



THE COLLEGE OF
VETERINARIANS
OF ONTARIO

UPDATE

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*(From left): Dr. Carol Graham, Dr. Peter Conlon and
Dr. Alison Moore*

The College welcomes three new council members: Drs. **Peter Conlon**, **Carol Graham** and **Alison Moore**.

Dr. Peter Conlon is from Guelph, Ontario, representing constituency #4. He is Associate Professor in the Department of Biomedical Sciences as well as Assistant Dean for Student Affairs at the Ontario Veterinary College.

Dr. Carol Graham is from Hillsburgh, Ontario, representing constituency #6. She is a small animal practitioner and is the owner of Graham Animal Hospital.

Dr. Alison Moore is from Cambridge, Ontario, representing constituency #1. She is an equine practitioner and is the owner of Moore Equine Services.



by Susan J. Carlyle
Registrar

As you are aware, the CVO is currently working very hard on designing and implementing a Quality Assurance program in accordance with our vision and mission, and in consultation with you, our members.

One of the major components of most QA programs involves monitoring and assessing professional development activities undertaken by members, including continuing education (CE).

For the last few years we have been asking members to tell us on the annual renewal form how many hours per year you spend on CE activities. As reported in the last edition of *Update*, the overall average number of CE hours reported by general practitioners was 42.

We are planning to design a portfolio-type of tool to help you keep track of what activities you engage in, and what you learn from them. This approach will allow the CVO to obtain more information about what kind of professional development is important to you, and it will assist you in planning what activities you might engage in to meet your individual learning goals.

It would be helpful at this point if you could tell us how you currently keep track of your activities, and how you expect your staff to do the same.

For example, do you use a form? (please forward us a copy if you do); how do you classify and categorize various types of activities (e.g., seminar/lecture/workshop attendance, educational video tapes, journals, magazines, local and provincial meetings, teaching, writing articles, internet research or courses, business and practice management courses, etc.)?

Do you strive to accumulate a certain number of hours per year? Do you submit your activities for recognition through the OVMA credit system? Do you have any other way to keep track of your activities? If points are used, who decides how the points are allocated to the various activities, and which activities are eligible for points?

If we know how you document your professional development now, and what you are comfortable with (or not!), we can use this information to help us design a system that works for as many of you as possible.

Please let us know - we're looking forward to hearing your ideas.

COUNCIL HIGHLIGHTS

In order to keep members and the public fully apprised of the business of the College, *Update* provides summaries of key items considered or heard by Council at its meetings. The following highlights are from the Council Meetings held on **September 26, 2007** and **October 24, 2007**.

September 26, 2007

Policy Reviews

The following documents/by-law amendments were approved or amended and approved by Council:

- Budget 2007-2008
- Amendment to Section 44 of the by-laws, permitting indirect ownership of shares of a veterinary professional corporation:

44. (1.1) Despite paragraph 3 of subsection (1), a shareholder may hold the shares of a professional corporation through a holding company so long as all of the shares of the holding company are held by individuals holding licences issued by the Registrar. Unless the context suggests otherwise, a reference to “shareholder” in this part refers to the individuals who hold, directly or indirectly, the shares of a veterinary professional corporation.
- The position statement “**Compounding of Veterinary Drugs**” (enclosed with this issue of *Update*).

The following proposed by-law amendments will be drafted and returned to Council:

- Part 2, 4.(4) Adding a clause that would limit the extension of the term of an Executive Committee Officer.
- Part 5, 23.(1) Adding the Quality Assurance Committee.

Presentations

The following presentations were made and supported by Council:

- *Toward the Future* - business plan presented by the Registrar
- *Quality Matters* - proposal presented by the Policy and Quality Assurance Program Manager

Reports

Statistical reports were provided for information by:

- all Statutory Committees
- the Quality Assurance Committee

Oral reports were provided by:

- the President and the Registrar
- the VSTEP Leadership Board
- the Companion Animal Working Group

October 24, 2007

Council welcomed new councillors, Dr. Peter Conlon, District 4, Dr. Carol Graham, District 6, and Dr. Alison Moore, District 3.

Election of Executive and Change of Office

Council elected the Executive Committee for 2007-2008. The Presidential Change of Office took place and Dr. Michele Duttall assumed the chair.

Appointments to Statutory, Non-Statutory Committees and Boards

Appointments were made to all Statutory Committees, the Quality Assurance Committee, and to the Ontario Veterinary College Veterinary Teaching Hospital Advisory Board, the Professionals Health Program Advisory Board, and the National Examining Board (see a list of all committees on the CVO website at www.cvo.org).

Policy Reviews

The following documents/by-law amendments were approved or amended and approved by Council:

continued on next page...

- Proposed amendment to clause 4.(4) of the by-laws, the purpose of which is to limit the extension of time that an elected council member can serve beyond the usual maximum six years. Circulated for membership comment (see insert enclosed with this issue of *Update*).
- Proposed amendment to Part 5 - Committees (clause 28.1) - of the by-laws, which would add the Quality Assurance Committee. This proposed amendment will be circulated for membership comment (see insert enclosed with this issue of *Update*).
- The Position Statement “**General Principles for Delegation**” (in principle); it will be circulated to affected shareholders for consideration, subject to review by legal counsel.
- The Position Statement “**Animal Rehabilitation in Veterinary Practice**” was returned to staff to be re-worked along with the current College policy on chiropractic therapy, in order to draft a comprehensive policy for Council’s consideration.

Reports

- Both the President and the Registrar provided oral reports to Council.
- Quality Program of the CVO - a position paper was presented by the Policy and Quality Assurance Program Manager.



