New President’s Address

by Mark Spiegle, DVM
CVO President

I look forward to my upcoming year as president of the CVO with great anticipation, but it also gives me pause to reflect. I consider myself to be fortunate that my grandparents and great grandparents had the courage, wisdom and foresight to abandon their homeland in the face of persecution, to establish roots in Canada, a country of great democracy, but a land totally unknown to them. I am lucky that my parents encouraged their children to follow their dreams and supported them even when the thought of being an “animal doctor” was so distant to their upbringing.

As veterinarians in the province of Ontario, we are all lucky. We should appreciate the fact that we can enjoy the fruits of a successful career while helping others in so many ways. Ontario veterinarians are fortunate to have strong representation. The OVMA, thanks to its diligent, hardworking volunteers and staff, truly represents our collective will and has helped us achieve the lifestyles that we now take for granted.

Regulation of our profession is an absolute necessity. No one, neither veterinarian nor member of the public, would like to see unregulated veterinary medicine, where unqualified people can claim to be veterinarians; where the standards of veterinary medicine are not monitored; and where the professionalism of so many dedicated, ethical and hardworking people is overshadowed by the selfishness of so very few. This is not the case in Ontario because of the ability of CVO to do its job so well, protecting the public. In many situations, this serves to enhance the profession at the same time.

I am proud to be a part of this process and look forward to serving as president of the College of Veterinarians of Ontario.
Introducing Your CVO Councillors

This is the first installment of a new series featuring profiles of CVO councillors.

Dr. James Clark - Constituency #9

Dr. James Clark was born in Cobourg, Ontario. He received a B.Sc. (Agr) in 1977 and his DVM in 1981 from the University of Guelph. Dr. Clark practiced in a mixed animal practice in Simcoe, Ontario from 1981 until September 1982, and joined Agriculture Canada in Woodstock, Ontario in October 1982. In April 1990, he accepted a promotion as a project officer in the Animal Health Program of Agriculture and Agri-Food Canada in the Ontario Area Office in Toronto, which is now located in Guelph. Currently, he is chief of the Animal Health and Production Program of the Canadian Food Inspection Agency, and supervises policy development and the delivery of the Animal Health, Feed and Hatchery Programs for the agency in Ontario. Dr. Clark and his wife Patricia reside in Woodstock, Ontario. They have three children, Matthew (12), Drew (10) and Megan (8).

This is Dr. Clark's first year on council. He will serve as a member on the Discipline Committee.

Dr. Mark Spiegle - Constituency #10

Dr. Spiegle received his B.Sc. from York University in 1972 and graduated from OVC in 1976. He returned to OVC to do an internship in small animal surgery and remained there for a few years as a part-time surgical instructor.

He has since owned and operated various small animal practices in Toronto. He is now a partner in three small animal practices in mid-town Toronto.

Dr. Spiegle is a past president of the Toronto Academy of Veterinary Medicine, former editor of the "Practitioner's Corner" of the Canadian Veterinary Journal, and past chair of the Humane Practices Committee for the OVMA.

This is Dr. Spiegle's fourth year on council. He will serve as the CVO president and as chair of the Executive Committee.
John Core Receives CVO Public Award

The CVO council is pleased to announce that the 2002 recipient of the CVO Public Award is Mr. John Core. The CVO Public Award was established in 1999 to honour a non-veterinarian who has made a significant contribution to animal husbandry, animal care, and/or the veterinary profession in the course of his or her career. The award was presented on November 20, 2002 by CVO president, Dr. Mark Spiegle.

Mr. Core graduated from OAC, University of Guelph with a B.Sc. (Agr.) in 1970 and a M.Sc. in 1972. He is currently chair of the Canadian Dairy Commission after retiring as chair of the Dairy Farmers of Ontario (DFO) and president of the Dairy Farmers of Canada in January of 2001. He served on the board of DFO for 20 years, 11 of which he presided as its chair. Mr. Core and his brothers also operated a dairy farm, now a cash crop farm, in Lambton County.

The award included a cheque for $1,000 which Mr. Core generously donated to Developing Countries Farm Radio Network.

Two New CVO Public Members Appointed

The CVO welcomes two new public members, Mr. Paul Tripp and Mr. Doug Walper.

Mr. Paul Tripp is from Trenton, Ontario. He has 46 years wholesale distribution experience, spent 10 years on the board of directors of a buying group, and 10 years as director of a national trade association. Mr. Tripp was president of a national trade association in 1975, president of a distributing company in 1985, and corporate secretary of a buying group in 1983. In addition to serving as a public member on council, Mr. Tripp will serve on the CVO’s Registration Committee.

