



THE COLLEGE OF
VETERINARIANS
OF ONTARIO

UPDATE

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President's Message



by *Tim Arthur, DVM*
President

Relevance

By the time this note appears in *Update* it will already be March and the New Year will no longer be that new. Hopefully the economic landscape will have improved from what I perceived to be a slow period at the end of last year and the profession will have returned to its normal state of exuberance. The College's search for a new Registrar will be well under way, and I think many of us will be looking forward to OVMA's exciting upcoming joint conference with the American Animal Hospital Association (AAHA).

I am now entering my 29th year as a CVO member and over those years I have heard a number of consistent questions being voiced concerning the College. The one I would like to address today goes something like this: "Except for when one of those dreaded Personal and Confidential envelopes lands on my desk, is the College really relevant to me?"

continued on page 2

President's Message, cont'd...

I strongly believe that it is. Here's a short roster of what the College has on its 'To Do' list, with many items that I think are pertinent to each and every member of our wonderful profession:

- Reconsideration of Advertising Rules
- A professional stance on medically unnecessary surgeries
- Reconsideration of the Veterinarian-Client-Patient Relationship and how it relates to the sale of non-prescription products
- A review of relationship between the Ontario Racing Commission, the College and Equine practitioners
- A review of the Registration Renewal form and its requirement for members to report the percentage of time spent on different areas of Professional Activity
- Discussion and possible position paper relating to the practice of listing 'Pain Control' as an optional extra for clients to select
- The continuing evolution of Continuing Education into Continuing Professional Development
- Discussion about a guideline on how to help communities deal with Feral Animal Populations

Have you ever wondered how a policy matter that serves the public interest gets on the list? I think the answer is 'Its relevance to the College's Stakeholders.'

Which leads me to ask 'How does the College know what is important to its stakeholders'? I feel very strongly that Communication and Relevance go hand in hand and that without a lot of communication and input from multiple stakeholders, the College is left deciding relevance based on only a small group of voices. The Membership is one of CVO's many key stakeholders and we need your input. Is there something that you'd like to see on our to-do list? Tell us what is relevant to YOU. There are many ways to get in touch. Call or e-mail your Councillor or the College staff. Discuss the issue at your local association meeting and if other members share your concerns, then have the association contact the College and raise the issue. You can also call the Registrar, whose job it is to bring to Council recurring matters of interest, including those stemming from the membership. And please don't hesitate to call or e-mail the President. That's me. I don't bite—at least not very often—and I am eager to listen. I know what is relevant to me, but I need to hear more about what is relevant to you.

Tim Arthur, OVC 1982
mrface3@aol.com
416-759-0403

CVO Hosts 2011 Student Soirée

OVC Students and CVO Council Members Mingle at Soirée

Students of the Ontario Veterinary College 2011 were hosted by the CVO Councillors and staff at the annual Student Soirée held in the OVC cafeteria on February 10, 2011.



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

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



Prize winners pose for a picture with the CVO President.

(Left to right): Gillian Park, Erica Dickie, Jennifer Garner, Maya Popovic, Dr. Tim Arthur (CVO President), Mishka Gonsalves and Kiera-Lynne Bowley.

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

Dispensing Drugs...

Ms. A picked up a heart medication prescription from the DEF Animal Hospital. The medication was for Ms. A’s cat and had been originally prescribed by the JKL Veterinary College for a heart problem. Ms. A’s regular clinic, XYZ Animal Hospital, did not have the medication available in the proper formulation, so arrangements were made for the DEF Animal Hospital and Dr. X to fill the prescription. An auxiliary staff member was able to locate a month’s supply of the drug and dispensed the medication to Ms. A. Ms. A discovered that the pills had expired eight months previously.

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

Dr. X dispensed expired medication to Ms. A’s cat. When she contacted the clinic to discuss her concerns, a staff person advised her that the pills were not

expired but instead they re-use pill containers. They could not provide Ms. A with anything (i.e. lot numbers) to verify that the pills were not expired.

Reasons for Decision

The College’s regulations lay out specific rules with respect to a veterinary hospital dispensing drugs to another member’s client. Although in general, a veterinarian-client-patient relationship must exist for drug prescribing and dispensing, Ontario Regulation, Section 33. 1.1 outlines the exceptions that can be made to this rule, and state the situations where it is possible, secondary to the oral request from another member to dispense drugs for his or her patient. If, for example, the prescribed drug is medically necessary for a particular patient and the prescribing member does not have it available, then it is acceptable for the prescribing member to request it from another

member. It is up to the supplying veterinarian to verify that the drug is appropriately dispensed, and that all the pertinent information is provided to the user. This includes things like name, formulation, size, quantity and expiry date of the drug. Also important, are dispensing instructions. Although a veterinarian can utilize her auxiliary staff members to help in the mechanics of the above, in the end it is the veterinarian’s responsibility to ensure the accuracy and completeness of the above.

The committee agreed that Dr. X clearly was negligent in this regard, specifically because this drug had been expired eight months previously.

It is written in the regulations that when filling prescription orders for a patient of another veterinarian, the member must make an effort to discuss the matter with the

prescribing member. Although Dr. X does remember giving staff permission to dispensing medication to Ms. A, there was no evidence that she made an effort to speak to the veterinarian from the XYZ Animal Hospital, or that she adequately supervised the filling and dispensing of the said medication.

In the submission to the College, Dr. X took full responsibility for the inadequate supervision of her auxiliary who dispensed the medication to Ms. A. Dr. X was likely unaware of the expiry date, but again, this does not absolve her of her responsibility in the incident. Given the fact that the medication in question is a cardiac drug,

failure to verify the accuracy of a prescription, including expiry date, could have had serious consequences for the patient.

The committee noted that Dr. X recognized, and apologized for, the errors of her and her staff with respect to the incident. She also outlined changes to the hospital policies and drug dispensing procedures to ensure greater accuracy and safety.

Decision

The committee weighed all of the information before it and the options available to it.

The Complaints Committee panel decided that the nature of the allegations made against Dr. X did

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

Dr. X is cautioned by the Committee of the Committee's concern regarding her conduct as it relates to ensuring the accuracy of dispensing of drugs, and the supervision of her auxiliaries. Dr. X was advised to consider this carefully, and take any necessary action related to this advice to ensure that such a situation does not recur.

