

Transition Council Regulatory Concept Recommendations

Supporting the Implementation
of the
Veterinary Professionals Act, 2024

As submitted to the
Hon. Minister of Agriculture, Food, and Agribusiness
by the Transition Council of the
College of Veterinary Professionals of Ontario

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Transition Council Advances Regulation Recommendations

On June 6, 2024, Bill 171 containing the Veterinary Professionals Act, 2024 (VPA) received Royal Assent. This momentous milestone concluded years of work completed by the College, the Ministry, and key partners, to modernize the Veterinarians Act and usher in a new era of the regulation of veterinary medicine in Ontario. For an outline of the history on the modernization of the Veterinarians Act, see Appendix A.

Section 100 of the VPA allows for the appointment of a Transition Council of the College of Veterinary Professionals of Ontario (CVPO). The Transition Council was formed in August 2024 and includes veterinarians, veterinary technicians, and Government appointed public members. In accordance with the key functions of the Act, the tasks of the Transition Council include:

- ▶ Make any regulations, by-laws or standards required to fully implement the Act
- ▶ Conduct elections of the first Council of the CVPO

In September 2024, Transition Council began its first major task of exploring and determining direction related to a wide range of regulation topics, which include but are not limited to licence subclasses, quality assurance, and regulatory exemptions for non-members. In developing proposed regulations and in discussion with the Ministry, Transition Council decided to focus on recommendations for regulatory concepts, rather than specific regulation language, to better capture the intention of what is required to achieve public protection under the new Act. Throughout the following months, Transition Council held seven (7) meetings to consider 24 regulatory concepts resulting in a final consensus which was sent out for consultation in January 2025.

Focus on Collaboration and Consultation

In the years leading up to the introduction of the VPA, as well as throughout the movement of Bill 171 through the Legislative Assembly of Ontario, the College remained committed to collaborative relationships with key partners, veterinarians, veterinary technicians, and the public. This commitment continued throughout the development of and consultation on the regulatory concepts being recommended by Transition Council.

The College has maintained productive collaboration with over 45 key organizations, which are listed for ease of reference in Appendix B. These organizations are valued partners to the College and have been actively engaged in this work, often for many years. Each one is instrumental in the continuation and implementation of the legislative reform process.

This high level of collaboration has assisted Transition Council with:

- ▶ In-depth research and improved understanding on any variety of topics
- ▶ Benchmarking ideas against other regulatory schemes
- ▶ Risk-based analyses of the impact of choices, and
- ▶ Reviews of profession-specific core competencies and training opportunities

This effective collaboration and communication process allowed for a robust, evidence informed approach to



each of the regulatory concepts developed by Transition Council. The aim has ensured that any recommended regulatory concepts are required and avoided unnecessary barriers to access safe, quality animal health care.

Following their development and approval, 24 regulatory concepts were published for public consultation. This public consultation ran from February 11 to April 16, 2025. Individuals were able to complete the anonymous consultation in the form of an online survey, while key partners were invited to submit comments directly to Transition Council. A total of 1076 individuals responded to the survey and 25 key partner submissions were received.

A full copy of the post-consultation Report can be found attached as Appendix C.

The consultation feedback was reviewed by Transition Council from May to August 2025. This review allowed for further conversations with key partners and with licensed veterinarians to ensure any changes made were consistent with relevant research and most particularly, the public interest. This review was an opportunity to reconfirm the risk-based analyses completed in the development of the regulatory concepts and proved helpful as the concepts were formally confirmed by Transition Council.

Submission of Regulatory Concepts

The following pages of this submission describe the regulatory concepts confirmed by Transition Council over the course of their work from September 2024 to August 2025. These concepts have been organized into applicable regulation making authorities in six (6) Parts:

Part A – Licensure

Part B – Authorized Activities

Part C – Regulatory Exemptions for Non-Members

Part D – Quality Team-Based Care

Part E – Administration

Part F – Accreditation

For ease of reference, please see Appendix E for an Index of relevant information on each regulatory concept. This Appendix directs the reader to the applicable Transition Council recommendation as well as the consultation report data for each concept.

The intention of this document is to provide a concise comprehensive summary of the work completed by Transition Council and to serve as a primary reference resource for the Ministry as it works to finalize regulations under the VPA.

The Transition Council looks forward to continuing to engage with the Ministry as together we support full implementation of the VPA. We remain confident that the public interest will be well served by the Act and its enabling regulations will provide safe, quality veterinary care for many years to come.



Areas of Regulation-Making Authority¹

Part A – Licensure

The licensing of veterinarians and veterinary technicians under the VPA is a fundamental pillar to the regulation of the profession. The following regulatory concepts are recommended by Transition Council to assure a robust licensure process and provide detail and clarity.

Licence Subclasses

Scope

Transition Council recommends the development of regulation language related to licence classes in accordance with Sections 14 and 93 (1) 12-14 of the VPA that applies to both veterinarian and veterinary technician members of the CVPO.

The CVPO is responsible for reviewing the education and credentials of applicants to determine whether they possess the skills, knowledge, and judgement to competently and safely practise veterinary medicine. This is achieved through the licensure process.

The CVPO oversees two classes of licensure – one for veterinarian members and one for veterinary technician members. To achieve this oversight, Transition Council recommends that each class of licensure has three subclasses – general, provisional, and short-term.

Concept #1 - Licence Subclasses

General Licence

This subclass of licence is for applicants who are competent to provide the full scope of practice for veterinarians or veterinary technicians. It includes applicants who have completed a limited licensure assessment or specialty that has confirmed competency in a narrowed scope of practice (including those limited to certain areas of public service, academia, specialty, or scope of practice). For the latter, terms, conditions, and/or limitations are placed on the general licence based on the demonstrated competencies.

Provisional Licence

This subclass of licence is for applicants who are actively undergoing a competency assessment process and permits applicants to practise under the supervision of a veterinarian member while completing the requirements for a general licence. It will include individuals who are completing an education program, internship, or residency.

This subclass is time-limited and is valid for three (3) years starting on the date that it is issued to ensure that applicants remain dedicated and active in their pursuit of a general licence.

1. Pursuant to relevant sections of the VPA.



Short-Term Licence

This subclass of licence permits applicants to provide veterinary services in Ontario for a specific short-term purpose such as a state of emergency or specific locum arrangements.

Applicants for a short-term licence as a veterinarian are required to obtain the Registrar's approval for their proposed work and to practise at or from an accredited veterinary facility where the Veterinary Facility Director has assumed and confirmed responsibility to provide any additional follow-up care.

Applicants for a short-term licence as a veterinary technician are required to obtain the Registrar's approval for their proposed work and to work under the delegation and supervision of a veterinarian member at or from an accredited facility where the Veterinary Facility Director has assumed and confirmed responsibility to provide any additional follow-up care.

Concept #2 – Veterinary Technicians Currently Registered with the Ontario Association of Veterinary Technicians (OAVT)

Veterinary technicians currently registered with the OAVT have a specific pathway for applying for licensure with the CVPO. This includes the requirement to complete a module in veterinary jurisprudence related to the VPA within a timeframe determined by Transition Council. This module is the same expectation as for veterinarian members.

Administrative Notes

- ▶ There are general application requirements for all applicants including those related to professional conduct (including background checks), eligibility to work, and language requirements. These requirements are outlined at a higher level in regulation with additional details contained in CVPO policy. They are also based on current processes.
- ▶ Specific competency requirements for veterinarians will be outlined in CVPO policy and include proof of education (ex. DVM) and assessment(s) (ex. NAVLE, National Board Exams).
- ▶ Specific competency requirements for veterinary technicians will be outlined in CVPO policy and include proof of education (ex. approved veterinary technician or veterinary technologist program) and assessment(s) (ex. VTNE).
- ▶ All applicants are required to meet requirements related to veterinary jurisprudence.
- ▶ The Licensing Committee (formerly the Registration Committee) retains its ability to waive or amend any of the licensing requirements for an applicant.
- ▶ Veterinarians licensed under the VA have their licences transferred automatically under the VPA with the same terms, conditions, and limitations that exist on their current licence.
- ▶ All individuals, including veterinary technicians currently registered with the OAVT, and not currently licensed under the VA are required to submit an application for licensure to the CVPO in order to assure accurate and complete public register data and gather relevant licensure fees.



Professional Misconduct

Scope

Transition Council recommends the development of regulation language related to professional misconduct in accordance with Section 91 (1) 35 and 36 of the VPA.

This regulation language applies to both veterinarian and veterinary technician members unless otherwise specifically stated.

The CVPO is responsible for overseeing the activities and behaviours that constitute professional misconduct to address and mitigate practice concerns as they arise.

The VPA offers the opportunity to ensure clarity and transparency around the different forms of professional misconduct and how they may be applied to professional practice. The VPA also offers the opportunity to highlight the importance of members practising within their sphere of competence.

The introduction of a one profession, two professionals model results in instances where more specific distinctions between which type of professional misconduct apply to which type of member is required.

In recognition of the highly technical nature of professional misconduct regulations and the difficulty of accurately reflecting all acts that may qualify within larger themed buckets, a draft version of potential professional misconduct language was presented to Transition Council who directed that it be included in the public consultation. The draft language as it was presented in the consultation and confirmed by Transition Council is attached as Appendix D.

Concept #1 - Language Reflecting the One Profession, Two Professionals Model

Transition Council recommends that regulation language be developed that reflects the introduction of two types of members (veterinarian and veterinary technicians) under one College and outlines what types of professional misconduct apply to what types of members.

Concept #2 - Language Focused on Clarity and Transparency

Transition Council recommends that regulation language be developed to ensure clarity and transparency around the different forms of professional misconduct and how they may be applied to professional practice.

Concept #3 - Language Highlighting the Importance of Competency

Transition Council recommends that regulation language be developed that highlights that members are expected to practise within their sphere of competence.

Concept #4 - Language Related to Authorized Activities

Transition Council recommends that regulation language be developed to reflect the introduction of an



authorized activity model for the practice of veterinary medicine, including provisions related to performing an activity that a member is not permitted to perform, performing activities for an improper purpose, and improper delegation of an authorized activity.

Concept #5 - Language Related to Quality Assurance

Transition Council recommends that regulation language be developed to reflect the introduction of a mandatory quality assurance program for the practice of veterinary medicine, including provisions related to failure to comply with the program and providing false information to an assessor.

Concept #6 - Language Related to Ungovernable Behaviour

Transition Council recommends that regulation language be developed to identify and address ungovernable behaviour, including provisions related to failure to appear before a panel of the Investigations and Resolutions Committee and failure to cooperate with the College or an investigator of the College.

Concept #7 - Language Related to Animal Abuse, Neglect, and Abandonment

Transition Council recommends that regulation language be developed to formally recognize that any form of animal abuse or neglect by a member constitutes professional misconduct. The concept also recommends that the current approach for managing animal abandonment by clients be updated to mirror the approach outlined in the Provincial Animal Welfare Services Act, 2019.

Conflict of Interest

Scope

Transition Council recommends the development of regulation language related to conflict of interest in accordance with Sections 93 (1) 35 and 36 of the VPA.

This regulation language applies to both veterinarian and veterinary technician members.

The requirement for a member to not be in a conflict of interest is directly listed in regulation as an act of professional misconduct. Given the complexity of this topic, an additional subsection of regulation is recommended that specifically outlines what does and does not qualify as a conflict of interest to assist members in properly managing these concerns.

Concept #1 – Focus on Behaviours

Transition Council recommends the development of regulation language that focuses on the specific activities that may qualify as real or potential conflicts of interest to allow for consistent application across all sectors. This approach is a shift away from the current structure outlined in Regulation 1093 made under the VA which is more focused on conflicts of interest arising from specific work places and/or arrangements.



Concept #2 – Professional Judgement

Transition Council recommends the development of regulation language that underscores the fundamental test associated with conflicts of interest – that a member must determine whether an interest may affect their professional judgement or may create a reasonable perception that their professional judgement has been influenced and take steps to avoid or manage the conflict.

Concept #3 – Components of Conflict of Interest Regulation Language

1. Inclusion of a Definitions Section

Definitions for the terms: ‘benefit’, ‘non-arm’s length relationship’, ‘related person’, and ‘veterinary goods or services’.

2. Information Related to What Constitutes a Conflict of Interest

An explanation of when a conflict exists, followed by more specific examples of being in a conflict.

3. Information Related to What is Not a Conflict of Interest

To assist with further clarity, specific examples of what is not a conflict of interest.



Part B – Authorized Activities

The VPA introduces an authorized activities model for the practice of clinical veterinary medicine. The model acknowledges veterinary medicine as a system that includes defined areas of co-accountability between veterinarians and veterinary technicians as licensed professionals. The one profession, two professionals model enables the development of new approaches to veterinary practice that seek to fully utilize the skillset possessed by veterinary technicians to assist with public access to veterinary care. While the VPA establishes the framework for this approach, the development of additional detail required for full implementation is assigned to regulation.

This risk-based model is aimed at empowering team-based veterinary medicine and improving access to timely care. The authorized activities model not only regulates current practice to ensure accountability and public protection but also makes room for the evolution of veterinary medicine.

Non-Delegable Activities

Scope

Transition Council recommends the development of regulation language related to non-delegable authorized activities in accordance with Section 9 (2) and (3) of the VPA.

Schedule One of the VPA contains a list of seventeen (17) authorized activities which can only be performed by members or by non-members to whom the activity is delegated or who are otherwise specifically authorized by the VPA.

The performance of certain authorized activities (or components of) carries a higher level of risk of harm or potential harm to animal(s) and/or the public that necessitates that they only be performed by veterinarian members and not be permitted to be delegated to either a veterinary technician member or an auxiliary.

Concept #1 – Non-Delegable Authorized Activities

Transition Council recommends the development of regulation language that outlines that the following authorized activities (or components of) may only be performed by a veterinarian member:

- ▶ Communicating to an individual a diagnosis identifying a disease, disorder, dysfunction or condition as the cause of an animal's signs and presentation in circumstances in which it is reasonably foreseeable that the individual will rely on the diagnosis;
- ▶ Performing a medical assessment to determine the fitness for purpose or soundness of an animal(s) or group of animals, on which it is reasonably foreseeable that a person or organization will rely on the assessment;
- ▶ Prescribing a drug;
- ▶ Performing major surgery; and

- 
- ▶ Performing dental extractions.

Major surgery means surgery in which bone, viscera or an extensive area of subcutaneous tissue is exposed, or the failure of which would endanger the life or organ function of the animal.

Concept #2 – Specific Allowances for Veterinary Technician Members

Transition Council recommends that the above authorized activities (or components of) be non-delegable except when:

- ▶ A veterinary technician member is providing confirmation of a death of an animal(s) or group of animals to an individual;
- ▶ A veterinary technician member is communicating a veterinarian's diagnosis to an individual based on the veterinarian's delegation and the veterinarian remains readily available to communicate with the individual; or
- ▶ A veterinary technician member is providing confirmation of pregnancy in a food producing animal following the application of transabdominal diagnostic ultrasound.

