

# Agenda

## Legacy Council Meeting

Wednesday, December 4 and Thursday, December 5, 2024

9:00 am – 12:00 pm

### Council Chamber

2-71 Hanlon Creek Blvd.

Guelph, ON

## Council

Dr. Wade Wright,  
President  
Dr. Patricia Alderson  
Dr. Claire Beauchamp  
Dr. Kathleen Day  
Dunbar

Ms. Cathy  
Hecimovich  
Dr. Louise Kelly  
Ms. Catherine Knipe  
Dr. Lena Levison  
Dr. Clayton MacKay

Dr. Sean Marshall  
Dr. Alana Parisi  
Dr. Sami Qureshi  
Dr. Jessica Retterath  
Mr. Douglas Reynolds  
Ms. Rena Spevack

Dr. Yashvir Varma  
Dr. Michael Zigler

## Agenda Information

### Land Acknowledgement

1. Call to Order (9:00 am)
2. Roll Call
3. Approval of Agenda
  - additional agenda items
4. Conflict of Interest
5. Consent Agenda - x
6. Strategic Alignment - x
7. Finance - x
8. Registrar's Performance Review (in-camera session)
9. Public Policy
  - 9.1. After Hours Care Task Force Recommendations
  - 9.2. Guideline – Use of Medical Devices Enabled by Artificial Intelligence
10. Organizational Policy
  - 10.1. By-Law Proposed Amendment – Non-Councillor Committee Member Terms and Sunsetting the Governance, Audit and Risk Committee

11. Council Roundtable
  - 11.1. Media Trends
  - 11.2. Regulatory Trends
  - 11.3. Legal Trends
  - 11.4. Public Trends
  - 11.5. General Trends
12. Notice of Motion
13. Confidentiality
14. Evaluation Form
15. Date of Next Meeting
  - March 17 – 18, 2025
16. Adjourn

Day 1, 1:00 – 2:30 pm - Annual Council Meeting

- See attached agenda

Day 1, 3:00 pm - The Legacy Council meets to elect its Executive Committee for 2025

- See attached agenda

Day 2, 8:30 am – The Legacy Council meeting resumes to confirm Committee Slates

**AGENDA ITEM 4.**

**TOPIC:     **Conflict of Interest****

Area of Focus
<input checked="" type="checkbox"/> Governance
<input type="checkbox"/> Legislation
<input type="checkbox"/> Public Policy
<input type="checkbox"/> Stakeholders
<input type="checkbox"/> Strategy



A conflict of interest exists where a reasonable person would conclude that a council or committee member's personal or financial interest may affect their judgment or the discharge of their duties to the College. A conflict of interest may be real or perceived, actual or potential, direct or indirect.

All Council and Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Council and Committee members have a duty to uphold and further the intent of the Act to regulate the practice and profession of veterinary medicine in Ontario, and not to represent the views of advocacy or special interest groups.

Where a Council or Committee member believes that they may have a conflict of interest in any matter which is the subject of deliberation or action by Council or its Committees, they shall:

- (i) consult, as needed, with the President, the Registrar and legal counsel and, if there is any doubt about whether they may have or be perceived to have a conflict, prior to any consideration of the matter, declare the potential conflict to Council or the Committee and accept Council's or the Committee's direction as to whether there is an appearance of a conflict;
- (ii) where there appears to be a conflict of interest, not take part in the discussion of, or vote on, any question in respect of the matter;
- (iii) where there appears to be a conflict of interest, absent themselves from the portion of any meeting relating to the matter; and
- (iv) where there appears to be a conflict of interest, not attempt in any way to influence the voting or do anything that might be perceived as attempting to influence the decision of other members on the matter.

The conflict of interest information can be found in the College By-laws under section 16.

COVER SHEET  
Legacy Council Meeting  
December 4, 2024



**AGENDA ITEM 8.**

**TOPIC: Registrar's Performance Review**

This will be a verbal report.

Area of Focus
<input checked="" type="checkbox"/> Governance
<input type="checkbox"/> Legislation
<input type="checkbox"/> Public Policy
<input type="checkbox"/> Stakeholders
<input type="checkbox"/> Strategy

Area of Focus
<input type="checkbox"/> Governance
<input type="checkbox"/> Legislation
<input checked="" type="checkbox"/> Public Policy
<input type="checkbox"/> Stakeholders
<input type="checkbox"/> Strategic Plan



## **AGENDA ITEM 9.1**

**TOPIC: After-Hours Veterinary Care and the Work of the Taskforce**

### Background

In 2023, Legacy Council approved the formation of a Taskforce to develop potential solutions to identified challenges related to the delivery of after-hours veterinary care.

Updates on the Taskforce's progress have been provided to Legacy Council on two occasions.

For more information on its presentation in December 2023, please refer to Agenda Item 9.2 of the December 2023 Legacy Council package.

For more information on its presentation in September 2024, please refer to Agenda Item 8.1 of the September 2024 Legacy Council package.

The work of the After-Hours Veterinary Care Taskforce has now been completed. A briefing note that outlines the work of the Taskforce and its recommendations has been developed for presentation to Legacy Council for its review and discussion related to next steps.

### Discussion

Following review of the briefing note, Legacy Council will be asked to discuss and consider whether the Taskforce's recommendations should be approved.

### Options

Following discussion, Legacy Council may elect to:

Step One:

1. Direct that the Taskforce recommendations be approved as presented or amended;
2. Direct that the Taskforce recommendations be denied; or
3. Other.

If Legacy Council approves the recommendations as presented or amended, it may also elect to:

1. Direct that the Taskforce recommendations be forwarded to Transition Council for its use in regulation development; or
2. Other.

#### Attachments

1. **Appendix A** – Briefing Note - After-Hours Veterinary Care and the Work of the Taskforce
2. **Appendix B** – Paper - The Regulation of Veterinary Medicine and its Connection to the Social Contract: How Understanding the Past May Influence the Future of After-Hours Veterinary Care
3. **Appendix C** – Recommendations



## BRIEFING NOTE

### After-Hours Veterinary Care and the Work of the Taskforce

#### **PART A: Introduction**

##### **Issue Definition**

Members of the College of Veterinarians of Ontario (College) have long been required under Section 20 of Regulation 1093 made under the *Veterinarians Act* to provide reasonably prompt services outside of regular practice hours if the services are medically necessary for animals that they have treated recently or treat regularly. They have also been required under Section 33 (1) (d) of Regulation 1093 to be readily available in case of adverse reactions to a drug they have prescribed or a failure of the regimen of therapy.

The provision of these services has been collectively referred to as after-hours veterinary care.

In addition to these regulatory requirements, the College has had a *Policy Statement: After-Hours Care Services* that has served as guidance on fulfilling these requirements since July 2019.<sup>1</sup>

Over the last several years the College has received feedback from both the public and the profession related to concerns surrounding the provision of after-hours veterinary care. These include:

<b>Public</b>	<b>Profession</b>
<ul style="list-style-type: none"> <li>• Lack of access to regular veterinary services.</li> <li>• Lack of access to emergency veterinary services.</li> <li>• Need to travel long distances in order to obtain care.</li> <li>• High costs associated with care.</li> <li>• Being turned away at emergency facilities that they have been referred to by their regular veterinarian.</li> </ul>	<ul style="list-style-type: none"> <li>• Concerns related to work-life balance.</li> <li>• Toll of the pandemic and its lasting effects on demand.</li> <li>• Burnout and mental health consequences.</li> <li>• Trouble finding after-hours care coverage.</li> <li>• Improper and/or overuse of referrals.</li> <li>• Emergency facilities operating over capacity.</li> <li>• Emergency facilities closing over staffing.</li> <li>• Improper use of after-hours veterinary care services (including referrals during regular working hours).</li> <li>• Unrealistic public expectations.</li> </ul>

<sup>1</sup> The College has also had several other likeminded policies in the past, but the July 2019 document reflects the most recent review of the topic by Legacy Council.

These concerns were heightened during the pandemic which also led to an increase in effects on both demand and perceptions.

The College has been cognizant of these concerns for several years and has engaged in several actions focused on developing right-minded solutions. This has included:

- Engaging in conversations at the Canadian Council of Veterinary Regulators leading to the development of a national statement related to the provision of after-hours veterinary care;
- Updating policies related to the veterinarian-client-patient relationship (VCPR) and telemedicine to help better illustrate professional expectations and options for service delivery; and
- Leading conversations on the future of the delivery of veterinary medicine inclusive of potential innovative solutions for current issues.

In addition to this work, Legacy Council undertook in 2023 a consideration of what other approaches and/or methods may be useful in addressing concerns related to after-hours veterinary care. In particular, Legacy Council sought to:

- Better identify and understand the current issues associated with the provision of after-hours veterinary care;
- Seek solutions from both the profession and the public;
- Encourage innovation to increase options for delivery;
- Remove barriers to potential care models whenever possible; and
- Manage public expectations while still upholding professional responsibilities.

Based on these objectives, in March 2023, Legacy Council approved the formation of the After-Hours Veterinary Care Taskforce to:

- Identify current and emerging patterns in the provision of after-hours veterinary care in Ontario that present challenges for access to care, veterinary wellness, and facility accreditation;
- Better understand the issues related to the expectations of after-hours veterinary care; and
- Provide direction to Legacy Council on possible solutions to identified challenges.

The Taskforce has completed this work and Legacy Council is now tasked with reviewing its findings, inclusive of specific recommendations, and determining next steps.

### **Public Interest Rationale**

Public interest is grounded in the provision of safe, competent, and informed veterinary care. Public access to this care is paramount. Accessibility will vary depending on the circumstances of an owner(s) and/or animals, as well as the skills, knowledge, and availability of the veterinary providers. A veterinarian and a veterinary team's ability to identify and work with these circumstances will also affect the availability of care options. The public interest is best served when the delivery of veterinary care is designed to serve as many individuals and/or animals as



possible, as long as risk of harm or potential harm to animals, clients, and veterinary providers is still appropriately managed.

*Are there other elements that Legacy Council should consider regarding its mandate relative to the issue?*

### Analysis of Risk

There is always a risk of harm or potential harm to animals when the public is unable to access safe and timely veterinary care. This risk becomes more acute the longer an animal is required to wait, especially in urgent situations.

Veterinarians and their teams, in general, seek to serve as many clients and animals as possible. There is growing recognition amongst the public and the profession, however, that traditional care models are becoming increasingly unsustainable and/or inefficient. When tied in with the veterinary shortage and increasing public expectations, it is clear that innovative and adaptive solutions are required to ensure ongoing access.

The well-being of veterinarians and their teams is also an important factor. Increasing demands for access to veterinary care can take a tremendous toll on those who provide it, and it is important to recognize the need for solutions that help to create the balance necessary for ensuring the health and longevity of practitioners while still upholding the profession's responsibilities related to the provision of veterinary care.

### Strategic Focus

Work related to after-hours veterinary care is reflected in two sections of Strategy 2026:

**Strategic Objective:** Championing Legislative Reform to Affirm an Agile Future

**Year Two Tactic:** To support the Transition Council in assuming its role and oversight of the regulation agenda.

**Year Two Tactic:** To support the Legacy Council under the existing Act to manage completion of member matters and any outstanding policy decisions.

**Strategic Objective:** Partnering for Improved Access to Veterinary Services

**Year Two Tactic:** To consider continued leadership opportunities to partner and influence discussions and actions on new models of veterinary care delivery, team-based care, and spectrum of case options to improve access.