Workshop Dates for March/April

Medical Records

Date	Location
March 31, 2011	Brantford
April 7, 2011	Burlington
April 28, 2011	Thunder Bay

Communications

Date	Location
March 23, 2011	Kitchener (Golden Triangle members only)
March 24, 2011	Cambridge
April 12, 2011	Newmarket

To register, email Shawn Weldon at:
sweldon@cvo.org

CASE STUDIES

Summary of Recent Discipline Committee Hearings

Discipline Hearings

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

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

Decision One

Dr. Brian Hill

ALLEGATIONS OF PROFESSIONAL MISCONDUCT

- unlawfully making false written statements

Dr. Hill engaged in professional misconduct within the meaning of subsection 30 (3)(a) of the *Veterinarians Act*, as well as paragraphs 2 (*standards of practice*), 28 (*falsifying a record regarding professional services*), 34 (*signing or issuing a veterinary certificate, report or similar document that contains a statement that the member knows or ought to know is false, misleading or otherwise improper*), 44 (*an act or omission relevant to the practice of veterinary medicine that, having regard to the circumstances, would be regarded by members as disgraceful, dishonourable or unprofessional*) and 45 (*conduct unbecoming a veterinarian*) of subsection 17(1) of O. Reg. 1093 under the *Veterinarians Act*.

DECISION

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

BRIEF SYNOPSIS OF FACTS

- In a court of law, Dr. Hill pleaded guilty to and was convicted of one count of unlawfully making false written statements in 103 veterinary certificates provided to six veterinary inspectors with the Canadian Food Inspection Agency regarding exported embryos to Cyprus, Russia, China and Ukraine, contrary to subsection 35(1) of the *Health of Animals Act*.

- Dr. Hill was sentenced to a one-year conditional sentence which included a period of nine months of house arrest.

PENALTY

- Reprimand
- Suspension of the Member’s licence to practice veterinary medicine for a period of six (6) months, commencing on a date to be fixed by the Registrar.
- Imposition of the condition and limitation on the Member’s licence to practice veterinary medicine that the Member successfully complete, to the satisfaction of the Registrar or her designate, a one-day educational session on Jurisprudence and Ethics, at the Member’s expense.
- Imposition of a condition and limitation on the Member’s licence to practice veterinary medicine that he practise under the supervision of a veterinarian appointed by the Registrar for a period of one year, such supervision commencing in the month following the end of the suspension of the member’s licence to practice veterinary medicine. The supervisor will attend the Member’s practice for one day each month, on notice, for twelve months. The supervisor will provide a report to the Registrar following each session, a copy of which will be given to the Member, and the Member shall bear all costs associated with such supervision and reports.
- The Member will pay a fine in the amount of \$1,000.00.
- The Member will pay the College’s costs in the amount of \$5,000.00

- Pursuant to the legislation, this matter is published, including the Member's name.

Panel's Reasoning

- the Panel considered carefully the points of law set out by Counsel and accepted that the provisions on penalty met the principles of general and specific deterrence as well as allowed for reasonable opportunity for rehabilitation of the Member.

Decision Two

Dr. Morris Belanger

ALLEGATIONS OF PROFESSIONAL MISCONDUCT

- Failing to direct or supervise an auxiliary
- Failing to have a proper veterinarian-client-patient relationship
- Charging a fee that is excessive in relation to the services performed

Dr. Belanger engaged in professional misconduct within the meaning of paragraphs 2 (*standards of practice*), 11 (*charging a fee which was excessive in relation to the services provided*), 30 (*failing to direct or supervise, or inadequately directing or supervising, an auxiliary*), and 44 (*an act or omission relevant to the practice of veterinary medicine that, having regard to the circumstances, would be regarded by members as disgraceful, dishonourable or unprofessional*) of subsection 17(1) of O. Reg. 1093 under the *Veterinarians Act*.

DECISION

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

BRIEF SYNOPSIS OF FACTS

- A dog was brought to the Member's hospital by her owner because the dog was apparently exhibiting some facial swelling. The dog was a client of another veterinarian. The regular veterinarian was away and the dog's owner thought that the situation was an emergency and sought emergency veterinary care.
- When the owner brought her dog to the Member's hospital, the Member was out of town. The Member's auxiliary saw the dog and, after examining the dog, administered an antibiotic. The

auxiliary charged the owner for the visit which included, among other things, an Emergency Service fee and a fee for the antibiotic.

- The Member at no time had a veterinarian-client-patient relationship with the dog or the dog's owner.
- The Member's auxiliary booked an appointment to treat the dog's dental abscesses but the dog's owner later cancelled the appointment.

PENALTY

- Reprimand
- Suspension of the Member's licence for a period of four (4) weeks, two (2) weeks of which will be suspended if the Member successfully completes, to the satisfaction of the Registrar, a 2000-word paper addressing the proper supervision of auxiliaries and the need for a proper veterinarian-client-patient relationship. The Member will be responsible for the cost of any reviewer who provides assistance to the Registrar in determining the quality of the paper.
- The first two (2) weeks of the suspension shall commence on a date to be fixed by the Registrar. In the event that the second two (2) weeks of the suspension are to be served, such suspension shall also commence on a date fixed by the Registrar.
- Imposition of the condition and limitation on the Member's licence to practice veterinary medicine that the Member successfully complete a one-day course on Jurisprudence and Ethics at the Member's expense.
- The Member will pay the College's costs in the amount of \$2,000.00.
- Pursuant to the legislation, this matter is published, including the Member's name.

