



THE COLLEGE OF
VETERINARIANS
OF ONTARIO

UPDATE

Vol. 27 No. 2
ISSN 0821-6320

visit the CVO website at
www.cvo.org

June 2011

Inside

CVO News

- New Public Member . . .3
- Upcoming Election . . .4
- Council Highlights . . .6

Inbox Issues

- What is OHSA?7
- Complete physical
examinations8
- Container labels9

Quality Assurance

Program News:

- Participation and
Leadership10
- Publications and
Professional
Expectations11
- Position Statements /
Guidelines due for
review11
- CPD Cycle
Reminder12
- Reviewing CPD
Requirements13
- Meet a Peer
Reviewer14

Notice:

- Heartworm Report . . .15

Case Studies for Professional Development

- Complaints Case . . .16

- Register Updates18
- In Memoriam20

President's Message



by *Tim Arthur, DVM*
President

Greetings and thank you all for the wonderful input I received in response to the last President's message. My e-mail and answering machine have provided me with a continual wave of new ideas about and suggestions regarding how CVO should fulfill its role, *to regulate the profession in the public interest*, as expectations of veterinarians continue to evolve.

Today I would like to discuss another concern that I have heard voiced by some of the membership. I'll condense it into the following statement: *I'm not going to call the College and ask a question because if they find out that I'm breaking one of their rules they will go after me.* After spending more than 10 years volunteering in various areas of the College I have never known of an occasion where this has actually occurred. What I have observed is that the staff at the College does whatever they can to assist and give advice. Staff is there to provide clarification to members about Council policies and provincially legislated rules that are in place as part of the package that allows the profession to self-regulate.

...continued on page 2

President's Message, cont'd...

The College's Vision and Mission, something that both Council and staff laboured over how best to articulate at the last strategic planning session, reflect the goals that the entire organization has dedicated itself towards:

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

The culture we envision and strive towards is one of helping members negotiate the maze of regulations and guidelines that govern our profession. When presented with a question about whether somebody may be working outside of the rules, staff has been tasked with the objective of acting as an information resource, explaining to the member why what he/she is contemplating may be ill advised and then suggesting solutions. Staff's aim is to work with veterinarians, capitalizing on their extensive experience in dealing with similar problems, to help both members and the CVO arrive at mutually beneficial solutions whenever possible. When the rules leave no room for interpretation, staff will advise members accordingly, but will **not** request that the College take action unless the violation comes to its attention via **another** mechanism. So please, do not hesitate to seek information from us due to fear of reprisal; we welcome the opportunity to serve you as a regulatory information resource.

A good example of the College balancing the role of protecting the public while at the same time supporting, not acting against, members is the way CVO attempts to help colleagues who are struggling with impairment issues because of medical conditions or substance abuse. CVO—along with the College of Physicians and Surgeons and the College of Pharmacists—offer assistance to members battling these problems via the Professionals Health Program

(PHP). This hot line offers members access to counseling, a service that helps the veterinarian and protects the public. Any member that elects to contact the help line can rest assured that the information relayed to PHP is strictly confidential and is not relayed to the College.

This distrust of talking with the College may also be part of another issue that causes problems for both members and staff, and that is the difficulty posed by questions coming to the College via a third party. CVO staff can only convey general information and give general advice to third parties. While most veterinary facilities share common tasks and problems, every practice is unique and often it's those distinctive features that run up against some of the regulations and guidelines. Talking directly with a member allows the College to tailor its answers to the member's specific situation.

Conversations with the College can have other advantages as well. A few members have commented to me that they feel 'without a full time veterinarian working at the College' there is little reason to call with questions regarding practice advice. When I wander the halls of CVO I get a very different impression. I see a College that has a staff of over 30 veterinarians whose job is to give advice to members. You are likely most familiar with the visible veterinarians, those working on Council, but there are many more behind the scenes. I see veterinarians assisting with Complaints, veterinarians building programs for quality assurance, veterinarians reviewing medical records, deliberating and deciding upon policy matters, delivering communications workshops, providing independent opinions as well as veterinarians helping their profession by acting as coaches or mentors. When staff respond to questions posed by members, their answers are the answers developed by multitudes of veterinarians, past and present. This huge pool of veterinarians is also an excellent source of 'from the trenches' advice for the membership. Incidentally it is this very group of

President's Message, cont'd...

veterinarians who, after taking into consideration legal advice, define the current interpretation of some of the more loosely written sections of the *Act* and Regulations.

In summary, I believe that the College tries earnestly to advise, not to threaten, and would much rather assist members in their walk through the regulatory maze than create obstacles in their path. The mandate of the CVO is to protect the public interest, and so there are cases that require the College—your peers—to take appropriate action to ensure that protection is provided; but it is not an action that the College derives any pleasure from, collaboration being the preferable alternative to relating as adversaries.

