



College Connection

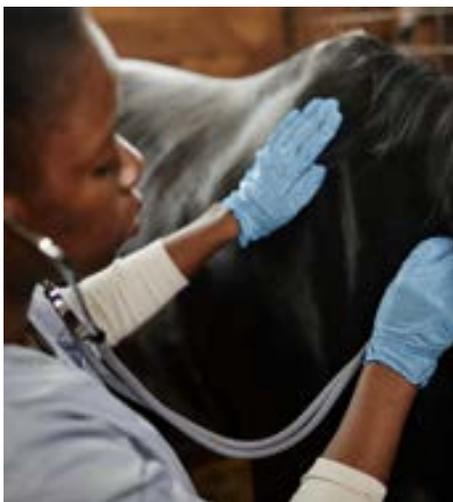


FACILITY ACCREDITATION

Flexible, straightforward accreditation model, standards launched October 1

On October 1, the College launched its new flexible and practical facility accreditation model and standards.

“The College Council is pleased to provide the public and the veterinary profession with a dynamic system for facility accreditation that enhances accountability and supports the delivery of safe, quality veterinary medicine in Ontario. The new model and its standards are the result of 10 years of research and consultation to



ensure they reflect the evolving nature of veterinary practices and meet the public’s expectation,” said Dr. Alana Parisi, College President.

The new accreditation model assures the public that veterinary facilities meet the standards that are relevant to their scope of practice. Veterinary facilities are inspected regularly to ensure they meet the standards.

The College now has veterinarians conducting the accreditation inspections. Dr. Jennifer Hubbard, Dr. Danielle Jongkind, and Dr. John Swatman will be inspecting facilities and working with facility directors in the new accreditation model.

Visit the College [website](#) for details on the new [accreditation model](#), the [Accreditation Standards for Veterinary Facilities in Ontario](#), the [role of facility directors](#), and guidance to [prepare for your inspection](#).

There are currently more than 1,700 veterinary facilities in Ontario.

ARTICLE INSIDE

Contextualized veterinary care

Contextualized care allows for discussing a range of treatment options with clients, helping them find the option that works best for their situation without judgement. It protects their dignity and individual wishes, and truly achieves informed consent.

Let’s step away from the term “gold standard” and progress to contextualized care where a range of options are presented in the context of what is best for the client and their human-animal bond.

Read more about contextualized veterinary care on [page 2!](#)

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COUNCIL NEWS [CVO.ORG/COUNCIL](https://cvo.org/council)

Council approves operating budget, changes to By-Laws

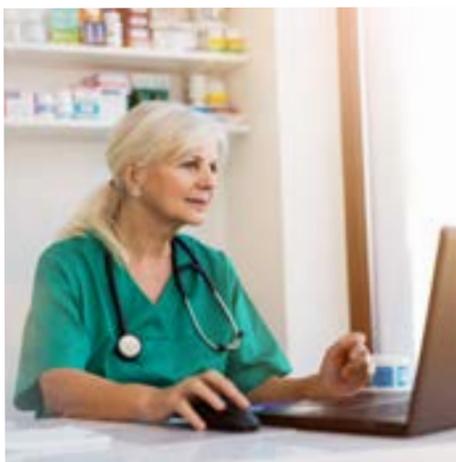
The College Council met as a hybrid meeting on September 25, 2023. The public is welcome to attend Council proceedings in-person or to watch via the livestream. Council highlights and replays from policy discussions are available on the [College website](https://cvo.org). The following items were considered by Council in September.

Proposed Accreditation Standards

Council considered revisions to the standards with the benefit of additional input received from facility directors. Council approved the standards with further minor amendments and will consider the requirements regarding isolation facilities at a future meeting. A [replay](#) of Council's discussion on the proposed accreditation standards is available on the College website.

Operating Budget 2024

The College Council approved its operating budget for 2024. The budget includes the first full year lease on the College's office space and also recognizes the implementation of the new accreditation model. The budget includes special projects which support legislative reform, managing an increase in referrals to discipline, and a language skill evaluation project.



Veterinary Acupuncture

College Council maintained its position that veterinary acupuncture, as a higher risk activity, is veterinary medicine. Council has been studying the risks associated with veterinary acupuncture for several months. Council approved a [position statement](#) on veterinary acupuncture with minor changes.

