



Veterinary Practice Owners Association of Ontario

The Voice of the Veterinarian Owned Practice...For A Stronger Profession And Excellent Care.

Mr. Doug Raven

Chief Executive Officer

Ontario Veterinary Medical Association

420 Bronte Street South, Suite 205

Milton, ON, L9T 0H9

April 7, 2016

RE: VPOA meeting with OVMA April 1, 2015 - Summary

Dear Mr. Raven,

On behalf of the VPOA Executive Committee I thank you and the OVMA officials for taking the time to accommodate this meeting.

We believe the issues brought to the OVMA will not only benefit pets and their owners, but also will benefit the majority of OVMA members. The VPOA strives to achieve a win-win for all parties. We understand that some of the issues in our discussion document will not be popular among some veterinarians but in the long run our profession will be better and the practice of veterinary medicine will be improved. This will be especially accomplished when the "Standard of Care" in Ontario is better defined.

During the meeting you agreed to bring to the board the following points:

1. **Standards of Care:** We agreed that CVO has been passive and retroactive on standards of care. A system of standards would be well received by the public. It will take away uncertainties and eliminate costs for all parties including CVO.

The standards of care can be broken down as follows:

- **Facility standards:** CVO has fairly good standards, BUT they are not being spot checked. We know of veterinarians who borrow the autoclave etc. for the inspection. CVO is also being approached by special interest groups to dilute their standards and make exceptions (like no X-rays). This is not acceptable.
- **Drug handling and dispensing standards:** No problems with those. Compliance checks necessary though. Why do breeders have large bottles of Metronidazole on their shelves?
- **Communication standards:** They are over the top and are truly designed to protect the veterinarian from perceived litigation. As one survey commenter said "I have to write down who I handed the surgical discharge instructions to so someone can't claim later that they never got them? Really?"
- **Medical standards:** CVO ignores those completely but when it comes to a complaint they discipline: Case in point Dr. Aziz in 2013 was disciplined among others for not recommending preanesthetic bloodwork and not giving intravenous fluids.
- **Diagnostic standards:** There are no accepted algorithms. Should the practitioner be held responsible if (s)he did not mention the possibility of a cystoscopy in a urolithiasis case?

- **Procedural standards:** CVO has none. However a recent communication from CVO shows: A microchip scanner should be used on every new patient. CVO said “we assume that when the scanner is mandated to be on premises that it will be used.” Obviously this is not so. What about the sterile gown?

OVMA had to lobby for at least pain control as a minimum standard. Congratulations. We were not aware of this and salute you.

In all practicality we are proposing two levels of standards that will expand through all standard categories above:

Level one which would be basic (sterility, use of antibiotics, no vaccinations on days of surgery, no dispensing without examination, no elective surgery on unvaccinated animals, post surgical hospitalization requirements for certain time periods, etc.) Failure to comply with level one would automatically lead to professional misconduct as it places the public and their pets at risk. This standard can even be enforced by file review alone.

Level two would be a “**Best Practices**” guideline that will be above the minimum standard and contain a level of care that is generally accepted and expected by the profession in Ontario. Compliance with Level two would be the CVO accepted standard and in case of complaints, the practitioner would not need to be scrutinized by CVO. This would also eliminate some record keeping. Therefore CVO accreditation to this standard would be best. However if this is not possible, a voluntary compliance should be done. CVO should however allow such. OVMA could work with AAHA to have a Canadian version of standards that can be more acceptable to Ontario vets.

Examples would be intravenous fluids with fluid pumps during surgeries, preanesthetic blood testing, certain diagnostic minimum requirements etc. This level would also include facility upgrades. Participating practitioners would be free to exceed these standards, but they would need to document reason why they elected to undercut them.

2. Low cost providers: We realize that the term ‘low cost’ needs to be clearly defined and is not perceived as simply a competitive pricing issue. Price is certainly up to the individual practice but the standard of care provided must be appropriate. The above standards would automatically eliminate foul play and protect the public from unethical practices and would raise the bar to a level playing field.

3. SPCA, shelters, rabies clinics: You agreed to lobby for means-based discounting for their services. Criteria similar to Farley could be applied. You also stated that in preliminary trials by OVMA to recruit veterinarians to means-based discount work failed. As practice owners we would like this topic re-visited. We are convinced we can present a business case to our colleagues that would help them gain positive reputation in their communities. York Region Health Department could be easily convinced by myself.

4. Industry partners: OVMA will continue the dialogue with their biggest advertisers, to advocate allocation of funds towards advertising to the public about the merits getting their products from veterinarians.

We urge you to convey the board about the importance of these topics. If we can implement the above, our profession in Ontario will be again the “golden” profession of the past and I am convinced we’ll see less compassion fatigue etc.

Although the other points we discussed on April 1 have shown to be of less importance at this time, we should table them for future discussions after the above issue has been addressed.

We are looking forward to future communications and meetings with OVMA to work on common issues that are facing our profession.

Sincerely,

Dr. Ernst Marsig
VPOA Executive Committee