As the CVO moves forward in its strategic plan and looks to the future, I invite everyone to take a fresh look at and stay in touch with the College, because it is your College. Make the most of the resources that the CVO provides.

With the above thought in mind I welcome continued input from you. Please don't hesitate to contact me at 416-759-0403 or email me at mrface3@aol.com if you have an idea or an issue you would like to discuss or a concern you would like to express. It is my privilege to serve you, and to serve the veterinary profession in Ontario

Dr. Tim Arthur, OVC '82



Ms. Lisa DeLong

Public Member Appointed to Council

The CVO is pleased to advise that Ms. Lisa DeLong has been appointed by the Lieutenant Governor of Ontario to serve on the Council of the College of Veterinarians of Ontario for a three-year term.

Lisa is a family law lawyer in Brantford, Ontario, having graduated from Osgoode Hall Law School in Toronto. She also has a Bachelor of Professional Arts in Communications from Athabasca University in Calgary, Alberta and a Diploma in Developmental Services from Fanshawe College in London, Ontario.

Lisa has been serving on the Board of Directors at Dalhousie Place Supervised Access Centre in Brantford since 2005 and volunteers at a local school as their yearly judge for Mock Trial.

In her spare time, Lisa likes travelling and participating in extreme sports with her teenage son.

The Council and staff of the CVO welcome Lisa to her new duties.

It's Election Time!

Participate in the governance of your profession

On **October 4th**, the College of Veterinarians of Ontario will hold elections in the following two constituencies:

Constituency 10

(Municipality of Metropolitan Toronto and the regional municipality of York): **Dr. Al Thompson** has completed two three-year terms and is not eligible for re-election.

Constituency 12

(Regional municipalities of Halton and Peel): **Dr. Yashvir Varma** is eligible for re-election.

Dr. Ken Bridge, who represents constituency #5, and Dr. Nina Szpakowski, who represents constituency #9, served on the Executive Committee for the year immediately preceding this election (By-law 4.(4)); therefore an election will not be held in those districts.

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. Public members are appointed by the Lieutenant Governor in Council and bring the public perspective to Council decisions. 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. To fulfill the Mandate of the CVO, Council members use their knowledge and understanding of the profession to make all decisions in the public interest. Discussions focus on the public interest, not on member advocacy.

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 22
Nominations are due no later than 4:00 p.m. on	August 30
Ballots will be mailed no later than	September 20
Election date (on which ballots must be received by CVO) is	October 4

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 **March 23, 2011**.

March 23, 2011

Policy Reviews

The following documents were considered by Council, with decisions as noted:

- Proposed **Ontario Regulation 1093** amendments including members' and stakeholders' comments were reviewed. The draft proposed amendments were returned to staff to refine the comments, seek legal advice on suggested wording if required, and return the document to a future Council meeting. Comments that fell outside of the proposed amendments will be worked up by staff into a Policy Issue Review Form (PIRF) in future.
- Proposed legislative amendments for the **Quality Assurance (QA) Program** including members' and stakeholders' comments and a report from the QA Committee were reviewed. Council accepted the *Veterinarians Act* changes as amended by the Quality Assurance Committee, with additional amendments to committee composition clauses. Council directed that the Regulation amendments be returned to the Quality Assurance Committee for options analysis on Peer and Practice Assessments, Return to Practice Assessments, and Scope of Practice Assessments, including evidence of effectiveness, vision, cost, and communication strategy.
- The Position Statement, "**The Veterinarian-Client-Patient Relationship**," was approved for publication.
- The 4-month financial report ending January 31, 2011, was provided.

Appointments

- Council appointed Ms. Christine Simpson to the Veterinary Skills Training and Enhancement Program (VSTEP) Board.
- Ms. Lisa DeLong was appointed by the Lieutenant Governor of Ontario to serve on the Council as a public member for a three-year term.

Reports

- Reports were provided on the activities of Statutory and Non-Statutory Committees for the previous six months.
- Reports were provided by the Acting Registrar and President.

Other Business

- The Registrar Search Committee selected a professional recruitment firm to conduct the search for a Registrar.

Presentation

Dr. Davod Kafai, President of the Toronto Academy of Veterinary Medicine, attended the meeting as per the College's Strategic Plan Key Result Area, "Membership Engagement," and provided a brief presentation.

Ms. Katherine Hoffman, representative of the Ontario Ministry of Agriculture, Food & Rural Affairs, attended and provided a brief presentation.

“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.

What is OHSA...and How Does it Affect My Practice?