Administrative Notes

- ▶ Communicating a diagnosis as non-delegable does not prevent a veterinary technician member or auxiliary from performing a clinical assessment as this is a separate activity from making or communicating a diagnosis.
- ▶ The authorized activity of performing a medical assessment is designed to ensure ongoing regulatory oversight of the medical assessment of an animal(s) or group of animals by veterinarian members related to fitness for sale and/or slaughter. It is also designed to cover any instance where a veterinarian member's signature would be viewed by the public as an indication that a medical assessment has been completed. This authorized activity does not intend nor seek to limit clinical assessments of an animal(s) or group of animals' overall fitness and health.
- ▶ The inability to delegate the performance of major surgery does not restrict a veterinarian member from having a veterinary technician member or auxiliary assist them in the performance of surgery but these roles must be secondary to the veterinarian member's primary performance.
- ▶ While the performance of dental extractions is non-delegable, there will be opportunity through CVPO policy to distinguish what does and does not qualify as a dental extraction.

Delegation

Scope

Transition Council recommends the development of regulation language related to delegation in accordance with Section 9 (2) and (3) of the VPA.



Schedule One of the VPA contains a list of seventeen (17) authorized activities which can only be performed by members or by non-members to whom the activity is delegated or who are otherwise specifically authorized by the VPA. Delegation is a tool in the practice of veterinary medicine and occurs within or from an accredited veterinary facility.

The CVPO is responsible for ensuring the delivery of safe and quality veterinary medicine by its members including within the dynamics of veterinary teams where there may be different providers and methods of service delivery being utilized.

Concept #1 – Delegation by Veterinarian Members

Transition Council recommends the development of regulation language that outlines the circumstances in which veterinarian members are permitted to delegate the practice of clinical veterinary medicine (including authorized activities). This includes that:

- ▶ A veterinarian member is permitted to delegate the practice of clinical veterinary medicine (including authorized activities) to either a veterinary technician member or a non-member (auxiliaries) working under either their immediate, direct, or indirect supervision;
- ▶ A veterinarian member remains professionally responsible for their decision to delegate and the level of supervision provided;
- ▶ A veterinarian member is required to ensure that the veterinary technician member or non-member to whom they are delegating can perform the task competently and safely;
- ▶ The veterinarian member only delegates the performance of tasks that they themselves are also able to perform competently and safely; and
- ▶ A veterinarian member remains professionally responsible for the conduct of the veterinary technician member or non-member to whom they have delegated and for the suitability and quality of the performance of said activities.

Concept #2 – Veterinary Technician Members Working Under a Veterinarian Member’s Delegation

Transition Council recommends the development of regulation language that permits a veterinary technician member to choose to accept the delegation of the performance of clinical veterinary medicine (including authorized activities) from a veterinarian member if they are competent to perform the activity. The veterinary technician member is held professionally responsible for their performance of these tasks in recognition of their status as a licensed member and their ongoing obligation to use their professional judgement in practice.

Concept #3 – Sub-Delegation by Veterinary Technicians Not Permitted

Transition Council recommends the development of regulation language that states that sub-delegation of authorized activities by veterinary technician members is not permitted. Sub-delegation occurs when an individual who accepts the delegation of an activity then delegates the act to another individual.



Concept #4 – Continuation of Three Levels of Supervision

Transition Council recommends the development of regulation language that carries forward the three levels of supervision (immediate, direct, indirect) currently contained in Regulation 1093 under the VA.

Orders

Scope

Transition Council recommends the development of regulation language related to orders in accordance with Section 9 (2) of the VPA.

Schedule One of the VPA contains a list of seventeen (17) authorized activities which can only be performed by members or by non-members to whom the activity is delegated or who are otherwise specifically authorized by the VPA.

It is recommended that veterinary technician members be permitted to perform certain authorized activities under the order of a veterinarian member. Orders are only permitted to be developed within an accredited veterinary facility in accordance with the scope of services established by the Veterinary Facility Director. Veterinary technician members performing authorized activities pursuant to an order are responsible for obtaining informed client consent.

Transition Council recommends that all delegable authorized activities be permitted to be used in orders.

Concept #1 – Definition of Order

Transition Council recommends that the regulation contain the following definition of order:

Order means the process whereby a veterinarian member may direct a veterinary technician member to perform an authorized activity or set of authorized activities for a specific routine treatment plan or purpose pursuant to the conditions set out in this Regulation.

This definition is designed to provide context related to the development and use of orders and a framework upon which further detail can be developed. This framework is based on existing structures and processes that exist in human healthcare, as well as in recognition of similar processes currently in existence in veterinary medicine, such as the use of standard operating procedures (SOPs), which are common in large animal practice.

Concept #2 – Orders and the Veterinarian-Client-Patient Relationship (VCPR)

Transition Council recommends the development of regulation language that includes the ability for orders to be developed and utilized for the performance of authorized activities by veterinary technician members both within and outside of a VCPR in recognition of the emergent nature in which authorized activities may need to be performed.



Concept #3 – Orders and Informed Client Consent

Transition Council recommends the development of regulation language that includes confirmation that a veterinary technician member is required to obtain informed client consent prior to proceeding with performing authorized activities pursuant to the order of a veterinarian member regardless of whether a VCPR has been established.

Concept #4 – Parameters Around When Orders may be Developed and Utilized

Transition Council recommends the development of regulation language that outlines several overarching components that must be met by either a veterinarian or veterinary technician member before an order can be utilized. These include:

Veterinarian Members	Veterinary Technician Members
<ul style="list-style-type: none">▶ Orders must be in writing.▶ Can only develop orders for authorized activities that they themselves are competent to perform.▶ Must ensure that the veterinary technician member(s) practising pursuant to their order are competent to perform the included authorized activities.▶ Remain professionally responsible for the proper development and oversight of orders.▶ Must remain readily available to perform the authorized activities if required or requested.	<ul style="list-style-type: none">▶ Required to only perform authorized activities that they are competent to perform.▶ Can refuse to perform authorized activities that they are not competent in or comfortable with.▶ Remain professionally responsible for the decision to carry out an authorized activity under a veterinarian’s order as well as their own performance.▶ Remain professionally responsible for ensuring adherence to a veterinarian member’s order as written.▶ Remain professionally responsible for coordinating with a veterinarian member when care falls outside of the parameters of an order.

Administrative Notes

- ▶ The overarching recommendations related to orders have been developed in recognition of the enhanced level of professional judgement, decision-making, and accountability that would be required of both veterinarian and veterinary technician members in these cases.
- ▶ Veterinarian members are permitted to develop orders that outline the ways in which veterinary technician members can perform authorized activities. In this, a veterinarian member could include requirements related to supervision but could also permit a veterinary technician member to independently perform authorized activities if they adhere to the requirements of the order and CVPO policies.
- ▶ While orders are primarily designed to facilitate the performance of authorized activities, a veterinarian member is also permitted to include other aspects of clinical veterinary medicine within an order for performance by a veterinary technician member.
- ▶ Sub-delegation of authorized activities practised under a veterinarian member’s order is not permitted.



Initiation

Scope

Transition Council recommends the development of regulation language related to initiation in accordance with Section 9 (2) of the VPA.

Schedule One of the VPA contains a list of seventeen (17) authorized activities which can only be performed by members or by non-members to whom the activity is delegated or who are otherwise specifically authorized by the VPA.

It is recommended that veterinary technician members be permitted to independently perform certain authorized activities without an order or delegation from a veterinarian member through an initiation process. Veterinary technician members are only able to perform authorized activities through the initiation process through an accredited veterinary facility in accordance with the scope of services established by the Veterinary Facility Director. The proposed initiation process requires veterinary technician members to obtain informed client consent and coordinate care with a veterinarian member at the earliest opportunity. The veterinary technician member is professionally responsible for their own practice when performing authorized activities through the initiation process.

Concept #1 – Definition of Initiation

Transition Council recommends that the regulation contain the following definition of initiation:

Initiation means where a veterinary technician member is permitted to independently perform authorized activities without an order or delegation by a veterinarian member pursuant to the conditions set out in this Regulation.

This definition is designed to provide context related to the process of initiation and a framework upon which further detail is developed.

Concept #2 – Initiation and the Veterinarian-Client-Patient Relationship (VCPR)

Transition Council recommends that initiation be permitted within a VCPR. In recognition of the emergent nature in which this tool may be used, Transition Council also recommends that initiation be permitted outside of a VCPR.

Concept #3 – Initiation and Informed Client Consent

Transition Council recommends that the regulation confirms that a veterinary technician member is required to obtain informed client consent whenever possible before proceeding through their own initiation regardless of whether a VCPR has been established.

Concept #4 – Parameters Around When Initiation May be Utilized

Transition Council recommends that the regulation outlines the circumstances in which veterinary technician members are permitted to perform certain authorized activities through initiation.



Veterinary Technician Members Practising Through Initiation

- ▶ Must have the knowledge, skills, and judgement to perform the authorized activity safely, effectively, and ethically.
- ▶ Required to determine that the animal(s) or group of animals' condition warrants the performance of the authorized activity having considered:
 - The known risks and benefits to the animal(s) or group of animals of performing the authorized activity;
 - The predictability of the outcome of performing the authorized activity; and
 - The safeguards and resources available in the circumstances to safely manage the outcome of performing the authorized activity.
- ▶ Remains professionally responsible for determining that the animal(s) or group of animals' condition warrants performance of the authorized activity.
- ▶ Remains professionally responsible for the performance of the authorized activity.
- ▶ Required to coordinate care of the animal(s) or group of animals with a veterinarian member at the earliest opportunity.

Concept #5 – Authorized Activities Permitted to be Performed by a Veterinary Technician Member Through Initiation

Transition Council recommends the development of regulation language related to the authorized activity model to outline the authorized activities (or components of) that are permitted to be initiated by veterinary technician members.

This recommended list was developed with the following lens:

- ▶ Facilitating timely access to needed veterinary services;
- ▶ Supporting team-based approaches to the delivery of veterinary care; and
- ▶ Encouraging full utilization of all available skillsets within the one profession, two professionals model.

The recommended list was also informed and guided by the core competencies developed by the Ontario Association of Veterinary Technicians that outline the skills that all veterinary technicians should possess upon completion of their education and training.



Transition Council recommends that the following authorized activities (or components of) be permitted to be practised by a veterinary technician member through initiation:

- ▶ Communicating to an individual the death of an animal or group of animals

- ▶ Ordering the following laboratory tests on an animal or on specimens taken from an animal:
 - Preliminary Hematology
 - Preliminary Urinalysis
 - Preliminary Cytology
 - Preliminary Serology
 - Preliminary Parasitology
 - Preliminary Biochemistry

- ▶ Performing a procedure below the dermis for the purpose of:
 - Taking a blood sample
 - Taking a skin scrape
 - Cystocentesis
 - Fine needle aspiration
 - Placing an IV catheter

- ▶ With respect to the care of a wound below the dermis or below a mucous membrane, any of the following procedures:
 - Cleansing
 - Probing
 - Compressing
 - Dressing

- ▶ Putting an instrument, arm, hand, or finger:
 - Beyond the larynx to place esophageal or endotracheal tubing
 - Beyond the opening of the urethra to place a urinary catheter
 - Beyond the point of the animal's nasal passage where they normally narrow to collect a swab sample or place nasogastric tubing
 - Beyond the labia majora to conduct a vaginal or cervical exam or collect a swab sample
 - Beyond the anus or cloaca to check an animal's temperature
 - Beyond the anus to perform internal anal gland expression

- ▶ Immobilizing a fracture of a bone or a dislocation of a joint or severed tendon for the purpose of temporary stabilization

- ▶ Administering a substance by inhalation for the purpose of administering oxygen

- ▶ Administering a substance by injection for the purpose of fluid therapy as long as said substance is not a drug.



Administrative Notes

- ▶ The overarching recommendations related to initiation have been developed in recognition of the enhanced level of professional judgement, decision-making, and accountability that would be required of veterinary technician members in these cases.
- ▶ The recommended list of authorized activities (or components of) for veterinary technician members to perform through initiation has been developed based on extensive risk-based research and analysis.
- ▶ The process of initiation is designed for the performance of authorized activities and does not prevent veterinary technician members from initiating other forms of clinical veterinary medicine from an accredited veterinary facility in accordance with facility policies.
- ▶ Sub-delegation of authorized activities practised through initiation will not be permitted.

Forms of Energy

Scope

Schedule One of the VPA outlines a list of seventeen (17) authorized activities. One of these authorized activities is the applying or ordering of a prescribed form of energy.

As the wording of the authorized activity indicates the need to provide further details in regulation, Transition Council recommends the development of regulation language to outline the forms of energy that qualify under this framework.

The recommended regulatory concept related to forms of energy is informed by the framework regarding forms of energy currently in place. This framework identifies forms of energy in categories based on the risk of harm or potential for harm associated with their use on animals and their risk to people.

Element #1 – Forms of Energy to be Included

Transition Council recommends that the following forms of energy qualify as an authorized activity when used or ordered for use on an animal(s) or group of animals:

- ▶ Any form of energy that employs or produces ionizing radiation;
- ▶ Electromagnetism for magnetic resonance imaging;
- ▶ Lasers occurring in class IV or higher;
- ▶ Soundwaves for ultrasound or lithotripsy; and
- ▶ Shockwaves.

These forms of energy were identified based on a significant research and risk-based analysis that was conducted over several years.



Specific Exemptions for Members

Scope

Transition Council recommends the development of regulation language related to the ways that members are permitted to practise in accordance with Section 9 (2) of the VPA.

The outlined approaches have been designed to reflect the current ways in which veterinary medicine is practised while also ensuring that the roles that veterinarians and veterinary technicians have currently established outside of accredited facilities can continue with appropriate public safeguards under the VPA. This includes members working as employees of the Crown or under the oversight of other federal or provincial legislation.

In particular, these approaches have been designed to reflect existing veterinary technician businesses that operate in the spheres of in-home mobile care.

Concept #1 – Pathway for Members Working as Employees of the Crown and/or Under the Oversight of Another Piece of Federal or Provincial Legislation

Transition Council recommends a regulatory exemption for members to carry out authorized activities outside of an accredited veterinary facility if they work for the Crown or under another piece of federal or provincial legislation.

This pathway supports the longstanding approach to member regulation under the existing VA and clearly supports public safety.

Transition Council recommends that the Animals for Research Act be the only additional piece of federal or provincial legislation under which a member can carry out authorized activities outside of an accredited veterinary facility since all other pieces of relevant legislation reviewed (including the Provincial Animal Welfare Services Act, 2024) require the member to be directly employed or contracted by the Crown in order to provide services.

