



THE COLLEGE OF  
VETERINARIANS  
OF ONTARIO

# UPDATE

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## President's Message



by **Beverly Baxter, DVM**  
President

Recently, I was having supper at a popular chain restaurant with my two oldest sons. There was a fair crowd for after Christmas on a weekday. The conversation was good. We hardly paid attention to the music playing in the background, or so I thought; some of us were listening, attentively. At one point the Supremes came on. One of my boys started snapping his fingers. He reminded me that I had often played that particular song and artist during their youth. Previous to this, songs by James Taylor and the Mamas and the Papas had been featured. My other son piped up and said “yeah, Mom, if they play Carly Simon, then it will be like a Saturday night home line-up. It is quite a legacy you left us.” This exchange got me thinking about what we do and say and the unintentional impact we may have on others.

Whether you are in a leadership role as a parent or a veterinary professional, your actions are under scrutiny, observed by your children, staff and clients, just to list a few. The empowering thought is that we have a choice about our actions. We can have a choice about our legacy. It is then we realize the irony of legacies. In giving consideration to our future actions, we direct our thoughts to the intended impact that will define our past.

Veterinarians are busy professionals. However, it is essential that we take time to reflect and plan. The tools offered in the Continuing Professional Development (CPD) cycle are intended to be useful aids to that process. Take time to consider how your legacy will speak about you.

By the way, our children also had healthy exposure to the Beatles, Kiss and Queen.

# REGISTRAR'S MESSAGE



*by Susan J. Carlyle  
Registrar*

I, like our members, am a professional. My field is law—yours is veterinary medicine. They are hugely different in education, skills and purpose, but philosophically they are the same. It is an honour to be a professional. It is also very hard work—in studying and qualifying for the honour, in striving every day to continue to deserve it, and in paying back for the privilege it gives us.

On one level, the give and take is simply stated: exclusivity of practice of your profession, in exchange for obligations and requirements in the way you practice. Hence the existence of governing bodies of all the professions, especially those, including yours and mine, which are self-regulating and driven by statutory law.

But the relationship between the two is so much more. We are individually constantly responsible for the delivery of our professional services. We dare not relax, and we cannot shift blame. In exchange we have tremendously satisfying and meaningful careers, we can shape them as we wish, and we can take care of our own lives.

The CVO, as your governing body, shares the issues of professional regulation with the human health colleges, the Law Society of Upper Canada, the Architects, Accountants, Engineers and many others.

All of our members share the give and take. The regulator of each profession is commonly seen by the majority of its members as being there to collect fees, process licences, and publish the odd bit of news. That's all some members want to know about the regulator and oh yes—that we are the “veterinary police.”

The CVO and the other professional regulatory bodies are obliged by law to govern the profession in the interest of the public; this means your clients, your colleagues and employees, consumers of food producing animals, international trade partners, lawyers, architects, accountants, human health providers, and the public in general.

Although we do act like “veterinary police” in that we implement the law and ensure that our members comply with it, we also help members who suffer from stress, mental illness, substance abuse, burn-out and other problems. We also provide guidance, assistance and information for those who ask.

The CVO is not just your governing body—we are your partner in serving the public and we are proud to help you do that. We hope you too are proud to partner with us.

# CVO Hosts 2010 Student Soirée

## OVC Students and CVO Council Members Mingle at Soirée

Students of the Ontario Veterinary College 2010 were hosted by the CVO Councillors and staff at the annual Student Soirée held in the OVC cafeteria on February 3, 2010.



Those attending mixed and mingled as the students completed their “Soirée Passport” by identifying and meeting councillors and staff based on the clues provided.



The evening was most enjoyable and allowed the graduating students and CVO Councillors time to become acquainted. The evening concluded with completed soirée passports being drawn for prizes.



*(Right):* Prize winners pose for a picture with the CVO President.

*(Front row - left to right):* Alexandra Gillan and Alanna Thompson. *(Back row - left to right):* Emma Gardner; Vlad Stefanescu; Ann Nguyen; Jennifer Spurrell; and Beverly Baxter, CVO President.



## *Student Corner*

by Karen O'Keefe



With the school year winding down, OVC students have been actively involved in a variety of activities within OVC, the community, and globally! A number of second-year students are preparing to travel abroad as part of the Global Vets program. This summer, 23 students will participate in projects for a minimum of four weeks, giving them a chance to explore veterinary medicine within developing countries. The regions and countries selected include: parts of Eastern Africa, South Africa/Madagascar, Egypt, Central/South America, India, and Southeast Asia. Many of the projects are based on agricultural development, and the overall health of animals and the ecosystem. In order to prepare for their trips, the students involved have been very busy planning and running many fundraising activities. A student and faculty three-on-three hockey tournament took place in January, which was both a great success and a lot of fun for those involved. A silent auction has been held with items ranging from textbooks and hockey tickets to veterinary shadowing opportunities with the Toronto Zoo. Finally, a lecture series entitled "Mini Vet School," spanning four Thursdays in February and March, created an opportunity for non-veterinary students and the public to discover what veterinary school is like at OVC. The topics covered included emergency medicine, parasitology, public health, and many more. Each lecture was given by an OVC Professor, for people of all ages and backgrounds to enjoy, with proceeds going to support Global Vets.

Members of the veterinary industry came to OVC on March 3 for Industry Day. This event provided students with a chance to become familiar with many of the products and services that they may wish to use upon graduation. Various pet food and pharmaceutical companies, as well as national and provincial

organizations, were on hand to discuss their role in the veterinary industry and to share what they have to offer students and practicing veterinarians.

