

Agenda

Legacy Council Meeting

Monday, March 16, 2026

9:30 am to 12:00 pm

Council Chamber

2-71 Hanlon Creek Blvd.

Guelph, ON

Legacy Council

Dr. Patricia Alderson
Dr. Kathleen Day
Dunbar
Mr. John DeBruyn
Ms. Cathy Hecimovich

Dr. Louise Kelly, President
Ms. Catherine Knipe
Dr. Lena Levison
Dr. Clayton MacKay
Dr. Sean Marshall

Dr. Alana Parisi
Dr. Sami Qureshi
Dr. Jessica Retterath,
Mr. Douglas Reynolds
Dr. Yashvir Varma

Dr. Wade Wright
Dr. Michael Zigler

Agenda Information

Land Acknowledgement

1. Call to Order (9:00 am)
2. Roll Call
3. Approval of Agenda
 - additional agenda items
4. Conflict of Interest
5. Consent Agenda
 - 5.1. Approval of Minutes
 - November 26, 2025 - Legacy Council
 - December 17, 2025 - Annual Council Meeting
 - 5.2. President's Report
 - 5.3. Registrar's Report
 - 5.4. Committee Reports
 - 5.4.1. Accreditation
 - 5.4.2. Registration
 - 5.4.3. Complaints
 - 5.4.4. Discipline
 - 5.4.5. Executive
 - 5.4.6. Quality Assurance

6. Strategic Alignment
 - 6.1. Evaluation
 - November 26, 2025
 - 6.2. Strategic Plan
 - 6.2.1. Strategy 2026 – Year 3 Tactics
 - 6.3. Performance Measurement
 - 6.3.1. Key Performance Indicators
 - 6.3.2. Risk Factors
 - 6.3.3. Risk Appetite
 - 6.4. Outcomes Focused Regulation
 - 6.4.1. Outcomes Focused Regulation Update
 - 6.4.2. Value of Remedial Assessments Report
7. Finance
 - 7.1. Financial Statement ending January 31, 2026
8. Public Policy
 - 8.1. Position Statement: Veterinary Stewardship of the Responsible Use of Antimicrobial Drugs in Animals
 - 8.2. Regulatory Sandbox – (in-camera)
 - 8.3. Accreditation Standards for Veterinary Facilities in Ontario
 - 8.3.1. Antimicrobial Stewardship
 - 8.3.2. Revisions to the Accreditation Standards
9. Organizational Policy
 - 9.1. Business Contingency Plan
10. Council Roundtable
 - 10.1. Presentation on Ontario Veterinary Practice Context
 - 10.2. General Trends
 - 10.3. Public Trends
11. Notice of Motion
12. Confidentiality
13. Evaluation Form
14. Date of Next Meeting
 - June 16, 2026
15. Adjourn

AGENDA ITEM 4.

TOPIC: Conflict of Interest

Area of Focus
<input checked="" type="checkbox"/> Governance
<input type="checkbox"/> Legislation
<input type="checkbox"/> Public Policy
<input type="checkbox"/> Stakeholders
<input type="checkbox"/> Strategy

A conflict of interest exists where a reasonable person would conclude that a council or committee member's personal or financial interest may affect their judgment or the discharge of their duties to the College. A conflict of interest may be real or perceived, actual or potential, direct or indirect.

All Council and Committee members have a duty to carry out their responsibilities in a manner that serves and protects the interest of the public. As such, they must not engage in any activities or in decision-making concerning any matters where they have a direct or indirect personal or financial interest. All Council and Committee members have a duty to uphold and further the intent of the Act to regulate the practice and profession of veterinary medicine in Ontario, and not to represent the views of advocacy or special interest groups.

Where a Council or Committee member believes that they may have a conflict of interest in any matter which is the subject of deliberation or action by Council or its Committees, they shall:

- (i) consult, as needed, with the President, the Registrar and legal counsel and, if there is any doubt about whether they may have or be perceived to have a conflict, prior to any consideration of the matter, declare the potential conflict to Council or the Committee and accept Council's or the Committee's direction as to whether there is an appearance of a conflict;
- (ii) where there appears to be a conflict of interest, not take part in the discussion of, or vote on, any question in respect of the matter;
- (iii) where there appears to be a conflict of interest, absent themselves from the portion of any meeting relating to the matter; and
- (iv) where there appears to be a conflict of interest, not attempt in any way to influence the voting or do anything that might be perceived as attempting to influence the decision of other members on the matter.

The conflict of interest information can be found in the College By-laws under section 16.



AGENDA ITEM 5.

TOPIC: Consent Agenda

Area of Focus
<input checked="" type="checkbox"/> Governance
<input type="checkbox"/> Legislation
<input type="checkbox"/> Public Policy
<input type="checkbox"/> Stakeholders
<input type="checkbox"/> Strategy

The purpose of a consent agenda is to place items that are reports of business already completed and basically for information in one segment of the agenda.

Commonly found items include: minutes of previous meeting, ratification of motions, Registrar's report, Committee reports, informational materials, updated organizational documents, etc. It calls for one motion to approve the consent agenda – all items at once. Should there be a question of a report on the consent agenda any Councillor can ask the Chair to remove that specific report from the consent agenda for separate discussion and a separate motion. Such a process assists Council to save its valuable time for policy work.

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AGENDA ITEM 5.1

TOPIC: Approval of Minutes

Area of Focus
<input checked="" type="checkbox"/> Governance
<input type="checkbox"/> Legislation
<input type="checkbox"/> Public Policy
<input type="checkbox"/> Stakeholders
<input type="checkbox"/> Strategy

5.1 Minutes

- November 26, 2025
- December 17, 2025



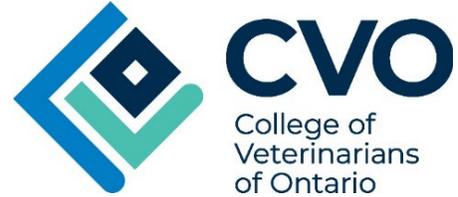
AGENDA ITEM 5.4

TOPIC: Committee Reports

Area of Focus
<input checked="" type="checkbox"/> Governance
<input type="checkbox"/> Legislation
<input type="checkbox"/> Public Policy
<input type="checkbox"/> Stakeholders
<input type="checkbox"/> Strategy

- 5.4.1** Accreditation
- 5.4.2** Registration
- 5.4.3** Complaints
- 5.4.4** Discipline
- 5.4.5** Executive
- 5.4.6** Quality Assurance

COVER SHEET
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AGENDA ITEM 6. Strategic Alignment

TOPIC: 6.1 Evaluation

November 26, 2025

Area of Focus
<input checked="" type="checkbox"/> Governance
<input type="checkbox"/> Legislation
<input type="checkbox"/> Public Policy
<input type="checkbox"/> Stakeholders
<input type="checkbox"/> Strategy

The evaluation summary is attached for review.

TOPIC: 6.4.1 Outcomes Focused Regulation Update

The Impact Strategy Unit (ISU) continues its varied work which is attached to its overall mandate. The ISU met in December and completed an assessment of all of its current projects to determine what should continue as part of the ISU agenda at this time. It was felt that some areas had become a standard part of our work and did not belong on the agenda any longer, other projects were felt to be work that should continue under the new College.

Area of Focus

- Governance
- Legislation
- Public Policy
- Stakeholders
- Strategy

Focused ISU Work continues in the following areas:

- A) **The Management of Drugs** – In 2023, new accreditation standards were introduced, incorporating enhanced pharmaceutical management requirements. Following two full years of data collection under these initiatives, a comprehensive analysis will be conducted to determine whether any new or emerging areas of risk have been identified and what areas need to be focused on.
- B) **The Role of Facility Directors** – The College has introduced clearer expectations for facility directors to strengthen compliance with accreditation requirements and reduce risks associated with limited onsite engagement. While the existing policy required directors to be actively involved in the veterinary practice conducted in or from their accredited facility, it did not specify what level of onsite presence met that obligation. Increasing inquiries from licensees, along with observed risks such as unclear accountability, delays in resolving compliance issues, and expired certificates, prompted the Accreditation Committee to recommend more explicit parameters.

In November 2025, Council approved new parameters requiring facility directors to practise onsite at least four days per month, with flexibility in scheduling. These changes aim to ensure consistent oversight, maintain accreditation standards, and provide greater clarity for veterinarians and facility teams. College staff are developing an online learning module to enhance understanding of facility directors' role and responsibilities.

- C) **The Evaluation of Remedial Undertakings** – This initiative to ensure that remediation reduces risks in veterinary practice has been underway for the last five years. Council reviewed reports in 2020 and 2022 that demonstrated that our approach to remediation is working. A new report is available for discussion at the March meeting.
- D) **Peer Review of Medical Records (PRMR)** – A 2025 aggregate report has been published. The trivia questions featured in e-update continue to be popular. Acer is completing a full assessment to look at impact and evaluation of the PRMR program. At the next meeting in April, the ISU is discussing a focused campaign on maintaining quality medical records in equine practice.
- E) **Establishing and Maintaining Appropriate Professional Boundaries** – At its next meeting, the ISU will be exploring whether we need to do a focused education series on professional boundaries since this standard was published in 2025.

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As a reference the process for considering policy implementation and impact at the Impact Strategy Unit is attached.

Outcomes Focused Regulation Framework

Detailed Phase Discussion

Phase 1 Problem and Risk Identification

- What is the problem we are trying to solve?
- What, if any, are the identified risks?
 - leading?
 - strategic?
- Is mitigation involving the regulator required?

Phase 2 Level of Mitigation

- Is the mitigation solution
 - regulatory only?
 - In need of partners?

Phase 3 Impact Strategy

- (a) What goal/vision is the policy/decision/order wanting to accomplish?
- (b) What indicators would indicate success/goal achievement/impact?
- (c) What evaluation tools would assist in measuring the indicators?
- (d) What influencers will support success of the goal? (aim for 9)
 - Nudges
 - Education
 - Mentorship
 - General communication
 - Quality assurance tools

Phase 4 Implementation

- Develop workplan for implementation
- Implement
- Revise if required

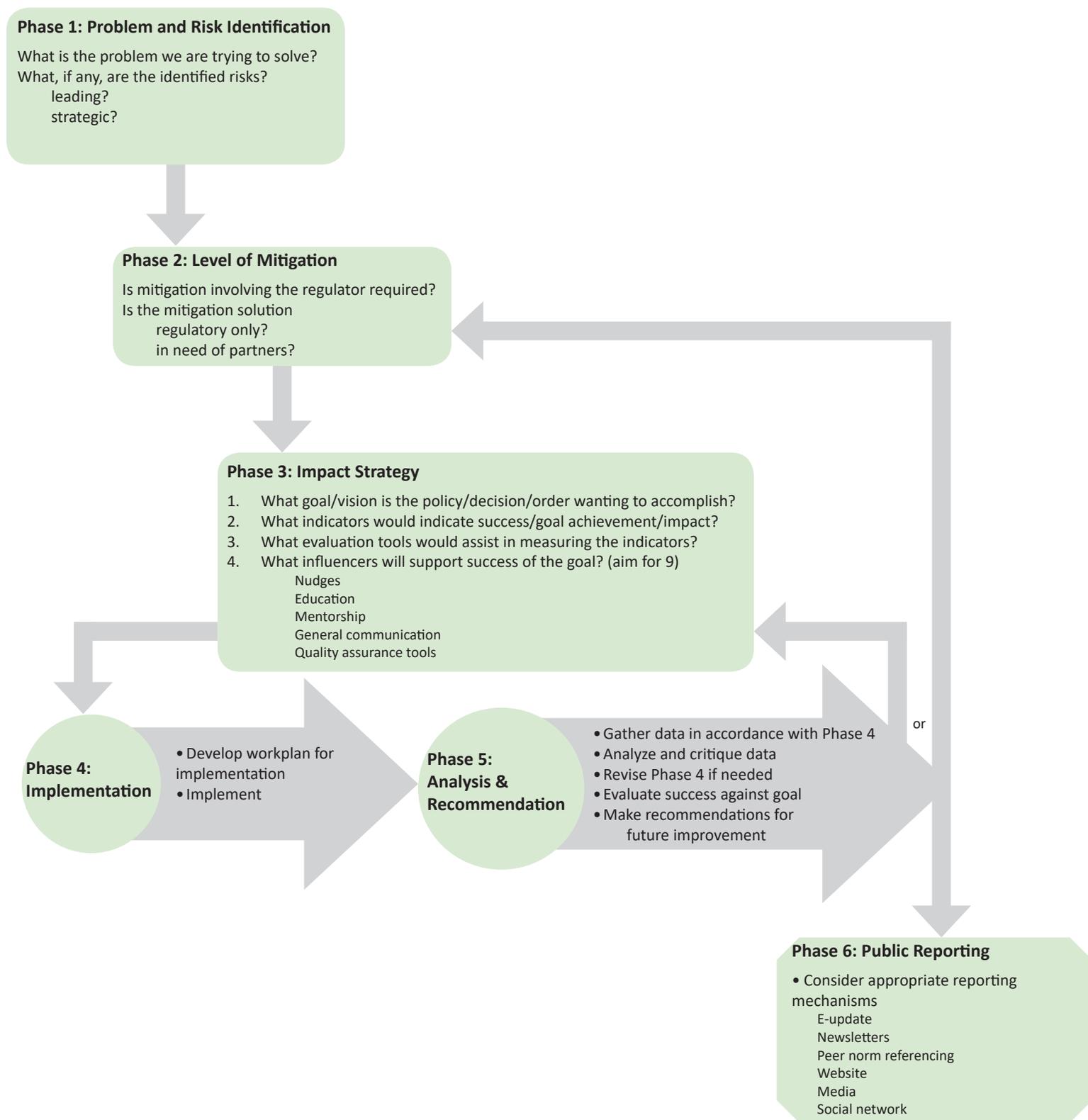
Phase 5 Analysis and Recommendation

- Gather data in accordance with Phase 4
- Analyze and critique data
- Evaluate success against goal
- Make recommendations for future improvement