Concept #2 – Pathway for Veterinary Technician Members Working Under a Veterinarian Member's Treatment Plan

Transition Council recommends a regulatory exemption for veterinary technician members to carry out authorized activities outside of an accredited veterinary facility if they are working under and in accordance with a veterinarian member's treatment plan.

The following conditions would be associated with this regulatory allowance:

1. The veterinary technician member is hired and/or contracted by the owner of the animal(s) to perform the services outlined in the treatment plan at the owner's location.
2. The veterinary technician member is required to adhere to the treatment plan created by the veterinarian member and cannot deviate from or expand upon it.



3. The veterinary technician member is required to use the drugs prescribed by the veterinarian member.
4. The veterinary technician member uses their professional judgement to determine what supplies are appropriate and suitable for carrying out the treatment plan.
5. The veterinary technician member is required to provide a report of the services delivered to the veterinarian member.

Administrative Notes

- ▶ Under the new statutory framework of the VPA, both veterinarians and veterinary technicians continue to be able to own businesses. The VPA does not oversee the ownership of businesses, and instead defines the ways in which these services may be offered.
- ▶ The current approaches for how members may work under the VPA were approved by Transition Council in recognition of its role in facilitating a smooth transition to a new statutory framework to be managed by the Inaugural Council of the CVPO.
- ▶ The approaches were also designed to pave way for innovation and to empower future elected Councils of the CVPO to continue to monitor and adapt to future ways in which veterinary medicine may be practised.



Part C – Regulatory Exemptions for Non-Members

The VPA formally recognizes animal care as a system in which both veterinary and non-veterinary animal care providers exist. Most of the animal care services provided by non-veterinary animal care providers fall outside of the authorized activity model and exist in the public domain. Some activities, however, cross over and require the development of regulatory exemptions for the delivery of services to continue. Given this, Transition Council has conducted a risk and public interest-based analysis of potential allowances for non-veterinary animal care providers and recommends various regulatory exemptions for certain persons and/or activities.

Transition Council recommends developing regulations to address the necessary regulatory exemptions for those animal care providers who are not members of the CVPO to ensure continued accountability and public protection. This allows for the regulation and oversight of current and evolving practice within the authorized activities model.

Chiropractors

Scope

Section 9 (5) 1 of the VPA states that regulation language may be developed to allow for “a person who, under the Chiropractic Act, 1991, is a member of the College of Chiropractors of Ontario” to carry out any such authorized activities as may be prescribed in accordance with any guidelines, processes, terms, conditions, limitations, or prohibitions.

Concept #1 – Primary Qualifications

Transition Council recommends the development of a regulatory exemption for chiropractors who are duly registered members of the College of Chiropractors of Ontario (CCO) in the general class (subject to any terms, conditions or limitations that may exist on their certificate of registration). Transition Council also recommends that this regulatory exemption require chiropractors to comply with all current practice standards of the CCO including those specific to animal care.

Concept #2 – Additional Qualifications

In addition to the requirement to be registered with the CCO, Transition Council recommends that a regulatory exemption for chiropractors also require adherence with the following guidelines, processes, terms, conditions, limitations, and/or prohibitions:

- ▶ Has completed at least 200 hours of specific training in animal chiropractic which must have included practical experience;
- ▶ Has the knowledge, skill, and judgement to:
 - Perform the authorized activity safely, effectively, and ethically; and
 - Determine the animal’s condition warrants performance of the authorized activity based on the known risks and benefits;
- ▶ Ensure appropriate coordination and consultation with a veterinarian member in the delivery of chiropractic services including making referrals when required; and



- ▶ Cease treatment and refer the animal to a veterinarian member if they know or ought to have known that the animal's condition could be due to a disease.

Concept #3 – Chiropractic Acupuncture Requirements

In addition to the primary and additional qualifications, Transition Council recommends that a regulatory exemption for chiropractors who perform chiropractic acupuncture also require adherence with the following guidelines, processes, terms, conditions, limitations and/or prohibitions:

- ▶ Has completed at least 35 hours of additional training in chiropractic acupuncture on animals which included practical experience (in addition to the 200 hours in human acupuncture training required by the CCO); and
- ▶ Only be permitted to perform canine and/or equine chiropractic acupuncture, dependent on their individual species-specific training; and
- ▶ Be required to meet the CCO's standards of practice related to acupuncture which includes requirements related to public safety, professional liability insurance, and maintaining competency.

The requirements related to chiropractic acupuncture will only be required for those chiropractors who seek to provide this service.

Concept #4 – Authorized Activities Permitted to be Performed by Chiropractors

Transition Council recommends that any chiropractor who meets the above-mentioned criteria be permitted to perform the following authorized activities:

- ▶ Communicating a chiropractic diagnosis identifying as the cause of an animal's symptoms,
 - a disorder or dysfunction arising from the structures or functions of the spine and their effects on the nervous system, or
 - a disorder or dysfunction arising from the structures or functions of the joints of the extremities;
- ▶ Performing a procedure on tissue below the dermis for the purpose of administering chiropractic acupuncture on canines and/or equines depending on species-specific training;
- ▶ Moving the joints of the spine beyond the animal's usual physiological range of motion using a fast, low amplitude thrust;
- ▶ Putting a finger beyond the anus for the purpose of manipulating the tailbone; and
- ▶ Applying and ordering the application of the following forms of energy for therapeutic purposes:
 - Class IV lasers; and
 - Radial shockwave when sedation is not required.

Administrative Notes

- ▶ Chiropractors are not required to provide proof of their eligibility under the regulatory exemption to the



CVPO Instead, chiropractors are expected to review the regulatory exemption and determine whether they meet the requirements.

- ▶ Should the CVPO become aware of a chiropractor who is offering authorized activities to the public outside of those permitted by the proposed regulatory exemption, the CVPO has the ability to refer the matter to the CCO and to investigate these concerns as unauthorized practice under the risk of harm clause, if warranted.
- ▶ Communicating a chiropractic diagnosis related to a disorder or dysfunction of the spine or joints is part of the scope of practice for chiropractors under the Regulated Health Professionals Act, 1991. Proper communication of these diagnoses is outlined in the CCO's standards of practice. It is important to note that these proposed allowances for animal care pertain only to disorders and dysfunctions, and do not allow for any form of diagnosis related to diseases or conditions.

Pharmacy Professionals

Scope

Section 9 (5) 2 of the VPA states that regulation language may be developed to allow for “a person who, under the Pharmacy Act, 1991, is a member of the Ontario College of Pharmacists” to carry out any such authorized activities as may be prescribed in accordance with any guidelines, processes, terms, conditions, limitations, or prohibitions.

Concept #1 – Qualifications

Transition Council recommends the development of a regulatory exemption for pharmacy professionals (pharmacists and pharmacy technicians) who are duly registered members of the Ontario College of Pharmacists (OCP) in the Part A Class (subject to any terms, conditions or limitations that may exist on their certificate of registration). Transition Council also recommends that this regulatory exemption require pharmacy professionals to comply with all current practice standards of the OCP including those specific to animal care.

Concept #2 – Authorized Activities Permitted to be Performed by Pharmacy Professionals

Transition Council recommends that any pharmacy professional who meets the above-mentioned criteria be permitted to perform the following authorized activity:

- ▶ Compounding, dispensing, or selling a drug based on a veterinary prescription.

Administrative Notes

- ▶ Pharmacy professionals are currently permitted to dispense, compound, or sell drugs for animals under the VA. This regulatory exemption mirrors these current allowances.
- ▶ Pharmacy professionals are not required to provide proof of their eligibility under the regulatory exemption to the CVPO. Instead, pharmacy professionals are expected to review the regulatory exemption and determine whether they meet the requirements.



- ▶ Should the CVPO become aware of a pharmacy professional who is offering authorized activities to the public outside of those permitted by the proposed regulatory exemption, the CVPO has the ability to refer the matter to the OCP and to investigate these concerns as unauthorized practice under the risk of harm clause, if warranted.
- ▶ Part of Transition Council's confirmation of this regulatory concept included recognition of the OCP's willingness to develop a specific standard of practice related to their members' practice on animals and a commitment to ensuring cooperation between the two Colleges in the development of this work.

Animal Rehabilitation

Scope

Section 9 (5) 3 of the VPA states that regulation language may be developed to allow for "a person who belongs to or practises a prescribed profession or such other persons as may be prescribed" to carry out any such authorized activities as may be prescribed in accordance with any guidelines, processes, terms, conditions, limitations, or prohibitions.

Certain persons who have received instruction in animal rehabilitation possess a specific set of skills, knowledge, and training that allows them to safely perform some authorized activities.

Concept #1 – Qualifications

Transition Council recommends the development of a regulatory exemption for persons trained in animal rehabilitation who adhere to the following guidelines, processes, terms, conditions, limitations, and/or prohibitions:

- ▶ The person has formal, recognized education in either animal or human anatomy that garners entry into a profession in animal or human medicine;
- ▶ The person must have at least 125 hours of training in animal rehabilitation which includes practical experience;
- ▶ The person must have the knowledge, skill, and judgement to:
 - Perform the authorized activity safely, effectively, and ethically; and
 - Determine the animal's condition warrants performance of the authorized activity based on the known risks and benefits; and
- ▶ The person ensures appropriate coordination and consultation with a veterinarian member in the delivery of animal rehabilitation including making referrals when required.



Concept #2 – Authorized Activities Permitted to be Performed by Persons Providing Animal Rehabilitation

Transition Council recommends that any person who meets the above-mentioned criteria be permitted to perform the following authorized activities:

- ▶ Applying and ordering the following forms of energy for therapeutic purposes:
 - Class IV lasers; and
 - Radial shockwave when sedation is not required.

Administrative Notes

- ▶ Persons under this regulatory exemption are not required to provide proof of their eligibility under the regulatory exemption to the CVPO. Instead, a person is expected to review the regulatory exemption and determine whether they meet the requirements.
- ▶ Should the CVPO become aware of a person who is offering authorized activities to the public who may not meet requirements, the CVPO has the ability to investigate these concerns including requiring proof of eligibility and adherence and is able to pursue its own investigation under either unauthorized practice and/or the risk of harm clause if warranted.

Farriers and Hoof Trimmers

Scope

Section 9 (5) 3 of the VPA states that regulation language may be developed to allow for “a person who belongs to or practises a prescribed profession or such other persons as may be prescribed” to carry out any such authorized activities as may be prescribed in accordance with any guidelines, processes, terms, conditions, limitations, or prohibitions.

Certain persons who have received instruction in either farriery or hoof trimming possess a specific set of skills, knowledge, and training that allows them to safely perform some authorized activities.

Concept #1 – Qualifications

Transition Council recommends the development of a regulatory exemption for persons trained in farriery or hoof trimming who adhere to the following guidelines, processes, terms, conditions, limitations, and/or prohibitions:

- ▶ The person must have specific training in providing farrier or hoof trimming services which includes practical experience; and
- ▶ The person must have the knowledge, skill, and judgement to:
 - Perform the authorized activity safely, effectively, and ethically; and
 - Determine the animal’s condition warrants performance of the authorized activity based on the known risks and benefits.



Concept #2 – Authorized Activities Permitted to be Performed by Persons Providing Farriery or Hoof Trimming Services

Transition Council recommends that any person who meets the above-mentioned criteria be permitted to perform the following authorized activities:

- ▶ Performing a maintenance procedure below the dermis if it remains within or below the coronary band and within the structure of the hoof; and
- ▶ Performing a therapeutic procedure below the dermis if it remains within and/or below the coronary band and/or within the structures of the hoof only if they do so in cooperation and collaboration with a veterinarian member.

Administrative Notes

- ▶ Persons under this regulatory exemption are not required to provide proof of their eligibility under the regulatory exemption to the CVPO. Instead, a person is expected to review the regulatory exemption and determine whether they meet the requirements.
- ▶ Should the CVPO become aware of a person who is offering authorized activities to the public who may not meet requirements, the CVPO has the ability to investigate these concerns including requiring proof of eligibility and adherence and is able to pursue its own investigation under either unauthorized practice and/or the risk of harm clause if warranted.

Mass Culls of Livestock and Poultry

Scope

Section 93 (7) iv. of the VPA allows for the development of regulatory exemptions permitting persons who are not members to carry out specified authorized activities and limiting and governing the carrying out of such activities.

Certain persons who have received instruction in the performance of mass culls possess a specific set of skills, knowledge, and training that allows them to safely perform some authorized activities.

Concept #1 – Qualifications

Transition Council recommends a regulatory exemption for persons performing mass culls of livestock and poultry who adhere to the following guidelines, processes, terms, conditions, limitations, and/or prohibitions:

- ▶ The person must have specific training in administering substances by inhalation for the purpose of mass culls in livestock and/or poultry that was developed with veterinarian oversight.
- ▶ The person must carry out the authorized activities in accordance with the Codes of Practice for the care and handling of farm animals; and
- ▶ The person must have the knowledge, skill, and judgement to:

- 
- Perform the authorized activity safely, effectively, and ethically; and
 - Determine the animal's condition warrants performance of the authorized activity based on the known risks and benefits.

Concept #2 – Authorized Activities Permitted to be Performed by Persons Providing Mass Culls of Livestock and Poultry

Transition Council recommends that any person who meets the above mentioned criteria be permitted to perform the following authorized activities:

- ▶ Administering a substance by inhalation and/or monitoring of such inhalation; and
- ▶ Communicating to an individual the death of an animal or group of animals.

Administrative Notes

- ▶ Adherence to the Codes of Practice has been included in recognition of their development as scientifically informed and practical expectations for responsible farm animal care. They are also developed with multi-stakeholder input including that of veterinary professionals.
- ▶ Persons under this regulatory exemption are not required to provide proof of their eligibility under the regulatory exemption to the CVPO. Instead, a person is expected to review the regulatory exemption and determine whether they meet the requirements.
- ▶ Should the CVPO become aware of a person who is offering authorized activities to the public who may not meet requirements, the CVPO has the ability to investigate these concerns including requiring proof of eligibility and adherence and is able to pursue its own investigation under either unauthorized practice and/or the risk of harm clause if warranted.

Embryo Implantation in Cattle

Scope

Section 9 (5) of the VPA permits persons (who are not members) to perform certain authorized activities subject to any prescribed guidelines, processes, terms, conditions, limitations, or prohibitions outlined in Regulation.

Section 1 (3) 2 of Schedule One of the VPA establishes a statutory exception for the implantation of embryos as part of a business that engages in the artificial insemination of livestock.

Section 93 (1) 8 of the VPA grants the College permission to develop regulatory exemptions further clarifying and/or limiting the statutory exceptions contained in Sections 2 and 3 of Schedule One of the VPA.

Concept #1 – Recommended Limitation

Transition Council recommends the development of a regulatory exemption that further limits the



performance of the following statutory exception outlined in Schedule One of the VPA to cattle:

Implantation of embryos as part of a business that engages in artificial insemination of livestock.

