



# College of Veterinarians of British Columbia

## COUNCIL MEETING

Video Conference

Friday, June 4, 2021

### Minutes of the Open Meeting

**Council Members:** Dr. Josh Waddington (President), Dr. Michele Martin (Vice President), Mr. Chris Finding (Treasurer), Ms. Lori Charvat, Mr. Gian Sihota, Dr. Doris Leung and Dr. Jane Mancell

**Staff:** Dr. Jane Pritchard (Interim Registrar), Dr. Stacey Thomas (Deputy Registrar) and Ms. Rosalee Magcalas (Executive Assistant)

#### 1. CALL TO ORDER

The meeting was called to order by Dr. Waddington at 10:06 a.m.

*Council would like to respectfully acknowledge that we work and live on the traditional ancestral and unceded lands of the Coast Salish, Squamish, Sechelt, Musqueam and Tsleil-Waututh nations and we acknowledge all other first nations in British Columbia.*

#### 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. Discussion of Consent Agenda

**MOTION: THAT** the Open Consent Agenda be approved with items 2.3, 4.1, 4.2, 4.3, 4.4, 4.5 and 4.6.

**MOVED/SECONDED**                      **CARRIED**

##### 2.3. Amended Minutes of the March 23<sup>rd</sup>, 2021 Open Meeting

Accepted and not discussed as per the Consent Agenda.

**MOTION: THAT** the Amended Minutes of the March 23<sup>rd</sup>, 2021 Open Council meeting be approved as per the Consent Agenda.

**MOVED/SECONDED**                      **CARRIED**

**Direction:** For the office to publish the approved March 23<sup>rd</sup>, 2021 minutes to the website.

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

#### 3.1. Rubric for Facility Name Approvals

Name approval decisions are guided by the bylaws, but have an inherent risk of subjectivity and the office does not currently have any internal policy/guidance document to reference when reviewing submissions. Over the past couple of years, there has been pushback from registrants challenging rationale for denial of requested names; and there have even been 2-3 instances of veterinarians of existing facilities expressing frustration over names approved for new facilities.

Dr. Thomas located an archived BCVMA guideline, likely originally developed pre-2000, and has used that as a foundation for developing a document to reflect the current CVBC bylaws. The intention is to use the guideline internal to support the name approval decision-making process, but also to post it publicly on the website, as a resource for registrants in making name selections and to provide transparency on the CVBC's process. Council approval is requested to formalize the guideline for immediate implementation.

Council feels that although this document was titled as a 'Rubrik' [sic], it is actually presented as a guideline; while a true rubric could be developed, it would likely be too complicated to formulate a rubric that would allow the necessary flexibility to deal with a variety of possible name formulations. While there are rules that must be followed, there is also a significant grey area given the personal nature of name selection, and a true rubric would be too restrictive. The guideline as written is sufficient to the office's needs.

Through further discussion, Council feels that this document should be left as a guideline and named as such. It will provide direction for the Office of the Registrar when making decisions on facility names and alleviate confusion to registrants on why names may be declined.

Overall, consensus is that the guideline is thorough and clear. Once the document has been posted to the website, if there is feedback from registrants, the Council can revisit and make changes as needed.

**Direction:** To amend the name of the document to Practice Facility Name Approval Guideline, and post it to the CVBC website for immediate implementation by the Registrar.

#### 3.2. Revised PFAC Policy for Virtual Inspections

Since the onset of the pandemic, the Practice Facility Accreditation Committee (PFAC) has developed (and Council has approved) two separate policies for virtual practice facility inspections. The first policy was to allow new facilities to be inspected virtually and be granted provisional approval to operate, until such time that an on-site inspection could be performed. The second policy was to allow existing facilities to have their regular (5-year) reaccreditation inspections performed virtually and for PFAC to make a final reaccreditation decision based upon the virtual inspection if they felt it to be appropriate.

In light of experience gained over the course of the past 12+ months, PFAC and the office feel that it is appropriate that some new facilities could be eligible for a full accreditation decision (once deficiencies have been corrected) on the basis of the virtual inspection, without requiring an on-site inspection. It is intended that this option would be limited to practice facilities where the risk to the public, staff and animals is minimal because there is no fixed facility location where care is provided (ie. mobile practice facilities).

It is felt that the low risk in these situations does not justify the costs incurred to send an inspector to perform an on-site inspection of a facility set up that the inspector and Committee feel has been adequately assessed via the virtual platform and electronic submissions, especially in light of the growing demands on inspector time and office resources as deferred (by COVID) reaccreditation continue to accumulate and requests for new facility inspections are ongoing.

