



THE COLLEGE OF
VETERINARIANS
OF ONTARIO

UPDATE

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President's Message



by **Beverly Baxter, DVM**
President

Recently an old childhood friend was home for a long overdue visit to her family. Although she and I keep in touch regularly, it had been well over eight years since she had been to our hometown, the one I returned to after graduating from veterinary school. She remarked on how the city and the landscape had changed in the last decade. Changing landscapes and cycles are natural conditions, like the seasons. We have 2 main seasons in Sudbury, winter and road construction. Fall is a remarkable season in the North, with the brilliant colours of the boreal forest.

With Fall comes the cycle of back to school and part of your CVO Council turns over. Each Fall, some of the 12 veterinary constituencies have elections, and incumbents who have served one three-year term can run again—but only once. This ensures fresh perspectives on Council.

As I write this article, the nominations for positions in those constituencies have not yet closed, and it is my hope that each one will have an election proper and not simply an acclamation, as is far too often the case. In my opinion, we have a remarkably strong Council with a group of people who bring great talent, interest and leadership. Council is well aware that we need to work hard to ensure that this strong cycle continues.

I will also cycle off as President this fall. I have had a great number of opportunities to meet our veterinary members, individuals involved in regulatory matters from around the world, and veterinary leaders from across Canada. I am very grateful for these opportunities. This Fall will also see some changes in the regulatory environment in veterinary medicine in Canada as the British Columbia Veterinary

PRESIDENT'S MESSAGE

Medical Association (BCVMA) will cease to exist, and the new British Columbia Veterinary Act establishes a College—likely similar to the College of Veterinarians of Ontario. The new Act was introduced very quickly and with little consultation with the former BCVMA Council and staff. I highlight this because this is typical of a world trend in self-regulated professions. The organizations that regulate professions are increasingly under government scrutiny.

Fall also marks the end of one CPD Cycle and start of another for Ontario veterinarians. I was also privileged to see Dr. Kate Hodgson, a QA program consultant who works with program manager Karen Smythe, present our CPD program at the CVMA annual conference. Although I have seen the presentation before, Kate emphasized for me this time the importance of peer review as the cornerstone of self-regulation and the importance of self-reflection in any effective continuing education portfolio. CVO has embedded these proactive practices into the organization. However, there is no guarantee that these practices will guard against a change to our own landscape in the future.

I invite you to seriously consider being part of the leadership process. Your constituency may not be holding an election for a Council position this year, but it will some Fall in the next three! Being a Council member of CVO does take time and work. I think the rewards are huge as we get to contribute to the growth of our profession, whether it is on Council

(as you govern the organization that governs our profession) or one of the statutory committees that are directly involved in the decisions of accreditation, registration, complaints or discipline and thereby supporting the peer-review process. Non-involvement is a choice. It is the passive one! If Council work is not for you, CVO has other opportunities for input and contribution such as Quality Assurance Committee working groups.

In closing, I want to emphasize my gratitude for the CVO staff. Our College has one of the finest staff complements around. I hear this from many quadrants, veterinary and public. I want to acknowledge the support and assistance that the CVO staff has given me over the year. Thank you!

I also want to express my thanks for the insight, wisdom and learning from my fellow CVO Council members and especially the members of Executive. 2010 was a strategic planning year for CVO and many extra hours were asked of Council as well as staff. I am always in deep admiration of the Public Interest Representatives who sit on Council and the statutory committees. As veterinarians we have a special interest in the doings of our College, but the hours and commitment that the Public Interest Representatives devote is staggering. Thank you!

Finally, thanks to all our members who have given me feedback, the positive and the negative, over the last year. I really did appreciate the comments and it was an honour to serve the profession.

College of Veterinarians of Ontario

Vision

Trust earned through leadership and innovation.

Mission

To guide, govern and inspire excellence in the profession through partnerships with veterinarians and the public in the service of society.



by Susan J. Carlyle
Registrar

As I write this, it is the middle of summer, but when you receive this edition of *UPDATE*, September will be in full swing.

As the CVO's fiscal year ends on September 30, it seems an appropriate time to advise you of what we have been doing:

Workshops - As part of the Quality Assurance program, staff and veterinarians who kindly act as Medical Records and Communication Workshop facilitators have been driving around the province delivering workshops to groupings of veterinary teams in various communities, as well as specific audiences such as OVC students, Veterinary Technician students, VSTEP, and the Canadian Iranian Veterinary Association.

Regulatory Meetings - As usual, staff and members of Council have been attending numerous meetings and seminars with our regulatory colleagues across the province, the country and in some cases, the world. Organizations such as many of the Regulated Health Colleges and their working groups, the Ontario Professional Regulators Policy Network, and CLEAR (Council on Licensure, Enforcement and Regulation) share our concerns about increasing oversight of the self-regulated professions. The message remains the same everywhere—the importance of the public interest mandate is the key to our existence.

Veterinary Meetings and Events - Staff and Council members have been present at some of the annual meetings that we attend regularly—OVMA, OAVT, CVMA, NOVA—and the Grey-Bruce Veterinary Association, which we have added to our list of events in the past 2 years. The papers, presentations, discussions and seminars produced at these meetings give us wonderfully valuable information in order to track trends and issues and discuss matters with our members and veterinary colleagues—including an annual meeting of all Canadian veterinary Registrars hosted by the CVMA.

Labour Mobility - The Agreement on Internal Trade, which we have been dealing with for nearly 2 years, is finally in place and is accompanied in Ontario by the *Ontario Labour Mobility Act*, which implements the Agreement in this province. While concerns still remain regarding the separate Quebec/France agreement, which may have an effect in the future on the rest of the provinces, this remains speculative, and is not at this time impacting any of us.

Members' Forum - Last November, our now annual Members' Forum dealt with the issue of medically unnecessary surgery on animals. When we publicized the event, we received an unprecedented number of comments from the public, some of whom were concerned that certain procedures should remain available for many reasons, and others were strongly opposed to the concept itself. The members and stakeholders who attended the event generated various lists and opinions of procedures for Council to consider as it determines what, if any, CVO action should be taken. It is a complicated and difficult issue, and CVO's position has not yet been finalized. Council hopes to be able to give it further consideration in the Fall.

Quality Assurance - By the Fall of 2009 the QA program was well on its way, after 2 long years of work. We are very pleased to note that on the licence renewal form sent out at that time, every single licenced veterinarian in this province sent it back having indicated the number of hours spent on the Professional Development Cycle. 100% of you. We are very grateful for your support, and will continue to consult you as we work ahead on all the various components of the Program.