Transition Council reviewed an in-depth research and risk-based analysis that showed the level of risk associated with the performance of embryo implantation in cattle allowed for other duly trained non-veterinary animal care providers to provide this important service without an elevated risk of harm or potential harm to an animal(s) or person. However, through this same research and conversation, it also became clear that this risk evaluation did not, and should not, extend to the performance of this procedure in all types of livestock, especially in relation to equine. These findings are based on the fundamental differences that exist between different species of livestock including differences in anatomy, the requirements for sedation, and whether the procedure required surgical elements.

Concept #2 – Additional Recommendations for Qualification Under the Statutory Exception and Regulatory Exemption

In addition to limiting the statutory exception to performance only in cattle, Transition Council recommends that a regulatory exemption for embryo implantation also require a person to adhere with the following guidelines, processes, terms, conditions, limitations, and/or prohibitions:

- ▶ The person must have specific training in embryo implantation in cattle developed with veterinarian oversight that includes practical experience; and
- ▶ The person must have the knowledge, skill, and judgement to:
 - Perform the authorized activity safely, effectively, and ethically; and
 - Determine the animal's condition warrants performance of the authorized activity based on the known risks and benefits.

Administrative Notes

- ▶ Persons under this regulatory exemption are not required to provide proof of their eligibility under the regulatory exemption to the CVPO. Instead, a person is expected to review the regulatory exemption and determine whether they meet the requirements.
- ▶ Should the CVPO become aware of a person who is offering authorized activities to the public who may not meet requirements, the CVPO has the ability to investigate these concerns including requiring proof of eligibility and adherence and is able to pursue its own investigation under either unauthorized practice and/or the risk of harm clause if warranted.

Owners/Custodians Under PAWS

Scope

Section 2 of Schedule 1 of the VPA contains the following statutory exemption for non-members:

The administration of a treatment plan by a custodian of an animal if the treatment plan is made by a veterinarian member and carried out at the direction of the owner.



Section 93 (1) 8 of the VPA states that, subject to the approval of the Lieutenant Governor in Council, the Council may make regulations:

Prescribing exceptions for the purpose of Section 10 or 11 (of the VPA) or limiting or clarifying the exceptions set out in sections 2 and 3 of Schedule 1.

Conversations between the College and the Ministry of the Solicitor General have identified a potential need to clarify the role and responsibilities that Animal Welfare Services and Animal Welfare Inspectors have over an animal(s) or group of animals when they are removed or seized in accordance with the Provincial Animal Welfare Services Act. This person does not have to be a veterinary professional and is often a community and/or shelter partner that Animal Welfare Services works with, but does not directly employ, to safeguard animals.

Concept #1 – Proposed Regulatory Exemption

In recognition of the importance of Animal Welfare Services being able to continue to deliver these public safety focused services, Transition Council recommends the development of a regulatory exemption that clarifies that Animal Welfare Services qualifies as the owner of the animal(s) under the noted statutory exception as long as:

1. The animal(s) have been removed or seized in accordance with the PAWS Act;
2. The animal(s) is under the care of a custodian approved by the Chief Animal Welfare Inspector or their delegate; and
3. The custodian adheres to the treatment plan as developed by the veterinarian member (including only administering drugs that have been prescribed by the veterinarian member for the specific animal(s).)

Administrative Notes

In considering this regulatory exemption it is important to note that additional public consultation by the College on this item is not required for the following reasons:

1. The proposed exemption pertains to another piece of provincial legislation and is designed to allow existing Ministerial programs to continue to operate; and
2. The proposed exemption is included in Transition Council's larger regulatory concept submission to the Ministry, which will hold its own public consultation.



Part D – Quality Team-Based Care

Quality care is a cornerstone of veterinary medicine and therefore a primary focus of the VPA framework. This includes defining members' obligations prior to providing veterinary service, after-hours veterinary care requirements, and the prescribing and dispensing of drugs.

The VPA framework also contemplates strengthening and supporting quality veterinary medicine by introducing a quality assurance program for all members of the CVPO aimed at ensuring continuing competence and enhancing public confidence and trust.

Members' Obligations Prior to Providing Veterinary Services

Scope

Transition Council recommends the continuation of regulation language under Section 93(1) 23 of the VPA related to members' obligations prior to providing veterinary services as currently outlined in Section 18 of Regulation 1093 under the VA.

Section 18 of Regulation 1093 under the VA currently contains one regulatory section that outlines a member's obligations prior to providing veterinary services. These are currently referred to as the veterinarian-client-patient-relationship (VCPR) and informed client consent in College policy.

This regulation applies to both veterinarian and veterinary technician members of the CVPO.

Concept #1 – Continued Regulatory Section for Members' Obligations Prior to Providing Veterinary Services

Transition Council recommends that the wording found in Section 18 of Regulation 1093 under the VA be carried forward under the VPA to allow for maintenance of current regulatory approaches while also leaving room for further interpretation and guidance by future Councils of the CVPO. This includes the ability to maintain and/or adapt policy approaches related to the naming of requirements, methods of obtainment, and increased opportunities for intra-professional collaboration.

Concept #2 – Both Types of Members Required to Meet Obligations

In recommending carrying forward the current regulatory language, Transition Council confirms its intention to require both veterinarian and veterinary technician members to meet these obligations. This includes the ability to establish a VCPR and obtain informed client consent in accordance with CVPO policy.

Administrative Notes

- ▶ Additional details related to the VCPR, including how it is maintained and discontinued, will be developed through College Policy.



After-Hours Veterinary Care

Scope

Transition Council recommends the development of regulation language related to after-hours veterinary care in accordance with Section 93 (1) 23 of the VPA.

The inclusion of veterinary technicians as members of the CVPO under the VPA necessitates the updating of regulation language related to the provision of after-hours veterinary care and offers the opportunity to increase clarity and understanding of its associated requirements.

Concept #1 – Ongoing After-Hours Care Requirements

Transition Council recommends the development of regulation language that continues the requirements for a veterinarian to provide after-hours veterinary care outlined in Section 20 of Regulation 1093 made under the VA. This includes the requirement that a veterinarian is responsible for providing reasonably prompt services outside of regular practice hours if the services are medically necessary for animals that they have treated recently or treat regularly.

Concept #2 – Enhanced Wording Related to After-Hours Veterinary Care Arrangements

Transition Council recommends the development of regulation language that continues to permit a veterinarian member to rely on the referral of after-hours veterinary care services to another veterinarian member and/or accredited veterinary facility (not just emergency facilities), but includes wording to clarify that this is only permissible when the referring veterinarian member has made a specific agreed-upon arrangement with the veterinarian member and/or accredited veterinary facility that they are referring to.

Concept #3 – Clarity Around Discharge Responsibilities

Transition Council recommends the development of regulation language that makes it clearer that a referring veterinarian member's responsibility related to providing care upon discharge applies to all after-hours veterinary care arrangements regardless of the type of veterinarian member and/or accredited veterinary facility referred to.

Administrative Notes

- ▶ Transition Council recommends that the provision of after-hours veterinary care remain a veterinarian member responsibility. This does not preclude veterinary technician members from also assisting in the delivery of this care through accredited veterinary facilities, including through initiation and/or under a veterinarian member's order.

Drugs

Scope

Transition Council recommends the development of regulation language related to drugs as permitted by Section 91 (1) 27 and 28 of the VPA.



The inclusion of veterinary technicians as members of the CVPO under the VPA necessitates the updating of regulation language related to the use of drugs in the practice of veterinary medicine to represent the different responsibilities of the two professionals in this area. It also offers the opportunity to provide greater guidance and direction related to public protection and choice.

Concept #1 – Updated Language Related to Prescription Portability

Regulation 1093 under the VA currently contains a provision related to prescription portability. However, this provision requires a client to ask a veterinarian directly for a written prescription.

Transition Council recommends an amendment to this approach by shifting the onus from the client having to ask the veterinarian member to the veterinarian member having to inform the client of their options in filling a prescription. The recommended development of regulation language that requires a veterinarian member to inform a client of their right to receive a written prescription would increase public awareness of this option.

Veterinarian members are not required to also provide a written prescription if a client chooses to have their prescription filled directly by the veterinarian member.

Concept #2 – Language Reflecting the One Profession, Two Professionals Model

Transition Council recommends the development of regulation language that reflects which types of members are permitted to prescribe, dispense, compound, administer, and/or sell drugs.

Concept #3 – Maintain Consistent Approaches

Transition Council recommends the development of regulation language that reflects that the majority of clauses currently contained in sections 22-23 of Regulation 1093 under the VA related to drugs remain largely transferable under the regulatory framework established by the VPA.

Quality Assurance

Scope

Transition Council recommends the development of regulation language related to the mandatory quality assurance program in accordance with Sections 32-34 and 93 (1) 34 of the VPA.

This regulation applies to both veterinarian and veterinary technician members of the CVPO.

The College's existing quality assurance program is aimed at ensuring the ongoing quality and safety of veterinary medicine in the province to mitigate risks to the public and instill confidence in veterinary medicine and regulation of the profession. The existing quality assurance program is voluntary. Under the VPA, both veterinarian and veterinary technician members are required to participate in a quality assurance program.



Concept #1 – Definitions

Transition Council recommends the development of regulation language that contains several definitions designed to assist with clarity. This includes definitions of assessor, program, and stratified random sampling.

Concept #2 – Outlining Different Aspects of the Program

Transition Council recommends the development of regulation language that provides additional details related to the mandatory quality assurance program in the following areas:

Assessors

To outline that the Quality Assurance Committee may appoint assessors for the purpose of the program with the knowledge and experience in the practice of the profession, quality assurance activities, investigation or assessment techniques, or the public interest.

Continued Professional Development

To outline that every member shall participate in continuing professional development activities, and maintain a portfolio of such activities, in the form and manner specified by the Quality Assurance Committee.

Self-Assessments

To outline that every member shall participate in self-assessment activities, and keep record of such activities, in the form and manner specified by the Quality Assurance Committee.

Peer and Practice Assessments

To outline that a member is required to undergo a peer or practice assessment, or both, performed by an Assessor(s) appointed by the Quality Assurance Committee, if:

- ▶ The member's name is selected at random, including stratified random sampling;
- ▶ The member has been referred by the Quality Assurance Committee; or
- ▶ If the member is selected based on criteria specified and published by the Committee at least three months before the member is selected.

Administrative Notes

- ▶ Members are not required to complete all aspects of the mandatory quality assurance program every year. The frequency of requirements would be determined by the Quality Assurance Committee and would be clearly outlined in CVPO Policy.



Part E – Administration

The following regulatory concepts proposed by Transition Council are administrative in nature and build off statutory frameworks already established under the VPA. They seek to provide additional detail and clarity in areas that are essential to transparent and defensible operation and oversight of the practice of veterinary medicine by the CVPO.

Alternative Dispute Resolution

Scope

Transition Council recommends the development of regulation language related to Alternative Dispute Resolution in accordance with Section 45 of the VPA. This regulation will apply to both veterinarian and veterinary technician members of the CVPO. The CVPO administers a formal Alternative Dispute Resolution program as part of its investigations and resolutions process.

Alternative Dispute Resolution allows for mediated solutions to specific types of disputes. This approach has been shown to contribute to greater satisfaction for all parties involved through outcomes such as faster resolutions, tailored resolutions, and increased compliance. It also fosters a climate of co-operation and openness even if a voluntary resolution is not reached.

Concept #1 - Language Related to Administration of the Program

Transition Council recommends the development of regulation language that enhances the clarity and transparency of the basic structure for Alternative Dispute Resolution that is outlined in the VPA. This proposed regulation language provides additional structures that the CVPO requires to administer an Alternative Dispute Resolution program. These include provisions related to process, confidentiality, and access to records and information.

Concept #2 – List of Ineligible Complaints

Transition Council recommends the development of regulation language that outlines the types of complaints that would be ineligible for Alternative Dispute Resolution. This ensures that concerns related to a higher risk of harm or potential harm to the public and/or animals continue to be addressed through more traditional investigation and resolution methods. This includes complaints that involve:

- ▶ The misuse of controlled substances;
- ▶ Fraud or misrepresentation;
- ▶ Falsification of records or documents;
- ▶ Any form of abuse of an animal or person;
- ▶ Serious harm to or death of an animal or person;

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- ▶ Sexual impropriety;
 - ▶ Criminal charges or convictions; and
 - ▶ Concerns or risks related to public safety.

Concept #3 - Inclusion of an Opt-Out Approach to Encourage Use of Alternative Dispute Resolution

Transition Council recommends the development of regulation language that permits the program to be used in all applicable cases unless any participant does not consent (an opt-out instead of an opt-in approach). This proposed approach is based on literature reviews and research that indicate these models create the greatest likelihood of successful mediation and highest satisfaction of both parties.

Transition Council considered this proposal at length and ultimately included it within its recommendations in recognition of the benefits and positive outcomes associated with Alternative Dispute Resolution.

Prescribed Offences

Scope

Transition Council recommends the development of regulation language related to prescribed offences in accordance with Section 38 (1) and 41 (1) of the VPA. This regulation applies to both veterinarian and veterinary technician members of the CVPO.

The College can currently gather information related to offences and charges under the VA. The VPA streamlines these approaches and increases clarity and transparency around members' requirements to submit information to the CVPO. In particular, the VPA requires a member to file a report with the CVPO if they have been charged with and/or found guilty of a prescribed offence².

Concept #1 – Offences Relevant to the Practice of Veterinary Medicine

Transition Council recommends the development of regulation language that includes mandatory reporting of offences related to the practice of veterinary medicine. This includes areas such as animal abuse and welfare, horse racing, wildlife conservation, and drug management.

Concept #2 – Offences Relevant to Professionalism

Transition Council recommends the development of regulation language that includes mandatory reporting of offences related to professionalism including all criminal offences under the Criminal Code as well as more serious aspects of the Highway Traffic Act including unsafe or careless driving.

2. A prescribed offence is an offence that is clearly listed within the regulation(s) made under the VPA.



Concept #3 - List of Specific Offences

In recommending the inclusion of this specific list of offences, Transition Council has applied the lens of public protection to ensure that all members who are offering veterinary services possess the character and integrity that the public expects of licensed professionals.

The specific offences recommended are:

- ▶ An offence under the Criminal Code. *
- ▶ An offence under the Controlled Drugs and Substances Act. *
- ▶ An offence under Section 49 of the Provincial Animal Welfare Services Act, 2019. *
- ▶ An offence under the Animals for Research Act. *
- ▶ An offence under the Horse Racing Licence Act, 2015. *
- ▶ An offence under the Fish and Wildlife Conversation Act, 1997. *
- ▶ An offence under the Pounds Act. *
- ▶ The following offences under the Highway Traffic Act^{**}:
 - Section 84 - penalty for driving unsafe vehicle;
 - Section 130 – careless driving; or
 - Any other offence for which an individual is ordered to pay a fine of not less than \$1,000 and/or to serve an imprisonment term of any length.