If you are a practice owner or the director of a veterinary facility, you are familiar with CVO requirements in the *Minimum Standards for Veterinary Facilities in Ontario* (MSVFO) with respect to X-ray machine inspections, scavenging systems for anesthetic equipment, and sharps containers. But did you know that you are responsible for complying with the *Occupational Health and Safety Act* (OHSA) in more ways than those specifically referenced in the MSVFO, as well?

The Ministry of Labour (MOL) is mandated to enforce the OHSA, which sets the legal requirements for employers to ensure optimal worker safety. Almost every worker, supervisor, employer and workplace in Ontario is covered by the *Occupational Health and Safety Act*. Under Section 25(2) (h), the OHSA requires an employer to take every precaution reasonable in circumstances for the protection of any worker. For veterinary facilities, this means that a practice should develop and abide by a “best practice” approach to occupational health and safety to satisfy the MOL that reasonable precautions are taken.

Here are some common issues that might come to mind as you consider various safety scenarios, along with a website address where you can find the information you need.

Do x-ray safety regulations apply to you?

http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900861_e.htm

Do you have a Joint Health and Safety Committee or Health and Safety representative at your workplace?

<http://www.labour.gov.on.ca/english/hs/pubs/jhsc/index.php>

Do you keep your Workplace Hazardous Materials Information System (WHMIS) up-to-date?

<http://www.labour.gov.on.ca/english/hs/pubs/whmis/index.php>

How do you control worker exposure to chemicals under 25(2) (h) of OHSA? (exposure limits fall under the Biological and Chemical Agents regulations under the OHSA):

http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900833_e.htm

Does your ventilation system meet the requirements for air exchange under 25(2) (h) of OHSA?

http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900851_e.htm

Do you have a Violence and Harassment program in your workplace?

<http://www.labour.gov.on.ca/english/hs/pubs/wpvh/violence.php>

For information on these and other OHSA requirements, contact Workplace Safety and Preventive Services:
<http://www.healthandsafetyontario.ca/WSPS/Home.aspx>

INBOX ISSUES

Question:

I am a large-animal veterinarian. Do I have to perform and record a complete physical examination every time I see an animal for a specific presenting complaint?

Answer: An assessment needs to be recorded in the medical record of a food animal or herd, but that doesn't mean a full physical examination needs to be completed each time the animal/herd is seen. Herd Health visits normally involve comprehensive assessments, while visits about a specific presenting complaint require that an assessment that is appropriate for the complaint be recorded. While the legislation requires a lot of items to be included in the medical record for a food-producing animal, recording these items need not be time-consuming or onerous to the veterinarian.

Here is an example of a farm visit and assessment. Required items are bolded.

Scenario: Farmer asks about skin lesions and hair loss he has observed on one of his heifers. Veterinarian looks at it and records the following information:

May 7/11

- Bovine Holstein (**species, breed**) heifer (**sex**) #362 (animal **ID**) 6mths old ~285kg. Presented for skin lesions (**presenting complaint**)
- Widespread circumscribed hair loss with crusting, some coalescing over the face, neck, and abdomen of the heifer, non puritic, heifer is bright and alert (**assessment**)
- Tentative DX: ringworm
- Give ringworm handout with emphasis on contagious nature, zoonotic potential and treatment options OR note "handout given"* (**professional advice**)

* The handout would be a standard document kept at the practice for ease of reference/retrieval, but need not be kept in/with the record proper. Here is a sample handout for this scenario:

***Sample Info Sheet: Ringworm in Cattle**

Ringworm is a fungal infection that can be readily transferred to people, especially children. Care should be taken to avoid direct contact with the animals as well as the environment. The fungal spores can persist in the barn for a very long time. Obvious manure needs to be removed and the affected area scrubbed with bleach 1:10 to disinfect contaminated pens.

Animal will self cure in 2-3mths, depending on immune status and nutritional level. Increasing the Vitamin A (especially for young animals) by injection can be helpful. Topical treatment that prevents the fungus from getting oxygen will help with hastening the resolution of lesions. System treatment with Griseofulvin can be used but is expensive. Sodium iodide at 1g/14kg body weight IV may also help. Animals remain infective for months after the hair starts to regrow.

Question:

Do containers of all dispensed items need to have a label on them that includes the owner/client name?