## **PART B: Background**

### Relevant Background

#### Formation and Process of the Taskforce

Based on the direction received from Legacy Council in March 2023, the College proceeded with the formation of an After-Hours Veterinary Care Taskforce. Membership of this Taskforce was approved by the Executive Committee and included:

1. Two veterinarians working in small animal medicine;
2. Two veterinarians working in large animal/mixed animal medicine;
3. One veterinarian working in equine medicine;
4. One veterinarian working in emergency medicine;
5. One RVT working in small animal medicine;
6. One RVT working in large animal/mixed animal/equine medicine; and
7. One RVT working in emergency medicine.

There were additional requirements for the veterinarian members included the need for:

1. One veterinarian who worked in a hospital;
2. One veterinarian who worked in a clinic;
3. One veterinarian who worked from a mobile facility;
4. One veterinarian who was an owner and/or facility director; and
5. One veterinarian who was a locum.

The Taskforce also included a representative from Legacy Council, a representative from the Ontario Veterinary Medical Association, and a representative from the Ontario Association of Veterinary Technicians.

The Taskforce held seven (7) meetings from July 2023 to October 2024 and focused on:

1. Identifying how after-hours veterinary services are currently delivered in Ontario, in keeping with current College expectations and while appreciating the differences that may exist between different locations, species, and practice types;
2. Developing a list of identified issues with existing and emerging methods of meeting the after-hours veterinary care expectations and broadly considering the impact of these options on the veterinarian, the patient, and the client; and
3. Compiling a list of potential solutions and their associated pros and cons for consideration in next steps.

The meetings of the Taskforce were extremely productive and informative with all members taking opportunities to share their own knowledge and experiences. In particular, the Taskforce strived to build upon the work completed within each meeting and sought several opportunities to ensure that their discussions were both well-rounded and risk focused.

This approach proved successful and provided the basis for the creation of the Taskforce's recommendations.

### **Stakeholder Needs and Preferences**

The public seeks safe and competent veterinary care for their animals. While the type of care sought may be different, it is reasonable to assume that the public seeks accessible care that is adaptable to their needs and circumstances.

Veterinarians seek to provide veterinary care that is in line with regulatory requirements. Veterinarians also seek reassurance about their ability to adapt and adjust the ways in which they practice. Minimum standards of practice are required to ensure public safety, but

veterinarians should also be assured of their ability to use their own skills, knowledge, and judgement to determine care options for each animal with which they are presented.

Veterinary teams require the ability to grow and adapt to ensure that the skillsets they possess are fully engaged and valued. Veterinarians need to be able to rely on other veterinary professionals, such as registered veterinary technicians (RVTs) to provide support and to allow them to assist in providing care whenever possible.

In general, all parties require cooperation and communication amongst them to ensure a progressive and sustainable future for the delivery of veterinary medicine.

### Data

The College consistently receives inquiries related to after-hours veterinary care every quarter. In the last quarter alone, the College has received 16 questions related to this topic with the following breakdown:

- 50% of questions were asked by members of veterinary teams (non-veterinarian staff);
- 31% of questions were from veterinarians;
- 13% of questions were from members of the public; and
- 6% were from other sources, such as humane societies.

The majority of these questions related to either the provision of or access to after-hours veterinary care services.

### Environment

The topic of access to veterinary care, including access to after-hours veterinary care, remains one of the most prominent discussions occurring in the regulation of veterinary medicine. The College regularly hears themes related to access to care in the different conversations that it has with both the public and the profession, including in several working groups, committee meetings, and at the Committee Reference Panels. Access to veterinary care is also a common topic within both mainstream and social media.

Access to care issues are not limited to one species, scope of practice, or geographical location. Issues are being raised in all areas of practice in all parts of the province. The requests for a solution have been numerous, and the demand is only increasing.

The introduction of the *Veterinary Professionals Act, 2024* in Ontario also brings with it a changing environment that allows for the creation of more pathways for innovation and adaptation. Not all requirements will change, however it remains vitally important to consider what changes may be possible while still upholding the public interest.

### Broad Legal Advice

Legacy Council's decision is a policy matter and does not require legal advice at this time.

## **PART C: Analysis**

### **Analysis**

In the development of its recommendations, the After-Hours Veterinary Care Taskforce undertook the creation of an in-depth analysis paper that outlines its considerations related to the provision of after-hours veterinary care in Ontario. In particular, this paper sought to outline the history of professional requirements related to the provision of after-hours veterinary care and to identify several areas of contemplation in developing proposed solutions.

In recognition of this work, this paper has been attached to the cover sheet as Appendix “B” for Legacy Council’s review.

### **Recommendations**

A list of recommendations was developed by the After-Hours Veterinary Care Taskforce based on the concepts outlined in its analysis paper and the subsequent conversations they provoked.

In particular, the After-Hours Veterinary Care Taskforce recognized the current landscape of the regulation of veterinary care in Ontario and sought to develop recommendations that could help to inform the modernization of the profession under the *Veterinary Professionals Act, 2024* in three ways:

1. Through the development of regulation language;
2. Through the development of College policy; and
3. Through the development of College guidance.

A copy of these recommendations has been attached to the cover sheet as Appendix “C” for Legacy Council’s review and consideration.

### **Capacity**

Review and approval of the recommendations of the After-Hours Veterinary Care Taskforce remains within the capacity of the Legacy Council and does not require any additional staffing or budget allocations.

### ***Are there any other resource issues that need consideration?***

### **Opportunity for Collaboration**

The opportunities for collaboration associated with this work can be viewed in several layers.

#### **Layer One – Collaboration Between Legacy Council and Transition Council**

Should Legacy Council approve the recommendations set forth by the After-Hours Veterinary Care Taskforce, it will have the opportunity to direct that they be forwarded to the Transition Council for further consideration and use within its own work.

## Layer Two – Collaboration Between Transition Council and the Council of the College of Veterinary Professionals of Ontario

Should Transition Council choose to incorporate the Taskforce’s recommendations into its own work, it will also have the opportunity to direct that they be forwarded to the Council of the College of Veterinary Professionals of Ontario for further consideration and use under the new statutory framework.

### Measurement of Impact

As the recommendations of the After-Hours Veterinary Taskforce relate to work to be completed under the *Veterinary Professionals Act, 2024* it will be the responsibility of the new Council of the College of Veterinary Professionals of Ontario to measure its associated impacts.

### Unintended Consequences

Unintended consequences can be separated into two categories – those that could occur if the recommendations are approved and those that could occur if they are denied:

Approved	Denied
<ul style="list-style-type: none"> <li>• Recommendations are not accepted by Transition Council.</li> <li>• Recommendations do not have intended outcomes related to increased clarity and understanding.</li> <li>• Recommendations do not have intended outcomes related to increased options related to access.</li> </ul>	<ul style="list-style-type: none"> <li>• Current issues continue to grow without solution.</li> <li>• Work becomes stagnant until new legislative framework is fully in place.</li> </ul>

### Options

Following discussion, Legacy Council may elect to:

Step One:

1. Direct that the Taskforce recommendations be approved as presented or amended;
2. Direct that the Taskforce recommendations be denied; or
3. Other.

If Legacy Council approves the recommendations as presented or amended, it may also elect to:

1. Direct that the Taskforce recommendations be forwarded to Transition Council for its use in regulation development; or
2. Other.

## **The Regulation of Veterinary Medicine and its Connection to the Social Contract: How Understanding the Past May Influence the Future of After-Hours Veterinary Care**

### **Introduction and Intentions**

The following paper has been developed by the College of Veterinarians of Ontario (“College”) to aid in its ongoing considerations related to the provision of after-hours veterinary care in Ontario. This paper is separated into several parts.

**Part A** focuses on the history of regulated professions and the concept of the social contract to help provide necessary background for current conversations.

**Part B** delves further into the relationship between the practice of veterinary medicine and the social contract to assist with profession-specific understanding.

**Part C** expands into specific aspects of the delivery of after-hours veterinary care in Ontario and the different factors that may have contributed to current concerns.

**Part D** outlines the different individuals who are affected by after-hours veterinary care and the different expectations that each hold both currently and for the future.

The intention of this paper is not to draw conclusions or suggest solutions. Instead, the information contained in this paper is designed to outline the current landscape and to spark conversation to aid in further development of potential next steps.

### **Part A – The History of Regulated Professions and the Social Contract**

#### **History of Self-Regulated Professions**

Self-regulated professions around the world, including veterinary medicine in Ontario, emerged in the nineteenth century because of a societal desire to increase access to and confidence in competent individuals providing professional services. During this century, professionals began to regulate themselves with the support of the government to manage the entry and conduct of professional practice. This was accomplished through a licensing process that relied on the status, title(s), and education that members of select professions already possessed. By regulating those who could enter and offer the services of a profession, self-regulation also made unlicensed practice illegal, further signalling to the public who could be trusted to provide safe and quality care.

Twentieth century changes to self-regulation saw an increase in the number of professionals seeking a place within this system. Customers and clients became key influences, and professions such as optometry and chiropractic began to emerge. During this time, many professions focused on restricting acts and specifying who could perform them. This approach to self-regulation proved successful in meeting public expectations at the time and continues to be the norm today.

#### **Public Interest and Public Choice**

Since their creation, self-regulated professions have been legally mandated to regulate in the public interest. The public interest is a multi-faceted concept that includes many different

aspects for all parties involved. For the profession, these include accountability, providing practicable access to the care or service they provide, and transparency related to the control over their practice. For the public, these include expectations of quality and ethical care, as well as reasonable consistency in the delivery of professional services. These elements when combined equal the public interest.

The creation of a self-regulated system focused on the public interest was not without associated costs. As modern society is inherently designed to ensure freedom whenever possible, a system based on the legal limitation of public choice requires a balance with ensuring that public needs are met. If the public can no longer choose whomever they wish to seek professional services from, then those who are granted access to practice the profession owe the public a higher level of service to compensate for the limitation on autonomy. This concept is known as the social contract, and it is one of the core principles of self-regulation.

<b>The Social Contract</b>	
<p><b>Definition:</b></p> <p>Traditional definitions of professionalism are built on the social contract between medicine and society, in which a profession is afforded a monopoly over its services, the use of discretion and autonomy in its practice, and self-regulation of its members, in return for pledges of altruism, self-servitude to its clients and patients, adherence to a code of moral conduct, and honesty and integrity in its practice.</p> <p style="text-align: right;">E. Armitage-Chan, J. Maddison, S.A. May (2016), page 1.</p>	
<b>Rewards</b>	<b>Costs</b>
<ul style="list-style-type: none"> <li>• Professional activities and use of title limited to those who prove competency.</li> <li>• Increased public trust.</li> <li>• Increased accountability.</li> <li>• Increased safety.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased expectations/demands on those who practice the profession.</li> <li>• Increased duty and burden of care.</li> </ul>

### What Happens if the Social Contract is Not Upheld?

The logic behind the concept of the social contract dictates that if the public is not receiving the benefits of legal limitations related to their choice in provider, then that choice should be returned to the free market (or at the very least – opened to other professions and/or individuals who are willing to step in and fill the demand). This means that a profession must actively work to uphold public expectations related to the delivery of their services or risk losing the privilege of controlling the ways in which they are offered.

## Part B – The Regulation of Veterinary Medicine and the Social Contract

### History of Why Veterinary Medicine is Regulated and the Associated Balance

The history of regulating the practice of veterinary medicine is rich. As one of the first professions regulated in Ontario, veterinary medicine's intrinsic connections to food safety and transportation meant that society recognized early on the need for oversight of its practice. This included ensuring that those using the title "veterinarian" possessed the skills, knowledge, and judgement required to be considered competent, and that there were mechanisms in place to hold individuals accountable should standards not be met. Public safety was the primary objective and rules and regulations were put into place to facilitate the creation of an overarching system.