This isn't all, by any means. There is much more—too much to document. Suffice it to say that we are having a very busy, productive, exciting year, and there is no change in sight.

We'll keep you posted. In the meantime, as usual, if you have anything to say or any questions to ask, please get in touch with us!

College of Veterinarians of Ontario Award



Susan Carlyle, CVO Registrar, presented Rob Daniel, OVC 2010, with the College of Veterinarians of Ontario Award on June 16, 2010.

The CVO Award is given to a final-year student who has been active and shown leadership in college or university affairs. The recipient is selected by a vote of the class.

Congratulations Rob!

INCORPORATION & ACCREDITATION REMINDERS

- If you are planning to incorporate by December 31, 2010, please ensure that the new professional corporation name application is submitted to the CVO by December 1, 2010 to allow for processing time before the office closes on December 24, 2010.
- Please note that a certificate of authorization is valid for a period of three years from its date of issue.
- Professional Incorporation by the buyer and seller of a practice does not replace the facility accreditation process. The certificate of accreditation for the facility expires when the facility is sold. The new owner must arrange beforehand to have the facility re-inspected immediately.



My Summer Experiment at CVO

By Meg Plyley, OVC 2013

This year, I decided to accept a summer job that was outside of my comfort zone. I had previously worked in veterinary clinics for summer jobs, but this year I wanted to experiment more with developing different professional skills. After reading the job description posted by the College of Veterinarians of Ontario (CVO) for its Summer Student position, I knew it was exactly what I was looking for.

At the beginning of my “experimental” employment, I spent the majority of my time learning the policies and regulations that will eventually govern me in 2013. At first this was intimidating (I honestly felt as though I had begun law school), until the CVO staff stepped in and helped me relate the legislation to reality. Members of staff were not only kind and helpful, but an excellent source of information. If you have ever had a student in your veterinary clinic then I am sure you are well aware of the never-ending questions and inquiries that come out of their mouths. My questions this summer were not only numerous, but covered a wide range of topics. The staff not only provided me with the answers I was looking for, but often took a step further by directing me to the source and/or providing me with an example applicable to everyday life.

This summer I discovered that the veterinary profession is constantly changing, and that the expectations the public has of veterinarians are rising. In order to keep up with these changes, the CVO is constantly evolving. Its staff is working on the College website and database, and supports Council in constantly reviewing and updating position statements, guidelines and regulations to help guide members. I have been fortunate enough to be intricately involved with many of these processes. I have worked on

numerous projects involving quality assurance, complaints and policy development. I created a version of the CPD Cycle tools used by veterinarians for use by my peers at OVC, so that we are able to plan and track our extra-curricular learning activities throughout the year. In addition, I drafted an article for publication about one of my research projects that began with database searches for veterinary clinical guidelines; the project involved doing critical assessments of the development process the authors used to create each guideline. My co-authors are CVO consultant Dr. Kate Hodgson and U of Toronto’s research specialist, Laure Perrier. Each project has helped me develop numerous skills required of veterinarians today, including leadership, scholarship, communication, and collaboration.

This job has also shown me how privileged I am to be a student veterinarian enrolled in a curriculum that teaches me how to effectively communicate. The majority of complaints cases the CVO receives each year are due to a breakdown in communication. The College is well aware of this issue; it not only deals with the cases after they have been filed, but the CVO has also taken a proactive approach by holding communications workshops for its members. This is just one example of how the College helps to protect the public through helping its members to achieve professional excellence.

My summer experiment was very successful. I have explored and developed a broad set of professional skills that will lead me to and through a promising veterinary career. I feel very confident about how I will manage myself as a veterinarian, now that I have an excellent understanding of how my profession is regulated. Thanks CVO!

MEMBERS' FORUM

ANNUAL GENERAL MEETING

The College of Veterinarians of Ontario invites all members to attend the 2010 Members' Forum titled

“Veterinary Advertising in Ontario” Balancing Competition with the Public Interest

Come and hear Mr. Richard Steinecke, legal counsel to several regulated professions in Ontario, and participate in a dialogue that will help inform Council as it considers CVO's current regulations and policies.

To be held on **Thursday, November 18, 2010** at
Springfield Golf and Country Club
2054 Gordon Street, Guelph
(beside the CVO building)

Registration and coffee	9:30 a.m.
Annual General Meeting	10:00 a.m.
Members' Forum	10:45 a.m.
Working Lunch	12:30 p.m.
Members' Forum Wrap-up	1:15 p.m.

Please register for the Members' Forum by **November 5, 2010** with Beth Ready at 1-800-424-2856 x2224 or email bready@cvo.org.
(There is no charge for this event)

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

Maintaining Professionalism...

Mr. A brought his dog to the XYZ Animal Hospital for humane euthanasia. Mr. A’s dog was a 20-month-old shepherd / rottweiler / hound cross, a very anxious dog with a history of aggression and at least two incidents of biting people. Previously the dog required heavy sedation before any procedure could be performed on him. Dr. C had discussed the dog’s aggression with Mr. A on a previous occasion and made it clear that he needed to work with the dog to train him to accept a muzzle, otherwise he would refuse to see the dog. Dr. C had been bitten by the dog on that occasion and deemed him to be a dangerous animal.

On day of the euthanasia, Dr. F was the attending veterinarian. His plan was to provide sufficient sedation to the dog to allow handling for the procedure. Oral acepromazine, a sedative, was given to the dog with no effect. Dr. F then gave ketamine, an anesthetic, mixed with food but still no effect. A long period of time had elapsed at this point. Dr. C was not working that day, but

came to the hospital during this time. He was upset that the dog was in the waiting room without a muzzle on and inquired why he was at the clinic. When he heard that euthanasia was to be performed and so far an oral sedative and anesthetic had no effect to sufficiently sedate the dog, he approached Mr. A. Dr. C asked what he would like them to do short of shooting the dog and made a mock gun with his thumb and forefinger and a recoil action with his hand as a gun firing. Dr. C then attempted to muzzle the dog with a rope leash. Mr. A asked Dr. C to leave his dog alone. Dr. C did leave and eventually the dog was euthanized.

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

Dr. C and staff of the XYZ Animal Hospital behaved in an unprofessional, inappropriate and uncompassionate manner during an appointment to euthanize Mr. A’s dog. In particular,

- (a) When Dr. C attended the clinic on another matter, he entered the area where the dog and Mr. A were sitting waiting for sedation drugs to take effect and on two occasions “made a mock gun with his thumb and forefinger” and stated, “That’s the only way you’ll kill this dog” as he “mocked recoil actions with his hand as a gun firing.”
- (b) Dr. C, even though he was not the attending veterinarian, attempted to “aid” the process along by attempting to muzzle the dog with a piece of rope after repeated requests by Mr. A to “leave him alone” or “just leave.”
- (c) A female staff member, Ms. T, decided that the dog required muzzling, so she picked him up by his leash, which was attached to his choke collar around his neck, causing the dog to choke. She did not appear to care.

