



THE COLLEGE OF
VETERINARIANS
OF ONTARIO

UPDATE

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President's Message



by **Beverly Baxter, DVM**
President

Digging Holes

Have you ever watched a dog dig a hole? The animal seems to be in its element, rhythmically scratching, the occasional sniff and then a burst of energy. Sometimes the digger gets carried away, the effort so intense that the creation of pits and moguls serves no purpose except to irritate the landscaper.

I am a planner. I love to plan holidays, celebrations and vacations. But sometimes in the middle of experiencing one event, I am already planning the next. My husband will remind me of the importance of living in the moment by saying, "Can't you just enjoy now?" Over the years, I have learned to appreciate this feedback and smile. I am grateful to my husband for reminding me that I am a human being, not a "human doing." Like a dog digging a hole, I get carried away in the planning frenzy and forget the purpose. I need to remember to be present in the moment.

One of the greatest gifts we can give another is to be present for them. This really is an essential element in meaningful communication. Before we can connect, we need to be present. The CVO has developed a really useful tool for communication, particularly in complex situations. In the Communication Workshop that the CVO began to offer members in the Fall, an approach to listening and responding when you have an inkling that conflict is brewing is explored. There are also some case studies presented so you can practice. The application of the SHERPA (stop, hear, empathize, reflect, probe and action plan) model may help you to prevent digging yourself into a hole! Watch for upcoming workshops starting again in Fall 2010 on the CVO website (www.cvo.org) under the Events Calendar.

It's Election Time!

Participate in the governance of your profession

On **October 5th**, the College of Veterinarians of Ontario will hold elections in four constituencies.

Constituency 1

(Counties of Essex, Kent, Lambton and Middlesex): **Dr. Jim Christian** is eligible for re-election.

Constituency 3

(Counties of Oxford and Perth and the regional municipality of Waterloo): **Dr. Alison Moore** is eligible for re-election.

Constituency 4

(Members employed by the University of Guelph): **Dr. Peter Conlon** is eligible for re-election.

Constituency 6

(County of Wellington): **Dr. Carol Graham** is eligible for re-election.

Dr. Tim Arthur, who represents constituency #10, served on the Executive Committee for the year immediately preceding this election (By-law 4.(4)); therefore an election will not be held in that district.

Serving on Council is an opportunity and challenge. CVO Councillors have interesting and wide-ranging responsibilities. They take time out of their busy practices to actively involve themselves in College activities. This kind of commitment is what makes self-regulation viable. Speak to any of your colleagues who have served on Council or a committee at the College; they will tell you about the immense amount of satisfaction and fulfillment they gained from the experience.

(Elections, cont'd)

Some frequently asked questions about serving on Council are addressed below.

What is the Council of the College?

The Council is the governing body, or Board of Directors, of the CVO, and its composition and powers are established in the *Veterinarians Act*. The Council is composed of 13 veterinarians and three to five public (non-veterinarian) members. Veterinarian members of Council are elected by their peers and bring their understanding of the profession, from the perspective of the setting in which they practice, to the Council table. Public members are appointed by the Lieutenant Governor in Council and bring the public perspective to Council decisions.

How are Councillors compensated?

Councillors are paid a per diem, currently \$400/day, and reimbursed for expenses for all meeting days.

What is the time commitment?

Councillors can expect to attend approximately five regular Council meetings per year to make policy decisions affecting the practice of veterinary medicine, and to discuss other matters as they pertain to the regulation of the profession. They will also be appointed to at least one committee, with varying time commitments.

Can candidates send out campaign letters?

Yes. Those candidates wishing to send out a campaign letter should forward the correspondence for review by the CVO staff.

ELECTION TIMELINES

| | |
|--|---------------------|
| Nomination forms and notice of election will be forwarded prior to | July 23 |
| Nominations are due no later than 4:00 p.m. on | August 31 |
| Ballots will be mailed no later than | September 21 |
| Election date (on which ballots must be received by CVO) is | October 5 |

REGISTRAR'S MESSAGE



by Susan J. Carlyle
Registrar

In the last issue of *Update*, my message to you was basically “appreciate the fact that you are a member of a self-regulated profession.”

This time as a follow up, I am blatantly trying to persuade you to become involved with your governing body.

At page 2 you will find an article about the impending election of 4 councillors this year. If you either practice or live in one of the open constituencies, consider the CVO and the role you might play in its work. It is your organization, run by you and your peers.

Think about Councillors—as a group they set the strategic directions for the CVO, and make the policies and guidelines that help the profession understand and comply with the obligations of practice.

In addition, each Councillor sits on at least one of the committees required by law:

Registration Committee - here you examine membership applications to determine whether the candidate has provided evidence of the necessary requirements for membership in the veterinary profession in Ontario.

Accreditation Committee - here you ensure that the facilities in which you and your peers practice veterinary medicine are safe, appropriately equipped, and properly managed.

Complaints Committee - here is one of the most crucial and challenging areas of work you do. Here is where you scrutinize most closely the public interest mandate of the College with regard to the actions of your fellows. Here too, as one of our former presidents put it, you will find the most intensive Continuing Education lessons imaginable!

This is some of what your peers who work with the CVO do in order that the public interest may be served and protected (*Veterinarians Act*, s. 3.(1)). It requires dedication, time, and hard work, but is some of the most rewarding and memorable work you will ever do.

As I am sure you appreciate, self-regulation is a privilege. The alternative is, like the American model, government boards set up in order to regulate all the professions through political appointees, few of whom are members of the professions at issue. There is little respect for the professions in this model. In at least one state, veterinarians are not given a licence to practice as we know it, but simply a licence to open and run a veterinary business.

This is your profession. The CVO cannot govern it without you. Please talk to us about how you can play a big part in it, in accordance with your own style.

P.S. We pay badly, demand your dedication and attention, and make you work very hard. But we have great cookies!!

Staff Directory

| | |
|--|--------------------|
| <i>Susan J. Carlyle</i> , Registrar |ext. 2226 |
| <i>Martin Fischer</i> , Investigator/Practice Resource Officer |ext. 2238 |
| <i>Karen Gamble</i> , Administrator, Registration and Incorporation |ext. 2228 |
| <i>Don Huston</i> , Accreditation Inspector |ext. 2230 |
| <i>Chris Lana-Sarrate</i> , Assistant to Complaints and Discipline |ext. 2233 |
| <i>Beth Ready</i> , Communications & Executive Committee Coordinator |ext. 2224 |
| <i>Brian Redpath</i> , Accreditation Inspector |ext. 2230 |
| <i>Rose Robinson</i> , Manager, Complaints and Discipline |ext. 2227 |
| <i>Christine Simpson</i> , Assistant Registrar |ext. 2225 |
| <i>Karen Smythe</i> , Policy and Quality Assurance Program Manager |ext. 2237 |
| <i>Donna-Jean (DJ) Vandongen</i> , General Coordinator |ext. 2221 |
| <i>Mary Wyness</i> , Acting Accreditation Coordinator |ext. 2240 |

Have you Moved?