College Royal, the annual open house held at the University of Guelph, is a tradition dating back to 1925. The event will fall on March 20-21 this year. This is a great opportunity for the community to learn about OVC. Each class, and many of the OVC clubs, will create a display, allowing for a fun yet educational experience. This year will include a teddy bear surgery for children, and an interactive principles of disease exhibit, as well as a wide range of others. Events across the campus include a chemistry magic demonstration, a logging competition, and dog, cat and livestock shows.

This May, a two-day conference focusing on veterinary medicine and literature will be held at OVC, sponsored by the World Veterinary Association and the Society for Veterinary Medicine and Literature. This conference will focus on how fiction, poetry and essays play a role in enriching the relationship between humans and animals in veterinary medicine. This event will bring together veterinarians, veterinary students, writers, and scholars to explore the themes and future of literature within veterinary medicine.

Finally, on February 3, fourth-year students at OVC were invited to have an informal evening with the CVO Council and staff. This gave the class of 2010 an opportunity to learn more about council and the CVO as they prepare to start their careers. I would like to take this opportunity to wish the Crimson Cross congratulations and good luck as they enter the world of veterinary medicine!

# Restricted Titles

Despite a previous notice in [Update](#) on this issue, CVO understands that some of our members are still referring to their auxiliaries as “nurses”. The following article is therefore being republished to remind members that the title “nurse” is restricted and may not be used in the context of veterinary practice.

The College of Nurses of Ontario (CNO) advised that a member of the College of Veterinarians of Ontario (CVO) had inquired about the use of the title “nurse” as a designation of an auxiliary in a veterinary setting.

**Please note that the titles of Nurse, Registered Nurse, and Registered Practical Nurse, and any variation or abbreviation thereof, can only be used by members of the College of Nurses of Ontario.**

**From the Nursing Act, 1991:**

Restricted titles

*11. (1) No person other than a member shall use the title “nurse”, “nurse practitioner”, “registered nurse” or “registered practical nurse”, a variation or abbreviation or an equivalent in another language. 2007, c. 10, Sched. B, s. 14 (1).*

Exception

*(2) Despite subsection (1), a person may use the title “Christian Science nurse” or “graduate nurse”, a variation or abbreviation or an equivalent in another language. 1991, c. 32, s. 11 (2).*

Restricted title

*(3) No person shall use the title “nursing assistant” or a variation or abbreviation of it. 1991, c. 32, s. 11 (3).*

Offence

*13. Every person who contravenes subsection 11 (1), (3) or (5) is guilty of an offence and on conviction is liable to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence. 2007, c. 10, Sched. B, s. 14 (3).*

**Individuals who refer to themselves as nurses in Ontario without being registered with the College of Nurses of Ontario are called “illegal practitioners” and can be prosecuted under the *Nursing Act* and the *Regulated Health Professions Act*.**

Please contact the CVO if you have any questions.

# 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 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

### Unsafe anaesthetic protocols...

A six-month-old kitten was presented to the ABC Animal Hospital for neutering by Dr. A. The kitten was given its premed/anaesthesia (a mixture of Domitor, Ketamine and Torbugesic given intramuscularly) prior to his surgery. During the time between the injection and the time he was brought to the operating room, the kitten suffered respiratory arrest, leading to cardiac arrest.

Dr. A and his staff were able to resuscitate the kitten but he remained at the ABC Animal Hospital for five days before going home with his owner. Although the kitten continued to improve clinically day-by-day, he was blinded and remains so.

In the letter of complaint received by the College, the owner alleged that:

Dr. A’s care of the kitten was inadequate and unsafe from the time that the kitten was given his “premed/anaesthesia” to the time he was brought to the operating room.

#### Reasons for Decision

The owner had concerns regarding the care and treatment of her kitten, by Dr. A. She felt her kitten’s care was inadequate and unsafe and had concerns specifically with the fact that Dr. A by his own admission does not intubate cats for castration and that the kittens are not monitored either by a person or a mechanical monitor while becoming anaesthetized.

Dr. A stated that he examines and weighs a kitten pre-operatively and then administers a pre-mix of Domitor, Ketamine and Torbugesic. The kitten is then taken back to the kennel room while the anaesthesia takes effect. According to Dr. A, there was a ten minute period from when he administered the anaesthetic to when the crisis was identified (i.e. the kitten had gone into respiratory arrest). Dr. A also stated in his submission that he finds it usually not necessary to intubate cats with the anaesthetic regime for short surgical procedures and therefore they do not intubate.

When it was noted that the kitten was not breathing, CPR was performed (i.e. intubation, positive pressure ventilation, Antisedan was administered IV, and epinephrine was administered intracardiac).

The Committee had concerns with Dr. A’s anaesthetic protocol for cat neuters. Although this protocol may have been presented at the North American Veterinary Conference, in Plumbs Veterinary Drug Handbook, 5th edition, under “uses/indications”, it states:

“Medetomidine (Domitor) has also been used in cats, primarily in Europe. But there is apparently much less data available to evaluate its use; caution is advised.”

Also in Plumbs Veterinary Drug Handbook, 5th edition, under “adverse effects” of medetomidine, it lists bradycardia, occasional AV block, decreased respiration and, rarely, apnea and death from circulatory failure.

Another concern is that Dr. A's original records state that 3.5 cc total volume of the premix was administered intramuscularly (IM), and then it is corrected to 0.35 cc after the date that the complaint was lodged.