New President

Dr. Michele Dutnall, CVO president for 2007/2008, is wearing the CVO President’s Chain of Office, which Dr. Arie Vreugdenhil passed to her after her election as president at the council meeting on October 24, 2007. Dr. Dutnall presented Dr. Vreugdenhil with a certificate of recognition for his year as President.



Executive Committee for 2007/2008

(Front row, from left): Dr. Arie Vreugdenhil, Dr. Michele Dutnall and Dr. Beverly Baxter. (Back row, from left): Mr. James Williams and Dr. David Kerr.

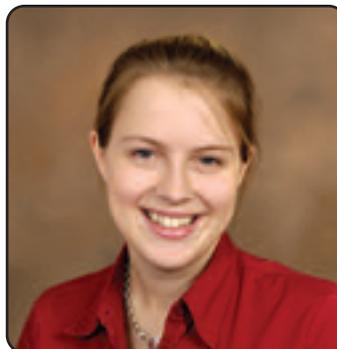
CVO Council for 2007/2008



(Front row sitting, from left): Dr. David Kerr, Dr. Arie Vreugdenhil, Dr. Michele Dutnall, Dr. Beverly Baxter, Mr. James Williams and Dr. Alma Conn. (Back row, from left): Dr. Carol Graham, Ms. Jessica Swan, Ms. Lynn Patry, Dr. Clare Craig, Mr. Doug Walper, Mr. Mike Buis, Dr. James Clark, Mr. Don Stobo, Dr. Peter Conlon, Dr. Jim Christian, Dr. Alison Moore and Dr. Tim Arthur. (Absent): Dr. Al Thompson

Student Corner

by Jessica Swan



Another school year at the OVC has begun and along with it comes a new article for Student Corner. I would first like to take this opportunity to introduce myself, Jessica Swan, as the new OVC Student Representative on the CVO council. I am very eager to gain an in-depth knowledge of the College of Veterinarians of Ontario, and will aim to do as great a job of liaising between practicing veterinarians, the CVO, and the student body as did my predecessor, Tanya Fournier.

The halls of the OVC are alive again with both new and old faces after a long summer vacation. I would personally like to extend a warm welcome and congratulations to the 2011 class. As a peer mentor to the 2011 class I had the opportunity to meet many of the new student veterinarians in their first couple of weeks and although everyone seemed a little nervous, they were also very keen to start learning and get involved in the OVC community. I have no doubt that this group of students will make great veterinarians and I am proud to call them my colleagues.

The 2011 class (which comprises 96 females and 14 males) voted on their class mascot and colour in the first week of school, and are now known as the Black Mambas. They will join the ranks of the 2010 Crimson Crocodiles, the 2009 Jade Jaguars, and the 2008 Blue Qimmiqs.

On Saturday, September 22, 2007 the new student veterinarians were welcomed to the veterinary profession at the Professional Welcome Ceremony. The class was presented with gifts from the College of Veterinarians of Ontario, the Canadian Veterinary Medical Association, the Ontario Veterinary Medical Association, and the OVC Alumni Association. A few of the speakers that were present to welcome the students were: Dr. Elizabeth Stone, Dean of the OVC, Dr. Peter Conlon, Assistant Dean of Student Affairs, Dr. Trace MacKay, OVC Alumni Association, Ms. Susan Carlyle, Registrar of the CVO, Ms. Karen Gamble, Administrator, Registration and Incorporation of the CVO, and Dr. David Kerr, on behalf of the Council of the CVO.

Although the SCVMA symposium—which will occur here at the Ontario Veterinary College from January 16-19, 2008—is still months away, the halls at the OVC are already abuzz with planning for the event. It will include lectures, wet labs, guest speakers, tours and opportunities to talk to businesses. It is held for students in all phases of the DVM curriculum, from all of Canada's veterinary colleges.

I am very honoured to be the CVO student representative and look forward to keeping you informed about the OVC community in my future articles.

Members' Forum / Annual General Meeting

The College of Veterinarians of Ontario is pleased to announce the return of the **Members' Forum**, which will focus on

“LIVE AND LET DIE”: *euthanasia and the veterinary profession*

Come and join the open discussion and break-out sessions on:

ethical considerations
personal values
professional judgment/responsibilities
effective communications
regulatory requirements

To be held Thursday, February 7, 2008 at
Springfield Golf and Country Club
2054 Gordon Street, Guelph
(beside the CVO building)

Registration and coffee	9:30 a.m.
Panel discussion / break-out sessions	10:00 a.m.
Lunch	12:00 p.m.
Registration for Annual General Meeting	1:00 p.m.
Annual General Meeting	1:15 p.m.
Members' Forum Wrap-up	1:30 p.m.

Please register for the Members' Forum by **January 17, 2008**
with Beth Ready 1-800-424-2856 x2224 or email bready@cvo.org.
(There is no charge for this presentation)

INBOX ISSUES

“Inbox Issues” is a new feature of *Update*. Articles that explain answers to questions we have received from members or the public will appear here. The College welcomes suggestions for issues to explore in future editions of Inbox Issues, so please submit your ideas to bready@cvo.org for consideration.

Subject: Heartworm Prescriptions: Blood-Test Waiver vs. Informed Consent

On an increasing basis over the past few years, members of the public call us to ask why Veterinarian A *won't* dispense heartworm medication without performing a blood test first (to ensure the drug is safe for the animal)—when Veterinarian B *will* dispense it. Because the manufacturers of heartworm medication recommend a blood test be performed annually, Veterinarian Bs will often have their clients sign a waiver that includes statements such as, “I understand that annual heartworm testing is strongly recommended for dogs more than 6 months of age because heartworms are potentially fatal to dogs,” and that “the administration of heartworm-prevention medication to dogs with certain conditions may also be fatal,” with the client’s indication that they are declining to have bloodwork done before accepting the medication.