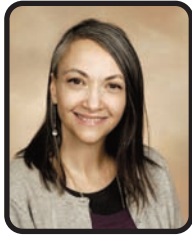
Answer: There is an exemption to the requirement for container labels to include the name of the owner of the animal(s) for drugs approved “For Veterinary Use Only” (these are F2 drugs in Schedule E). Here is the relevant section of Ontario Regulation 1093, followed by the exemption—with conditions for the exemption typed in **bold typeface**:

27.(3) *A member who dispenses a drug shall mark the container in which the drug is dispensed with,*

- (a) the name, strength and quantity of the drug;*
- (b) the date the drug is dispensed;*
- (c) the name and address of the member;*
- (d) the identity of the animal or group of animals for which it is dispensed;*
- (e) the name of the owner of the animal or animals; and*
- (f) the prescribed directions for use. R.R.O. 1990, Reg. 1093, s. 27 (3).*

*(4) Except for a drug marked C1, C2, C3, F1 or N in Schedule E, **subsection (3) does not apply** if the container in which a drug is dispensed is the **original and unopened container** in which the drug was packaged, **the original label on the container** has not been altered and the prescribed directions for use **are the same as the directions for use on the original label**. R.R.O. 1990, Reg. 1093, s. 27 (4); O. Reg. 161/04, s. 15.*

The information about these dispensed drugs as required under the Regulation ss. 27(1) [name of the owner, name, strength, quantity, & directions, if different from the label] must still be recorded somewhere in the medical record, of course—just not on the label.



by Karen Smythe
QA Program Manager

Quality Assurance Program News

Participation and Leadership

Contributing to or partaking of the QA Program at the CVO is a pro-active way that many veterinarians get involved in the self-regulation of the veterinary profession. Through QA activities, CVO staff and leaders in the profession provide information and support to participating veterinarians, with the aim of making it easier for them to meet the demands of daily practice while protecting the public interest.

Here are some of the activities that CVO members have been involved in this spring:



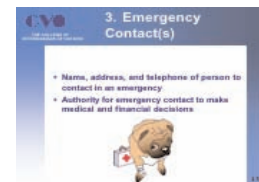
- 20 facilities (18 by random selection and 2 requests) have received constructive feedback on their medical records from a group of 12 trained peer reviewers

- 60+ members have continued to log their CPD activities on the Portal that is being piloted for eventual release to the entire membership



- 4 Medical Records Workshops, 1 Medical Records webinar, 4 Communications Workshops, and 1 Communications webinar were attended by ~200; also, 3 CPD Cycle webinars were held between April and June.

- 4 facilitators have evaluated and reviewed workshop programs on offer, making revisions for Fall 2011 sessions [workshops and webinars will be scheduled for the fall for Medical Records for Companion Animals, Communication with the Complex Client, and Continuing Professional Development Cycle—watch for the schedule in the September issue of *Update*]



- 22 members of the OABP attended a workshop on the new Guidelines for Medical Records—Food Animal Practice, before the OABP Spring conference in Guelph in April

- 21 coaches are trained and in place. Many inquiries and multiple requests for CPD Coaching have been processed and responded to. Look for the button coaches wear to veterinary events:



Publications and Professional Expectations

Policy development, while not a QA program component, is a QA activity of the CVO in that document publications from Council explain requirements and peer expectations to all members of the profession, as a means of guidance and problem prevention. In this category of QA activities, members—in addition to those who sit on Council and committees—have actively contributed to the following policy projects:

- Drafting a guideline on cosmetic surgery (7 non-council members)
- Responding to draft legislation amendments, both Regulation and *Act* changes (over 50 non-council members and 10 associations)
- Answering an on-line survey about advertising rules (297 individuals)

Other Position Statements and Guidelines are due for review by Council:

September 2011

- ⇒ **Facility Designations**
- ⇒ **Licensure of Veterinarians in Emergency Situations**

February 2012

- ⇒ **Ordering, Performing and Interpreting Laboratory Tests in Veterinary Clinical Practice**
- ⇒ **Steering**
- ⇒ **Terminating the Veterinarian-Client-Patient Relationship (VCPR)**



Stay tuned for further developments on these and other policy items, which Council will be considering at its meetings in June and September.

QUALITY ASSURANCE



Continuing Professional Development (CPD) Cycle Reminder

CPD and its documentation is another way that veterinarians in Ontario demonstrate their commitment to maintaining the standards of their profession. Year after year, CVO members report significant numbers of hours as CPD—which goes beyond “CE” in the traditional sense, and includes a wide range of activity types. Ontario veterinarians are required to:

- **engage** in CPD activities relevant to their scope of practice
- **document** their chosen educational activities, and, in this documentation
- **demonstrate** professional reflection regarding the impact of the activities on their current practice.

The CPD Activity Log was developed by veterinarians, for veterinarians, as a tool to help members to meet this expectation. CPD tools for the current Cycle were distributed (via paper and on CVO’s website) in the fall of 2010, and updated tools will be issued in October 2011 for next year’s Cycle.

Don’t wait until this October to tally your ongoing learning for 2010-2011 on the CPD Summary Sheet!