Each member of the College is required by law to report all addresses where he/she engages in practice and to notify the CVO of a change within 30 days. If you have changed your home or practice address, please contact the CVO at 1-800-424-2856 or send us an email at inquiries@cvo.org.

Regional Associations of Veterinary Medicine

The College values the feedback that we receive from the Presidents of Regional Associations. However, are not always informed when a change in Presidency has occurred for each Association. If you are a new President, or are aware of an upcoming change, please contact the College at 1-800-424-2856, or send an email to inquiries@cvo.org in order to update our list.

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 by Council at its meetings. The following highlights are from the Council Meeting held on **March 24, 2010**.

March 24, 2010

Policy Reviews

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

- The Position Statement, “**Temporary Emergency Facilities**,” was amended and approved for publication.
- The Position Statement, “**General Principles for Delegation**,” was reviewed, amended and approved for re-publication.
- The Position Statement, “**Companion Animal Mobiles Serving Multiple Clients in One Location**,” was reviewed and approved for publication.
- Guidelines on “**Medical Records for Poultry Practice**” were revised and approved for publication.
- Draft Guidelines on “**Medical Records for Equine Practice**” were reviewed along with a report on the responses to the CVO Survey on Equine Medical Records. Staff was directed to continue to work with interested groups, via focus groups and/or webinars, and to forward a revised draft document to Council.
- Draft Guidelines on “**Medical Records in Food Animal Practice**” were reviewed along with a report on the responses to the CVO Survey on Food Animal Records. Staff was directed to continue to liaise with stakeholders via meetings and/or webinars, and to forward a revised draft document to Council.

- A report on the Members’ Forum on Medically Unnecessary (“Cosmetic”) Surgery was reviewed. Council decided to proceed with drafting a Guideline document, and will direct staff on detailed next steps at its June meeting.

Reports

- Oral and written reports were provided by the President and Registrar.
- Reports were provided on the activities of Statutory Committees for the previous 6 months.
- The Quality Assurance Committee submitted a memo on the status of the Peer Review of Medical Records Program. Council approved the continuation of the Peer Review of Medical Records Pilot Program for the remainder of the fiscal year.

Appointment

- Council appointed Dr. Cliff Redford to the Complaints Committee (replacing Dr. Dave Desmond) effective April 16, 2010.

Other

- Council decided to add an *in camera* session to the agenda of every meeting.

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

Informed Owner Consent...

A thirteen-year-old, spayed, female, cat was presented to the ABC Animal Hospital to be examined by Dr. A. The cat appeared to have injured her left hind leg and after examination, Dr. A administered a single subcutaneous injection of an anti-inflammatory medication Metacam.

Six days later the owner believed her cat was still having lameness in the left hind leg as she would take a few steps and lie down. Dr. A recommended that blood work be performed and she reported that the results were normal and there was no evidence of kidney disease. She prescribed oral Metacam for the cat.

The owner noticed, four days later, that her cat was becoming ill. Her appetite was poor, she was lethargic, depressed and appeared to be drinking a lot of water.

The owner called Dr. A to report the symptoms. Dr. A recommended another examination, but the owner chose to continue to monitor her cat at home.

The owner called Dr. A two days later since the cat was not improving and made an appointment for examination. The owner did some research on Metacam, and learned of side effects of oral dosing of the drug in cats, including kidney failure. She also learned that it was not licensed in Canada for oral use in cats and was only licensed for cats as a single subcutaneous injection. The owner presented her cat, which was examined by Dr. A. Blood work revealed severe elevations in the kidney values and abnormal electrolytes that were indicating acute kidney failure. The owner pressed Dr. A about informed owner consent when prescribing an unlicensed, off label medication to her cat and was upset that she had not been told of the side effects of Metacam, including loss of appetite, lethargy, depression and acute kidney failure. Dr. A proposed a hypothesis that kidney disease may have pre-existed in an early stage and not detected on the cat’s blood work. This hypothesis was supported by the manufacturer of Metacam when a suspected adverse drug reaction was reported

to the manufacturer. Dr. A instituted treatment for kidney failure; however, the cat did not respond to the treatment and was humanely euthanized. Dr. A had suggested an independent autopsy be done but this was declined by the owner.

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

1. Dr. A’s negligent veterinary practices (i.e. her use of oral Metacam) led to the needless and devastating death of the cat.
2. Dr. A failed to advise the owner of the risks involved with using an off label medication, like Metacam.
3. Dr. A failed to be currently knowledgeable with the side effects associated with Metacam.
4. Dr. A lacked professional accountability when she failed to accept responsibility for her error and attempted to pass the onus on to the owner.

CASE STUDIES

5. Dr. A's medical record includes notations which may be unethical or questionable. (i.e. appear that they have been added after the fact because they are out of sequence with the rest of the notations and were written in the margins).

Reasons for Decision

Dr. A's response to the first issue indicated that after the initial injection of Metacam and subsequent continued lameness, she took the precaution of performing blood work. She indicated that x-rays of the hind limb were declined by the owner and she planned to prescribe pain medications. Dr. A assessed the cat's blood results to be normal, specifically, there was no indication of kidney disease. She also noted in the cat's medical record that she had been prescribed oral Metacam in 2007 by another veterinarian in the hospital. The medical records did not indicate that any side effects were reported by the owner. Dr. A prescribed oral Metacam to the cat. When the owner called to report the cat's symptoms of poor appetite, lethargy, depression and drinking a lot of water, Dr. A recommended an examination. When the cat was examined two days later, acute kidney failure was diagnosed and she began treatment and reported an adverse drug reaction to the manufacturer of Metacam. With the aid of the manager of technical services for companion animals for the manufacturer, Dr. A hypothesized that the cat's apparent previous tolerance of oral Metacam in addition to her normal blood profile provided no evidence that

the cat would react adversely to the Metacam and as such it would not be considered contraindicated to have prescribed Metacam in this case. The owner responded to Dr. A's statement and said that she did not give the oral Metacam that was prescribed in 2007 to her cat since she had become ill after being given an antibiotic that was prescribed at the same time. The owner suggested that based on the fact that oral Metacam had not been given in 2007, the hypothesis was not valid.