### How is the Social Contract Laid Out in Veterinary Medicine?

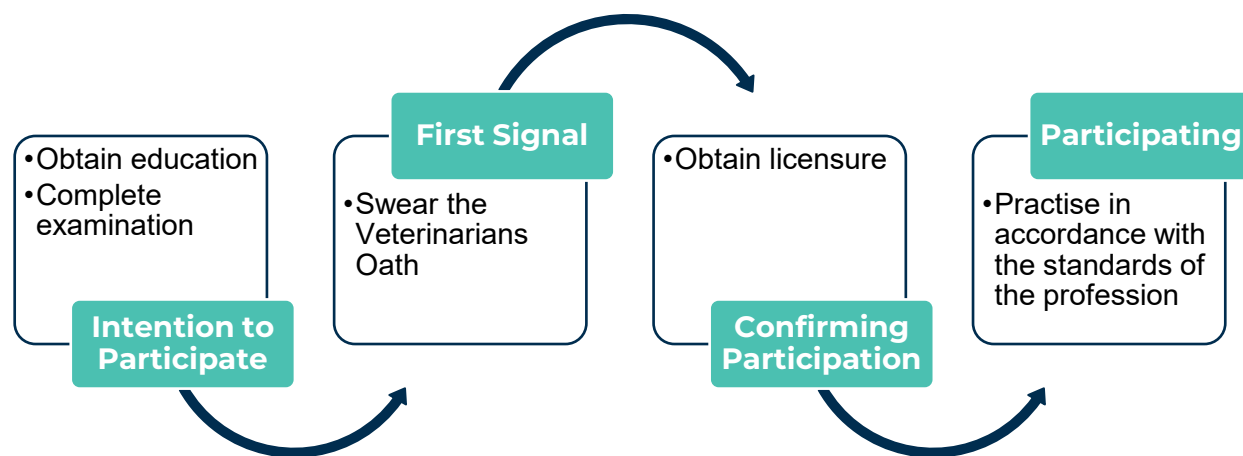
The social contract as a concept appears in many ways, both written and unwritten, including:

<b>In Law and Rules</b>	<b>In Ethics</b>
<ul style="list-style-type: none"> <li>• Act/Regulation/By-Law/Policy</li> <li>• Title protection</li> <li>• Scope of practice</li> <li>• Standards of practice</li> <li>• Professional misconduct</li> </ul>	<ul style="list-style-type: none"> <li>• Expectations for professionalism</li> <li>• Code of Ethics</li> <li>• Decision-making</li> </ul>
<b>In Society</b>	<b>In Relationship</b>
<ul style="list-style-type: none"> <li>• Community expectations</li> <li>• Client expectations</li> <li>• Professional reputation</li> </ul>	<ul style="list-style-type: none"> <li>• Veterinarian-client-patient relationship (VCPR)</li> <li>• Veterinarians Oath</li> </ul>

### How Do Veterinarians Enter into the Social Contract?

Though the nomenclature would suggest otherwise, the social contract is not a formal document that a veterinarian signs to accept the stated terms. Instead, it is an integrated, living concept that is intertwined in the process of obtaining licensure and is best visualized as a progressive undertaking:





To be clearer, when one enters the profession by obtaining a licence, they do so with a commitment to uphold the rules and responsibilities that come with the privilege of practising. This is the social contract as it relates to the practice of veterinary medicine, and it is an undertaking that applies to all veterinarians. The social contract is thought to be reciprocal, in this case with veterinarians and the public, and relies on qualities of social co-operation, fairness, and a common understanding of what each side owes the other. It is important to note that the social contract, like society, evolves over time. There is a need to recognize that although tied to moral values and commitments, the social contract is at its core a deeply personal relationship between the profession and the public.

### But is the Social Contract Still Reasonable?

The concept of social contract as outlined and its interactions with the practice of veterinary medicine is based on a society that has greatly shifted since it was first introduced. Self-regulation and oversight were designed at a time where independent professionals operating singularly owned businesses was the norm. Communities were largely confined to their geographical locations and animals were viewed much more as property than sentient beings. Since its introduction:

- There has been a move away from sole practitioners to team-based care;
- The level of reverence and respect that the public offers professionals such as veterinarians has greatly shifted away from prized community members towards professionals offering a service;
- Other veterinary professionals, such as registered veterinary technicians (RVTs), have been introduced and continue to advance in their training and skillsets;
- There has been an increase in the public ability to access information and options as well as increased ability for mobility;
- There has been an increased recognition of an animal owners' primary responsibilities;

- Social recognition of professional well-being and expectation for work-life balance has increased; and
- There has been an increased recognition of the negative effects of professional burden.

These changes have resulted in a drastically different landscape than when the initial system was created and have led to increasingly emerging questions and considerations related to its current applicability.

### Part C – After-Hours Veterinary Care Interpretations, Intersections, and Perceptions

The provision of after-hours veterinary care in Ontario is one area where expectations related to the social contract are prevalent. The rules related to the delivery of veterinary medicine in these circumstances are largely laid out but have also been subject to many intentional and unintentional interpretations, intersections, and perceptions since they were first introduced.

#### What Type of Expectation is After-Hours Veterinary Care in Ontario?

After-hours veterinary care is a professional obligation that is placed on each veterinarian in Ontario. This responsibility is tied to the individual veterinarian and not the accredited veterinary facility from which they practise. The provision of after-hours care is attached to both written and unwritten components of the social contract. Most formally, a veterinarian is legally required to abide by the expectations outlined in Regulation 1093, which state:

**20.** (1) A member is responsible for providing 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. R.R.O. 1990, Reg. 1093, s. 20 (1).

(2) The services required under subsection (1) may be provided by the member or an associate or by referral to another member who has agreed to cover the referring member's practice. R.R.O. 1990, Reg. 1093, s. 20 (2).

(3) If a member provides services under subsection (1) outside of regular practice hours by referring an animal to an emergency clinic, the member 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 or until the client has had a reasonable opportunity to arrange for the services of another member. R.R.O. 1990, Reg. 1093, s. 20 (3).

(4) A member shall inform each of his or her clients as to how they can access services outside of the member's regular practice hours. O. Reg. 233/15, s. 14.

(5) If a member changes the arrangements for accessing services outside of the member's regular practice hours, he or she shall promptly inform his or her clients of the changes. O. Reg. 233/15, s. 14.

(6) The member shall keep records of every time information is provided under subsections (4) and (5). O. Reg. 233/15, s. 14.

(7) If an animal is to be left in a veterinary facility after regular practice hours, the member treating the animal shall inform the client of supervision arrangements for that animal. O. Reg. 233/15, s. 14.

(8) This section does not apply to a member who provides veterinary services in or from a temporary facility unless compliance with this section is required as a condition to the certificate of accreditation of the temporary facility. O. Reg. 233/15, s. 14.

These written expectations are further outlined in College policy, through the [Policy Statement: After Hours Care Services](#).

A veterinarian's responsibility to provide after-hours veterinary care is also connected to the concepts of the VCPR and informed client consent. Though not always directly intertwined in writing, the connections between after-hours veterinary care and these concepts are crucial and reflect the overarching system under which veterinarians are expected to practise.

In particular, the connection between after-hours veterinary care, the VCPR and informed client consent is crucial when a veterinarian is establishing and maintaining a VCPR. The VCPR is the foundation on which a veterinarian provides services, and its establishment signals to both the veterinarian and the client that there is a mutual understanding of what (and how) veterinary care will be provided. When intertwined with the rules outlined in Section 20 of Regulation 1093, this means that all established VCPRs require a veterinarian to provide reasonably prompt services outside of their regular practice hours if the services are medically necessary for an animal(s) or group of animals that they have treated recently or treat regularly. This is not a requirement that can be waived through informed client consent and is best viewed as one of the core pillars that upholds the current regulatory system.

### How Does After-Hours Veterinary Care Interact with Veterinary Facilities?

When the current approach to after-hours veterinary care was developed, the distinction between individual veterinarians and the facilities from which they chose to practice was more defined. A veterinarian was personally responsible for the quality and method of the care provided, and a veterinary facility was a tool designed to help facilitate the safe delivery of care. While this remains the case on paper, both written and unwritten approaches and assumptions have led to a blurring of these lines, and the responsibility for delivery of care has become increasingly associated with the facility itself. This association has been caused by several factors including:

- The creation of designated emergency facilities;
- College guidance permitting veterinarians to satisfy after-hours veterinary care requirements by creating arrangements with neighbouring veterinary facilities;
- The ability to refer after-hours veterinary care to other veterinarians and/or facilities;
- The emergence of urgent care centres in veterinary medicine, similar to human medicine;
- The general trend amongst both the profession and the public to associate the delivery of veterinary care with the facility instead of the practitioner; and
- The increase in use of team-based care resulting in the public receiving veterinary services from multiple providers at the same facility.

The identification of these factors does not seek to suggest that they are in themselves problematic. Many of these factors when used properly and consistently have resulted in greater access to care and have served the public interest. Instead, these factors are listed as potential explanations as to why veterinary facilities have come to be seen as providers themselves by both the profession and the public and to help spark conversation around the disconnect between rules and reality.

### Is After-Hours Veterinary Care and Emergency Care the Same Thing?

The terms “after-hours veterinary care” and “emergency care” have been used interchangeably within veterinary medicine for decades. When considering any differences between these two terms, it takes a concerted effort to separate one concept from another. After all, in human health care, conditions or ailments requiring care outside of regular office hours might be found in the emergency room. However, just like human health, not all veterinary emergencies happen after-hours.

Veterinary facilities associated with emergency services have increasingly found themselves as the first line of defence for clients and patients who cannot access the care that they believe is medically necessary in the timeframe that they believe is reasonable. When a “regular” clinic is booked for the day, clients and patients are more frequently finding themselves (either by their own choice or through referral) in emergency facilities to receive care. This increases demand on these facilities and raises questions around where the responsibility to care for these emergencies truly lies.

Tied to this is the even larger question around what qualifies as an emergency – and who gets to decide it. Certainly, a veterinarian is in the best position to make this decision from a medical standpoint, but does this mean that public expectation for expedited access holds no weight? Is now the time to define what an emergency truly is? If so – is it also time to more concretely outline where the responsibility lies for handling them?

Further, in seeking to better understand what qualifies as an emergency there is also the parallel need to determine whether the current rules surrounding after-hours veterinary care were designed solely for emergency purposes. The current wording suggests only that the required care be “medically necessary” and makes no reference to criticality. Does this remain reasonable?

### **Part D – The People of It All**

Outside of the overarching rules and structure that exists surrounding after-hours veterinary care, there are also personal aspects related to both the individuals who deliver these services and those who seek them.

#### **Public Expectations and Professional Expectations – Understanding Shifts in Expectations and Realities**

Expectations and realities amongst both the profession and the public related to the provision of after-hours veterinary care have shifted in some areas over the years and stayed in the same in others. Understanding these shifts may help to better humanize current considerations and assist in better defining the society that veterinary medicine in Ontario is seeking to serve.

#### **Public Expectations**

In general, the public continues to expect that a veterinarian be able to provide the care that their animal(s) or group of animals requires when they require it. Recently, these expectations have extended beyond the traditional confines of a VCPR to include individuals that do not have an active relationship with a veterinarian or veterinary facility but expect to be able to receive timely services should the need arise. This is especially true in emergencies (whether real or perceived).