Proposed Changes to By-Laws

Licence application fee, jurisprudence exam fee and outstanding costs

The College regularly reviews fees for its programs. Council reviewed background information concerning its licence application fee with a proposal to increase the fee to \$250 to assist with recovering costs in processing applications.

As well, Council looked at the expenses for delivering and maintaining the jurisprudence exam with the proposal to increase the jurisprudence exam fee to \$250.

Further, Council considered a proposed change to the By-Laws which would require any outstanding fees owing to the College to be paid prior to a licensed member renewing their licence. These outstanding fees are primarily in relation to disciplinary cost awards or remediation costs. Council approved the proposed changes to the By-Laws to go out for consultation later this fall.

Proposed Changes to By-Laws

Election of the Executive Committee and Annual General Meeting

Council reviewed the feedback received from the recent consultation on proposed changes to the By-Laws. The proposed changes in relation to the election of the Executive Committee would provide for two rounds of voting in the event of a tie during the Executive Committee election, before breaking the tie by lot. And the second proposed changes remove the obligation for the College to hold an annual general meeting of members, which is consistent with amendments to the *Corporations Act* in 2021.

Council appreciates the feedback received through the consultation which was helpful during their deliberations on the proposed changes. Council approved the proposed changes to the By-Laws. A [replay](#) of Council's discussion on the proposed changes to the By-Laws is available on the College website.

Next meeting & highlights

Council meets next on December 6 & 7, 2023. The agenda and meeting package are posted on the College website prior to the meeting.

Council highlights and replays are available on the [College website](https://cvo.org) as well as minutes and archives from past meetings.

cvo.org/Council



Contextualized Veterinary Care: It's not black or white and certainly not gold

The following article is reprinted with permission of the Alberta Veterinary Medical Association and the author, Connie Varnhagen. The College appreciates the opportunity to share this topical and informative article.

By: Connie Varnhagen, PhD, RVT,
Alberta Helping Animals Society

Noah Johns has a small hobby farm. This year, both of his calves are scouring. The gold standard treatment for calf scours is hospitalization, IV fluids and tube feeding. Noah's finances are severely limited, and he has declined hospitalization for the calves.



Deb Finkelstein's cat, Bucko, has moderately elevated blood glucose. The gold standard treatment for diabetes mellitus is insulin injection, blood glucose monitoring and prescription food. Suffering with rheumatoid arthritis, Deb lives alone and is quite mistrustful of other people. She will have a difficult time administering insulin, even with an insulin pen.



Carla Petrie reports that her husband, Don, doesn't accept the veterinary surgeon's recommendation for gold standard surgery for Stretch, the family dachshund with intervertebral disc disease, and wants to euthanize the young dog.



The inability to follow the "gold standard" in diagnosis and treatment causes frustration and angst across the profession. The fault is not in the owner or the animal but rather in attempting to meet a non-existent standard of perfection.

"Gold standard" derives from 18th century economics, whereby trade was valued in relationship to gold.¹ The gold standard has become ubiquitous in veterinary medicine as the most advanced level of care possible.²

In practicality, the gold standard also does not exist – in economics or in veterinary medicine. Noah's financial situation does not allow for gold standard scours treatment in hospital. Deb's physical limitations do not allow for gold standard diabetes treatment. Carla's family situation does not allow for gold standard surgery and rehabilitation.

Across the profession, veterinarians consider context in presenting and discussing diagnostic and treatment options with their clients. Pulling

together all the situations that influence ethical veterinary care, we simultaneously consider the patient, the owner, the human-animal bond and the socio-cultural and professional environment in which we practice. This approach is summarized in the contextualized veterinary care model shown in the figure pictured below.