It was the opinion of the Committee that Dr. A's use of Metacam in this case was appropriate. Metacam is an approved veterinary product that is commonly prescribed by veterinarians in Ontario in an extra-label manner for oral use in cats. It can be used when there is a legitimate medical need that in the veterinarian's professional judgement outweighs the risks involved. However, the use of extra-label medications carries with it a responsibility to inform the pet owner that it is being used off label. The owner should be informed of the option of using other medications that are labelled for use in cats.

Dr. A responded to the second issue stating that she did discuss the possible side effects of Metacam with the owner. She indicated that she told the owner that she had to check for evidence of kidney disease before prescribing Metacam. She indicated it was true that she did not inform the owner that Metacam was off label for cats in Canada. When the cat was found to be in acute kidney failure

and the owner confronted her, Dr. A agreed that it was off label and that she should institute a consent form for use of off label medications. She immediately did so. Dr. A indicated in her response, that Metacam is commonly used off label for cats in Canada and the U.S. and did not consider the cat to be at high risk for adverse effects. The owner responded to this by repeating that she was not advised of any side effects of this drug, such as lethargy, depression and loss of appetite. She went on to state that she was not told specifically the following things:

- a) meaning of off label use;
- b) that the drug was not approved for oral use for cats in Canada and U.S.;
- c) Metacam has been known to cause acute kidney failure in cats.

She stated that she should have been told all of this and then she could have made an informed decision. The Committee agreed with the owner that not enough information regarding the off label use of Metacam or its potentially severe side effects was communicated to her by Dr. A. In addition, the owner was not informed of other options for pain medication, specifically medications that are labelled for oral use in cats.

Dr. A responded to the third issue stating that she is well aware of the side effects of Metacam and that is why she insisted they run blood work before starting treatment. She referred to a letter from the Manager on behalf of the manufacturer which stated that reports of acute kidney failure in

cats are relatively rare; cats are known to have somewhat lower tolerance to non-steroidal anti-inflammatory drugs (NSAIDs) and there have been a disproportionate number of reports of acute kidney failure in cats medicated with NSAIDs in comparison to dogs. The owner responded that when she asked Dr. A why she had not told her about the drastic side effects of Metacam, Dr. A replied, “I told you all I knew.” The owner indicated her concern that there is an overall complacency with off label medication use. The Committee agreed that while Dr. A indicated she was aware of the side effects of Metacam, it did not appear that these were clearly communicated to the owner.

Dr. A responded to the fourth issue indicating she took full responsibility for not getting the owner to sign a consent form for the off label use of Metacam. She stated that she was not trying to pass the onus onto the owner for the cat’s illness, but was trying to come up with a hypothesis for what caused the illness. She referred again to the manufacturer who suggested the hypothesis that an underlying complicating disease condition was present. Dr. A reported an adverse drug reaction and treated the cat’s acute kidney failure and the manufacturer paid for all costs of treatment. After the cat’s death, Dr. A had suggested an independent autopsy be done but this was declined by the owner. The owner questioned why Dr. A ordered the oral Metacam without discussing the risks and benefits, and indicated that Dr. A answered,

“Well, you asked for something.” She found this response to be inappropriate and unprofessional.

It is the opinion of the Committee that Dr. A took responsibility for the lack of informed owner consent regarding the off label use of Metacam. The Committee was concerned that Dr. A did not acknowledge her lack of communication with the owner regarding reports of acute kidney failure in cats being medicated with Metacam. For owner consent to be informed, the veterinarian must disclose not only the expected benefits of a medication, but reasonable risks or dangers and common side effects. The potential for kidney toxicity with the use of Metacam in cats is well-known among veterinarians and its use is common. The Committee agreed that the use of Metacam in cats carries with it a serious risk that should be communicated so that informed owner consent is obtained.

Dr. A’s response to issue number five indicated that occasionally when she has more to write and runs out of space, she will continue her notes in the margins. She admitted she needs to continue to improve her record keeping skills. The owner responded that she accepted Dr. A’s response that she should improve her charting practices. The Committee noted that quality medical records can correlate strongly with quality patient care and that members of the College should strive to maintain clear, detailed and organized records.

Decision

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 to hopefully ensure that such an incident does not recur, to exercise its authority under section 24 (2) (c) and take the following action:

Dr. A is advised of the Committee’s concerns regarding her conduct as it relates to informed owner consent. Since the oral use of Metacam in cats is considered extra-label and can cause potentially serious side effects, cat owners should be made aware of this, and the risks and benefits of its use should be communicated and documented. Dr. A is advised to read and implement the Guidelines for Informed Owner Consent set out by the College of Veterinarians of Ontario and available on its website.

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.

Decision One

Dr. Satinder Singh

ALLEGATIONS OF PROFESSIONAL MISCONDUCT

- Failing to supervise an auxiliary
- Failing to maintain proper records
- Failing to address all of the patient’s oral health issues

BRIEF SYNOPSIS OF FACTS

- A dog, who was a patient of the Member, was presented to the Member’s facility for dental care. The dog was treated by one of the Member’s auxiliaries.
- Neither the Member nor any other veterinarian examined the dog before, during or after the dental treatment.
- Therefore, the procedures and treatment undertaken at the facility were performed without an assessment or examination, or without an adequate assessment or examination, and without any discussion of the proposed treatment with the owner; treatment was given in the absence of the owner’s informed consent.
- The owner was not advised of the results or of the need for appropriate follow up care, by either the Member or the auxiliary.
- During the course of treatment of the dog, the auxiliary extracted thirteen teeth—a surgical procedure which should properly be performed by a veterinarian.

- Records of the procedure suggest that it took approximately twenty minutes, which is an insufficient period of time to anaesthetize the patient, clean the teeth and perform the extractions.
- No dental radiographs were offered or discussed with the owner.
- The Member failed to supervise his auxiliary when she administered anaesthetic to the patient.
- The Member failed to maintain proper records as required by O.Reg. 1093 under the *Veterinarians Act*.

DECISION

1. Finding

The Member pleaded guilty to professional misconduct and the Committee accepted the plea.

2. Penalty

- Reprimand
- Suspension of the Member’s licence to practice veterinary medicine for a period of four weeks, two weeks of the suspension is itself to be suspended if the Member complies with the provisions of the conditions and limitations imposed on the Member’s licence.
- Imposition of a condition and limitation on the Member’s licence to practice that the Member successfully completes, to the satisfaction of the Registrar, a one-day educational session on Jurisprudence with an emphasis on the proper

supervision of auxiliaries. The Member will pay costs of the session.