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- (d) When the euthanasia procedure was completed, the same female staff member, Ms. T, tried to remove the dog's collar by pulling it over his head instead of undoing it. As well, she did this without even asking if Mr. A wanted the collar returned or whether he wished it left on his dog for the cremation.
- (e) Mr. A was never offered a courtesy of taking time with his dog after the euthanasia to say goodbye.
- (f) When Mr. A questioned the final bill because he had previously been informed by Ms. T that he would not be charged for the extra sedation drugs required, she became agitated and inappropriately stated that Mr. A had already received "a hundred and fifty dollars worth of free ****[expletive]" and that he shouldn't question it anymore.

Reasons for Decision

Mr. A was aware of his dog's potential to bite and was attempting to avoid any handling of the dog that may cause him to harm someone. Dr. C and the staff at XYZ Animal Hospital were concerned for everyone's safety and felt obligated to perform the service that was requested. It was understandable to the Committee that both parties in this matter were upset, emotional and frustrated that the circumstances surrounding the dog's euthanasia were becoming

complicated and unsuccessful. The Committee was asked to determine whether this matter should be referred to the Discipline Committee to determine if the actions of Dr. C constituted professional misconduct. Specifically, it was alleged that Dr. C made a mock gun with his thumb and forefinger and stated, "That's the only way you'll kill this dog" as he mocked recoil actions with his hand as a gun firing. Dr. C admitted to making this gesture and implying this statement. The Committee considered this interaction with a grieving and upset owner to be completely inappropriate. The Committee also recognized that Dr. C had confirmed concerns regarding the danger that the dog posed to his staff and the general public, in particular that the dog was extremely aggressive and was known to have bitten people, including Dr. C at a previous appointment. It was apparent from the medical records, as well as statements from Mr. A, Dr. C and Dr. F, that handling the dog in any way could provoke an aggressive response. This made any veterinary procedure on the dog difficult, frustrating and dangerous. Euthanasia is a sensitive and emotional process and for veterinarians it is important to have this process be as calm and comforting as possible. When humane euthanasia is requested for an aggressive animal, it combines the pressure of performing a smooth and flawless procedure with the stress and frustration of restraining the aggressive patient in order to prevent injury to any

person. It was understandable to the committee that Dr. C, Dr. F and the staff were under incredible strain and had difficulty figuring out how to provide a smooth euthanasia.

Once Dr. C made the inappropriate gesture to Mr. A, there was a breakdown in the ability for the two parties to effectively communicate and Mr. A's request for Dr. C to leave his dog alone should have been granted. For Dr. C to remain to attempt to muzzle the dog with a rope leash was only provoking further upset to Mr. A.

Mr. A had concerns with the actions and comments of one of the hospital staff members, Ms. T. In particular, he complained that Ms. T did not care when she pulled up on the dog's leash and he made a sound as if he was being choked. He also alleged that she removed the dog's prong collar by pulling it over his head rather than undoing it and did not ask if Mr. A had even wanted the collar returned. And finally, he indicated that Ms. T inappropriately stated that he had already received "a hundred and fifty dollars worth of free shit" when he questioned the final bill. A statement from Ms. T denied choking the dog in any way and she indicated that she was unfamiliar with the prong collar he was wearing and she was having difficulty removing it. She removed it because some owners wished to keep their dog's collar as a memorial. Ms. T did, however, admit that she made the comment, inappropriately so, about the owners already receiving "a

hundred and fifty dollars worth of free ****[expletive].” Ms. T stated that she had waived the fee of the extra tranquilizers that had been given to the dog and had done this without authorization. She was trying to tell the owners that her “peace” offering would probably get her into trouble with her employer.

The Committee may make a decision on the actions of a staff member with regard to the veterinarian’s supervision or responsibility for the actions of the staff member. Though she admitted her comment was inappropriate, Ms. T’s actions did not appear to constitute negligence or professional misconduct by Dr. C, which would warrant action.

On a final note, the Committee addressed the public health concern of rabies, which is a “reportable disease” under the *Health of Animals Act*. Veterinarians in Ontario are expected to ask every owner of an animal brought to them for euthanasia if the animal

has bitten anyone in the ten days prior to the date of euthanasia. If the answer is positive, then the animal should be confined and observed for 10 days to assess for signs of rabies. Alternatively, if the animal is euthanized, then samples of brain tissue should be submitted for rabies testing. This action is important due to the potentially fatal consequences to humans. Although a euthanasia certificate was signed by Mr. A that stated that the animal had not bitten anyone in the past fifteen days, the certificate was not dated. Mr. A had indicated in his initial complaint that his dog had bitten someone prior to his decision to humanely euthanize him. It was not clear in what timeframe this had occurred from the information that was available to the Committee.

Decision

The Committee weighed all of the information before it and the options available to it. The Complaints Committee panel decided that the nature of the

allegations made against Dr. C did not warrant a discipline hearing and therefore directed that this matter not be referred to the Discipline Committee. However, the panel decided to take the following action under paragraph (c) of subsection 24(2).

Dr. C is advised by the Committee of the Committee’s concerns regarding his conduct as it relates to maintaining his professionalism in front of clients and the public. Making a mock gun with his hand to imply shooting a client’s pet was inappropriate. The Committee also advises Dr. C and his associates to carefully question clients who bring their pets in for euthanasia to determine if their pet has bitten anyone in the past 10 days.

CASE STUDIES

Summary of Recent Discipline Committee Hearing

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.

Dr. Tej Dhaliwal

ALLEGATIONS OF PROFESSIONAL MISCONDUCT

- Dr. Dhaliwal pled guilty, in a separate court action, to one count of assault (section 266) of the *Criminal Code of Canada* upon Ms. X.
- Dr. Dhaliwal was given a suspended sentence and 12 months probation.
- as a result of pleading guilty to, and being found guilty and convicted of, the charge of assault, and by engaging in the acts summarized in a statement of agreed facts submitted to the Discipline Panel, Dr. Dhaliwal was found to have engaged in professional misconduct within the meaning of subsection 30(3)(a) of the *Veterinarians Act* and paragraphs 24 (*abusing a client verbally or physically*), 44 (*an act or omission relevant to the practice of veterinary medicine that, having regard to the circumstances, would be regarded by members as disgraceful, dishonourable or unprofessional*) and 45 (*conduct unbecoming a veterinarian*) of section 17.(1) of Ontario Regulation 1093 under the *Veterinarians Act*.

