufmann, MD, Director of the Physician Health Program, in recognition of the new partnership with OVMA, CVO, and the Physicians Health Program to form the new member service, the Professionals Health Program:

I am writing to express my pleasure regarding our recently completed agreement. The cheque from the CVO has been received and I am pleased to report the PHP services are now available to Ontario's veterinarians.

I look forward to learning more about the needs of your members and how best to serve them. Thank you for this opportunity and I very much look forward to working with you and your colleagues from this day forward.

Sincerely,

I. Michael Kaufmann, MD
Director - Physician Health Program
Ontario Medical Association

Fall 2002 2
Public Member Bids Farewell

Kieth Drummond has been a public member on the CVO Council for six years. He was appointed to Council by the Government of Ontario. During his tenure with the CVO, he served on Council as well as the Registration, Communications, Discipline, and Nominating committees. This past year he also chaired the Discipline Committee.

Kieth shares these observations as he leaves the Council:

"I have found the veterinarians at the CVO to be a group of proud, responsible and professional people in all aspects of their duties and on behalf of all veterinarians in Ontario. In my experience in the agricultural sector over the past thirty-five years, I have never found a group of professionals that have been so cooperative and supportive of their fellow colleagues, on behalf of their profession. In a world where businesses are facing corporate mergers, corporate restructuring or the shock of government downloading, it is reassuring to me to see a professional group maintain its self-regulatory status with such responsible standards and compassion for its members. At the same time this group strives to keep the interests and safety of the public uppermost in their mandate.

"I would like to express my appreciation to all the staff at CVO for their assistance and guidance over the past six years of my term on Council. I will miss being a member of this terrific Council and wish everyone, including all CVO members, every success."

CVO Election Results

Dr. Alma Conn was re-elected by acclamation in constituency 5 (composed of members residing in the counties of Bruce, Dufferin, Grey, Huron and Simcoe).

Two veterinarians ran for election in constituency 9 (composed of the members employed by the Crown in right of Canada or an agency of the Crown in right of Canada). Dr. James Clark was elected to council on October 8, 2002.

Two veterinarians ran for election in constituency 12 (composed of the members residing in the regional municipalities of Halton and Peel). Dr. Nasim Gulamhusein was elected to council on October 8, 2002.

The CVO congratulates these and all candidates who volunteered to run as representatives for their constituencies.

Annual General Meeting

Thursday, November 21, 2002
at the
Country Heritage Park
(formerly Ontario Agricultural Museum)
8560 Tremaine Road, Milton, Ontario

Registration: 2:30 p.m. to 2:45 p.m.
Meeting Convenes: 2:45 p.m.

The meeting agenda will include consideration of any by-laws, report of the CVO Council, acceptance of the financial statements and the appointment of auditors.

Members who wish to receive a copy of the minutes from last year's AGM may contact the CVO office with their request. A limited number of copies will be available at the 2002 AGM.
Registrar's Report

By Barbara Leslie, DVM

On July 14th and 15th I had the pleasure of representing the CVO at the Annual meeting of the American Association of Veterinary State Boards in Nashville, Tennessee. This very useful meeting allowed me to interact with regulators from many States and to hear some dynamic speakers. I have highlighted some of the issues here:

Internet Pharmacies

One issue of discussion centered on internet pharmacies, which have been a problem in many of the States. Issues of concern relate to a lack of, or falsified, veterinary/client/patient relationship.

Advertising is targeted to clients, who are encouraged to phone the internet pharmacy directly. Once the client phones, pharmacy staff should then request the name of the client’s regular veterinarian and contact that veterinarian for permission to dispense the drug. This protocol is not always followed and if it is, and the client’s veterinarian declines, the prescription is often filled anyway with that veterinarian’s name on it or, alternatively, with the name of a staff veterinarian from the Internet Pharmacy. Additionally, once the veterinarian has allowed a prescription to be filled through this pharmacy, sometimes their name will show up on other prescriptions which they have not authorized. (See page seven - Internet Pharmacies).

CAVM

Another topic of great discussion concerned Complementary and Alternative Veterinary Medicine (CAVM). One particularly interesting speaker from California attempted to demonstrate that there was no medical or scientific evidence for the use of complementary and alternative veterinary medicine. He concluded that the boards should not recognize it and should follow the pattern established by physicians, whereby they do not regulate it or accept it as practicing medicine. This point of view generated much interesting discussion!

Physician Health Program in Alabama

There was a presentation by Dr. Greg Skipper who is the Medical director of the Alabama Veterinary Professional’s Wellness Program. In Alabama, the Veterinary Regulatory Board partnered with the Physician Health Program, as we have recently done with the Ontario Medical Association. Dr. Skipper’s message to the group was that the veterinarians have fallen behind in addressing wellness concerns with their members. Physician Health Programs are strong and exist in almost every State. His message included the point that veterinary boards should not feel that they have to reinvent the wheel, but that they should seek partnership with the existing physician health program and with the advocacy group in their state. He was joined by Dr. Jeff Hall, outgoing chair of the AVMA Committee on Wellness. Dr. Jeff Hall will be one of the featured speakers at this year’s Members’ Forum (for more information see details on back cover page).

On July 18-20, I had the privilege of representing the CVO at the Provincial Registrars’ Meeting held in conjunction with the CVMA Meeting in Halifax. The following is a summary of some of the issues discussed by the registrars:

Harmonization of Licensure Categories

The registrars have committed to continue to attempt to harmonize the licensure categories amongst the provinces. As you know, a successful endeavor that harmonized the requirements for a general license amongst the provinces culminated last year in the signing of the mobility agreement. However, there are many other categories in some provinces that the registrars will attempt to harmonize.

CVRO

The group reviewed the responses from their respective councils on the formation of the Canadian Veterinary Regulatory Organization. Of all the provincial councils, only three were in favour of pursuing this. The main concerns appeared to be that it represented an extra layer of bureaucracy, and that the costs continued on next page...
Continued from page four...

would outweigh the benefits. For this reason, this issue was tabled.

Non-Veterinarian Equine Dentists

There was discussion about prosecution of non-veterinarian equine dentists. Several provinces are facing the same issues and are in the process of prosecuting non-veterinarian equine dentists for unlawful practice.

NEB

A report from the National Board of Veterinary Medical Examiners revealed that the fee for the NAVLE will increase in the fall of 2003 by $50US or $75CAD. There have been very few problems with the administration of the NAVLE to date.

Streaming and Tracking

A major topic of discussion involving the registrars’ group and those attending the Summit was education and licensing in the expanding scope of veterinary practice.

This discussion was based on a CVMA Task Force report which examined education and licensing and whether or not the present system needs to be amended. The concern was that veterinary schools are attempting to produce “one size fits all” graduates. The licensing boards are licensing general licensees and yet very few graduates become general practitioners.