As well, according to Plumbs Veterinary Drug Handbook, 5th edition, the dose of medetomidine recommended for a cat for sedation/anaesthesia is 0.001 to 0.01 mg/kg. Since the kitten weighed 3.6 kg, the high end of the dose should have been 0.036 mg, yet the kitten was given 0.1 cc, which equates to 0.1 mg, which is higher than the 0.036 mg recommended.

In addition, according to Plumbs Veterinary Drug Handbook, 5th edition, enhancement of sedation may occur when medetomidine is used concurrently with other drugs, therefore reduced dosages and close monitoring is advised if contemplating combination therapy.

And finally, another concern the Committee had was that the kitten was given this anaesthetic combination IM, and then placed in the kennel area for ten minutes without any monitoring.

During the course of investigating and considering this case, the Committee obtained an expert opinion from a board certified anesthesiologist.

As a result of the Committee's concerns in regard to Dr. A's anaesthetic protocol, the Committee was in agreement that an undertaking was warranted. Undertakings presented by the College to a member, reflect that the matter is considered serious. If a member refuses to participate in an undertaking, the member would be referred to the Discipline Committee where a hearing would take place. As well, if a member fails to fulfil an undertaking, it would be considered professional misconduct serious enough to warrant a disciplinary proceeding.

### Decision

Regarding this case, the Committee weighed all of the information before it and the options available to it. In this matter, the Committee had some concerns with the conduct of Dr. A.

It was the decision of the Committee that the actions and conduct of Dr. A did not warrant a referral to the Discipline Committee for determination of allegations of professional misconduct or serious neglect. The Committee decided, in the interest of the public and hopefully to ensure that such an incident does not recur, to exercise its authority under section 24(c) and take the following action:

Dr. A was advised of the Committee's concerns with regard to his unsafe anaesthetic protocols administered to cats. Dr. A was invited and agreed to participate in a Mutual Acknowledgment and Undertaking with the College which included:

- researching and preparing a comprehensive written study which would address the administration, advantages and disadvantages of different anaesthetic protocols, and would differentiate between medications and doses used for sedation versus medications and doses used for the induction of general anaesthesia. The paper would also define the monitoring required for each protocol.
- research and prepare another comprehensive written study on the proper protocol on handling a respiratory/cardiac arrest in a patient.
- submission of current samples of anaesthetic logs, every three months, to the College for not less than one year. The anaesthetic logs would be reviewed by a member of the College acceptable to the Registrar.
- enrol and participate in a continuing education seminar/course/program related to anaesthesia.

# CASE STUDIES

## Summaries of Recent Discipline Committee Hearings

### Discipline Hearings

The *Veterinarians Act*, section 31.-(1) states that, “Where the Discipline Committee finds a member or former member of the College guilty of professional misconduct or serious neglect, the registrar shall publish the finding....” The name of the member who is subject of the hearing may, or may not, be included depending on the decision of the Discipline Committee panel. Information revealing the names of the witnesses and clients is always removed.

Decisions may be obtained, in full, by contacting Ms. Rose Robinson, Manager, Complaints and Discipline, at extension 2227 or email [robinson@cvo.org](mailto:robinson@cvo.org).

### Decision One

Dr. Murray Bonshor

#### ALLEGATIONS OF PROFESSIONAL MISCONDUCT

- Inappropriate to prescribe/dispense excessive amounts of Aranesp
- Failing to have a proper veterinarian-client-patient relationship
- Failing to create or maintain accurate, sufficient or any records.
- Failing to keep proper records in respect of all transactions.

#### BRIEF SYNOPSIS OF FACTS

- The Member prescribed Aranesp 20 mcg, an erythropoietin, Darbepoetin Alfa (“Aranesp”), to horse #1. The Member gave directions to give the horse one vial every three weeks to help alleviate anemia. He ordered 4 x 0.5 ml pre-filled syringes and said that the horse would need 2 packs of 4. The prescription was made out to the horse’s owner.
- The Member prescribed Aranesp 80 iu to horse #2. He gave directions to give one vial of Aranesp “IV” every three weeks to help alleviate anemia. The Member ordered 8 vials. The prescription was made out to the horse’s owner.
- When the prescriptions were written, the Member knew, or ought to have known, that the owners lacked authority to ask the Member to treat horse #2, as neither owner owned horse #2 when the Member treated the animal.

- The Member knew or ought to have known that in neither case was it appropriate to prescribe Aranesp.
- In the alternative, even if Aranesp was indicated for either horse, the amounts prescribed by the Member were grossly excessive.
- The Member prescribed and/or dispensed approximately 350 doses of Aranesp to horse #3, in the absence of a proper veterinarian-client-patient relationship. Aranesp was not indicated for use for horse #3.
- Alternatively, the Member knew or ought to have known that the Aranesp he was prescribing and dispensing ostensibly for horse #3 was in fact being used by its owner for other horses or for other uses.
- The Member knew or ought to have known that the owner would use Aranesp inappropriately and/or contrary to the rules of the Ontario Racing Commission.
- In the alternative, the Member provided Aranesp to the owner without knowing how the owner intended to use it.
- In no case was the use of Aranesp indicated for the proper care of an animal under the Member’s care.
- Alternatively, because the Member did not have a proper veterinarian-client-patient relationship in respect of any of the transactions, the Member was unable to establish that Aranesp was indicated for any animal that may have been administered Aranesp.

- The Member's records suggest the existence of a proper veterinarian-client-patient relationship with the owner and horse #3, but the records are inconsistent with the Member's statements to a College investigator that he gave Aranesp to the owner to do with as he wished. The records are therefore inaccurate, false and misleading.
- The Member failed to keep proper records in respect of all of the transactions.