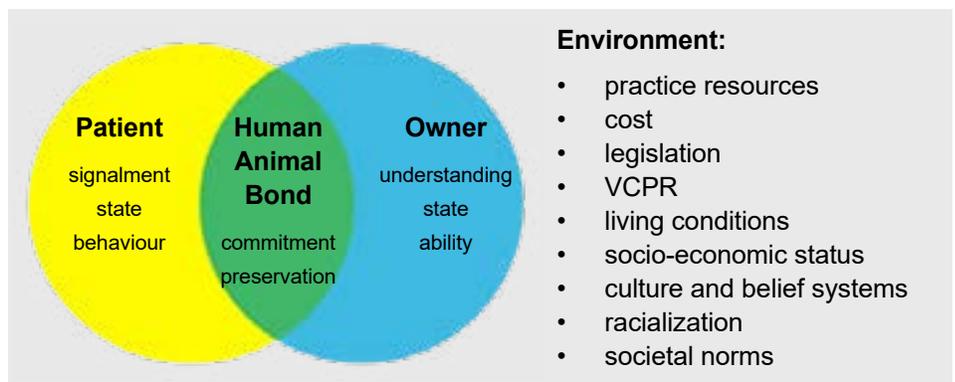
The veterinary team is accustomed to considering the patient:

- How might signalment affect treatment outcomes?
- How might concomitant disease or injury states affect treatment outcomes?
- Will the patient's behaviour affect ability to diagnose and provide care?

The team must also consider owner characteristics:

- Does the owner understand the veterinary needs of the patient?
- Are there emotional or relational states to consider in offering diagnostic and treatment choices? How well can the owner participate in providing needed treatment?

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Contextualized Veterinary Care: It's not black or white and certainly not gold

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The veterinary team must also respect the human-animal bond:

- How committed is the owner to the patient?
- How can the veterinary team preserve and enhance the human-animal bond?

The veterinary team often grapples with stresses related to these questions surrounding the patient, the owner and the human-animal bond.

These options are even less possible when the veterinary team recognizes the environment in which diagnosis and treatment are provided:

- Does the practice have the necessary resources or ability to refer the patient?
- Is the client really understanding the pet's medical state when giving informed consent?
- How much will diagnosis and treatment cost?
- How does the veterinarian balance access to resources and costs against professional standards?
- What is the nature of the veterinarian-client-patient relationship (VCPR) and how will this particular VCPR affect discussion of diagnosis and treatment?
- How do living conditions and socio-economic status affect the ability to provide gold standard veterinary medicine?
- What about implicit bias due to culture and belief systems, racialization and societal norms

affect decisions related to offering “gold standard” or less preferred diagnosis and treatment options?

- Is the veterinary team aware of their own implicit biases when explaining all the options to clients?

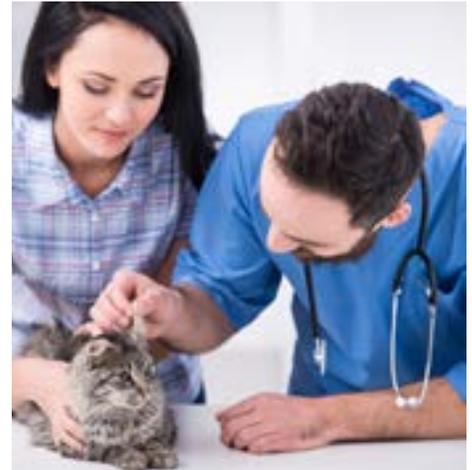
These are all difficult questions, and they lead to different diagnostic and treatment discussions. But the contextualized model of veterinary medicine can help the veterinarian and the veterinary team in offering appropriate care for the patient and owner while respecting the human-animal bond and the environmental conditions in which the veterinary care is provided.

Contextualized care allows for discussing a range of treatment options with clients, helping them find the option that works best for their situation without judgement. It protects their dignity and individual wishes, and truly achieves informed consent.

Let's revisit the earlier examples, applying a contextualized care model.

Noah's calves need immediate rehydration and, if they are too weak to nurse or suck from a bottle, support in feeding.

Noah cannot afford hospitalization of his calves, but the veterinarian can use the contextualized model to discuss home options, such as using YouTube videos from a respected source to learn how to place an esophageal tube, emphasizing there are risks and how to mitigate the risks such as



accidental placement of the tube into the trachea.

The veterinarian must ensure a strong bond with his calves because esophageal treatment requires commitment and Noah being physically and emotionally capable of passing an esophageal tube.

Deb is stunned by Bucko's diagnosis and likely suspicious of the veterinarian's diagnosis and treatment advice.

In this case, the veterinarian needs to consider that the VCPR may be strained, and treatment of Bucko's diabetes could start with nutritional management. In this example, follow-up calls and/or appointments with the RVT can help Deb begin to accept Bucko's diagnosis and learn to use an insulin pen or receive help from a neighbour in administering insulin. If not, at least the model can help the veterinary team to understand how Bucko may not be able to be treated with insulin.