Mr. Doug Walper was born and raised on a mixed farm in Huron County. He graduated from the University of Guelph with a B.Sc. (Agr.) in 1980. From 1982 to 1994 he was a part-time lecturer in the Agricultural Business Management Program at Centralia College of Agricultural Technology. In 1987, Mr. Walper graduated from the Canadian Institute of Financial Planning with the designation of chartered financial planner. He is also a cofounder of a company that provides management, accounting, and income tax services to farmers. He is a member of the Ontario Institute of Agrologists and the Agricultural Institute of Canada. Mr. Walper resides in Grand Bend, Ontario. In addition to serving as a public member on council, he will serve on the CVO’s Discipline and Accreditation Committees.
Members’ Forum: Wellness Program Introduced

The CVO and OVMA have entered into a unique collaboration with the Ontario Medical Association (OMA) to offer an effective wellness program to veterinarians in Ontario. Known as the Professionals Health Program (PHP), this program was originally established for Ontario physicians. Any Ontario veterinarian or veterinary student can contact the OMA program directly to receive confidential advice and assistance.

Compassionate assistance
In a recent one year period, the CVO faced 11 issues involving impairment. Several were considered emergency cases, where the member’s life hung in the balance. These experiences prompted the CVO registrar and executive to search for a program that could provide independent, compassionate, professional assistance and protect the safety of the veterinarian, their family and patients. This resulted in the CVO’s initiative to establish a three-way partnership with the OMA and the OVMA to make the Professionals Health Program available to the veterinary profession.

The CVO Members’ Forum meeting was dedicated to introducing the program. The November 21st meeting was chaired by Dr. Cheryl Yuill, CVO past president, who gave a brief background on the CVO’s past experiences and research into better intervention and support programs. She welcomed Dr. Andrea Chapin, OVMA president, who helped introduce the speakers and expressed the OVMA’s support, noting that the program “is a huge step forward” for the profession.

The first speaker, Dr. Jeffrey A. Hall, is a Cornell University graduate who obtained his DVM in 1977. He is the outgoing chair of the American Veterinary Medical Association Wellness Committee. Dr. Hall has been a keynote speaker and lecturer in several states on chemical dependency, and addiction and wellness.

Intervention crucial
In addition to providing an overview of the development and progress of wellness programs in the United States, Dr. Hall gave a poignant personal account and thought-provoking picture of the downward spiral and isolation that accompanies an addiction to alcohol/drugs. He survived the loss of his practice, a marriage, and relapse. Dr. Hall made the stark acknowledgement, “If I hadn’t entered recovery, I would be dead.” Although he initially sought help on his own, he believes it is crucial for friends, colleagues or family to intervene before a person seeks help.

“Addiction is not a moral issue but a disease that is treatable. This is a very tough message to get out and get through to the public,” said Hall.

“These programs protect confidentiality, promote early detection, provide associated support such as education and family support, and they save lives. Education and prevention remains more important in today’s society than ever.”

Hall stressed that there is still a need to include alcohol/addiction education in the formal curriculum for undergraduate students. “We need to garner interest in students and faculty.”

The second dynamic speaker of the day was Dr. Graeme Cunningham, director of the Homewood Addiction Division, associate professor of Psychiatry at McMaster University, and vice president of the College of Physicians and Surgeons of Ontario. He has authored numerous publications related to addiction medicine and recently completed a book chapter on substance abuse in physicians.

Dr. Cunningham told attendees that by joining the Professionals Health Program, the veterinary profession will now have access to what he considers to be the “gold standard” for such programs.

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Members’ Forum

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Dr. Cunningham, estimated that about 8% of the veterinary population will have a problem with drugs and/or alcohol in their lifetime. He described the psychological characteristics of health professionals, noting that the same traits which get us through medical or veterinary school are “like a double-edged sword” since those same traits are often “dreadful and counterproductive” in marriage, child rearing etc.

“Health professionals who are properly treated are less of a risk to the general public than the general physician population.” said Cunningham. “Being in recovery or a recovering addict is honourable,” Cunningham emphasized. “You don’t have to carry around guilt and shame. You need to wear the cloak of dignity.”

“Treatment works,” he assured the CVO and OVMA as he ended his talk. “You have built the appropriate building blocks that will help your future professionals.”

How the program works

Dr. Michael Kaufmann, medical director, Professionals Health Program, Ontario Medical Association, was the third speaker of the day. He was invited to explain the “nuts and bolts” of what members can expect from the program. Dr. Kaufmann was hired by the OMA to develop a wellness program for physicians in 1995. “Our mission was to focus on helping people with substance abuse and dependence. Even then we had a notion that it could be good for others.” In the first year, he noted, almost all cases were drug/alcohol related, but there has since been a steady influx of other problems (i.e., psychiatric, gambling, stress and burnout, marital and family, sexual boundary issues, etc.).

Kaufmann said he expected the number of new cases of physicians in 2002 to exceed 200, with substance abuse disorders, psychiatric, and stress/emotional problems representing more than 20% each of the total cases. “It’s important,” noted Kaufmann, “to teach colleagues to come forward and help intervene.” He agreed with Dr. Hall’s conviction that family, friends and colleagues should take action and intervene on the veterinarian’s behalf. “It can save their life. It may not be comfortable or easy, but it’s doable. Sometimes, support is given to colleagues as well.”