Public expectation related to avoiding inconvenience in accessing veterinary services has also increased, with direct and on-demand access facilitated by the veterinarian continuing to be the preferred method of service delivery for many individuals. This is heightened by general societal expectations for services and products to be available to everyone at any time of day they may need them. A rise in emotional intensity particularly during and following the pandemic along with increasing views of animals as sentient or as family members have also led to an increased demand from the public in receiving things promptly. There have been some shifts in understanding the need for compromise between the veterinarian and their clients to provide sustainable care, but by and large the public continues to expect the larger portion of accommodation since they are paying for the services provided.

A noticeable shift in previous public mindsets comes with increasing willingness to engage with and be served by larger veterinary teams. Where previously the public expected and relied on delivery of care solely by veterinarians, modern society has become more accustomed to being seen by whichever practitioner can safely offer the required services. Tied to this is an ongoing interest in what types of care can be provided through virtual means, especially for those located in rural and remote areas. In this, there may be increasing demands for services not well-suited for virtual delivery, but overall, the public remains open to and interested in innovation.

### Professional Expectations

The veterinary profession has evolved greatly since the practice of veterinary medicine was first regulated. Veterinarians remain the primary clinicians, but other professionals, most notably RVTs, have emerged as highly skilled and essential members of the veterinary team. This has created a new dynamic amongst traditional structures, and more and more veterinarians are adopting a team-based approach to care delivery.

Societal evolution has also resulted in an increasing interest in obtaining a greater work-life balance, with more traditional views on professional practice giving way to a more holistic approach that embraces veterinary professionals as humans who value both clinical and personal success and wellness. Veterinary professionals have become more attentive to the hours they dedicate to practice and demands for more predictable and manageable schedules have become increasingly common.

This shift in mindset, however, has also resulted in a profession that is more particular in the services that it seeks to provide. Limited scopes of practice are becoming more common and reliance on referrals have become more commonplace as appetites for uncertainty have decreased. This has resulted in increased pressures on those in the profession who remain willing to provide less desirable or riskier services, which has in turn resulted in backlogs and shortages in available services for the public.

### Competitive Edge and Affordability

Shifting expectations, particularly from the profession, have also been impacted by business strategies and the desire to find a profitable balance between a having a competitive edge and providing affordable services. Despite the argument that veterinary medicine and its delivery is a professional service, it cannot be ignored that this service is provided by a business. This means that while they provide care to animals, veterinarians, particularly owners of veterinary facilities, must keep business practices and strategies in mind. Establishing a successful

business may be an important part of delivering veterinary medicine but it does raise the question: does a reliance on business strategies and profitability reduce or eliminate the ability for veterinarians to uphold the social contract in its truest sense?

When connecting business strategies and profitability to the social contract, it is important to consider the impact that one may have on the other. The two may not balance to the level in which veterinarians and the public may expect. The expectations of the social contract may not always intersect with the realities of profitable business practices, which could leave veterinarians in the position to decide between upholding the social contract to its highest degree or choosing to generate the most profit for their business.

This sentiment may be applied to the provision of after-hours veterinary care. Operating a facility after business hours, employing staff beyond business hours, and all other components of providing after-hours care come with a price for the business owner. This is a price that particularly in less densely populated areas, may not generate the profit required to run the business for these hours. Veterinarians are left to determine how best to meet the social contract, regulations, and policy requirements for after-hours care while still maintaining a successful business.

### Giving Burden a Name

Weaved throughout this paper is an overarching theme related to roles and responsibilities and - more importantly – who truly is responsible for carrying these burdens. Where once the answer may have been straightforward in full assignment to the professional, the shifting landscapes of animal care in Ontario have resulted in a much murkier reality. Certainly, the professional remains most equipped to deliver needed services, but if the public has come to expect more than what was first imagined or promised when the social contract was developed, is it now time to also question whether how the load is carried should be reimaged?

### Conclusion

As one of the oldest regulated professions in Canada, the practice of veterinary medicine has long been reserved exclusively for veterinarians. By earning this exclusive set of rights, veterinarians entered a social contract to act in the interests of society and its members. Approximately 150 years later, the society that formed the original social contract is not the same society today. While the social contract remains, it is different from its original formation and parallels the role and value of animals, both small and large, as well as the increasingly varied roles held by veterinarians and now veterinary teams.

In more recent years, changes have been happening incrementally and a number of transitions have occurred simultaneously. As innovative technologies become increasingly accessible, veterinarians and their teams have become capable of increasing efficiency, embracing telemedicine both inside and outside of the physical clinic or facility, and have developed new ways to deliver care inclusive of how after-hours services are provided. With an increasing shift towards a team-based model, one with the veterinarian having over-arching knowledge, but with greater inclusion of knowledge sharing and accountability for procedures and tasks, traditional delivery of care models are needing to adjust. The future will likely seek to recognize RVTs as partners in the delivery of after-hours veterinary care.

## After-Hours Veterinary Care Taskforce Recommendations

### **Regulation Under the *Veterinary Professionals Act, 2024***

The Taskforce recommends the following items related to Regulation language to be developed under the *Veterinary Professionals Act, 2024*:

1. That the current language contained in Section 20 of Regulation 1093 related to the provision of after-hours veterinary care carry forward under the new regulatory framework unless otherwise specifically stated within these recommendations.

For reference:

**20.** (1) A member is responsible for providing 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. R.R.O. 1990, Reg. 1093, s. 20 (1).

(2) The services required under subsection (1) may be provided by the member or an associate or by referral to another member who has agreed to cover the referring member's practice. R.R.O. 1990, Reg. 1093, s. 20 (2).

(3) If a member provides services under subsection (1) outside of regular practice hours by referring an animal to an emergency clinic, the member 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 or until the client has had a reasonable opportunity to arrange for the services of another member. R.R.O. 1990, Reg. 1093, s. 20 (3).

(4) A member shall inform each of his or her clients as to how they can access services outside of the member's regular practice hours. O. Reg. 233/15, s. 14.

(5) If a member changes the arrangements for accessing services outside of the member's regular practice hours, he or she shall promptly inform his or her clients of the changes. O. Reg. 233/15, s. 14.

(6) The member shall keep records of every time information is provided under subsections (4) and (5). O. Reg. 233/15, s. 14.

(7) If an animal is to be left in a veterinary facility after regular practice hours, the member treating the animal shall inform the client of supervision arrangements for that animal. O. Reg. 233/15, s. 14.

(8) This section does not apply to a member who provides veterinary services in or from a temporary facility unless compliance with this section is required as a condition to the certificate of accreditation of the temporary facility. O. Reg. 233/15, s. 14.

2. That the current language in Section 20 (2) be amended to make it clearer that a veterinarian member is required to have a specific, agreed-upon arrangement with at least one veterinarian member and/or accredited facility when referring the provision of after-hours veterinary care.
3. That the current language in Section 20 (3) be amended to make it clearer that a referring veterinarian member's responsibility related to care upon discharge applies to all after-hours veterinary care arrangements.

**In Policy Developed Under the *Veterinary Professionals Act, 2024***

The Taskforce recommends the following items related to College Policy be developed under the *Veterinary Professionals Act, 2024*:

1. That College Policy confirm that the responsibility for the provision of after-hours veterinary care remains with the veterinarian member who provided care either recently or regularly to the animal(s) or group of animals.
2. That College Policy require Facility Directors to confirm and oversee the after-hours veterinary care approach(es) that are taken at their accredited facility, inclusive of any telemedicine methods used.
3. That College Policy clarify what is meant by “reasonably prompt” and “medically necessary” within the regulatory requirements as well as enable and support a veterinarian member’s ability to use their professional judgement in determining whether these thresholds have been met.
4. That College Policy clarify that care of an animal(s) or group of animals returns to the veterinarian member who provided care either recently or regularly if other after-hours veterinary care arrangements are or have become unavailable and that this requirement be based on reasonable feasibility.

**In College Guidance Developed Under the *Veterinary Professionals Act, 2024***

The Taskforce recommends the following item related to College Guidance to be developed under the *Veterinary Professionals Act, 2024*:

1. That the College develop guidance materials to support both the public and profession in understanding the concepts contained in Policy Recommendation #3.



**AGENDA ITEM 9.2**

**TOPIC:      Guidance Document – Use of Medical Devices  
Enabled by Artificial Intelligence**

Area of Focus
<input checked="" type="checkbox"/> Governance
<input type="checkbox"/> Legislation
<input type="checkbox"/> Public Policy
<input type="checkbox"/> Stakeholders
<input type="checkbox"/> Strategic Plan



**Background:**

One of the College’s strategic risks that continues to be monitored is the use of technology in veterinary medicine. The Legacy Council adopted the Position Statement, “Embracing Innovation and the Digital Age in Veterinary Medicine” in March 2024. The Position Statement is intended to support veterinarians and their use of technology by providing advice on considerations to mitigate risk in the use of technology in veterinary medicine.

**Discussion:**

The College’s Ontario Veterinary Regulatory Innovation Panel has provided expertise and support to our work related to the use of technology and innovation. After Legacy Council’s approval of the Position Statement, the Panel has been involved in providing advice to assist us in formulating a guidance document to support the use of tools enabled by artificial intelligence by veterinarians.

Legacy Council is not generally involved in the approval of guidance documents, however, College staff wanted to ensure that the Legacy Council is aware of the information provided to veterinarians in this evolving risk area and seek any feedback that Legacy Council may have prior to its publication.

**Attachment:**

- Guidance Document on Use of Medical Devices Enabled by Artificial Intelligence in the Practice of Veterinary Medicine

# Use of Medical Devices Enabled by Artificial Intelligence in the Practice of Veterinary Medicine

Published:

## Introduction

In March 2024 the Council of the College of Veterinarians of Ontario published a Position Statement on the Digital Age and Veterinary Medicine<sup>1</sup>. This Statement aims to encourage innovation within the veterinary community while acknowledging the need to manage risks in an unregulated environment.

The premise of all care provided by a veterinarian to an animal or group of animals is that the licensed practitioner is accountable for their choices and decisions. As new choices with respect to technology and innovation become available, there is an increased need for a veterinarian to have information that helps them assess the risk of use against their ability to reduce or mitigate any potential harm(s).

This companion Guide is intended to help veterinarians adopt medical devices enabled by artificial intelligence (AI) in their practice. It is understood that levels of risk will be present in every decision made. This document is not intended to provide either legal or industry authority on this rapidly emerging and complex topic. More importantly, it creates a specific framework on key considerations that a veterinarian should keep in mind when selecting medical devices enabled by AI to advance care options for patients.

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<sup>1</sup> College of Veterinarians of Ontario Position Statement (2024). Embracing Innovation and the Digital Age in Veterinary Medicine.



## Terminology

Within the artificial intelligence sector there are multiple terms that are applied to the description of the tools being developed and the processes and functions behind them. While it would be preferable to provide a definitive list, there is currently no one source of agreed on definitions – provincially, nationally, and/or internationally.

Foremost, it is important to keep in mind that, other than some medical devices that use forms of energy such as imaging and laser equipment etc., no medical device for use in animal health care has oversight or approval from a regulatory authority such as Health Canada. With this lack of oversight in mind, using Health Canada's directions for human health care as a guidepost to gain knowledge, expertise and direction appears most logical.