- Imposition of a condition and limitation on the Member's licence to practice that, at the Member's expense, the Member be monitored without notice for one day every two months for a period of two years. The monitor will provide a report following each session to the Registrar, who will provide a copy of each report to the Member. If the Registrar is of the view that any reports are unsatisfactory for any reason, the Registrar may provide such reports to the Executive Committee for its consideration and possible further action.
- 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

- Information was provided to the Panel on two previous findings of professional misconduct and penalties imposed on the Member. The length of license suspension in the cases assisted the Panel in acceptance of the four week suspension jointly recommended by the College and the Member.
- The Panel agreed that a one-day session of Jurisprudence with an emphasis on the proper supervision of auxiliaries was important for Dr. Singh and remedial to his professional behavior and interactions with staff. The reduction of two weeks in Dr. Singh's suspension is a result of his participation in the session.
- The Panel felt that the most important condition involved the monitoring, without notice, of Dr. Singh for one day every two (2) months for a period of two (2) years. The report supplied to the Registrar following each session and provided to Dr. Singh will give Dr. Singh valuable support in proper maintenance of his veterinary practice. The Panel believes this approach will provide valuable information to Dr. Singh to assist in education and

training of auxiliaries and production of proper record keeping, and at the same time supporting the public and their animals.

- The Panel felt that the Joint Submission as to penalty was appropriate as it reflected the general penalty principles of specific and general deterrence and protection of public interest. The penalty was also within the range of acceptable penalties based on precedent.
- The reprimand and suspension will achieve a specific deterrence to permitting non-veterinary employees to perform procedures that require the presence and supervision of a licensed member.
- The case showed how very astute one needs to be in training and supervising employees, and answering to the public. The way Dr. Singh's practice was administered was a problem. It is important to know what is occurring and to emphasize that one cannot delegate without supervision.
- The case also demonstrated the importance of good and comprehensive record keeping, of examinations and diagnostic testing, and follow-up communication.
- The Panel noted that the Member was remorseful, accepted responsibility for the allegations and had already introduced changes to the practice as a result of the issues involved in the Hearing. The Member recognized that he fell below acceptable standards in this case.

“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.

Prescriptions and Prescription Writing

More and more the public is becoming aware of a variety of sources for obtaining veterinary drugs, particularly from on-line pharmacies. From the College’s perspective, the regulation and legitimacy of on-line drug sales is the responsibility and jurisdiction of the pharmacy regulatory authorities. Due to potential concerns about dealing with possibly illicit businesses, the College has always counseled veterinarians not to deal directly with an on-line pharmacy, but instead to issue a prescription to the requesting client, letting the client fill the prescription wherever he/she wishes.

Pursuant to Sec. 26 of Regulation 1093, clients have the right to request a prescription as an alternative to purchasing the drug from their veterinarian:

26. If a member decides to treat an animal with a drug and either does not dispense it or is asked by the owner for a prescription, the member shall give a written prescription to the owner or offer to give an oral prescription acceptable to the owner to a pharmacist or to another veterinarian in accordance with subsection 33 (1.1).

In order to issue a prescription properly, members should be aware of the information that needs to be on it. Sec. 156 of the *Drug and Pharmacies Regulation Act* states the following:

156. (1) Every person who dispenses a drug pursuant to a prescription shall ensure that the following information is recorded on the prescription,

(a) the name and address of the person for whom the drug is prescribed;

- (b) the name, strength (where applicable) and quantity of the prescribed drug;*
- (c) the directions for use, as prescribed;*
- (d) the name and address of the prescriber;*
- (e) the identity of the manufacturer of the drug dispensed;*
- (f) an identification number or other designation;*
- (g) the signature of the person dispensing the drug and, where different, also the signature of the person receiving a verbal prescription;*
- (h) the date on which the drug is dispensed;*
- (i) the price charged.*

At a minimum, in order to issue a proper prescription such that a pharmacist can legally fill it, the veterinarian needs to include the information in clauses (a), (b), (c) and (d). This ensures that the pharmacist knows that it is a legal prescription, issued by a licensed veterinarian. The rest of the information, (e) through (i), is the responsibility of the pharmacist. Occasionally pharmacists will contact the veterinarian to confirm the prescription, and will also occasionally contact the CVO to ensure that the person issuing the prescription is a licensed veterinarian.

Members should be aware that it is not necessary to put your CVO License number on a prescription, and that this number does not form part of your public registration information, though it can and is used by pharmacists to verify the identity of a prescription writer.

Advertising: Where Does My Responsibility End?

More and more veterinarians are turning to the Internet for their advertising needs. Whether using clinic websites, social media, mapping sites or even third-party “Rate My Veterinarian” sites, the opportunity to “get your message out” has never been greater. But how do these advertising methods square with the veterinarian’s responsibility to adhere to the Holding Out regulations (Sec. 34-41.1) of the *Veterinarians Act*?

The first thing to remember is that the Holding Out regulations apply to the Internet the same way they do to print, radio and television media. Section 35 of the regulations state:

*35. No member shall publish, display, distribute or use, **or permit, directly or indirectly**, the publication, display, distribution or use of any advertisement, announcement or similar form of communication related to the member’s professional services or ancillary services or to a member’s association with, or employment by, any person, except as permitted by this Part.*

Note the bolded phrase “or permit, directly or indirectly”. This puts the onus on the veterinarian to be aware of and accept responsibility for advertising which may not have been requested by the veterinarian, but which nonetheless contravenes the Holding Out regulations.

Clinic websites are perhaps the simplest to deal with. They are created by the veterinarian, or someone hired by the veterinarian, and the veterinarian has total control over the content of the website. Designing your website to meet the requirements in the regulations is the simplest method of using the Internet.

Social media such as Facebook or MySpace present a different challenge. By their nature, they are interactive, and encourage the sharing of information from person to person. If clinics choose to use this sort of social media, they have to be particularly aware of the interactive part, and take steps to limit it. The problem is that any statements of praise or appreciation about you or your clinic posted to one of these sites would contravene the regulation prohibiting the publication of “testimonials”, so you need to take steps to ensure that the “comments” function of the page is disabled.