Panel's Reasoning

- The Panel noted that the Member cooperated fully with the College's investigation and that the Member had never previously been before the Discipline Committee.
- The Committee felt that the guilty plea demonstrated that the Member had accepted responsibility for his actions and recognized that his conduct fell below acceptable standards. The panel noted that the Member appeared very remorseful for his conduct.
- The Committee considered whether the penalty would serve the principles of individual and general

CASE STUDIES

deterrence, would be rehabilitative, and would generally serve the public interest. It believes that the reprimand (which was delivered orally on the day of the hearing), the publication of the case with the inclusion of the Member's name, the suspension, and the requirement to pay College costs should cause the Member to reflect on the seriousness of his conduct and prompt him to ensure that protocols are put in place so that a similar situation does not occur when he must be absent from his practice. Publication of this case will send a strong message to all members of the veterinary profession in Ontario regarding the possible consequences should their auxiliaries not be supervised in accordance with current regulations and/or should drugs be dispensed without a valid veterinarian-client-patient relationship. For the purposes of rehabilitation, the course in Jurisprudence and Ethics should serve to remind the Member of the high level of trust placed in veterinarians by the public, and the importance of practising in accordance with current standards to maintain that trust.

Decision Three

Dr. Edwin Butterworth

ALLEGATIONS OF PROFESSIONAL MISCONDUCT

- failing to make or retain records
- failing to meet the standards of practice

Dr. Butterworth engaged in professional misconduct within the meaning of paragraphs 2 (*standards of practice*), 27 (*failing to make or retain the records required by the regulation*)

DECISION

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

BRIEF SYNOPSIS OF FACTS

- A 13-year-old female domestic short haired cat was presented to the Member for a second opinion with respect to a mass in the cat's neck.
- Abnormal findings on examination included an egg size mass on the right side of the neck and significant tartar. The Member recommended surgical removal of the mass and histopathology (an examination of a biopsy by a pathologist following

excision). The owner indicated that she would consider the matter.

- The owner took her cat to her regular veterinarian as she was lethargic and not eating or drinking. Blood work was done and rule outs included primary renal disease and secondary renal disease due to sepsis as well as neoplasia. Antibiotics were prescribed and subcutaneous fluids were administered.
- The owner attended the Member's facility as the cat was lethargic, not eating and had lost weight. The Member dispensed an antibiotic and again recommended surgical removal of the mass, and histopathology.
- The Member received the results from blood work and other information from the owner's regular veterinarian and he subsequently removed the mass.
- The cat was discharged with Metacam, a non-steroidal anti-inflammatory drug (NSAID). The Member also advised the owner to continue with the cat's antibiotics.
- Histopathology of the neck mass revealed a benign tumour.
- The cat returned to the Member as she had vomited 5 times that day and was eating poorly. The Member administered subcutaneous fluids and 5mg diazepam.
- The Member provided subcutaneous fluids again.
- The Member took abdominal radiographs which showed renal calculi and thickened stomach and bowel, likely due to gastroenteritis or a tumour. He prescribed metoclopramide to inhibit vomiting and nausea and recommended that the cat be hospitalized for IV fluids and additional radiographs, including a barium series of x-rays. The owner elected to take her cat home.
- The owner brought the cat back to see the Member for removal of her sutures. The cat appeared to have lost more weight. Additional subcutaneous fluids were administered and a barium series was arranged.
- The cat lost more weight by the time that the barium series was performed. The Member noted that the x-rays revealed a "hold up" of barium in the pyloric section of the stomach, and bowel thickening. He recommended exploratory abdominal surgery which was performed.

- The laparotomy/gastrotomy revealed pyloric hypertrophy and bowel thickening which the Member attributed to inflammatory bowel disease (“IBD”), exacerbated by renal failure.
- The Member discharged the cat with metoclopramide, prednisone, amoxicillin and a low protein diet. The medical records for that day noted, among other things, “black tarry stool”.
- The Member received three emergency calls from the owner, and he readmitted the cat in critical condition. The Member administered IV fluids, oxygen and other medication but the cat was later euthanized.

Admissions of Professional Misconduct

- The Member failed to record in his chart the results of his examinations.
 - The Member should not have recommended, or proceeded with, surgery.
 - The Member failed to chart his discussions with the owner as to the material risks and benefits of either surgery.
 - The Member ignored or failed to sufficiently attend to the finding of renal calculi (kidney stones) that was revealed on the abdominal radiographs. Instead, this finding should have prompted the Member to recommend further investigation including a blood test and urinalysis before proceeding with another surgery.
 - The Member diagnosed IBD on the basis of insufficient information, that is, the results of the exploratory surgery.
 - The Member discharged the patient and, had he testified, he would have said that through inadvertence, he dispensed Metacam. However, use of an NSAID such as Metacam was contraindicated in light of evidence of reduced kidney function and dehydration, as it placed the patient in danger of advanced renal failure and gastric ulcers.
 - The Member failed to administer IV fluids during the patient’s second surgery.
- Following the patient’s second surgery, the Member started it on prednisone. However, the use of Metacam (which had already been prescribed and dispensed) and prednisone concurrently was contraindicated.

PENALTY

- Reprimand
- Suspension of the member’s licence to practise veterinary medicine for a period of four (4) months, two (2) months of which shall be suspended if the Member complies with the provisions of the conditions and limitations imposed on the Member’s licence. The entire period of the actual suspension, whether four (4) months or two (2) months, shall be served in periods of no less than two (2) weeks duration on the basis of a schedule to be approved by the Registrar.
- Imposition of a condition and limitation on the member’s licence to practise veterinary medicine requiring that the member successfully complete a research paper, to the satisfaction of the Registrar, addressing all of the findings of professional misconduct made by the Panel of the Discipline Committee hearing this matter. The paper must be at least 2,500 words in length and contain 10 references from at least four (4) separate authorities. The Member will be responsible for the cost of any reviewer(s) retained by the Registrar to provide advice with respect to the quality of the research paper.
- Imposition of a condition and limitation on the member’s licence to practise veterinary medicine whereby, for a period of one (1) year, the College will, on notice, select twenty (20) of the member’s medical charts, at random every two (2) months, to a maximum of six (6) such visits, to be reviewed by an assessor(s) selected by the Registrar who will, at the member’s expense, provide a report to the Registrar on his or her assessment of the records, which report will also be shared with the member.