Offences under the Highway Traffic Act are included to assure a member's ability to practise through an accredited mobile veterinary facility.

Part F – Accreditation

Scope

Outlining the framework and expectations for facility accreditation allows for one of the fundamental roles of the College to be established and carried out. Sections 21 through 26 as well as several regulation-making authorities found in the VPA reflect the College's ongoing obligations in this area. The College seeks to modernize its approach in accordance with the new statutory framework.

* Currently collected through the College's By-Laws under the VA.

** Proposed new addition.



Concept #1 – Formally Recognized Definition of “Holder of Certificate of Accreditation”

Transition Council recommends that Regulation language be developed that defines the “holder of certificate of accreditation” to provide more clarity that following application and issuance of the certificate, it is held by the facility director who made the application.

Concept #2 – Proposed Ability to Grant Extensions in Writing

Transition Council recommends that regulation language be developed to ensure that situations where a facility director leaves the position do not lead to the unnecessary expiration of the certificate of accreditation by allowing the Registrar to grant an extension in writing for a new facility director to be designated. This supports efficiency of process and allows for the continuance of the certificate of accreditation, limiting the disruption to the provision of care. These scenarios do occur now and are not frequent.

Concept #3 – Requirement for the Payment of Accreditation Fees

Transition Council recommends that regulation language be developed that clearly requires the payment of accreditation fees as set out in the by-laws. This allows for a greater understanding that should the fee not be paid, the certificate of accreditation will expire.

Administrative Notes

- ▶ Currently, regulatory language related to facility accreditation is found in two locations within Regulation 1093. These are sections 15-16 and section 50. Carrying over language from section 50 into the dedicated facility accreditation section assists with transparency and clarity when interpreting and implementing the regulations.
- ▶ It is important to note that additional public consultation by the College on this item is not required for the following reason:
 - The proposed exemption is being included in Transition Council’s larger regulatory concept submission to the Ministry, which will hold its own public consultation.



Conclusion

It is with pride that Transition Council advances this document to the Hon. Minister for the Ministry's consideration in the development of regulations under the VPA. The research, the data, the consultation, and the evidence that have informed the development of these regulatory concepts is plentiful and the College is confident that it will provide the basis for strong and informed regulatory language designed to serve and protect the public interest in the regulation of veterinary medicine in Ontario.

Appendix

- ▶ Appendix A - History of the Modernization of the Veterinarians Act
- ▶ Appendix B - Key Partner List
- ▶ Appendix C - Consultation Report
- ▶ Appendix D - Example Draft Regulation Language – Professional Misconduct
- ▶ Appendix E - Index

History and Background

The practice of veterinary medicine in Ontario has been regulated since 1877 and is one of the five oldest professions to be regulated in the province. For nearly 150 years, the veterinary profession has demonstrated its commitment to animal welfare, public health, and quality veterinary medicine.

The College has overseen the practice of veterinary medicine in Ontario under the VA since 1989. At that time, the government sought to separate the veterinary association (professional interest) from regulatory functions (public interest) while maintaining key aspects of profession-based regulation. This included the licensure of veterinarians, a defined exclusive scope of practice, accreditation of veterinary facilities, establishment of professional standards and ethics, and a complaints and discipline process.

The VA has undergone two major revisions since its inception – one to accommodate inter-provincial labour mobility and another to introduce professional corporation accountabilities for veterinarians. Most other modernizing changes have occurred at the level of regulation. The last update to Regulation 1093 was in 2022 when amendments were introduced related to accreditation and advertising.

There have been several advancements in profession-based regulation since the current VA was introduced in 1989. These include:

- ▶ An overall decrease in exclusive scope of practice models for professions, acknowledging team-based care and public demand for direct access to lower risk services provided by multiple care providers;
- ▶ An increase in the use of mandatory quality assurance programs as a method for ensuring continuing competence;
- ▶ An increased focus on public risk and harm and their consideration in the development of professional standards and programs;
- ▶ An increased focus on regulating the system and not just individual professionals to ensure that risks in practice are better mitigated;
- ▶ An increasing preference for enabling legislation that is less prescriptive while providing powers in regulation and by-law that afford for greater nimbleness in change over time; and
- ▶ An increase in public expectation of the transparency of regulatory processes.

Changes to the practice of veterinary medicine have also occurred during this period. These include:

- ▶ An increase in veterinary professionals practising in specialized or narrowed scopes of practice;
- ▶ An increase in public demand for integrative or complementary therapies offered by both veterinary professionals and other non-veterinary animal care providers;
- ▶ The introduction of the Ontario Association of Veterinary Technicians and the increased awareness and mobilization of veterinary technicians as trained and competent veterinary professionals;



- ▶ An increase in societal concerns for animal welfare;
- ▶ The emerging use and rapid development of technology; and
- ▶ A better recognized convergence of veterinary medicine and human medicine related to public health.

During the development process of the College’s Strategic Plan from 2014 to 2017, it became clear that the existing VA was neither current nor sufficiently robust enough to meet the public protection needs of modern and evolving veterinary medicine and its regulation. A number of factors compelled College Council to proceed with studying the need for change, including delays and inefficiencies in the complaints investigation process, lack of transparency of information relevant to the public in determining choices related to animal care, the absence of a mandatory quality assurance program, the increasing challenge in managing unlawful practice, and a real need to focus on potential risks and harm to animals and people within a regulatory scheme.

As a result, the College completed a multi-year, principle-based research and consultation process that culminated in the publication of a series of recommended changes to the VA, which were intended to modernize the current regulatory framework and allow for a more responsive and effective approach to regulating veterinary medicine in Ontario.

These recommendations were published in a concept paper entitled, “Achieving a Modern Approach to the Regulation of Veterinary Medicine in Ontario,” and were submitted to the Ministry of Agriculture, Food, and Agribusiness (“Ministry”) in 2018 for its further review and consideration.

From 2018 to 2022, the College continued to engage in meaningful and impactful conversations with the Ministry and with the public and profession related to potential avenues for moving these recommendations forward. This included three additional rounds of public consultation by College Council on specific topics such as Council composition, amendments to title protection, and defining incompetence. These findings were also forwarded to the Ministry for its review and consideration.

In November 2022, the College was pleased to receive confirmation that the Ministry intended to move forward with the modernization of the VA based in large part on the recommendations contained in the College’s 2018 Concept Paper. This announcement marked the beginning of a multi-month consultation process led by the Ministry and resulted in the introduction of Bill 171 – Enhancing Professional Care for Animals Act, 2024 in March 2024.

From March 2024 to June 2024, Bill 171 (which contained the VPA) moved through the Legislative Assembly of Ontario with broad support. Comments were made at many levels about the amount of collaboration and background work that had gone into the development of a new system for the practice of veterinary medicine in Ontario. The College was delighted to be included as a key partner amongst many other organizations and associations credited with proposing innovative and public interest focused solutions.

All of this work contributed to Bill 171 passing Third Reading with unanimous three-party support in May 2024 and the VPA receiving Royal Assent on June 6, 2024.

Key Partners

1. Animal Justice Canada
2. Animal Shelter Professionals of Ontario
3. Beef Farmers of Ontario
4. Canadian Animal Health Institute
5. Canadian Food Inspection Agency
6. CDMV
7. Chicken Farmers of Ontario
8. Chiefs of Ontario
9. Christian Farmers Federation of Ontario
10. College of Chiropractors of Ontario
11. College of Physiotherapists
12. College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
13. Dairy Farmers of Ontario
14. Eastgen
15. Lactanet
16. London College of Animal Osteopathy
17. Matawa First Nations
18. Northern Producers Animal Health Network
19. Ontario Association of Bovine Practitioners
20. Ontario Association of Equine Practitioners
21. Ontario Association of Poultry Veterinarians
22. Ontario Association of Swine Veterinarians
23. Ontario Association of Veterinary Technicians
24. Ontario Association of Veterinary Technicians - Rabies Response Program
25. Ontario Chiropractic Association
26. Ontario College of Pharmacists
27. Ontario Equestrian
28. Ontario Fairness Commissioner
29. Ontario Farriers Association
30. Ontario Federation of Agriculture
31. Ontario Goat
32. Ontario Hoof Trimmers Guild
33. Ontario Livestock and Poultry Commission
34. Ontario Pharmacists Association
35. Ontario Physiotherapy Association
36. Ontario Pork
37. Ontario Sheep
38. Ontario Society for the Prevention of Cruelty to Animals
39. Ontario Veterinary Medical Association
40. Ottawa Humane Society
41. PetsDrugMart
42. Pickering Animal Services
43. ProVet Alliance
44. Small Ruminant Veterinarians of Ontario
45. Toronto Humane Society
46. Traditional Chinese Medicine Ontario
47. Veterinary Chiropractic Learning Centre
48. Veterinary Purchasing



April 2025

May 2025

Consultation on Proposed Regulatory Concepts

Final Report

Prepared for the College of Veterinarians of Ontario



Scientifically sound. Creatively communicated.

ACER
CONSULTING

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Introduction

The modernization of veterinary regulation in Ontario marks a significant shift in how veterinary medicine is practiced and governed across the province. With the passage of the Veterinary Professionals Act, 2024 (VPA), a new legislative framework has been established that reflects the evolving nature of the profession and supports more collaborative, accountable, and innovative models of care. At the heart of this transformation is a commitment to enabling team-based veterinary care, streamlining regulatory processes, and enhancing public protection through strengthened oversight and quality assurance.

To support the implementation of the VPA, the College of Veterinarians of Ontario's Transition Council was granted the authority to propose regulations aligned with the Act's objectives. In fulfilling this mandate, the Council developed a series of proposed regulatory concepts, organized into five thematic areas: Licensure, Authorized Activity Model, Regulatory Exemptions for Non-Members, Quality Team-Based Care, and Administrative Provisions. These concepts are intended to guide the development of regulations that are responsive to the profession's current realities while laying a foundation for future growth and innovation.

In early 2025, the Transition Council launched a public consultation to gather feedback on the proposed regulatory concepts. This consultation primarily took the form of a survey, supplemented by written submissions from a variety of stakeholders. The insights collected during this process are essential to ensuring the proposed concepts reflect the perspectives, needs, and expectations of those most affected by the new regulatory framework.

This report provides an overview of the feedback received during the consultation period. It highlights key themes, areas of support, concerns raised, and suggestions for refinement. The feedback will inform revisions to the regulatory concepts before they are submitted to the Ontario Ministry of Agriculture, Food, and Agribusiness (OMAFRA) for the drafting of formal regulatory language. Through this collaborative process, the Transition Council aims to support a smooth and effective transition to the College of Veterinary Professionals of Ontario and to ensure the new regulations serve both the profession and the public interest.



Methods

Positionality

The analysis of survey data and the drafting of the present report that describes the synthesis of results was produced by ACER Consulting. As a multidisciplinary organization working at the intersection of agricultural research, epidemiology, and science communication, ACER Consulting engages closely with the veterinary sector but operates independently of it. We do not provide veterinary services, nor are we governed by veterinary regulatory frameworks. Our insights are informed by evidence-based research and field-level engagement in agriculture and animal health, yet our operations are not directly impacted by changes to veterinary regulation. This positions us to offer impartial and informed contributions to this consultation.

Survey Development

A survey collecting feedback on the proposed regulatory concepts was conducted from February 11th, 2025 to April 17th, 2025. An online questionnaire was developed using Qualtrics and made publicly available via www.cvo.org. The development of the survey prioritized flexibility, visibility, and transparency. Respondents were able to navigate to the concepts they wished to provide feedback on from a central table of contents, or advance through the survey page by page. The survey was also offered as a pdf document for users when requested.

This 102-question survey asked respondents to provide details on their current role (e.g. veterinarian, registered veterinary technician), area of practice, age, their level of support for each major proposed concept (using a 5-point Likert scale; from strongly disagree to strongly agree), open-ended questions about the concepts, as well as providing areas for other feedback and comments related to each concept. Only one question regarding the respondent's relationship to the veterinary profession (e.g. member of the veterinary profession, member of the public, non-veterinary animal care, etc.) was mandatory.

Communication

A summary of the specific communications related to the consultation and their audience is summarized in the table below.

Date: Communication	Audience
February 5: E-Update with the Registrar’s Message focused on the upcoming consultation and the notice of the upcoming town hall.	Sent to all licensed members and all veterinary team members who have provided their e-mail to the College. Also separately sent to partner organizations.
February 11: Consultation launched	Sent to all licensed members and all veterinary team members who have provided their e-mail to the College. Also separately sent to partner organizations.
March 4: E-Update focused on ongoing consultation	Sent to all licensed members and all veterinary team members who have provided their e-mail to the College. Also separately sent to partner organizations.
March 19: town hall session focused on proposed regulatory concepts	Town hall was open to all veterinary team members.
March 25: Modernization newsletter focused on ongoing consultation & provides replay of town hall	Sent to all licensed members and all veterinary team members who have provided their e-mail to the College. Also separately sent to partner organizations.
April 1: reminder of ongoing consultation was included in E-Update. As well, the consultation was the focus of the President’s Message.	Sent to all licensed members and all veterinary team members who have provided their e-mail to the College. Also separately sent to partner organizations.
April 10: reminder of upcoming deadline on ongoing consultation	Sent to all licensed members & all veterinary team members who have provided their e-mail to the College

Additional forms of communication regarding the survey were:

- **Website (cvo.org):** link to the consultation page from home page, modernization pages, regulatory concepts
- **OAVT conference** Feb 27 to March 1: materials shared promoting the consultation with a QR code linking to the consultation
- **OVMA conference** January 29 to February 1: materials shared indicating the consultation was coming soon

- **Postcard** week of February 17: Postcard was circulated through Veterinary Purchasing which linked to the consultation
- **Social media posts:** The consultation details were published on the College's Facebook, LinkedIn, and X pages on March 20, March 27, April 3, and April 10
- **E-mail signatures:** College staff added a graphic and link to their e-mail signatures pointing to the consultation.
- **Tools used:** Newsletters, social media, direct mail, in-person conversations at conferences, handouts, animated video

Other Feedback

Additional feedback was received in the form of letters from stakeholder organizations. Stakeholder organizations representing their members' interests submitted letters offering their feedback and responses to the proposed concepts. All stakeholder letters received were reviewed and summarized within the results of the report to provide context and basic descriptions of the concerns and overall stance of each stakeholder group. The specific letters received are enclosed in the Appendix of this report.

Analysis

Raw data was exported from Qualtrics as a .xlsx file and imported into Microsoft Excel for manual cleaning and coding. Open-text, long-form answer responses were reviewed, categorized based on similarities, and grouped into themes. Raw data has been retained and was used to write the summaries. Chi-squared tests were conducted between Likert scale questions related to chiropractic and drugs and respondents' relationship to veterinary medicine with a p-value of < 0.05 considered to be significant.