## DECISION

### 1. Finding

The member pleaded guilty to professional misconduct and the Committee agreed.

### 2. Penalty

- Reprimand
- Suspension of the Member's licence to practice veterinary medicine for a period of 12 months, provided that four months of the suspension would be remitted if the member complies with all provisions.
- Imposition of a condition and limitation on the Member's licence to practice veterinary medicine that the Member successfully complete, to the satisfaction of the Registrar, a course addressing the appropriate use of drugs in a veterinary practice, as well as a jurisprudence course. The Member will pay the costs of the courses.
- Imposition of a condition and limitation on the Member's licence to practice veterinary medicine that for a period of ten years, the Member will not be permitted to prescribe, dispense, sell, administer or in any other respect deal with drugs banned by the Ontario Racing Commission. It is the responsibility of the Member to stay current with the Ontario Racing Commission's list of banned drugs.

- The Member will pay the College's costs in the amount of \$3,000.00.
- Pursuant to the legislation, this matter is published, including the Member's name.

### 3. Panel's Reasoning

- The Panel was of the view that this penalty was appropriate as it served to enforce the need to protect the public, to protect the integrity of the racing industry and to protect the animals.
- The Panel considered that this was a repeat offense for the Member, as he was involved in a similar matter previously. The penalty must reflect the seriousness of the matter and serve to deter, punish and rehabilitate the Member in attempt to prevent a recurrence and further appearance of the member before the Discipline Committee.
- The Panel considered that members of the veterinary profession have been given a privilege to prescribe and dispense medications judiciously. The Member abused this privilege by prescribing a known banned substance in large quantities, without proper records of its subsequent use. The Member has potentially endangered the public, the reputation of horse racing in Ontario and of Equine Practitioners in general, as well as the animals involved.
- The penalty serves to re-enforce the necessity of the veterinarian-client-patient relationship in the profession. Continuity of care for the patient involved, via communication with the client, their original veterinarian, as well as physical examination of the animal in question, is vital to providing the highest standard of care for the patient in question.

# CASE STUDIES

## Decision Two

Dr. Harpreet Thind

### ALLEGATIONS OF PROFESSIONAL MISCONDUCT

- The Member and her staff/auxiliaries failed to properly care for and monitor an animal while under their care.
- Failing to adequately supervise her staff so that they would appropriately monitor animals kennelled and recognize when an animal is in distress.
- Failing to keep records for the period during which the cat was boarded at the facility.

### BRIEF SYNOPSIS OF FACTS

- A cat was presented to the Member's facility for boarding.
- Five days later the owner of the cat attended the Member's facility to pick up the cat. The owner immediately smelled a purulent odour coming from the cat's mouth and noted that the cat's collar was trapped around its mandible, or lower jaw. Blood and pus was oozing from the area.
- The owner cut the collar off the cat with a pair of scissors and noted, among other things, large ulcerating wounds present on either side of its jaw. The cat's tongue hung out of its mouth and its mandible hung open.
- Relying upon what she says her staff advised her, the Member, along with her auxiliary, incorrectly advised the owner that the cat had been eating and drinking well while boarded at the facility.
- The owner took the cat to another facility where it was examined by another veterinarian. The cat was found to have, among other things, injuries to the lower right rostral (front) lip with swelling and ulceration. There were also injuries to the lower left lip with erythema and ulceration. The cat was also dehydrated.
- The cat was hospitalized for further testing and treatment with antibiotics, analgesics and supportive therapy. The cat was later discharged and went on to recover from its injuries.

### DECISION

#### 1. Finding

The member pleaded guilty to professional misconduct and the Committee agreed.

#### 2. Penalty

- Reprimand
- Suspension of the Member's licence to practice veterinary medicine for a period of one (1) month, such suspension itself to be remitted in the event that the member completes, at her own expense and to the satisfaction of the Registrar, a Jurisprudence course and a Record Keeping course, both to be approved in advance by the Registrar. In the event that the member fails to successfully complete the courses, her licence to practice veterinary medicine will be suspended for one (1) month.
- Imposition of a condition and limitation on the Member's licence that a maximum of three random medical records audits would be conducted by the College, on notice to the Member and at her expense.
- The Member will pay the College's costs in the amount of \$5,000.00.
- Pursuant to the legislation, this matter is published, including the Member's name.

#### 3. Panel's Reasoning

- The panel felt this case represented some important learning issues for the oversight of the function of auxiliaries and surrounding record keeping.
- The panel was of the view that the penalty was appropriate as it reflected the general penalty principles of specific and general deterrence, rehabilitation, mitigation, and protection of the public interest. Specific and general deterrence are achieved by the reprimand, and possible suspension.

## CASE STUDIES / NOTICE

- Periodic staff training and adequate supervision is important for quality of patient care, as well as the maintenance of the standards of the profession. Due diligence in record keeping and monitoring staff and patients under care will assist members to avoid complaints and discipline.
- Clear communication is another strategy that members can employ when dealing with complainants, partners and second opinion veterinarians. Conflict resolution with a complainant can often help to resolve differences and mitigate a portion of unfortunate regrettable complaints.
- The panel noted that the Member was remorseful, had accepted responsibility for her actions, and had already introduced changes to the practice as a result of the issues involved in the hearing. The Member recognized that her behaviour fell below acceptable standards in this case.