At the direction of PFAC, the office reviewed the existing policies and amalgamated them into a single unified policy. The Practice Facility Accreditation Committee reviewed and approved the draft policy at its May meeting and directed the office to present it to Council for approval.

Council inquired if this is intended to be only a temporary policy during the COVID pandemic (and resolution of the backlog), or have it continue to be used afterwards. The Deputy Registrar explained that it is currently still framed as a temporary policy to be revisited once COVID-related risk is reduced but, given the success of the virtual platform and the flexibility that it provides, anticipates that virtual inspections will remain a tool of the CVBC and PFAC processes going forward.

Council reviewed the policy with regard to the priorities of the strategic plan and a dedication to transparency, objectivity and fairness. PFAC must remain cognizant of its responsibility to make justifiable and unbiased decisions, and the Council believes that the policy as written provides sufficient framework to guide the Committee's decisions. This policy will be posted on the website and the office shares the policy with the Designated Registrant of any facility to assist in preparation for the virtual inspection.

**Dr. Leung left the meeting at 10:33 a.m. Council still had quorum.**

**MOTION:** THAT Council approves the "*Practice Facility Accreditation Committee's Unified Policy for Remote/Virtual Inspections during the COVID-19 Pandemic*" as presented, to immediately replace the existing two temporary policies ("*Remote/Virtual Practice Facility Inspections*" and "*Remote/Virtual Practice Facility Reaccreditation Inspections*").

**MOVED/SECONDED**

**CARRIED**

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

### **3.3. Provisional Supervised Active Registration Category – Update**

The Interim Registrar advised Council that external counsel has provided a final review of the wording in the proposed bylaw amendment and feels we have reached a point of good clarity with minimal revisions made since the last draft.

This most recent revision included a change to address an issue identified by the Deputy Registrar. The focus of the bylaw development has been to allow for graduates of non-AVMA accredited institutions to practice under supervision while they complete the exam requirements of the National Examining Board, and the wording of the bylaw draft was specific to this situation. Overlooked until now, however, is the less common situation where a graduate of an AVMA-accredited institution takes more than 2 attempts to pass the NAVLE exam – in these situations, the candidate is then required to complete the PSA and CPE as well before being granted a Certificate of Qualification. These individuals would also benefit from an opportunity to strengthen their clinical skills and reinforce their knowledge through supervised practice in a BC practice facility. This deficiency in the draft bylaw has now been addressed.

In addition, Dr. Pritchard has finalized the draft versions of the Assessment of a Veterinarian Holding a Provisional Supervised Active (PSA) Registration and the Registrant Supervisor Agreement.

All materials are presented today for Council's review and approval to move ahead to the next step in the process, which will be circulation to registrants for a period of feedback. At the end of the feedback period, any comments will be shared with the Registration Committee, so they may consider whether there is a need to make any changes based upon that feedback. If there are any further changes to the bylaws, they will then be brought back for Council approval before being presented to registrants (via a third party voting platform) for a bylaw vote.

Council questioned the quarterly reporting process – what constitutes a “bad” assessment, and how will such an assessment be addressed? For each assessment section, an assessment less than ‘Satisfactory’ will require action. The form requires the supervisor to identify steps that will be taken to improve the PSA registrant's skills in that area. The Registrar will review all quarterly reports and keep the Registration Committee apprised of any poor assessments that are being tracked. If the report does not include a plan to improve a sub-satisfactory skill, the Registrar will reach out to the Supervisor and PSA registrant to require a plan to be put in place and provided to the office. If the next quarterly assessment does not show improvement, then the College will investigate. The investigation would involve direct, objective intervention by the Registrar with both the PSA and the supervisor to see why there has not been improvement and to see if it is possible to identify obstacles to improvement. The Registration Committee will again be apprised of the situation. If the nature and/or severity of the deficiency is deemed to represent a risk to the public and their animals, or as a last resort if improvements are not seen despite efforts, the registration of the PSA may be cancelled or restricted by the Registration Committee, in adherence with the requirements of the bylaws. As these assessments are completed every quarter, if a plan is in place it would be easy to track if it is working quarter over quarter.