Similarly, mapping sites like Google Maps and “Rate My Veterinarian” offer opportunities to provide reviews of veterinarians. Simply put, these are testimonials, and are prohibited under the regulations. As pointed out above, you can be held responsible for these contraventions, even if you did not request or encourage the statements. It doesn’t even matter if the site permits negative statements about your clinic. An additional concern, from the “indirect” perspective, would be a client or friend creating a “Friends of XYZ Veterinary Clinic” page. Whether you asked the client or friend to make the posting or not, the term “indirectly” in the regulations means that you could be held professionally responsible for any testimonial statements posted on the page. The onus is on the veterinarian to take whatever steps possible to have the offending content removed. This may be as simple as contacting the poster (presuming it is a client), and asking them to remove the posting. They may believe they are doing you a favour, but in reality, they are putting you at risk of committing professional misconduct.

cont’d on next page

INBOX ISSUES

Alternatively, you may need to contact the originating website and formally request that the information be removed, and that the “review” function be disabled for any advertisement related to you. In doing this, be sure to document your efforts so that, if necessary, you can demonstrate to the College that you have made a good faith attempt to comply with the regulations.

While veterinarians aren’t expected to be minutely aware of every indirect contravention of the regulations which may exist in cyberspace, they are expected to be reasonably vigilant, and to respond appropriately when a contravention is found.

Word of mouth advertising is an accepted and encouraged form of promoting your business. Having happy clients tell their friends, family and colleagues about your services is probably the most effective means of developing your client base; but a mass posting on the World Wide Web is far different from a good word from a satisfied client.

Treating Wildlife

The College recently received an inquiry from a member of the public who had found an injured raccoon and transported it to a veterinary clinic for treatment and/or euthanasia. The person presenting the raccoon was willing to pay for the cost of the procedures, but was refused by the clinic because they weren’t “allowed to treat wildlife.”

While Section 40(1) of the *Fish and Wildlife Conservation Act* prohibits the keeping of wildlife in captivity except under authority of a licence for wildlife rehabilitation, Section 44 of the Wildlife in Captivity regulations under that Act states:

44. *Subsection 40 (1) of the Act does not apply to a person who keeps injured, sick or immature wildlife in captivity for the purpose of,*
- (a) transferring the wildlife to a veterinarian for treatment or to a wildlife custodian for the purpose of rehabilitation or care, if the person keeps it for less than 24 hours; or*
 - (b) treatment by a veterinarian.*

Legally, there is no restriction preventing veterinarians from treating wildlife, and members are encouraged to do whatever they can to assist the public in caring for injured and orphaned wildlife (keeping in mind that it is illegal to keep wildlife as pets - see *Inbox Issues, Update* December, 2008). In most circumstances, it would be appropriate to assess and, if possible, stabilize the animal for transport to a licensed wildlife rehabilitator, or if the animal’s condition suggests it would be a poor candidate for rehabilitation and eventual release back to the wild, to euthanize it. However, it is not appropriate to keep wildlife at the veterinary facility longer than necessary to stabilize it and arrange transport to a wildlife rehabilitator.



*by Karen Smythe
QA Program Manager*

The Continuing Professional Development (CPD) Cycle: An Update

Statistics for 2008-2009 CPD Cycle

The CVO is extremely pleased to announce that 100% of licensed Ontario veterinarians complied with the requirement to submit **CPD Summary Sheets** with their annual renewal forms this year. Submission of this document is **Step 3** of the CPD Cycle, which runs from November 1st to October 31st each year.

Submission of this document became mandatory in March 2008 when CVO's by-laws were amended. In fall 2008, when the requirement was brand new, over 90% of members complied. In the fall of 2009, the vast majority had complied and only a few needed follow-up reminders to submit their CPD Summary Sheets to complete the licence-renewal process.

In June 2009, Council passed a Position Statement on Quality Assurance which included a recommendation that licensed members complete at least 50 hours of real-time CPD each year. Here is a comparison of the CPD hours submitted by members in 2008 and 2009:

| | 2007-2008 Cycle | 2008-2009 Cycle |
|-------------------------------|-----------------|-----------------|
| All licensed members | 143 hours | 155 hours |
| Graduated within past 5 years | 192 hours | 223 hours |
| In clinical practice | 131 hours | 134 hours |
| In non-clinical practice | 219 hours | 235 hours |
| Licensed but inactive | 40 hours | 66 hours |

As members become more familiar with the CPD Cycle and how to plan and record their activities, the CVO will acquire useful aggregate data that may help inform traditional CE providers as to what veterinarians are looking for.

QUALITY ASSURANCE

CPD Cycle Pilot and CPD Cycle Portal News

The CPD Cycle Pilot Program has held two webinar teleconferences thus far. Participants (65 in total) have submitted their completed Step 1 tools and received both group and personalized feedback. Step 2 tools will be submitted on June 7th. Also, volunteers from the Pilot Program will assist staff in testing a new CPD Portal, which will be developed this summer and hosted on a secure third-party (non-CVO) website. CVO plans to launch this electronic Document Management System for members' use in time for the next CPD Cycle to start (November 1st).

Royal College of Physicians and Surgeons of Canada launches CPD Program

Members might be interested in knowing that the Royal College of Physicians and Surgeons of Canada (RCPSC) has a guide to its own CPD Program. CVO members are invited to view what their counterparts in human medicine do in the analogous program:

Developed to promote excellence in professional practice, this program offers participants a flexible framework to engage in educational activities geared toward their specific interests and identified professional needs. (RCPSC website)