Phase 6 Public Reporting

- Consider appropriate reporting mechanisms
 - E-update
 - Peer norm referencing
 - Website
 - Media
 - Social network

Outcomes Focused Regulation Framework





TOPIC 6.4.2 Value of Remedial Assessments

Background

The College of Veterinarians of Ontario has an Impact Strategy Unit (ISU) to measure the impact of its regulatory work to reduce risk. The ISU has supported successful reduction in risks related to controlled drug management with the “Lock, Label, Locate” campaign, and an increased focus on the role of the facility director in reducing risks in veterinary practices.

The ISU first analyzed the importance of remedial assessments in a 2020 report. Ongoing study of this issue has continued since that time. This report is intended to provide Council with an updated status of this work and determine any need for ongoing work in this area.

Our Approach to Remediation

The College utilizes a just culture philosophy which accepts that humans are fallible and that conditions in complex environments will inevitably cause occasional human error. Just culture considers the role of the system when errors occur and seeks to learn from these errors. It proposes that discipline should be tied to an individual’s behavioural choices, rather than on the outcome of their actions. The discipline process should be used for veterinarians who have bad intent, fail to reduce risks, or are reckless in practice. This includes where a veterinarian has had continued feedback about deficiencies in their veterinary practice and the individual fails to address those deficiencies. Where veterinarians make errors or practice deficiencies are first identified, the College generally chooses to focus on remedial interventions.

In early 2019, as part of the College’s move to look at the outcomes of its regulatory actions, the College implemented the process of conducting assessments before and after the remedial components of its undertakings coming out of the Executive Committee and Complaints Committee and asked that these assessments be added to Discipline Orders from disciplinary panels. The intent of this addition was to ensure that the remedial activities being ordered actually improved the practice of the veterinarian involved and reduced the identified risk. It was felt that it was not sufficient to order remediation without ensuring that risk reduction has occurred as the College needs to demonstrate to the public that reasonable steps are being taken to ensure the public is protected.

Licensed veterinarians act in the role of assessors in the pre-remedial and post-remedial assessments. These veterinarians have been an essential component of this process. Once the College ensures a conflict of interest is not present, a veterinarian is asked to review the case materials and act as an assessor in each case to determine if the veterinarian has corrected the deficiencies that were noted in the case. The College has assisted in developing assessment plans as needed, but the veterinarian completing the assessment has flexibility to adapt the assessment. Assessments involve discussions with the veterinarian (in-person or through a telephone or virtual meeting), some involve observing an aspect of the veterinarian’s practice and others involve a review of protocols, radiographs or medical records, discussion of scenarios, or a combination of these methodologies. The assessors consistently required the

Area of Focus
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veterinarians to self-assess what went wrong and how this could be managed differently in the future.

2020 Report

A first report was provided to Council in June 2020 to assess whether the veterinarians who have been completing remedial activities have improved their practice. At that time, thirteen post-remedial assessments had been completed. Six reports were from Complaints Committee undertakings, four reports were from discipline orders and three reports were from undertakings of the Executive Committee.

Twelve of the remediations were focused on clinical care. Some of these cases also involved remediation related to medical record keeping. The final case was focused on drug management and supervision of auxiliaries.

In eleven reports, the remediation was deemed to be successful by the assessor. Our assessors found that in these cases, the veterinarians involved were actively engaged with the process and cooperative with their assessor. These veterinarians demonstrated improved understanding of the issues that were present in the case, had taken steps through mentorship, courses and self-study to improve their knowledge and had begun applying these changes in practice. Where appropriate, the veterinarians involved had developed new protocols and clinic policies to correct the original deficiencies that were identified.

The two remaining remediations were deemed to be unsuccessful as the assessor felt that in one case the veterinarian involved did not take the process seriously, that neither veterinarian took accountability for their actions and deficient knowledge, and that some areas of the remedial focus in both cases continued to be deficient. One of these cases originated from a discipline order and the other was an undertaking from the Executive Committee.

In cases where the success of the remediation is in question, the matter is referred to the Executive Committee to determine if further remediation is necessary. This process ensures that ongoing concerns can be addressed.

Since that time, one of these individuals has resigned their licence and the second completed remediation through a new discipline order.

2022 Review

An additional eleven post-remedial assessments were completed between these reporting periods. These included three discipline orders and eight undertakings from the Complaints Committee.

The cases were primarily clinical in nature (eight), two were focused on communications and one case was focused on ethics. Record keeping was also an additional concern in some of these cases.



The assessors often noted that the veterinarian involved was cooperative. In their reports, the assessors provided examples of how the remediation has led to changes in veterinary practice. These changes include broadening the veterinarian's network to decrease the risks of being a solo practitioner; changes to approaches to client communications; staff training; changes to electronic record keeping software; personal changes including a focus on work/life balance, increasing exercise and seeking counselling.

In ten of the eleven cases, it was felt that the post-remedial assessment demonstrated an improvement in practice. In these cases, the assessors felt confident that the veterinarian's practice had improved and that the concerns that arose would not reoccur. In one of these cases, the assessor felt that there had been improvement in the veterinarian's knowledge and that it was now adequate. The assessor expressed that the veterinarian would benefit from additional review of atypical disease presentation. This advice was provided to the veterinarian for further self-study.

In the final case, it was felt that the veterinarian's clinical knowledge still had deficits; they lacked confidence and the assessor was concerned about their ability to manage adverse events. In this case, the veterinarian agreed to undergo further remediation and completed another assessment when the additional remediation was finished.

2025 Review

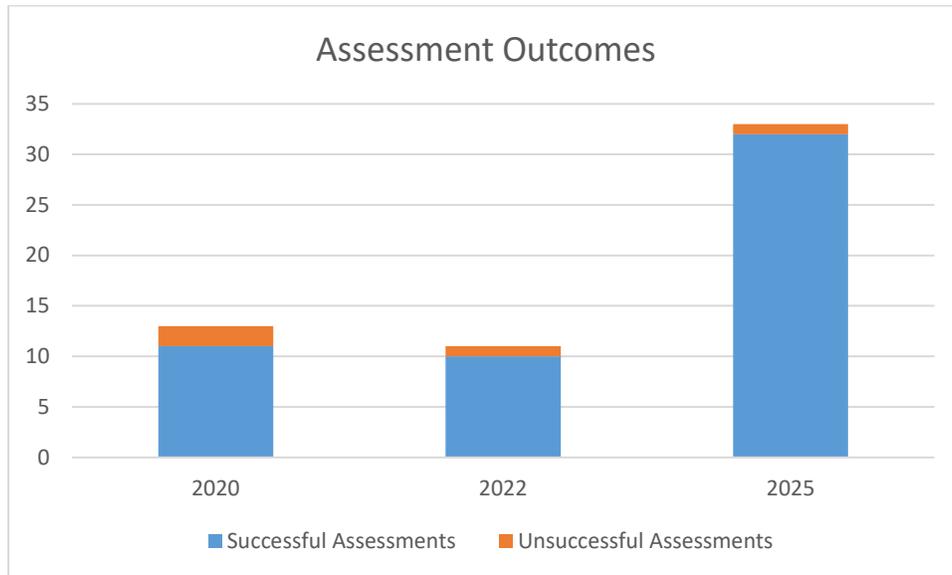
A review of data from late 2022 to the end of 2025 allowed for the completion of an additional thirty-two post-remedial assessments. Most of these remediations were focused on clinical issues and many also included communication and/or record keeping as additional areas of remedial focus.

These assessments continued to demonstrate veterinarians were cooperative with remediation and that they are invested in risk reduction and practice improvement. Thirty-one of the thirty-two post-remedial assessments were deemed to be successful during this time period.

The one unsuccessful candidate continued to have clinical deficiencies in one area of practice and was referred to the Executive Committee. This veterinarian had a limitation to not work within this deficient area of practice, but despite course attendance and self-study, it was found to be challenging to improve a skill set not being used. This veterinarian is undergoing a more intensive round of remediation with clinical supervision that allows for ongoing work on the area of deficient skills.

Discussion

Since the beginning of this study, 93% of remedial undertakings are successfully completed on the first attempt. Of those not successfully completed, the majority (75% - 3/4) go on to do further remediation. The remaining veterinarian chose to retire and resign their licence.



The implementation of the pre-remedial and post-remedial assessments has assisted the College in ensuring that remedial work is appropriately completed. Veterinarians who are engaged with the remediation process are able to demonstrate learnings and improve on practice deficiencies. These improved practices are a demonstration of the College's commitment to public protection and willingness to support veterinarians to ensure practice standards are met.

Throughout the completed assessments, it appeared that the attitude of the veterinarian is a significant indicator as to whether the remediation will be successful. If the veterinarian is engaged in the process, there are usually positive outcomes. Veterinarians who have not taken responsibility for the need to improve an aspect of their practice or who are not cooperative, will likely not be successful in this process. In the most recent review, there were not any veterinarians unsuccessful in the remediation due to attitude. It has been interesting to see this shift as more veterinarians have been cooperative and engaged in remedial processes.

The assessment processes allow the College to demonstrate that each case has been evaluated to ensure that the necessary practice improvements have been made and where needed steps to address these ongoing deficiencies are taken. This approach fits within our risk management strategy and is intended to mitigate against reoccurring practice deficiencies.

Areas for Council Consideration

There are a number of areas for consideration moving forward.

1. Pre-Remedial Assessments

The practice of pre- and post-remedial assessments has been under review for many years now. There has been discussion whether the pre-remedial assessment is really necessary. Veterinarians are often eager to complete their remediation and regularly begin their remedial



work before the initial assessment can be completed. The pre-remedial assessment is intended to provide the base line of knowledge for the veterinarian. However, the case that led to the requirement to complete remediation sufficiently describes the veterinarian's knowledge, skills and judgement deficiencies.

Recommendation

It is recommended that the practice of pre-remedial assessments be discontinued. The value of the process is in the post-remedial assessment and the veterinarian's demonstration that they are meeting the necessary standards of practice. The case matter decision and reasons is sufficient to identify the practice deficiency which must be improved upon.

2. Costs of Assessments

Remediation costs are generally the responsibility of the veterinarian involved. These costs may involve the cost of a mentor, the costs of a Peer Review of Medical Records (PRMR) or educational course costs. The College has paid for the pre-remedial and post-remedial assessments since their implementation as we have been studying the value of these assessments and felt that these assessments are an appropriate investment in maintaining public confidence in regulation. Assessments generally cost between \$600-1000 each depending on the complexity of the remedial issues involved.