The problem with a waiver of this nature is that **a client cannot waive your professional responsibilities**. If an assessment or test is indicated for the maintenance of professional standards, a client waiver will not absolve the veterinarian from a failure to do so.

This principle is illustrated in paragraph 33(1)(a) of the regulations to the *Veterinarians Act*, which clearly states:

- (1) *No member shall administer, dispense or prescribe a drug unless,*
- (a) *the member has assumed the responsibility for making medical judgments regarding the health of the animal or group of animals and the need for medical treatment and the custodian of the animal or group of animals has indicated a willingness to accept the advice of the member.*

If you believe you cannot determine a need for medical treatment without performing bloodwork first, and you so advise the client of this professional opinion, then accepting a signed waiver and dispensing anyway is counter to your professional duties and the regulations: first, you are dispensing against your better judgment regarding the health of the animal; second, the client has not accepted your advice regarding preliminary testing. How can a veterinarian dispense a drug to someone who is not willing to accept his/her advice, and is willing to say so in writing?

Such waivers therefore do not provide you with the form of liability protection you think they do. Unfortunately, this sort of waiver may also lead to the perception among the public that they are entitled to a prescription (i.e., “Veterinarian A must give me the heartworm medication if I ask for it!”). As indicated in the September 2007 issue of *Update* (see the Inbox Issues article on Dispensing Questions), a client does not have the right to demand a drug from a veterinarian, and a veterinarian cannot dispense a drug if preliminary testing is, in the member’s opinion, required to obtain evidence of need and/or safety for the patient.

Therefore if it *is* appropriate to dispense a heartworm drug to a particular client without a blood test, in your professional opinion, and keeping in mind all of the requirements of Section 33, then—instead of using a waiver form—you should be asking the client to sign a form indicating their *informed consent* to accept the drug prescribed by you, in accordance with your best professional judgment. This judgment should be based on your knowledge of the history of the animal (where

there is a history of owner compliance, appropriate lifetime use of the medication, appropriate examinations of the animal), using your professional knowledge acquired through research and consultation with your peers, and in consideration of the incidence of positive tests for heartworm in your local area. *The client's informed consent is for accepting the prescription without the blood test and accepting your professional advice that the test is not required in this case.*

This way, you are providing appropriate care to the animal and communicating your rationale for the prescription clearly. Don't mislead the client into thinking that decisions about obtaining drugs or the maintenance of professional standards are his or hers alone to make. Further, do not leave clients with the impression that you are acting contrary to professional standards by using a waiver; rather, informed consent is the way to go.

Please see the article entitled "Informed Consent" on page 18.

Medical Records Workshops

Upcoming Medical Records Workshops for 2008

Medical Records Workshops, with a focus on Companion Animal practice, are scheduled to be held on the dates below at specified locations. The entire practice-care team is invited to attend and participate.

We will notify practices in the geographical area of an upcoming workshop, but they are all open to practices from anywhere in the province.

These workshops are offered free of charge as a member service under the College's Quality Assurance Program.

To register, please call Ms. Beth Ready at 1-800-424-2856 ext. 2224 or send an email to bready@cvo.org to pre-register for a workshop.

Watch the website under "[Events Calendar](#)" for details.

DATE	LOCATION
Wednesday, January 30 (in conjunction with the OVMA Conference)	Westin Harbour Castle Hotel Toronto
Monday, March 10	Guelph
Tuesday, March 18	Toronto North
Thursday, March 27	Hamilton
Tuesday, April 1	Woodstock
Wednesday, April 9	Barrie
Monday, April 14	London
Wednesday, April 16	Sarnia

QUALITY ASSURANCE

REFERRING PATIENTS FOR SPECIALIZED CARE:

Examining the Referral Relationship

By Susan Kilborn, DVM, DVSc, DACVIM (IM)

Most veterinarians in general practice refer patients to other practitioners for a second opinion, when additional expertise or equipment is required, or if there is a need for 24-hour medical supervision. Although many interactions between individual veterinarians and referral institutions (either private specialty practices or teaching hospitals) are smooth, relationships can be harmed by inadequate or non-existent communication. If open and honest discussion does not take place about problems on each side of the relationship, and if communication issues are not resolved, it is the medical care of the patient that may suffer.

This article will highlight: 1) some of the issues and problems that are experienced on both sides of the referral relationship; 2) examples of changes that some referral institutions and clinics have made to facilitate communication; and 3) two recently published documents: the CVO Position Statement on Release of Medical Information and the AAHA (American Animal Hospital Association) Referral Guidelines (www.aahanet.org).

Identified Issues and Problems

The following information was obtained via an informal survey that was disseminated to a number of Ontario-based referring veterinarians, private specialty practices, and the Ontario Veterinary College Teaching Hospital (OVCTH). The contrasting perspectives become evident when similar issues are placed side by side:

ISSUES RAISED BY REFERRING VETERINARIANS	ISSUES RAISED BY REFERRAL INSTITUTIONS
Inability to obtain accurate financial estimates in advance of the patient appointment, particularly in urgent cases where there is little time to contact the receiving institution.	No effort by referring veterinarians to give accurate financial quotes and time lines for diagnostic procedures to referred clients.
Inability to reach specialist clinicians to ask for advice or follow-up on hospitalized or already discharged patients, etc. Similarly, failure of specialist to stay in touch during a prolonged hospital stay of a patient.	Failure to respect specialist time commitments re: frequent phone consultation (without a resulting referral) or repeated follow-up on referred patients, without facilitating recheck appointments with the specialist.