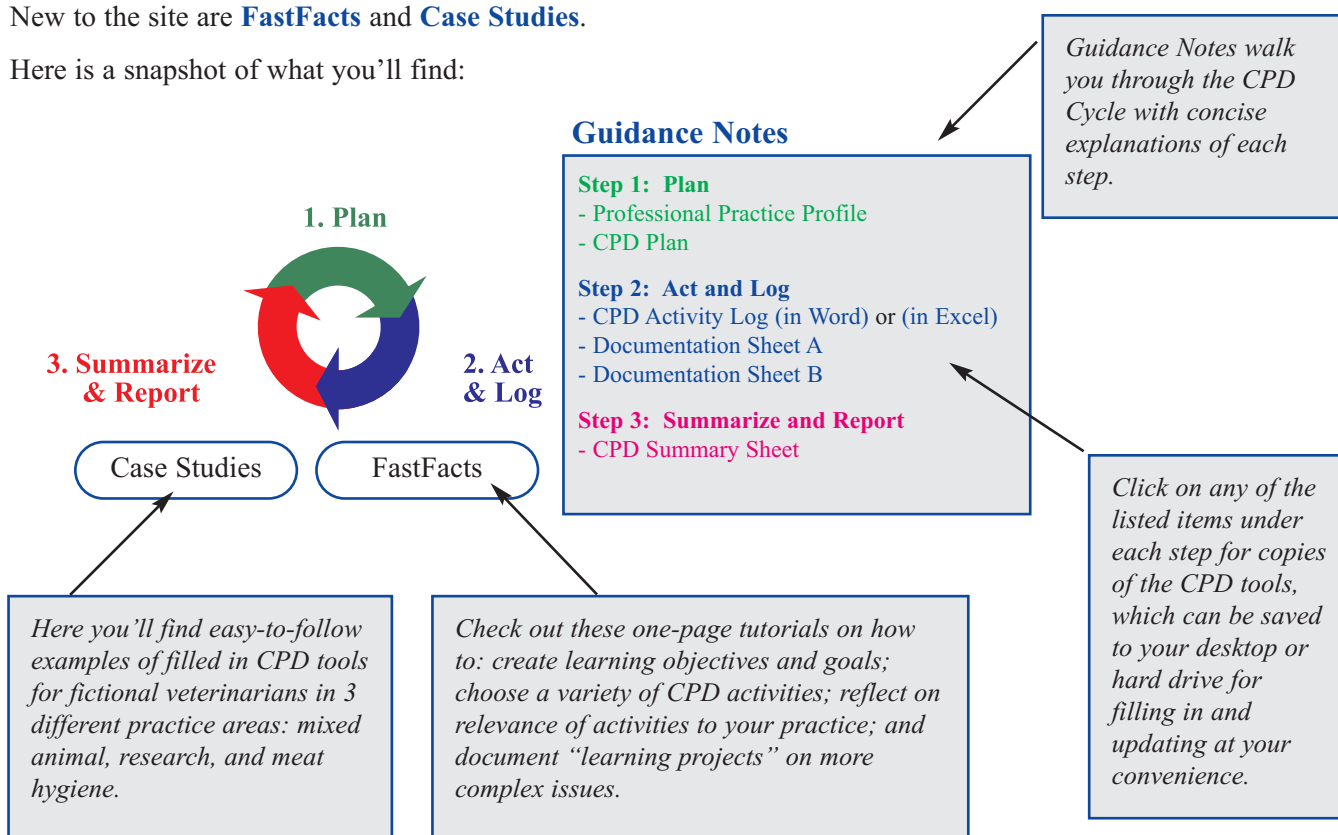
To view the document, go to: http://rcpsc.medical.org/opa/cpd/prog-guide_e.pdf

Quality Assurance Website gets a Makeover

For up-to-date instructions on how to make the CPD Cycle work for you, visit the Quality Assurance page of CVO's website at: <http://www.cvo.org/member-enhancement.cfm>

New to the site are **FastFacts** and **Case Studies**.

Here is a snapshot of what you'll find:



MEMBERS PROVIDE VALUABLE INPUT on GUIDELINE DEVELOPMENT

Report on Recent Food Animal and Equine Medical Record Surveys

By Kate Hodgson, DVM, MHSc, CCMEP (medical education consultant) and
Karen Smythe, PhD (Policy and QA Program Manager)

The Council of CVO has been working on medical records guidelines for Food Animal, Equine, and Poultry practitioners since publication of the Companion Animal Guidelines in March 2007. Guidelines on Medical Records for Poultry Practitioners were approved in March 2010, after significant consultation and work with the OAPP. In November 2009, Council directed staff the development and distribution of surveys on Equine and Food Animal Medical Records, in order to obtain critical information about practitioners' existing practices in, perspectives on, and obstacles to making and maintaining complete medical records. There was a representative and significant response from members, which has informed revisions to the draft Guidelines.

Demographics

The 63 Food Animal veterinarians who responded to the **CVO Survey: Food Animal Medical Records Guidelines** care for multiple food animal species: 85% care for beef cattle and/or dairy cattle; 75% for sheep and/or goat; 42% for pigs; 33% for veal calves or llamas/alpacas and less than 10% for elk, deer, and buffalo each. Individuals are also responsible for fish and rabbits raised for food.

The 56 Equine veterinarians who responded to the **CVO Survey: Equine Medical Records Guidelines** are involved in all areas of equine practice: 80% reported caring for horses kept for pleasure riding; 64% care for racing horses; 66% for eventing; 42% for showing; 24% work in equine breeding or reproduction; and 1% work in research.

Consensus on the importance of medical records

Food Animal veterinarians recognize that complete medical records are important or very important to improve quality and continuity of care (94%) and ensure food safety (92%) including prevention of anti-microbial resistance and spread of highly contagious reportable diseases.

Equine veterinarians also recognize that complete medical records are important or very important to improve quality and continuity of veterinary care for animals in their practice (95%); to help prevent the spread of highly contagious diseases (91%); and to appropriately document health certificates for cross-border travel, when a horse changes ownership, and for pre-purchase examinations (93%).

Medical record keeping is recognized to be a necessary component of veterinary care with benefits to veterinary professionals, food animals, and horses in their care, as well as to food animal producers, clients, and society.

Reported barriers to keeping complete medical records

A number of barriers or challenges were identified to meeting requirement for legibility, completion, maintenance and retention of records. Record entries, when completed, are made in a variety of places: on the farm, after the visit in the truck, at the time of billing, or at the end of the day.

QUALITY ASSURANCE

The obstacle most often reported was lack of time because of long working days and need to rush to the next case/emergency. Mobile practice logistics was the second most often reported barrier, including not having access to a computer or office supplies. One veterinarian reported, “I tried bringing a lap top with me, but it does not like extreme temperatures.” A third obstacle to completing medical records is incomplete information on the patient and animals not being properly and consistently identified.

Opportunities

To help improve communication and prevent complaints, one of the peer expectations is that the veterinarian should record (a) client contact information and (b) the person to be contacted in the absence of the client, and (c) who has the authority to make medical and financial decisions.

Veterinarians surveyed report that they document who is responsible for medical and financial decisions less than 50% of the time. Veterinarians should be reminded that collection of contact information is a requirement and that it could benefit them in complaints prevention.

To address the barriers to keeping complete medical records which meet legislated requirements and peer expectation, there is an opportunity for both Equine and Food Animal veterinarians to make greater use of templates and protocols. Templates and protocols can assist food animal veterinarians in maintaining herd health records, appropriately delegating some aspects of record keeping to producers, and documenting withhold times of medications dispensed in the medical record. Equine veterinarians can also make greater use of templates and protocols to effectively and efficiently complete medical records, record advice given, and prescribe off-label medications.