Career tracking involves veterinary students selecting a particular track after the first year of veterinary education. They can then be educated in that one area until graduation, at which time they would only be eligible for a specialized license. The second option presented was that of streaming, which involves focusing on a particular area of interest following the third year of veterinary school. This would allow students to develop particular expertise in their area of interest but they would still be eligible to attempt the general NAVLE and obtain a general license.

There was also discussion around mandatory internship and any steps that could be considered to ensure that the needs of society are being met by the graduates, (i.e., are we graduating enough veterinarians to fill the need for large animal practice, research, etc.?)

Breakout groups examined specific questions which included:

1. Is there a problem with the competency of new graduates to address the existing and future needs of the very groups we serve? What is it?

2. In addressing the problems identified by the Task Force, choose your preferred solutions among the solutions provided in the report (tracking, streaming, internship or your own alternative option) and provide the major arguments for and against this choice.

The reports from the breakout groups indicated substantial support for the streaming option, some support for tracking, as well as some support for mandatory internship.

OVMA Conference January 30 - February 1, 2003

The Ontario Veterinary Medical Association is holding its annual conference and trade show at the Westin Harbour Castle Hotel in Toronto, Ontario. The conference program will feature concurrent sessions on bovine, equine, small animals, public health, practice management, and hospital personnel. There will be 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 (877) 482-5941, or email cneziol@ovma.org.
by Christine Simpson, executive assistant to the registrar

Council Meeting: Sept. 18, 2002

• Reviewed and passed the budget for 2002-03:
  - approved holding two “Road Show” meetings with the membership;
  - amended policy to reflect the decision that the vice president will no longer represent CVO at the annual CVMA and OVMA conferences;
  - President and staff will meet with Strive to complete Board Governance nine-month review;
  - passed policy that if the Reserve reduces to $750,000 Council will discuss options to increase Revenues.

• Approved proposed addition to By-law 33 (to be ratified at the AGM), (see page seven for policy).

• Approved proposed amendment to Ontario Regulation 1093 to add the requirement that “Ketamine and its Salts” be locked up and logged. This will be Council Policy until the Regulation amendment is passed.

• Approved proposed amendment to Ontario Regulation 1093 that “Targeted Substances” be added to the existing definitions and subsections of the Regulation dealing with Controlled Drugs and Narcotics. This will be Council Policy until the Regulation amendment is passed.

• Received information on T-61. This issue was tabled to permit further research.

• Received information on euthanasia methods for pound animals and agreed that Council supports a proposition by the Animals for Research Advisory Board that pound operators and employees be certified as “euthanasia technicians.”

• Amended Council policy on CVO student award to read: “The registrar will ensure that an OVC student is recognized by the CVO annually and an appropriate monetary award is given.”

• Decided on Mr. John Core as the recipient for the 2002 Annual CVO Public Award to be presented at the Annual General Meeting on Nov. 21, 2002.

• Passed policy that the president and a senior staff member of the College will attend functions and meetings to which the College is invited to send representation.

• Passed a policy to facilitate inter-meeting communication with Council and the Executive.

• Appointed Mr. Michael Johnston, Cabinet Appointed Member of Council, and Dr. Wendy Parker to serve on the Working Group to carry out monitoring requirements as set out in the Board Governance - Council Policies.

• Sunsetted the Task Force on Board Governance.

• Received information on Telepractice and directed staff to develop a comprehensive paper for future consideration by Council.

• Received a report from the registrar regarding the Ontario Association of Veterinary Technicians’ efforts to become self-regulated and directed staff to develop a comprehensive paper for future consideration by Council.

• Approved the drafting of a Regulation amendment for the Public Service Licence.

• Approved the terms of a draft Memorandum of Understanding (MOU) outlining the Professionals Health Program between the Ontario Veterinary Medical Association and the College.

• Appointed Deputy Returning Officers, Dr. Mark Gemmill and Dr. Hans Christoffersen for the elections to be held in constituencies 9 and 12 on October 8, 2002. □
Internet Pharmacies

Members have requested direction concerning clients who ask them to issue a prescription to obtain their animal’s drugs through Internet pharmacies. In some situations, members have been approached by the Internet pharmacy to sign a prescription issued by the Internet pharmacy.

Section 26 of Ontario Regulation 1093 states:

“If a member decides to treat an animal with a drug and either does not dispense it or is asked by the owner for a prescription, the member shall give a written prescription to the owner or offer to give an oral prescription to a pharmacist acceptable to the owner.”

Therefore, the member is required to comply with the request for a prescription, and must issue a written or oral prescription, in these circumstances. However, the College does have concerns about a member signing any form issued by the Internet pharmacy. The College has not yet determined whether this form of pharmacy practice is legal and/or ethical. As well, when they are based out of province, these pharmacies may be unregulated and so the veterinarian has no assurance of the quality of the drugs, etc. Therefore, members should not become involved directly with the pharmacy by signing a prescription form provided by it.

Members are advised as follows: A prescription, written in the regular way on the veterinarian’s own prescription form, can be issued to the client. The client is then free to have the prescription filled by any pharmacist that the client chooses. If an oral prescription is required, this can only be provided to a pharmacist licensed in Ontario.

Proposed By-law Amendments

To be ratified by the membership at the Annual General meeting, November 21, 2002.

The council of the College of Veterinarians of Ontario recommends the following amendment to By-law 33, to be presented to the membership for ratification at the Annual General Meeting:

33.- (9) “If a person would have been entitled to a payment for time expended under this provision but the meeting or hearing is cancelled (other than on the initiative of the person making the claim) with less than seven days notice, the person is entitled to claim the amount the person would have been able to claim if the meeting or hearing had proceeded, to a maximum of two days per occurrence.”

A by-law related to the Privacy of Personal Information Act may also be presented at the AGM.

Ketamine and its Salts

As of September 18, 2002, Council Policy requires that ketamine and its salts are maintained and dispensed similar to targeted, controlled or narcotic drugs in a veterinary practice.

This includes keeping them locked up and maintaining a dispensing log.

Council is recommending to cabinet that this policy become a regulation.
Professional Enhancement

Medical Records: Evolution and Expectations

by Ed Empringham, DVM, director of Professional Enhancement and Member Communications

In May 1999, the CVO made a very progressive decision by initiating the Professional Enhancement Program as a proactive, quality management program for veterinarians in Ontario. This program is a signal of a new era in regulation.

The initial emphasis was on medical records. This continues to be an important part of the Professional Enhancement Program, which has been expanded to include other proactive, voluntary initiatives that provide quality management tools for veterinarians.

It was interesting to read Dr. Clay Gellhaus’ column in the Alberta Veterinary Medical Association’s Members Magazine (May/June 2002). In his article, Dr. Gellhaus says:

“Records have become all important in this era of litigation. The records are the corroborating evidence of many of the investigative procedures. Good records that are written contemporaneously are of great value in the defense of an issue. Poor records offer little or no defense, and altered records reflect negatively on a member’s credibility.