Limitations

It is important to acknowledge that, as participation in the survey was voluntary, the findings may not fully represent the views of all individuals within a given profession or stakeholder group. In particular, small sample sizes for certain subgroups, such as members of the public, result in reduced statistical power, which may limit the ability to detect meaningful differences or draw strong conclusions for those populations. As such, caution is warranted when interpreting the results or applying them broadly across an entire profession. However, these limitations do not undermine the overall value of the findings. The study incorporated targeted communication strategies, inclusive design elements, and additional sources of input, such as stakeholder letters submitted on behalf of key groups, to ensure a breadth of perspectives was captured. These representative submissions serve as a critical supplement to individual survey responses, helping to offset lower response rates from specific demographics and support a more comprehensive understanding of stakeholder views.



Demographics

A total of 2,303 responses were received. 1,227 respondents did not complete any question in the survey beyond the demographic questions, and were removed as a result. The final dataset contained responses from 1,076 survey participants.

Respondents were only required to answer one demographic question regarding their relationship to veterinary medicine (e.g. a member of the profession, member of the public, etc.). The rest of the optional demographic questions asked about their current role (e.g. veterinarian, registered veterinary technician), area of practice, and age. Respondent characteristics are reported in the table below.

Respondent Characteristic	Respondents # (%)
Relationship to Veterinary Medicine (n = 1076)	
Member of the Veterinary Profession (e.g. Veterinarian, Veterinary Technician)	844 (78%)
Member of the Veterinary Team (e.g. Veterinary Assistant, Practice Manager)	15 (1%)
Non-Veterinary Animal Care Providers (e.g. Farrier, Nutritionist, Groomer)	28 (3%)
Member of a regulated health profession (e.g. Pharmacist, Pharmacy Technician, Chiropractor, etc.)	79 (7%)
Member of the Public	79 (7%)
Other (Please Specify)	31 (3%)
Current Role for Members of the Veterinary Profession and Veterinary Team (n = 858)	
Veterinarian	641 (74%)
Locum Veterinarian	43 (5%)
Registered Veterinary Technician	135 (16%)
Veterinary Technician (graduated from an accredited program but not registered with the OAVT)	15 (2%)
Veterinary Technician (on-the-job trained)	2 (0%)
Veterinary Assistant	4 (0%)

Customer Service Representative	1 (0%)
Practice Manager	5 (1%)
Other (please specify)	1 (0%)
Current Field for Members of the Veterinary Profession and Members of the Veterinary Team (n = 854)	
Clinical Practice	759 (89%)
Government / Regulatory	21 (2%)
Academia	23 (3%)
Industry Representative	15 (2%)
Other (please specify)	36 (4%)
Species of Practice for Members of the Veterinary Profession and Veterinary Team (n = 853) *multiple answers permitted	
Companion Animals	776 (91%)
Equine	109 (13%)
Food Animals	100 (12%)
Other (please specify)	44 (5%)
Food Animal Sectors Worked with for Members of the Veterinary Profession and Veterinary Team (n = 99) *multiple answers permitted	
Poultry	21 (21%)
Small Flock	46 (46%)
Beef	80 (81%)
Dairy	77 (78%)
Swine	32 (32%)
Small Ruminant	73 (74%)
Aquaculture	3 (3%)
Bees	15 (15%)
Area Currently Practiced In (n = 849)	

Remote (limited access, seasonal roads)	3 (0%)
Rural (population <5,000)	152 (18%)
Urban (population >100,000)	388 (46%)
Suburban (population between 5,000 and 100,000)	306 (36%)
Length of Time Practicing in Veterinary Medicine (n = 855)	
Less than 5 years	100 (12%)
5 – 10 years	183 (21%)
11 – 15 years	161 (19%)
16 – 20 years	122 (14%)
21 – 25 years	91 (11%)
26 – 30 years	93 (11%)
Greater than 30 years	105 (12%)
Animal Ownership for Members of the Public (n = 79) *multiple answers permitted	
Companion Animals	75 (95%)
Equine	12 (15%)
Food Animals	3 (4%)
Exotic	3 (4%)
I don't have any	1 (1%)
Other (please specify)	2 (3%)
Age (n = 1067)	
Less than 21	2 (0%)
21 to 30	122 (11%)
31 to 40	348 (33%)
41 to 50	278 (26%)
51 to 60	186 (17%)

61 to 70	87 (8%)
Over 70	17 (2%)
Prefer not to answer	27 (3%)



Part A - Licensure

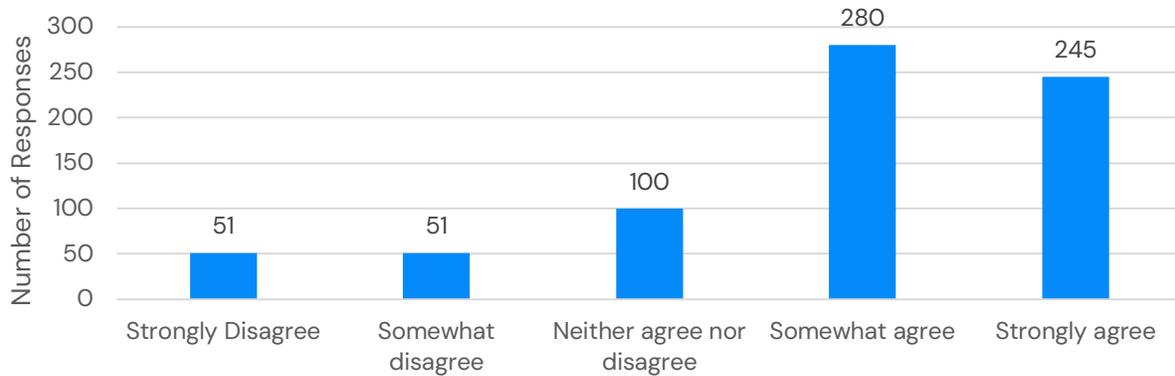
The Transition Council is proposing regulation language to guide licensure, professional misconduct, and conflict of interest for both veterinarians and veterinary technicians in Ontario. These regulations will be overseen by the College of Veterinary Professionals of Ontario (CVPO).

- **Licensure:** The CVPO will evaluate applicants' education and credentials to ensure they are competent to practice safely. Licensure will be divided into two main classes (for veterinarians and veterinary technicians), each with three subclasses: General, Provisional, and Short-Term. This structure updates and transitions previous licensing categories to align with the new framework.
- **Professional Misconduct:** The CVPO will define and oversee behaviours that constitute professional misconduct to protect the public and uphold practice standards. Categories of misconduct will include exceeding professional scope, ungovernable behaviour, and animal abuse, among others. The regulation will reflect distinctions between veterinarians and veterinary technicians within a shared professional model.
- **Conflict of Interest:** Members will be required to avoid situations where personal or financial interests could compromise their professional judgment. The CVPO will establish clear definitions and examples in regulation to help members identify and manage potential conflicts. Being in a conflict of interest will be explicitly recognized as professional misconduct.

Licensure

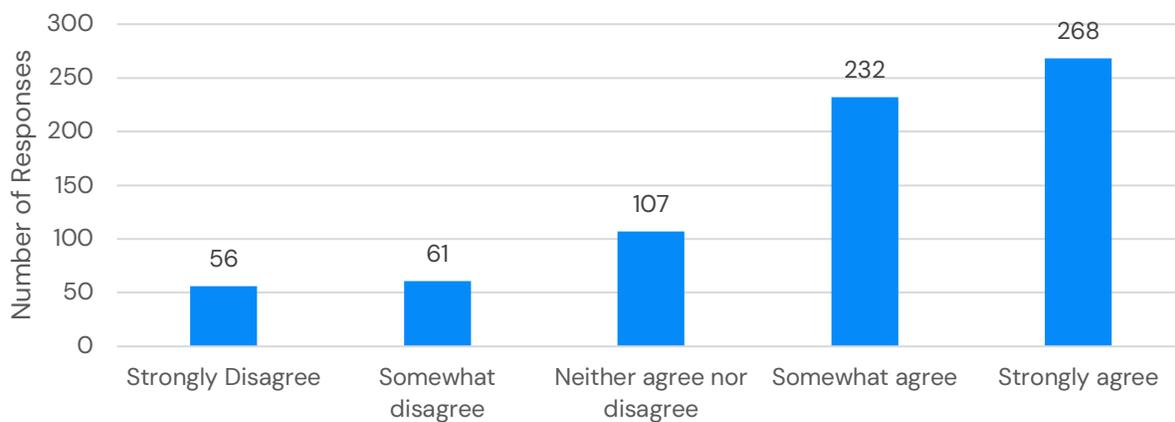
Agreement with Proposed Concepts

Survey respondents were asked to indicate their agreement with two statements about Licensure on Likert scale of responses from "Strongly disagree" to "Strongly agree". The figure below presents the results of 727 responses to the statement "*The proposed subclasses of member licences are inclusive of all types of members*".



Approximately 72% (525/727) of respondents were in agreement (somewhat agree/strongly agree) that the proposed subclasses of licences were inclusive of all types of members.

The figure below presents the results of 724 responses to the statement *“The proposed licensure requirements are appropriate to protect the public”*.



Approximately 69% (500/724) of respondents were in agreement (somewhat agree/strongly agree) that the proposed licensure requirements were appropriate to protect the public.

Long Answer Responses

Respondents were asked to share any concerns or risks they felt were not fully addressed in the proposed concepts. A total of 335 comments were received. These responses were reviewed and organized into key themes that capture the range of perspectives expressed. Importantly, the theme titles are not conclusions or judgments. Rather, they are descriptive groupings intended to reflect the sentiments, perceptions, and opinions shared by respondents.

Lack of Clarity and Risk of Public Confusion

Respondents expressed concern that vague terms like "General Licence" and "Provisional Licence" could confuse the public. There were calls for public-facing distinctions (e.g., badges, signage, online profiles) to ensure transparency and maintain trust in the veterinary profession.

Inequity Across Professional Groups and Workforce Instability

Submissions captured perceptions of unfair treatment of RVTs (having to reapply while veterinarians are automatically transferred) and a lack of recognition for non-registered but experienced staff, which were closely tied to fears of workforce shortages. Respondents posited that excluding skilled personnel could shrink the workforce and worsen access to veterinary care, especially in smaller clinics and rural areas. Financial barriers were also highlighted as a major risk that could discourage retention and recruitment.

Inadequate Oversight Leading to Patient Safety Risks

Participants also shared their apprehensions about weak supervision of provisional licence holders, especially foreign-trained veterinarians, as aligned directly with risks to animal welfare and patient care standards. Respondents emphasized that without strict supervision protocols, competency checks, and clear limits on delegation, there is potential for substandard care, liability issues, and public harm. Better enforcement, case log audits, and supervisor vetting were suggested to address this risk.

Insufficient Education and Professional Competency Standards

Respondents included comments proposing that allowing RVTs to take on expanded tasks without rigorous additional education were mired in risks related to training quality. Respondents stressed that inconsistent veterinary technician training programs and limited entry testing for foreign-trained veterinarians could erode the standard of care. Without more robust credentialing, ongoing CE requirements, and clearer competency assessments, respondents felt that both patient safety and public confidence could be compromised.

Exclusion of Allied Health Professionals and Missed Opportunities

Respondents often highlighted the omission of allied professionals like Registered Acupuncturists and Traditional Chinese Medicine Practitioners. Excluding these groups while permitting undertrained individuals to perform tasks like acupuncture was seen as unfair and potentially unsafe. Respondents advocated for integrating properly trained allied professionals into the regulatory framework to broaden safe access to complementary care services.

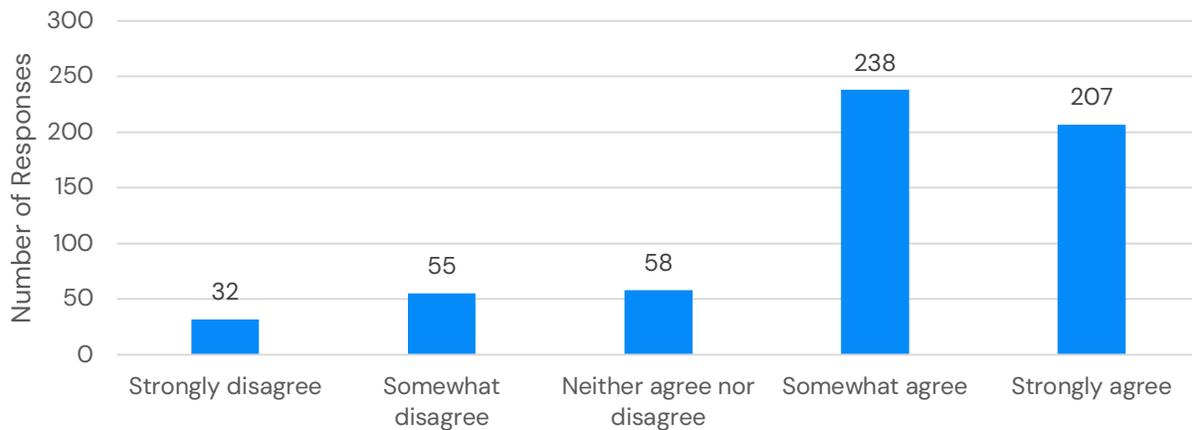
Related Stakeholder Comments

Formal response letters dealing with licensure were also received from stakeholders including: Ottawa Humane Society, Alberta Veterinary Medical Association, Ontario Association of Bovine Practitioners, Ontario Association of Swine Veterinarians, Ontario Veterinary Medical Association, and Ontario Association of Veterinary Technicians. Stakeholder feedback on Licensure mainly related to the desire for greater clarity around the transition from the current system to the new system for veterinary technicians, and the jurisprudence module. Additionally, some stakeholders suggested renaming the General License to Full License.