Next Steps

In April and May, staff and appointed councillors Dr. Ken Bridge and Dr. Alison Moore reviewed these survey results with representatives of the OABP and OAEP, respectively, and the draft guideline documents were analysed and improved collaboratively during meetings. The revised Equine draft guidelines will go forward to Council in June, and the Food Animal guideline draft will likely go forward in September. Both groups are also actively working on developing protocols and templates for their peers, which will be shared with the CVO for posting.

After approval and publication, the CVO will hold workshops and/or webinars for each group to support the understanding and adoption of the guidelines by practitioners—much as the CVO has done with Medical Records Workshops for Companion Animal practitioners.

The CVO wishes to thank the following individuals in particular for giving of their time and expertise as partners in this important process of guideline development, which is an example of self-regulation (veterinarians regulating the profession) at its working best:

OABP: Dr. Henry Ceelen (President), Dr. Dave Douglas, Dr. Ann Godkin, Dr. Lance Males,
Dr. Rob MacGregor, Dr. Rod Weiringa

OAEP: Dr. John Baird, Dr. Ruth Barber, Dr. Jim Henderson, Dr. Greg Springett

Meet a Peer Reviewer

Name: Lara Sylvester, VMD, MSc.

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: Associate at a small animal hospital and educator at various post-secondary institutions, including Trent University and St. Lawrence College. Facilitator of medical records and communications workshops for the CVO.

Location: Belleville, Ontario

How long have you been a peer reviewer?

After becoming involved in Medical Records workshops and teaching the principles of good medical record keeping, I decided I wanted to be involved in providing constructive feedback on actual records. I've been doing this for the College for about a year and a half now.

How has being a peer reviewer directed your own learning?

Becoming more familiar with the regulations and professional expectations for medical records allowed me to analyse my own records more critically. Not only has my documentation improved, but I am also more efficient in writing them.

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

I have been fortunate to see some innovative application of protocols and monitoring forms through the peer review program. It's motivating to go back to the hospital in which I work and brainstorm how some of these ideas might be applied to the practice to improve efficiencies. Making improvements to medical records requires team involvement, and this process can help build team cohesiveness.

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

We have received very positive feedback regarding the peer review of medical records program, and it is rewarding to know that the work that is put into a medical record review really makes a difference. Communication is fundamental in the veterinary hospital. By helping provide specific feedback to hospitals regarding their medical records, I feel there is good potential for the veterinarian, staff, clients and pets to all benefit.

Peer Review of Medical Records

A report on the pilot program

A program to pilot the addition of a peer review component to the Accreditation Inspection process has been running since August 2009. Between September 2009 and March 2010, 30 facilities were selected to participate in the program.

How does it work?

If randomly selected from the list of all facilities due for inspection in a given month, facility directors are asked to submit a Practice Questionnaire, to ensure a reasonable match is made between trained peer reviewers and the type of practice undergoing accreditation inspection. Then, the team prepares copies of complete records for a total of 8 cases (2 each of acute, chronic, surgical, and wellness or herd health), which the inspector brings back to the CVO. Staff sends the package to the assigned reviewer, who assesses the records against a standard form that includes items required in the regulations. Reports are created for each case and a summary is written with notes about commendable components of the records, as well as constructive comments about opportunities for enhancement. These reports are submitted back to the QA Program Manager, who sends the reports to the facility with the records that were submitted.

What are some areas for improvement that reviewers identify?

Some of the most common elements of medical records that are either missing or that require more detail include:

- Client ID
- Emergency contact
- PE information
- Weight
- Laboratory test interpretations
- Discharge sheets
- Abbreviations
- Client communications
- Master Problem Sheets/CPs
- Surgical procedures/protocols
- Site/route of vaccination

(A report on the pilot program, cont'd)

What do participating facilities say?

Each facility director is sent a post-review evaluation form to complete and return to the QA Program Manager. Feedback to date has been extremely positive. Here is what we've learned from participants so far (based on 24 returned evaluations to date):

Preparation time: 1-3 hours—less than expected

Evaluation of Report Content:

| | | |
|-----------|-------------------------|-----|
| Clarity: | Clear/Very Clear: | 96% |
| Phrasing: | Positive/Very Positive: | 92% |
| Examples: | Adequate/More than: | 96% |

Would an on-site visit be preferable? No: 64%

Were all staff involved? Yes: 96%

How did staff respond? Very Well: 98%

Will you make changes to your record keeping? Yes: 98%

What kinds of changes will you make? We will (for example) collect better contact information; record fluids given; develop protocols; improve legibility; document conversations with clients.

What do you see as the benefits of this program?

- Will keep us from sliding into bad habits
- Fresh eyes are always helpful
- Will think about recommendations/need to improve
- Good process; helps to find holes in record keeping
- Has improved quality of our records
- Helps identify potential efficiencies

Other comments:

It was a great experience; all CVO inspections should include this.

Next steps

Council approved the QA Committee's request for additional funding to continue this pilot program for the rest of the fiscal year (to September 30, 2010). This summer, the QA Committee will review the program in detail and make recommendations to Council about its continuation at the September 29th, 2010, Council meeting.