“Times have changed. The day of the 5x7 card has gone the way of the dinosaur. The records that I kept in my practice years ago would not suffice in this day and age and retrospectively were probably not adequate in their day. It is easy to look back and see what I should have done. I can only let you know that the expectations today far exceed most of the practices at this time. I believe that the Practice Inspection and Practice Standards Committee will take a look at records and raise the bar when they review the bylaws of the Association. In these busy times, recording seems to be just one other time consuming nuisance, but you must document, document, document. Proper documentation will keep you out of legal trouble, and in most instances, improve the financial being of your practice.”

Dr. Gellhaus demonstrates the interest in other jurisdictions in medical records and reinforces the importance of records in documenting cases for legal purposes. There are other reasons that are very important:

- Improved patient care when there are case hand-offs to associates, referral practices, emergency practices, etc.
- Improved continuity of care in multiple practitioner practices.
- Keeping better records encourages a more thoughtful approach to a case, resulting in more complete exploration of the case.
- Improved medical records can result in improved client communications.
- AAHA has demonstrated that better records generate increased billings.
- Standardization of practitioner/client interaction within a practice.

The use of protocols and templates to maximize record value and minimize input requirements can help standardize records within a practice. Medical Record computer programs require development within the practice but allow the capability of maximizing the use of templates and protocols. However, protocols and templates can be used effectively in paper record files.

The CVO Professional Enhancement Program can provide assistance and examples in the evolution of records within your practice. You are encouraged to take advantage of this CVO member service by contacting: Dr. Ed Empringham, director of Professional Enhancement and Member Communications or Ms. Beth Ready, coordinator of Professional Enhancement and Member Communications.

“In the system of justice, Good notes will save you, Poor notes will discredit you, No notes will destroy you.”

- Posted at Mt. Sinai Hospital, Toronto (Submitted by Dr. Walter Johnson)
Professional Enhancement

Medical Record Workshops

Two Medical Record Workshops were offered in the spring of 2002 as pilot projects to test the concept and the materials. The workshops, which were held in Kitchener and Ottawa, were open to veterinarians and their staff. Both workshops were filled quickly and there is a waiting list for future workshops.

The workshops were focused on companion animal records but an effort was made to address bovine and equine concerns that were raised.

A participative presentation style was used to demonstrate common problems that have been identified by the CVO Peer Review of Medical Records Program during the first two years of operation.

Most importantly, the workshop allowed those attending to share solutions for the problems that had been identified. The input of those attending was the basis for deciding to continue with the workshops in the next year and for revising the materials.

Watch for information on workshops being held in your area.

If a regional association or individual would like to initiate a workshop, please contact:

Dr. Ed Empringham, director of Professional Enhancement and Member Communications or, Ms. Beth Ready, coordinator of Professional Enhancement and Member Communications.

Things I have noticed on 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.

Veterinarians have the professional privilege of prescribing and dispensing pharmaceuticals and biologicals within a valid veterinary/client/patient relationship (VCPR). The description of VCPR is in Ontario Regulation 1093 and is the basis that veterinarians must use to make decisions on individual cases and situations.

Food safety

In the case of food animal practitioners, veterinarians must also consider food safety in the decision process. Veterinarians are essential components of the food safety chain.

The livestock commodity organizations are initiating on-farm quality assurance programs as part of the farm-to-plate food safety chain. As an input to the farm operation, veterinarians will need to meet the quality assurance program requirements to ensure that the client meets the quality assurance program requirements.

The public has an expectation of veterinary involvement in the prudent use of pharmaceuticals in food production.

CVMA task force

The CVMA recently had an On-Farm Food Safety task force develop recommendations on the role of veterinarians in on-farm food safety programs. These recommendations have been forwarded to the CVMA National Issues Committee for consideration.

The recommendations of the task force describe the role of veterinarians in the education, training and assessment parts of the programs.

Continued on next page...
Professional Enhancement

Things I have noticed...
Continued from previous page

At a practice level, food animal practitioners are increasing their level of documentation. Some changes that I see on my travels are:

- Reports that are left on-farm to document treatments, withholding times and test requirements before shipping milk or meat. Veterinarians report that once they start this procedure, the clients expect it. This is especially true when the veterinarian may have dealt with someone other than the owner.

- Labels on dispensed bottles of product which display the dispensing practice name, contact information, and instructions to follow label directions.

- Laminated listings of commonly used products with label dosages and withholding information to be posted at the farm. It is important to only refer to label directions on this type of document, since including extra-label dosages or uses would endorse this usage. The choice of extra-label usage should be on a case-by-case basis with veterinary involvement.

- Files are being maintained which contain reference information for extra-label doses and withholding times as well as other useful drug references.

- On-farm protocols for vaccination and routine treatments. These are customized to the farm and become a reference for farm staff.

- Notations on call records when on-farm protocols are reviewed with the producer. These notations may also include the level of compliance that is observed.

- The use of a dispensing form with usage, withholding and storage information. In an ideal situation, these are signed by a veterinarian at the clinic who is aware of the client relationship with the practice.

These additional documentation steps place veterinarians in a much more secure position as health care providers. Food animal practitioners are part of the food production system and, as such, have an obligation to ensure that the input to the system is appropriate. Veterinarians have an obligation to educate and train their clients in the appropriate use of products as part of their identified role in the system.

I encourage each practice to review their own documentation and determine if they need to intensify their record keeping to ensure that sales, instructions, client education and monitoring of usage are documented.

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Aim for Excellence

The CVO Peer Review of Medical Records Program provides you with peer feedback in a voluntary, proactive environment where YOU retain control over change. This free member service program is available to all members either individually or as a practice group. Join the practices that have taken advantage of this opportunity!

For more information contact: Dr. Ed Empringham, director of Professional Enhancement and Member Communications, phone: 519-824-5600 or toll free 1-800-424-2856
The spring meeting of the National Examining Board (NEB) was held in Toronto as part of the CVMA Committee Weekend, and the summer meeting was held during the CVMA Convention in Halifax, Nova Scotia.

Reports were received regarding the NAVLE, English language proficiency requirements, the clinical proficiency examination, accreditation of various veterinary schools, NAVLE French translation, and Canadian involvement in American and international examination bodies.

**NAVLE operating well**

The NAVLE has continued to run smoothly under the leadership of Chief Examiner, Dr. Peter Fretz. Thank you to all the veterinarians who helped administer the Clinical Proficiency aspects of this important test and especially Dr. John Tait, Head Examiner at OVC.

**Bilingual offering**

French translation of the NAVLE is proving to be a long process in order to ensure accurate wording for each question.

**On site visits planned**

As part of the AVMA Council on Education Accreditation, the NEB will send representatives to visit eight to 12 veterinary schools this coming year.

**English proficiency tests**

The National Examining Board now accepts the following tests for English language proficiency: The Test of English as a Foreign Language (TOEFL), The Michigan Language Assessment Battery (MELAB), The International English Language Testing System (IELTS) and The Canadian Academic English Language (CAEL) assessment.