Make use of the current CPD Log and, if you would like assistance in completing it, you have many options on the QA tab of the CVO website:

1. Log onto a 20-minute online module
2. Review the Guidance Notes, Case Studies, and/or 12 FastFACT Info Sheets (see one of these FastFACTS in this issue of *Update*)
3. Contact one of CVO’s 21 trained veterinarian CPD coaches

Alternatively, call or email Karen Smythe, QA Program Manager (ext. 2237/ksmythe@cvo.org).

CPD Online
Learning Module

FastFacts

Case Studies

Guidance Notes

Step 1: Plan

- Professional Practice Profile
- CPD Plan

Step 2: Act and Log

- CPD Activity Log (in Word) or (in Excel)
- Documentation Sheet A
- Documentation Sheet B

Step 3: Summarize and Report

- CPD Summary Sheet

Reviewing Continuing Professional Development (CPD) Requirements of Veterinarians in Ontario

CPD *FastFact*



Licensed veterinarians in Ontario are required to complete CPD activities each year.

CPD Requirements (defined in By-Law 41.(1)) include:

1. **Development Activities**
 - Peer expectation: 50 hours/year or 150 hours/3 years
2. **Professional Reflection**
 - Describe Practice Profile
 - Identify CPD Opportunities/Learning Objectives relevant to practice
 - Consider/specify outcome/impact or key-takeaways for practice
3. **Mandatory submission of Hours with annual license renewal**

Veterinarians are required to complete and record development activities. Peer expectations suggest that veterinarians should complete 50 hours of CPD each year or 150 hours over three years. The flexibility of a rolling three-year CPD cycle allows veterinarians to balance work responsibilities and professional or personal demands which may vary each year. The vast majority of veterinarians in Ontario have completed an average of over 75 hours of CPD activities each year.

Veterinarians are also required to document professional reflection. There are at least three opportunities to demonstrate and document professional reflection in the CPD Cycle. Veterinarians demonstrate professional reflection when they use the Professional Practice Profile and describe the reality of their unique practice. Professional

Reflection is next demonstrated when a veterinarian identifies learning opportunities relevant to their practice on the third column of the Professional Practice Profile or as a learning objective on the CPD Plan. On the CPD Activity Log, professional reflection occurs when veterinarians consider the impact of the learning activity on practice, retain documentation for a professional library, and/or record a key take-away or practice pearl. The key take-aways or practice pearls become an index of the CPD activities completed that year.

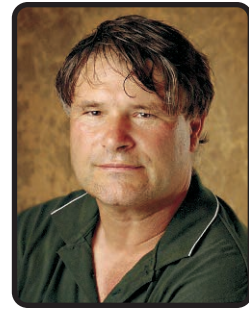
The College of Veterinarians of Ontario—a council of veterinary peers and public representatives—is mandated to ensure the profession “maintains and develops standards of knowledge and skill” (*Veterinarians Act*). CPD must be documented in a peer reviewable manner. Peer reviewable means that CPD Tools clearly document your professional reflection and developmental activities so that a colleague reviewing the materials would recognize the logic of your choices (this is similar to a Medical Record being peer-reviewable).

Licensed veterinarians in Ontario are required to meet generally accepted standards of practice in the performance of their services. They have a responsibility to engage in *effective and relevant* CPD in order to demonstrate their commitment to upholding the standards of the profession. The CPD Cycle Tools—Professional Practice Profile, Activity Log, and Summary Sheet—facilitate the process of documenting one’s CPD, which in turn is an indicator that veterinarians are meeting their professional and regulatory requirements.

Meet a Peer Reviewer

Name: Willy Armstrong, 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: Large animal

Location: Winchester, Ontario

How long have you been a peer reviewer for the CVO?

I started as a peer reviewer when dinosaurs roamed the earth, just after Dr. Ed Empringham started visiting practices to promote Quality Assurance in the late 1990's.

What benefits does the PRMR program provide to veterinarians?

The PRMR program gives feedback to veterinarians from peers, not administrators, in a manner that points out the good things they are doing as well as offering suggestions they can use to improve their record keeping.

What do you think is most challenging for large animal veterinarians regarding record keeping?

The biggest challenge large animal veterinarians have is finding the time required to complete proper records. The most time required for writing is while consulting on herd problems. It is a huge amount of work to document everything that is discussed, but keeping a good record of these discussions is an invaluable tool for your clients. By "cutting and pasting" prewritten comment codes and using templates or protocols that provide the detail, there is much less writing to do. Tweaking or rearranging what you have done for one client can be useful for many others.

What have you learned about record keeping by being a peer reviewer?

I have learned that record keeping is an essential component of competency. Writing things down forces you to include information that is current and correct. The records allow other veterinarians to learn from your experience and, in multi-person practices, they allow all veterinarians to know what is going on in your clients' operations.