CASE STUDIES / QUALITY ASSURANCE

- Imposition of a condition and limitation on the member's licence to practise veterinary medicine requiring the member to attend a veterinary practice to be approved by the Registrar, for purposes of observing and learning from another veterinarian ("the mentor"), over a period of four (4) separate weeks. In the event that this activity takes place while the member's licence to practise veterinary medicine is suspended, the member shall not practise veterinary medicine or hold himself out as engaging in the practice of veterinary medicine. The mentor will, at the member's expense, provide a report to the Registrar following each week of mentoring, which report will also be shared with the member.
- The Member will pay the College's costs in the amount of \$2,000.00.
- Pursuant to the legislation, this matter is published, including the Member's name.

CPD Cycle Hours

Veterinarians in Ontario continue to demonstrate a strong commitment to ongoing professional development and lifelong learning. Members completed their CPD Cycle for the period from November 1, 2009, to October 31, 2010, and submitted their **Summary Sheets** (Step 3 of the Cycle) with their annual licence renewals. These submissions have now been tabulated; here is a comparison of the CPD hours submitted by members for the past three Cycles that ended in the year noted:

	2008	2009	2010
All licensed members	143 hours	155 hours	166 hours
Graduated in last 5 years	192	223	223
In clinical practice	131	134	148
In non-clinical practice	219	235	245
Licensed but inactive	40	66	66

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 **February 10, 2011**.

February 10, 2011

Policy Reviews

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

- The Position Statement, “**Supervised Clinical Experience for Internationally Trained Veterinarians**,” was reviewed; Council directed that the document be returned to the Registration Committee for reworking.
- Proposed amendments to **Title 1 - Companion Animal Hospital - Minimum Standards for Veterinary Facilities in Ontario** were accepted with amendments. Staff was directed to review other Companion Animal Facility Standards for consistency and to bring consequential amendments to the Accreditation Committee.

Presentation

Dr. David Alves and Mr. Jim Richardson, Ontario Ministry

Agriculture Food and Rural Affairs, attended the meeting as per the College’s Strategic Plan Key Result Area, “Membership Engagement,” and provided a brief presentation.

Reports

- Council reviewed the results of the Members’ Forum, “Veterinary Advertising in Ontario - Balancing Competition with the Public Interest,” which was held November 18, 2010. Staff was directed to gather further input from CVO members; the results will be brought forward to Council, for consideration of next steps.
- The Policy Manager reported that the cosmetic surgery working group has held one webinar and has met with Drs. Duncan and Niel at OVC. Compiled research articles are under review by the group as references for the draft document. A second meeting has been scheduled.

- Dr. Nina Szpakowski, chair of the Internal Audit Committee, reported that she met with CVO staff to review the audit prepared in previous years. The committee will meet at the end of February.
- Dr. Tim Arthur, chair of the Registrar Search Committee, reviewed with Council the suggested job description and suggested core competencies of the position of Registrar. He reported that the next steps will include finalizing a job description, and posting the position. Council approved a budget line item of \$50,000 for the Registrar Search Committee.

Appointment

- Council ratified an Executive Committee motion to appoint Dr. Michael Mogavero to and removed Dr. James Vanhie from the Discipline Committee, effective November 23, 2010 to December 16, 2010.

Frequently Asked Questions

The College has several Frequently Asked Questions (FAQ’s) posted on our website at www.cvo.org. Some of the FAQ’s include questions on Advertising, Continuing Professional Development, Dispensing, Licensing, Medical Records, Practice Advice, Professional Corporation, and many more. They can be found under the Practice Guidance tab.

If your specific question is not listed, please submit it to the College for an answer by using the form posted on the FAQ page.

HIRING SOMEONE NEW?

If you plan to hire a veterinarian who is new to Ontario, please check with the CVO office to verify that he/she is licensed with the CVO.

Call Ms. Karen Gamble at (519) 824-5600 ext. 2228 / toll free (Ontario) (800) 424-2856
or email kgamble@cvo.org

If you plan to hire a new Ontario Veterinary College Graduate, the earliest date he/she can be licenced to practice will be
Monday, May 2, 2011.

If you have any questions, please contact Ms. Karen Gamble at the above contact information.

MEMBER INPUT REQUESTED

In November, 2010, the CVO gathered insights from those veterinarians who attended the **Members' Forum on Advertising**. The Council of the College of veterinarians of Ontario now wishes to gather additional insights from across the CVO membership to inform the development of a draft **Position Statement on Veterinary Advertising in Ontario**.

As you answer this survey, please consider how you believe the *public interest* would be best served by making any changes to existing interpretations of veterinary advertising rules in Ontario. Thank you in advance for participating in this survey, and for contributing to the self-regulation of the profession.

To complete the survey, go to:

<http://www.surveymonkey.com/s/78TYWM8>

The following **Position Statements** were approved by Council in 2006, and 2008. The Position Statements are now due for review. The CVO Council is seeking input on these from any interested parties prior to its review in June 2011.

- **Cardiac Screening Programs**
- **Conducting Programs for the Implantation of Electronic Identification Devices (EID) in Companion Animals**
- **Congenital Deafness Screening Programs for Companion Animals**
- **Ophthalmic Screening Programs**
- **After-Hours Care of Animals**
- **Delegating to Auxiliaries in Food Animal & Equine Practice**

The Position Statements are posted on the College's website at www.cvo.org under the Regulatory Consultations tab (<http://www.cvo.org/consultations.cfm>) on the home page.

“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.

Veterinarians are Responsible for Reporting Bite Incidents

From: Practice Manager
No-Name Animal Hospital
To: CVO Staff

Hi,

I was hoping you could help me. We saw a 16-year old dog yesterday for the first time since 2007. His owners brought him in and told us he recently bit someone. They don't want to vaccinate him anymore, because they think he is too old. What steps should we and the owners be taking?

Subject: **Dog Bites and Rabies Vaccines**

Dear Practice Manager:

In Ontario, dog and cat owners in the 31 southernmost health units are legally required to vaccinate their dogs and cats for rabies. This is stated in the *Health Protection and Promotion Act*, Regulation 567. (If this dog had been vaccinated in 2007 with a 3-year vaccine, he is past due for his vaccination). Your client should therefore be advised that, unless the veterinarian believes there is a medical reason for not vaccinating an animal (in which case a written statement of exemption must be obtained, and the animal must be on-leash at all times), he is breaking the law by not having the dog vaccinated.