**International representation**

Dr. David Sandals has represented Canadian interests at the deliberation meetings of the Educational Commission for Foreign Veterinary Graduates (ECFVG), American Association of Veterinary State Boards (AAVSB) and the AVMA.

I'm sure that over the next few years I'll get all these acronyms down pat and be able to rhyme them off like a pro. I'll do my best to keep you up to date on the business of this extremely important arm of the CVMA.

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**CVO Financial Statements Available**

Audited financial statements are available upon request from the CVO after November 20, 2002.

Copies will be circulated at the Annual General Meeting on Thursday, November 21, 2002 at the Country Heritage Park, 8560 Tremaine Road, Milton, Ontario L9T 2Y3.

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**by Wendy Parker, DVM**

Membership: Dr. David Sandals, chair; Dr. Stan Rubin, Western Canada; Dr. Ed MacAulay, Maritime Provinces; Dr. Sylvie Latour, OMVQ; Ms. Susan Hodgson, public interest representative; Dr. Wendy Parker, CVO Representative and Mr. Maxwell Hollins, NEB director for the CVMA.

As a novice member of this board, I have attended two meetings and learned much about the National Exam Board’s tremendous scope and activity.

As chair, Dr. David Sandals has provided innovative and capable leadership during the development of the North American Veterinary Licensing Examination (NAVLE). He will be stepping down this fall and his knowledge, expertise, commitment and leadership will be missed. Thank you, David, for an extremely difficult job, well done.

The spring meeting of the National Examining Board (NEB) was held during the CVMA Convention in Halifax, Nova Scotia.
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.

Brown, Ellen Margaret (OVC 1951) - Dr. Brown passed away May 8, 2002. Dr. Brown was a small animal practitioner in Willowdale and Markham for many years until the mid 1990's. She is survived by her daughter, Kathie, and her sister Louise.

Chan, Aaron (Ronny) (WCVM 1975) - Dr. Chan passed away June 15, 2002. He owned the East Side Animal Clinic and Academy Mobile Veterinary Services in Windsor, Ontario. Dr. Chan enjoyed fishing, cooking and Tai Chi. He is survived by his wife, Christine, and his son Justin.

Spracklin, Roy Winston (OVC 1952) - Dr. Spracklin passed away May 19, 2002. He served with the Royal Canadian Air Force during the Second World War and became a technician in airborne radar, serving in the U.K. in 1942 and 1943. Upon completion of his military service, he entered the Ontario Veterinary College. After graduation, he joined the Hamilton District Cattle Breeders. In 1963, Dr. Spracklin joined the federal government as a meat inspector. He relocated four years later to Paisley, Ontario. Dr. Spracklin held Emeritus Status with the CVO. He is survived by his wife, Margaret, son Robert, daughter Elizabeth, and two grandchildren, Ryan and Erica.

Child, Graham Robert (OVC 1982) - Dr. Child passed away August 4, 2002. Dr. Child had been working in the Ottawa area for several years. Prior to that, he practiced in Timmins, Ontario. He is survived by his four children, Christianne, Jackie, Matthew and Sarah.

Wilson, Robert Ian (OVC 1962) - Dr. Wilson passed away August 10, 2002. Dr. Wilson owned the Matthews Animal Hospital in London, Ontario and formerly worked in Sarnia and Cambridge. Dr. Wilson was a CVO councillor in the late 80's and early 90's. He is survived by his wife, Pat, two sons Rob and Bruce, and three grandchildren, Alyssa, Brett and Matthew.

Update, the official publication of the College of Veterinarians of Ontario, is the principal 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.

The deadline for the Winter 2003 edition of Update is December 16, 2002. Send in your submissions c/o CVO, managing editor, 2106 Gordon Street, Guelph, Ontario N1L 1G6

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New Bill will have Major Impact on Veterinarians

By Richard Steinecke, CVO legal counsel

Set to be introduced this fall and the subject of intensive consultation for many years now, the Privacy of Personal Information Act will have a major impact on veterinarians.

Most recently, on February 4, 2002, the Ministry of Consumer and Business Services (MCBS) posted the draft Privacy of Personal Information Act on its website for consultation purposes. It can be located at the following address: http://www.cbs.gov.on.ca/mcbs/english/56Y2UJ.htm.

The government has received over 400 submissions on the proposed Bill and has indicated it will make major revisions to it before introduction. This Bill follows the federal Personal Information Protection and Electronic Documents Act, which establishes a model for privacy protection.

The Act will provide comprehensive rules about how and when veterinarians can collect, use and disclose personal information. This will include information about employees (e.g., home address, work experience, social insurance number) and clients (e.g., information for billing purposes). Information about a client’s pet or animal will probably constitute personal information in respect of the client and will likely be protected.

The most fundamental rule in the Act is that individuals must usually consent to the collection, use and disclosure of all personal information about themselves and their pets. Just like veterinarians need consent to assess or treat a patient, they will need consent to collect, use or disclose information about their clients. Like any other consent, it must:

- relate to the information,
- be informed,
- be given voluntarily - not by deception or coercion.

Informed consent means that the client must:

- understand the nature and consequences of giving the consent (e.g., that details of their pet’s treatment will be provided to their pet insurance plan),
- understand that consent can be withdrawn,
- have the information that a reasonable person would expect to have in the circumstances (e.g., what other practitioners will normally have access to the information).

It is unclear as to precisely how consent relating to personal information can be obtained. In addition to express consent, it might be possible to obtain consent by implication (e.g., asking the client for the information in circumstances where it is clear that it is related to the treatment of the animal). Passing out a leaflet explaining the office’s privacy policies may be sufficient.

Veterinarians are urged to review how the legislation will address this issue.

Continued on next page..
Privacy of Personal Information Act

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Where a client is incapable of consenting (i.e., they do not understand the nature of the information or they do not appreciate reasonably foreseeable consequences of consent) then a substitute must be obtained. The rules for substitutes for information purposes are almost identical to those for substitutes for consent to treatment.

Once consent is obtained, the information can only be used for the purpose for which it was collected. Thus, if a veterinarian obtained the address and telephone number of a client solely for clinical and billing purposes, the veterinarian could not sell that information to a pet insurance company.

When it is not required
There will be some circumstances in which consent will not be required. For example, there will be some circumstances where the collection of information is reasonably necessary for treatment even if the client is not available to consent (e.g., in an emergency situation). Another example might be collecting information about the possible owner of a stray animal (again, check the legislation when it is introduced).

Disclosure without consent will likely be permitted to the College, where there is a substantial risk of serious bodily harm to an identifiable individual or group, to comply with a summons or legal order, in a legal proceeding, or where authorized by law.

Veterinarians will have a number of obligations for maintaining personal information. For example, they must take reasonable steps to ensure that the information is accurate and take reasonable security measures.

“Reasonableness” will likely be clarified in regulations or in guidelines published by the government after the Act is passed. Presumably those standards will be similar to the practices the profession currently follows.

“...Veterinarians will have to develop written policies and procedures about their safeguards for securing information...”