A cornerstone to this discussion is the term 'medical device' adopted from the International Medical Device Regulators Forum. While this definition is intended for human medicine, its overall description informs animal health care and is described as follows:

Medical Device: Any instrument, apparatus, implement, machine, appliance, implant, reagent for in vitro use, software, material or other similar or related article, intended by the manufacturer to be used alone or in combination, for human beings, for one or more of the specified medical purpose(s) of

- diagnosis, prevention, monitoring, treatment or alleviation of disease,
- diagnosis, monitoring, treatment, alleviation of, or compensation, for, an injury,
- investigation, replacement, modification, or support of the anatomy, or of a physiological process,
- supporting or sustaining life,
- control of conception,
- cleaning, disinfection or sterilization of medical devices,
- providing information by means of in vitro examination of specimens derived from the human body;

and does not achieve its primary intended action by pharmacological, immunological, or metabolic means, in or on the human body, but which may be assisted in its intended function by such means.

This definition, however, does not address the matter of AI and machine learning in relation to these Devices.

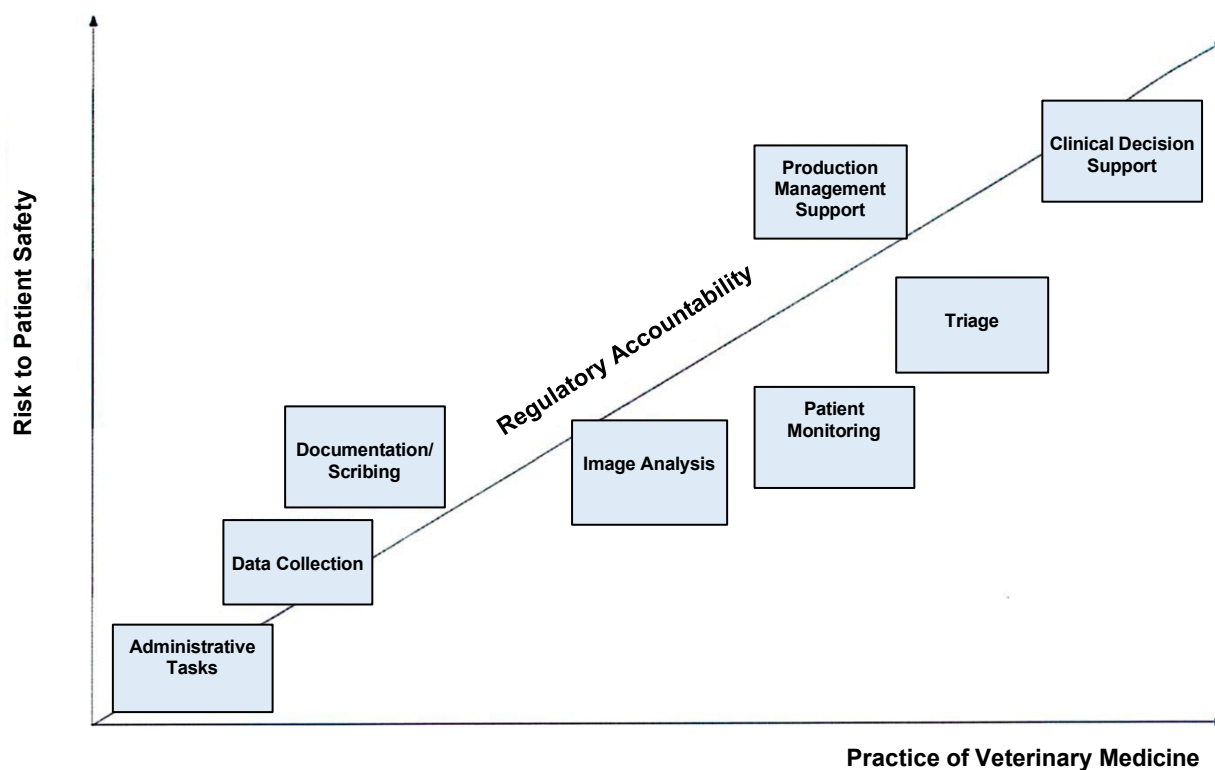


The work on Medical Devices has, therefore, now extended to become Machine Learning – enabled Medical Devices<sup>2</sup>. To keep this simple, and regardless of what type of learning method is used – continuous, semi-supervised or supervised – machine learning integrated with a medical device indicates that data drives the outcomes that are relied upon for decision making by the veterinarian.

## Risk Profile

As noted in the Spring/Summer edition of the University of British Columbia Magazine, “AI is only as good as the data that underlies it, and with most of that data collected for commercial purpose to appeal to certain types of customers, the data sets are inherently biased, and certain types of information are privileged over others<sup>3</sup>.”

The following chart provides an overview of potential risk to patient safety modeled against emerging medical devices enabled by AI.



Adapted from Federation of State Medical Boards<sup>4</sup>

<sup>2</sup> Health Canada (2021). Transparency for Machine Learning – Enabled Medical Devices: Guiding Principles.

<sup>3</sup> University of British Columbia Magazine (Spring Summer 2024). AI for Social Good: Code of Ethics, pages 13 – 16.

<sup>4</sup> Federation of State Medical Boards (April 2024). Navigating the Responsible and Ethical Incorporation of Artificial Intelligence into Clinical Practice.



## Guiding Principles

Similar to the challenge of deciding on common definitions, the publication and public discussion on principles that should guide decision making in the development and use of tools supported by artificial intelligence is wide ranging and audience dependent. To best assist veterinarians in practice, the College is adopting Health Canada's references, which share as an overarching theme on the need to understand and consider transparency as the foundation on which to make choices for use related to decision-support tools<sup>5</sup>.

The use of AI to assist in the practice of veterinary medicine does not replace the need for the use of clinical reasoning and discretion on the part of the veterinarian. A veterinarian should understand the tools they are using by being knowledgeable about their design, training data used in its development, and the outputs of the tool in order to assess reliability and identify and mitigate bias. Once a veterinarian chooses to use AI, they accept responsibility for responding appropriately to the AI's recommendations.

When using transparency as a guiding principle to assist with risk mitigation, the following questions may be of use to a veterinarian in stimulating questions to ask and discern why the selecting machine learning-enabled medical devices will add value to their practice.

1. Is the purpose and function of the medical device clear?
2. What data set is the device built from?
3. What biases may exist in the data and how have they been accounted for?
4. Is the medical device relevant to the identified need in the veterinary practice?
5. Are the risks and benefits to the care of animals clearly identified?
6. Is the data available and easily managed by a veterinarian? The veterinary team?
7. Is the medical device updated regularly and in a timely manner?
8. Does the medical device add value to the competence of a veterinarian?
9. Is the data storage private and secure? Who owns the data? Is its use known and protected?

A possible subset of additional questions a veterinarian could ask a vendor of a machine learning – enabled medical device could include:<sup>6</sup>

- Who was involved in the design?
- What does the AI propose to answer?
- What methods does the AI use to arrive at its outcomes?
- How was the AI trained?
- How was the AI tested?

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<sup>5</sup> Health Canada (2021). Transparency for Machine Learning – Enabled Medical Devices: Guiding Principles.

<sup>6</sup> Adapted from panel presentation on AI and Veterinary Medicine, National Issues Forum, CVMA Conference, June 2024



- How did the model perform when tested?
- How is the performance of the AI being monitored by the vendor to determine any needed changes or improvements?

Without regulatory oversight of medical devices in the veterinary sector, it is important for veterinarians to be thoughtful clinicians as they seek to introduce AI supported tools into practice.

Striving to achieve transparency for the user and the client in the choices made, serves as a solid foundation for balancing benefits over risks or harms.

## **Resources and Supports**

As veterinarians move their facilities and their teams forward, inclusive of introducing Machine Learning – enabled Medical Devices, seeking opportunities to gain knowledge and skill in the selection and implementation of these tools will be critical to success.

Trusted sources for guidance will continue to include the College of Veterinarians of Ontario, and the Canadian Veterinary Medical Association. New groups equipped to debate and recommend medical devices for use in the veterinary sector will likely emerge and will be important to watch.

## **Conclusion**

The incorporation of AI into veterinary practice is inevitable and presents tremendous potential benefits to patients and veterinarians alike. It also presents significant risk of harm if such tools are developed and used irresponsibly. Veterinarians have always had the responsibility to make choices and decisions that are ethical, reasoned and display good judgement on behalf of the animals and clients they serve. Adherence to the traditional professional expectation to do no harm continues to remain forefront in the evolution of medical devices enabled by artificial intelligence.



## References

1. College of Veterinarians of Ontario Position Statement (2024). Embracing Innovation and the Digital Age in Veterinary Medicine.
2. Federation of State Medical Boards (April 2024). Navigating the Responsible and Ethical Incorporation of Artificial Intelligence into Clinical Practice.
3. Government of Canada (May 2024). Guiding Principles for the use of AI in Government.
4. Government of Ontario (September 2023). Principles for Ethical Use of AI (Beta).
5. Government of Ontario (April 2024). Ontario's Trustworthy Artificial Intelligence (AI) Framework.
6. Health Canada (October 2021). Good Machine Learning Practice for Medical Device Development Guiding Principles.
7. Health Canada (2021). Transparency for Machine Learning – Enabled Medical Devices: Guiding Principles.
8. Health Canada (September 2023). Draft Guidance Document: Pre-market guidance for machine learning – enabled medical devices.
9. Innovation Science and Economic Development Canada (2019). Canada's Digital Charter in Action: A Plan by Canadians for Canadians.
10. International Medical Device Regulators Forum (May 2022). Machine Learning – enabled Medical Devices: Key Terms and Definitions. *Artificial Intelligence Medical Devices (AIMD) Working Group*.
11. Privacy Commissioner of Ontario (February 2024). Artificial Intelligence in the Public Sector: Building trust now and for the future. *Commissioners Blog*.
12. University of British Columbia Magazine (Spring Summer 2024). AI for Social Good: Code of Ethics, pages 13 – 16.
13. U.S. Food and Drug Administration (January 2021). Artificial Intelligence / Machine Learning – Based Software as a Medical Device (SaMD).
14. U.S. Food and Drug Administration (March 2024). Artificial Intelligence and Medical Products.

**TOPIC: 10.1 By-law Proposed Amendment – Non-Council Committee Member Terms and Sunsetting the Governance, Audit and Risk Committee**

**Background:**

At its last meeting in September 2024, Legacy Council discussed its need to maintain stability and focus on member related matters during the transition period as the College moves toward implementation of the new Veterinary Professionals Act. A strategic focus about where Legacy Council utilizes its resources during this transition period was also highlighted as very important. When the Council of the new College of Veterinary Professionals forms, it will consider its Committee and appointment needs and these short-term decisions do not impact the longer-term decisions of the new Council in any way.

There were two by-law changes that were approved for consultation. These two areas were consulted on together, so the feedback is being reported back in one package, but that does not impact Legacy Council's ability to only approve portions of the proposed by-law changes if it chooses.

**Non-Council Committee Member Terms**

In order to maintain stability, a by-law change was already enacted to discontinue Legacy Council elections during the transition period. The additional intent of Legacy Council is to stabilize its committee membership for this same time frame which will ensure that member matters are addressed in a timely manner and that resources are not used to upskill new Committee members on the existing legislation and policies unless necessary during the transition period. To that end, the Committee Chairs and senior staff have been consulted on the performance of their existing non-Council Committee members and whether they would recommend continuation of their terms, if possible. That survey is complete and the majority of the individuals currently serving were recommended for continuation. It was determined that a by-law change would be necessary to ensure that existing Committee members can complete the transition period without concern for going beyond current term limits for some individuals and therefore an extension from six to nine years of allowable consecutive Committee appointments was proposed.