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The contextualized model can also help the veterinary team understand Don's reluctance to approve Stretch's surgery and rehabilitation and work out alternative options, such as prescribing steroids and absolute rest. Maybe Don simply does not understand the need for surgery. Maybe he isn't as bonded with Stretch as is the rest of the family. Maybe he is struggling with religious or cultural or economic concerns.

Contextualized veterinary care does not protect against all angst, however. Consider the case of Elissa Danforth and her aged rescue mare, Roxie. Roxie managed to develop an abscess at the base of her pinna. Unable to touch the ear, Roxie was sedated and the abscess lanced and cleaned. Although daily cleaning and application of an antiseptic cream may be the gold standard treatment, sedating the elderly mare daily is not practicable.

In this case, the veterinarian must weigh administering an antibiotic injection, risking poor antimicrobial stewardship practice, against daily sedation. Regardless of the decision, the veterinarian can use the model

of contextualized veterinary medicine to justify treatment options in conversation with Elissa.

The veterinary team revels in the latest advances in veterinary medicine. The team is socialized to provide the most technologically advanced, evidence-based care for patients. In many cases, however, less sophisticated veterinary care provides for a more satisfying and successful outcome for the patient, the owner and the veterinary team.

Moving from trying to reach the non-existent "gold standard" to considering contextualized veterinary care helps the team provide the very best advice and care for patients and their owners within each patient's and client's specific needs and abilities. This model also helps the veterinary team feel more comfortable and confident in their VCPR with clients and patients.

Let's step away from the term "gold standard" and progress to contextualized care where a range of options are presented in the context of what is best for the client and their human-animal bond.

References:

1. <https://www.gold.org/history-gold/the-classical-gold-standard>
2. Skipper, A., Gray, C., Serlin, R., O'Neill, D., Elwood, C., & Davidson, J. (2021). 'Gold standard care' is an unhelpful term. *Veterinary Record*, 189(8), 331-331.

College position on spectrum of care

In 2022, Council developed a position related to spectrum of care, Balancing Available Health Care Options and Client Access to Veterinary Care. The position recognizes veterinary medicine offers more options for care than ever before. Veterinarians are expected to offer care along a spectrum that strikes a balance between what is available and what is accessible for animals and their owners. Veterinarians should determine, with their clients, the appropriate care options for each case.

[Position Statement](#)

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Protecting animal welfare in today's world: a unified effort

By: Dr. Tricia Alderson, veterinarian, member of College Council, and Chair, Quality Assurance Committee

Animal Welfare Services inspectors and veterinarians have important roles to make sure animals in Ontario are protected. New provincial animal welfare legislation came into force on January 1, 2020. It is important veterinarians understand their broader role in helping protect animal welfare in the province. I had the opportunity to meet with Scott Sylvia, former Senior Investigator and current Program Development Officer for Provincial Animal Welfare Services at the Ministry of the Solicitor General and discuss the Provincial Animal Welfare Services (PAWS) Act, the roles of inspectors and veterinarians, and how to build collaborative relationships. I am pleased to share what I learned.

What is the Provincial Animal Welfare Services Act?

The *PAWS Act* is Ontario's animal welfare legislation that came into force on January 1, 2020, replacing the *Ontario Society for the Prevention of Cruelty to Animals (OSPCA) Act*. The *PAWS Act* and its regulations help ensure animals are protected and treated in a humane manner.

These protections include setting out basic standards of care that apply to all animals covered under the act, as well as specific standards of care that apply to animals in unique circumstances. Currently, Ontario has the strongest provincial penalties in Canada for those who violate animal welfare laws.

What is Ontario's Animal Welfare Services?

Animal Welfare Services (AWS) is the first fully provincial government-based animal welfare enforcement system in Canada.

The Chief Animal Welfare Inspector and provincial animal welfare inspectors include inspectors with specialized expertise in livestock, zoos, aquariums, and equines and help to carry out inspections, respond to concerns, conduct investigations, and provide outreach and education on best animal care practices.

What do AWS inspectors do? What do they do when a report is received about an animal?