Client access to records
Generally clients will have the right to access their information in the veterinarian’s hands. This access can only be denied if there is a risk of harm to the client or another person, if there is an ongoing fraud investigation respecting the client, the access will interfere with a legal proceeding or another law prohibits disclosure (again, check the legislation for the final list of exceptions).

There will be detailed rules about the access procedure including what fees can be charged, the need to notify any affected third parties, explaining abbreviations and technical terms, and providing the information in an alternative format for a disabled requester.

Corrections to records
If a client believes that there is a factual error in the record, he or she will likely be able to request an amendment of the record. The same will probably be true in respect of personnel files kept by veterinarians in respect of their employees.

The veterinarian must consider the request and either agree to make it or include a statement of disagreement from the client in the file. Given the need to be accountable to the College and others, any correction should be made in such a way as to permit the reader to see the original entry.

A copy of any correction or statement of disagreement must be sent to anyone who was given the record in the past year. If there is a disagreement, the client can continued on next page...
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complain to the Information and Privacy Commissioner who can investigate and require a correction.

Compliance investigations

The Information and Privacy Commissioner is a government official who oversees compliance with legislation.

The Commissioner can investigate complaints about information practices, review a breach of the Act, support resolution or authorize mediation of a complaint, make recommendations to veterinarians about their information practices, and order compliance with the Act (which can lead to civil liability on the part of the veterinarian).

Possible orders by a Commissioner include the following:

- stop the collection, use or disclosure of personal information,
- dispose of a record,
- change, stop or start a practice,
- implement an information practice,
- grant access to information to a client or employee,
- correct erroneous information and,
- provide a copy of an order to the College.

What should you do?

As a result of these developments, veterinarians should begin to consider the following measures:

- Establish written policies and procedures respecting its information practices.
- Designate a staff person to oversee procedures and to handle complaints.
- Develop a use and disclosure consent form.
- Have a process for client access to charts.
- Create a process for dealing with requests to amend a chart.

Watch for the final Bill. The College will keep the profession advised of significant developments.

Returning to the scenario of the co-chair of the soccer league, under Privacy of Personal Information Act, the client would have a legitimate complaint because the personal information was collected for clinical and billing purposes only.

A further consent would be needed to use it for the purposes of the soccer league. It makes no difference if the veterinarian called personally (the only possible exception being if the phone call is confined to asking for consent to release the phone number to the soccer league).

The CVO and other self-regulated organizations (SROs) participated in a coalition to lobby the government to exempt SROs from the PPIA. This lobby was successful and has resulted in the requirement for an amendment to the Veterinarians Act and By-laws.

Task Force on Delegated Acts and Informed Consent

On August 7, 2002, the Task Force on Delegated Acts and Informed Consent reconvened to consider issues relating to food animal and equine practice.

This phase of the Task Force is chaired by Dr. Mark Spiegle, CVO's vice president.

Task Force members include:

Ms. Nancy Aitchison, OAVT
Dr. Ken Bridge, OVMA
Mr. Stewart Cressman, CVO
Dr. Ed Doering, CVO
Dr. Clarice Lulai, OABP
Dr. Martin Misener, OASP
Dr. Irene Moore, AVTE

Dr. Steve Stewart, CVO
Dr. Robert Stone, former task force member

The Task Force will study all issues relating to the use of auxiliaries in food animal and equine practice. The second meeting was held on September 17, 2002.
Rabies Control Programs in Ontario in 2002

The Rabies Research and Development Unit (RRDU), Ontario Ministry of Natural Resources is a world leader in the control of rabies in wildlife. RRDU has been involved with research of wildlife rabies vectors since the early 1970's in association with international (American, Asian, and European) workers.

RRDU has co-operated with several U.S. states and one Canadian province in the design and implementation of rabies control programs. These include New Hampshire, New York, Ohio, Quebec, Texas and Vermont. RRDU staff and OMNR aircraft have been directly involved with these aerial baiting campaigns since 1995.

RRDU has been contracted for the aerial distribution of baits in Texas to control rabies in coyotes and gray foxes. The United States Department of Agriculture has also contracted RRDU to control raccoon rabies in Ohio, Pennsylvania, Virginia, West Virginia, and Tennessee.

Within Ontario, the Rabies Unit implements several tactics to control the spread of arctic fox strain and raccoon strain of rabies in Ontario. These methods include: Evelyn-Rokitniki-Abelseth (ERA) aerial baiting, Vaccinia Rabies Glycoprotein (VRG) aerial baiting, hand baiting, Trap-Vaccinate-Release (TVR), and Point Infection Control (PIC). Each method is specifically designed to help control the spread of rabies.

Since aerial baiting first began in 1989, the arctic fox strain of rabies has been successfully eliminated from regions of Ontario. As of June 30, 2002 there have only been 76 cases of arctic strain of rabies confirmed in all of Ontario. This compares with 1,001 confirmed cases in the first six months of 1989 (just prior to the initial vaccine drop).

To continue with the elimination of this strain of rabies from Ontario, approximately 800,000 baits containing ERA-BHK-21 rabies vaccine will be distributed in portions of southwestern, southcentral, and northern Ontario. ERA-BHK-21 vaccine is only effective in immunizing foxes against rabies.

These drops are scheduled to begin on September 16, 2002 and will continue for approximately seven to ten days. The baits will be distributed at a density of 20 baits/km2 using parallel flight transect lines spaced 2 km apart. In August 2002, approximately 650,000 baits containing VRG rabies vaccines were distributed in eastern Ontario. VRG vaccine immunizes both foxes and raccoons against rabies.

The baits were distributed using a flight line spacing of 0.75 km. Most baits were distributed at a density of 75 baits/km2 but two experimental plots were baited at 150 baits/km2. The experimental plots were designed to compare the efficacy of coated sachet baits with Ontario slim baits.

The ‘green spaces’ within Ottawa, Kingston, Brockville, and Cornwall will be hand-baited with VRG baits. The high population of raccoons within urban areas makes it important for these areas to be baited.

However, aerial distribution is not feasible for urban areas. Hand baiting began in August and will be completed in October. The ‘green spaces’ of Sudbury and Copper Cliff will be hand-baited with ERA baits due to the incidence of rabid foxes within these urban areas.

Since the first case of raccoon strain of rabies was identified near Brockville in July 1999, there have been only 101 confirmed cases in Ontario. Most of these have been restricted to Leeds-Grenville county. States such as New York, which did not immediately implement rabies control programs,

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had over 3,000 cases during the first three years. As of September 10, there have only been six cases of raccoon strain rabies in Ontario in 2002.

Prior to the incursion of raccoon strain of rabies, the Rabies Research and Development Unit had implemented TVR programs in border areas along the St. Lawrence River and in the Niagara region.

During TVR, animals are live trapped, ear-tagged, vaccinated and released at the point of capture. Trapping continues in each area until a minimum of 60% of the population has been vaccinated.

The other strategy used to combat raccoon rabies is the PIC program which is utilized on a case-by-case basis. If raccoon rabies is discovered in an area outside of its current locale, animals within a five kilometre radius of the case are live trapped and humanely euthanized.