It was suggested that the supervisor might be inclined to give acceptable scores to avoid scrutiny by the College, regardless of the PSA registrant's performance. The Deputy Registrar reminded Council that supervisors are professionals and registrants of the CVBC who are subject to the requirements of our bylaws as well. Each quarterly report completed represents a series of statements and declarations formally committed to by the supervisor, and also formally acknowledged by the PSA registrant. If the supervisor is not completing the report honestly, each answer represents an instance of misrepresentation to the College. It isn't in the supervisor's interest to commit fraud solely to keep a PSA registrant on staff, if they are not competent; and it is not in the PSA registrant's interest (in pursuing a CQ) to remain at a facility where the supervisor is not supporting the improvement of their skills. It is also reasonable to expect that at the facility level, if the PSA registrant employee is under-performing, the supervisor might recognize the liability and their employment at that facility might be terminated, thus terminating the supervision agreement.

**MOTION: TO** accept the draft versions of the bylaw changes, PSA Supervisor Agreement, and PSA Quarterly Reporting Form as provided. To agree to sharing the documents with all registrants for a two-week period for the purpose of obtaining feedback to inform the documents that will go for the required registrant vote on accepting the bylaw changes.

**MOVED/SECONDED**

**CARRIED**

**Direction:** To send an Eblast to registrants for input for a period of 2 weeks, bring to the RC, make the required changes and put out for a vote.

### 3.4. Telemedicine Working Group - Update

A key member of the working group shared the CVBC's draft Telemedicine Policy at a national-level telemedicine meeting – feedback from the group was positive, with no suggested changes. The CVBC's telemedicine policy will be more permissive than some other jurisdictions, as it allows a VCPR to be established via telemedicine and for prescriptions to be issued (under specific circumstances and with veterinarians using personal judgement and documenting the justification). The development of the FAQ document provides a good resource for understanding of the Policy. The FAQ document is necessarily quite long as examples are presented to further support understanding of CVBC expectations and appropriate use of telemedicine.

Council made some amendments to the FAQ to provide clarification: FAQ #4 second sentence – addition of "...must be licensed in B.C."; FAQ #7 first sentence – addition of "...to practice veterinary medicine in B.C."; and FAQ #9 - Council sought an explanation of the word 'steering' in the second sentence and were advised that this was taken directly from the CVO's document; as our regulations do not address the practice of steering, it does not make sense to include a reference to this practice here and the last part of the second sentence ("...and should not be involved in a system of steering.") will be removed. Otherwise, Council requested only minor typographical changes to the policy and the FAQ document, All discussed changes will not require a return for Council's approval .

**MOTION: TO** accept the Telemedicine Position Statement, as amended, for publication to the CVBC website.

**MOVED/SECONDED**                      **CARRIED**

**Direction:** To make the requested changes and post to the CVBC website.

### 3.5. Suggested Change for July Council Meeting

Council agreed to move the July meeting from July 16<sup>th</sup> to the 23<sup>rd</sup> in order to allow both Drs. Pritchard and Bergman to attend. The date conflicts with the CVMA's virtual convention, but Dr. Martin will adjust her schedule to accommodate the change in date.

**Direction:** To move the July Council meeting from July 16<sup>th</sup> to 23<sup>rd</sup> to facilitate the new Registrar to attend along with the Interim Registrar to facilitate a smooth transition. Change on the website.

### 3.6. Equity, Diversity & Inclusion Training Options

At Council's April 23<sup>rd</sup> meeting the Interim Registrar was asked to research options for equity, diversity and inclusion training. The office reached out to Mr. Alden Habacon who facilitated a training course at the 2019 Annual General Meeting, but no response was received. In addition, the contacts that were provided by Ms. Charvat were also unavailable.

Dr. Pritchard reached out to three potential companies to gather information on what they offered for training. Dr. Rusticus accepted an invitation to audit a workshop presented by Kwela, which she was impressed with. She provided a summary for Council's review. The Knowledge Academy provided information on their courses, but Dr. Pritchard felt they were a little more generic and would not be able to present something targeted towards the CVBC.

TrainUp was also contacted – they were slow to respond and do not have anything prepared for Council’s review, but advised that they could develop a course based on our needs. It was noted that this would require a lot of time from the College to provide the necessary information to them.

The Interim Registrar offered an assessment that, of the options explored to date, Kwela seems best suited for the CVBC’s needs. She is prepared to explore further options, but would appreciate guidance from Council to focus her search based on their goals and preferences.