Recommendation

Council is asked to consider whether the College should continue to pay for these assessments or whether the cost of the assessment should be borne by the veterinarian completing remediation.

3. Study of the Impact of Remedial Assessments

The College has been studying the value of remedial assessments for a number of years. Sufficient data has been reviewed to identify trends and the value of these assessments.

Recommendation

It is recommended that the study of the value of remedial assessments be completed with this work and that the post-remedial assessments remain a standard part of the College's processes.

4. Further Study of Unsuccessful Remediations

The number of unsuccessful remediations continues to be very small, but this is an area of significant risk.

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Recommendation

It is recommended that College staff continue to study occurrences where remediation is not successful in order to determine if there is a proactive approach to better manage these cases.

AGENDA ITEM 7. Finance

TOPIC: 7.1 Financial Statement ending January 31, 2026

Area of Focus
<input checked="" type="checkbox"/> Governance
<input type="checkbox"/> Legislation
<input type="checkbox"/> Public Policy
<input type="checkbox"/> Stakeholders
<input type="checkbox"/> Strategic Plan

Background

Please find the January 31, 2026 statement attached for Council's information.

Attachments

- Variance Report
- Balance Sheet, Revenue and Expense Statement, Statement of Changes in Net Assets, Capital Budget Variance Report, Special Projects Variance Report

AGENDA ITEM 8.1

TOPIC: Position Statement on Veterinary Stewardship of the Responsible Use of Antimicrobial Drugs in Animals

Area of Focus
<input type="checkbox"/> Governance
<input type="checkbox"/> Legislation
<input checked="" type="checkbox"/> Public Policy
<input type="checkbox"/> Stakeholders
<input type="checkbox"/> Strategic Plan

Background

Since 2014, the College Council has included the broader objective of One Health in setting its strategic priorities. Within the many tactics identified related to advancing this work over the years has been the topic of antimicrobial resistance (AMR) and the opportunity to promote antimicrobial stewardship (AMS).

College Council has been demonstrating its commitment to antimicrobial stewardship and the responsible use of antimicrobials in animals for several years. In October 2017, Council clearly articulated its position on antimicrobial resistance by publishing a new policy document called Veterinary Stewardship of the Responsible Use of Antimicrobial Drugs in Animals. This new position statement was intended to help the public and veterinarians understand the College's opinion on the use of antimicrobials, emphasizing the societal duty of veterinarians to act as stewards with respect to the prudent and responsible use of antimicrobial drugs.

The College's current Strategic Plan includes Objective 4: Promoting the importance of One Health. There are several tactics included within this objective --- one was to consider updating Legacy Council's existing Position Statement on Veterinary Stewardship. Following completion of one major tactic focused on research related to antimicrobial prescribing behaviors in veterinary medicine, Legacy Council confirmed its desire to move forward with reviewing its existing position statement.

A revised position statement has been drafted and is presented to Legacy Council for consideration.

Discussion

The position statement has been reviewed with the Veterinary Professionals Act (VPA) and the introduction of the licensure of veterinary technicians in mind. This position, however, speaks to prescribing, which is a veterinarian responsibility only and the revisions are reflective of this lens. The Legacy Council will note that a new title of the revised position statement is proposed, along with several other revisions that reflect the importance of antimicrobial stewardship and

responsible prescribing by veterinarians. The Executive Committee had an opportunity to provide feedback to the draft prior to finalization for Council review.

The Legacy Council is asked to review the draft revised position statement for consideration.

Options

The Legacy Council is asked to review the Draft Revised Position Statement on Veterinary Stewardship of the Responsible Use of Antimicrobial Drugs in Animals and following discussion, to make a motion:

- (a) that the revised position statement be approved.
- (b) that the revised position statement be approved as amended.
- (c) that asks staff to gather additional information; or
- (d) any other option Legacy Council would like to consider.

Attachments

1. Current Position Statement on Veterinary Stewardship of the Responsible Use of Antimicrobial Drugs in Animals
2. Draft Revised Position Statement (with track changes) on Veterinary Stewardship of the Responsible Use of Antimicrobial Drugs in Animals

Veterinary Stewardship of the Responsible Use of Antimicrobials Drugs in Animals

Published: October 17, 2017

Introduction

Antimicrobial resistance is a complex and evolving global public health issue. Resistance to antimicrobial drugs is increasing as a result of the cumulative effects of their widespread and extensive use in both animal and human medicine. This position statement has been developed to assist the public and veterinarians in understanding the College Council's position related to promoting and supporting veterinary stewardship, both at the level of the profession and of the individual veterinarian, in the responsible use of antimicrobial drugs in animals.

Position Statement

The authority to prescribe drugs is a privilege that is afforded to few professions. The right to both prescribe and dispense is afforded to even fewer. With this right comes the responsibility to prescribe and dispense in accordance with the standards of practice for the profession.

The increase in antimicrobial resistance has placed an even higher societal duty on the veterinary profession to act as stewards with respect to the prudent and responsible use of antimicrobial drugs.

Every veterinarian has a valuable role to play in the effort to combat antimicrobial resistance and to preserve the effectiveness of antimicrobial drugs and their availability for both veterinary and human use. As part of good stewardship, the College expects a veterinarian to assume an active leadership role by ensuring their understanding of the need for antimicrobial oversight, the existing government directives, the evolving science related to pharmaceuticals, and the most appropriate current use of antimicrobial drugs with a specific species.



A veterinarian must only prescribe antimicrobial drugs within a veterinarian-client-patient relationship (VCPR) and where strong clinical evidence demonstrates medical need.

The College encourages its licensed members to be aware that responsible use of antimicrobial drugs is crucial for preserving their efficacy. It is important for veterinarians to be vigilant in their oversight and to remain ever-cognizant that there are risks as well as benefits associated with antimicrobial use for the greater public good.

The College endeavors to support veterinarians with resources that advance antimicrobial stewardship when performing any professional activity. The College will continually seek to understand and assume its role with partners at the provincial, national, and international level to combat the spread of antimicrobial resistance.

Resources

World Organization for Animal Health, Antimicrobial Resistance (<https://www.woah.org/en/what-we-do/global-initiatives/antimicrobial-resistance/>)

Canadian Veterinary Medical Association, *Veterinary Oversight of Antimicrobial Use – a Pan-Canadian Framework of Professional Standards for Veterinarians* (<https://www.canadianveterinarians.net/media/zvtlw03q/veterinary-oversight-of-antimicrobial-use-a-pan-canadian-framework-for-professional-standards-for-veterinarians-pdf.pdf>)

Growing Forward 2, Antibiotic Use in Food-Producing Animals in Ontario: A Study of the Current Practices and Perceptions of Ontario Veterinarians (<https://viewer.joomag.com/growing-forward-2-final-report/0699825001446228188>)

Health Canada, Categorization of Antimicrobial Drugs Based on Importance in Human Medicine, 2009 (<https://www.canada.ca/en/health-canada/services/drugs-health-products/veterinary-drugs/antimicrobial-resistance/categorization-antimicrobial-drugs-based-importance-human-medicine.html>)

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.



Veterinary Stewardship of the Responsible Use of Antimicrobials Drugs in Animals

Published: October 17, 2017

New title --- Responsible Prescribing of Antimicrobial Drugs in Animal Health Care Through Antimicrobial Stewardship

Introduction

Antimicrobial resistance is a complex and evolving global public health issue. Resistance to antimicrobial drugs is increasing as a result of the cumulative effects of their past and continuing widespread and extensive use in both animal and human medicine. This position statement has been developed to assist the public and the veterinary profession veterinarians in understanding the College Council's position related to promoting and supporting veterinariany stewardship, both at the level of the profession and of the individual veterinarian, in the responsible prescribing use of antimicrobial drugs in animals.

Position Statement

The authority to prescribe drugs is a privilege that is afforded to few professionals. The right to both prescribe and dispense pharmaceuticals is afforded to even fewer. With this right comes the responsibility to prescribe and dispense in accordance with the standards of practice offer the profession.



The growing increase in antimicrobial resistance continues to place an important ~~has placed an even higher~~ societal duty on ~~the veterinariansy profession~~ to act as stewards with respect to the prudent and responsible use of antimicrobial drugs.

Every veterinarian has a stewardshipvaluable role ~~to play~~ in the effort to combat antimicrobial resistance and to preserve the effectiveness of antimicrobial drugs for necessary use in both animals and humans. and their availability for both veterinary and human use. As part of good stewardship, the College expects a veterinarian to assume an active leadership role by ensuring their understanding of the need for antimicrobial oversight, the existing government directives, the evolving science related to pharmaceuticals, and the most appropriate current use of antimicrobial drugs with a specific species and a specific condition. The College sees this as a core professional responsibility that is central to animal welfare and public protection and encourages veterinarians to incorporate stewardship into their daily practice.

A veterinarian must only prescribe antimicrobial drugs within a veterinarian-client-patient relationship (VCPR) and where strong clinical evidence demonstrates medical need.

~~The College encourages its H~~licensed veterinarians, as privileged prescribers, members must remain ~~to be~~ aware that the responsible prescribinguse of antimicrobial drugs is crucial for preserving their efficacy and availability. It is important for veterinarians to be vigilant in their oversight of drug management and to remain ever-cognizant that there are risks as well as benefits associated with antimicrobial use in animals for the greater public good.

The College supports the development and availability of resources for veterinarians that advance antimicrobial stewardship when performing professional activities. The College endeavors to support veterinarians with resources that advance antimicrobial stewardship when performing any professional activity. Further, the College supports veterinarians in their leadership of the education of clients about antimicrobial use to influence perspectives and treatment choices that enhance stewardship. The College will continually seeks to understand and assume its role with partners at the provincial, national, and international level to combat the spread of antimicrobial resistance.

Resources

World Organization for Animal Health, Antimicrobial Resistance (<https://www.woah.org/en/what-we-do/global-initiatives/antimicrobial-resistance/>)



Canadian Veterinary Medical Association, *Veterinary Oversight of Antimicrobial Use – a Pan-Canadian Framework of Professional Standards for Veterinarians*

(<https://www.canadianveterinarians.net/media/zvtlw03q/veterinary-oversight-of-antimicrobial-use-a-pan-canadian-framework-for-professional-standards-for-veterinarians-pdf.pdf>)

Growing Forward 2, Antibiotic Use in Food-Producing Animals in Ontario: A Study of the Current Practices and Perceptions of Ontario Veterinarians (<https://viewer.joomag.com/growing-forward-2-final-report/0699825001446228188>)

Health Canada, Categorization of Antimicrobial Drugs Based on Importance in Human Medicine, 2009 (<https://www.canada.ca/en/health-canada/services/drugs-health-products/veterinary-drugs/antimicrobial-resistance/categorization-antimicrobial-drugs-based-importance-human-medicine.html>)

College publications contain practice parameters and standards which should be considered by all Ontario veterinarians in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained. The College encourages you to refer to the website (www.cvo.org) to ensure you are referring to the most recent version of any document.

AGENDA ITEM 8.3.1

TOPIC: Accreditation Standards for Veterinary Facilities in Ontario: Antimicrobial Stewardship

Area of Focus
<input type="checkbox"/> Governance
<input type="checkbox"/> Legislation
<input checked="" type="checkbox"/> Public Policy
<input type="checkbox"/> Stakeholders
<input type="checkbox"/> Strategy

Background

Since 2014, the College Council has included the broader objective of One Health in setting its strategic priorities. Within the many tactics identified related to advancing this work over the years has been the topic of antimicrobial resistance (AMR) and the opportunity to promote antimicrobial stewardship (AMS).

The College's current Strategic Plan includes Objective 4: Promoting the importance of One Health. In November 2025, following completion of one major tactic focused on research related to antimicrobial prescribing behaviours in veterinary medicine, Legacy Council confirmed its desire to move forward with reviewing the current Accreditation Standards for Veterinary Facilities in Ontario with a focus on antimicrobial stewardship becoming a component of facility accreditation standards.

Issue

Antimicrobial resistance is an important public health issue and has been highlighted as a serious threat to human health. Antimicrobial stewardship promotes judicious use of antimicrobials to limit the development of antimicrobial resistant organisms. There is broad provincial, national and international consensus on the importance of AMS in veterinary medicine.