**Sunsetting the Governance, Audit and Risk (GAR) Committee**

The Governance, Audit and Risk Committee is a non-statutory committee primarily focused on ensuring good governance for Council – considering needed policy changes, providing education and monitoring trends in governance. Although, we want the Legacy Council to continue to focus on good governance, now is not the time for implementation of new policies or investing considerable resources in education sessions for the Legacy Council.



Council discussed that the two remaining areas of GAR Committee work that need to be continued during the transition are assisting with the financial audit and monitoring the leading and strategic risks of the College. It was felt that as policy work winds down for the Legacy Council, the Executive Committee has the time to take on these governance areas of work to complement its statutory case matter work. It was agreed that GAR resources (Committee member time, financial resources, staff time) could be better allocated elsewhere.

Council has proposed that the Governance, Audit and Risk Committee complete its work in December 2024 and that the Committee will be discontinued beyond that date.

#### Discussion:

The proposed By-Law changes were circulated for 60 days to allow for member and stakeholder feedback to be collected to inform Legacy Council's decision making. The feedback is now being provided back to Legacy Council to determine how it wishes to proceed.

Twenty-three responses were received from veterinarians to the survey and additional comments were posted on the public consultation tool. The survey feedback was generally supportive of the proposed By-Law amendments. The detailed comments demonstrate a lack of understanding about how the governance structure of the College functions and about the role of the Governance, Audit and Risk Committee. The comments are also clear that these proposed changes should be focused on the transition period only and that the new Council will want to consider shorter term lengths and whether a Governance, Audit and Risk Committee should be part of the new model moving forward. The comments received have been included in the attached Consultation Report for Legacy Council's review.

#### Options:

Following discussion, Council may elect to:

- a) approve the By-law changes as presented
- b) approve the By-law changes as amended
- c) any other option Council would like to select.

#### Attachment

- Applicable sections of the Current By-Laws with proposed changes marked in Red.
- Consultation Report

## Excerpts of the By-Laws of the College of Veterinarians of Ontario

### 12. COMMITTEES

#### 12.01 – Duties and Responsibilities

The duties and responsibilities of each Committee shall be those set out in the Act, these By-Laws and the Terms of Reference for that Committee, as approved by Council, where applicable.

#### 12.02 – Creation of Additional Non-Statutory Committees

In addition to the statutory Committees required by the Act, Council may establish and maintain any additional standing Committees, planning groups, task forces and advisory groups, deemed necessary for the effective and efficient function of the College.

#### 12.03 – Non-Statutory Committees

In addition to the committees established by the Act and the authority established under section 12.02, the following committees shall be established:

1. Quality Assurance Committee,
- ~~2. Governance, Audit and Risk Committee~~

### 13. SPECIFIC COMPOSITION AND DUTIES OF NON-STATUTORY COMMITTEES

#### ~~13.02 – Governance, Audit and Risk Committee~~

~~(1) The Governance, Audit and Risk Committee shall be composed of the First Vice-President, the Past President, two Public Members, and the President as an ex-officio member.~~

#### ~~(2) The Governance, Audit and Risk Committee shall:~~

- ~~(i) review and recommend to Council documents which provide structure to Council's preferred governance model, inclusive of a governance manual;~~
- ~~(ii) recommend a review of Council's governance structure from time to time to assure continuous effectiveness of the governance structure;~~
- ~~(iii) meet annually with the Council's financial auditor, separate from the Registrar, prior to and post audit to assist Council with assurance of an independent rigorous audit process;~~

~~(iv) regularly review and consider identified areas of regulatory and organizational risk and assure Council that mitigation strategies are in place and effective;~~

~~(v) recommend to Council any matters that the Committee believes require a performance audit review based on evidence;~~

~~(vi) develop and implement the College's on-boarding and off-boarding processes for new Councillors and non-Councillors;~~

~~(vii) implement and continuously review the College's performance evaluation framework, with a view to assuring governance and regulatory excellence; and~~

~~(viii) report to Council on a quarterly basis with regular public reporting as confirmed by Council.~~

### **13.03 – Appointment of Committee Members**

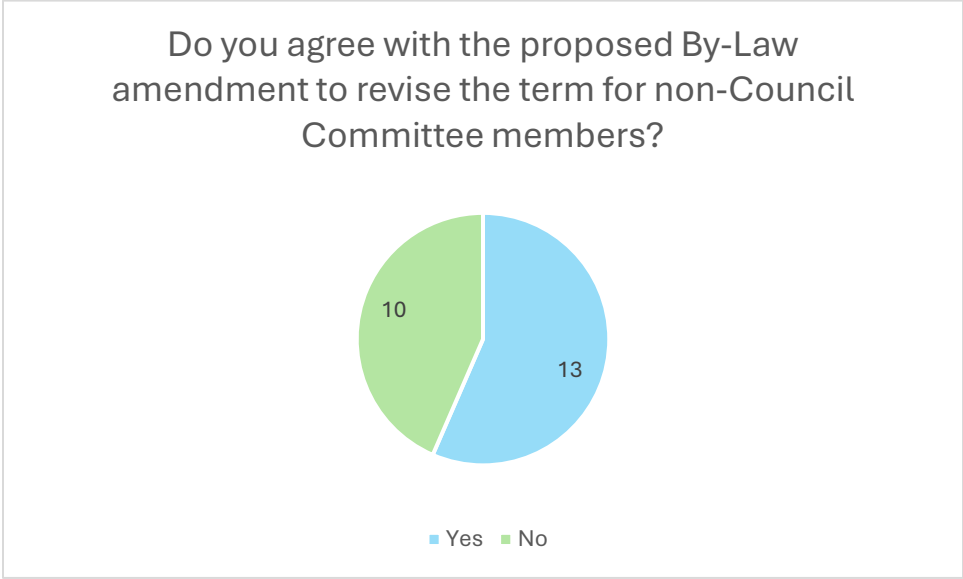
Unless otherwise stated in these By-Laws, every Committee member shall be appointed by Council, with the exception of the Executive Committee, whose members shall be elected

### **13.04 – Appointment of Non-Council Individuals**

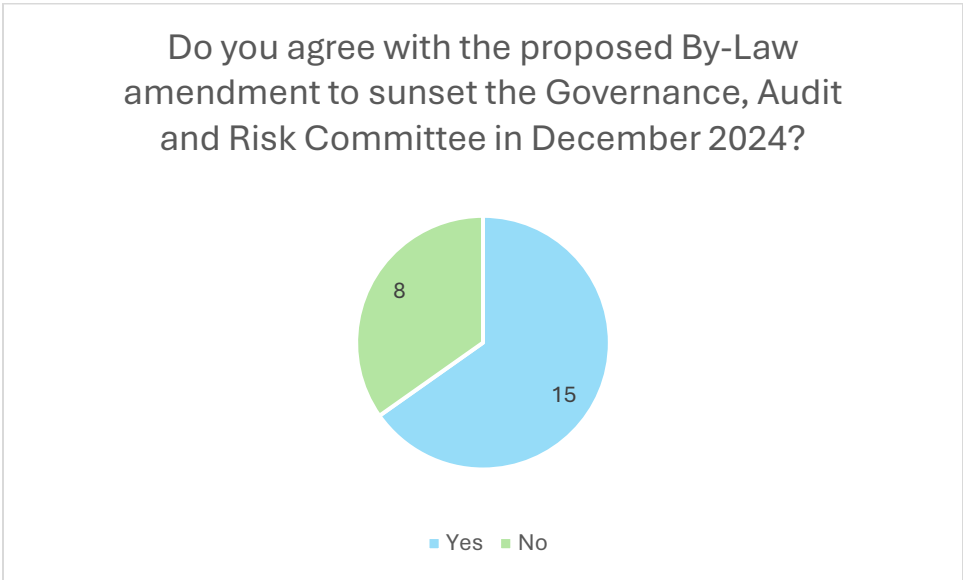
Subject to any specific composition requirements in the Act or By-Laws, Council may, at its discretion, appoint individuals who are not members of Council to any Committee. The maximum term that a Non-Council individual may serve on one Committee is ~~six~~nine consecutive full-year terms.

**By-Law Consultation Feedback Report**

All 23 responses on the survey were received from veterinarians. Additional comments were posted on our public consultation tool.



57% of veterinarians who responded to the consultation (13 of 23) support the proposed by-law amendment and 43% (10 of 23) are not in support of the proposed by-law amendment.



65% of veterinarians who responded to the consultation (15 of 23) support the proposed by-law amendment and 35% (8 of 23) are not in support of the proposed by-law amendment.

## Survey Comments Received

All straight forward and logical

Council membership should have turnover to bring in fresh voices. The removal of a committee that conducts performance audits seems inappropriate, even if no new bylaws will be proposed in the short-term. Moving that oversight to the executives may be conflict of interest.

Both changes make sense at this time of transition.

Knowing this committee and the very capable members, I have to trust that their decision is the right one at this time. Having said this, I would like information to be published about what the plan is going forward, when the CVPO and the new council takes over, where will the work that GAR did in the past get done? It's been a very important committee. Is the plan going to be that the Executive committee takes on this work permanently in the future, since the executive will no longer be managing member matters?

I do not think we should be discarding the GAR committee entirely. Suspending its actions during the transition seems reasonable, but to sunset and strike it from the bylaws entirely means there's no mandatory review to reinstate it. There should be long term governance and oversight!

I understand that these proposed amendments are in support of the transition. I recommend that their long-term effectiveness be re-evaluated after the transition is complete and the College has attained a level of operational stability.

Hopefully that means better continuation of service to the committee as long as the members are willing and dedicated. Hopefully that means better allocation of resources and promote efficiency.

9 years is too long for any term. 6 years should be more than sufficient to maintain continuity. If we sunset the GARC, then how is the executive going to be held responsible? Accountable to themselves? I think not!

6 years seems sufficient for one person's view on issues. Longer terms may bias the whole organization into a direction which does not reflect the majority of members. Reducing an oversight committee and allocating that to an executive branch is not good governance. Just because Trump is suggesting more power for the executive does not make it a good governance idea.

9 years is far too long to serve. Myers would be getting stale and complacent by 6 years. The other ammendment seems a better use of resources

I am seriously concerned about both proposals. Increasing the maximum term for non-Council Committee is not forward thinking. Having shorter electoral terms is an important balance to ensure that personal opinions and biases are kept in check and ensures that people with

varying degrees of expertise are circulated through the committee. 6 years is already a very long term and increasing the length further would be detrimental to the democratic electoral process and be stagnating to growth within the college. Regarding the proposal to discontinue the Governance, Audit and Risk (GAR) Committee, this seriously concerns me. I am perplexed and alarmed that this is being proposed particularly at this important time in our college's history. We are in a transition period where more than ever the executive committee needs to be monitored, held accountable, and closely observed to ensure that all procedures and transitions being made are in accordance with the college's mandates. Suspending the GAR committee is a serious red flag.

A 6 year term even if the new Act takes 3-4years is still plenty. There should be new voices in a shorter time frame than almost a decade.

Disclaimer: I am a current non-council committee member. I agree with both proposed changes. With respect to the GAR committee, I wanted to emphasize the importance that the functions of the GAR committee be transferred to the Executive Committee (as proposed)so that those functions continue. Thank you!

I have significant concernsA about the directions taken by CVO over the past 8 years. The Ontario veterinary profession has become overtaken by non veterinarian, non Canadian ownership, profit driven predominantly American companies. CVO has done nothing to stop it, in fact only making it easier.