AWS follows a standard code of conduct while conducting inspections and investigations. Inspections are conducted to ensure compliance with the *PAWS Act* and its regulations including standards of care. They also conduct investigations into violations and non-compliance of the *PAWS Act*. These inspections and investigations include cases where veterinarians report animals that may be in distress, and the veterinarian's experience helps AWS inspectors decide on the most appropriate course of action.

Criminal Code offences for animals are investigated by police and receive AWS inspector support. While some inspections result in investigations and laying of charges for offences under the *PAWS Act*, AWS' primary goal is to protect and ensure the humane treatment of animals. To do this, the inspector will assess compliance and act, as authorized, to remedy any



distress that animals may be found in. This can include issuing orders to gain compliance or removing an animal to provide the necessary care.

When might an inspector engage the services of a veterinarian?

There are many instances where AWS will have to engage the services of veterinarians. For example, an AWS inspector may require an owner/custodian to have their animal examined and treated by a veterinarian under section 30(1) to relieve distress. Veterinarian assessment is often also needed when removing and taking possession of an animal in distress under section 31(1)(a). Under section 32(b), an AWS inspector may cause an animal to be euthanized if a veterinarian has advised that it is the most humane course of action.

What are veterinarians' roles within the PAWS Act? What is different from previous requirements?

Any veterinarian who has reasonable grounds to believe that an animal is being abused or neglected are obligated to report to an AWS inspector. This includes the animal

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Protecting animal welfare in today's world: a unified effort

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being subject to undue physical or psychological hardship, privation or neglect, and having animals participate in fights or being trained to fight other animals. Veterinarians would be familiar with a past duty to report to OSPCA agents under the previous *OSPCA Act*. Since the *PAWS Act* came into force, veterinarian reports are made through the call centre, which may result in an inspection or investigation by an AWS inspector.

This is echoed in the College's position statement that provides veterinarians with the College's interpretation of legislation and regulations requiring veterinarians to report suspected abuse or neglect of animals.

The PAWS Act provides a veterinarian with authority to euthanize an animal without consent from an owner or custodian in specific circumstances. How can veterinarians ensure they know when to use this authority?

The *PAWS Act* outlines when a veterinarian may euthanize an animal without the owner's consent.

Section 61 (1) states that a veterinarian may euthanize an animal without consent when:

1. The animal is suffering.
2. The animal's owner or custodian cannot be found promptly, or the veterinarian reasonably believes that
 - The animal does not have an owner or custodian, or



- The animal has been abandoned by the owner or custodian, and
3. Euthanasia is the most humane course of action (defined as where immediate veterinary treatment cannot prolong the animal's life or prolonging the animal's life would result in undue suffering for the animal).

All of the above listed conditions need to be present for a veterinarian to exercise that authority.

How can a veterinarian seek advice when they are unsure if a situation should be reported?

AWS can provide advice to veterinarians as our Ontario Animal Protection Call Centre (OAPCC) is available 24 hours a day, seven days a week at 1-833-9-ANIMAL (264625).

If a veterinarian is working through a situation, they can request to be connected to an AWS inspector to provide help, guidance and advice. The AWS inspector will assess all the information provided when determining the next course of action, as authorized within the *PAWS Act*.

How can a veterinarian get to know the inspector in their area?

AWS is continually working to encourage the public and veterinarians to contact the call centre if they see/witness an animal in distress. AWS inspectors are always encouraged to connect with local veterinarians to build strong working relationships, open the lines of communication, as well as be available to answer questions from veterinarians about the *PAWS Act*.

Do you have resources for veterinarians?

In addition to our call centre and inspectors, AWS provides tools for veterinarians such as public education materials links to online resources and guides for reporting abuse or neglect. AWS is continuously working on fostering public education and outreach across the province. Visit Ontario.ca/animalwelfare for more information.

- Abuse and neglect of any animal is not tolerated in Ontario. If you think an animal is in distress or is being abused, call 1-833-9-ANIMAL (264625).
- [Position Statement: Reporting Animal Abuse or Neglect](#)
- [Protecting Animal Welfare in Today's World: Building Unity through Understanding](#), a series of podcasts sponsored by the Ontario Veterinary Medical Association and the College of Veterinarians of Ontario.



OVC students provide guidance on allyship in the profession

The College is committed to inclusion, diversity, equity and accessibility (IDEA). As part of our 2023 IDEA Action Plan, we are pleased to provide opportunities to enhance learnings. In the article below, Ontario Veterinary College (OVC) students and members of OVC Pride Veterinary Medical Community Alyssa and Adrienne share their insight on allyship.