DECISION

The Panel gave great weight to the fact that the College and the member had negotiated an Agreed Statement of Facts. The document included an admission of professional misconduct by the member with respect to all of the above-noted allegations and a substantial admission of the facts.

The Panel accepted as true all the facts as set out in the Agreed Statement of Facts and the court transcripts. Having regard to these facts, the Panel accepted the member’s guilty plea and found that he had committed the acts of professional misconduct as alleged.

BRIEF SYNOPSIS OF FACTS

- Dr. Dhaliwal attended a farm on a professional call.
- On arrival there was some confusion about the animals to be dealt with. Dr. Dhaliwal called his supervisor and, while awaiting the return call, he encountered a female employee of the farm (Ms. X) and a conversation ensued concerning a lameness problem with the employee’s dog.
- Dr. Dhaliwal informed Ms. X that he was experienced in acupuncture and massage therapy for animals, and proceeded to demonstrate treatment on the dog.
- On the pretext of further demonstrating how massage therapy would work on the dog, Dr. Dhaliwal and Ms. X went into a nearby room where Dr. Dhaliwal began to demonstrate the massage on Ms. X’s body.
- Ms. X moved away and questioned what that had to do with the dog.
- Ms. X returned to the dog.
- Dr. Dhaliwal began again to show her how to massage the dog by putting his hand down her pants and touching her groin area while she was bent over the dog.

- Ms. X moved away again and questioned what that had to do with the dog to which Dr. Dhaliwal responded that he was just having fun.
- Ms. X went to find another farm employee and stayed with her.
- After speaking with his supervisor by telephone, Dr. Dhaliwal went to the employee, gave her a hug and told her “everything would be okay.” The hug was witnessed by another employee. Dr. Dhaliwal left the farm.
- Later the same day Ms. X informed the farm owner of the incident. He contacted Dr. Dhaliwal’s place of work asking for his supervisor.
- The farm owner was informed by Dr. Dhaliwal that his supervisor was out of the office.
- Dr. Dhaliwal made a complaint to his office supervisor that during the farm call the employee had made suggestive overtures to the member and had touched his buttocks.

REASONS FOR DECISION

Subsection 17.(1) of Ontario Regulation 1093, paragraph 24 (*abusing a client verbally or physically or permitting or counseling an associate or auxiliary to abuse a client verbally or physically*).

The Panel relied on the Agreed Statement of Facts, which provided substantive evidence that the member sexually assaulted the employee twice during the course of his visit to the farm, and that the member subsequently pleaded guilty to, and was convicted of, the lesser charge of assault.

The Panel considered the wording of the above-noted regulation, which refers to a veterinarian abusing a “client”. A usual veterinarian-client relationship did not appear to exist between the member and the employee, although the employee apparently did ask the member for advice about her dog. In general, a veterinarian-client relationship exists if a veterinarian has assumed the responsibility for making medical judgements and treatment recommendations concerning the health of an animal or group of animals, and that a custodian of the animal or group of animals has indicated a willingness to accept the advice of the veterinarian. Thus, the owner of the farm where the member was providing service could

ostensibly be regarded as the member’s client rather than the farm employee. The Panel believed that for the purposes of the above-noted regulation, “abusing a client verbally or physically” could be interpreted more broadly to include verbal or physical abuse of the employee of a farm where the veterinarian is providing service. In addition, in this instance, the member was ostensibly providing advice to the employee as to the treatment of her dog.

For this reason, the Panel agreed that the member was in breach of subsection 17.(1) (24) of Ontario Regulation 1093 under the *Veterinarians Act*.

Subsection 17.(1) of Ontario Regulation 1093, paragraph 44 (*an act or omission relevant to the practice of veterinary medicine that, having regard for the circumstances, would be regarded by members as disgraceful, dishonourable or unprofessional*), and **paragraph 45** (*conduct unbecoming a veterinarian*).

The public regards veterinarians as responsible professionals whose role is to safeguard the health and welfare of animals. Beyond being competent practitioners, veterinarians are expected to demonstrate appropriate professional conduct in the course of providing service. Since the scope of veterinary medicine is wide, veterinarians necessarily interact with a wide variety of people including (but not limited to) clients, veterinary auxiliaries, farm staff, other veterinarians, government officials and administrative staff, companions accompanying clients, pharmaceutical representatives etc. Appropriate professional conduct means treating these members of the public with courtesy and respect, and also maintaining a certain decorum and professional distance.

The evidence before the Panel indicated that during a visit to a farm in a professional capacity, the member sexually assaulted the employee on the pretext of demonstrating massage treatment on her dog, sexually assaulted her a second time despite her having expressed concern about what he was doing, made light of the situation by hugging her and telling her it would be “okay”, and then complained about her

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behaviour in an apparent effort to deflect suspicion away from himself. As a result of his conduct, the member was convicted of assault with a suspended sentence of 12 months.

The Panel regarded the member's conduct as very serious, completely unbecoming a veterinary professional, and of a nature that undermines the integrity of the veterinary profession. The member had unwanted physical contact with the employee, and thereby violated her personal integrity and betrayed her trust in him as a veterinarian who was on the farm to provide professional service. Similarly, the member betrayed the trust of the farm owner and staff, as well as his supervisor and colleagues, and the general public, who had traditionally held veterinarians in high regard. The Panel had no doubt that members of the profession would regard this conduct as disgraceful, dishonourable or unprofessional, and worthy of sanction.

For these reasons, the Panel strongly agreed that the member was in breach of Subsection 17.(1) of Ontario Regulation 1093, paragraph 44 and paragraph 45.

Subsection 30(3)(a) of the *Veterinarians Act*:
30 (3) A member or former member of the College shall be found guilty of professional misconduct by the Discipline Committee if,

(a) the member or former member has been found guilty of an offence relevant to the suitability to practise veterinary medicine, upon proof of such finding;

A critical concern regarding a person who has committed a sexual assault is the potential for recurrence of the conduct, and the resultant ongoing risk to public safety and trust. In the Panel's view, the disgraceful nature of the conduct as described in prior paragraphs, compounded with the concern for recurrence, are factors that would call into question the member's suitability to practise veterinary medicine, unless appropriate remediation is undertaken.

The Panel therefore agrees that the member's conduct placed him in breach of Subsection 30(3)(a) of the *Veterinarians Act*, concerning his suitability to practice veterinary medicine.