I have to wonder what the influence of non members has been on this refusal to maintain the structure of our industry and protect its members. Of course, I also wonder how the election of members who run these companies as "medical directors" has influenced decisions. As such, we likely do need a Governance, Audit and Risk Committee since CVO clearly needs oversight in how they are managing, or in my opinion, mismanaging, the future of veterinary medicine in Ontario as graduating veterinarians can no longer afford to start their own clinics and compete with the massive American capitalism that's been permitted to overtake us.

9 terms is too long to bring on new members and ideas and to respond to societal change

### **Publicly posted comments**

I am vehemently opposed to both proposed amendments. Short terms are essential in preventing the establishment of personal fiefdoms and undue influence. In my opinion 6 years is already too long.

I agree with both bylaw amendments

The by-law amendments proposed are eminently sensible in this time of transition.

Do not increase the length of their terms

The proposed bylaw as circulated makes perfect sense and I support it.

I appose the minor change to the By-Laws as necessary to extend the maximum term for non-Council Committee members from six to nine. Six full-year terms should be adequate to ensure that member matters can continue to be addressed in a timely manner and throughout the transition period. Has anyone else been given the opportunity to join the non-Council

Committee? When and where are those requests made? I'm sorry, I don't remember seeing it if it was posted on CVO facebook, in an email, or on the website?

I am not in favour of extending the non-veterinary counsel member appte to 9 years from 6 years. Staggering the appointments for stability is a better direction than keeping people on for that long a term. You need a fresh set of eyes to stay forward thinking and 6 years is plenty of time for members to make their mark. A nine year term seems daunting to me. I dont see how anyone could feel energized in a role for 9 years.

These proposed amendments to the By-Laws are being justified as measures in support of the transition to the College of Veterinary Professionals of Ontario (CVPO). After the transition is complete, I recommend that there be formal consideration made to evaluate whether these amendments, if they are indeed implemented, continue to remain in effect or return to their pre-amendment condition. The transition is temporary and there may be value in considering whether these measures will be in service of the long-term interests of the CVPO.

I am seriously concerned about both proposals. Increasing the maximum term for non-Council Committee members from six to nine consecutive full-year terms is not forward thinking. Having shorter electoral terms is an important balance to ensure that personal opinions are kept in check and ensures that people with varying degrees of expertise are circulated through the committee. 6 years is already a very long term and increasing the length further would be detrimental to the democratic electoral process and be stagnating to growth within the college. Regarding the proposal to discontinue the Governance, Audit and Risk (GAR) Committee, this seriously concerns me. I am perplexed and alarmed that this is being proposed particularly at this important time in our college's history. We are in a transition period where more than ever the executive committee needs to be monitored, held accountable, and closely observed to ensure that all procedures and transitions being made are in accordance with the college's

I have no concerns with the proposal

I believe duration of non counsel members duration to decrease to 3 years instead I ceasing to 9 years .

I do not agree with either proposal. The extension should not be made to terms. Terms exist to limit biasing of views of committee driven powers. The current term of 6 years is already inexplicably long amount of time for the purposes of this committee. For the second proposal, removal will them restrict the committee ability to have committee and licensed members disagree and put forth alternative solutions for proposal and educational purposes. The mandate of that committee is important and should not be limited especially in light of the current changes with are not supported by the majority of the licensed members.

My understanding of the role of the GAR may be lacking but it sounds like there will be a lack of financial oversight if the audit process is removed. It is not clear with whom this responsibility will go to. As a licensed member who pays yearly membership dues I want to have confidence that collectively our millions of licensing dollars are being appropriately allocated and used. I would like more transparency as a whole but that is a different matter. Please direct me towards any resources that will show that the dissolution of the GAR will not reduce fiscal responsibility of the Council and CVO. Thank you.

I have previous experience with implementing new legislation and regulations (Agricultural Compounds and Veterinary Medicines Act) back in New Zealand when I worked for the Ministry of Agriculture and Forestry and was the Registrar of the Animal Remedies Board. We also had a transitional Board.

I strongly object to both of these amendments. Just because someone is willing to serve longer does not mean it necessarily is a good idea. People have individual biases. By rotating positions these differences are more readily reflected in actions and legislation that are the views of the majority.

I am seriously concerned about both proposals. Having shorter electoral terms is an important balance to ensure that personal biases are kept in check. 6 years is already a very long term and increasing the length further would be detrimental to the democratic electoral process. Suspending the GAR committee is alarming particularly at this important time in our college's history. We are in a transition period where more than ever the executive committee needs to be monitored, held accountable, and closely observed to ensure that all procedures and transitions being made are in accordance with the college's mandates. Suspending the GAR committee is a serious red flag. What is the council proposing to do that would warrant the suspension of the auditing committee?

I am not in favor of extending the terms of the council members; the college needs fresh eyes and thoughts.

Term limits exist for a reason. Staggering board departures ensures continuity. Nine years sounds like a very long term that, I argue, dilutes the benefits of imposing term limits. Five years is a common suggestion therefor I support six, not nine.

I do not support either of these proposed changes. 6 years is already a long time for a term. The positions should be under review with more opportunities for change and not less. If anything the term should be shortened for more accountability. I am concerned if it passes that there will be a "set-it and forget-it" and will have negative outcomes long term

Longer terms and removing oversight is unhealthy for any type of governance. I am against both by-law changes.

I am in agreement with the proposed changes to sunsetting the Governance Audit and Risk Committee but disagree with extending the terms of the Non-Council Committee Members. Six years is already a enough long term.

I agree with extending the terms for non council committee members from 6 to 9 consecutive years as long as it is temporary ie. for the transition period only; the wording is a little vague on this point. It would seem reasonable to discontinue the GAR committee.

I would oppose both of these amendments. Committees will get stale without turnover and 6 years is already a long time. Staggering the entry and exit of members to always have some veterans of the committee ensures continuity and stability while allowing fresh view points and opinions. The oversight of the GAR seems more and not less important in times of great change especially when the executive committee is already taking on more work than usual.



**TOPIC: 11. Council Roundtable**

**11.1 Media Trends**

**Top General Trends found in Media – Fall**

**Report from the Competition Bureau:** Canada's Competition Bureau released a report pushing for pet medications to be more affordable for pet owners. The news was carried on national media outlets.

CBC: Canada's competition watchdog calls for more choice and affordable options  
<https://www.cbc.ca/news/canada/pet-medication-costs-availability-competition-bureau-1.7369920>

Global News: Overwhelmed by the cost of pet medications? Competition bureau looking to drive down prices <https://globalnews.ca/video/10847573/overwhelmed-by-the-cost-of-pet-medications-competition-bureau-looking-to-drive-down-prices>

Financial Post: The Competition Bureau's new pet theory is a dog's breakfast  
<https://financialpost.com/opinion/competition-bureau-new-pet-theory-dogs-breakfast>

Global News: Puppies Drug Mart? <https://globalnews.ca/news/10846826/pet-medication-pharmacy-vets-competition-bureau/>

**Access to veterinary care:** A pilot project to provide veterinary care in First Nations communities has received media attention. As well, we continue to see articles from areas across Canada which are facing challenges in accessing veterinary care.

TVO Today: Pilot project brings veterinary 'magic' to northern First Nations  
<https://www.tvonews.com/article/pilot-project-brings-veterinary-magic-to-northern-first-nations>

CBC: For one of Labrador's few vets, even working like a dog isn't helping meet demand  
<https://www.cbc.ca/news/canada/newfoundland-labrador/vet-shortage-labrador-1.7361756>

Saltwire: Shortage of vets creating significant backlogs for pet care <https://www.saltwire.com/atlantic-canada/news/we-need-more-veterinarians-in-newfoundland-and-labrador-shortage-of-vets-creating-significant-backlogs-for-pet-care-100997931/>

**Rabies:** The first human death due to rabies in Ontario since 1967 was carried in news outlets across Canada.

CBC: Brantford, Ont.-area child dies from rabies after contact with a bat, health official says  
<https://www.cbc.ca/news/canada/hamilton/rabies-death-1.7341335>

CBC: Her's what you need to know about rabies <https://www.cbc.ca/radio/whitecoat/rabies-what-to-know-1.7355401>

**Animal welfare:** Animal welfare concerns are consistently shared in media across Canada. In recent months, media attention has been focused on an eastern Ontario cat rescue; a monkey at an Ontario zoo; and the death of a beluga whale at Marineland.

CTV: Advocates calling for transparency, oversight amid investigation into eastern Ontario cat rescue  
<https://ottawa.ctvnews.ca/advocates-calling-for-transparency-oversight-amid-investigation-into-eastern-ontario-cat-rescue-1.7091039>

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Global: Activists call for Boogie the monkey to be removed from Ontario roadside zoo  
<https://globalnews.ca/news/10766894/activists-boogie-monkey-removed-ontario-roadside-zoo/>

Newstalk 610: Another beluga whale dies at Marineland <https://www.610cktb.com/news/another-beluga-whale-dies-at-marineland.html>

**TOPIC: 11. Council Roundtable**

**11.2 Regulatory Trends**

College staff monitor regulatory trends for reporting to Council. In addition, our trends report from Julie Maciura also highlights regulatory trends that may be of interest to Council.

**1. Colorado Vote to Implement a Mid-Level Veterinary Practitioner Role**

The state of Colorado has voted to implement a new veterinary midlevel practitioner role called a veterinary professional associate (VPA). The American Veterinary Medical Association (AVMA) and the Colorado Veterinary Medical Association were against the proposal as they felt that the practitioner would have inadequate training to complete complex tasks. The VPA is intended to receive a Master's level training and be allowed to diagnose, create treatment plans and perform surgery.

Colorado State University is in the process of developing a degree to provide the necessary education. There is currently no accreditation for the education program, no competency assessment tests available for potential graduates and no licensing for those who may want to work in this role. The Colorado State Board of Veterinary Medicine will be required to develop examinations and issue licences by January 15, 2027.

Reference: [AVMA Article](#)

**2. *Bill 190, Working for Workers Five Act, 2024* – (Government Bill – passed third reading and received Royal Assent)**

Bill 190 amends a number of statutes including the *Fair Access to Regulated Professions and Compulsory Trades Act, 2006* to add new sections requiring regulated professions to have policies respecting the accepted alternatives to the usual documentation of qualifications and to have plans addressing how they will enable multiple registration processes to take place concurrently. There are also requirements respecting the contents of the policies and plans and other related provisions.

**3. Consultations on Enhanced Scope of Practice for Nurse Practitioners and Pharmacists/Pharmacy Technicians**

The Ontario Ministry of Health has been consulting on enhancing the scope of practice in both nursing and pharmacy. The proposal would allow nurse practitioners to order and apply electricity related to defined heart conditions, complete and sign blood testing forms related to infectious diseases and confirming death of a patient under defined circumstances. In pharmacy, the proposed changes increase the list of minor ailments which can be treated by pharmacists and allows for ordering any required lab tests to support this activity. An expanded list of vaccines available at pharmacies is also under consideration.

#### **4. Alberta Government Consultation on Professional Regulation and Freedom of Speech**

The Alberta government is considering legislative changes to clarify that professional regulatory bodies are limited to regulating members' professional competence and behaviour. This work will ensure that professional regulatory bodies uphold the rights and freedoms of their members, and that Albertans can share their experiences and opinions.

The review will be informed by input from professional regulatory bodies, regulated professionals and other organizations, associations and experts. These groups will be invited to share their views on whether regulatory oversight goes beyond professional competence and ethics in areas such as freedom of expression and opinion, training not related to professional competence, vexatious and bad faith complaints, third-party complaints and protection for those holding other roles in addition to their role as a regulated professional.