Dr. Kaufmann and two clinical staff handle intake calls, providing confidential, anonymous advice if the caller wishes it so. They give “how to” advice on reaching out to help a colleague. In addition to information and advice, the program offers intervention services; assessment and referral; recovery monitoring; case management; advocacy for the recovering individual; family support; and, education and prevention.

Teamwork for recovery

Monitoring the professional in recovery is “rigorous, biological, behavioural, and contractual,” said Kaufmann, who added that monitoring is where most of the PHP’s work is done. He receives direct reports from those who treat the individual, and the recovering veterinarian enters into a contract that asks for total abstinence. Every person is seen face-to-face by a monitor. The monitoring team is a partnership and may include the PHP staff, the family doctor, the psychiatrist, and the addiction medicine doctor, who acts as the quarterback of the team.

“Our program provides a positive bridge between the two organizations, the CVO and the OVMA,” said Kaufmann. He added that it was appropriate that the OVMA will be responsible for educating and informing members of the program’s existence. Members can enter the program without the CVO ever knowing about it, or the CVO can refer an individual for assistance.

“It is a myth that it’s okay to wait to intervene; that a colleague has to bottom out or ask for help. Alcohol and drug addiction can be a progressive and fatal disease,” stressed Kaufmann, who urged the CVO and OVMA to relay this important message to the veterinary profession.

Professionals Health Program services:

- Preliminary assessment
- Intervention coordination
- Referral for counselling and clinical services
- Recovery monitoring
- Case management
- Advocacy

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

Please find enclosed with this edition of Update a Professionals Health Program brochure. It is also available on the CVO (www.cvo.org) and OVMA (www.ovma.org) websites.
Members’ Forum and Presentations

During the CVO Annual Council Meeting held on November 20, 2002, the presidential change of office took place. At the AGM, several certificates of recognition were presented to councillors whose terms of office had ended.

Dr. Mark Spiegle receives the presidential pin from outgoing president, Dr. Cheryl Yuill.

Dr. Spiegle presents Mr. Stewart Cressman (public member) with a certificate of recognition.

Dr. Spiegle presents Mr. Ed Clinton (public member) with a certificate of recognition.

Dr. Spiegle presents Dr. John Valsamis with a certificate of recognition.

Members’ Forum attendees mingle during a break in the day’s presentations.

Audience members participate in a question and answer period following speakers’ presentations.
Annual General Meeting

Forty-eight members attended the CVO Annual General Meeting held at the Country Heritage Park in Milton, Ontario on November 21, 2002. Dr. Janet Alsop and Mr. Mike Johnston, public member on Council, acted as scrutineers and recorded the votes.

New president welcomes members
Dr. Mark Spiegle, president of CVO, welcomed those members in attendance, introduced the new council for 2002/2003 and explained the voting procedure.

The members reviewed and accepted the minutes from the 2001 annual general meeting and the 2001/2002 report of council as published in the 2002 annual report, which was distributed with the Fall 2002 edition of Update.

Dr. Spiegle also presented the audited financial statements for the fiscal year ending September 30, 2002. The members approved these statements and approved the firm of BDO Dunwoody LLP, as auditors for the CVO for the fiscal year 2002/2003.

Members ratify by-law
By-law No. 10 was approved and ratified by the membership:

33.- (9) "If a person would have been entitled to 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."

22.- (1) An annual general meeting shall be convened in November, 1990, and, after that, within 180 days after the end of each fiscal year.

Question period
A question period was provided to allow members the opportunity to ask questions concerning the council and committee reports. Dr. Kelly-Leigh Thomas asked about a report in Update regarding euthanasia technicians. Dr. Spiegle responded. Dr. W. Dale Scott addressed the assembly on the value of self-regulation and the functions of the College and its staff. Dr. Jeff Silver raised the issue of naming facilities. Drs. Alec Martin and Alma Conn responded.

In memoriam
Dr. Spiegle read the names of those members of the College who passed away during 2001-2002, and asked members to pause for a moment of silence in remembrance.

Dr. Spiegle then offered congratulations to the members of the College who were granted Emeritus Status in 2001/2002. He also thanked the non-councillor members who had served on College committees and task forces in 2001/2002 and presented awards of recognition to members whose terms of service on council and committees had ended. (See photos on opposite page.) Dr. Spiegle declared the meeting adjourned.

Closing Your Facility?
If you have closed your veterinary facility or are planning to, please notify the CVO office. The following steps should be followed:

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.
Membership Survey

An extensive membership survey report which measured member satisfaction of CVO programs and services was completed in 2002 by an independent service. Questionnaires were mailed to 3,342 members late in 2001 and the CVO appreciated the excellent response rate of 29%, which mirrored the CVO database for gender, age and field of practice.