Glossary of terminology used in this article

POC - People of colour: a term that encompasses people of non-white races, or mixed races

LGBTQIA2+ - refers to people who identify as Lesbian Gay Bisexual Transgendered Queer Intersex Asexual Two-Spirited +

Microaggression - subtle or indirect behaviours or statements that either intentionally or unintentionally results in a prejudiced attitude or discrimination towards a member of a marginalized group

By: Alyssa MacFadyen & Adrienne Lee, OVC Pride Veterinary Medical Community

Allyship in the veterinary profession

When we think of allyship, the first image that comes to mind is often physical representation - perhaps marching in a protest, or attending a Pride event. Although those are great ways to show support for the community, true allyship extends beyond that.

So what is allyship?

- A true ally self-reflects to recognize their unearned positions of privilege in society. They are empathetic, open-minded, and willing to learn. They actively and consistently seek out ways to educate themselves and curb biases of marginalized communities. A true ally also takes responsibility for current injustices, advocates for, and takes action to support these groups.

In the age of social media, “allyship” appears to be trendy. For example,

during pride month, Instagram is bombarded with “Happy Pride” posts and ads from companies selling Pride merchandise. T-shirts, etc., are great visual demonstrations of solidarity, but is this true allyship if it fizzles out after June?

What is performative allyship?

- Performative allyship is when someone does not take responsibility or educate themselves on matters, yet presents themselves as an ally. This is mostly done for personal gain of a positive image, especially on social media platforms.

Performative allyship is harmful because it doesn't sustainably benefit people from marginalized communities. It's like putting warm towels over wet blankets on the metal dental table – the water is going to seep through & the dog is going to get cold.

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Alyssa: Hello! I'm Alyssa and am privileged to be studying at the OVC in my third year in the DVM program. I have interests in so many (too many) things including all the species I've encountered so far,



ophthalmology, emergency and internal medicine. I am the new president of OVC Pride Veterinary Medical Community (VMC). OVC Pride VMC is dear to my heart. I love that we can advocate for our community, while also creating connections to the veterinary field. I am proud to be half south Indian & am passionate about diversity & inclusion!

Adrienne: Hi there! My name is Adrienne and I'm a veterinary student currently studying at the OVC in my third year.

I have an interest in small animal and wildlife medicine, as well as neurology. I am currently the events



coordinator for OVC Pride VMC, and have been for the past two years. I love being a part of this group as it presents a safe space where we can share our experiences, and learn from each other as well.



OVC students provide guidance on allyship in the profession

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Veterinarians work closely as a team with valuable technicians, assistants, and receptionists. However, whether we are part of the management team or not, we are leaders.

We should demonstrate a higher level of allyship by example. Here are some ways in which we can do just that:

Avoid microaggressions

- Address them in the workplace, set the tone that they will not be tolerated
- Speak up even when members of minority groups are not around!

Attend seminars run by LGBTQIA+ & POC people

- Show them support, keep an open mind & be willing to learn from these people
- Stay up-to-date on current issues, especially in your surrounding area

Lead by empathy: support staff & colleagues

- Provide opportunities for staff & colleagues to leave feedback (anonymously or in-person)
- Carry out routine check-ins & debriefs with staff, especially following traumatic or hurtful situations involving discriminatory speech or actions & provide access to resources (we've listed a

few below!)

Embrace diversity within the practice

- Encourage discussion & celebrate important dates, perhaps on a bulletin board or during meetings

Posters/stickers around a practice

- A simple, yet effective visual cue that your practice celebrates and supports LGBTQIA+ & POC individuals, and will not tolerate hate

Veterinary medicine is a profession that we are both extremely proud to be a part of. What is at the core? We as veterinarians are frequently advocating for animals, who don't have a voice. Let's extend that to unwaveringly include people, even though they aren't our patients.