Reference: [Protecting Albertans' Rights and Freedoms](#)

#### **5. Competition Bureau**

The Canadian Competition Bureau has released its report on the costs of pet medications. The Bureau is recommending that provinces and territories consider mandating the supply of pet medications to pharmacists to increase competition.

Reference: [Pets, vets and meds: The case for more competition](#)

#### **6. Social Media Use by Decision-Makers**

Much guidance has been given by regulators on the use of social media by registrants. For example, the Royal College of Dental Surgeons recently updated its detailed guidelines. However, less guidance is often given to Board and committee members of regulators (although many regulators encourage responsible social media use in their governance documents).

The Canadian Judicial Council recently updated its guidelines for the safe and appropriate use of social media by judges. These guidelines may be instructive for Board and committee members of regulators, particularly those with adjudicative roles.

Highlights include the following:

- Judges “can use social media but need to do so cautiously and with a view to their ethical obligations. Improper social media use can undermine the principles of independence, integrity and respect, diligence and competence, equality and impartiality that define the judicial role, as well as public confidence in the judiciary.”
- Judges should review their social media use upon their appointment including the appropriateness of the platform and their connections.

- “Using [pseudonyms] is neither recommended nor prohibited. However, a judge should be aware that taking such means will not preclude third parties from identifying the person with a particular social media account. Moreover, taking steps to shield one’s identity does not justify or excuse otherwise improper social media behaviour. In some cases, identity-shielding measures can give rise to other ethical concerns.”
- The explicit use of the person’s title and role on platforms is discouraged. Others may view the communications as being directly associated with the judge’s work or organization.
- “A judge should not use social media to conduct independent factual research about a case that is before them.”
- “If, in using social media, a judge inadvertently acquires or receives out-of-court information related to the parties, witnesses, or issues under consideration in matters before them, fairness issues may need to be considered by the judge.”
- Judges should not express their personal opinions about matters that may come before them. However, social media can be used to engage in educational activities that may benefit the public.
- “When creating or interacting with social media content, a judge should be mindful of their ethical responsibilities to treat others with civility and respect and avoid partisan activity. Social media behaviours that might be considered acceptable for a member of the general public may not be appropriate for members of the judiciary.”
- “If a judge is subjected to harassing, derogatory, defamatory, or otherwise abusive comments on social media, they must refrain from responding directly to the comments and should instead refer the matter to ...” the appropriate person or institution.
- “Judges should be particularly careful about virtual connections with parties, counsel or witnesses in cases before them, which may raise perceptions of partiality, and require corrective measures. A judge should avoid associating online with individuals or organizations that engage in or countenance discrimination contrary to the law.”
- “A judge should take reasonable efforts to monitor their social media accounts.... A judge should be attentive to and may wish to inform family members and friends of the ways in which their social media activities could reflect adversely on the judge....”
- “A judge should be mindful that, regardless of the privacy settings they enable, their account or any content associated with their account could still become public. For example, it is possible that someone a judge has permitted to view their social media account may share content beyond the judge’s approved network without first seeking the judge’s consent. Accounts can also be “hacked” by malicious actors who may be able to subvert privacy and security protections.”

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While individuals acting as adjudicators in regulatory contexts would probably not be held to a standard quite as high as that for judges (especially if they are members of the profession commenting on general professional issues), these guidelines are helpful. In addition, individuals acting in non-adjudicative capacities (e.g., as a board member) can also find much guidance from this document.

**TOPIC: 11. Council Roundtable**

**11.3 Legal Trends**

Each quarter the College's legal counsel, Julie Maciura, prepares a summary of legal cases for our review. These cases have been selected to update Council on the latest legal trends.

**1. *Direct Democracy and Professional Regulation***

The ability of registrants to pass motions at a general meeting or otherwise offer guidance to their regulatory bodies is again in the news. The resulting controversy raises the question about the role of registrants in suggesting priorities to their regulator.

Law professor Amy Salyzyn has published a blog on the issue: [Bad Ballots: Down With Direct Democracy in Law Society Governance](#). Salyzyn's thesis is that "direct democracy" is inappropriate for regulators:

... direct democracy processes clash with the mandate of law societies. Law societies exist to serve the public interest. Given this reality, it is inappropriate to have mechanisms allowing lawyers to centre their own interests on the regulatory agenda or for law societies to seek out lawyer preferences via direct voting on referenda.

Further, such processes can "harm public confidence in the ... profession and its regulation." The initiatives often deal with the self-interest of the profession.

The very existence of some mechanisms creates the impression that members of the profession, rather than the public, are the "owners" of the regulator. This perception is reinforced by the fact that members of the general public do not have a means of advancing resolutions at meetings.

Salyzyn concludes:

Finally, direct democracy processes can also impose significant costs on the legal community. In the most high-profile cases, law societies and legal organizations find themselves needing to divert energy and resources from their usual work in order to respond publicly. In the most divisive cases, ideologically driven measures advanced by individual lawyers or small groups of lawyers can amplify conflict within the legal profession. These are not abstract intellectual exercises without real-world consequences.

It is a good thing for lawyers to be interested in legal services regulation. It is also good for law societies to consider lawyer perspectives when regulating. But lawyer-initiated resolutions and law society referenda are not good vehicles for either of these things. They conflict with law society public interest mandates, risk hurting public confidence in the legal profession, and can drain resources and strain collegiality within the profession. In jurisdictions where they are available, direct democracy processes should be abolished.

The new *Legal Professions Act* in British Columbia, if proclaimed, will eliminate the ability of registrants to pass resolutions.

## **2. Complaints Against Investigators**

Complaints are sometimes made against those involved in regulatory investigations about how they conducted the investigations. Those complaints are often dismissed and courts say there is a high hurdle before they will intervene.

In its decision, the Complaints Director noted that the law is settled that police officers are entitled to use their discretion in the course of their duties. This exercise of discretion extends to their investigations and their decisions regarding the arrest of suspects and/or the laying of charges.

Provided they act in good faith and within the bounds of reasonableness, an officer's legitimate exercise of discretion cannot be considered misconduct ....

While this case is about a complaint about the conduct of a police officer, a similar approach may be taken for complaints against other investigators / complaint screeners as well.

Reference: [2024 ONSC 5266 \(CanLII\) | Liu v. London Police Service | CanLII](#)

## **3. Options for Prosecuting Illegal Practice**

When addressing illegal practice by an unregistered person, some regulators can choose between a provincial offences prosecution and a judicial restraining order. The restraining order option involves the civil burden of proof, mutual discovery obligations, usually a less technical analysis, and proceeds before a higher level of court. It can also result in an "injunction" prohibiting the unregistered person to continue practising which can have more impact than a small fine (which is often the outcome of a *Provincial Offences Act* prosecution).

An example of the challenges of a provincial offences prosecution is found in a recent decision where the absence of the term "Ltd" on one document almost resulted in acquittal: [2024 ONCJ 401 \(CanLII\) | Ontario \(Electrical Safety Authority\) v. Turano's Home Improvement Limited |](#)

[CanLII](#)

## **4. Delay in Investigating a Complaint**

Further guidance has been given by Ontario's Divisional Court as to when an extensive delay in investigating a complaint amounts to an abuse of process. It has been established that in some circumstances the delay can result in setting aside an investigatory (i.e., screening committee) decision: [Young v. College of Nurses of Ontario](#), 2022 ONSC 6996 (CanLII).



However, in [\*RS v. Ontario \(Health Professions Appeal and Review Board\)\*](#), 2024 ONSC 4137 (CanLII), a three-year delay was found to be acceptable, although just barely. The decision required a psychologist to undergo remediation regarding managing dual roles in family custody matters. The psychologist was both an expert witness in court on behalf of one of the parents and, through his clinic, had a role in the treatment of the child that included professional interactions with the other parent.

In distinguishing the *Young* decision, the Court in *RS* found there was no excessive delay because, among other things:

1. The 150-day statutory timeline to complete complaints matters was a goal and not a strict requirement.
2. The registrant did not exercise his opportunity to ask the independent Review Board to take over the investigation when it was not completed on time.
3. The stakes for the registrant before the complaints screening committee were lower than at a discipline hearing, particularly here where a remedial order was ultimately made.
4. There was no evidence (only a general assertion) of prejudice to the registrant caused by the delay.
5. Throughout the process the registrant remained in the same position, professionally, so the remediation order was still relevant to his practice.
6. The registrant was aware of the precise concerns under investigation.
7. The concerns were complex and there were challenges in obtaining the necessary information, including from the registrant's clinic.

**TOPIC: 11. Council Roundtable**

**11.4 Public Trends**

College staff collect information about the types of contacts that we receive from members of the public. This report is intended to share these themes with Council. You will notice that many of the themes are consistent with those reported previously. Cost of veterinary care is the most common theme we are hearing about from the public.

**1. The Need for a Physical Exam**

The College continues to receive questions about why a physical examination may be required to obtain a prescription or a refill of a medication or to give a vaccine. There is a lack of understanding about why a physical exam is important and some veterinarians indicate that it is required by law to have a physical exam once a year in order to maintain a VCPR. Some individuals indicate that they cannot afford the physical exam.

**2. Cost of Veterinary Care**

Members of the public continue to express concerns related to the high costs of veterinary care impacting the ability for clients to access the needed care for their animals. Clients ask for a fee guide and want to understand what appropriate costs are so that they can determine if the fees they have been quoted or charged are excessive. There has been an increased number of requests for where to access low cost care, e.g. spay and neuter clinics, rabies vaccine clinics.

**3. Questioning Whether to File a Complaint**

Clients are concerned that filing a complaint against a veterinarian will cause them to be seen as a difficult client and they fear that they may be unable to access veterinary care from other facilities once these facilities learn from the medical records that a complaint has been filed.

**4. Seeking a Second Opinion**

A number of clients have contacted the College to get clinical advice about their animals. They are often seeking to better understand the options provided by their veterinarian.

**5. No More Pets**

A trend we are seeing in Complaints and Practice Advice is clients expressing that they will not be owning pets again. Some clients have expressed that the cost of pet ownership or a loss of trust with their veterinarian will prevent them from ever choosing to own another pet.



**6. Access to Talk to Veterinarians**

Clients have expressed frustration that they are unable to speak to their veterinarian when they call the facility. They have indicated that support staff do not allow for a direct connection with the veterinarian.

**7. Librela**

A member of the public contacted the College to share concerns about the side effects of a medication, Librela. This individual felt that veterinarians are not sharing sufficient information about the risks of this medication with clients and that her dog had a severe adverse event associated with the medication.

**8. Prescriptions**

Members of the public have indicated that they are choosing to ask for prescriptions to purchase their pet medications from other places. Some individuals have expressed that prescription writing fees are too high.

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**TOPIC: 11. Council Roundtable**

**11.5 General Trends**

Every Councillor is encouraged to raise any matter they believe is relevant to the College and to which it should pay attention.

## **AGENDA ITEM 12. Notice of Motion**

### Background

A Notice of Motion is the way in which a Councillor can request Council take action on an issue, as per Robert's Rules and CVO's By-laws. The Registrar introduced the formal protocol for a Councillor to bring an issue forward to Council for consideration as a future policy debate.

At the appropriate time a Councillor who so wishes, may state an intent to make a motion at the next meeting on a matter. The matter will then be included on the next meeting's agenda. The Councillor making the original notice of intent will speak to the matter and a majority vote will be needed to proceed with adding the item to Council's regular order of business and directing next steps to staff.

<b>Area of Focus</b>
<input checked="" type="checkbox"/> Governance
<input type="checkbox"/> Legislation
<input type="checkbox"/> Public Policy
<input type="checkbox"/> Stakeholders
<input type="checkbox"/> Strategy