Right now, the urgent issue is that this dog could be carrying rabies, even though there may not be any clinical signs (rabies virus can be shed for up to 10 days before any clinical symptoms arise).

Due to the risk of rabies transmission, all dog and cat bites—including those that occur in a veterinary practice, and those by animals that are current in their

vaccinations—must be reported to the local Public Health Unit in order for the local medical officer to make an assessment about potential risk to human health. In the *Health Protection and Promotion Act*, Regulation 557 (on Communicable Diseases), **veterinarians** are identified as one of the professional groups **legally required to notify the medical officer of health** with any information they have about an animal bite that may result in rabies. [Sec. 17(1)(6)(ii-iii) of Regulation 1093 under the *Veterinarians Act* includes an exemption allowing the information to be released to the confidentiality requirement]. The veterinarian at your clinic must therefore contact your local public health unit right away to make this report.

Here is the website for the health unit directory:

http://www.alphaweb.org/ont_directory.asp

Here is the website for Regulation 557 under the *Health Protection and Promotion Act*:

http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900557_e.htm

QUALITY ASSURANCE

NEW! CPD ON-LINE LEARNING MODULE

CPD Online
Learning Module

Ready to learn more about the CPD Cycle and how to make it work for you?

CVO is pleased to announce the launch of a new On-Line learning module on the “Continuing Professional Development Cycle.” This module provides a 25-minute presentation on the CPD Cycle and how to use the Tools that have been developed for Ontario veterinarians.

Go to the QA page of the CVO’s website to review the module any time, anywhere you have access to the internet!



Now that members have submitted their annual CPD Cycle Summary Sheet, it’s time to refocus and think about the current CPD Cycle that began on November 1, 2010. The CPD Tools for the 2010-2011 Cycle (which ends on October 31, 2011) are available on the CVO website for downloading.

Click on: <http://www.cvo.org/member-enhancement.cfm>

UPCOMING CONTINUING PROFESSIONAL DEVELOPMENT (CPD) WEBINARS

During this Webinar, you will prepare to use the CPD Cycle Tools and explore a case study focusing on one veterinarian’s CPD Cycle.

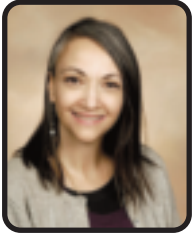
Register for one of the free CPD Webinars offered this spring on the following dates:

Wednesday, April 20, 2011 (7-8 p.m.)

Tuesday, May 10, 2011 (12-1 p.m.)

Wednesday, June 8, 2011 (8-9 a.m.)

To register, email Karen Smythe at ksmythe@cvo.org



NEW! Continuing Professional Development (CPD) Coaching Program

by Karen Smythe
QA Program Manager

The CVO recognizes that for many members, the CPD Cycle and Tools that have been developed to support their lifelong learning (and meet the profession's requirements) are still relatively new. Many veterinarians have attended information sessions, webinars, and focus groups, and many others have participated in CPD Pilot programs to date; and while CVO staff is always available to answer questions about the CPD Cycle component of our QA Program, learning can be most effective when it takes place between colleagues.

The CVO has therefore developed the CPD Coaching Program. On Saturday, January 29th, 18 veterinarians from diverse practice types across the province who have experience with the CPD Cycle gathered together for an all-day training session preparing them to be CPD Coaches. On February 18th, another 3 were trained. The training was led by Dr. Kate Hodgson, a veterinarian and medical-education specialist who designed the training exercises, case studies and role plays—as well as a CPD Coach Resource Manual for coaches.

The CPD Coaching Program provides peer-to-peer support to members of the CVO. Veterinarians who would like to ask a peer about their own CPD can do so by contacting one of their trained peers (see next page), who will arrange a mutually convenient time to have a telephone discussion focused on a specific component or feature of the caller's CPD. Coaches may be selected based on similar practice types, different geographic locations, closeness in graduation years—or any other criterion that matters to the individual veterinarian. Discussions and emails between the Coach and the Coachee *will remain confidential*; the Coach will shred all notes from the discussions at the end of the CPD Cycle, and will provide the QA Program Manager only with anonymous data about the topic of each discussion and the resources that were recommended and/or suggestions made (Coachees will also receive a copy). This data will help the CVO to develop additional appropriate material that will assist the membership with pursuing, completing, and documenting CPD each year.

QUALITY ASSURANCE

Meet CVO's CPD Coaches

If you have any questions about your own CPD, contact one of the following trained peers. Their name, year of graduation and school, practice type and region, and email address is provided. Please note in the subject line which coach you would like to contact for those using cpdcoach@cvo.org.

Dr. Willy Armstrong



OVC 1983
Food Animal Practice,
Winchester/Ottawa
area
ucvswa@yahoo.ca

Dr. Elizabeth Asiegbunam



University of Nigeria
1992
Small Animal Practice,
Toronto
lizbunam@gmail.com

Dr. Ken Bridge



OVC 1980
Mixed Practice,
Ripley
cpdcoach@cvo.org

Dr. Carol Cameron



OVC 1990
Emergency Small
Animal, Whitby
cpdcoach@cvo.org

Dr. Peter Conlon



OVC 1980
Academic,
Guelph
cpdcoach@cvo.org

Dr. Allison Cooper



OVC 1982
Small Animal Locum,
Ottawa
cpdcoach@cvo.org

Dr. Gordon Doonan



OVC 1978
Regulatory,
Ottawa
g_doonan@yahoo.com

Dr. Moriah Egbers



OVC 1993
Small Animal,
Stoney Creek
cpdcoach@cvo.org

Dr. Sophie Farrell



OVC 2007
Small Animal,
Clinton
mhsophiefarrell@gmail.com

Dr. Carol Jakel



OVC 1989
Industry,
equine, swine, bovine,
Guelph
carol.jakel@bayer.com

Dr. Jana Kelton



OVC 1987
Small Animal,
Aurora
cpdcoach@cvo.org

Dr. David Kerr



OVC 1984
Small Animal,
Bolton
drdavenhah@yahoo.ca

QUALITY ASSURANCE

Dr. Alison Moore



OVC 1993
Equine Internal
Medicine, Cambridge
cpdcoach@cvo.org

Dr. Susan Sabatini



OVC 1992
Small Animal/Educator,
Guelph
cpdcoach@cvo.org

Dr. Nonie Smart



OVC 1984
Regulatory/Research,
Eastern Ontario
cpdcoach@cvo.org

Dr. Jim Sweetman



OVC 1981
Dogs, reptiles, pocket
pets, Windsor area
cpdcoach@cvo.org

Dr. Lara Sylvester



Pennsylvania 2003
Small Animal /
Education, Belleville
cpdcoach@cvo.org

Dr. Nina Szpakowski



OVC 1983
CFIA Veterinary
Manager, (animal and
public health, food
inspection), Guelph
nina.szpakowski@
sympatico.ca