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ISSUES RAISED BY REFERRING VETERINARIANS	ISSUES RAISED BY REFERRAL INSTITUTIONS
<p>Non-availability of many specialists on evenings, weekends, and holidays. This appears to be a growing trend with all specialty practices, and it puts added pressure on the OVCTH during weekends and holidays (as most specialists at the VTH are required to attend cases after hours).</p>	<p>No effort to ensure availability of a specialist or specific service before referring a client. Example: referring a client on a weekend to a specific referral location which does not offer specialist coverage on weekends. As a result, owners are often angry about not being able to see a specialist immediately, and both the referring veterinarian and referral institution look bad.</p>
<p>Lack of telephone communication on the day of the referral appointment or day of discharge in hospitalized cases. Although most referring veterinarians indicated they would like direct phone communication, all said that they would be fine with either speaking to a knowledgeable veterinary technician or receiving a facsimiled discharge report on these days.</p>	<p>Specialists are frustrated by telephone tag, just like referring veterinarians. Many specialists commented that returning or initiating calls can be a futile effort because veterinarians are between clinics, working different days than the specialists, or are busy with clients and have not instructed staff to interrupt them.</p>
<p>Failure to receive any written report (whether discharge instructions that the client received OR a final referral letter) in a timely fashion after the referral is complete. Nothing makes referring veterinarians more frustrated than having a client call them OR return for follow-up without the benefit of knowing what was performed or recommended at referral.</p>	<p>Sending lengthy medical records without summaries, and failure to send these records in advance of the referral appointment. Some clinics consistently fail to send referral information at all prior to the appointment.</p>
<p>Failure to clarify for the client the location (specialist or referring veterinarian) and timing of rechecks for a patient who requires ongoing care. This appears to be a key issue in complex medical cases.</p>	<p>Failure of a veterinarian or clinic to discuss their expectations in advance of referring patients regarding scope of work-up and follow-up / recheck appointments. This is particularly an issue with complex medical cases. Some clinics have definite opinions about repetition of testing and whether they wish their client to see the referral institution for recheck appointments. This issue is more difficult to resolve when dealing with the OVCTH because of intern and graduate student turnover.</p>

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ISSUES RAISED BY REFERRING VETERINARIANS	ISSUES RAISED BY REFERRAL INSTITUTIONS
	<p>No inquiry/confirmation that the referring institution offers a specific technical service before referring the patient. Example: referring a patient for lithotripsy, a procedure not currently offered by any specialty institution in Ontario.</p>
<p>Lack of immediate communication from the referral institution after a euthanasia procedure or when their opinion on what the referred patient required differed from the referring veterinarian. Referring veterinarians feel that this puts them in an awkward position with their clients. Example: a patient sent for a specific surgery did not receive this procedure, or an ultrasound exam was not recommended when a patient was sent for one.</p>	
<p>Client dissatisfaction with the referral experience because of perceived absence of compassion, poor communication (verbal or written) from the attending specialist, or a feeling that the best interests of their pet was not the primary concern. Some referring veterinarians reported being talked down to by specialists, or being made to appear incompetent to their clients during referral consults. Referring veterinarians are concerned that being responsible for submitting their client to a negative referral experience results in a reduction of trust in the client relationship.</p>	

Facilitation of Communication: What Works?

Suggestions and recently implemented changes for improved communication within referral relationships were also gathered from the survey. Some of these included:

- Increasing delegation of communication tasks to trained veterinary technicians or other auxiliaries. Such tasks include cost-estimate generation, update phone calls, emergency service triage, and inter-service procedure bookings. Several practices use or plan to install direct phone lines to specialty technicians/services to facilitate communication with referring veterinarians

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- Using computer software, electronic medical records, and referral letter templates that generate referral reports using history, physical exam, and laboratory results, and automatically send reports by e-mail after data entry. Medicine services with many pending results on a complex case ensure that at least client discharge instructions are sent to the referring veterinarian on the day of or within 48 hours of discharge.
- Using a facsimile program that allows immediate sending of a referral report, use of tick box summary sheets for recheck cases that are sent immediately, and creation of some referral reports by dictation technology.
- Using cost-estimate templates for common surgeries or procedures; referral practices share these with referring clinics either on a request basis, or by sending to all clinics via newsletter. (There is always concern that these estimates can mislead owners when animals have more complex issues that require other testing, but most clinicians on both sides of the relationship feel that this is helpful for many specialties.)
- Sending information memos regularly to all referring clinics, including updates on costs, availability during the week of specialty clinicians within the practice, policy on recheck appointments and telephone communication, and how best to reach clinicians and their technicians. (Some specialists now list times during the week that they can usually be reached by telephone.) Regardless of differences in how referral practices operate, the key issue is to ensure referring veterinarians know exactly what to expect, so that they can make or provide appropriate choices for their clients.
- Phone communication in all referral venues can likely be improved using mobile phone coverage for all specialists and support staff, which several referral institutions have adopted. However, time constraints will always mean that most people will depend on hard copy communication. This is where referral institutions should aim for improvement.

CVO and the Referral Relationship

CVO receives complaints not only from the public about its members, but also from its members about other members. Referral relationships are sometimes involved in these cases, which often arise due to insufficient communication between specialists and referring veterinarians (particularly when medical reports that are important for continuous patient care are delayed or never arrive).