PENALTY

- Written reprimand.
- Suspension of the member's licence to practice veterinary medicine for a period of five months; two months of the suspension is itself to be suspended if the member completes a boundaries course approved by the Registrar.
- Imposition of a condition and limitation on the member's licence for a period of two years, that the member, during the practice of veterinary medicine, will not be alone with a female client or female staff, and that he must practice under the supervision of a person approved by the Registrar.
- 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.

Panel's Reasoning

- The Panel considered a mitigating factor that the member entered a guilty plea which indicates he had accepted responsibility for his actions and recognizes that his conduct fell below acceptable standards. Further, the member stated to the Panel that he had sought psychiatric treatment for what issues may have led to the conduct. Further, that this was a first offence for the member, as there was no evidence before the Panel that he had ever exhibited such conduct in the past, and finally, that court transcripts included testimonials about the member's character from a variety of colleagues and acquaintances, both male and female.
- The Panel considered an aggravating factor that during the hearing, the member did not appear remorseful for the distress the employee experienced, and may very well continue to experience, as a result of his conduct. The Panel noted a statement, which formed part of the

evidence, where the employee stated the incident has had an “overwhelming effect” on her day-to-day life, and has affected her emotional well-being and ability to trust others. Of note, the court transcripts also refer to the judge’s observation that during court proceedings, the member showed little remorse for his conduct beyond entering the guilty plea.

- The Panel considered that the reprimand (which was written) and suspension are intended to deter the member from engaging in similar conduct in the future, and to serve as a strong message to the veterinary profession that such conduct will be not be tolerated by the College, and can jeopardize the

privilege of holding a veterinary licence. For the purposes of rehabilitation, the boundaries course is intended to reinforce to the member what is ethical and appropriate behaviour. The restrictions placed on his licence, that he may not be alone with female clients or staff, and that he must practice under supervision, are intended to protect women whom the member encounters during professional practice and provide reassurance to the public at large that the member’s conduct will continue to be carefully monitored for a significant period of time.

Annual Renewal Forms for 2011 Due on November 30, 2010

Licence fees and renewals are due no later than November 30, 2010. Packages will be mailed out in mid-October. Please ensure your preferred mailing address on file with the CVO is up-to-date.

Questions?

Contact Ms. Karen Gamble, Administrator, Registration, at extension 2228 or email kgamble@cvo.org.

Is Your Home Address on the CVO Website?

As per Regulation 52.5, if you have not provided the CVO with a primary business/practice address, then an alternative current address must be on the Public Register/CVO Website listings. If your home address is the only other address we have on file, then your home address will appear on the Public Register/CVO Website.

If you do not have a primary business/practice address, you may want to consider providing the CVO with a post office box address for the Public Register/CVO Website. However, as per by-law 41(1)(b), you must still provide the CVO with your home address, which will be kept confidential.

The CVO Regulations and By-laws require you to provide both business and home addresses, and an ‘other’ address for use on the Public Register/CVO Website, if applicable. The Annual Licence Renewal form has been amended this year to make it clear which addresses you need to provide to the CVO by November 30th, and why. If you have any questions, contact Ms. Karen Gamble, Registration Administrator, at kgamble@cvo.org.

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 Meeting held on **June 9, 2010**.

June 9, 2010

Policy Reviews

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

- A policy memo from staff outlining background material on the College's definitions of supervision was reviewed. Council amended the definition of Indirect Supervision to read:
the member will communicate with auxiliaries in such a way and using the appropriate means so as to provide proper assessment of animal(s) and direction to auxiliaries; further, the member must be accessible in a timely and appropriate manner while the delegated task is being performed.
- Specialty Animal Hospital - Companion Animal Referral Hospital (SAH-CARH) - Minimum Standards under Title 12 were amended and approved.
- CVO's **Strategic Plan - 2010 and Beyond** was approved.

- A revised component of the Council Manual, Section 2: Board Governance Policies was accepted.
- Proposed amendments to Ontario Regulation 1093 were reviewed.

Appointment

- Council appointed Ms. Lynn Patry as chair of the Complaints Committee, replacing Mr. Don Stobo (whose 2nd term has ended), effective June 3, 2010 to November 17, 2010.

Other Business

- The dates for Council/Executive meetings for 2011 were set.

Reports

- The budget variance report was provided for the 7 months ending April 30, 2010.
- Oral and written reports were provided by the Vice-President (on behalf of the President) and Registrar.

New Accreditation Committee Policies

The Accreditation Committee approved the following policies at meetings held on January 20, 2010 and June 23, 2010.

- (1) **Time Limit on Retention of Approved Names**
- (2) **Facilities Found to be Operating without Accreditation Certificates**
- (3) **Interim Accreditation Status**
 - (a) **Changes in Ownership/Facility Address Changes (Moves)**
 - (b) **Requests to Postpone Re-Inspection**
 - (c) **New Facility Inspections**

The complete policies can be viewed on the CVO website at www.cvo.org/regulat-accreditation.cfm.

“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 for consideration.

Scanning for Microchips

The College received the following email from a member of the public.

Dear CVO:

In the past month my companion pet, a 14-month-old male, neutered, microchipped Malshi, went missing after being intimidated by a large angry dog. I have searched with friends, placed ads in the newspapers, notified pet finder agencies, provincial pounds and shelters, and veterinarians within a 100 km plus radius of my home. He has not been found.

However, imagine my shock and dismay when I discovered that all veterinarians do NOT routinely scan all new dogs registering with their practice!! If someone brings in a dog they state they “found,” only those dogs are scanned. With all the (unfortunately) dishonest people stealing or capturing small dogs, would it not make sense to scan ALL dogs on their first visit in the attempt to decrease the number of pets separated from their owners, and stop these dishonest people?

I microchipped our dog in the belief that this was indeed what would happen and was devastated to discover it was not! I have spoken with my own veterinarian and she has indeed decided to implement the simple practice of scanning ALL new dogs.

My request is that ALL members of the College of Veterinarians of Ontario be instructed to implement the simple practice of scanning ALL new dogs.

Thank you, GV

While the College does not have a policy with respect to scanning for microchips the first time an animal is

presented, it is a sensible practice, particularly since veterinarians and microchip companies promote the use of microchips as a more secure and reliable means of returning an animal to the owner than name or license tags.

When a microchip is located on a newly presented animal, it would be appropriate for the veterinarian to speak with the client about how he/she came to possess this animal. It’s entirely possible that they had legally adopted it from a shelter, in which case it could have been surrendered by the owner and the microchip information not changed, or even picked up as a stray and left unclaimed by the owner, in which case the shelter can legally adopt it to a new owner.