### 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

# COUNCIL HIGHLIGHTS / NOTICE

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 Meeting held on **February 3, 2010**.

## February 3, 2010

### Policy Reviews

The following documents were reviewed, approved, or amended and approved by Council.

- Board Governance policies were reviewed and reaffirmed, and will be revised as appropriate by August 2010.
- Work on a draft Position Statement on **Marketing, Advertising, and Steering** was suspended and staff was directed to prepare a new discussion document on freer advertising.
- A draft Position Statement on **Rabies Vaccinations** was amended, and approved in principle; staff was directed to circulate the document to stakeholders for comment.

- A draft Position Statement on **Reporting Suspected Animal Abuse or Neglect** was reviewed, and approved in principle; staff was directed to circulate the document to stakeholders for comment.

### Reports

- Oral and written reports were provided by the President and Registrar.
- The three-month Budget Variance Report was approved.

## Hiring a new Ontario Veterinary College Graduate?

The earliest date a new graduate can be licenced to practice will be  
**Tuesday, May 4, 2010.**

If you have any questions, please contact Ms. Karen Gamble at the CVO office.

[kgamble@cvo.org](mailto:kgamble@cvo.org)  
800-424-2856 ext. 2228

“Inbox Issues” is a feature of *Update* that answers questions the CVO receives from members or the public. The College welcomes suggestions for issues to explore in future editions of “Inbox Issues,” so please submit your ideas to [bready@cvo.org](mailto:bready@cvo.org) for consideration.

## Can a Humane Society Operate a Veterinary Facility?

Recent events reported in the media have raised many questions about the operation of veterinary facilities that are owned and operated by Humane Societies.

In Ontario, only licensed veterinarians can own and operate veterinary facilities that provide services to the public—with the following exceptions:

1. a municipality can own and operate a spay-neuter clinic (restricted to providing only spay-neuter services); and
2. branches and affiliates of the Ontario Society for the Prevention of Cruelty to Animals can own and operate any veterinary facility that provides services to the public, in exactly the same way as would a private clinic.

In both cases, the facility must be accredited and meet the requirements stated in the *Minimum Standards for Veterinary Facilities in Ontario*. Further, the veterinarians who work there must meet the same standards and professional expectations as all licensed veterinarians. Further, they must work under a

contract that clearly gives them responsibility for all decisions pertaining to animal care and professional services.

Branches or affiliates of the OSPCA also provide services to their own animals and, as owners, they are allowed to do so. Staff veterinarians who treat these shelter animals—vs. animals brought to the veterinary facility by individual owners—are providing services to their employers’ animals.

### Organizations Not Affiliated with OSPCA

Many animal welfare organizations that are not branches of or affiliated with the OSPCA provide rescue and shelter services to abandoned and unwanted animals. These organizations may not operate a veterinary facility, but they seek medical services for their animals from licensed veterinarians with accredited facilities. In these circumstances, the shelter is the veterinarian’s client.

# Adoption and Foster Programs

The College has recently received legal advice regarding adoption and foster programs that it wishes to pass on to members and animal welfare organizations.

Many organizations operate programs whereby they permit a committed adopter to become a foster parent and to take the animal home temporarily, until it is ready to be spayed or neutered—at which time the animal is returned to the shelter to have the procedure performed by a veterinarian chosen by the shelter, usually at a reduced cost. In these arrangements there is no transfer of legal ownership of the animal to the new owner until the surgery has been completed.

The College understands and supports the objectives of such pet adoption programs, which are to reduce pet overpopulation and encourage responsible pet ownership. Previously, the College's advice had been that veterinarians should not be involved in these arrangements, because the committed adoptive parent does not have a choice in the veterinarian offering the surgery, and the shelter's prolonged ownership seemed somewhat artificial, making the choice of veterinarian a matter of steering. However, under a legal concept called "bailment," this type of arrangement appears to be permitted after all. *Black's Law Dictionary* defines bailment as: a delivery of personal property by one person, the bailor, to another person, the bailee, who holds the property for a certain purpose under an express or implied contract: unlike a sale or gift of personal property, a bailment involves a change in possession but not in title.

The bottom line for these foster-to-adoption programs, then, is that fostering before officially adopting a pet does not change ownership of the animal and the shelter retains ownership until the adoption agreement is signed and enacted. Veterinarians are therefore permitted to provide services to animal welfare organizations that allow adoptive parents to foster pets before the adoption is finalized.

In order for foster-to-adoption programs to meet the letter and spirit of the law, several criteria must be met, and veterinarians involved in the programs must be aware of the following:

- There must be no attempt to use fostering/adoption agreements as a means to practise veterinary medicine without a licence or to make money from the services of the veterinarian (this would be the corporate practice of veterinary medicine).
- The foster agreement should make it clear that possession and control of the foster animal is transferred to the foster parent temporarily while ownership of the foster animal remains with the organization.
- The foster agreement and the adoption agreement must be in two separate documents (i.e., the foster agreement covers the time up to when the spay/neuter is completed and indicates that the foster parent keeps the animal temporarily until the animal is spayed or neutered; a separate adoption agreement is then entered into, and the adoption document is signed and the adoption fee paid after the spay or neuter is complete).

In order to avoid any confusion or the appearance of corporate practice, the veterinarian must:

- Where possible, obtain informed consent for the arrangement from both the animal welfare organization and the foster parent;
- Advise both parties of the potential conflict of interest, ie: information regarding the treatment of the animal will be made available to both parties;
- Ensure that the animal welfare organization is not selling the veterinarian's services to the public.