CVO upholds minimum standards for medical records through the application of the *Veterinarians Act*, Regulation 1093, and the *Minimum Standards for Veterinary Facilities in Ontario*. Ontario Section 22(1) of O. Reg. 1093 specifically requires that the following items (among others) be included in the medical record:

- Notes on all professional advice (verbal and written);
- Copies of all reports (including referral summaries from the originating clinic and referral outcome reports from the specialist);
- The ultimate diagnosis or explanation for the presenting signs, and a treatment plan.

CVO has also published a position statement, “**Release of Medical Information**” in June 2007. This publication contains specific reference to referral relationships as follows:

“Members accepting referrals, providing emergency services or providing second opinions are expected to provide the relevant medical information to the primary care veterinarian as close to when the patient is seen or released as is practical. If the original release of information is verbal, a hard copy must be provided in the not-too-distant future.”

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It is up to both the general practitioner and the specialist to ensure that the practitioner's medical record for a client is maintained as per the legislation and CVO's expectations, for the sake of the patient and members of the public.

AAHA Guidelines: Communication Responsibilities

In 2007, an American Animal Hospital Association task force created detailed and specific referral guidelines for companion animal practices, addressing all matters of communication between those veterinarians referring and those receiving patients. All veterinarians engaged in any referral relationship should review these. These guidelines can be found at <http://www.aahanet.org/PublicDocuments/AAHAReferralGuidelines.pdf>.

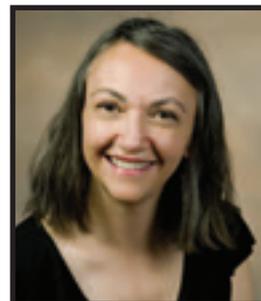
Some of the key points covered in these guidelines:

- Enhance the relationship of the client with both veterinarians by emphasizing the team approach to patient care.
- Respect each others' time.
- Ask for what you need: Examples: cost estimates for referred clients, or level of detail that a receiving veterinarian wishes at the time of referral (entire medical record or short summary letter).
- The most important items for specialists to include in their referral reports.
- It is imperative for both parties to communicate when or if the referring veterinarian should resume care of the patient for the referral problem.
- Communicate: Speak with each other when there is an opportunity to improve quality of care or service provided by either.
- Referral relationships are really about mutual trust and respect. If you cannot build this together, look elsewhere for a referral location.

Regular communication, timely sharing of referral and summary reports, and establishing ground rules up front appear to be key in creating good referral relationships. Use of the CVO and the AAHA guidelines and the communication suggestions noted above may help practices to achieve and maintain functional working relationships among themselves.

REPORT on the NATIONAL CONTINUING COMPETENCE CONFERENCE for REGULATED PROFESSIONS 2007

by Karen Smythe, QA Program Manager



Both the Registrar and I attended the National Continuing Competence Conference (NCCC) for Regulated Professions in Toronto from November 1st to 3rd. This event was a gathering of administrators and practitioners interested in and working on matters of quality assurance programs across a wide spectrum of regulated professions, drawing experts from across Canada.

Key conference themes and messages were the importance of inter-professional collaboration in providing the services delivered to the public, be they medical, educational, applied science, or other. College and Board representatives presented research and study summaries on assessing practitioner competence as well as on evaluating the tools used to assess those competencies. Several sessions focused on the development, delivery, and evaluation of Quality Assurance programs, which are required by law for the health professions in Ontario and for most other self-regulating professions in Canada. The general standard for QA programs that emerged is that they tend to include:

1. a self-assessment component, with self-reflection opportunities, professional development activity tracking, and learning plan development; and
2. a peer-assessment component, often consisting of an on-site visit from a trained peer who reviews records with the practitioner, tours the facility, talks with team members, and provides factual information for the QA Committee to review.

Richard Steinecke, B.A., L.L.B, legal counsel to the CVO (and to several health professional regulatory colleges in Ontario), delivered a talk on the differences between Continuing Competence program

administration and Complaints/Disciplinary procedures and protocols. Since official communication from their college, in general, provokes anxiety in many members, it is a challenge for the Quality Assurance Committee of any college to gain the trust and confidence needed to offer an effective program. However the CVO's Quality Assurance Committee aims to earn such trust through consistent, transparent communication as we move forward with development of our program in partnership with all members.

QUALITY ASSURANCE COMMITTEE NEWS

As per the decision of CVO's Executive Committee during the October meeting of Council, membership in the newly constituted Quality Assurance Committee is as follows:

Dr. David Kerr, Chair; Dr. Al Thompson; Dr. Peter Conlon; Dr. Jim Christian; and Ms. Lynn Patry.

Council also approved a motion to circulate a draft by-law amendment to all members that proposes the establishment of the Quality Assurance Committee as a non-statutory committee of Council. This is an important first step in the development of Council infrastructure to support the development of the College's Quality Assurance Program for members.

In September the QA Committee presented its revised plan to Council, which supported the development of a modular, integrated, peer-driven QA Program that will be designed with continual consultation with the membership.

CASE STUDIES

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

Complaints Case

Professional Confidentiality

The College received letters from Mr. A, the CEO of the ABC Animal Organization, requesting an investigation into the conduct of four veterinarians, Drs. W, X, Y, and Z, all of whom had previously been in its employ.

In each letter of complaint received by the College, the complainant cited similar accusations/allegations against all the veterinarians and a unique item against one.

THE COMPLAINTS

The following is a list of excerpts from the complaints submitted against all four veterinarians:

- made unfounded accusations against the ABC Animal Organization and its management.
- inaccurately accused the ABC Animal Organization of acting contrary to the law causing operational disruption in providing care to animals.
- diminished the reputations of other practitioners at the ABC Animal Organization and diminish the ability of the ABC

Animal Organization to retain the respect of veterinarians and other animal caregivers in Ontario.