In an urban area, this distance is reduced to two kilometres. An additional five kilometre radius is designated as a TVR zone and all racines vector species captured within this zone are vaccinated, ear-tagged, and released. The last PIC program ended in May 2002 and surrounded a case near Smiths Falls.

For further information on rabies control programs, visit http://www.mnr.gov.on.ca/MNR/rabies or contact Beverly Stevenson at 705-755-2272 or email: beverly.stevenson@mnr.gov.on.ca.

INFO SHEETS

Included with this edition of UPDATE are two examples of INFO SHEET, a new communication tool of CVO. INFO SHEETs are designed to provide members and the public with information about the governance of veterinarians in Ontario, and practice parameters and standards that should be considered by all Ontario veterinarians in the care of their patients, dealings with their clients and the welfare of their staff.

Much of the information used in INFO SHEET has been available in policy documents or was previously prepared for specific purposes. The transfer of this information to an INFO SHEET will ensure that this useful information is available to all members and the public, in a user friendly format.

The development of INFO SHEET is part of a broader communication strategy that will provide members and the public with easier access to information. The implementation of the overall strategy will begin in the next year and includes a redesign of UPDATE, creation of INFO SHEETs, a redesigned web site, the development of an Annual Report, Medical Record Workshops and increased member accessibility through regional meetings.

A number of topics have been identified for development into INFO SHEETs. As these are produced, a listing will be provided in UPDATE. INFO SHEETs are posted on the CVO web site (www.cvo.org) in pdf format for easy downloading. For those who are not able or do not wish to access these on the web site, they will be faxed or mailed.

There will not be an inventory of INFO SHEETs kept by the CVO, but the electronic version will be maintained. This will allow for easy updating and will assure ongoing accuracy of the information provided.

Members and the public are invited to provide suggestions on INFO SHEET topics by contacting: Beth Ready bready@cvo.org, coordinator of Professional Enhancement and Member Communications.
Complaints Case

When your prognosis misses the mark

by Deji Odetoayinbo, DVM
chair, Complaints Committee

At some time in his or her career, every veterinarian has been asked to predict the probability of success of a proposed therapy. Many clinicians respond with an opinion expressed in mathematical terms. This sort of response may be regarded as an efficient means of distilling a large number of complex factors into the swift, specific and simple terms that a client may readily incorporate into his decision-making processes. In most cases the prognosis is ventured rationally, and realistically received.

Problems sometimes arise when the outcome of the procedure dramatically differs from that which the client believed that the veterinarian guaranteed.

Occasionally, as in this featured case, a veterinarian ends up facing a complaint from a client who interpreted an optimistic prognostication as a concrete promise of success.

Mr. Owner presented Betsy, a 16-year-old, spayed female German Shepherd to Dr. X of ABC Veterinary Hospital for the examination of a huge (20cm) mass on Betsy’s chest area.

Dr. X performed a physical examination, thoracic radiographs, blood and urine analyses and a microscopic study of a fine needle aspirate of the mass.

Based on the results of her assessments and the likelihood of continued growth of the mass, Dr. X recommended its surgical removal. Mr. Owner expressed his uneasiness about the administration of a general anaesthetic to a dog of such advanced age. He sought reassurance as to the outcome of the procedure. After Dr. X estimated that Betsy had about a “97% chance” of surviving the operation, he gave his consent.

Towards the end of the operation, Betsy became abruptly dyspnoeic and in spite of Dr. X’s resuscitative efforts, she died without recovering from the anaesthetic.

Mr. Owner subsequently filed a complaint against Dr. X identifying the following issues;

1. Dr. X took advantage of Mr. Owner’s anxiety and gave him false hope by urging him to proceed with the surgical removal of Betsy’s tumour. Because of her assurance, Mr. Owner was led to believe that Betsy was a good candidate for surgery and that she had a “...97% chance of surviving it...” Betsy, however, did not survive the surgery.

2. Dr. X failed to provide Mr. Owner with other options available to him such as euthanizing Betsy. Instead, Dr. X pushed for the surgery for financial gain and for the surgical experience.

In addition to the submission and response from the complainant and veterinarian, the Complaints Committee reviewed submissions from Mr. Owner’s son and daughter who corroborated his claim that “Dr. X said that Betsy was a good candidate.” The son remembered that “Dr. X made a reference that there would be better than a 90% chance that this surgery would be successful...” while the daughter recalled that Dr. X had informed her that “the only risk stated was a less than 5% chance that Betsy wouldn’t survive the operation...”

While Dr. X confirmed that she had recommended the surgery, she did not recall “...categorising the risks associated with anaesthesia or surgery on a percentage basis.”

The committee’s review of Betsy’s medical records confirmed that:

1. Neither Betsy’s history nor her recent physical examination provided any findings which would have contraindicated Dr. X’s recommendation that the surgery should have been performed.

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2. The values derived from her blood and urine tests were all within the reference ranges for a normal animal.

3. Her thoracic radiographs revealed no abnormalities.

4. The fine needle aspirate from the mass yielded cells which were indistinguishable from normal adipose tissue thereby supporting Dr. X’s tentative diagnosis of a benign lipomatous tumour.

5. The anaesthetic protocol and surgical technique were acceptable.

Based on the above, the committee concluded that any optimism ventured by Dr. X was justifiable, and that there were no facts available in the medical records which could have been used to predict the outcome.

The committee concluded that Dr. X’s conduct met the standards expected of veterinarians in Ontario and decided to take no further action on the complaint.

Discussion:

Like a significant proportion of those seen by the committee, this case arose from differences in understanding between veterinarian and client. The committee concluded that the veterinarian’s intent was to condense a comprehensive evaluation of the patient into a straightforward statistical term which her clients could readily appreciate. Her opinion appeared to be well-reasoned and evidence-based, and her surgical consent form contained a statement alerting the client to the possibility of death anytime a general anaesthetic is induced.

The clients appeared to listen carefully to her and signed the form consenting to surgery on the understanding that she had issued them a virtual guarantee that their pet would survive the surgery.

The Regulations under the Veterinarians Act define professional misconduct as:

"Guaranteeing a cure, or making a statement which a client would reasonably understand as a guarantee of a cure."

"...Listen carefully for assurances that you have been understood, and welcome further questions to clarify any ambiguity..."

The argument can be made that a veterinarian cannot be accused of "guaranteeing a cure" unless he or she informs a client that the probability of success is not less than 100%. In some circumstances, that argument is clear and sound.

It is wise to employ a little more circumspection when venturing prognoses to anxious clients requesting guidance about higher-risk procedures.

Encourage the client to understand that even as you try to provide them with simple numbered odds, the very nature of medical interventions prevents you from predicting the outcome with any sort of arithmetical certainty.

Listen carefully for assurances that you have been understood, and welcome further questions to clarify any ambiguity. Where the treatment is not urgent, it is mutually beneficial to suggest that the client make the decision after they have taken time to consider all the information - including your prognostications - in the privacy of their homes.