Dr. Koos Toxopeus



OVC 1969
Companion Animal,
Kingston
cpdcoach@cvo.org

Dr. Susan Warren



OVC 1985
Small Animal Locum
and Laboratory
Consultant, Niagara
Region
susanwarrenDVM@
hotmail.ca

Dr. Cheryl Yuill



OVC 1985
Small Animal/Humane
Society/LifeLearn,
Kitchener
cpdcoach@cvo.org

What's up, Doc? One veterinarian's CPD Cycle Story



The following is an edited version of a letter sent to CVO staff in the fall of 2010.

Dear Karen,

I'd like to share a story with you about how I identified a new learning opportunity that arose in the course of my daily practice as a small-animal veterinarian—and how the CPD Cycle and tools helped me to document and reflect on what I've learned, and to reflect on my own scope of practice.

I used to manage rabbits a long, long time ago (when the information available was vague), and I was interested in current findings about the head tilt problem. So I found some articles and read a bit, just for interest. Not 3-4 hours later, I got a phone call from a client whose rabbit had a head tilt!

I was confident in treating it, although I told the client over the phone that I do not deal a lot with rabbits, and that—in the best interest of the pet—it would be

wise to go to an exotic vet who deals with this all the time. I said that if they came to me and I felt uncomfortable in diagnosing and treating, I would be referring them to such a vet anyway. Apparently they had already called the exotics vet, but she couldn't see them for 3 weeks! So they decided to see me in the meantime.

The visit went very well. I followed the information I had just learned from my reading, and I called the exotics vet (who is an acquaintance). He guided me through and confirmed what I already learned. I did my best for this pet and spent a fair amount of time on it. Meds were dispensed. The rabbit did well.

My point is that I didn't consider treating rabbits to be in my scope of my practice, but I now feel pretty confident in treating this and other minor problems with rabbits.

If presented with another rabbit, the client will still be told to see an exotic vet, but I feel pretty good about treating them if for some reason they can't get there within a reasonable time. Using the CPD Cycle tools has helped me to target appropriate CPD for my scope of practice and interests in the future. I will now change my Practice Profile to include "minor illness in rabbits." And I've learned a great deal.

I am glad that the CPD Cycle is flexible and accommodates this kind of learning for interest, or by chance. The Cycle tools guide me to build my knowledge, to document my efforts, and to reflect on what I've learned so I can apply it to my practice. That's what CPD is all about.

In the months ahead, the CVO would like to hear stories from members about the impact of their CPD activities on practices. Please send your tales to kmythe@cvo.org for consideration by the Editor.

CPD *FastFACT*

Getting Started on Your Continuing Professional Development

What is it? Veterinary Continuing Professional Development (CPD) is your lifelong professional commitment to the ongoing development of knowledge, skills, and judgement for your own practice of veterinary medicine. The practice of veterinary medicine includes clinical practice, teaching, conducting research, working in a government regulatory environment, consulting, inspecting, and engaging in other professional work. CPD is the responsibility of all veterinarians who are licensed to practice veterinary medicine. Their CPD activities include both organized, structured conferences and workshops (traditionally referred to as Continuing Education or CE) and self-directed, independent research using articles, websites, and VIN—all of which has a direct impact on their practice of veterinary medicine.

Why the CPD Cycle? The vast majority of Ontario veterinarians already *do* engage in extensive CPD on a regular basis. What some veterinarians are not yet used to is **documenting** their CPD and reflecting on the professional impact that their CPD activities have on their own practice. One reason is that, traditionally, much of the curriculum covered during pre-vet studies and through veterinary college was pre-determined and delivered in a lecture format. Veterinarians have usually not been trained in the skills needed to support life-long learning, but the CPD Cycle Tools will help develop these skills—which include being able to:

- * Describe your unique practice and identifying focused, relevant learning opportunities (*CPD tip: Use the **Professional Practice Profile tool***);
- * Turn these opportunities into learning objectives, and identifying multiple activities that will help you achieve these objectives (*CPD tip: Use the **CPD Plan tool***); and
- * Reflect on or predicting the potential impact that CPD activities might have on your own practice (*CPD tip: Use the **CPD Activity Log tool***).

How do I do it? A barrier for completing effective CPD may be finding the time in the midst of a busy personal and professional life to plan and complete learning activities, and to capture what you have learned for future reference. Using the **CPD Cycle Tools** (see “tips” noted above) is a practical way to help you think efficiently about your practice and to rapidly identify your learning needs—and then to choose effective CPD activities that meet those needs. Then all you need to do is quickly record the date, the activity details (name, type, time spent), and the impact it had on your practice.

Time-Savers... A real time-saving technique is to create a single place to retain all the handouts, notes, proceedings, and agendas from learning activities that you attend or complete. You can retain your CPD paper-based materials in a manila file, a binder, or just toss them in the drawer—or you can retain electronic copies of materials in a folder on your computer. If everything you have accomplished is retained in one place, you will be able to easily and quickly record your accomplishments throughout the year on the Excel version of the **CPD Activity Log**—which will then automatically calculate and prepare your **CPD Summary Sheet** for submission to the CVO by November 30th each year.