- interfered with labour relations at the ABC Animal Organization.
- associated himself/herself with professional defamation, racism, violence, homophobia and misogyny by posting his/her criticisms of the ABC Animal Organization on one of a number of blogs.
- cheated the ABC Animal Organization by billing and receiving remuneration for services apparently not rendered and by performing services he/she was not retained to perform.
- breached his/her duty of confidentiality to his/her client and the ABC Animal Organization; broadcast details of the health of animals in his/her client’s care and the contents of his/her privileged advice to his/her client; and may have taken, copied and made notes of confidential patient records

owned by the ABC Animal Organization.

- acted surreptitiously against the ABC Animal Organization, breaching his/her duty of candor and communication.
- used his/her professional credentials to hold the ABC Animal Organization to an unreasonable standard of perfection and thereby unduly alarming the public and undermining public financial support by using his/her status as a veterinarian.
- used his/her position as a veterinarian to diminish Organizational plans thereby presenting an inaccurate and demeaning picture to the public.

The following separate issue was raised by the complainant uniquely against Dr. X:

Dr. X

- interfered in the contractual relations of the ABC Animal Organization and DEF Organization.

FACTS and FINDINGS

Drs. W, X, Y, and Z

The Committee reviewed the written submissions from Mr. A and Drs. W, X, Y, and Z. The only medical record component was a post-mortem report from a single animal treated by Dr. W. Mr. A's submissions included a copy of the licensing legislation that applies to the ABC Animal Organization, information understood as being presented to assist in historical background, reports from the ABC Animal Organization, newspaper articles, photographs and electronic website "blogs."

The Committee had concerns that confidentiality may have been breached by Drs. W, X, Y, and Z regarding:

- their client (the ABC Animal Organization) in speaking to a newspaper reporter
- a patient in speaking to a member of the public
- the posting of information on the internet

The Committee believed that Drs. W, X, Y, and Z did so with noble intentions and in good faith. The Committee did not feel that there could be any personal gain for Drs. W, X, Y, or Z by these actions, and at the time they were no longer employees of the ABC Animal Organization.

In summary, the Complaints Committee found it difficult to definitely identify the authors of the many internet postings as well as ascertain proof in the evidence provided by Mr. A for some of the issues cited.

DECISION

The Committee weighed all of the information before it and the options available to it.

It was the decision of the Committee that the actions and conduct of Drs. W, X, Y, and Z did not warrant any referrals to the Discipline Committee. The Committee decided, in the interest of the public and hopefully to prevent such incidents from recurring in future, to exercise its authority under section 24 (c) and to take the following action:

Drs. W, X, Y, and Z are advised by the Committee of the Committee's concerns regarding their conduct as it relates to professional confidentiality requirements, which apply in all cases except those referenced in Ontario Regulation 1093, 17 (1) 6, and to which there is no time limit attached.

RELEVANCE

As a result of this case, Drs. W, X, Y, and Z were advised that a statement would be printed in the College's newsletter, *Update*, to remind all veterinarians of their legal obligation to maintain confidentiality regarding patients and clients—even if the clients are also employers—especially with reference to speaking to the press, participating in investigations of parallel or rival organizations, and contributing to "blogs" or other internet postings, where there is also the danger of someone using a name without authorization.

The CVO refers all members to the legal requirements for confidentiality as stipulated in Ontario Regulation 1093, sec. 17 (1) 6:

17. (1) For the purposes of the Act, professional misconduct includes the following:

6. Revealing information concerning a client, an animal or any professional service performed for an animal, to any person other than the client or another member treating the animal except,

- i. with the consent of the client,
- ii. when required to do so by law,
- iii. to prevent, or contribute information for the treatment of, a disease or physical injury of a person,

iv. when it appears that the animal has been abused, or

v. for the purpose of identifying, locating or notifying the apparent owner of the animal, protecting the rights of the apparent owner or enforcing applicable laws in respect of the animal, where it appears that the animal is not owned by the person presenting it for treatment.

Further, the CVO refers all members to Guidelines to the *Personal Information Protection and Electronic Documents Act*, posted on the CVO website under "Practice Guidance."

The following article is reprinted with permission from Mr. Richard Steinecke, CVO legal counsel. The original article was printed in *Grey Areas*, a newsletter published by the law firm Steinecke Maciura LeBlanc.

Informed Consent

“Better a friendly refusal than an unwilling consent.” Spanish Proverb

An article from CVO legal counsel

Informed consent might be one of those principles that is honoured more in its breach than in its practice. A fundamental concept for all professions, client consent is essential to the professional relationship. Without it the trust necessary for the professional relationship to work is missing.

Applies to All Professions

While perhaps originating in health care, the principle of informed consent applies to all professional relationships. Often other terms are used to describe the concept such as: informed choice, acting on client instructions, the “know-your-client” rule and receiving a project mandate. Regulators can foster consent by practitioners through educational initiatives.

Spheres of Consent

In fact, the need for consent generally arises in three distinct areas:

1. consent to provide professional services,
2. consent to collect, use and disclose personal information, and
3. consent for the billing arrangements with the client.

Often practitioners need to be reminded to obtain consent in all three spheres.