Professional Misconduct

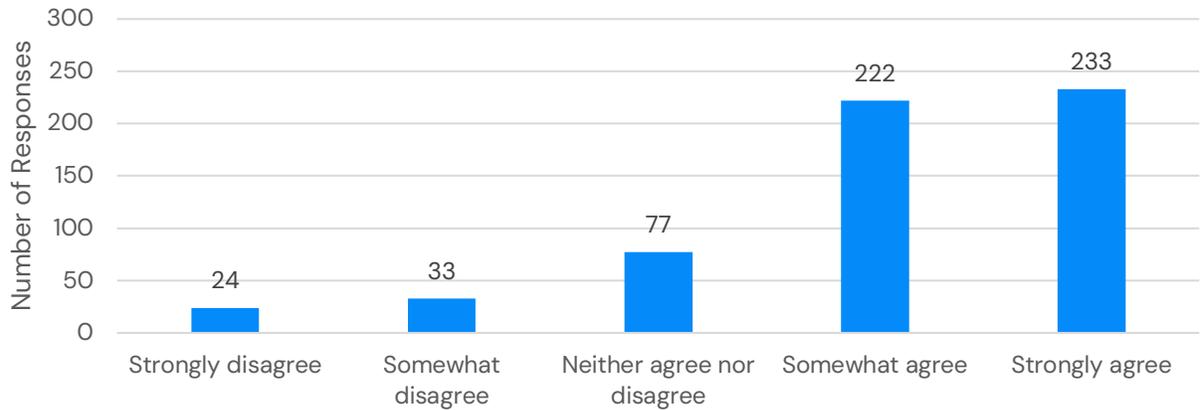
Agreement with Proposed Concepts

Survey respondents were asked to indicate their agreement with two statements about Professional Misconduct on Likert scale of responses from “Strongly disagree” to “Strongly agree”. The figure below presents the results of 590 responses to the statement “*The proposed list of what constitutes professional misconduct is appropriate*”.



Approximately 75% (445/590) of respondents were in agreement (somewhat agree/strongly agree) that the proposed list of what constitutes professional misconduct is appropriate.

The figure below presents the results of 589 responses to the statement “*The proposed list of what constitutes professional misconduct is sufficient to protect the public*”.



Approximately 77% (455/589) of respondents were in agreement (somewhat agree/strongly agree) that the proposed list of what constitutes professional misconduct is sufficient to protect the public.

Long Answer Responses

Respondents were asked to share any concerns or risks they felt were not fully addressed in the proposed concepts. A total of 220 comments were received. These responses were reviewed and organized into key themes that capture the range of perspectives expressed. Importantly, the theme titles are not conclusions or judgments. Rather, they are descriptive groupings intended to reflect the sentiments, perceptions, and opinions shared by respondents.

Vagueness, Overreach, and Concerns Over Professional Judgment

Those that responded shared that they felt that some of the proposed language — such as “conduct unbecoming,” “disgraceful,” “appropriate supervision,” and “unnecessary treatment” — is vague, subjective, and inconsistently defined. They shared that these terms created concerns over risks of uneven enforcement, retrospective punishments, and fear-based practice. Several respondents expressed that this will discourage veterinarians from taking reasonable clinical risks, participating in public discourse, or offering a full spectrum of care — especially in rural and underserved areas where referral is not feasible. Respondents shared apprehensions that overly broad misconduct standards may also disproportionately penalize professionals for exercising good faith judgment in complex cases.

Failure to Adequately Protect Veterinary Professionals and Mental Health

Responses expressed concern that the proposed concepts prioritize public protection without adequate safeguards for the well-being and safety of veterinary professionals. In particular, respondents called for clear rights to immediately discontinue services when facing abusive or threatening clients.

Imbalanced Accountability and Gaps in Regulatory Scope

Respondents felt that the proposed framework has the potential to unfairly concentrate liability on veterinarians and RVTs for factors beyond their control, including client noncompliance, third-party service providers (e.g., lay chiropractors, massage therapists), and actions of non-credentialed staff. In addition, it was felt that insufficient attention is given to regulating the growing presence of unlicensed animal care providers. Respondents stressed that without clear delineation of roles, accountability mechanisms, and consistent standards across all service providers, public trust and animal welfare could be undermined – despite heavier regulation of veterinarians themselves.

Administrative Burdens, Complaints Process, and Erosion of Collegiality

Respondents expressed concerns that the cumulative effect of new obligations – including documentation, continuity of care across multiple clinics, and expanded reporting duties – threatens to impose significant administrative burdens without clear public benefit. Many practitioners worry that vague or excessive requirements will lead to defensive recordkeeping rather than meaningful clinical practice, further driving costs and stress. Additionally, some noted that requirements to monitor or report peers for suspected misconduct could erode collegiality, foster distrust, and create toxic workplace dynamics. Respondents called for a more balanced complaints process that deters frivolous or malicious complaints, maintains confidentiality, and emphasizes fair remediation over punishment.

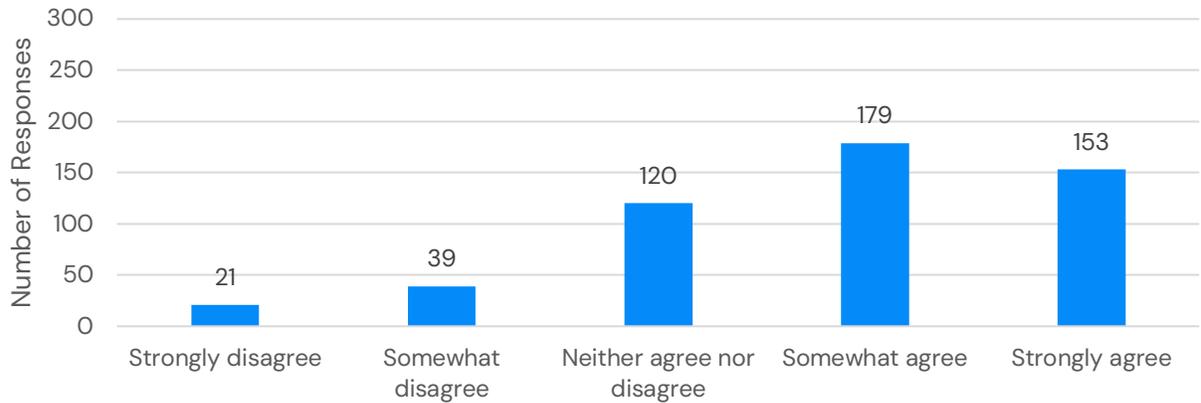
Related Stakeholder Comments

Formal response letters dealing with professional misconduct were also received from stakeholders including: Ontario Pork, Ottawa Humane Society, Alberta Veterinary Medical Association, Ontario Association of Bovine Practitioners, Ontario Association of Swine Veterinarians, Ontario Veterinary Medical Association, and Ontario Association of Veterinary Technicians. Stakeholder feedback on Professional Misconduct mainly related to clarifying the language around proposed regulatory framework. Additional feedback included the request for protections for reporting of misconduct, increased timeframes, and support from CVPO in helping members understand the new changes.

Conflict of Interest

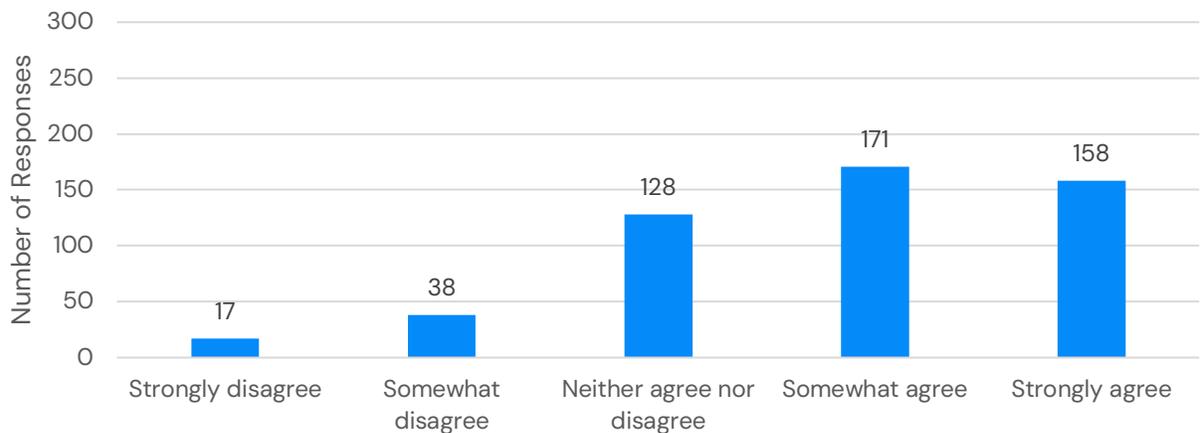
Agreement with Proposed Concepts

Survey respondents were asked to indicate their agreement with two statements about Conflict of Interest on Likert scale of responses from “Strongly disagree” to “Strongly agree”. The figure below presents the results of 512 responses to the statement “*The proposed approach to conflict of interest is appropriate.*”.



Approximately 65% (332/512) of respondents were in agreement (somewhat agree/strongly agree) that the proposed list of what constitutes professional misconduct is appropriate.

The figure below presents the results of 512 responses to the statement *“The proposed approach to conflict of interest is sufficient to protect the public.”*



Approximately 64% (329/512) of respondents were in agreement (somewhat agree/strongly agree) that the proposed list of what constitutes professional misconduct is appropriate.

Long Answer Responses

Respondents were asked to share any concerns or risks they felt were not fully addressed in the proposed concepts. A total of 128 comments were received. These responses were reviewed and organized into key themes that capture the range of perspectives expressed. Importantly, the theme titles are not conclusions or judgments. Rather, they are descriptive groupings intended to reflect the sentiments, perceptions, and opinions shared by respondents.

Corporate Ownership and Systemic Financial Pressures

There is concern expressed across submissions about the growing influence of corporate ownership and private equity investment in veterinary clinics. Respondents emphasized that these structures prioritize revenue generation, placing significant pressures on veterinarians and RVTs to upsell services, medications, and therapeutic diets. Many noted that this pressure could compromise clinical judgment, forcing veterinary professionals to prioritize financial targets over animal welfare. Particular attention was drawn to cases where companies involved in producing prescription diets or pharmaceuticals also own veterinary clinics. This dual role was viewed as a fundamental conflict of interest that directly threatens the impartiality of veterinary recommendations and erodes trust in the profession.

Vagueness, Subjectivity, and Risk of Misapplication

A major theme gathered from the long form responses was the respondents' frustration with the draft's vagueness and lack of specificity. Many respondents highlighted that without concrete definitions or examples, conflict of interest determinations risk becoming highly subjective and inconsistent. Several submissions expressed concerns that veterinarians could be vulnerable to complaints or disciplinary actions based solely on public perception rather than actual wrongdoing. There was particular discomfort with the draft's failure to distinguish clearly between perceived conflicts and real, demonstrable conflicts that cause harm. Many emphasized that conflict of interest standards must be objective, structured, and transparent to minimize "grey zones" and to ensure fairness, especially given the reputational damage that can result from vague or unjustified allegations.

Impact on Professional Practice and Animal Welfare

Respondents noted that poorly defined expectations around conflict of interest could have unintended effects on veterinary practice. Veterinarians may become fearful of referring clients to external professionals even when it is in the animal's best interest, simply to avoid perceived conflicts. Similarly, without strong protections, respondents noted that professionals may feel pressured to meet corporate upselling targets or to follow financial directives from clinic owners, undermining their clinical independence. Many submissions stressed that the regulatory framework must carefully balance public protection with pragmatic, fair support for veterinarians navigating these complex pressures.

Need for Clearer Standards, Examples, and Enforcement Mechanisms

There was a consistent call among the submissions for clearer regulatory standards, supported by practical, real-world examples. Respondents stressed the importance of defining what constitutes a conflict of interest in specific scenarios, such as selling

therapeutic diets, offering bundled services, or referring clients within corporately owned networks. There were repeated recommendations to include requirements for transparent disclosure of financial interests to clients and to outline expectations around referral to qualified external professionals when appropriate. Many felt that the current draft lacks detail on how conflicts should be disclosed, monitored, and enforced, and that it does not provide sufficient protection for veterinarians against unjustified complaints.

Related Stakeholder Comments

Formal response letters from stakeholders including: PetsDrugMart, Animal Shelter Professionals of Ontario, Ottawa Humane Society, Ontario Pharmacists Association, Alberta Veterinary Medical Association, Ontario Association of Bovine Practitioners, Ontario Association of Swine Veterinarians, and Ontario Veterinary Medical Association, dealing with conflict of interest were also received. Stakeholder feedback on Conflict of Interest mainly related to the request for additional clarity. Several stakeholders expressed support for the current language and proposed approach. Finally, some stakeholders requested attention be paid to specific activities and situations that they consider to be conflicts of interest in the current system related to prescriptions and pharmaceutical sales.



Part B – Authorized Activities

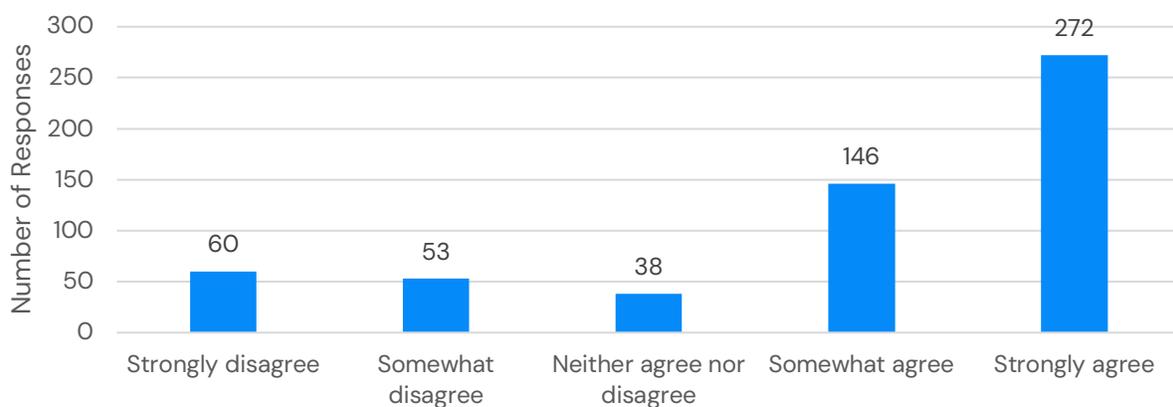
The Transition Council is proposing regulation language to define and manage authorized activities within clinical veterinary medicine, as set out in the Veterinary Professionals Act, 2024 (VPA). These regulations, overseen by the College of Veterinary Professionals of Ontario (CVPO), aim to support safe, accountable, and team-based care through a clearly structured model of professional responsibility.

- **Non-Delegable Activities:** The VPA identifies 17 authorized activities that form the foundation of clinical veterinary medicine. Veterinarian members may perform all authorized activities, while veterinary technician members may perform specific ones through delegation, order, or initiation. Certain high-risk activities are designated as non-delegable and must only be performed by veterinarian members.
- **Delegation:** Veterinarian members may delegate select authorized activities to veterinary technician members or auxiliary staff under clearly defined conditions. Accountability remains with the delegating veterinarian, and sub-delegation by veterinary technicians is not permitted.
- **Orders:** Veterinary technician members may perform certain authorized activities based on an order from a veterinarian member. These orders must be made within an accredited veterinary facility and in line with the scope of services defined by the Veterinary Facility Director. Veterinary technician members must obtain informed client consent when acting under an order.
- **Initiation:** Under the initiation model, veterinary technician members may independently perform certain authorized activities without prior delegation or order. Initiated activities must occur through accredited veterinary facilities and within the facility's defined scope of services. Veterinary technicians must obtain informed client consent and coordinate care with a veterinarian member at the earliest opportunity.
- **Exemptions for Members:** Certain members, such as those employed by the Crown or governed by other legislation, may be exempt from the facility-based requirements of the VPA. Additional exemptions apply to veterinary technician members operating under veterinarian treatment plans or referrals, and in limited cases, while employed by non-member animal care providers under specific statutory conditions.
- **Forms of Energy:** The use or ordering of prescribed forms of energy is included as an authorized activity. These prescribed forms—such as ionizing radiation, MRI, Class IV lasers, diagnostic ultrasound, and surgical energy sources—are regulated based on the associated risks to animals and people. The regulation outlines which forms require specific qualifications and conditions for use.