Currently, AMS expectations are not explicitly embedded within the College's Accreditation Standards. Incorporating AMS into facility accreditation standards would align with existing professional guidance and regulatory expectations, while reinforcing the role of facility accreditation in promoting safe, quality veterinary care.

The Accreditation Committee was tasked with evaluating how AMS principles can be integrated into the Accreditation Standards. The Accreditation Committee reviewed a briefing note outlining options for embedding AMS principles into the Accreditation Standards and is forwarding its recommendation to Legacy Council.

Discussion

Legacy Council is now asked to review a briefing note and the proposed revisions to the Accreditation Standards for Veterinary Facilities in Ontario for the integration of AMS principles and to provide direction.

Attachment

1. Briefing Note: Antimicrobial Stewardship in Facility Accreditation Standards



BRIEFING NOTE

Antimicrobial Stewardship in Facility Accreditation Standards

PART A: Introduction

Issue Definition

At its November 2025 meeting, the Legacy Council completed a review of the ACER Consulting report “Opportunities for the Enhancement of Antimicrobial Stewardship in Companion Animal and Equine Medicine in Ontario” and approved several recommendations, including the current Accreditation Standards for Veterinary Facilities in Ontario be reviewed with a focus on antimicrobial stewardship becoming a component of facility accreditation standards. To advance this work, the Accreditation Committee reviewed the accreditation standards to evaluate how antimicrobial stewardship principles can be integrated into the accreditation standards framework. This included identifying specific elements—such as protocols, documentation practices, and staff training components—that would define stewardship obligations at the facility level. The objective of this review focused on the development of clear, evidence-based expectations that strengthen responsible antimicrobial use across accredited veterinary facilities and reinforce the profession’s commitment to safeguarding animal and public health.

Public Interest Rationale

Antimicrobial stewardship (AMS) in veterinary medicine protects the public interest by reducing the development and spread of antimicrobial resistance, which can transfer between animals, humans, and the environment. Responsible prescribing preserves the effectiveness of medically important antimicrobials for both current and future patients. It also supports food safety, public health, and confidence in the veterinary profession’s role in safeguarding community well-being.

Are there other elements that Council should consider regarding its mandate relative to the issue?

Legislative Authority

Council has the authority to establish standards for veterinary facilities under the Veterinarians Act, section 8.

Analysis of Risk

Antimicrobial resistance is a growing global concern because it renders antibiotics and other medicines ineffective, potentially impacting the health of both humans and animals.

Antimicrobial resistance is an important public health issue and has been highlighted as a serious threat to human health. Antimicrobial stewardship promotes judicious use of antimicrobials to limit the development of antimicrobial resistant organisms.

Unmonitored or inappropriate antimicrobial use in animals can promote resistant organisms that affect both animal and health populations, increasing morbidity, mortality and healthcare costs.

Unclear or absent AMS expectations for the profession doesn't align with national and international standards on medically important antimicrobials. This can prompt external scrutiny or intervention from government or public health authorities.

Without stewardship guidance, prescribing practices may become inconsistent across facilities, reducing the quality of care and diminishing the long-term effectiveness of antimicrobial therapies. This compromises clinical outcomes, limits treatment options, and may increase costs for companion animal owners.

Proactive AMS governance demonstrates leadership, aligns with evolving standards, and helps safeguard both the profession and the public.

Strategic Focus

Since 2014, the College Council has included the broader objective of One Health in setting its strategic priorities. Within the many tactics identified related to advancing this work over the years has been the topic of antimicrobial resistance (AMR) and the opportunity to promote AMS.

The College's current Strategic Plan includes Objective 4: Promoting the importance of One Health. One of the Year 3 tactics for this objective is to complete research related to veterinary prescribing behaviours and antimicrobials that informs a set of recommendations for a stewardship strategy involving veterinarians and veterinary technicians. At its September 2024 meeting, Legacy Council approved a research project to raise awareness of antimicrobial stewardship and to seek opportunities to shape behaviours and choices of veterinarians to reduce the use of medically important antimicrobial drugs in animals.

In November 2025, Legacy Council received the report on the research project, prepared by ACER Consulting, which identified opportunities to enhance antimicrobial stewardship in companion animal and equine medicine in Ontario. The research helped inform a set of recommendations that were approved by Legacy Council. This included a recommendation that the current Accreditation Standards for Veterinary Facilities in Ontario be reviewed with a focus on antimicrobial stewardship becoming a component of facility accreditation standards.

PART B: Background

Relevant Background

Accreditation Standards for Veterinary Facilities in Ontario

Facility Accreditation is an integral part of the College's quality practice program, ensuring veterinary facilities provide a professional environment and contain the essential equipment required for patient care.

The College Council, under section 8 of the Veterinarians Act, establishes standards for veterinary facilities which must be met to qualify for the issuance or renewal of a certificate of accreditation. All veterinary facilities must meet the requirements described in the Accreditation Standards for Veterinary Facilities in Ontario

A veterinary facility will need to meet and maintain a set of Essential Standards, and Additional Scope of Practice Standards selected by the facility director. The Additional Scope of Practice Standards are standards that apply to a veterinary facility based on the scope of services they provide. Based on the species and scope of practice, the facility director demonstrates to the College how they meet requirements in the standard. This outcome-based approach focuses on mitigating risks in the facility and evaluates outcomes that would be expected based on the scope of services provided from the facility.

The accreditation standards are the "ends" that must be met; however, there is flexibility in the means by which the facility meets these standards. That is why, guidelines are set out under most requirements which describe the usual means to achieve or demonstrate the requirement. In other words, every facility must show that it has met the requirement by either (1) following the guideline provided, or (2) using an alternative means that is equally effective.

Accreditation standards are intended to address risks that affect public and animal health.

Currently, AMS expectations are not explicitly embedded within the accreditation standards.

Partner Needs and Preferences

The public need for AMS in veterinary medicine in Ontario is driven primarily by the One Health imperative, which recognizes that the health of people, animals and the environment are interconnected, particularly concerning the rise of AMR. There is a need to prevent the spread of antimicrobial-resistant bacteria from animals to humans, which can occur through direct contact, environmental contamination, or the food supply.

Ontario consumers expect that food-producing animals (livestock, poultry, fish) are raised with minimal reliance on antibiotics, reducing the risk of resistant residues in meat, milk and eggs.

There is broad provincial, national and international consensus on the importance of AMS in veterinary medicine. Incorporating AMS into accreditation standards would align with existing professional guidance and regulatory expectations, while reinforcing the role of accreditation in promoting safe, quality veterinary care.

Overall, AMR is widely recognized as a significant risk to animal health, public health, and the long-term effectiveness of veterinary medicine. Veterinary regulatory bodies, veterinary professional associations, and government organizations increasingly view AMS as a core component of quality veterinary practice and public protection.

What else does Council know or need to know relative to the decision at hand?

Data

Through the formal complaints process, the College has the following data on the number of concerns raised about inappropriate antimicrobial prescribing.

2025	Complaint Committee Decision: Written/Oral Advice	Complaint Committee Decision: Undertakings
March	1	0
June	2	2
September	0	3
November	1	0

Description of Antimicrobial Stewardship Concerns

- Inappropriate antibiotic selection for a particular infection/indication
- Dosage (most often inadequate)
- Duration of use (either inadequate or too long for the condition)
- Dispensing/administering and/or repeating courses of antibiotics (either same antibiotic or changing antibiotic) without clinical indication of infection or sound rationale for use
- Not considering or offering culture/sensitivity testing when indicated (e.g. when the patient is not responding to treatment, and instead simply changing to another antibiotic)
- Lack of understanding about antimicrobial resistance
- Duplocillin comes up frequently as a specific antibiotic that is not appropriately used in companion animal medicine. Either being used prophylactically for clean surgeries (i.e. spay/neuter) or used as a single injection for conditions that it is not indicated for.

Is there additional data that may assist Council with discussion?

Environment

The current environment of AMS in veterinary medicine in Ontario is focused on the One Health approach, emphasizing responsible use to mitigate antimicrobial resistance. As of late 2018, all medically important antimicrobials for animals require a veterinary prescription.

There is a targeted stewardship collaboration between the Farmed Animal Antimicrobial Stewardship Initiative (FAAST), and the Ontario Veterinary Medical Association (OVMA) and industry partners, which provides resources, education, and tools to help veterinarians and producers reduce reliance on antimicrobials.

The Ontario Ministry of Agriculture, Food and Agribusiness (OMAFRA) is actively funding research through the University of Guelph to better understand on-farm antimicrobial use (AMU) and improve stewardship, particularly in dairy and other livestock sectors.

The College of Veterinarians of Ontario has had since 2017, a position statement on “Veterinary Stewardship of the Responsible Use of Antimicrobials Drugs in Animals”. Every veterinarian has a stewardship role in the effort to combat microbial resistance and to preserve the effectiveness of antimicrobial drugs for necessary use in both animals and humans.

An environmental scan was conducted with the provincial veterinary regulators, international veterinary regulators and government agencies (See **Appendix A** attached to this briefing note). There is increasing alignment between Canadian and international approaches to AMS.

The Canadian Veterinary Medical Association (CVMA) provides national leadership through guidelines, policy frameworks, and education. Key initiatives include the Pan-Canadian Framework for Action on AMR and the Stewardship of Antimicrobials by Veterinarians Initiatives (SAVI) program, which promotes stewardship through practical tools and professional engagement.

The focus of the Canadian Animal Health Institute (CAHI) is the responsible use of veterinary pharmaceuticals, including voluntary labelling, advocacy for regulatory oversight, and removal of growth promotion claims.

Provincial veterinary medical associations and regulatory bodies such as Alberta Veterinary Medical Association, the College of Veterinarians of British Columbia, and the New Brunswick Veterinary Medical Association promote AMS through position statements, continuing education, and targeted resources.

The Canadian government and public health agencies such as Health Canada, the Canadian Food Inspection Agency, and surveillance systems such as Canadian Animal Health Surveillance System (CAHSS) support stewardship through regulation, surveillance, and public-facing education materials.

International veterinary organizations also provide well-established AMS frameworks that are commonly referenced and adapted in Canada. These include the American Veterinary Medical Association (AVMA), American Animal Hospital Association (AAHA), Royal College of Veterinary Surgeons (UK), and veterinary authorities in Australia, Ireland, and New Zealand. Common elements include clear prescribing guidelines, defined stewardship principles, and clinic-level implementation tools.

The key findings from the environmental scan are:

- Antimicrobial resistance is recognized as a significant risk to animal and public health.
- Veterinarians have a professional responsibility to practice antimicrobial stewardship.
- The common focus areas include stewardship, surveillance, infection prevention and control, and research.
- Education, guidelines and practice-level tools (checklists, posters, webinars) are the primary mechanisms used to support stewardship.
- Stewardship expectations are increasingly embedded within broader quality assurance and risk management frameworks.

What else does Council know/need to know about current realities and future trends relative to the decision?

Broad Legal Advice

The College has not sought legal advice related to this topic, as Council has the authority to establish standards for veterinary facilities under the Veterinarians Act, section 8.

PART C: Analysis

Analysis

Veterinary oversight of the use of antimicrobials, includes diagnosing, prescribing, administering, dispensing, maintaining medical records and other stewardship requirements.

The Accreditation Committee has undertaken a thorough review and analysis of the available options to determine an appropriate recommendation for Council's consideration. Based on its assessment, the Committee recommends that Council consider Option #3.

Options for Consideration

Option 1: Council can decide to take no action in embedding AMS principles in the accreditation standards.

Advantage: By not including AMS parameters in facility inspection and accreditation standards, this will avoid additional compliance requirements and administrative burden on facilities and continues to leave the responsibility for AMS at the individual member-level.

Disadvantage: Not including AMS through facility inspection and accreditation standards may not adequately protect the public from the risks associated with AMR which is widely recognised as a global health threat. It may send the message that AMS is not viewed as a core professional and regulatory priority and it does not address the significant risk of AMR.

Option 2: Incorporate a requirement for a written policy on AMS into accreditation standards.

Advantage: A documented policy promotes consistent decision-making, supports team education, and aligns the facility with recognized stewardship principles aimed at mitigating antimicrobial resistance. This aligns with the recommendations of the recent report that went to Council as an opportunity to enhance AMS in companion animal and equine medicine in Ontario. Having a policy on AMS is consistent with other accreditation schemes. It recognizes AMS as a core professional and regulatory priority and helps to address the risk of AMR.