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<td>Other</td>
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The survey results will assist the CVO Council and staff in future planning of service delivery to the membership. Following are some highlights of the survey results:

Members are contacting the CVO
The Ontario veterinary profession is active in communicating with its regulatory body; 82% of the survey respondents confirmed that they had initiated contact with the CVO in order to receive information. Their preferred method of communication was via telephone. Most (85%) said they were aware of and understood the various services offered to members by the CVO.

Communication and CVO Initiatives
Fifty-five percent were aware of the Professional Enhancement Program. Of those who used the PrEP, (using a scale of one to seven, with seven as the highest rating), 17% rated it as very satisfactory; 57% rated it as satisfactory, and 26% rated it unsatisfactory. Forty-eight percent intend to use the program in the future.

Most members (91%) said they prefer to receive the Update publication through the mail compared to 5% who prefer email and 3% preferring the website. However, members were more open to receiving shorter notices by other means: 76% mail, 17% email, and 7% fax.

Staff
The membership said they were “very much satisfied” with the CVO staff. “Courtesy of staff” was identified as a significant contributor to membership satisfaction. Comments indicated that staff left them with a “good impression” and that they were “always friendly and courteous.” Other important factors were: “assistance to membership” and “responding in a timely fashion.”

Website
The majority of members (69%) have internet access and 58% said they use a business email address. Only 12% reported that they have used the website ten or more times, and most indicated that they had visited the site only once or twice.

The top three reasons that members cited for visiting the website were to check member listings, practice listings, and to peruse member services.

Members gave a high satisfaction rating with the website; however, it was said that the site is geared more toward the public. Suggestions for improvement included establishing a “for veterinarians only” section that could include an advice column, and a list of educational seminars or links that would help members find such information.

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Update

Ninety-eight percent of the responding members said they read the Update publication. Members were asked to rate four components of the publication and a majority indicated that they were satisfied with the publication:

![Update - Satisfactory and Very Satisfied](chart)

The top three most informative components were Complaints information (52%), Frequently Asked Questions (37%), and Letters to the Editor (25%).

There were also recommendations for improvement in each area. For example, members would like to see changes to the Act reported in "plain language, rather than legalese" and would appreciate "explanations of how by-law changes would relate to the veterinarian in a practice setting." Other things members would like to see included:

- "best practices and tips for veterinarians"
- "frequent surveys to determine what members want"
- "limited politics and more education articles"
- "summary pages of important information"

Some members would like to see less "dry reading" and an improvement in the content and layout, while others "found the publication interesting," and advised "don't let it get too big."

Accreditation process

Seventeen percent of CVO members are very much satisfied with the accreditation process and 76% rated the accreditation process as satisfactory.

Complaint Process

Thirteen percent of CVO members were very much satisfied with the complaint process and 66% rated it satisfactory. Some said they found the process slow and cumbersome and perceived that they were viewed as guilty until proven innocent.

Licencing process

Regarding the licensing process, 20% said they were "very much" satisfied with the process, while 74% of the membership described it as satisfactory.

AGM and Members' Forum Attendance

Most respondents indicated that they had never attended either the annual general meeting or Members' Forum (formerly called the Presidents' Institute). Reasons for this ranged from "lack of interest" and "inconvenient time of day and year" to "didn't know I was allowed to go to Presidents' Institute."

"...79% of the membership who answered indicated an overall satisfaction with the services provided by its regulatory body..."

Suggestions for Improving Communication

The survey shows that some members remain unaware of the website and information videos that are available to members. Many commented that they would welcome more friendly contact from the CVO:

- "communicate more - I feel that I am not privy to certain information that affects my practice"
- "communicate more as equals and listen - we’re all in this together"
- "(would like) courteous calls directly to members"
- "what about services, acknowledgement, and discussion with non-practice fields?"

In addition to positive comments, there were also some suggestions for improvements:

- "licensing is expensive for services offered, particularly for retired veterinarians"
- "more mediation with complaint cases prior to investigation"

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Membership Survey

Suggestions...
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> “complaints process too slow and is directed by amateurs who lack investigative experience”
> “protect the public, but want CVO to strive to be more supportive of the veterinary membership”
> “CVO is not helping to move our profession forward”
> “come out of your ivory tower!”
> “want to practice veterinary medicine, not politics”
> “standards too rigid, unreasonable record keeping”
> “make medical records review mandatory”

Conclusion
The majority of members agreed that self-regulation is important to the profession and the public and 79% of the membership who answered, indicated an overall satisfaction with the services provided by its regulatory body.

CVO Website Being Revamped
by Ed Empringham, editor

The CVO website has been identified as a communication tool that could be used more effectively to communicate with both CVO members and the public. As more practices and individuals gain internet access, this technology can become a cost effective and efficient means of communication. The CVO has had a web presence since 1997; it has evolved into a useful resource of materials.

Features of the revised site
A new website will be unveiled in the spring of 2003 and will incorporate new features that will further enhance the website. The enhancements will allow:

- site searches of all documents on the site, regardless of format,
- more refined member searches and practice searches, and
- management of the site will be done by staff easily and quickly, resulting in a more flexible and current content.