Council felt strongly that EDI training should be conducted by a person who has first-hand experience with the subject, such as an indigenous person or person of colour. Therefore they wish to explore other options. Ms. Charvat has contacts within the indigenous community and will pass details along to Dr. Pritchard. In addition, Dr. Mancell suggested contacting Bakau Consulting as they have a diverse presenter group and are owned by a woman of colour. With these additional points of contact, the Interim Registrar will reach out to see if there is availability for a training session in September, and report back to Council at its July meeting.

Council would like training to be provided to Council members and CVBC staff, and also to be offered to all Committee members. Discussion also included the possibility of also offering attendance to the broader registrant body, with CE credit. It was identified that it would make more sense to have the session for staff conducted separately from Council/committee training, as staff members may feel more comfortable and be more actively engaged within their own group.

**Direction:** Ms. Charvat to forward contact info to Dr. Pritchard regarding her contact and she will contact them in addition to Bakau Consulting and bring back to July meeting with training potentially in September.

### **3.7. Pet Ownership – ADDED ITEM**

Dr. Thomas raised this matter for Council discussion following a recent call from a member of the public. The caller reported that her pet had been stolen and she somehow discovered that it had been presented to a veterinarian, treated and under that person’s name. This was despite the fact that her pet was tattooed and that she had placed an alert on the BC Pet Registry about the theft. She was distressed to discover that veterinarians do not routinely check tattoo and microchip registries to verify ownership of a new patient. The caller indicated an intention to bring this to the media. Dr. Thomas brought this to the Council to put it on their radar in case it does end up in the media, but was also interested to gain consensus from the veterinarians on Council regarding her concerns, and also to get the perspective of the public members on Council.

Veterinarian Council members confirmed that their experience is that veterinarians do not routinely check tattoos or even microchips to verify ownership when presented with a new client/patient. Accepted practice within the profession is to accept that the person presenting the animal for care is being truthful and is acting in the patient’s best interest, *unless the veterinarian has reason to believe otherwise*. Where that doubt exists, it is the veterinarian’s responsibility to resolve that doubt. They question the minefield that such a practice would open up by building every new VCPR on a foundation of mistrust, let alone what a veterinarian’s responsibility would be if the registry information did not match that provided

by the person presenting the animal for care. It is not unusual for an animal's ownership to change through the course of its life, and many animal owners don't ever think to update registry information when they relocate or if they pass ownership to another individual.

If a veterinarian is expected to verify information against relevant tattoo and microchip registries for every new patient, what would the role be of the veterinarian when there is disagreement between the two sources? Council offered that it should not be the veterinarian's job to do anything, other than treat the patient and it is not practical to have every tattoo and microchip checked. To challenge ownership based upon registry information would be detrimental to the care of the patient, would alienate many clients who are rightful owners of the animals despite what is documented in the registry, and even risks exposing staff to conflict and threats. Council wanted to know what might constitute appropriate due diligence when establishing a new VCPR. It was noted that many facilities utilize an intake form, and/or consent forms at the time of services, that includes a declaration of authority to make decisions for the animal's care, and that this should be sufficient for the veterinarian to proceed.

Council was interested in finding out if other jurisdictions have dealt with this issue before. It was noted that the Interim Registrar and Deputy Registrar would be meeting with the CCVR in the coming weeks, which would be a good opportunity to survey the environment.

**Dr. Thomas left the meeting at 12:00**

**Direction:** Dr. Pritchard will seek input from the other jurisdictions to see if and how they have addressed this issue, and will bring back any information gathered to Council at its next meeting.

**4. REPORTS RECEIVED FOR INFORMATION**

- 4.1. Report on New Registrants – Accepted and not discussed as per the Consent Agenda.
- 4.2. Change of Registration Class Report – Accepted and not discussed as per the Consent Agenda.
- 4.3. Name Approvals – Accepted and not discussed as per the Consent Agenda.
- 4.4. Report on Facilities, Closed, New & Reaccredited – Accepted and not discussed as per the Consent Agenda.
- 4.5. Deputy Registrar's Report – Accepted and not discussed as per the Consent Agenda.
- 4.6. Task List – Accepted and not discussed as per the Consent Agenda.

**5. ADJOURNMENT**

**5.1. Next Meeting Date**

The next meeting is scheduled for Friday July 23<sup>rd</sup>, 2021 at 10:00 a.m.

**MOTION: THAT** the Open meeting be closed at 12:04 p.m.

**MOVED/SECONDED**

**CARRIED**

**Council broke for lunch, to return to the Closed Agenda at 12:38 p.m.**