*by Karen Smythe*  
*QA Program Manager*

## Frequently Asked Questions on CVO's Continuing Professional Development (CPD) Cycle

The following questions from members about the CPD Cycle have been compiled below by theme, with answers given for the benefit of the entire membership.

### QUESTIONS on THEME #1: Does the CPD Cycle apply to me?

**Q a) I have been on disability for a number of years and am not working, but I do about 40 hours of CPD each year.**

Yes. Your commitment to ongoing learning and CPD demonstrates that you are making an effort to stay current and maintain your competence in veterinary medicine. Continue to document your activities and report them on the CPD Summary Sheet each year.

**Q b) I am raising my kids and not practicing right now.**

Yes. You have to demonstrate a commitment to ongoing CPD whether you are in practice or not—because having a licence means you have obligations to maintain your competence.

**Q c) I have been retired for 5 years but maintain my licence.**

Yes. Maintaining your licence means you also have to maintain-and demonstrate-your competence. Many retired veterinarians do more CPD than they realize, often in leadership roles (including volunteering for committee work).

**Q d) I do regulatory work for a government agency.**

Yes. Veterinarians who work for government agencies are still “practicing” veterinary medicine. They need to ensure their CPD is relevant to the way that they practice or engage in their profession.

**Q e) I have financial (or geographical) restraints on how much CE I can attend.**

Yes. CVO's CPD Cycle does not restrict members to taking formal or traditional CE, as in attending conferences. Self-directed learning activities (Type B) allow members to take advantage of a variety of low-or no-cost opportunities.

# QUALITY ASSURANCE

## QUESTIONS on THEME #2: What do I have to send in to the CVO?

### Q f) Do I have to send in Documentation B sheets in November 2010?

No. Only the CPD Summary Sheet must be submitted with annual licence renewals. Documentation B sheets are tools for members to use if they want to organize their self-directed learning activities for ease of future reference. CVO members participating in an audit (eg: those in the Pilot program) must send in their Documentation B sheets.

### Q g) Does the CPD Activity Log have to be sent in with my Summary Sheet?

No. The CPD Activity Log is a documentation tool that allows members to track their learning, reflect on its impact, and easily summarize it for submission on the CPD Summary Sheet. Only the Pilot Program participants will submit all of the CPD Cycle tools in October.

### Q h) Do I submit the Professional Practice Profile tool that I printed from the QA Page of the CVO website?

No. The Professional Practice Profile tool is for your use and can be adapted to your own professional circumstances. While you may not see “patients,” you may deal with animal “populations,” for instance. Whatever your situation, you should be planning and engaging in learning that is relevant to your unique practice of veterinary medicine.

## QUESTIONS on THEME #3: How do I report my CPD?

### Q i) If I attend a conference for 3 days, do I record the entire conference, or make an entry for each lecture?

Either. You need to Log the actual time you spent at the conference, and to reflect on the impact the activity had on your practice. You may list each event that you want to document in detail in the Log, or you may attach an addendum with the conference listing, checking off what you attended—or you may use a Documentation A sheet to capture key information from a particular event.

### Q j) Do I write down every article I read?

Not unless you want to record specific information about a particular article in the “Key Thoughts” column. Generally, “scanning” journals without focusing on a particular topic for professional development can be captured with a single “Scanned Title issues (6/year),” with an estimate of the time spent doing such reading.

## QUESTIONS on THEME #3 (continued)

**Q k) I do mentoring, and I work for VSTEP, as well as other volunteer activities. Does this count as CPD?**

Yes. Many veterinarians do more CPD than they realize. Refer to the list of Type A and Type B activity types on the CPD Log for the range of CPD activities you should be counting.

**Q l) It will be a lot of work to log every time I go on VIN.**

Quickly looking up a single item on VIN or in a formulary or in a textbook is not a CPD project. Researching a topic is a focused activity that allows you to reach a goal in your personal education plan.

**Q m) Does Committee work count as CPD?**

Yes. Veterinarians play a leadership role in many ways, one of which might be participating on committees pertaining to one's work or professional interests.

**Q n) What if I take an online course but don't complete it or get the certificate?**

You should still log this activity and note the time you spent engaged in the learning. Since you did not receive a certificate, you should use a Documentation A sheet to make notes about the CPD activity for your records.

**Q o) Is reading text books limited to 3 hrs of CPD, as before?**

No. The CVO asks members to record real-time hours spent engaged in CPD activities. The CPD Cycle does not limit members to maximum hours per activity. Whatever works for you, "counts"!

## QUESTIONS on THEME #4: Can the information I submit as part of the CPD Cycle be used against me?

**Q p) If I self-identify an area for improvement in my CPD Plan, can Complaints use that information if I have a case brought against me in that area?**

No! The QA Committee and QA programs at the CVO—like all other self-regulated colleges in Ontario—is firewalled from all other college activities. This means that information acquired from members through their compliance with the QA Program (including the CPD Cycle component) is strictly confidential and cannot be shared with other committees at the CVO, except for extremely rare instances where the potential for serious harm is identified. The Courts have upheld the confidentiality of QA information.

The QA Program exists to assist veterinarians in enhancing their knowledge, skills, and judgment. It is not punitive in any way.

## CPD Cycle Update



## CPD Cycle Tools

### *2008-2009 CPD Cycle Summary Sheet*

1. In October 2009, all licensed CVO members received copies of the 2008-2009 **CPD Cycle Summary Sheet**.
2. CVO Members completed Summary Sheets and submitted them with their annual licence renewals in the fall of 2009.