Document all communications with the client. Word your consent forms with care; the ideal consent form will disclose information of a general nature (like the possibility of death with any anaesthetic) and information specific to the proposed procedure, and will avoid any statements which may be reasonably interpreted as containing a guarantee.

These recommendations may add a few minutes to your workday, and these are minutes for which you are not directly remunerated but, overall, your peace of mind is disturbed far less than when you have to engage a client who heard what you did not think you said.

Some details of the featured case have been edited for brevity, clarity and to ensure anonymity. □
Open Forum - You Answered

Editor's note: The following are responses to the "Open Forum" case featured on page 23 of the Spring 2002 issue. This column is intended as an open forum for the exchange of ideas and individual opinions. They may not necessarily reflect the policies of the CVO.

Response #1
Comments by the Complaints Committee chair:
Every letter of complaint is assigned a case number and specific issues are identified. The case is then assigned to a member of the committee who is charged with the responsibility of ensuring that the committee is fully equipped with all the information it requires to make an informed and reasonable decision on each issue.

The committee member commences with an exhaustive review of the submissions of the complainant, the responding veterinarian(s) and any third parties. These submissions may be all that the committee requires to render a decision. Frequently, the committee member needs to garner further information by speaking directly with the submitting parties, performing a review of the scientific literature or obtaining an expert opinion.

The information compiled from the committee member's investigation is presented to the entire committee at its next meeting. A motion for a decision is moved followed by an in-depth discussion and a vote.

Case Preparation
The committee member to whom the featured case is assigned would analyze it in the following manner;

- What are the facts? Complaints Committee decisions rely heavily on verifiable facts. The investigating member would go to great lengths to extract whatever facts may support the allegation that the veterinarian deliberately concealed the severity of the condition of the cat from the complainant. Such verification can be difficult in the presence of strongly contradictory submissions from parties neither of which can be independently corroborated.

- Did the veterinarian meet the standard of professional care? While the outcome of a procedure is given due attention, the committee would attempt in this case to determine whether the veterinarian demonstrated a reasonable level of skill and care while performing the intubation, administering the barium and treating the cat after the mishap occurred. The committee might ask the veterinarian what steps he took to confirm the location of the tube, what volume of barium was used and what his response was when it became clear that the barium had ended up where he had not planned it to go.

- The Regulations under the Veterinarians Act define professional misconduct in detail. In the featured case, regarding the complainant's third allegation, the veterinarian's conduct would appear to be in direct contravention of that section of the Regulations which requires a veterinarian to dispose of an animal in accordance with the client's instructions.

Decision
The committee's decision on each issue is delivered in a letter addressed to the complainant(s) and the veterinarian(s). The Veterinarians Act permits the Complaints Committee to render any of the following decisions;

(1) The case may be referred to the Discipline Committee or to the registrar.
(2) The Complaints Committee is satisfied that the veterinarian met the standards required of veterinarians in Ontario and therefore, no further action will be taken on the issue.
(3) The committee has some concerns with the conduct of the veterinarian. These concerns are not serious enough to warrant a referral to the Discipline Committee but some appropriate action is warranted. This action most often takes the form of written advice, oral advice or an invitation to participate in an Undertaking. In the typical Undertaking, the member consents to remedial exercises like periodic medical record reviews, mandatory attendance at continuing education sessions or the submission of a scientific article of acceptable quality.
(4) A complaint may be regarded as frivolous, vexatious or an abuse of process. The complainants are then informed that the committee will decline to hear the case unless they demonstrate within 30 days that there are other sufficient reasons why the complaint should be processed.

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In the featured case, if it was determined that the veterinarian had flushed the tube with saline prior to the instillation of barium, notwithstanding the case’s unfortunate outcome, the committee would likely have found no fault with the veterinarian with respect to the first allegation.

If the investigation confirmed that the veterinarian had concealed the cat’s condition from its owner, the veterinarian would probably be given written advice spelling out the committee’s concerns with his conduct.

The veterinarian’s explanation for overriding the client’s instructions regarding the autopsy would be given careful consideration. Since this issue alleges misconduct, which is specifically defined in the legislation, the veterinarian would have to provide compelling reasons for his actions. For example, performing this post mortem in defiance of the client’s wishes may have been acceptable if the veterinarian had been compelled to do so by a court order. In the absence of reasonable explanations, the featured veterinarian may be required to appear before the committee to receive oral advice outlining, in detail, the committee’s concerns with his conduct.

With the exception of the committee’s decisions to refer to the Discipline Committee or the registrar, the complainant or veterinarian may appeal the decision to the Health Professions Appeal and Review Board (HPARB). HPARB is an independent tribunal which reviews the decisions of the Complaints Committees of the province’s regulated health professions. The board determines the adequacy of the committee’s investigations and the reasonableness of its decisions and may confirm the committee’s decision, return the case for the committee’s reconsideration or refer it to the Discipline Committee.

Response #2
A response was received from Dr. Gerald Seltzer which has been edited to fit space restrictions in Open Forum:

Questions/Contentions/Descriptions:
1. The presentation of facts in this generalized case doesn’t provide enough detail to accurately assess the situation. For example, the phrase “lungs and airways” does not describe which lobes were involved.

2. If a “large quantity of barium ended up in George’s lungs and airways”, it seems to me George would likely have presented dead of hypo-oxygenation/asphyxiation.

3. Did the emergency veterinarian choose alveolar lavage heroically attempting to save a life, on the basis of “damned if you do and damned if you don’t?” or ignorance or naivete? I have been unable to find support for alveolar lavage in this instance.

Allegation #1 Re: Placement of the tube:
- Definitely a shortcoming worthy of admonishment, notwithstanding the nature of George (nasty).
- Cross-checking placement in some peer accepted way is the responsibility of the professional and a valid client expectation.

Allegation #2 Re: true state of health deliberately concealed:
- I would be inclined to accept Vet 1’s report/interpretation; therefore, this being the case, I would deny allegation 2 and find for Vet 1.

Allegation #3 Re: postmortem without consent:
- Findings here would hinge on several terms and issues:
  - “pending” - what would be a reasonable time for an owner to respond with a decision.
  - “attorney” - what was to be addressed?
- Assuming the client sought legal advice re: his concerns generally, it would be highly likely both the attorney and the client would agree to an independent postmortem, so Vet 1 must be seen to be in compliance with client wishes in that he/she acquired the most independent of autopsies available to the public. I do not believe this is in contravention of the regulations vis-a-vis client wishes.
  - Dismiss allegation 3.

Finally, I find most of my colleagues and peers very passionate about supplying first class veterinary medicine to the public in a skilled and appropriate manner, and thereby meet public expectations and collegial demand.