More information

Pride VMC website: information on allyship, gender diversity & more

<https://pridevmc.org>

AVMA diversity and inclusion: upcoming events, news & resources including podcasts, webinars & information on how to prevent workplace harassment

<https://www.avma.org/resources-tools/diversity-and-inclusion-veterinary-medicine>



DVM 360 The dangers of performative allyship: an interesting article providing insight on performative allyship

<https://www.dvm360.com/view/the-dangers-of-performative-allyship>

Resources

Indigenous allyship resources –

<https://livinghyphen.ca/>

Parents, Friends of Lesbians and Gays (PFLAG) – is a resource for LGBTQIA2+ people and their families

www.pflagcanada.ca

Toronto Metropolitan University - resources on inclusion, equity & microaggressions

<https://www.torontomu.ca/equity/resources/discourse-docs/microaggressions/>

Practice Advisory Service

Our Practice Advisors respond to more than 1,800 requests annually! The Practice Advisors provide information on regulations, policy and expectations associated with the practice of veterinary medicine in Ontario. Call today!

practiceadvice@cvo.org or 1-800-424-2856 extension 2401



LEARNING IN PRACTICE

Panel reviews case involving ownership, consent

Case Summary

Two individuals purchased and took home two dogs from the complainant on the condition the dogs' ownership would transfer fully when the dogs were spayed and castrated. The individuals' veterinary hospital contacted the complainant's clinic to obtain medical records, without their permission or knowledge. Two other dogs were placed with the individuals for breeding, on the condition their ownership would transfer after they were spayed following breeding. The two dogs were vaccinated by the individuals' hospital.

Case Outcomes

The Complaints Committee panel decided the allegations made against the member did not warrant a referral to the Discipline Committee. The panel took no action on the matter.

Case Considerations

In considering the complaint, the Complaints Committee panel reviewed medical records and written submissions. As is standard for all investigations, the panel considered previous proceedings, if any.

The allegations in the case centred around the individuals' veterinarian treating the dogs without the complainant's consent or confirming ownership. The veterinarians understood the dogs were co-owned and there was a misunderstanding

about responsibility for care.

The Professional Practice Standard Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship (VCPR) and the accompanying Guide define client as the owner of the animal(s) being treated, the owner's authorized representative, or an individual the veterinarian reasonably determines is acting in the interest of the animal(s). The VCPR includes an expectation of trust between the veterinarian and client.

As money had been exchanged, full ownership transfer depended on surgical sterilization and the individuals were permitted by the complainant to have the dogs in their possession and have them spayed. The Panel felt it was reasonable for the veterinarians to believe their clients had agency to make medical decisions, such as vaccines. Many companion animal clinics have protocols for elective procedures to include ensuring vaccine status is current.

The panel referred to the Professional Practice Standard Medical Records which requires veterinarians to make requests for relevant historical information in a timely manner to facilitate the continuity of care. The veterinarians requested information from the previous veterinarian, based

on their understanding the individuals had approval to make medical decisions for the dogs.

The panel acknowledged the Medical Records standard indicates medical records information belongs to the owner and consent is required before that information can be provided to the new owner. In this case, no ownership had changed hands.

The Medical Records standard requires veterinarians respond to requests for relevant historical information in a timely manner to facilitate the continuity of care. The veterinarians requested information from the previous veterinarian, based on their understanding the individuals had approval to make medical decisions for the dogs.

Regarding the microchip status, the panel noted it is common to ensure a microchip is present, but it would be unreasonable to contact microchip companies for every pet. The veterinarians understood the dogs were co-owned or being cared for by the individuals on the complainant's behalf.

The panel does not determine ownership but assesses if veterinarians acted professionally and ethically. In the panel's opinion, the veterinarians were acting in good faith as the clients understood they had agency for the medical care of the four dogs.

Veterinarians have a responsibility to provide safe, quality care. The College assists veterinarians in doing so when matters are reviewed by the Complaints Committee. The public has a right to ask questions about the care that was provided to their animal(s) and this process provides veterinarians with feedback on whether they have met the standards of practice or whether there are improvements needed to mitigate risks in practice. The Committee provides advice or may request a veterinarian enter into an undertaking when remediation would reduce risks and support a veterinarian in meeting the standard of practice. Only the most serious cases, where there is bad intent, incompetence, reckless behaviour, or a history of failure to remediate at-risk behaviour are referred to the Discipline Committee for a discipline hearing to determine if an act of professional misconduct or serious neglect may have occurred. This example is taken from a case that was reviewed by the Complaints Committee and is offered as a self-reflection tool to support veterinarians in understanding how to meet the standards of practice.