**Staff is currently creating a report on the CPD Summary Sheet submissions for 2008-2009. It will be published in June's issue of Update using aggregate data from the submissions.**

### *2009-2010 CPD Cycle*

1. This past fall, members also received CPD Guidance Notes plus the three-step CPD Cycle developed to date for the 2009-2010 CPD Cycle, which began November 1, 2009, and runs to October 31, 2010.
2. The CPD Cycle includes documentation tools for each step, for proactive use in the coming year.

**All members will need to submit their 2009-2010 CPD Summary Sheets with licence renewal forms in Fall 2010.**

## CPD Information Sessions

To support CVO members in applying the CPD Cycle to their own professional circumstances, the College ran an outreach program “CPD Information Sessions” across the province during the last 3 months as follows:

1. Twelve CPD Cycle Information Sessions were conducted across Ontario—from Windsor in the west, to Ottawa in the east, to Sudbury in the north—between November 2 and December 14, 2009.
2. For the convenience of CVO members, an additional session was run during the OVMA Conference on January 29, 2010.
3. To ensure equitable access for all CVO members across the province, a teleconference/webinar version of the CPD Information Session was run on the evening of January 26, 2010.

Over 150 members participated in the CPD Information Sessions. Overwhelmingly, participants indicated that their own objectives for attending the CPD Information session were:

- a) to understand and use the CPD Cycle Tools better, and
- b) to be able to include professional CPD in their own practice settings.

## Participant Feedback

Discussions during the events and results from the Session Evaluations provided valuable feedback to the CVO.

The first question on the CVO Information Session Evaluation form explored a critical concept that is at the foundation of the CPD component of the Quality Assurance program. Significantly, a very strong 90% of participants agreed that undertaking CPD activities which demonstrate professional reflection and can be peer-reviewed is the responsibility of all self-regulated health care professionals, including veterinarians. Encouragingly, less than 3% of participants did not accept this responsibility.

During the workshops, participants had a chance to use the **Professional Practice Profile** and the **CPD Plan** for their own circumstances and continuing professional development. After the program, participants were asked to predict their confidence in using the CPD Cycle Tools. After the interactive session, 80% of the participants indicated that they will be able to use the **Professional Practice Profile** to identify CPD opportunities relevant to their practice and 80% felt they will be able to use the **CPD Plan** to specify long-term learning goals and/or emerging learning needs, and to begin to brainstorm or plan multiple educational activities.

Although participants did not complete their own **Activity Logs** or Documentation Sheets during the sessions, over two-thirds agreed that they would be able to use these tools to record professional reflection and predict impact on their own practice.



# QUALITY ASSURANCE

**(feedback, cont'd)**

Comments from the participants during and after the CPD Information Sessions were very insightful. Participants were highly appreciative of and responsive to the supportive introduction of the new tools. Participants emphasized a need for the College to continue with:

- the active communication strategy
- more supportive outreach programs, and
- the recruitment of many, diverse members for program development.

Many participants indicated that local and regional peers who could function as CPD Coaches and field questions or act as collegial resources would be very useful to the membership. The QA Committee has already begun to look into the logistics of such a support system for CVO members.

## **Full-Year Pilot Program**

Very importantly, 50% of the Information Session participants indicated an interest in joining the Full-Year CPD Pilot Program, which indicates their strong support of the profession and its self-regulation.

### **Pilot Program Teleconference / Webinar Meeting Schedule:**

January 11	March 10	September 14
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The Pilot began in January 2010 with almost 70 participants committed to the program. Teleconference/Webinar meetings will continue until mid-September, when submission of complete CPD Cycle documentation will be made for review by the QA Committee.

## QA Page of the Website

Quality Assurance

The Quality Assurance page on the CVO website continues to evolve with updates about QA program components. All CPD Cycle Tools for 2009-2010 are posted in Word and/or Excel versions for members to download and use on their own computers. Remember, the Excel version of the Activity Log automatically calculates totals on your CPD Summary Sheet (just click on the Summary Sheet tab at the bottom of the Log spreadsheet).

The CPD Cycle Tools section includes examples of how to fill in your CPD Cycle Tools. Completed forms based on fictional veterinarians are posted to provide guidance to help you complete your CPD documents. CPD “FastFacts”—brief but detailed explanations about specific steps of the Cycle—are also posted on the site for members’ use.

## Peer Review of Medical Records Program Update

The Accreditation Committee and Quality Assurance Committees are pleased to report that 20 randomly selected veterinary facilities have completed a peer review of medical records as an enhancement of the Accreditation Inspection process. Ten additional facilities are participating in PRMR program this winter/spring. All facilities received detailed reports from trained peer assessors, who provided constructive comments for consideration by the veterinarians on staff. Feedback from the facilities to date has been overwhelmingly positive. The QA Committee will conduct a program evaluation in late spring/early summer and a report will be published in a future issue of Update.