Disadvantage: The proposed requirements may increase administrative burden for facilities by adding written AMS policies. Additional compliance requirements may cause an initial increase in non-compliance as facility directors adjust to the change.

The table below outlines a proposed new requirement for the inclusion of an AMS written policy in the pharmaceutical management section of the accreditation standards

Table 1: Pharmaceutical Management New Requirement

Abbreviations and Definitions:

- ES = Essential Standards
- ASPS = Additional Scope of Practice Services
- Requirement = a statement indicating what a facility must meet.

- Guidelines = additional information providing guidance that may include how a facility can meet the requirement.

Standard Title	Requirement	Guideline
ES – 6. Pharmaceutical Management	11. The facility has a written policy on antimicrobial stewardship that demonstrates commitment to and accountability for prescribing antimicrobials responsibly. The policy includes prescribing of medically important antimicrobials.	<ul style="list-style-type: none"> a) Confirmation is provided that a veterinary team member has been designated as the AMS team lead who has the knowledge, training or experience, to train and direct team members on the policy. b) Veterinarians prescribing antimicrobials have access to current and evidence-based resources and tools for antimicrobial prescribing (i.e., resources such as the International Society for Companion Animal Infectious Diseases (ISCAID), the CVMA, and the Farmed Animal Antimicrobial Stewardship (FAAST) Initiative). c) There is a protocol for antimicrobial use in common conditions encountered. d) There is evidence of client communication and education regarding appropriate antimicrobial use. For example, ready-to-use handouts, posters and training of staff to communicate effectively on this topic. e) There is evidence of ongoing education and awareness of antimicrobial resistance and stewardship principles for the veterinary team, including promoting disease prevention and control and good general husbandry to reduce the need for antimicrobials.

Option 3: Incorporate a written policy on AMS as outlined in Table 1 and include principles of AMS in medical record keeping and in a written policy for dealing with infectious and zoonotic cases, and overall infection control.

Advantage: A documented policy on AMS promotes consistent decision-making, supports team education, and aligns the facility with recognized stewardship principles aimed at mitigating antimicrobial resistance. Making a recommendation to document decision-making around antimicrobial prescribing in medical records raises awareness of accountability and evidence-based decisions for AMU. Adding protocols for the identification and management of cases of infection involving antimicrobial resistant bacteria to the existing requirement for a written policy on dealing with infectious cases ensures that these cases are managed appropriately and provides an internal surveillance mechanism for AMR. This aligns with the recommendations of

the recent report that went to Council as an opportunity to enhance AMS in companion animal and equine medicine in Ontario. These additions to the accreditation standards are consistent with other accreditation schemes. It recognizes AMS as a core professional and regulatory priority and helps to address the risk of AMR.

Disadvantage: The proposed requirements may increase administrative burden by adding formal AMS policies, prescribing justification and AMR – specific infection control protocols. Additional compliance requirements may cause an initial increase in non-compliance as facility directors adjust to the change.

The table below outlines a proposed new requirement and proposed additions to guidelines based on the environmental scan, which include AMS principles in the accreditation standards, which are embedded into medical record keeping, pharmaceutical management and biosecurity.

Table 2: List of Standards Reviewed and Suggested Areas for the Inclusion of Antimicrobial Stewardship Principles

Abbreviations and Definitions:

- ES = Essential Standards
- ASPS = Additional Scope of Practice Services
- Requirement = a statement indicating what a facility must meet.
- Guidelines = additional information providing guidance that may include how a facility can meet the requirement.

Standard Title	Requirement	Guideline	Rationale
ES – 2. Medical Records A. Content for Medical Records for Companion Animal	12. Records of treatment, both medical and surgical, reflect all procedures performed.	a) A complete record of all written prescriptions and drugs that the veterinarian has prescribed or dispensed or administered. b) Drugs administered - name, strength, dose and route of drug administered is recorded c) Drugs dispensed or prescribed – name, strength, quantity, dose and directions for use (including route) of drugs dispensed or prescribed is recorded. d) Surgical treatment details are recorded (in progress notes or a protocol) and include the approach used, findings and type of surgery. e) It is recommended that records demonstrate an	This addition to the guidelines supports antimicrobial stewardship by promoting clinically justified prescribing and clear documentation of decision-making. It is not a requirement but will be reviewed by inspectors and an educational approach taken at this time.

		established medical need for antimicrobial prescribing. When there is prophylactic antibiotic use, the rationale is clearly recorded in the medical record.	
ES – 2. Medical Records B. Content of Medical Records for Large Animal	9. A complete record of all written prescriptions and drugs that the veterinarian has prescribed or dispensed, including withholding times.	a) Drug administered – name, strength, dose and route of drug administered is recorded. b) Drugs dispensed or prescribed – name, strength, quantity, dose and directions for use (including route) of drugs dispensed or prescribed is recorded. c) It is recommended that records demonstrate an established medical need for antimicrobial prescribing. When there is prophylactic antibiotic use, the rationale is clearly recorded in the medical record.	Same as above
ES – 2. Medical Records C. Content of Medical Records for Poultry	9. A complete record of all written prescriptions and drugs that the veterinarian has prescribed or dispensed, including withholding times.	a) Drug administered – name, strength, dose and route of drug administered is recorded. b) Drugs dispensed or prescribed – name, strength, quantity, dose and directions for use (including route) of drugs dispensed or prescribed is recorded. c) It is recommended that records demonstrate an established medical need for antimicrobial prescribing. When there is prophylactic antibiotic use, the rationale is clearly recorded in the medical record.	Same as above
ES – 6. Pharmaceutical Management	11. The facility has a written policy on antimicrobial stewardship that demonstrates commitment to	a) Confirmation is provided that a veterinary team member has been designated as the	A documented policy promotes consistent decision-making, supports team education, and aligns the facility with

	<p>and accountability for prescribing antimicrobials responsibly. The policy includes prescribing of medically important antimicrobials.</p>	<p>AMS team lead who has the knowledge, training or experience, to train and direct team members on the policy.</p> <p>b) Veterinarians prescribing antimicrobials have access to current and evidence-based resources and tools for antimicrobial prescribing (i.e., resources such as the International Society for Companion Animal Infectious Diseases (ISCAID), the CVMA, and the Farmed Animal Antimicrobial Stewardship (FAAST) Initiative).</p> <p>c) There is a protocol for antimicrobial use in common conditions encountered.</p> <p>d) There is evidence of client communication and education regarding appropriate antimicrobial use. For example, ready-to-use handouts, posters and training of staff to communicate effectively on this topic.</p> <p>e) There is evidence of ongoing education and awareness of</p>	<p>recognized stewardship principles aimed at mitigating antimicrobial resistance. Having a policy on AMS is consistent with other accreditation schemes.</p>
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		antimicrobial resistance and stewardship principles for the veterinary team, including promoting disease prevention and control and good general husbandry to reduce the need for antimicrobials.	
ES – 7. Biosecurity and Biomedical Waste Management	1. The facility has a written policy for dealing with infectious and zoonotic cases, as well as overall infection control, such that team members are aware of said policy.	a) The written policy may include; i. Effective containment of contagious diseases throughout the facility. For example: a policy which outlines how patients are identified, how team members deal with potentially contagious animals entering the facility, accommodation, etc. The policy sets out how infectious cases are to be dealt with or referred elsewhere. ii. Where separate accommodation for isolating hospitalized cases is present (self-contained room or building), the practice complies with the Isolation Facilities standard. Where separate accommodation is not available, the policy sets out procedures for effective isolation and care of infectious cases. iii. Measures to regularly audit and record the adherence to infection control policies and procedures. For example, daily, weekly or monthly	Adding this to a written policy ensures facilities can respond quickly and appropriately to higher-risk cases. Clear procedures improve infection control, reduce transmission risk, and protect animals, staff, and public health. This measure also supports antimicrobial stewardship through early detection, responsible treatment decisions, and containment of resistant organisms, and aligns with other accreditation standards.

		<p>checklists for team members to use. iv. Team member training procedures.</p> <p>v. The facility has protocols in place for the identification and management of cases of infection involving antimicrobial resistant bacteria.</p>	
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Unintended Consequences

Antimicrobial stewardship is broadly beneficial, but like any system level intervention, it can have unintended consequences if poorly designed or implemented.

Veterinarians may hesitate to prescribe when treatment is clinically warranted which has the potential for worsened patient outcomes. AMS becomes a documentation exercise because it is viewed as an administrative burden rather than a clinical quality initiative which could lead to false assurance of stewardship without real impact on prescribing behaviour. Restrictions on certain antimicrobials may lead to use of less appropriate or less effective drugs.

PART D: Additional Considerations

Capacity

This work will be managed as part of the College’s regular work and will not require additional staffing or budget allocations.

Are there any other resource issues that need consideration?

Opportunity for Collaboration

There is an opportunity to circulate for public and member consultation where feedback received will offer several opportunities for further discussion.

Measurement of Impact

Measurement of impact will be dependent on Council’s decision and implementation will be sent to the College’s Impact Strategy Unit for consideration.

PART E: Council Discussion

Direction Requested

Legacy Council has the opportunity to discuss and ask questions related to the options for consideration. The Accreditation Committee has provided a recommendation to Legacy Council for consideration of Option #3.

Potential Council Directions

Following discussion, the Legacy Council is asked to make a motion:

- (a) Accept option #1 and take no action in embedding AMS principles in the accreditation standards.
- (b) Accept option # 2 as presented and circulate for stakeholder consultation.
- (c) Accept option #2 as amended and circulate for stakeholder consultation.
- (d) Accept option #3 as presented and circulate for stakeholder consultation.
- (e) Accept option #3 as amended and circulate for stakeholder consultation.
- (f) Return to the Accreditation Committee for further review and bring forward information to Legacy Council's next meeting.
- (g) Any other option the Legacy Council would like to consider.

Attachment

- Appendix A – Resources for Environmental Scan



Appendix A: Environmental Scan – Antimicrobial Stewardship

Antimicrobial Stewardship Requirements in Other Accreditation Schemes

Organization	Document	Antimicrobial Stewardship Requirements
Royal College of Veterinary Surgeons (UK) – Practice Standards Scheme	Small Animal Modules	<ul style="list-style-type: none">• Requires documentation in the clinical record when antibiotics are prescribed, including justification for use and confirmation that legal conditions are met .• Prophylactic antibiotic use must be exceptional and the rationale clearly recorded in the medical record .• Where antibiotics are prescribed to groups of animals, the management review and mitigation measures must be recorded .• Records must be retained for at least five years for antimicrobial prescriptions under Veterinary Medicines Regulations .• Use of Highest Priority Critically Important Antibiotics (HP-CIAs) requires explicit justification recorded in the animal's clinical record, supported by culture and sensitivity testing wherever possible
Royal College of Veterinary Surgeons (UK) – Practice Standards Scheme	Farm Animal Modules	<ul style="list-style-type: none">• Veterinary surgeons must be seen to ensure that when using antimicrobials they do so responsibly, and be accountable for the choices made in such use.• A practice has a written policy regarding the prescribing of HP-CIA (highest priority critically important antibiotics which consist of fluoroquinolones, 3rd and 4th generation cephalosporins and colistin). This will include culture and sensitivity to show that no other, non-critical antimicrobials could be used in the place of a HP-CIA as a first-line treatment. It will also include the requirement that, if an HPCIA is used in exceptional circumstances (e.g. in a critical situation or pending culture results), an explicit justification should be included on the animal's clinical record.• The practice has a protocol for antimicrobial use in common conditions encountered.• The practice has protocols in place for the identification and management of cases of infection involving antimicrobial resistant bacteria.• The practice provides advice and education to its clients on antimicrobial resistance, anthelmintics, zoonoses, infection control and biosecurity.