What is one of the most useful tools / templates you've discovered in your work as a LA veterinarian and as a Peer Reviewer?

The surgical protocols that I see many veterinarians use are very useful tools that can be shared. Client information letters are also very useful. There has been some discussion among OABP members to share protocols, and that approach could be a model for other groups to use as well.

continued on next page...

What trends in Quality Programs do you see that will have a positive impact on LA record keeping?

The introduction of the Canadian Quality Milk program is going to be a very useful initiative in getting all dairy veterinarians to improve documentation of their prescriptions and completion of on-farm records. Other producer associations are also moving in this direction. Programs like the CQM could eventually have an impact on clarifying the veterinarian-client-patient relationship, too.

What advice to you have for LA veterinarians regarding their record keeping?

All large animal veterinarians need to realize that the requirements for record keeping are not new (the current version of the *Veterinarians Act* took effect in 1990). The record requirements for different practice types are being clarified through guideline publications, so that everyone knows what the profession expects of itself. The Peer Review of Medical Records part of CVO's QA program is really a service that assists veterinarians in the process of creating and maintaining good medical records. Records provide a means for demonstrating to your clients what a good job you are doing. The most important thing to do is to take a few moments after every visit or telephone consult to make a few notes that you can use to complete the record at a later time, so you are able to follow-up with any issues you have identified with your client.

Heartworm in Canada Survey Report

The Heartworm Survey for 2010 is aimed to gain a further understanding of the prevalence of Heartworm in Canada. The final reports each with comments on a specific region of Canada can be viewed at <http://www.ovc.uoguelph.ca/heartworm>.

CASE STUDIES

In “Case Studies,” we summarize complaints outcomes, Mutual Acknowledgement and Undertakings, and reported matters investigated by the College that are now considered public knowledge. A regular feature in *Update*, “Case Studies” is an educational tool that members should find of interest regarding both (a) their responsibility to uphold professional standards, and (b) the College’s responsibility to respond to issues that come to its attention.

Complaints Case

Breakdown in communication...

Background

An eight-year-old, female, spayed Domestic Shorthair cat was presented to Dr. X at the XYZ Veterinary Clinic due to inappropriate urination. After performing a urinalysis that showed no abnormalities, Dr. X started the cat on Diazepam (an anti-anxiety medication, commonly known as Valium) at a dose of 1 mg (1/2 of a 2 mg tablet) twice daily. Ownership of the XYZ Veterinary Clinic was turned over to Drs. A and B. The cat’s Diazepam was continued and after nine months, the dose was increased to 2 mg (1 tablet) twice daily. Refills, typically for 2 months (i.e. 120 tablets), were provided until one year later, when Dr. B expressed concern regarding the frequency of refills. A family member brought the cat to the clinic, and a discussion occurred regarding the frequency of the Diazepam refills. Subsequent to this conversation, a dismissal letter was sent to the owner.

Complaint Allegations

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

1. After being advised on several occasions that the medication (i.e. Diazepam) prescribed for the cat by the XYZ Veterinary Clinic was not being dispensed in the proper quantities (i.e. not enough), Dr. B unprofessionally and unethically alleged to the owner’s daughter, instead of the owner herself, that someone in the owner’s family was taking the medication.
2. Dr. B behaved in an unfair and cruel manner when he forced the owner’s daughter to bring the cat to the clinic under false pretenses (i.e. for an examination) and then subsequently refused to examine the cat at that time or any time in the future.
3. Dr. B refused the owner’s request to call her to discuss his allegation regarding the cat’s medication. Instead, he had his assistant call her claiming that he wasn’t “going to waste any more of his time on this matter.”
4. The owner received a letter from the Clinic unfairly advising her that they would not be providing any present or future veterinary services to her pets and, in essence, blackballing her from three other veterinary clinics in the area.
5. At no time did Dr. B or any of the other veterinarians at the clinic perform any follow up examinations on the cat in the 2-year period she was taking Diazepam. Nor did they either raise any concerns about the medication situation, (despite having several occasions to do so) or offer any alternative treatment for the cat as a solution, versus cutting off her medical care.

Reasons for Decision

The committee reviewed the medical records for the cat, as well as the submitted Diazepam log from the Clinic. The committee was unable to verify the allegation that the quantity of Diazepam being dispensed was not appropriate. The committee noted

that on one occasion the number of pills dispensed was counted in the clinic by the owner (as noted in her statement and confirmed by the medical records) and both parties agreed that the correct number of pills were dispensed. The committee also noted that a refill was subsequently requested and filled, almost 2 weeks early, despite the correct number of pills being dispensed.