However, if your inquiry with the client suggests that anything other than a legal adoption took place, then it is permissible and appropriate for the veterinarian to breach client confidentiality (pursuant to the above section) in order to determine whether this animal should be returned to the owner listed on the microchip.

Sec. 17.(1) 6(v) of the regulations states:

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,*
- 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.*



by Karen Smythe
QA Program Manager

Quality Assurance Program News

Quality Assurance

Annual Licence Renewals and CPD Cycle Toolkits

Members will be receiving their Annual Licence Renewal packages by mail in mid-to-late October. These packages will include:

- Annual Renewal Form
- CPD Summary Sheet for the CPD Cycle ending Oct 31, 2010
- Licence Fee Invoice

CVO's By-Law 41(1)k requires members to submit records of their professional development activities on the form provided by the Registrar. Licence renewals will not be processed unless all required items are submitted. Under section 5(3) of the *Veterinarians Act*, the Registrar may cancel licenses for failure to submit either the required return information or the licence fee by the deadline of November 30, 2010.



Your renewal package will also include the **2010-2011 CPD Cycle Guidelines and Tools** for the next CPD Cycle starting on November 1, 2010. Electronic versions of the tools are available on the Quality Assurance tab of the CVO website. Members are encouraged to use the Excel version of the CPD Activity Log to track their activities all year, because the CPD Summary Sheet is automatically calculated and filled in for you—just print, and send it in!—making the annual renewal process that much simpler.

Get Ready - Licence Renewal Process to go On-Line in 2011

Use of on-line technology for “re-registration” or licence renewal has become the standard across many regulated professions in Ontario and Canada. Work is underway at the CVO to allow on-line licence renewals for veterinarians starting November 1, 2011. Members who wish to take advantage of the system will be provided with log-in information and instructions sometime in the New Year.



QUALITY ASSURANCE

CPD Pilot Program

The 50+ participants in the CPD Cycle Pilot Program, who have joined 2 Webinars to date (the last is scheduled for September 14th), will submit their 2009-2010 CPD Cycle Tools to the QA Committee on October 1st. The purpose of the pilot is to get feedback on the Cycle and its tools from veterinarians who have put them into practice, and to provide the QA Committee with raw data for and experience with conducting peer-review audits of members' CPD documentation. The Committee will review the submissions at its November 5th meeting, and will provide individualized feedback to each person. The results of the Pilot program will be published in a future issue of *Update*.

CPD Portal Pilot Program Invitation

The CVO is in the process of developing a CPD Portal hosted by a 3rd party for our members' use. Our CPD Pilot Participants have helped us in the early development stages, but now we welcome an unlimited number of participants who will volunteer to use the Portal for the 2010-2011 CPD Cycle year.

This Portal Pilot Program will begin in January 2011, and will involve 3 webinars and technical support to members who commit to the program. To participate, you must have an active email address. So, if you are interested in testing the Portal before it goes into full-scale production, please contact Karen Smythe, QA Program Manager, at ksmythe@cvo.org by **November 15th**.

Upcoming Dates for CVO Workshops

Medical Records

Date	Location
October 13, 2010	Woodstock
October 28, 2010	North Gower (CCVA members)
November 4, 2010	Mississauga
November 9, 2010	Barrie
November 23, 2010	Webinar*
December 2, 2010	Webinar*

Communications

Date	Location
October 12, 2010	London
October 13, 2010	Thorold (NPVA members)
October 14, 2010	Brantford
October 20, 2010	Guelph (OAPP members)
November 16, 2010	Oakville
November 30, 2010	Webinar*

Continuing Professional Development (CPD) Info Sessions

Date	Location
October 28, 2010	North Gower (CCVA members)
December 6, 2010	Toronto
December 9, 2010	Webinar*

*Webinars/Teleconferences

Time	Required
7:00 - 8:00 p.m.	Phone line and internet
To register email Beth Ready at bready@cvo.org .	

QUALITY ASSURANCE

Peer Review of Medical Records Pilot Program

In the Peer Review of Medical Records program, which was piloted as an enhanced Accreditation Inspection process during the past year, twelve trained peer assessors representative of diverse practice areas completed close to 60 reviews of facilities' medical records. As reported in the June 2010 issue of *Update*, feedback from the facilities that were randomly selected to participate in the program has been overwhelmingly positive. The QA Committee has recommended to Council that peer review of records, which is a partnership between the Quality Assurance and Accreditation programs, be made an ongoing component of the inspection process.

Conference Presentations



CANADIAN VETERINARY
MEDICAL ASSOCIATION
L'ASSOCIATION CANADIENNE
DES MÉDECINS VÉTÉRINAIRES

Canadian Veterinary Medical Association (CVMA): At the CVMA Leadership Summit held in Calgary on July 7, 2010, CVO was represented by Dr. Kate Hodgson (consultant to the Quality Assurance Committee), who presented on the College's CPD Cycle. The audience of 100 comprised Deans, Registrars, and other veterinary leaders from across Canada, as well as visitors from China. The presentation was very well received and CVO staff has had follow-up queries from interested individuals as well.

North American Veterinary Medical Education Consortium (NAVMEC):

The College was given special permission to send a representative from Ontario to each of the three NAVMEC meetings held (in February, April, and July), to ensure that Ontario had a presence at the important sessions on the future of veterinary medical education and the profession. As stated in the *AVMAnewsbulletin* dated August 3, 2010, "a heavily emphasized part of NAVMEC has been identifying core competencies for veterinary students, which include multispecies clinical expertise, interpersonal communications and education, collaboration, management, public health and one-health promotion, lifelong learning, ethical professional leadership, and adaptability to changing environments." The CVO's CPD Cycle Toolkit includes a version of these competencies or "roles" in the Professional Practice Profile, which members are able to use to identify potential learning opportunities for the coming year. Dr. Kate Hodgson, whose expertise in medical education contributed to the development of this Practice Profile, attended NAVMEC #1 and was an invited plenary speaker at NAVMEC #3. There, she presented on the need for the profession to establish core competencies that are consistent across the continuum of the profession—from pre-admissions to undergraduate education to board examinations to licensure and maintenance of competency. Dr. Peter Conlon, member of the QA Committee and Associate Dean of Students at OVC, attended NAVMEC #2 on behalf of CVO, and he also contributed to Dr. Hodgson's presentation at NAVMEC #3. NAVMEC's final report will be published before the end of the year.



Association for Medical Educators in Europe (AMEE): Karen Smythe, QA Program Manager, and Dr. Kate Hodgson submitted a proposal on the CPD Cycle evolution, which was accepted as a Poster Presentation with a formal discussion scheduled for September 6th during the conference held in Glasgow. Karen Smythe's attendance at AMEE 2010 provided CVO with the opportunity to demonstrate Canadian leadership in the area of continuing professional development programming for veterinarians, as well as the chance to learn more about other systems of CE and regulation in the medical field worldwide.

