



# College of Veterinarians of British Columbia

## COUNCIL MEETING

CVBC Boardroom

210 – 10991 Shellbridge Way, Richmond

Friday, December 6, 2019

### Minutes of the Open Meeting

**Council Members:** Dr. Joanne Weetman (President), Dr. Sergije Prostran (Vice-President), Dr. Doris Leung, Mr. Gian Sihota, Ms. Dulce Cuenca, Dr. Maarten Hart, Dr. Josh Waddington and Mr. Chris Finding

**Regrets:** Ms. Lori Charvat (Treasurer)

**Staff:** Ms. Luisa Hlus (Registrar), Dr. Stacey Thomas (Deputy Registrar) and Ms. Rosalee Magcalas (Executive Assistant)

#### 1. CALL TO ORDER

The open meeting was called to order by Dr. Weetman at 9:34 a.m.

#### 2. ROUTINE PRELIMINARY BUSINESS

2.1. Approval of the Open Agenda

**MOTION: THAT** the Open Agenda be approved with the power to add.

**MOVED/SECONDED CARRIED**

2.2. Minutes of the October 11, 2019 Open Meeting

**MOTION: THAT** the Minutes of the October 11, 2019 Open Council meeting be approved as distributed.

**MOVED/SECONDED CARRIED**

#### 3. REPORTS REQUIRING COUNCIL ACTION/DECISION/DISCUSSION

3.1. Terms of Reference – Investigation Committee

The Registrar advised the Council that in-house legal Counsel, Sabinder Sheina is requesting Council amend the Terms of Reference for the IC to include s. 57 of the *Act* as a power that was issued to the Intake Panel by the IC.

After a brief discussion, Council had no objection to this amendment.

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**MOTION: TO** amend the Terms of Reference for the Investigation Committee, to reflect that the Intake Panel is authorized by the Investigation Committee to deal with or dispose of complaints pursuant to s. 57 of the *Act*.

**Direction:** To amend the Terms of Reference for the IC, distribute to the Complaints Department and post on the website.

### 3.2. Practice Facilities Accreditation Committee (PFAC) Policies

Over the past 5-6 months, the PFAC has expressed an interest in developing several policies. At the November 20, 2019 meeting, PFAC approved 4 policies, which are now being presented to Council for final approval.

- **PFAC Policy: Extension Requests and Directing Inspections**

This policy gives the Registrar the authority to grant extension requests when a facility requires additional time to remedy deficiencies in specific cases when a request for an extension is received after the PFAC agenda is distributed or when the request comes in shortly after a meeting. This Policy is designed to streamline Committee meetings by authorizing staff to approve routine extension requests, some of which are on the agendas for several meetings.

This policy also grants powers to the Registrar and Deputy Registrar to send inspectors to a facility, without waiting for direction from the Committee the next meeting.

Council discussed the validity in streamlining this process but raised the point that there has to be a balance between when the Registrar makes a decision and when it goes back to the Committee.

**MOTION: THAT** the Practice Facility Accreditation Committee Policy: Extension Requests and Directing Inspections be approved as presented.

**MOVED/SECONDED                      CARRIED**

**Direction:** To post the PFAC Policy: Extension Requests and Directing Inspections on the website and advise PFAC of Council's approval.



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- PFAC Policy: Ratification of Previous Decision

This policy authorizes the Registrar or Deputy Registrar to ratify a prior PFAC decision based on a contingent event, where the evaluation of the event is simple or binary. In the case where the previous decision requires a discretionary analysis, it would be forwarded to the Committee Panel.

**MOTION: THAT** the Practice Facility Accreditation Committee Policy: Ratification of Previous Decision be approved as presented.

**MOVED/SECONDED CARRIED**

**Direction:** To post the PFAC Policy: Ratification of Previous Decision on the website and advise PFAC of Council's approval.

- PFAC Policy: Single Accreditation for Multiple Business Entities

Currently, if a facility presents as a single operation that has 2 business names, they must be accredited separately and pay 2 separate fees even though they share an address, staff and resources.

Council raised the question of why the College would want to eliminate a reaccreditation fee by amalgamating the 2 entities into 1. The Deputy Registrar advised that the fee paid is essentially to cover the time for the Inspector to conduct the inspection. If a facility exists in name only and is not seeing patients, there would be no active records or drug logs to review.

**MOTION: THAT** the Practice Facility Accreditation Committee Policy: Single Accreditation for Multiple Business Entities be approved as presented.

**MOVED/SECONDED CARRIED**

**Direction:** To post the PFAC Policy: Single Accreditation for Multiple Business Entities on the website and advise PFAC of Council's approval.

To send a letter to those facilities that operate a single practice facility using two different practice names, alerting them to the privilege they are receiving. If the practice circumstances change in any way, they must notify the CVBC as the arrangement may no longer be acceptable.

- PFAC Policy: Post-Accreditation Decision Review of Records and Logs

This policy is designed to address facilities with the persistent deficiencies in drug logs and medical records.



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Some facilities have multiple deficiencies that take weeks and even months to remedy after inspection. The College needs a formal mechanism to follow-up with these facilities to ensure that after they have corrected all of their deficiencies, they are maintaining the standards. By asking for a selection of random records and logs, 6-12 months after the initial reaccreditation, the CVBC will have better oversight during the 5 year inspection cycle.

Council raised the idea of facilities feeling singled-out by being subjected to follow-ups. The Deputy Registrar advised that a system would be implemented wherein if a deficiency requires 3 or more instances of feedback and resubmissions, that facility would be a candidate to receive a 6-month follow-up, otherwise the policy does not apply.

The facilities with persistent deficiencies should be advised that it is in their best interest to ensure that their records are being kept correctly, as it is their best defense when defending a complaint or negligence claim.

Council felt that this Policy needs further clarification to avoid appearing somewhat subjective.

**MOTION: THAT** the Practice Facility Accreditation Committee Policy: Post-Accreditation Decision Review of Records and Logs be sent back to the Practice Facility Accreditation Committee for further clarification.

**MOVED/SECONDED CARRIED**

**Direction:** To return the PFAC Policy: Post-Accreditation Decision Review of Records and Logs to PFAC for clarification.

### 3.3. Deputy Registrar External Meetings Report

In the interest of time, this material was presented for information and Council was asked to review and formulate questions to be raised at the January 24, 2020 meeting.

**Direction:** To return this item to the January 24, 2020 Agenda.

## 4. REPORTS RECEIVED FOR INFORMATION

### 4.1. Report on New Registrants

No discussion. Provided for information.

### 4.2. Change of Registration Class Report

No discussion. Provided for information.

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- 4.3. Report on Facility Changes  
No discussion. Provided for information.
- 4.4. Task List  
Provided for information.

### **5. ADJOURNMENT**

- 5.1 Next Meeting Date  
The next meeting is scheduled for Friday, January 24, 2020.  
The following meeting date is March 6, 2020.

The Open Meeting adjourned at 10:35 a.m.