[CVO.ORG/HUB](https://cvo.org/hub)

Visit the Ethics Resource Hub

Moral conflicts arise daily in veterinary practice. The public trusts their veterinarian to make sound, ethical decisions. In the [Ethics Resource Hub](#), the College provides resources to assist veterinarians in building their skills in ethical decision-making.

E-Learning Module

The hub includes an e-learning module to assist you in determining the most appropriate action in situations of uncertainty.

Resources

There are several resources to support decision-making. Case scenarios describe situations that may be encountered in practice, such as an owner's financial limitations, drug diversion, and conflict of interest. Guidance is provided to resolve the dilemma described.

The library includes reference materials from a wide range of sources that focus on ethics and related topics.



The section on tools and frameworks provides worksheets, decision trees and frameworks to resolve an ethical dilemma.

In the discussions section, you can find recordings from panel discussions that have been hosted by the College's practice advisors.

Visit the [Ethics Resource Hub](#) today!

SAVE THE DATE
UPCOMING EVENT

Townhall focuses on supporting access to veterinary medicine

Learn more about College initiatives that support your ability to deliver quality care in today's challenging times!

Join CVO President, Dr. Alana Parisi and Registrar and CEO, Jan Robinson as they share Council's latest work aimed at supporting the public's access to veterinary medicine, while recognizing the challenges in delivering veterinary medicine in Ontario today.

Following the update, you're invited to join in the open "just ask us" session. This is your opportunity to ask the College questions and share your comments. The session will be held online to support your attendance, participation, and access. We look forward to a collegial and informative session.

The webinar is scheduled for November 29, 12 to 1 p.m. [Registration details](#) will be circulated to all licensed members soon.

[CVO.ORG/WELLBEING](https://cvo.org/wellbeing)

Your well-being is important

The College provides information on its [website](#) to support the profession's well-being. We strive to share relevant supports and resources that are available when you need them.

As a veterinarian, you face work

stressors that are unique to the profession. The everyday challenges can take its toll on your mental health and well-being. Your health matters and it's important to know when and where to seek help.

Homewood Health Program

Confidential Ontario Toll-free Line:

1-866-826-4440

The Homewood Health Program is a free, confidential service to support the health, well-being and resilience of veterinarians.

Stay Well - Your health is important to your competence.



BETTER RECORDS = BETTER SCORES = BETTER PATIENT CARE**Consider your medical records with the findings of the 2022 PRMR report**

Medical records are central to safe quality veterinary medicine and provide the basis for continuity of care. To support quality records, the Peer Review of Medical Records (PRMR) assists veterinarians in meeting the standards for medical record keeping.

Through PRMR, trained Peer Reviewers assess medical records of randomly selected practices and for those who wish to improve their record-keeping by volunteering for a peer review.

Practices participating in PRMR gain insights into their record-keeping

practices. The PRMR helps to identify areas for improvement and also confirms areas of strength.

The 2022 aggregate report is an informative read to assist in your record-keeping. The report shares data from the first full year of the new PRMR process and highlights opportunities for all veterinarians to enhance their record-keeping practices.

[PRMR 2022 Aggregate Report](#)**cvo.org/PRMR**

What's in my learning plan?

- Online learning**
Learning Modules and Drug Management Videos
- Consulting with peers**
Peer Advisory Conversation, Peer Review of Medical Records and Practice Advisory Service
- Reading College publications**
Professional Practice Standards and Guides, College Connection and eUpdate, and Discipline Summaries
- Self-directed learning**
Ethics Resource Hub, Council news and College webinars

When a veterinarian delivers quality veterinary medicine, they support the profession's commitment to animal welfare, to a safe food supply and to the trustworthiness of the profession. Commit to a learning plan that mitigates known risks in practice!

For more information, contact qualitypractice@cvo.org or visit cvo.org

**LOCK LABEL LOCATE TOOLKITS AVAILABLE**

Lock Label Locate Toolkits include educational tip sheets and posters to help you and your team support the safe management of drugs.

Toolkits are available by contacting the College. Also, the toolkit materials are available for download from the [website](#).

The toolkit supports these essential behaviours:

LOCK:

Secure all drugs by keeping them locked up

LABEL:

Good inventory control through labelling on any container and to ensure it is not expired

LOCATE:

This is about safe and responsible disposal

Check it out today!

cvo.org/lock

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