Meet a Peer Reviewer

Name: Kim Lambert, D.V.M.

Meet one of your peers who contributes to the Peer Review of Medical Records program by helping clinics improve their medical record keeping in the interest of enhanced patient care.



Nature of Practice: Small animal locum veterinarian.

Location: Guelph, Ontario

How long have you been a peer reviewer?

I have been a peer reviewer for about one year. I became involved with the pilot program that the Quality Assurance Committee developed to begin peer reviews for randomly selected veterinary hospitals. It is exciting to be a part of an evolving program that seeks to guide our profession and to help to prevent practice problems.

How has being a peer reviewer directed your own learning?

As a locum veterinarian who is involved with different clinics, it is important that my records allow for continuity of care for the patients that I see. This makes record-keeping a top priority and when I am writing my own records I concentrate on what information needs to be recorded to provide a seamless transition to the next veterinarian who is continuing with the case. Being a peer reviewer has given me the tools and education to dramatically improve how I do my record-keeping.

Have you made changes to your practice as a result of assessing medical records of your peers?

It has been a great learning experience to see how my peers are keeping records and I have been able to take away some valuable information to apply to my own record-keeping. There are a lot of veterinarians who have worked hard to streamline their records and allow for greater efficiency without compromising the quality of their records, and I have been able to apply some of these ideas.

Have you ever seen a difference in the records of a peer after you have provided them with feedback?

Not directly, but through the peer review of medical records program I have heard that the feedback from selected practices has been very positive. The information that is provided through the program is designed as a form of guidance and the aim is to provide an educational opportunity and constructive feedback for each practice. It is not meant to be punitive or negative and I think the practices that have been reviewed are relieved to see that it is a program to help guide and strengthen their practice.

Professional Sketches of Ontario Veterinarians

This is the first in a series of Professional Sketches exploring “A Day in the Life” of the many, diverse veterinarians who live and work in Ontario and proudly represent the profession. Thanks to Dr. Lance Males for his narrative account of:

A Day in the Life of a Large Animal Veterinarian

I had just finished pouring a mug of coffee when the telephone rang at 5:30 am. It was Mrs. Farmer calling to report that her workers were having difficulty with a Holstein heifer at their homestead dairy barn. With coffee in hand, I hopped into my truck and set off for the 10-minute drive to the farm. The heifer had started to calve overnight, and my initial internal exam revealed a set of hips as well as 2 front legs. I corrected and delivered the breech calf, and then pulled the twin. My day was off to a good start. I was scheduled to examine a cow at the dairy next door at 8 am, so I decided to stop by early. Diagnostics revealed a left displaced abomasum. The son helped me to roll the cow onto her back and correct it with toggle pins. Returning to the truck, my call light was flashing with an emergency call: a prolapsed uterus in a Holstein heifer at a dairy approximately 15 minutes away. The heifer was down and worn out when I arrived, so I pulled her hind legs back into a “frog leg” position, and was quietly thankful that the placenta had already detached (saving a few minutes of labour). After administering an epidural and a non-steroidal anti-inflammatory, I washed and rinsed the uterus prior to replacement. I applied a “purse string” perivaginal suture (just in case the heifer decided to try again to rid herself of her uterus) and watched as she made a few attempts to rise before I left her.

As it was approaching 8 am, I went to the clinic to gather up one of our veterinary students to assist with the morning calls. As we drove the 80 km north to the first call, we had an interesting discussion on the differential diagnoses and management of the dermatologic condition that we were going to examine. The 10-month old Belgian colt had a simple

case of dermatophilosis, and while on farm we vaccinated 3 other “while you are here, doc” draft horses.

We drove back towards the clinic for our scheduled call at the second Farmer family dairy facility. We performed pregnancy exams on 25 Holsteins, and then jumped back into the truck for the half-hour trip to our next call. This dairy had lost 2 cows with respiratory problems in the past few days. We had examined and treated multiple cows on the previous day, but one more had died overnight, so we wanted to perform a necropsy to gain a better understanding of what we were dealing with. Samples were taken for laboratory examination, but the severe bronchopneumonia convinced me that we needed to immediately vaccinate the 140 milking cows. The only problem was that the vaccines were in the clinic, a half-hour drive away. We left the farm with a promise to return later to vaccinate.

The message light was blinking with the news that there was a beef cow nearby with a prolapsed vagina. The client had noticed the Hereford a few days before, but the vagina would always pop back in when he got her up and moving. Yesterday it had stayed out all day, so he made the effort to catch her on pasture and bring her into the barn to work on her. The veterinary student did an admirable job of administering the epidural, washing and replacing the vagina, and completing a “purse string” suture. We guessed the cow would calve in approximately 1 to 2 weeks. We left the farmer with the medications necessary to induce the cow early, allowing him to pay close attention and loosen the suture as labour commenced.

By now it was mid afternoon, and 2 new calls had come in. One was an older excellent Holstein cow that was laying “flat out” with milk fever, and the other was a Belgian mare that had been caught by her hind leg in a steel gate, resulting in a sizeable laceration. The dairy farm was only 5 minutes away, so we elected to attend to the cow first. When we left, she was sitting comfortably in sternal recumbency, and had started to eat the hay in front of her. We made the 25-minute drive to the horse farm considerably faster than legally allowed, while consuming our late lunches. When we arrived, we were confronted by a football-sized laceration on the medial right hind leg, a few inches below the stifle. Approximately 3 inches of tibia were exposed, with a triangular shaped wedge of bone missing. Sedatives and analgesics were administered, followed by debridement of damaged tissue. The mare stood perfectly throughout, and we departed 45 minutes later after leaving explicit instructions on wound care/pain relief/antibiotics with a relieved owner.

In my original schedule for the day, I had a 1 pm appointment to examine a Quarterhorse that was inappetent for the past 3 days. It was nearing 5:30, and I called him to check if it would be okay to be seen the following day. The owner was concerned as it was a top barrel racer, and would really appreciate an exam that day, so I headed off for the half-hour drive south to his stable. Piecing together the history and lack of abnormalities on my physical examination, a tentative diagnosis of gastric ulcers was reached.

Further diagnostics to confirm the condition were discussed and rejected by the owner. A decision was made to treat the presumptive diagnosis, with the owner agreeing to refer the mare for additional work up should the treatment fail to resolve the clinical signs.