The website will also be more modern in appearance and intuitive in navigation.

The new website will also include a restricted access area for Council, committees and staff that will allow the use of this medium for increased, cost effective communication with this group of people. In response to membership suggestion, a restricted access area for all members has been investigated but will not be implemented at this time. It is imperative that the CVO remain open and transparent to the public, whom it serves.

The current website is being managed more aggressively in the interim, with changes made on a regular basis. If you have not visited www.cvo.org recently, you are invited to explore the information available there and to provide input that might be included in the changes being made.

The website changes are part of a communication strategy that includes changes in the Update, the introduction of INFO SHEETS, the introduction of “Open Exchange” (member meetings), and the planned introduction of an electronic newsletter between Update issues.

For further information contact:
Dr. Ed Empringham, at empring@cvo.org or Ms. Beth Ready at bready@cvo.org

Policies and Amendments for 2002

A list of proposed amendments to Ontario Regulation 1093, council policies passed, amendments to Minimum Standards for Veterinary Facilities in Ontario, and by-laws for 2002 can be found on the CVO website at www.cvo.org under “legislation.”
Council Meeting: November 20, 2002

- Approved the audited financial statements for the fiscal year 2001/2002 as presented by David Vert, BDO Dunwoody, LLP, auditors.
- Ratified motions passed on its behalf by the Executive Committee October 23, 2002.
- Received activity reports from the president and registrar.
- Received a report from the Working Group assigned by council to Monitor the Prudent Management of Operations, Treatment of Staff and Communication to Staff.
- Appointed members to statutory committees and boards (for the complete listing of council and committees, as well as meeting dates for 2003, see pages 18/19).
- Approved proposed amendment to By-law 22-(1) which would extend the time period for holding the annual general meeting which would allow sufficient time to publish the financial statements before the AGM is held (see page 7 for a summary report of the annual general meeting).
- Approved proposed amendment to subsection 7-(1) of Ontario Regulation 1093 - Public Service Licence (see page 12).
- Passed a policy regarding the use of the CVO logo (see page 12).
- Passed a policy regarding payment of task force members (see page 12).
- Received an interim report by Dr. Alec Martin on the self-regulation of registered veterinary technicians.
Proposed Regulation Amendment

Proposed Regulation Amendment - Public Service Licence

Subsection 7.- (1) of Ontario Regulation 1093 is repealed and replaced by the following:

7.- (1) The requirements for the issuing of a public service licence are as follows:

1. The applicant has earned a basic degree from an accredited veterinary school or an acceptable unaccredited veterinary school;

2. The applicant is employed as a veterinarian by the Crown in right of Canada;

3. The applicant,
   i. has obtained a score higher than 1.5 standard deviations below the mean on both parts of the national board examination for veterinary medical licensing of the National Board Examination Committee of the American Veterinary Medical Association, including the clinical competency test, if the examinations are taken on or before November 30, 1992,
   ii. has obtained a passing mark on both parts of the national board examination for veterinary medical licensing of the National Board Examination Committee of the American Veterinary Medical Association, including the clinical competency test, if the examinations are taken after November 30, 1992 but before November 30, 2000, or
   iii. has obtained a passing mark on the North American Veterinary Licens ing Examination, if the examination is taken on or after November 30, 2000;

4. The applicant,
   i. if a graduate of an acceptable unaccredited veterinary school, after compliance with paragraph 3 of subsection (1), has successfully completed the clinical proficiency examination of the National Examining Board of the Canadian Veterinary Medical Association administered through an accredited veterinary school, or
   ii. if a graduate of an accredited veterinary school who has failed either or both parts of the national board examination twice or more, after compliance with paragraph 3 of subsection (1), has successfully completed the clinical proficiency examination of the National Examining Board of the Canadian Veterinary Medical Association administered through an accredited veterinary school.

New CVO Policies

Policy

It is the policy of the College of Veterinarians of Ontario that the CVO logo will only be approved for use in cases of compelling public interest of a non-commercial nature by a regulatory or public interest agency that is directly related to the mandate of the CVO on a topic in which the CVO has some expertise. All requests to use the logo will be considered by the registrar. Any permission to use the logo will be in writing and will limit the permission to the specific document presented for a time limited period. Any change to the document(s) must be approved by the registrar before the logo can be affixed. Any further or other use of the logo requires the prior written consent of the CVO. The publisher of the document(s) displaying the CVO logo may be asked for an indemnification of the CVO for any damages resulting from the publication of the materials. Members are exempt from this policy.

Policy

It is the policy of the College of Veterinarians of Ontario that only members of the College serving on task forces be paid a per diem and expenses. No preparation time will be paid.
Dear CVO:

During the past few months there has been an outbreak of parvovirus (hemorrhagic gastroenteritis) in the town of Burks Falls, Ontario, a small community north of Huntsville.