REGISTER UPDATES

The College welcomed the following new registrants between February 6, 2010 and May 7, 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. Tashfeen Abassi | G | Dr. Alex Folosea | G | Dr. Megan Noyes | G |
| Dr. Oscar Albarracin | G | Dr. Tina Gagnon | G | Dr. Carlie Paquette | G |
| Dr. Martin Baer | G | Dr. Jennifer Gander | G | Dr. Jitendra Patel | G |
| Dr. Elspeth Baird | G | Dr. Khaled Ghafeer | R | Dr. Jamie Peng | G |
| Dr. Victoria Bamberger | G | Dr. Alexandra Gillan | G | Dr. Nancy Pragosa | G |
| Dr. Heidi Beroll | G | Dr. George Girgis | R | Dr. Natalie Reid | G |
| Dr. Gilbert Buenviaje | R | Dr. Gurcharan Guleria | G | Dr. Kendra Roberts | G |
| Dr. Nadia Bunko | G | Dr. Alex Helmi | G | Dr. Kuldeep Saini | G |
| Dr. Clara Bureau | G | Dr. Candice Hibbs | G | Dr. Imran Samad | G |
| Dr. Ravi Busanelli | R | Dr. Alwyn Hill | G | Dr. Yadvinder Sandhu | G |
| Dr. Diana Chiavaroli | G | Dr. Emily Jantzi | G | Dr. Tracy Satchell | G |
| Dr. Katherine Chomko | G | Dr. Willow Johnson | G | Dr. Matthew Schieck | G |
| Dr. Yi-Shan Chou | G | Dr. Brad Lage | G | Dr. Sarah Shaw | G |
| Dr. Audrey Chouinard | G | Dr. Serene Lai | G | Dr. Victor Sprenger | G |
| Dr. Chrissie Chung | G | Dr. John Las | G | Dr. Jennifer Spurrell | G |
| Dr. Lara Cohen | G | Dr. Tiffany Learn | G | Dr. Paulo Steagall | A |
| Dr. Sean Colyer | G | Dr. Caitlin Littlejohn | G | Dr. Vlad Stefanescu | G |
| Dr. Laura Coulter | G | Dr. Manjit Lotey | G | Dr. Robyn Suderman | G |
| Dr. Catherine Cruz | G | Dr. Ryan Machowski | G | Dr. Kerry Tait | G |
| Dr. Christine Culbert | G | Dr. Reannon Marcelissen | G | Dr. Barbara Tomlinson | G |
| Dr. Taryn Cumming | G | Dr. Eric Marcuzzi | G | Dr. Jessica Trites | G |
| Dr. Craig DeGroot | G | Dr. Kevin McIntosh | G | Dr. Mandeep Verma | G |
| Dr. Nicole Denouden | G | Dr. Christine Moebus | G | Dr. Thomas Welsh | G |
| Dr. Kristy Desroche | G | Dr. Ian Moore | G | Dr. Ryan Wolker | G |
| Dr. Ramandeep Dhaliwal | G | Dr. Christie Morrow | G | Dr. Lilla Yan | G |
| Dr. Sherry Ekstrom | G | Dr. Rosemary Murray | G | Dr. Cassandra Yau | G |
| Dr. Taryn Ellis | G | Dr. Galina Musters | G | Dr. Kate Zimmerman | G |
| Dr. Michael Fife | G | Dr. Nicole Nicholson | G | | |

The following is a list of new and closed corporations:

New Corporations

| | |
|---|--|
| Arva Animal Hospital Professional Corporation | Connie Dancho Professional Corporation |
| Bloor West Village Animal Hospital Professional Corporation | Dr. Esther Duschinsky Professional Corporation |
| Caradoc Animal Clinic Professional Corporation | Dufferin/Rutherford Veterinary Hospital Professional Corporation |
| Chahal Veterinary Services Professional Corporation | F. James DVM Professional Corporation |
| | Glenridge Animal Hospital Professional Corporation |

REGISTER UPDATES

(Corporations, cont'd)

Godara & Gupta Veterinary Professional Corporation
Hidden River Veterinary Professional Corporation
K. Jones Veterinary Professional Corporation
Lance Males Professional Corporation
Millen Road Animal Hospital Professional Corporation
Multani & Patel Veterinary Professional Corporation
Pegrum Veterinary Professional Corporation
Prajapati Veterinary Professional Corporation
S. Hobson DVM Professional Corporation

Southgate Animal Hospital Professional Corporation
St. Lawrence Veterinary Professional Corporation
Temiskaming Veterinary Services Professional Corporation
Trillium Veterinary Professional Corporation

Closed Corporations

Coombs Veterinary Professional Corporation
Markdale Veterinary Services Professional Corporation
Peel Veterinary Clinic Professional Corporation

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

New Facilities

Baywell Veterinary Services, Aurora
Campbell Road Veterinary Services, Smiths Falls
College Street Animal Hospital, Toronto
Collegeway Animal Hospital, Mississauga
Dorchester Animal Hospital, Dorchester
Dufferin/Rutherford Animal Hospital, Vaughan
Eagles Landing Animal Hospital, Vaughan
Kato Mobile Veterinary Services, Cobourg
Maggie Himann Veterinary Services, Peterborough
Mills Mobile Veterinary Services, Guelph
Napa Valley Animal Hospital, Woodbridge

Tomken-Rathburn Veterinary Clinic, Mississauga
Townline Animal Hospital, Cambridge
Upper Bathurst Animal Clinic, Toronto

Closed Facilities

Bajwa Veterinary House Call Services
Dougall Avenue Animal Mobile Services
Dr. Brian R. Hill
Dr. Henry J. Ceelen
Dr. Melanie Bonder
Guelph Veterinary House Call Services
Toronto Yorke Veterinary Services

Relocated Facilities

Creemore Veterinary Services
Millennium City Veterinary Hospital

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.

Cook, Charles (Leonard) (OVC 1950)
Henderson, Thomas (OVC 1959)
Hobson, John (University of Dublin, 1944)
Holliday, Bruce (OVC 1957)

McCarthy, Phillip (OVC 1977)
Roach, William (OVC 1949)
Shaunessy, Jane (OVC 1989)
Windrem, John (OVC 1951)

REGISTER UPDATES

The following veterinarians are no longer licensed in Ontario:

| | | | |
|---------------------|---------------------|--------------------------|--------------------------|
| Dr. Sherry Appel | Dr. Lisa Driben | Dr. Cynthia Kapke | Dr. Kristin Olafson |
| Dr. Julie Armstrong | Dr. Vanessa Escott | Dr. Patricia Kay-Mugford | Dr. Jack Orange |
| Dr. Rao Bandreddi | Dr. Remi Froment | Dr. Kimberly Kerr | Dr. Jeremy Owen |
| Dr. Mehran Baroughi | Dr. Joan Gale | Dr. Diana Knight | Dr. Kishor Patel |
| Dr. Vincent Baylor | Dr. Rendyl Godwin | Dr. Laura Kortschak | Dr. Rhea Plesman |
| Dr. Bhupinder Beri | Dr. Nicole Guyett | Dr. Daizie Labelle | Dr. Tracy Plough |
| Dr. Mohamed Birama | Dr. Jonathan Heeney | Dr. Mimi Lam | Dr. Sonja Rosic-Banjanin |
| Dr. Daniel Boileau | Dr. Richard Herbert | Dr. Laura Major | Dr. Lisa Shearer |
| Dr. Colleen Bray | Dr. Brenna Jarvie | Dr. Richard Miller | Dr. Becky Sylvester |
| Dr. Paul Clarke | Dr. David Johnson | Dr. Rao Nallapati | Dr. Shayne Wilcox |
| Dr. Antonio Cruz | Dr. April Jones | Dr. Michal Neta | Dr. Elizabeth Xavier |

The following veterinarian was granted Emeritus Status:

Dr. Christine Blais

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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