The committee further noted that the original client-patient relationship was with the owner, but acknowledged that when a clinic changes ownership, there can be difficulties establishing the identity of any particular client, who in most cases are only known by name. The committee accepted the statement from Dr. B and the staff that they were familiar with the person bringing in the cat because she had been the one picking up the cat's medication, and that they did not know this person was not the owner until the actual owner brought it to their attention, contacting the clinic and advising them that it had been her daughter who brought the cat to the clinic for the examination.

The committee accepted Dr. B's statement that he had requested an examination in good faith, and agreed that Dr. B had an ethical obligation to discuss his concerns regarding the Diazepam dispensing frequency, and that bringing up his concerns was not an attempt to avoid performing an examination. The committee agreed there was a breakdown in communication

during the appointment time, and was unable to reconcile the differing accounts of the conversation.

The committee noted in Dr. B's submission that he had discussed the cat's case with a staff member, who then was able to relay information to the owner. The committee agreed that in a busy clinic setting, it is not uncommon for a veterinarian to delegate tasks to a qualified staff member. The committee was unable to reconcile the owner's statement that Dr. B's staff member indicated that Dr. B was not going to "waste any more time on this matter" with the staff member's statement in which she stated that Dr. B "could not spend any more time on this case." The committee agreed that there had been a breakdown in communication.

The committee noted that it is at the veterinarian's discretion to continue treatment of a patient, providing they do so in accordance with Ontario Regulation, 1093, Section 17.(1) subsection 4 which states that it is professional misconduct to fail to continue to provide professional services to an animal until the services are no longer required or until the client has had a reasonable opportunity to arrange for the services of another member. Due to the availability of several clinics in the area close to the XYZ Veterinary Clinic, the committee agreed that the dismissal letter was appropriate and in accordance with this regulation. In addition, the committee noted that

it is not uncommon for veterinarians who own several clinics to ensure that all associated clinics are involved in the termination of the client-patient relationship.

The committee reviewed the medical record for the cat and noted that an examination had been booked. At that time, the committee agreed that a breakdown in communication occurred and that with this breakdown, an opportunity to discuss the cat's medical situation, and alternative treatments, was lost.

The committee also noted in Dr. B's submission that he was being sensitive to the cat's stressed nature, and that requiring more frequent examinations would have contributed to the cat's stress. The committee accepted this explanation, but also noted that regardless of the patient's stress level, regular examinations are required in order to fulfill the veterinarian-client-patient relationship.

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 Drs. A and B did not warrant a discipline hearing and therefore directed that this matter not be referred to the Discipline Committee. The Complaints Committee panel also decided not to take any further action.

REGISTER UPDATES

The College welcomed the following new registrants between February 19, 2011 and May 16, 2011. 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. Beverley Ashdown	G	Dr. Jennifer Garner	G	Dr. Jessica Panontin	G
Dr. Heidi Bainbridge	G	Dr. Kyle Goldie	G	Dr. Vipul Patel	G
Dr. Munishwer Bhup	G	Dr. Mishka Gonsalves	G	Dr. Hafiz Qaddafi	G
Dr. Nadia Bielawa	G	Dr. Maged Guirguis	G	Dr. Rao Rayala	G
Dr. Kiera Bowley	G	Dr. Stephanie Hall	G	Dr. Jessica Retterath	G
Dr. Melissa Caswell	G	Dr. Laura Harrison	G	Dr. Nicole Robinson	G
Dr. Shirley Chen	G	Dr. Luke Hartford	G	Dr. Lindsey Rogers	G
Dr. Jamie Chung	G	Dr. Stephanie Horgan Smith	G	Dr. Tanya Rossi	G
Dr. Katie Clow	G	Dr. Kristin Isnor	G	Dr. Kevin Roth	G
Dr. Laura Crawford	G	Dr. Danielle Julien	R	Dr. Deepa Saggar	G
Dr. Gurpartap Dabha	G	Dr. Cynthia Kasper	G	Dr. Danielle Sample	G
Dr. Chelsey Davey	G	Dr. Kendra Katsoulis	G	Dr. Adela Shah	G
Dr. Danielle Day	G	Dr. Tracie King	G	Dr. Holly Spring	G
Dr. Melanie Dell	G	Dr. Assaf Lerer	PGR	Dr. Crystal Throop	G
Dr. Pauline Deolnatte	E	Dr. Augustin Leung	G	Dr. Charmaine Tong	G
Dr. Erica Dickie	G	Dr. Taryn MacIntyre	G	Dr. Victoria Tong	G
Dr. Allison Doherty	G	Dr. Ashley Marshall	G	Dr. Emily Truscott	G
Dr. Jamie Druck	G	Dr. Christina Martin	G	Dr. Ravi Walia	G
Dr. Alexandria Durfy	G	Dr. Eddy McCarvill	G	Dr. Mary E. Walker	G
Dr. David Eshar	A	Dr. Jessica Mortlock	G	Dr. Kate Warnick	G
Dr. Julie Fell	G	Dr. Derek Nichols	G	Dr. Joanna Wong	G
Dr. Charlotte Friendship	G	Dr. Tyler O'Neill	G	Dr. Andrew Zwambag	G