The purpose of my letter is to address my concerns over the outbreak of diseases such as this, due to the running of rabies clinics, which give the public a false sense of protection following vaccination for rabies. Many people have their pets vaccinated for rabies and neglect to have vaccines for other diseases. I feel that an outbreak such as this is directly related to these rabies clinics and the lack of immunization for other diseases.

I think that the running of these clinics does not solve the problem for which they were intended and leave animals unprotected for other diseases. My feeling is that these clinics should not be allowed. At the same time, because these clinics are an assembly line type procedure, pets do not get a proper examination. These clinics serve only as a cash cow for the veterinarian that conducts them.

I therefore would like to see the CVO outlaw these clinics and then the public would perhaps be better served. I can imagine what would happen should a dog be presented for a rabies vaccine at one of these clinics and it happens to be incubating parvovirus at the time.

I would appreciate hearing from the CVO and your thoughts on this problem.

Ronald S. Smith, DVM
Sundridge, Ontario

CVO Open Exchange

As part of CVO’s member communication strategy which was introduced in the last Update, “Open Exchange” meetings are being planned throughout the province. These meetings will allow veterinarians and staff to exchange information and ideas.

For 2003, Open Exchange meetings are planned in Ottawa and Toronto. While these meetings are open to all members, invitations will be sent to members located in the constituencies where the meetings are being held. Members will be asked to pre-register and to select from a list of potential meeting topics. In this way, those topics of interest to the group will be addressed. A very important part of the meeting will be a portion of the meeting set aside for member comments and questions.

Watch for more information about this important member communication opportunity. Updated information will be posted on www.cvo.org.
Complaints Case

Managing Your Clients’ Expectations

by Deji Odetoyinbo, DVM

Dr. A of ABC Animal Hospital referred Alvin, a six-year-old domestic short hair to the local emergency clinic for the management of diabetes diagnosed just before the hospital closed for the day.

When the emergency clinic closed the following morning, Mr. Owner was advised to return Alvin directly to ABC Animal Hospital, where Dr. A continued his care. At ABC’s closing time the second day, Alvin was referred back to the emergency clinic for continuing intensive care.

At eight o’clock the next morning (also a weekday) Mr. Owner was again required to carry his cat back to the ABC Animal Hospital.

On arrival at ABC Animal Hospital, Mr. Owner voiced his concerns about the need to repeatedly transport this unstable cat. Depending on rush hour traffic, the trips were taking forty five to 90 minutes and he was increasingly uncomfortable with transporting a fragile pet for unpredictable lengths of time. Furthermore, his own inquiries had revealed the existence of two other facilities offering 24-hour intensive care service located within what he regarded as a reasonable driving distance from ABC Animal Hospital. Mr. Owner wondered whether Dr. A would consider referring Alvin to either of these alternatives. After further discussion, the decision was made to retain Alvin at the ABC Animal Hospital overnight with a member of staff delegated to check on his progress late in the evening.

By the next morning (the fourth day of treatment), Alvin had clearly taken a turn for the worse and at Mr. Owner’s urging, a telephone consultation with an internist and an abdominal ultrasound were arranged. The internist agreed with Dr. A’s case management up to that point and agreed that a referral to a facility providing continuous intensive care would probably be beneficial. An estimate for the service was offered.

Shortly afterwards, the sonogram and other test revealed severe multi-organ complications. These findings prompted Dr. A to downgrade the cat’s prognosis to “guarded” and Mr. Owner chose to have him humanely euthanized.

Complaint Case

Mr. Owner’s subsequent complaint containing several issues including the following:
- Alvin’s care as provided by Dr. A appeared to be “disjointed and non-strategic.”
- It is completely unacceptable for a critically ill animal to be referred to a facility which lacks continuous intensive care.
- The repeated transportation in a compromised state might have exacerbated Alvin’s instability.
- The animal-owning public is not made aware of the meanings of the various types of veterinary facility designations. In particular, the current definition of a veterinary emergency clinic is “archaic” because it allows such facilities to be used as temporary holding units where the animal is “kicked out at daybreak.”
- Regulations should exist which compel veterinarians to follow clear guidelines which promote the seamless management of life-threatening illnesses. Specifically, veterinarians should be required to immediately offer owners of critically ill animals the option to refer the patient to “proper” 24-hour intensive care units. Any other options should be chosen only with the mutual consent of owners and veterinarians.

Veterinarian’s Response

In the submission, Dr. A asserted that:
- Alvin had received adequate care at every stage of his management.

Continued on next page...
Veterinarian's response...  
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- In conformance with CVO council policy, Mr. Owner was made aware from the onset that ABC Animal Hospital does not provide round-the-clock care.
- The emergency clinic is an accredited emergency facility; even though it does not have round-the-clock care on weekdays, it has generally provided excellent care for ABC's patients over several years.
- Alvin would have been referred to a 24-hour critical care facility if his condition had been assessed as being so severe as to be aggravated by repeated relocation.

Committee's Decision
From the medical records available, the Complaints Committee determined that Alvin's diagnosis and initial management were appropriate.