The call light was happily blinking when we returned to the truck, with a message regarding a beef cow with an “attitude” that was having difficulty giving birth. The veterinary student felt that she had experienced enough for the day (though the farmer’s warning that the cow had “a bit of attitude” may have factored in her decision), so I dropped her off at the clinic and picked up the vaccines that I needed for later. The cow was already tied up and wedged between 2 gates when I arrived, so it was relatively easy to attach chains and a head snare to extract the calf. Unfortunately, the cow was obese, and a vaginal artery was torn during the delivery of the lively heifer calf. The effect of her newborn’s bawls brought out the “attitude” of which I had been forewarned, so the placement of a suture to ligate the artery required additional patience to accomplish.

I climbed back into my vehicle regretting my promise to revisit the herd with bronchopneumonia. The drive rejuvenated me, though, and the vaccines were administered in less than half an hour. Pulling into my driveway shortly after 10 pm, I had driven over 450 kms in all and felt the well-earned tiredness that goes with a very busy day.

REGISTER UPDATES

The College welcomed the following new registrants between May 8, 2010 and August 3, 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. Ehab Abdelwahed	R	Dr. Dominique Gagnon	PGR	Dr. Pamela Martin	G
Dr. Danielle Abrahams	G	Dr. Vincent Gauthier	G	Dr. Cynthia Miltenburg	G
Dr. Tiago Afonso	PGR	Dr. Emad Girgis	G	Dr. Van Mitchell	G
Dr. Karen Allen	G	Dr. John Glauser	G	Dr. Erin Morgan	PGR
Dr. Shannon Armstrong	G	Dr. Khaled Gohary	PGR	Dr. Melissa Morgoch	G
Dr. Tara Arndt	E	Dr. Shannon Grodecki	G	Dr. Sarah Murdoch	G
Dr. Muhammad Aslam	G	Dr. Branka Grubor	G	Dr. Philip Neri	G
Dr. Prabhdep Bains	G	Dr. Kathryn Gyselinck	G	Dr. Marcie Ninness	G
Dr. Colleen Best	G	Dr. Kathryn Harding Smith	G	Dr. Jason Norris	G
Dr. Rhonda Boulter	G	Dr. Simon Hollamby	R	Dr. Megan Noyes	G
Dr. Tovah Caldwell	G	Dr. Monir Huq	G	Dr. Adam Ogilvie	PGR
Dr. Harinder Chatrath	G	Dr. Ashley Jones	PGR	Dr. Nuno Paixao	R
Dr. Julie Chevrier	G	Dr. Inga Karasek	G	Dr. Adriana Pastor	G
Dr. Stacey Ciancone	G	Dr. Michael Kim	G	Dr. Agnes Pietrzyk	G
Dr. Orlaith Cleary	G	Dr. Jessica Knapp	G	Dr. Arulthasan Rajkumar	G
Dr. Felipe Correa	PGR	Dr. Lindsey Kurach	G	Dr. Douglas Riddle	G
Dr. Rob Daniel	G	Dr. Beth Lamborne	G	Dr. Domenico Sanzo	G
Dr. Lindsay Davis	G	Dr. Stephanie Landry	G	Dr. Kellie Stein	G
Dr. Megan Davis	G	Dr. Lauren Long	PGR	Dr. Jessica Swan	G
Dr. James Dundas	G	Dr. Carrie Lubrick	G	Dr. Laureen Taylor	G
Dr. Robyn Elgie	G	Dr. Rebecca Lynes	G	Dr. Jennifer Vlietstra	G
Dr. Rudolf Fernandes	G	Dr. Shawn MacKenzie	PGR	Dr. Allison Wara	G
Dr. Lisa Fiorini	G	Dr. Sapna Malwal	G	Dr. Jennifer Webb	G
Dr. Jessica Fung	PGR	Dr. Tiffany Marchildon	G	Dr. Lynn Williams	PGR

The following is a list of new corporations:

New Corporations

Arboleda Veterinary Professional Corporation	Essa Veterinary Services Professional Corporation
Bluewater Veterinary Professional Corporation	Fife Veterinary Professional Corporation
Brad Hinsperger DVM Professional Corporation	Hrynkiw Jones Veterinary Professional Corporation
Brent Jones Veterinary Professional Corporation	Kennedy Hrinivich Veterinary Professional Corporation
Burloak Veterinary Hospital Professional Corporation	Kevin Vilaca Professional Corporation
David Carson Veterinary Professional Corporation	MacDougald Veterinary Professional Corporation
Derry Heights Animal Hospital Professional Corporation	Naigamwalla Veterinary Professional Corporation
Dr. Tom Smylie Professional Corporation	Park Animal Hospital Professional Corporation
East Plains Animal Hospital Professional Corporation	Silver Star Animal Hospital Professional Corporation
Edwards Veterinary Professional Corporation	Theijsmeijer Veterinary Professional Corporation
	West Avenue Veterinary Professional Corporation

REGISTER UPDATES

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

New Facilities

Animal Emergency Clinic of Etobicoke, Toronto
Brar Veterinary Mobile Services, Brampton
Caradoc Animal Clinic, Strathroy
Derry Village Animal Clinic, Mississauga
Doon Animal Hospital, Kitchener
East Plains Animal Hospital, Burlington
Fife Veterinary Services, Rockwood
Grandview Bloor Animal Clinic, Oshawa
Heartland Animal Hospital of Drayton, Drayton
Heartland Animal Hospital of Listowel, Listowel
Islington Village Animal Hospital, Toronto
Lakeshore Animal Hospital, Kingston
Northpoint Veterinary Hospital, Bolton
OVC Companion Animal Hospital, Guelph
Ridgeway Animal Hospital, Ridgeway
Southgate Animal Hospital, Guelph

Tamjidi Mobile Veterinary Services, Richmond Hill
Toronto Animal Services East Spay/Neuter Clinic,
Toronto

Closed Facilities

Dr. Tom Smylie D.V.M.

Relocated Facilities

Bracebridge Animal Hospital
Carole Michon Equine Veterinary Services
Islington Animal Clinic
London Equine Hospital (now called Oakhill Equine
Clinic)
MacKay's Animal Hospital
Mill Street Animal Clinic
Rexdale Animal Hospital

The following veterinarian was granted Emeritus Status:

Dr. Robert McManus

The following veterinarians are no longer licensed in Ontario:

Dr. Katie Christopher
Dr. Neaera Fletcher

Dr. Aitor Gallastegui
Dr. Adria Kukk

*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.*

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.

Crawley, John Frederick (OVC 1944)
Lutte, Gerd (Germany 1956)

Theijsmeijer, Herman (OVC 1971)

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.

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