<p>Royal College of Veterinary Surgeons (UK) – Practice Standards Scheme</p>	<p>Equine Module</p>	<ul style="list-style-type: none"> • The practice has procedures in place to educate the team and clients about the responsible use of antimicrobials, antimicrobial resistance and zoonoses, and the implications for animal and human health. • A practice must be able to demonstrate that when using antimicrobials, it does so responsibly and is accountable for the choices made in such use. A person who prescribes antimicrobials must ensure that the product is prescribed for the most limited period that is consistent with the risk to be addressed. • The practice has a protocol for antimicrobial use in common conditions encountered. • A practice has a written policy regarding the prescribing of HP-CIA (highest priority critically important antibiotics which consist of fluoroquinolones, 3rd and 4th generation cephalosporins and colistin). This will include culture and sensitivity to show that no other, non-critical antimicrobials could be used in the place of a HP-CIA as a first-line treatment. It will also include the requirement that, if an HPCIA is used in exceptional circumstances (e.g. in a critical situation or pending culture results), an explicit justification should be included on the animal’s clinical record. • The practice has a protocol for antimicrobial use in common conditions encountered.
<p>Royal College of Veterinary Surgeons (UK) – Practice Standards Scheme</p>	<p>Module 11: Medical Records</p>	<ul style="list-style-type: none"> • Medical records must include medications prescribed/supplied, supporting continuity of care and accountability for antimicrobial decisions . • Record-keeping requirements explicitly link to Veterinary Medicines Regulations, reinforcing compliance expectations for antimicrobials .
<p>American Animal Hospital Association (AAHA)</p> <p>2022 AAFP/AAHA Antimicrobial</p>	<p>Standards of Accreditation</p>	<ul style="list-style-type: none"> • Practice team members follow infection control policies related to personal hygiene, patient care and disinfection of equipment and facilities. Frequent hand washing or the use of antimicrobial agents are utilized to prevent the spread of contagious diseases to hands and hospital surfaces. • Limit therapeutic antimicrobial treatment to ill or at-risk patients, only when bacterial maladies are suspected or the patient is immunocompromised (i.e. not for uncomplicated viral infections



Stewardship Guidelines		<ul style="list-style-type: none"> Choose an antimicrobial drug that is expected to reach therapeutic levels in the targeted organ/tissue and has a spectrum of activity that includes the suspected pathogen. In house or outside laboratory services include antimicrobial sensitivity testing
Alberta Veterinary Medical Association (ABVMA) – Practice Inspection Practice Standards (PIPS)	PIPS Bylaw	<ul style="list-style-type: none"> Medical records must document all medications prescribed, dispensed or administered, including name, dose, frequency, and duration . Records must demonstrate an established medical need for any medication, including prescription drugs such as antimicrobials . Herd records must include preventative and treatment strategies supported by SOPs, which may include antimicrobial protocols While AMS is not explicitly named, documentation requirements support stewardship principles through traceability, justification, and accountability
College of Veterinarians of BC	Schedule D – Facility Accreditation Standards	<ul style="list-style-type: none"> No explicit reference to “antimicrobial stewardship” located within medical record-keeping sections.

Other Resources

Organization	Resource
Canadian Veterinary Medical Association	<p>Veterinary Oversight of Antimicrobial Use- A Pan-Canadian Framework of Professional Standards for Veterinarians</p> <p>CVMA Guidelines for Veterinary Antimicrobial Use</p> <p>Provides national leadership through guidelines, policy frameworks, and education. Key initiatives include the Pan-Canadian Framework for Action on AMR and the Stewardship of Antimicrobials by Veterinarians Initiatives (SAVI) program, which promotes stewardship through practical tools and professional engagement.</p>



College of Veterinarians of Ontario	Opportunities for the Enhancement of Antimicrobial Stewardship in Companion Animal and Equine Medicine in Ontario. Report by ACER Consulting.
Provincial Veterinary Medical Associations and Colleges	<p>Promote AMS through position statements, continuing education, and targeted resources.</p> <p>Alberta Veterinary Medical Association (ABVMA)- Practice Inspection and Practice Standards Bylaw February 2025</p> <p>College of Veterinarians of British Columbia – Schedule D – Accreditation Standards</p> <p>New Brunswick Veterinary Medical Association - Antimicrobial Stewardship Video Series (Member Only Access)</p>
International Veterinary Regulatory Organizations	<p>Common elements include clear prescribing guidelines, defined stewardship principles, and clinic-level implementation tools</p> <p>American Veterinary Medical Association – Antimicrobial stewardship definition and core principles</p> <p>Australian Veterinary Association - Antimicrobial prescribing guidelines https://www.ava.com.au/library-journals-and-resources/ava-other-resources/fighting-antimicrobial-resistance/</p> <p>Royal College of Veterinary Surgeons (UK) - Practice Standards Scheme</p> <p>Veterinary Council of Ireland - Guidelines on Antimicrobial medical products in live animal exports: https://www.vci.ie/news/department-of-agriculture-guidelines-on-use-of-antimicrobial-product</p>



	<p>New Zealand Veterinary Association - Resources for veterinarians: https://nzva.org.nz/clinical-resources/general/amr/</p>
Canadian Animal Health Institute (CAHI)	<p>Provides national leadership through guidelines, policy frameworks, and education. Key initiatives include the Pan-Canadian Framework for Action on AMR and the Stewardship of Antimicrobials by Veterinarians Initiatives (SAVI) program, which promotes stewardship through practical tools and professional engagement.</p>
Farmed Animal Antimicrobial Stewardship (FAAST)	<ul style="list-style-type: none"> • Aims to tackle resistance head on through education, collaboration, and engagement across the value chain • Improve antimicrobial stewardship in farmed animals • Prepare policy and regulatory changes, and preserve the efficacy of antimicrobials without compromising animal health or food safety
Canadian Food Inspection Agency	<p>Infographic – Help Minimize Antimicrobial Resistance in Your Pets</p>
Health Canada	<p>Antibiotic resistance in animals</p>
Ontario Animal Health Network	<p>Antimicrobial Stewardship Resources</p> <p>https://www.oahn.ca/resources/antimicrobial-stewardship-resources/</p> <p>Infection Prevention and Control Best Practices for Small Animal Veterinary Clinics (2020)</p> <p>https://www.oahn.ca/resources/ipc-best-practices/</p>

AGENDA ITEM 8.3.2

**TOPIC: Revisions to the Accreditation Standards for
Veterinary Facilities in Ontario**

Area of Focus

- Governance
- Legislation
- Public Policy
- Stakeholders
- Strategy

Background

Facility Accreditation is an integral part of the College’s quality practice program, ensuring veterinary facilities provide a professional environment and contain the essential equipment required for patient care.

The College Council, under section 8 of the Veterinarians Act, establishes standards for veterinary facilities which must be met to qualify for the issuance or renewal of a certificate of accreditation. All veterinary facilities must meet the requirements described in the Accreditation Standards for Veterinary Facilities in Ontario

A veterinary facility will need to meet and maintain a set of Essential Standards, and Additional Scope of Practice Standards selected by the Facility Director. The Additional Scope of Practice Standards are standards that apply to a veterinary facility based on the scope of services they provide. Based on the species and scope of practice, the facility director demonstrates to the College how they meet requirements in the standard. This outcome-based approach focuses on mitigating risks in the facility and evaluates outcomes that would be expected based on the scope of services provided from the facility.

The accreditation standards are the “ends” that must be met; however, there is flexibility in the means by which the facility meets these standards. That is why, guidelines are set out under most requirements which describe the usual means to achieve or demonstrate the requirement. In other words, every facility must show that it has met the requirement by either (1) following the guideline provided, or (2) using an alternative means that is equally effective.

Issue

The current accreditation standards, implemented in Fall 2023, have been successfully adopted across accredited facilities. Feedback from inspections, inspectors and facility directors indicates that the standards are performing as intended, however College staff have identified gaps and opportunities to improve clarity, strengthen terminology and address minor operational issues observed since implementation.

Accordingly, a few minor amendments to the current standards are being proposed for the Legacy Council's consideration. These revisions are intended to enhance clarity and usability, without altering the overarching intent or structure of the existing standards. A new requirement related to drug delivery is being proposed for Legacy Council's consideration to align with the current regulations.

Discussion

Based on feedback from facility directors and inspectors, as well as an analysis of the current accreditation standards, the Accreditation Committee reviewed proposed revisions. Following a thorough discussion, the Committee is forwarding recommendations to Council for its consideration. A summary of the recommended changes is provided in the table below.

Table: List of Standards Reviewed and Suggested Changes plus Addition of New Requirements

Abbreviations and Definitions:

- ES = Essential Standards
- ASPS = Additional Scope of Practice Services
- Requirement = a statement indicating what a facility must meet.
- Guidelines = additional information providing guidance that may include how a facility can meet the requirement.

Standard Title	Requirement	Guideline	Rationale for Change
ES- 1. Facility Services and Equipment A. Facility Structure – applies to hospital and office only	When consultations are carried out at the practice there is a reception area of adequate size. The reception area cannot be within an examination room. The reception area is entered directly from outside of the facility and contains sufficient seating for the reasonably expected number of clients	No guideline	The rationale for this requirement is that when clients enter the facility, there is an intake process and first point of contact. There is a waiting area with seating. And clients cannot access other areas of the hospital or office without being accompanied by a staff member. This can be met without the need to have a reception area that is self-contained and allows for flexibility in facility design.
ES- 5. Professional Practice	4. Veterinarians who are facility directors will hold a general licence. If the facility	No change to guideline.	This was changed for accuracy to align with the regulations which state that the facility

	<p>director has a restriction on their licence, the conditions of the certificate of accreditation are consistent with the restriction, if applicable.. Restricted licence holder with a supervision condition is not eligible to be a facility director.</p>	<p>a) For example, a veterinarian with a license restricted to poultry would only be able to apply for a poultry service facility.</p>	<p>director will hold either a general license or a restricted licence the conditions of which are consistent with the conditions of the certificate of accreditation being sought. (O. Reg. 1093 section 11(2))</p>
ES- 5. Professional Practice	<p>6. The certificate of accreditation must be displayed in a location visible to the public within the facility..</p>	<p>No guideline</p>	<p>The original requirement combined 6. and 7. It is suggested to separate this requirement based on inspection data that consistently shows non-compliance. The issue is specifically that facilities are not publicly displaying the facility director's name and contact information. By dividing this into two separate requirements, the College can more clearly identify the source of non-compliance.</p>
	<p>7. The name of the facility director and their contact information are clearly and publicly displayed at the veterinary facility.</p>	<p>No guideline</p>	<p>See above</p>
ES – 6. Pharmaceutical Management	<p>2. Maintains a record keeping system for inventory management of controlled drugs. If controlled drugs are</p>	<p>a) If a controlled substance is dispensed or administered then the following information is logged; i. The date</p>	<p>The original requirement combined 2. and 3. It is suggested to separate the requirement for a</p>