Need for Consent

Failure to obtain consent can result in professional, civil and even criminal liability (e.g., assault, theft, fraud). Some professionals ignore the need to obtain consent in the hope that they will not be held civilly liable for damages because the client would have agreed to the professional service if the client had been informed of all of the facts. However, in a recent Ontario Court of Appeal case a physician was sued successfully for

failing to obtain informed consent even though there was no negligence: *Huisman v. MacDonald*, 2007 ONCA 391. The court concluded that this particular patient might not have voluntarily assumed the risks that the physician assumed she would take.

“Nobody can hurt me without my permission.”

Mahatma Gandhi

The values of our society reject, with increasing frequency, the arrogance of the proposition that the professional knows what is best for the client. Such an approach to clients is now viewed almost universally as unacceptable paternalism. Certainly such conduct is becoming an increasingly significant source of complaints for regulators. It is no longer sufficient to say “leave it with me”. As in personal relationships, professional relationships should not operate on the principle that “it is better to ask for forgiveness afterwards than to ask for permission first”.

Obtaining Consent

To be genuine, consent must be based on a discussion of the relevant considerations in making the decision. Clients have to understand the nature of what is proposed to be done on their behalf. They need to know why it should be done. They have to be acquainted with what could go awry and the chances or odds of that happening. It is equally as important that clients must appreciate their options, including the alternative of doing nothing. Clients must have the ability to raise any individualized issues that may separate them from the “usual” client. Only then is the practitioner safe in accepting that they have authority to act.

It is not adequate to say that the matter is too complicated to explain. Even though clients come to you for your expertise in an area that they do not

understand, it is still possible to give clients the “big picture” of what is involved and a sense of what the risks and benefits are.

Many practitioners assume that obtaining written instructions is sufficient to protect them. This assumption is incorrect. A written document that has not been explained and understood by the client is of no value. In many hearings clients assert that they were rushed to sign a paper they did not read and did not appreciate that they had a choice. This type of assertion is often credible because it resonates with the experiences we all have every day at the bank, the dry cleaner, renting a car or surfing the internet.

Real consent is obtained by the meeting of the minds between the client and the practitioner. A broad spectrum of strategies is necessary to achieve these goals including:

1. using handouts,
2. verbal explanations,
3. employing visual aids where feasible,
4. seeking client feedback as to what they understand,
5. asking clients if they have any questions,
6. proper use of a consent form,
7. documentation in the file of the consent obtained, and
8. frequent updates and reports while providing the service.

Of course, the ability to communicate clearly in non-technical language is a huge asset.

Obtaining consent should be viewed as a process, not an event.

Application to Regulators

In some respects, regulators are frequently ahead of practitioners in the consent realm. While practitioners rarely have the right to proceed without consent (basically only where there is an emergency or an express legal duty to disregard the client’s wishes), professional regulators have the legal ability to act unilaterally in much of what they do. However, many regulators go out of their way to circulate proposals, consult with stakeholders, poll leaders of the profession, place website postings and give formal notice before establishing policies or taking regulatory action. Even after making a decision on a matter, regulators frequently develop a communications plan as part of implementation.

Both to benefit their members and to proactively reduce complaints, regulators should strive to communicate with members about how to obtain informed consent for all professional services.

NOTICES

A **Medical Records Workshop** will be held in conjunction with the OVMA Conference.

To be held at the
Westin Harbour Castle Hotel
Wednesday, January 30, 2008
from 7:00 p.m. - 10:00 p.m.

If you are interested in attending, please pre-register for this session no later than **January 9, 2008** by calling the College or sending an email to: bready@cvo.org.

OVMA Conference January 31 - February 2, 2008

The Ontario Veterinary Medical Association is holding its annual conference and trade show at the Westin Harbour Castle Hotel in Toronto, Ontario. The conference program will feature concurrent sessions of bovine, equine, small animals and public health, practice management, and hospital personnel. Special registration fees for out-of-province delegates.

For registration information please contact:
Christine Neziol, Delegate Coordinator, OVMA
420 Bronte Street South, Suite 205
Milton, Ontario, L9T 0H9
telephone (905) 875-0756, fax (905) 875-0958
email: cneziol@ovma.org

Membership Renewals 2008

The annual membership renewal forms were mailed in mid-October. If you have not received your form, please contact Ms. Karen Gamble at the CVO to avoid the \$100 late payment penalty or cancellation of your licence for non-payment.

Remember to complete the annual renewal form and continuing education worksheet and return both with your payment.

REGISTER UPDATES

The College welcomed the following new registrants between August 2, 2007 and November 7, 2007. The list also indicates licence type as follows:

*G = General GNR = General Non-Resident E = Educational R = Restricted A = Academic
PGR = Postgraduate and Resident Licence PS = Public Service*

Dr. Raouf Abdelmalek	R	Dr. Gursewak Grewal	G	Dr. Brendon Ringwood	G
Dr. Faizal Abdul Careem	R	Dr. Alison Hamilton	G	Dr. Concetta Rubino	G
Dr. Hibret Adissu	E	Dr. Jennifer Heyland	G	Dr. Aaron Shackelton	G
Dr. Zulfiqar Ali	G	Dr. Chancie Knights	PGR	Dr. Kartik Sorathia	G
Dr. Gopal Arora	G	Dr. Victoria Langford	G	Dr. Adrian Stroia	G
Dr. Muhammad Athar	G	Dr. Virginia Louws	G	Dr. Casandra Struke-Conrad	G
Dr. Charlene Berkvens	E	Dr. Gurmit Lubana	G	Dr. Saravanan	
Dr. Sarah Boston	G	Dr. Catherine MacKinnon	G	Sundaramoorthy	G
Dr. Gilbert Buenviaje	E	Dr. Ayman Mankarious	G	Dr. Shashi Tagra	G
Dr. Alyssa Calder	G	Dr. Harbinder Mann	G	Dr. Kathleen Todd	G
Dr. Teresa Cheng	G	Dr. Elizabeth Martineau	G	Dr. Marek Tomczyk	E
Dr. Marcio Costa	PGR	Dr. Michelle Mason	G	Dr. Hardeep Vandal	G
Dr. Brad Cotter	G	Dr. Erin O'Neill	G	Dr. Csaba Varga	G
Dr. Wendy Cullen	G	Dr. Joginder Panesar	G	Dr. Kristin Vyhnaal	G
Dr. Wenjin Du	G	Dr. Ashish Prajapati	G	Dr. Barbara Weselowski	G
Dr. Behzad Farokhzad	G	Dr. Inayat Ur Rahman	G	Dr. Claire Windeyer	G
Dr. Thera Fox	G	Dr. Raj Rajhav	PGR	Dr. Katheryn Wolfe	PGR
Dr. Devendra Godara	G	Dr. Alex Reid	E		