*This fall when you send in your CPD Summary Sheet for 2011 with your annual licence renewal for 2012, take the time to complete your **Professional Practice Profile** for the next Cycle (2012), and think about your CPD needs for the coming year.*

PROFESSIONAL SKETCH

“A Day in the Life of an Ontario veterinarian,” Part 2:

One Health... One Community at a Time: The Role of Veterinarians in Community Medicine and Outreach

by Michelle Lem, DVM and M.Sc. Candidate

The “One Health” initiative has achieved both acceptance and momentum in the public health community in North America and worldwide. The AVMA One Health Task Force noted that “the convergence of people, animals, and our environment has created a new dynamic in which the health of each group is inextricably interconnected” (July 2008).

This approach recognizes the significant role the veterinary profession plays in the global health not only of animals, but also of humans and our environment. As such, many Canadian federal agencies, including the Public Health Agency, the CFIA, and CVMA’s Canadian Veterinary Reserve, are investing in One Health.

But the individual companion animal veterinary practitioner might well ask, “How does One Health affect *my* practice?” I am one such veterinarian in Ontario, and I think that the answer lies in a shift of thinking from One Health to “One Community”—specifically, the community in which one practices. In my case, I have chosen to focus my graduate research on and provide veterinary services to one sector of my local pet-owning community—the group that is referred to as either homeless or “marginally housed”, or at high risk of homelessness.

My Research. As research and science starts to bridge the gap between human and animal health, the social, emotional, and cultural effects of pet ownership are increasingly becoming recognized. The link

between animal abuse and family violence and the fact that pets play a significant sentinel-role in the physical and emotional health of their human owners is well known. Although less studied to date, the link between pet ownership by socially vulnerable owners may also correlate—both positively and negatively—with the health outcomes of their owners. We are also

starting to understand that for those who are socially marginalized—the homeless, the impoverished, the elderly, and victims of violence—the significance and often interdependence of this human-animal bond is even greater than it is for members of the average middle-class family. When an individual lacks family and/or social support, the pet *becomes* family, child, or best friend.



Dr. Lem (left), with a client and patient.

As veterinarians, then, we have a unique opportunity to make a positive impact on the lives of those pet owners in our own communities who face such challenges. My research to date has shown that pet-owning individuals who are homeless will choose to *not* access shelter to which they cannot bring their pets. In addition, homeless dog owners have been shown to access health and support services much less than do homeless non-dog owners. The result is that this sub-population of the homeless is less engaged with the very services and programs that are in place to improve their *own* health and help get them off the street.

In a series of qualitative interviews I conducted with street-involved youth and youth-service professionals,

PROFESSIONAL SKETCH

we found that pet-owning homeless youth will typically put the needs of their pets before their own, and will forego food, shelter, employment, and basic services in order to take care of and stay with their animals. The inability to afford veterinary care is considered one of the leading stressors for pet-owning homeless youth, who—even without a pet—face considerable hardships and obstacles. Yet despite the liabilities that pet ownership brings for these youth, they consistently make choices to stay with their pets because of the deep emotional and social connection they have made, often experiencing love for the first time in their life.

My Practice. Of all the health-care professions, veterinarians are rightly seen to be the most compassionate towards those who regard their pets as family members. In 2003, some colleagues and I decided that we had a responsibility to those in our community who have no family *other* than their pets. With an accredited companion-animal mobile, a small group of volunteers, and a few donations, we started providing *pro bono* preventive veterinary care for animals of the homeless at a local shelter. Over the past 8 years, this project has grown into monthly preventive-health clinics¹; in addition to the mobile I operate in my own name, we now have a second accredited mobile for use in this work (this mobile practice is called Ottawa Community Veterinary Outreach Mobile Services).

In this time, we have provided client education and preventive veterinary health care for over 1200 animals in our community—animals that otherwise would not have received any veterinary care. Clients are referred through community partnerships that include area shelters, community health centres, and

public and mental health organizations, in order to ensure that we are reaching those most in need in our community. We believe that we are contributing to the health of our community by preventing potential

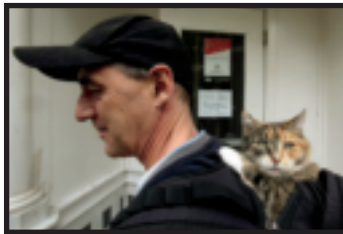
consequences of lack of veterinary care that could include animal neglect, involuntary relinquishment of pets, zoonoses, and other negative effects on the emotional and/or physical health of the pet owners. By maintaining the health of the animal, we maintain and strengthen the health of the human-animal relationship

which for the vast majority of our clients, is the most stable relationship they have ever known.

Our success in the Ottawa area demonstrates that this program may be successfully modelled in other communities across Canada. *Community Veterinary Outreach* has broadened its mandate to support other projects in other communities which 1) improve the health and welfare of both animals and people 2) create multilateral co-operations between community

organizations 3) contribute to the scientific data base on social issues involving animals, and 4) develop models for programs that can be reproduced in other communities. Our work in Community-Based Veterinary Practice (CBVP) is one way to practice veterinary medicine on a community level. Similar to the human model of community medicine, the focus of CBVP is on promoting the health and welfare of animals within our community as a whole. I feel

privileged to be a member of a profession that plays such an important role not only in terms of animal health and welfare, but also in society at large. Veterinarians have a lot to offer both locally and globally. I think that One Health, one community at a time, is a good place to start.



One of Dr. Lem's clients.



Dr. Erin Leonard (right), with a client and patient.

¹We operated under an older CVO policy for providing services to the homeless until the recent Position Statement on "Providing Services to Multiple Clients from Companion Animal Mobiles" was passed by Council.