The Veterinarians Act requires a veterinarian to provide "...reasonably prompt services outside of regular practice hours if the services are medically necessary for animals that he or she has recently treated or that he or she treats regularly...."

When such care is provided by an emergency clinic, the member of the College is responsible for "...promptly continuing to provide medically necessary services to the animal after discharge from the emergency clinic until the services are no longer required...."

The Complaints Committee concluded therefore that Dr. A's professional conduct met the standards required of veterinarians in Ontario.

Discussion: Are Current Standards Still Adequate?
Notwithstanding the committee's decision in this particular case, the issues raised broader concerns about a genre of complaint which the Complaints Committee has encountered: the expectations of animal owners regarding continuous patient care.

"...Some believe, erroneously but understandably, that they can identify facilities which provide 24-hour care by the inclusion of the word 'hospital' in the name...."

Most animal owners are unaware of the various designations of Ontario veterinary facilities. Some believe, erroneously but understandably, that they can identify facilities which provide 24-hour care by the inclusion of the word "hospital" in the name of the establishment. By extension, this misunderstanding leads some to regard a veterinary "clinic" as a facility from which they may not expect any sort of round-the-clock care.

However, in veterinary facility names, "hospital" and "clinic" are equivalent. Additionally, there is sometimes confusion as to exactly how a designated "Emergency Clinic" operates. These misunderstandings are largely derived from designations used in human health care establishments.

More importantly, many regular practitioners and emergency clinicians have had to deal with pet owners' surprise and dismay when they are informed that a pet which they perceive to be seriously ill has to be transported by themselves (people with no schooling in intensive care) as they are referred between their regular veterinarian and an after-hours facility.

The costs of establishing and maintaining facilities which provide top quality intensive and critical care of any type are substantial and these costs are reflected in the prices paid by the consumers of such service. The public's recognition and acceptance of these costs are being increasingly matched by an elevation of their expectations of such services. The challenge for all members of the College is to understand and address those expectations, which may ultimately contest the status quo.

Animal owners will query veterinarians thoroughly and rightfully about their case-management procedures for seriously ill animals. Members of the public who are more demanding, better enlightened, and who have swifter access to more information can be expected to be less accepting of situations like those described in the featured complaint. Can their concerns

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Complaints Case

Case Discussion...
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continue to be quelled by a veterinarian’s explanation that the establishment and case management meets the CVO’s minimum practice standards, or should the expectations of the consumers or these services be proactively managed by the veterinarians who provide them?

Effective expectation management takes the form of communication which is concise, complete, timely and open. The discontent voiced by the featured client may have been attenuated had the attending veterinarian mentioned the availability of alternative services before the client sourced them on his own. While the majority of veterinarians express great content with the level of care provided by their after-hours arrangements, it is prudent to acknowledge that in certain circumstances, a client might prefer to avail themselves of alternatives other than those which are ordinarily used.

Arguably, it is better for veterinarians to resist placement of their client at some arbitrary point along the service-provision spectrum and, instead involve them in the decision-making process, thereby helping them understand that their choices - not just their veterinarians’ - influence the outcomes of their animals’ care.

Medical Record Workshops

A series of medical record workshops is planned for winter/spring 2003 at various locations in the province. The workshops are designed for the practice “care team.” Receptionists and technicians, as well as the veterinarians in the practice, are invited to participate. These two-to-three hour evening workshops are being delivered as a no-charge CVO member service.

The workshops use what has been learned in the first two years of the Peer Review to demonstrate solutions to everyday practice medical record issues. The presentations are in a participative style, with many solutions coming from the participants. Because of the presentation style, the group size is limited to 35.

The following is a list of meetings scheduled to date. This list will be maintained on the CVO website (www.cvo.org). In addition, invitations will be sent to members in the area of local meetings. Pre-registration is required.

Local or regional associations wishing to host a meeting in addition to those scheduled are asked to contact Beth Ready at CVO (1-800-424-2856 or bready@cvo.org). An effort will be made to satisfy as many requests as possible. A light lunch will be provided.
CVO Council and Committees 2002/2003

**Council**
- Dr. Mark Spiegle, *president*
- Dr. Melody Mason, *1st vice-president*
- Dr. Alma Conn, *2nd vice-president*
- Dr. Ann Bissett-Strahl
- Dr. Jim Clark
- Dr. Ed Doering
- Dr. Nancy Griffith
- Dr. Nasim Gulamhusein
- Mr. Michael Johnston, *public member*
- Dr. Bryan Kennedy
- Mr. T.G. Menen, *public member*
- Dr. Deji Odetoyinbo
- Dr. Wendy Parker
- Dr. Steven Stewart
- Mr. Paul Tripp, *public member*
- Mr. Doug Walper, *public member*
- Dr. Cheryl Yuill, *past president*

(staff: Dr. Barbara Leslie and Ms. Christine Simpson, *co-ordinator*)

**Registration Committee**
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- Dr. Nasim Gulamhusein
- Dr. Wendy Parker
- Mr. Paul Tripp
- Dr. John Valsamis