The following is a list of new corporations:

New Corporations

Annex Animal Hospital Professional Corporation
 Aylmer Veterinary Clinic Professional Corporation
 Ayr Animal Hospital Professional Corporation
 Bowmanville Veterinary Clinic Professional Corporation
 Bristol Circle Veterinary Professional Corporation
 Clarington Animal Hospital Professional Corporation
 Cockshutt Veterinary Professional Corporation
 Dearden Veterinary Professional Corporation
 Downsview Veterinary Hospital Professional Corporation
 Dr. Avery Gillick Professional Corporation

Dr. Mitchell Gillick Professional Corporation
 Fairview Veterinary Professional Corporation
 Hanselman Veterinary Professional Corporation
 Livingston Animal Hospital Professional Corporation
 Oakpark Pet Hospital Professional Corporation
 Oak Ridges Veterinary Professional Corporation
 Richmond Veterinary Clinic Professional Corporation
 Russell Equine Veterinary Professional Corporation
 Societe Professionnelle Services Veterinaires Equins Carole Michon
 Steen Veterinary Professional Corporation
 Upper Ottawa Valley Veterinary Professional Corporation

REGISTER UPDATES

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

New Facilities

Charing Cross Cat Clinic

Category: Companion Animal Hospital,
Companion Animal Mobile
Director: Dr. Kelly St. Denis

Darlington Mobile Veterinary Services

Category: Companion Animal Mobile,
Equine Mobile
Director: Dr. Helen Tandy

Leslieville Animal Hospital

Category: Companion Animal Hospital
Director: Dr. Stephen Avery

Mill Street Animal Clinic

Category: Companion Animal Hospital,
Companion Animal Mobile
Director: Dr. Varsh Patel

North Toronto Animal Clinic

Category: Companion Animal Hospital
Director: Dr. Gary Landsberg

North York Veterinary Office

Category: Companion Animal Office
Director: Dr. Matthew Kwak

Talbot Street Animal Hospital

Category: Companion Animal Hospital
Director: Dr. Bhan Garg

Toronto Central Animal Clinic

Category: Companion Animal Hospital
Director: Dr. Ahmad Badri

Relocated Facilities

Hrushy Veterinary House Call Services

Lakeshore Veterinary Clinic
(formerly Point Edward Mobile Veterinary Services)

Mavis Road Animal Clinic

Mountain Vista Veterinary Hospital
(formerly Harbourview Veterinary Hospital)

Pine River Mobile Veterinary Services
(formerly Thomson Veterinary Services)

Closed Facilities

Progress Veterinary Clinic

Reminder to CVO Members

This is a reminder to CVO members that you **MUST** use the surname (last name) with which you are registered at all times in practice. Not doing so is false and misleading, and prevents verification you are licensed when a client or colleague is looking for you. This applies to using an abbreviated version of your surname, using a name by which you have previously been known or using a married name without requesting the name change in the CVO database.

This is in accordance with Ontario Regulation 1093 section 41(1), which states: *The name used by a member in the practice of Veterinary medicine shall be the same as the name in which the member is entered in the register.*

If you have any questions please contact Ms. Karen Gamble at 1-800-424-2856 x 2228 or kgamble@cvo.org.

REGISTER UPDATES

The following veterinarians are no longer licensed in Ontario:

Dr. Jose Bracamonte

Dr. Nicholas Dymond

Dr. Natalie Keirstead

*If you note any errors in the preceding lists or believe someone may be practising without a licence, please contact Ms. **Karen Gamble** at extension 2228 or e-mail kgamble@cvo.org.*

In Memoriam

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

Brown, Gordon Samuel (OVC 1945)

Ferguson, Arthur Elton (OVC 1950)

Knox, Melville Robert (OVC 1938)

Wright, Robert Herbert (Herb) (OVC 1938)

Hiring a New Graduate or Someone New to Ontario?

To ensure that the veterinarian you plan to hire is licensed with the CVO, please check with the CVO office at:

(519) 824-5600 ext. 2228 / toll free (Ontario) (800) 424-2856

or email Ms. Karen Gamble
kgamble@cvo.org

CVO e-news

Have you signed up for the CVO electronic newsletter? To sign up go to the CVO website
www.cvo.org.

Professionals Health Program

Confidential toll-free line:

1-800-851-6606

www.phpoma.org

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

Phone: 519-824-5600

Ontario toll free: 1-800-424-2856

Fax: 519-824-6497

Ontario toll free: 1-888-662-9479

email: inquiries@cvo.org

website: www.cvo.org

Editor: Ms. Susan J. Carlyle

Assistant to the Editor: Ms. Beth Ready

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