	<p>used, proper logs and inventory management is expected to follow provincial and federal legislation. A current verifiable monthly inventory of controlled drugs is required (a controlled drug audit is performed every 21 to 31 days).</p>	<p>it was administered or dispensed, ii. Patient name or ID iii. The name and address of the client, iv. The name, strength and quantity of the controlled substance dispensed or administered, and v. The quantity of the controlled substance remaining in the inventory after the controlled substance is dispensed or administered</p> <p>b) A suggestion to ensure a current, verifiable monthly inventory of controlled drugs is to pre-schedule it each month to account for staff availability (i.e. vacation). May also consider doing random spot checks for higher risk drugs with street value.</p> <p>c) Consider more frequent "reconciliations" depending on a number of factors in your practice: i. Volume dispensed ii. Number of team members with access to the inventory iii. Previous security issues iv. Change of ownership, facility director, or unexpected staffing changes v. The security of drugs may have been compromised</p>	<p>system of inventory management for non-controlled drugs from the monthly controlled drug audit because inspection data consistently shows non-compliance. The issue specifically is that facilities are not maintaining an inventory management system for non-controlled drugs. By dividing this into two separate requirements, the College can more clearly identify the source of non-compliance.</p>
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	<p>3. Maintains a record keeping system for inventory management that includes regular audits of non-controlled drugs.</p>	<p>a) Regular audits of non-controlled drug inventory should be at least once a year. There should be evidence of audits taking place and any discrepancies reconciled.</p> <p>b) Consider more frequent "reconciliations" depending on a number of factors in your practice: i. Volume dispensed ii. Number of team members with access to the inventory iii. Previous security issues iv. Change of ownership, facility director, or unexpected staffing changes v. The security of drugs may have been compromised.</p>	<p>See above</p>
	<p>6. When drugs are shipped or mailed to clients, there is a delivery method that allows tracking and gets a signature from the person receiving the drug.</p>	<p>a) Use of a courier or delivery service that provides real time tracking and proof-of-delivery confirmation is demonstrated.</p> <p>b) The facility may also demonstrate that records, including tracking and delivery confirmation are kept.</p>	<p>Facilities that have a satellite location for dispensing drugs have this requirement. As all facilities can ship or mail drugs to clients, this requirement was added for consistency across facilities. Requiring tracking, signature confirmation and safeguards to maintain drug integrity helps prevent diversion, loss or tampering and</p>

			supports compliance with regulatory obligations.
	7. There is a system in place to maintain drug integrity and safety during shipping or mailing drugs to clients, including appropriate packaging and temperature control where required.	<ul style="list-style-type: none"> a) Drugs are packaged and shipped in a manner that maintains the manufacturers recommended storage temperature throughout transit. b) Appropriate packaging materials (e.g. insulated containers, cold packs where required) are used. c) Team members can describe or demonstrate reasonable steps were taken to ensure proper temperature control during shipping or mailing, including shipping method selection and packaging. 	Establishing clear systems and documentation requirements ensures that medications are delivered securely, received by the intended individual, and maintained in a manner that preserves their integrity and safety. These requirements support public and animal health by promoting accountability, traceability and proper handling of pharmaceuticals outside of the physical facility.
ASPS – 14. Surgery C. Surgical Mobile for Companion Animals	2. The surgical area must be visibly identified and separated by enough distance from non-surgical activities to avoid contamination.	<ul style="list-style-type: none"> a) The surgical area is separate from the admission area, surgical preparation area, recovery area, and instrument preparation area. b) Located in a low-traffic area to reduce the risk of contamination. c) It is evident that necessary steps are taken to reduce the risk of 	The revision in the requirement and to the guidelines is to provide clarity for surgical mobiles for companion animals where surgeries are performed outside of the traditional in-facility surgical suite and ensuring the separation of surgical and non-surgical activities.

		infections. As appropriate and practical for the specific surgical procedure and conditions, the highest level of aseptic technique possible is performed for all surgical procedures.	
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Options

Following discussion, the Legacy Council is asked to make a motion:

1. Accept the proposed revisions to the accreditation standards to be circulated for consultation.
2. Accept the proposed revisions to the accreditation standards as amended to be circulated for consultation.
3. Return to staff for further review and bring forward information to the Accreditation Committee's next meeting.
4. Decline the proposed revisions to the accreditation standards.
5. Other

AGENDA ITEM 8.3.2

**TOPIC: Revisions to the Accreditation Standards for
Veterinary Facilities in Ontario**

Area of Focus
<input type="checkbox"/> Governance
<input type="checkbox"/> Legislation
<input checked="" type="checkbox"/> Public Policy
<input type="checkbox"/> Stakeholders
<input type="checkbox"/> Strategy

Background

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The College Council, under section 8 of the Veterinarians Act, establishes standards for veterinary facilities which must be met to qualify for the issuance or renewal of a certificate of accreditation. All veterinary facilities must meet the requirements described in the Accreditation Standards for Veterinary Facilities in Ontario

A veterinary facility will need to meet and maintain a set of Essential Standards, and Additional Scope of Practice Standards selected by the Facility Director. The Additional Scope of Practice Standards are standards that apply to a veterinary facility based on the scope of services they provide. Based on the species and scope of practice, the facility director demonstrates to the College how they meet requirements in the standard. This outcome-based approach focuses on mitigating risks in the facility and evaluates outcomes that would be expected based on the scope of services provided from the facility.

The accreditation standards are the “ends” that must be met; however, there is flexibility in the means by which the facility meets these standards. That is why, guidelines are set out under most requirements which describe the usual means to achieve or demonstrate the requirement. In other words, every facility must show that it has met the requirement by either (1) following the guideline provided, or (2) using an alternative means that is equally effective.

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Discussion

Based on feedback from facility directors and inspectors, as well as an analysis of the current accreditation standards, the Accreditation Committee reviewed proposed revisions. Following a thorough discussion, the Committee is forwarding recommendations to Council for its consideration. A summary of the recommended changes is provided in the table below.

Table: List of Standards Reviewed and Suggested Changes plus Addition of New Requirements

Abbreviations and Definitions:

- ES = Essential Standards
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Standard Title	Requirement	Guideline	Rationale for Change
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ES- 5. Professional Practice	4. Veterinarians who are veterinary practice owners facility	No change to guideline.	This was changed for accuracy to align with the regulations which state that the facility

	<p><u>directors</u> will hold a general licence. If the <u>veterinarian owner/facility director</u> has a restriction on their licence, the conditions of the certificate of accreditation are consistent with the restriction, if applicable.</p> <p>Veterinarians with a restricted licence with direct or indirect supervision are not permitted to own a practice.</p> <p><u>Restricted licence holder with a supervision condition is not eligible to be a facility director.</u></p>	a) For example, a veterinarian with a license restricted to poultry would only be able to apply for a poultry service facility.	director will hold either a general license or a restricted licence the conditions of which are consistent with the conditions of the certificate of accreditation being sought. (O. Reg. 1093 section 11(2))
ES- 5. Professional Practice	<p>6. The certificate of accreditation must be displayed in a location visible to the public within the <u>practice/facility</u>. The name of the facility director and their contact information are clearly and publicly displayed at the veterinary facility.</p>	No guideline	The original requirement combined 6. and 7. It is suggested to separate this requirement based on inspection data that consistently shows non-compliance. The issue is specifically that facilities are not publicly displaying the facility director's name and contact information. By dividing this into two separate requirements, the College can more clearly identify the source of non-compliance.
	<p><u>7. The name of the facility director and their contact information are</u></p>	No guideline	See above

	<u>clearly and publicly displayed at the veterinary facility.</u>		
ES – 6. Pharmaceutical Management	2. Maintains a record keeping system for inventory management of all medication that includes regular audits <u>controlled drugs</u> . If controlled drugs are used, proper logs and inventory management is expected to follow provincial and federal legislation. A current verifiable monthly inventory of controlled drugs is required (a controlled drug audit is performed every 21 to 31 days).	<p>a) If a controlled substance is dispensed or administered then the following information is logged; i. The date it was administered or dispensed, ii. Patient name or ID iii. The name and address of the client, iv. The name, strength and quantity of the controlled substance dispensed or administered, and v. The quantity of the controlled substance remaining in the inventory after the controlled substance is dispensed or administered</p> <p>b) A suggestion to ensure a current, verifiable monthly inventory of controlled drugs is to pre-schedule it each month to account for staff availability (i.e. vacation). May also consider doing random spot checks for higher risk drugs with street value.</p> <p>c) Consider more frequent “reconciliations” depending on a number of factors in your practice: i. Volume dispensed ii. Number of team members with access to the inventory iii. Previous security issues iv. Change of</p>	The original requirement combined 2. and 3. It is suggested to separate the requirement for a system of inventory management for non-controlled drugs from the monthly controlled drug audit because inspection data consistently shows non-compliance. The issue specifically is that facilities are not maintaining an inventory management system for non-controlled drugs. By dividing this into two separate requirements, the College can more clearly identify the source of non-compliance.

		<p>ownership, facility director, or unexpected staffing changes v. The security of drugs may have been compromised</p> <p>d) Regular audits of non-controlled drug inventory should be at least once a year. There should be evidence of audits taking place and any discrepancies reconciled</p>	
	<p><u>3. Maintains a record keeping system for inventory management that includes regular audits of non-controlled drugs.</u></p>	<p>a) <u>Regular audits of non-controlled drug inventory should be at least once a year. There should be evidence of audits taking place and any discrepancies reconciled.</u></p> <p>b) <u>Consider more frequent "reconciliations" depending on a number of factors in your practice: i. Volume dispensed ii. Number of team members with access to the inventory iii. Previous security issues iv. Change of ownership, facility director, or unexpected staffing changes v. The security of drugs may have been compromised.</u></p>	See above
	<p><u>6. When drugs are shipped or mailed to</u></p>	<p>a) <u>Use of a courier or delivery</u></p>	Facilities that have a satellite location for

	<p><u>clients, there is a delivery method that allows tracking and gets a signature from the person receiving the drug.</u></p>	<p><u>service that provides real time tracking and proof-of-delivery confirmation is demonstrated.</u></p> <p><u>b) The facility may also demonstrate that records, including tracking and delivery confirmation are kept.</u></p>	<p>dispensing drugs have this requirement. As all facilities can ship or mail drugs to clients, this requirement was added for consistency across facilities. Requiring tracking, signature confirmation and safeguards to maintain drug integrity helps prevent diversion, loss or tampering and supports compliance with regulatory obligations.</p>
	<p><u>7. There is a system in place to maintain drug integrity and safety during shipping or mailing drugs to clients, including appropriate packaging and temperature control where required.</u></p>	<p><u>a) Drugs are packaged and shipped in a manner that maintains the manufacturers recommended storage temperature throughout transit.</u></p> <p><u>b) Appropriate packaging materials (e.g. insulated containers, cold packs where required) are used.</u></p> <p><u>c) Team members can describe or demonstrate reasonable steps were taken to ensure proper temperature control during shipping or mailing, including shipping method selection and packaging.</u></p>	<p>Establishing clear systems and documentation requirements ensures that medications are delivered securely, received by the intended individual, and maintained in a manner that preserves their integrity and safety. These requirements support public and animal health by promoting accountability, traceability and proper handling of pharmaceuticals outside of the physical facility.</p>

<p>ASPS – 14. Surgery</p> <p>C. Surgical Mobile for Companion Animals</p>	<p>2. The surgical area must be visibly identified and separated by enough distance from <u>non-surgical activities to avoid contamination.</u> recovery, admission, surgical and instrument preparation area to avoid contamination.</p>	<p>a) <u>The surgical area is separate from the admission area, surgical preparation area, recovery area, and instrument preparation area.</u></p> <p>b) <u>Located in a low-traffic area to reduce the risk of contamination.</u></p> <p>c) <u>It is evident that necessary steps are taken to reduce the risk of infections. As appropriate and practical for the specific surgical procedure and conditions, the highest level of aseptic technique possible is performed for all surgical procedures.</u></p>	<p>The revision in the requirement and to the guidelines is to provide clarity for surgical mobiles for companion animals where surgeries are performed outside of the traditional in-facility surgical suite and ensuring the separation of surgical and non-surgical activities.</p>
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Options

Following discussion, the Legacy Council is asked to make a motion:

1. Accept the proposed revisions to the accreditation standards to be circulated for consultation.
2. Accept the proposed revisions to the accreditation standards as amended to be circulated for consultation.
3. Return to staff for further review and bring forward information to the Accreditation Committee's next meeting.
4. Decline the proposed revisions to the accreditation standards.
5. Other

AGENDA ITEM 9.1

TOPIC: Business Contingency Plan Policy

Area of Focus
<input checked="" type="checkbox"/> Governance
<input type="checkbox"/> Legislation
<input type="checkbox"/> Public Policy
<input type="checkbox"/> Stakeholders
<input type="checkbox"/> Strategic Plan

Background

The College has had a Business Contingency Plan for 14 years. The Plan has been developed considering best practices in crisis management strategies for small not for profit organizations, in particular those with a focus on profession-based regulation. There is no one approach to crisis management and benchmarking against our peers has assisted with determining this Policy.

This Policy has been reviewed periodically and was most recently updated after the pandemic and additionally, in keeping with increasing challenges in technology use and management.

The Policy applies to both governance and staff. The Plan is set out to describe overarching crisis management. Areas that require additional considerations have further elements in specific appendices – namely fire response, public health emergency response, and technology considerations. The College is presently in the middle of an external review related to cybersecurity. It is anticipated that a separate appendix will be added on this topic post the review.

Discussion

The Executive Committee reviewed the Business Contingency Plan Policy at its February meeting prior to forwarding it to Legacy Council for its review and approval. The Committee provided its feedback which resulted in an updated Business Contingency Plan Policy and Appendix A – “The Plan”. Both are attached for Council’s review and approval.