(staff: Dr. Barbara Leslie and Ms. Karen Gamble, *co-ordinator*)

**Complaints Committee**
- Dr. Steven Stewart, *chair*
- Dr. Craig Cornell
- Dr. Darlene House
- Dr. David Kerr
- Dr. Christie McLeod
- Mr. T.G. Menen
- Dr. Deji Odetoyinbo
- Dr. Diane Smith
- Dr. Darren Stinson

(staff: Dr. Alec Martin and Ms. Rose Robinson, *co-ordinator*)

**Executive Committee**
- Dr. Mark Spiegle, *chair*
- Dr. Melody Mason
- Dr. Alma Conn
- Mr. Michael Johnston
- Dr. Cheryl Yuill

(staff: Dr. Barbara Leslie and Ms. Christine Simpson, *co-ordinator*)

**Discipline Committee**
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- Dr. Jim Clark
- Dr. Alma Conn
- Dr. Nancy Griffith
- Dr. Nasim Gulamhusein
- Mr. Michael Johnston
- Dr. Bryan Kennedy
- Dr. Deji Odetoyinbo
- Dr. Wendy Parker
- Mr. Doug Walper

(staff: Dr. Barbara Leslie, Dr. Alec Martin and Ms. Rose Robinson, *co-ordinator*)

**Accreditation Committee**
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- Dr. Ed Doering
- Dr. Gerald Honeywood
- Mr. Doug Walper

(staff: Dr. Alec Martin and Ms. Louise Hamilton, *co-ordinator*)

**National Examining Board**
- Dr. Wendy Parker, *CVO representative*

**OVC Teaching Hospital Advisory Board**
- Dr. Ed Empringham, *CVO representative*
Executive Committee 2002/2003: (Pictured from left): Dr. Alma Conn, Mr. Michael Johnston, Dr. Mark Spiegle, Dr. Cheryl Yuill, and Dr. Melody Mason.

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Meetings are held at 10 a.m., Executive Committee meetings and discipline hearings are held at 9:30 a.m. at the CVO office, Guelph unless otherwise specified. Meeting dates are subject to change.
In Memoriam

The council and staff of the CVO were saddened to learn of the following deaths. We extend our sincere sympathy to their families and friends. In memory of deceased members, the CVO contributes an annual grant to the Ontario Veterinary College Alumni Trust.

Allen, Lester Leeroy (OVC 1951) - Dr. Allen passed away November 7, 2002. He practiced at a mixed animal facility in Watford, Ontario until his retirement in December 1991. Dr. Allen held Emeritus Status with the College. He is survived by his wife Vera, son Barry, and two grandchildren, Gale and Paul.

Horney, Frederick Donald (Don) (OVC 1951) - Dr. Horney passed away June 26, 2002. He was a professor of large animal surgery for forty years at the Ontario Veterinary College. Dr. Horney is survived by his wife, Shirley, five children, and ten grandchildren.

Stirling, David Fleming (OVC 1992) - Dr. Stirling passed away October 17, 2002. After graduation, he practiced at the Martin Veterinary Hospital and the Niagara Veterinary Emergency Clinic. In 1995, Dr. Stirling moved to British Columbia and practiced at the Vancouver Animal Emergency Clinic. He is survived by his wife Diane and daughter Ursula.

Thomson, Reginald George (OVC 59) - Dr. Thomson passed away December 14, 2002. He had a distinguished academic career in veterinary medicine in Guelph and Saskatoon, and was Founding Dean of the Atlantic Veterinary College in Charlottetown, Prince Edward Island. Dr. Thomson held Emeritus Status with the College. He is survived by his wife Helen, four daughters, and five grandchildren.

Williams, Lynn Harvey (OVC 1955) - Dr. Williams passed away June 5, 2002. After graduation, Dr. Williams practiced for two years at a mixed practice in Augusta, Maine. He returned to Ottawa and joined the federal government working there until his retirement in 1989. Dr. Williams held Emeritus Status with the College.

Wang, Peter Christian (OVC 1948) - Dr. Wang passed away March 23, 2002. He practiced in Brockville, Ontario for several years. Dr. Wang was a past president and council member of the College. Dr. Wang held Emeritus Status with the College.

Overwhelming Interest

CVO is overwhelmed by the response by members indicating their interest in serving on committees or task forces on their annual renewal forms. The lists of interested members will be retained for use when there are committee changes being made or task forces formed. Thank you to all who have put their names forward.

Update, the official publication of the College of Veterinarians of Ontario, is the principle means of communication between the College and its members. It is the primary means of informing the membership on regulatory issues, with the expectation that members will govern themselves accordingly. Update is charged with the responsibility of providing comprehensive, accurate and defensible information.

The deadline for the Spring 2003 edition of Update is March 14, 2003. Send in your submissions to the editor c/o CVO, 2106 Gordon Street, Guelph, Ontario N1L 1G6

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