Gerald Seltzer, DVM
London, Ontario

Fall 2002
2003 Licence Renewal Reminder

by Karen Gamble
registration coordinator

Annual Licence Renewal and Invoice Forms

- Licence fees are due on or before November 30, 2002.
- Late payment penalties of ($100 plus $7 GST) will be assessed on returns postmarked after November 30.
- Please remember to complete the Annual Information Form and return it with your payment.
- If you do not receive your renewal by the end of October, please contact the CVO office and another form will be sent.

Changes to Licence Status or Type

If you do not wish to renew your licence, please contact the CVO office for a Resignation form or Emeritus Status form. Your licence will ultimately be terminated for non payment of fees unless you take steps to have your file closed.

If you wish to change your licence status or type of licence (category), or have other concerns regarding licence renewal, please contact Karen Gamble, registration coordinator, for guidance. (519-824-5600 or 800-424-2856)

Payment

Payment can be made by Visa, MasterCard, debit, cheque, money order or cash. Please fill out the appropriate credit card information on the back of the Annual Licence Renewal form if you wish to pay by Visa or MasterCard.

Directory Address

- The red box on the lower right front page of the Annual Information Form requests your choice of address to appear in the CVO Directory. Please be aware that the address, phone number and e-mail address you choose to appear in the CVO Directory is public information.
- The CVO Directory also appears on the CVO Web Site and will be as current as the member database. If you do not wish your information to appear on the CVO Web Site, please check off the appropriate red box on the Annual Information Form, or contact the CVO office directly.

Social Insurance Numbers

A field has been added for SIN’s. The purpose of this request is to establish a means of unique identification for each veterinarian.

Most Canadian provinces are members of the American Association of Veterinary State Boards’ Discipline Database. This confidential database tracks the jurisdictions in which each veterinarian has been licensed and if a disciplinary finding has been reported by any jurisdiction.

When a new discipline finding is reported to the Discipline Database, they advise all licensing bodies where the subject veterinarian has been licensed that a finding has been reported, and it is then up to the licensing body to contact the appropriate jurisdiction for details.

There are many duplicate names in the large number of veterinarians that have been or are currently licensed in the United States and Canada. This name duplication can present identification problems when compiling licensing data, particularly when a veterinarian is flagged with a disciplinary finding.

Social Insurance Numbers and Social Security Numbers are the only identification unique to each person and the Discipline Database has requested that we include them with the regular data transfers. This request is not mandatory, but your cooperation in providing this information is appreciated.

Are you interested in serving?

A question has been added to the Annual Renewal Form asking members to indicate if they are interested in serving on the Complaints, Accreditation, or Registration committees. The information will be retained for future needs.

Change of Address Reminder

Please inform the CVO of any changes to your employment or home address as soon as they occur during the year.
Dr. Warren Staples  *(London, Ontario)*

On April 29, 2002 the Discipline Committee met to hear and consider allegations of professional misconduct against Dr. Warren Staples.

A plea of guilty was entered on behalf of Dr. Staples to the following allegations:

- That Dr. Staples fell below the standard of practice when performing the debarking surgery on Chelsea by perforating the trachea which likely occurred because he performed the procedure on an inadequately anaesthetized patient thereby engaging in professional misconduct as defined by paragraph 2 (failing to maintain the standard of practice of the profession) subsection 17.- (1) of Regulation 1093.
- Dr. Staples failed to treat Chelsea appropriately when she developed complications from the debarking surgery thereby also engaging in professional misconduct as defined by paragraph 2 (failing to maintain the standard of practice of the profession) subsection 17.- (1) of Regulation 1093.

**Decision:**

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

- That Dr. Staples be reprimanded.
- That Dr. Staples shall pay a fine in the amount of $3,500.00.
- That Dr. Staples' licence to practice veterinary medicine shall be suspended for a period of three months, two months of which shall be suspended if the last day upon which he serves the suspension he completes, to the satisfaction of the registrar, a paper on debarking surgery.
- That the decision and reasons are to be recorded in the register and published in a publication of the College and will include Dr. Staples' name.

Dr. Richard Honeysett  *(North Bay, Ontario)*

On April 29, 2002, the Discipline Committee convened to hear allegations against Dr. Richard Honeysett.

Prior to the commencement of the hearing, the committee was advised that Dr. Honeysett intended to resign from the College. In view of Dr. Honeysett's resignation, the committee agreed to adjourn the hearing indefinitely. The committee, however, ruled that this matter be published to include Dr. Honeysett's name and the allegations made against him which included:

- incorrect diagnosis and insurance claims,
- charges for services never performed,
- failure to keep, and falsification of, medical records, and
- unacceptable diagnostic and treatment errors.

**Closing Your Facility?**

*by Louise Hamilton, accreditation coordinator*

If you have closed your veterinary facility or are planning to, please notify the CVO office. A closure form will be mailed to you and must be signed and returned to the CVO office in order that we may close the accreditation file and remove it from our computer listings.

The following steps should be followed when closing your facility:

1. Notify your clients in writing that you are closing and advise them where/how they can obtain their medical records. The medical records must be kept for a period of two years from the date that a member ceases to practice. If the client records are sold/given to another veterinarian, then that veterinarian must keep the medical records for a period of five years from the date of the last entry.
2. Put a message on the phone for a reasonable time following the closure of the facility directing the clients to where they can obtain the records.
3. Put a sign on the facility directing the clients to where they can obtain the records.
4. Notify the CVO, who will send you a closure form to be completed and returned to the CVO office in order that your accreditation file can be closed.
Upcoming Meeting

Members' Forum

This year's Members' Forum (formerly the Annual Presidents' Institute) will be held on THURSDAY, NOVEMBER 21st at the COUNTRY HERITAGE PARK (formerly the Ontario Agricultural Museum), 8560 Tremaine Road, Milton, Ontario from 9:30 a.m. (registration) to 2:30 p.m. Lunch will be provided at 12:00 p.m. LUNCH AND REGISTRATION ARE FREE. The Annual General Meeting will follow at 2:45 p.m., registration at 2:30 p.m.

The topic at the Members' Forum will be "Introduction to the Professionals Health Program." This is a new cooperative initiative of the Ontario Veterinary Medical Association and the College of Veterinarians of Ontario. Our guest speakers will include:

- Dr. Graeme Cunningham, director, Addiction Division Homewood Health Centre Inc.
- Dr. Jeff Hall, outgoing chair, AVMA Committee on Wellness
- Dr. Michael Kaufmann, medical director, Physician Health Program of the Ontario Medical Association

Any members who would like to attend the meeting can fill in the information requested below and fax it back to the CVO or email bready@cvo.org. This will confirm your attendance at the meeting.

Directions to Country Heritage Park:
* From Highway 401 take exit 312 or 320 north and follow signs to the Park
* From Q.E.W. take Highway 25 north to Milton and follow signs to the Park

MEMBERS' FORUM REGISTRATION

Name: __________________________________________

Clinic/Address: __________________________________________

If you are a representative of a regional or species veterinary association please include the name of your organization below:

________________________________________________________

Fax: 519-824-6497    Toll free fax: 1-888-662-9479   Email: bready@cvo.org