Options

Following discussion, Council may elect to:

1. Direct that the Business Contingency Plan Policy be approved as presented
2. Direct that the Business Contingency Plan Policy be approved as amended;

3. Direct that the Business Contingency Plan Policy be returned to College staff for further development;
4. Other

Attachments

- Business Contingency Plan Policy
- Appendix A - Business Contingency – “The Plan”

Title: Business Contingency Plan
Applicable to: Staff, Council and Agents of the College
Date Approved: May 2012
Date Revised: January, 2026

Policy

The College of Veterinarians of Ontario maintains an overarching Business Contingency Plan (The Plan) to ensure a consistent approach to emerging matters of high risk and importance which require timely mitigation, in particular ensuring the safety of all councilors, committee members, staff and agents of the College. The Plan also consists of specific subset areas of risk related to Fire, to Public Health Emergencies and to Technology and Cyber Security given their unique features. All parties to whom The Plan applies receive an annual orientation to its contents.

While The Plan does apply to specific risk scenarios for the College as they arise, it is not a substitute for the College's overarching approach to risk management as detailed in Governance policy - 4.1 Risk Management found in the Board Governance Manual.

The Plan addresses events that can be classified as high-risk events or crises. These include but are not limited to:

- A lack of access to the office physical space because of fire, flooding, etc.;
- A significant technological incident including inappropriate access to data, misuse of telecommunications, and/or security breaches of any nature;
- An all-workplace staff disruption due to illness, weather;
- A declared public health crisis that may be of a small or large magnitude;
- An incident which has potential to harm the College's reputation as a public interest organization.

Procedure

- 1.0 The Business Contingency Plan (The Plan) is developed in keeping with published best practices incorporating a consistent cycle of mitigation and response (see Appendix A).
- 2.0 The Plan establishes a Crisis Response Team (CRT) consisting of the Registrar and CEO, the Director of Communications & Engagement, the Deputy Registrar and any additional key roles necessary for executing The Plan (extended team).

- 3.0 The Plan has four components:
 - a.) an overarching structure which applies in all high risk events (Appendix A)
 - b.) a specific set of additional elements relevant to fire safety (Appendix B)
 - c.) a specific set of additional elements relevant to a public health emergency (Appendix C)
 - d.) a specific set of additional elements relevant to technology, data and security. (Appendix D)

- 4.0 The Plan is reviewed annually by the Registrar and CEO and the Deputy Registrar to ensure it is current and relevant.

- 5.0 All parties to whom The Plan applies will receive an orientation to its contents.



Appendix A Business Contingency Plan “The Plan”

Purpose

The purpose of this Business Contingency Plan (The Plan) is to provide staff and the Council of the College of Veterinarians of Ontario (the College) with guidelines to follow in the event of a significant crisis or major business interruption which impacts the daily operations of the College of Veterinarians of Ontario.

Definition

The Plan is intended to address events that can be classified as a crisis or emergency. Three definitions which assist with managing The Plan include:

Crisis:

- A crisis has an impact on the organization
- A crisis has an impact on animal patients or on public health.
- A crisis can impair our required functioning as a regulator.
- A crisis can threaten our reputation as an effective regulator.

Potential Crisis Categories

1. Reputation – an event that significantly damages the public and other stakeholder trust and perception of the College.
2. Governance – significant issues within the College’s leadership, decision-making processes and Governmental relationships.
3. Regulatory Program Delivery – an event that may significantly disrupt or causes the potential cessation of core College regulatory functions.
4. People and Culture – an event or series of events that results in or has a high probability to affect the health and safety of CVO staff.
5. Operations and Facilities Management – an incident that may significantly disrupt the College’s physical infrastructure.
6. Privacy/Cyber Security – a significant privacy or cyber security incident that has significant impact on the College’s ability to operate or causes significant reputational impact.

***For a detailed description of the Potential Crisis Categories above, please see the attached table at the end of this Appendix.**

Areas of Business

The College's areas of regular business include:

- Registration/Licensure
- Investigations and Resolutions
- Discipline
- Quality Practice
- Facility Accreditation
- Office of the Registrar
- Communications
- Practice Advice
- Council and Council Committees (Governance)
- Operations (People & Culture)

Objectives

Key objectives for developing and maintaining The Plan are to:

- ensure the safety of employees; and other persons onsite at the College
- ensure the on-going availability of critical business functions and operations
- comply with legislative or broader public responsibilities
- ensure a timely and effective communication strategy
- ensure the timely and effective resumption of all business functions
- employ, where possible, measures to prevent recurrence or decrease future impact of a similar event, and
- manage any reputational risk

Assumptions

The Plan assumes any of the following:

- an interruption to the regular operations of the College has occurred
- there is limited or no access to the physical office site
- the majority of employees are not available as a result of illness, an incident, or disaster
- there is sufficient staff not affected by illness, an incident, or disaster with adequate knowledge to implement The Plan
- The Plan is up to date and has been tested for ease of implementation

Systems Approach to Business Contingency

A systems approach to business contingency involves a continuous cycle of activity. The principle elements of a systems approach are:

- i. ***Hazard Analysis/Risk Assessment*** is a process by which the hazards facing a particular community are identified and analyzed/ assessed in terms of the threat/risk, which they pose.

- ii. **Mitigation/Risk Management** includes all actions taken to eliminate or reduce the risk to people, property and the environment from the hazards which threaten them.
- iii. **Planning and Preparedness** are the actions undertaken before an emergency occurs and include:
 - preparation of risk mitigation plans
 - development of preparedness and response arrangements and the building of a capacity for assigned functions, in light of the risks faced
 - education, training and development of staff who will be required to respond to an emergency
 - exercising and testing systems, plans and procedures
 - the procurement of resources necessary to underpin preparedness
 - the maintenance of any necessary facilities
 - the audit/ assessment of preparedness.
- iv. **Response** takes place immediately before, during and directly after an emergency and includes such activities as public warning, search and rescue, emergency medical assistance, extinguishing of fires, containment of hazardous materials, transport of casualties, treatment of casualties, maintenance of public order and all associated support activities, as well as the co-ordination and management of these activities and related relevant communication.
- v. **Recovery** is generally regarded as occurring in two phases – immediate recovery and long-term recovery.
 - Immediate recovery activities include damage assessment, the clearing of debris, the restoration of essential supplies and services, and investigation
 - Long-term recovery activities include ongoing treatment and support of casualties and survivors, reconstruction of damaged infrastructure, buildings and services, restoring normality, and the identification of actions that may mitigate the effects of future emergencies

Crisis Response Team (CRT)

The Registrar & CEO, the Deputy Registrar, the Director, Communications & Engagement, the Executive Assistant form the Crisis Response Team (CRT). The Council President is included in the CRT as appropriate.

Responsibilities of the CRT include assessing the situation for level of possible risk, determining the most appropriate course of action, communicating an action plan, and monitoring the plan outcomes. The CRT will utilize the Crisis Response Protocol in accomplishing its work. The CRT is expected to consider the broadest possible implications of a crisis in its decision making.

The CRT may include/utilize any member of the extended team as an issue requires. The extended team may include:

- Legal Counsel
- Director, People & Resources
- Associate Registrar, Regulatory Programs
- Occupational Health & Safety Leads
- Data & Technology Specialist (for Technical/Data issues)
- Practice Advisor (for Clinical Standard issues)

In a state of emergency, areas of business may be restricted or suspended in order to ensure overall business continuity. Decisions related to restricted business functions will be determined after a risk assessment is completed by the CRT. All decisions made regarding essential business functions in relation to a specific event will consider staff/visitor safety first, the need to deploy staff beyond their usual role, and any legal or government expectations.

Crisis Response Protocol

1. Initiate the Crisis Response Team

The Registrar & CEO will call an immediate meeting of the CRT on notice of an impending crisis or when an actual crisis or emergency occurs.

2. Safety First

The CRT will take action to ensure the immediate physical safety and health of all persons at the College office. This may include advising individuals of any hazards involved, closing the College, evacuating the College or requiring individuals to remain at the College.

3. Impact of the Crisis & Action Planning

The CRT will assess the crisis and consider its impact on essential business functions. It will then determine a specific action plan related to functional activity, specific staff responsibilities, and other necessary resources. This impact review includes determining if additional members of the extended team are needed for action, implementation and decision-making.

4. Communicate

Once an action plan has been established, the CRT will develop a list of stakeholders needing to have access to and to understand the exact nature of the situation, its impact on College business and themselves, and what actions are being taken. The Registrar & CEO will keep the President informed of the action plan and any changes at regular intervals.

5. Implement The Plan

In implementing the action steps, the CRT will maintain a record of decisions taken, actions completed and by whom, and the outcome.

6. Monitor

The CRT has the ongoing responsibility to monitor the emergency and escalating the response as needed. The CRT will meet regularly to review the actions completed, consider any new developments, determine any additional actions needed, and review the effectiveness of communications.

The CRT will repeat Steps 2-6 regularly and as required to ensure success.

7. Return to Normal Operations

Once the crisis or emergency has resolved, a final meeting of the CRT will be held. This meeting is focused on the necessary actions, if any, to return the College to regular business. A final communications plan will also need to be developed.

Post Contingency Response Evaluation

When the emergency has been addressed and the College has returned to normal operations the CRT will complete a formal evaluation of its action plan and its effectiveness. This evaluation must include feedback from key individuals affected by or involved in the response. Opportunities for future risk mitigation will be considered and recommendations made. Opportunities for improvements to The Plan will be considered and incorporated.

Resources

The following resources have been developed to support The Plan and the Crisis Response Protocol:

- Risk incident report
- Protocol checklist
- Emergency support contact list

Regulatory College's Consulted:

College of Physicians and Surgeons of Ontario (CPSO)

Royal College of Dental Surgeons of Ontario (RCDSO)

College of Physiotherapists of Ontario (CPO)

Ontario College of Pharmacists (OCP)

COVER SHEET
Legacy Council Meeting
March 16, 2026



TOPIC: 10.1 Presentation on Ontario Veterinary Practice Context

There will be a presentation on this topic. Slides will be made available after the presentation.

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TOPIC: 10.2 General Trends

Every Councillor is encouraged to raise any matter they believe is relevant to the College and to which it should pay attention.

AGENDA ITEM 10. COUNCIL ROUNDABLE

TOPIC: 10.3 Public Trends

College staff collect information about the themes of public contacts with the College. This report is intended to share these themes with Council. The common themes continue to be consistent with those reported previously.

1. The Need for a Physical Exam

The College continues to receive questions about whether a physical examination is necessary to obtain a prescription, refill of a medication, or to give a vaccine. There is a lack of understanding amongst members of the public about why a physical exam is important and many feel that this requirement is just focused on increasing veterinary fees.

A member of the public was upset that veterinarians regularly indicate that legislation requires that veterinarians examine the animal at least every twelve months in order to renew a prescription, when this legislated requirement does not exist.

2. Cost Concerns

Members of the public continue to contact the College related to the costs of veterinary care and in some cases their abilities to afford veterinary fees. Some individuals are seeking information about low-cost options or alternative methods to fund care.

Costs concerns identified by the public also include the cost of obtaining a written prescription. Clients often do not understand why there is a fee for this service.

3. Access to Medical Records

The College continues to hear from members of the public who are encountering challenges in accessing a copy of their animal's medical records.

AGENDA ITEM 11. Notice of Motion

Background

A Notice of Motion is the way in which a Councillor can request Council take action on an issue, as per Robert's Rules and CVO's By-laws. The Registrar introduced the formal protocol for a Councillor to bring an issue forward to Council for consideration as a future policy debate.

At the appropriate time a Councillor who so wishes, may state an intent to make a motion at the next meeting on a matter. The matter will then be included on the next meeting's agenda. The Councillor making the original notice of intent will speak to the matter and a majority vote will be needed to proceed with adding the item to Council's regular order of business and directing next steps to staff.

Area of Focus

- Governance
- Legislation
- Public Policy
- Stakeholders
- Strategy

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AGENDA ITEM 12. Confidentiality

Councillors are reminded that Council meetings are public meetings.

Information discussed in in-camera sessions must be kept confidential by all in attendance. All budget/financial/strategic alignment documents are not to be shared outside of the meeting as these documents are working documents of Council and not public material. Any inquiries regarding the package can be directed to the website where the public package is posted.

Minutes of the Council meeting are not approved until its next meeting.