REGISTER UPDATES

*The College welcomed the following new registrants between November 17, 2010 and February 18, 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. Samad Abdulrahman	G	Dr. Jeffrey Grams	G	Dr. Hilary Rodd	G
Dr. Kristian Ash	G	Dr. Dragan Gunj	G	Dr. Bharatinder Singh	G
Dr. Harinder Babbar	G	Dr. Vicky Martel	G	Dr. Holly Smith	G
Dr. Lance Bassage II	G	Dr. Ashok Mengi	G	Dr. Eloise Stikeman	G
Dr. Tracey Blundell	G	Dr. Malgosia Mosierski	G	Dr. Ivan Zakharenkov	G
Dr. Thanuja Dassanayake	G	Dr. Anil Nichani	G		
Dr. Amanya Ghali	G	Dr. Brandon Plattner	G		

The following is a list of new and closed corporations:

New Corporations

403 & Dundas Veterinary Professional Corporation
 Bains Veterinary Professional Corporation
 Beaudet Veterinary Professional Corporation
 Bhan and Denouden Veterinary Professional Corporation
 Bhatti & Memon Veterinary Professional Corporation
 Bourassa and Douglas Veterinary Professional Corporation
 Cornerstone Animal Hospital Professional Corporation
 de Haan & de Haan Professional Corporation
 Dr. Greg McWatt Veterinary Professional Corporation
 Fonthill Veterinary Professional Corporation
 Front Street Animal Hospital Professional Corporation
 Green Veterinary Services Professional Corporation
 Gurcharan Sandhu Veterinary Professional Corporation
 Hardip Brar Veterinary Professional Corporation
 Jan Lacroix Veterinary Professional Corporation
 John Street Animal Hospital Professional Corporation
 Kaler & Chatrath Veterinary Professional Corporation
 Lesperance Veterinary Professional Corporation
 Littlejohn Veterinary Professional Corporation
 Melanie Tallon Veterinary Professional Corporation
 Michael Macpherson Veterinary Professional Corporation

Millcreek Equine Veterinary Professional Corporation
 Nanhar Veterinary Professional Corporation
 Paramvir Saini Veterinary Professional Corporation
 Presqu'ile Animal Hospital Professional Corporation
 Rivard Veterinary Professional Corporation
 Robert Rinfret Veterinary Professional Corporation
 Schulenberg Veterinary Professional Corporation
 Sloane-Avery Veterinary Professional Corporation
 Societe Professionnelle Nation Veterinary Hospital
 Stephenson Veterinary Professional Corporation
 Stirling Veterinary Professional Corporation
 The Rapids Veterinary Hospital Professional Corporation
 Warren Peterson Veterinary Professional Corporation
 Wellington Animal Hospital Professional Corporation
 Williamstown Veterinary Services Professional Corporation
 Worley Veterinary Professional Corporation

Closed Corporations

Clappison Veterinary Services Professional Corporation
 Shaunessy Veterinary Professional Corporation

REGISTER UPDATES

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

New Facilities

Bank Street Animal Hospital, Ottawa
Bayview Wellington Veterinary Clinic, Aurora
Becker Animal Hospital, Owen Sound
Copetown Animal Hospital, Copetown
Credit Landing Animal Hospital, Mississauga
Dundas East Animal Hospital, Mississauga
East Side Animal Hospital, Scarborough
Highland Creek Animal Hospital, Toronto
Millcreek Equine Veterinary Services, Alma
Nation Veterinary Hospital, Casselman
Oak Grove Veterinary House Call Services, Ottawa
Silver Star Animal Hospital, Scarborough
Sime Housecall Veterinary Services, Newmarket

The Rapids Veterinary Hospital, Sarnia
Walker's Line Veterinary Hospital, Burlington

Closed Facilities

Baker Veterinary Services
Dr. Maxina Hunt von Herbing
Palomar Veterinary Mobile Services

Relocated Facilities

Fife Veterinary Services
Gilson Equine Veterinary Services
Heart Lake Veterinary Services
Kew Beach Veterinary Hospital
London Equine Hospital
Wasaga Beach Veterinary Clinic
Wellington Baseline Animal Hospital

The following veterinarians are no longer licensed in Ontario:

Dr. Reza (Ray) Aslani	Dr. William Fetterly	Dr. Jennifer Keen	Dr. Swann Paradis
Dr. Charlene Berkvens	Dr. Lois Fiander	Dr. Patrick Kubik	Dr. Hafiz Muhammad Qaddafi
Dr. Charles H. Bradley	Dr. Francine Flemming	Dr. Susy Laberge	Dr. Ramanjit Randhawa
Dr. Victoria Callen	Dr. Sarah Flint	Dr. Izabela MacDougall	Dr. Reza Rashidinia
Dr. Yi-Shan Chou	Dr. Isobel Gibson	Dr. Sarah MacNaughton	Dr. Petr Ruzicka
Dr. Paul A. Doig	Dr. Patricia Glass	Dr. Taralyn McCarrel	Dr. Paramjit Sidhu
Dr. Lori Drourr	Dr. Courtney Graham	Dr. Donal McKeown	Dr. Lizete Valdmanis
Dr. Jocelyn Dubuc	Dr. Lynn Griffin	Dr. George Mraz	Dr. Katheryn Wolfe
Dr. Rebecca Falconer	Dr. Zaheer Iqbal	Dr. Bhupender Nath	Dr. Penny Wootton
Dr. Rudolf Fernandes	Dr. Kimberley Joyce	Dr. Jeremy Orr	

*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.*

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.

Baldwin, Roy (OVC 1949)
Hartwick, Karl (OVC 1946)

Howard, Kenneth (OVC 1948)
Kassirer, Archie (OVC 1948)

REGISTER UPDATES

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

Dr. Douglas Bach	Dr. Andra Gerry	Dr. David Alan Jolley	Dr. Laurie Ann Nicholls
Dr. Ronald Bobson	Dr. Norman Gofton	Dr. Bryan Jones	Dr. Robert A. Silk
Dr. Barbara E. Cameron	Dr. Bruce Groves	Dr. Gaylan Josephson	Dr. Edith Steinbeck
Dr. Dudley Collins	Dr. Valerie Harrison	Dr. Peter Luczak	Dr. Colleen Wright
Dr. Barry Diceman	Dr. Laurence Hurd	Dr. Norah Menzies	
Dr. Marilyn Dickinson	Dr. John A. Johnston	Dr. Elaine Mitchell	

CVO e-news

Have you signed up for the CVO electronic newsletter? To sign up go to the CVO website www.cvo.org.

Professionals Health Program

Confidential toll-free line:

1-800-851-6606

www.phpoma.org

Update, the official publication of the College of Veterinarians of Ontario, is the principle means of communication between the College and its members. It is the primary means of informing the membership on regulatory issues, with the expectation that members will govern themselves accordingly. *Update* is charged with the responsibility of providing comprehensive, accurate and defensible information.

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