# REGISTER UPDATES

*The College welcomed the following new registrants between November 7, 2009 and February 5, 2010. 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. Alysia Alger	G	Dr. Leslie Gonzalez	PGR	Dr. Tarsem Mohan	G
Dr. Zeena Al-Zubaidy	G	Dr. Susan Hughes	G	Dr. Nani Munoz	A
Dr. Annatasha Bartel	G	Dr. Johanna Hume	G	Dr. Apollo Oduol	R
Dr. Shibesh Basak	G	Dr. Zahid Hussain	R	Dr. Chari Panneeru	R
Dr. Kathleen Best	G	Dr. Emily Jansen	G	Dr. Rameshbhai Patel	GNR
Dr. Lisa Bowes	G	Dr. Poonam Jhattu	G	Dr. Nicole Schaefer	G
Dr. Sergiy Dariy	G	Dr. Anne Keuhl	G	Dr. Hein Snyman	E
Dr. Lori Drourr	G	Dr. Ryan Llera	G	Dr. Ihsan Ullah	G
Dr. Rebecca Falconer	G	Dr. Arif Memon	R		

*The following is a list of new corporations:*

## New Corporations

Allandale Veterinary Hospital Professional Corporation

Bonkalo Veterinary House Call Professional Corporation

Carlton Animal Hospital Professional Corporation

Clarke Animal Hospital Professional Corporation

Coldwater Road Animal Clinic Professional Corporation

Collegeway Animal Hospital Professional Corporation

Derry Village Animal Clinic Professional Corporation

Dr. Aleem Kothawala Professional Corporation

Dr. Badri Professional Corporation

Dr. Brett Anderson Veterinary Professional Corporation

Dr. Darryl L. Smith Professional Corporation

Dr. Ray Zahed-Nejad Professional Corporation

Dr. Weiner Professional Corporation

Eagles Landing Animal Hospital Professional Corporation

Glenn Armstrong Veterinary Professional Corporation

Grenville-Dundas Veterinary Clinic Professional Corporation

Haight Veterinary Professional Corporation

John Van Ostaijen Professional Corporation

Michael Ethier Veterinary Professional Corporation

Parente Veterinary Professional Corporation

Port Elgin Veterinary Clinic Professional Corporation

Sommer Veterinary Professional Corporation

South Etobicoke Animal Hospital Professional Corporation

Stoney Ridge Animal Hospital Professional Corporation

Toronto Central Animal Clinic Professional Corporation

Winder Veterinary Hospital Professional Corporation

# REGISTER UPDATES

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

## New Facilities

Bayview Woods Animal Hospital, Richmond Hill  
Baywell Veterinary Services, Aurora  
Chatham-Kent Veterinary Hospital, Chatham  
Dr. J.P. Dadson Mobile Services, Rockwood  
Dr. Pamela Loomis Equine Services, Amherstburg  
East Mountain Animal Hospital, Hamilton  
MacDonald Mobile Veterinary Service, Ingersoll  
Makowal Animal Hospital, Ajax  
Palomar Veterinary Mobile Services, Mississauga  
Pickering Village Pet Hospital, Ajax  
Rideau - St. Lawrence Veterinary Services, Kemptville  
Toronto East Animal Hospital, Toronto

## Closed Facilities

Bridlewood Animal Clinic  
Dr. Robert Lofsky Veterinary Services  
Ferguson Animal Hospital  
Kent Veterinary Hospital  
Lakeshore Veterinary Office  
Piotrowski Pet Housecall Services  
Robinson Swine Veterinary Services  
Salem Road Animal Hospital

## Relocated Facilities

Bellevue Equine Clinic  
North Oakville Animal Hospital

*The following veterinarians were granted Emeritus Status:*

Balsdon, Garry	Dusil, Eva	Karschau, Bernhard	Richardson, William
Banbury, Lloyd	Gerow, Lizbeth	Kent, Geraldine	Schaefer, Gudrun
Barr, Thomas	Hedley, Paul	McMullen, Murray	Seltzer, Gerald
Barrett, Beecher	Hilton, Jane	Meek, Lloyd	Tarzwel, Nancy
Bowness, Allison W.	Holmes, Van	O'Connor, Terence	Ubukata, Robert
Clarke, T. William	Hooper, Suzanne	Pallett, Linda	Vreugdenhil, Arie
Coultes, Richard	Hummel, John	Pierce, John D.	Wathke, George
Dunne, Maureen	Jenkins, Jacqueline	Quinn, K. Bruce	

*The following veterinarians are no longer licensed in Ontario:*

Allan, Kenneth	D'Astous, Jerome	Hummel, John H.	Rubio-Martinez, Luis
Armstrong, Sarah	Dabha, Gurpartap	Jewett, Nicole	Salgado-Kroetsch, Lydia
Beecroft, James	Desousa, Kathryn	Kaiura, Dennis	Snively, David
Blain, Kirsten	Diaz, Jose	Kim, Michael	Sunstrum, Janet
Bowness, Allison	Ferguson, Judy	Lubana, Kuljit S.	Teare, Gary
Bureau, Clara	Field, Heather	Martel, Vicky	Thompson, Susan
Cartwright, Daniel	Gaucher, Marie-Lou	Nixon, Rob	Van Winckle, Kim
Chris, Philip	Hethey, James	Pare, Jean	Vyhna, Kristin
Clarke, T. William	Huffman, Lee Jane	Paixao, Nuno	Wilson, Donald
Colvin, Hazel J.	Hughes, Colleen	Rioja Garcia, Eva	

*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](mailto:kgamble@cvo.org).*

# REGISTER UPDATES

## *In Memoriam*

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

**Dudgeon**, Murray (OVC 1948)  
**Mountjoy**, William Keith (OVC 1951)  
**Palmer**, Harry (OVC 1940)

**Schaap**, Andrea (OVC 1979)  
**Selley**, Jon (OVC 1974)

### **CVO e-news**

Have you signed up for the CVO electronic newsletter? To sign up go to the CVO website  
[www.cvo.org](http://www.cvo.org).

### **Professionals Health Program**

Confidential toll-free line:

1-800-851-6606

[www.phpoma.org](http://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.

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