The following is a list of new and closed corporations:

New Corporations

Alexandra Squires Bos Professional Corporation
 Bridletowne Warden Animal Hospital Professional Corporation
 Court Animal Hospital Veterinary Professional Corporation
 Dhillon and Jogar Veterinary Professional Corporation
 Dr. A.J. Tokarz Professional Corporation
 Dr. Jane Whale Veterinary Professional Corporation
 Dr. Kodszy Veterinary Professional Corporation
 Dr. Sherri Christie Veterinary Professional Corporation
 Highland Creek Animal Clinic Professional Corporation
 Janice Scott Veterinary Professional Corporation

Kawartha Veterinary Emergency Clinic Professional Corporation

Mildmay Veterinary Professional Corporation

Mississauga Oakville Veterinary Management (GP) Professional Corporation

Nor-West Animal Clinic Professional Corporation

Sarnia Veterinary Professional Corporation

Upper Middle Veterinary Professional Corporation

Wannan Veterinary Professional Corporation

Closed Corporations

Bourassa and Douglas Veterinary Professional Corporation

Linwood Equine Veterinary Professional Corporation

Maitland Veterinary Professional Corporation

REGISTER UPDATES

The following is a list of new, relocated and re-named veterinary facilities:

New Facilities

Boag Feline Behaviour Mobile Services, Guelph
Boctor Veterinary Services, St. Catharines
Davisville Park Animal Hospital, Toronto
Donohoe Mobile Veterinary Services, Guelph
Dougall Avenue Veterinary Hospital, Windsor
Fonthill Animal Hospital, Fonthill
Gillies Grove Animal Hospital, Arnprior
Highway 7 Animal Hospital, Georgetown
Indian River Mobile Veterinary Services, Indian River
Kawartha Veterinary Emergency Clinic, Peterborough
Lakeshore Animal Hospital, Fort Erie
Lorne Park Animal Hospital, Mississauga
Main St. West Animal Hospital, Hamilton

Rivard Animal Hospital, Windsor
Rosedale Moore Park Veterinary Clinic, Toronto
Roth Veterinary Services, New Hamburg
Weldrick Animal Hospital, Richmond Hill
Wellesley Animal Hospital, Toronto
White Oaks Animal Hospital, Whitby

Relocated Facilities

Gateway Pet Hospital
Heartland Pet Hospital
Maxville Veterinary Clinic

Name Change

Bath Village Animal Hospital - now Kingston Napanee
Spay-Neuter Clinic

The following veterinarians are no longer licensed in Ontario:

Dr. Faizal Abdul Careem	Dr. Stephanie Dugas	Dr. Stephanie Livermore	Dr. Edith Steinbeck
Dr. Nicole Baran	Dr. John Fernandes	Dr. Wolfgang Lixfeld	Dr. Sarah Tiller
Dr. Aswin Beck	Dr. Virginia Frauenthal	Dr. Nani Munoz	Dr. Nicole Warmington
Dr. Nicholas Brebner	Dr. Lavern Hambly	Dr. Anthony Mutsaers	Dr. John Williamson
Dr. Hillary Butler	Dr. Wayne Hollingshead	Dr. Nuno Paixao	Dr. Scott Witham
Dr. Laura Carter	Dr. Susan Jelinek	Dr. Velcho Petrov	Dr. Beth Young
Dr. Heather Connelly	Dr. Jennifer Keyte	Dr. Sameh Salib	
Dr. Lakhwinder Dhillon	Dr. Amelie Leclerc	Dr. Natalia Santos	
Dr. Venkata Draksharam	Dr. Desmond Leeper	Dr. Katie Smith	

*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

The following veterinarians were granted Emeritus Status January 1, 2011:

Dr. George Mraz

Dr. Conrad Van Dijk

In Memoriam

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

Buckley, Lloyd (OVC 1949)

Currie, James Glen (OVC 1963)

Dockstader, Dalton Ross (OVC 1940)

Miller, Judy (OVC 1981)

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.

College of Veterinarians of Ontario
2106 Gordon Street
Guelph, ON N1L 1G6

Phone: 519-824-5600

Ontario toll free: 1-800-424-2856

Fax: 519-824-6497

Ontario toll free: 1-888-662-9479

email: inquiries@cvo.org

website: www.cvo.org

Editor: Ms. Christine Simpson

Assistant to the Editor: Ms. Beth Ready

Publication mail agreement Number: 40583010