Non-Delegable Activities

Agreement with Proposed Concepts

Survey respondents were asked to indicate their agreement with a statement about Non-Delegable Activities on Likert scale of responses from "Strongly disagree" to "Strongly agree". The figure below presents the results of 569 responses to the statement "*The authorized activities designated as non-delegable which may only be performed by a veterinarian member are necessary to ensure public protection.*".



Approximately 73% (418/569) of respondents were in agreement (somewhat agree/strongly agree) that the proposed non-delegable activities were necessary to ensure public protection.

Long Answer Responses

Respondents were asked to share any concerns or risks they felt were not fully addressed in the proposed concepts. A total of 148 comments were received. These responses were reviewed and organized into key themes that capture the range of perspectives expressed. Importantly, the theme titles are not conclusions or judgments. Rather, they are descriptive groupings intended to reflect the sentiments, perceptions, and opinions shared by respondents.

Lack of Clarity and Risk of Misinterpretation

Many respondents felt that key terms such as "major surgery," "clinical assessment," "diagnosis," and "procedures below the dermis" are too vague. Without specific definitions, it was believed that there is risk of inconsistent interpretation across clinics and settings. Practical examples were requested to clearly differentiate between delegable and non-

delegable activities, particularly for dentistry, diagnostic imaging, pregnancy diagnosis, anesthesia administration, and prescribing medications.

Safeguarding Veterinary Oversight and Public Trust

The majority of respondents noted that veterinarians must retain ultimate responsibility for case management, diagnosis, treatment planning, and surgical interventions. Submissions described that delegating complex activities to RVTs without clear oversight frameworks could compromise patient care, increase liability exposure, and erode public confidence. Respondents stressed that while RVTs are highly skilled, their training is not equivalent to veterinarians, and critical acts involving judgment and intervention must remain under veterinary authority.

Care Access, Practical Realities, and Special Contexts

Respondents highlighted concerns that overly rigid restrictions could harm access to care, particularly in shelter medicine, rural communities, and northern or Indigenous regions. Respondents advocated for flexibility that allows trained RVTs to perform appropriate supportive tasks under indirect supervision in emergency or resource-limited settings. Special accommodations were requested for community rabies programs and shelter-based veterinary care where veterinarians may not always be immediately available.

Collaborative Care and Allied Professional Roles

Several respondents urged the College to better recognize the role of regulated allied health professionals such as physiotherapists, chiropractors, and registered acupuncturists. Submissions relayed the sentiment that restricting all assessments or manual therapies risks unnecessarily blocking safe, evidence-informed care already overseen by other regulatory colleges. These comments highlighted that clear boundaries between medical diagnosis (veterinarian-only) and functional assessments (allied professionals) must be articulated to avoid conflict and preserve access to multidisciplinary care.

Corporate Ownership Pressures and Ethical Delegation

Respondents flagged concerns that growing corporate ownership of veterinary practices could pressure veterinarians into inappropriate delegation driven by profitability rather than patient welfare.

Related Stakeholder Comments

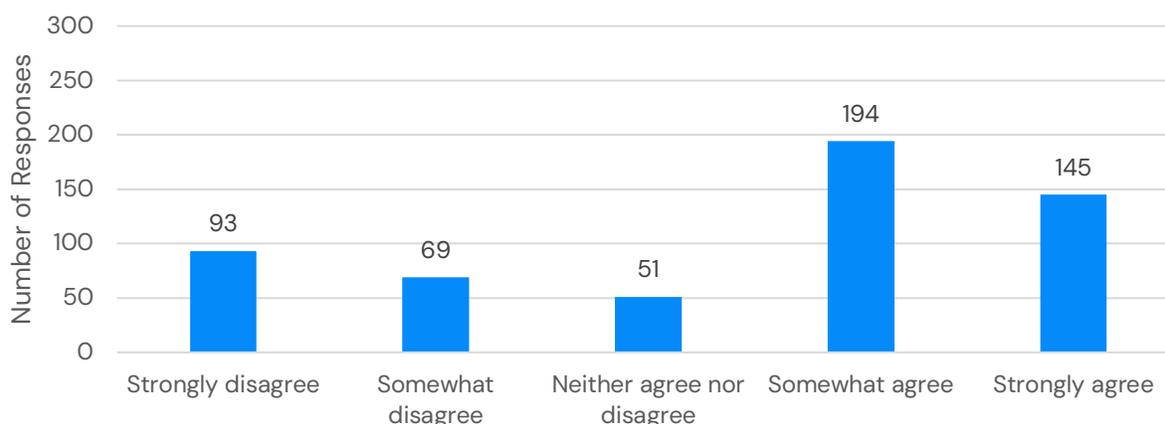
Formal response letters from stakeholders including: Ontario Veterinary Medical Association, Ontario Association of Veterinary Technicians, and Ottawa Humane Society were received regarding non-delegable activities. Stakeholder feedback on non-delegable activities focused on ensuring clarity and consistency in the scope of tasks that cannot be

delegated. The Ontario Veterinary Medical Association requested that all forms of surgery be non-delegable, while also supporting dental extractions as non-delegable. The Ontario Association of Veterinary Technicians expressed concerns about non-licensed individuals performing tasks beyond the scope of veterinary technicians, especially in high-risk areas, and emphasized the need for stricter regulations around non-delegable activities.

Delegation

Agreement with Proposed Concepts

Survey respondents were asked to indicate their agreement with a statement about Delegation on Likert scale of responses from “Strongly disagree” to “Strongly agree”. The figure below presents the results of 552 responses to the statement “*The proposed approach to delegation is appropriate.*”.



Approximately 61% (339/552) of respondents were in agreement (somewhat agree/strongly agree) that the proposed approach to delegation is appropriate.

Long Answer Responses

Respondents were asked to share any concerns or risks they felt were not fully addressed in the proposed concepts. A total of 246 comments were received. These responses were reviewed and organized into key themes that capture the range of perspectives expressed. Importantly, the theme titles are not conclusions or judgments. Rather, they are descriptive groupings intended to reflect the sentiments, perceptions, and opinions shared by respondents.

Veterinarian Liability Without Sufficient Control

One concern raised was the disproportionate liability placed on veterinarians for delegated activities. Many respondents expressed discomfort with bearing professional risk when

delegation is necessary but oversight is limited, particularly in high-pressure or multi-staff environments. There were also calls for RVTs to be held independently responsible under their own licensure for delegated activities, ensuring accountability is fairly distributed across the veterinary team.

Erosion of RVT Professionalism and Devaluation of Credentials

Submissions identified allowing delegation of complex clinical activities to unlicensed auxiliaries as a threat to the role, recognition, and value of RVTs. Several respondents emphasized that permitting non-credentialed individuals to perform the same tasks as RVTs undermines the investment, training, and regulatory standards associated with RVT licensure. Many advocated for a defined and protected scope of practice for RVTs that reserves specific acts exclusively for credentialed professionals.

Corporate Exploitation and Impact on Quality of Care

Respondents expressed concerns that corporate-owned veterinary practices could exploit broad delegation allowances to cut staffing costs by replacing veterinarians with less expensive support staff. Some drew comparisons to trends in the human healthcare system, particularly in jurisdictions where mid-level practitioners were over-utilized without proper checks, leading to poorer health outcomes. There were several appeals for regulations to prioritize patient welfare and professional standards over corporate interests.

Ambiguity and Inconsistency in Delegation Standards

The delegation framework was widely criticized as vague and overly permissive by respondents. Respondents found that key terms — such as "delegation," "order," "supervision," and "authorized activities" — lacked precise definitions, creating room for inconsistent interpretation. Many warned that without more prescriptive language and clearer delegation protocols, clinics could implement delegation inconsistently, leading to variation in care quality, ethical conflicts among team members, and potential regulatory breaches.

Training and Competency

The ability of RVTs and auxiliaries to safely and competently perform expanded delegated tasks was another concern emphasized by respondents. Many submissions noted that the standard education of veterinary technicians does not always adequately prepare them for complex diagnostic, prescribing, or surgical tasks now eligible for delegation. There were calls for additional, specialized certification programs to bridge training gaps before expanding scopes of practice.

Access to Care Versus Protection of Standards

Although many participants recognized the intention to improve access to veterinary care, particularly in underserved areas, there was concern that access must not come at the expense of professional standards or animal welfare. Some respondents supported limited delegation under indirect supervision in specific contexts, such as mobile practices or rural regions, provided clear guardrails are in place. Others warned that opening the door too widely to delegation – especially without strict credentialing – could ultimately backfire, damaging the credibility of veterinary medicine, leading to more regulatory complaints, and weakening client trust in veterinary services.

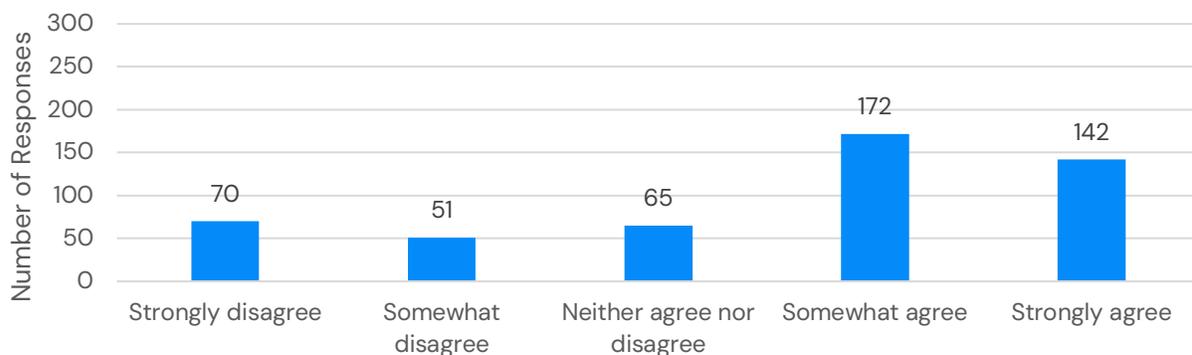
Related Stakeholder Comments

Delegation received widespread support, particularly when it involved auxiliaries and veterinary technicians. Ontario Association of Bovine Practitioners (OABP), Ontario Association of Swine Veterinarians (OASV), Ontario Veterinary Medical Association (OVMA), and Ontario Federation of Agriculture (OFA) endorsed the delegation model, including different levels of supervision and restriction of sub-delegation. Ontario Association of Veterinary Technicians (OAVT) requested ongoing dialogue around the potential for technician sub-delegation post-transition. Alberta Veterinary Medical Association (ABVMA) asked for more clarity on accountability and structure.

Orders

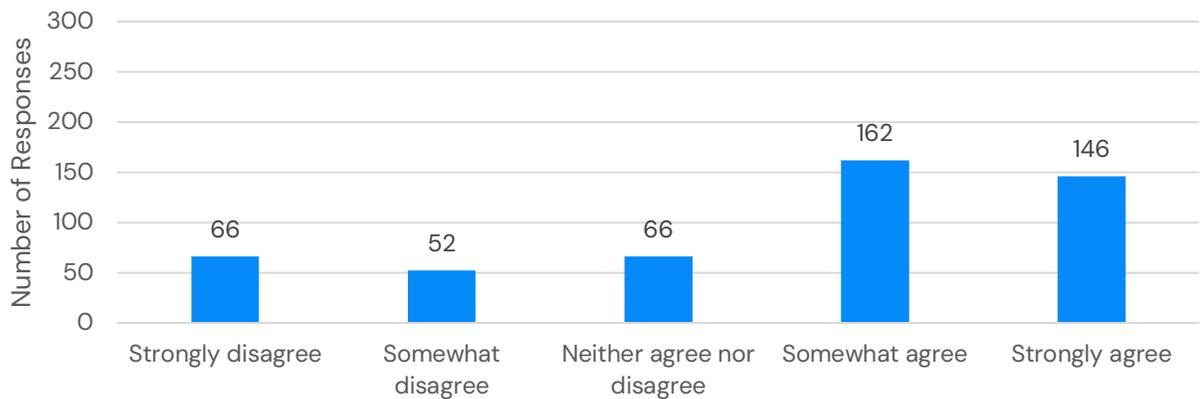
Agreement with Proposed Concepts

Survey respondents were asked to indicate their agreement with two statements about Orders on Likert scale of responses from “Strongly disagree” to “Strongly agree”. The figure below presents the results of 500 responses to the statement “*The model for orders is appropriate.*”.



Approximately 63% (314/500) of respondents were in agreement (somewhat agree/strongly agree) that the proposed model for orders is appropriate.

The figure below presents the results of 492 responses to the statement *“The proposed safeguards related the use of orders (only in an accredited veterinary facility and where approved by the veterinary facility director with professional responsibilities for both types of members) are adequate to protect the public.”*



Approximately 63% (308/492) of respondents were in agreement (somewhat agree/strongly agree) that the proposed safeguards related to the use of orders are adequate for public protection.

Long Answer Responses

Respondents were asked to share any concerns or risks they felt were not fully addressed in the proposed concepts. A total of 233 comments were received. These responses were reviewed and organized into key themes that capture the range of perspectives expressed. Importantly, the theme titles are not conclusions or judgments. Rather, they are descriptive groupings intended to reflect the sentiments, perceptions, and opinions shared by respondents.

Veterinary Accountability Without Adequate Control

Many respondents raised concerns that veterinarians might remain fully liable for technician actions under orders, yet may have little authority to oversee daily activities, especially in corporate clinics directed by facility owners. They expressed concerns that the model risks unfairly exposing veterinarians to legal, ethical, and reputational harm without corresponding decision-making power.

Technician Competency Gaps and Risk to Patient Care

Several comments posited that without mandatory advanced training, certification, or validated competency checks, patient safety, treatment quality, and antimicrobial stewardship could be compromised.

Regulatory Ambiguity and Operational Barriers

The proposed framework is viewed as confusing by some participants, especially regarding when written vs. verbal orders apply, what constitutes valid supervision, and the scope of technician-authorized activities, which respondents feared could introduce inefficiencies, delay urgent care, and increase legal and ethical uncertainty across veterinary practice models.

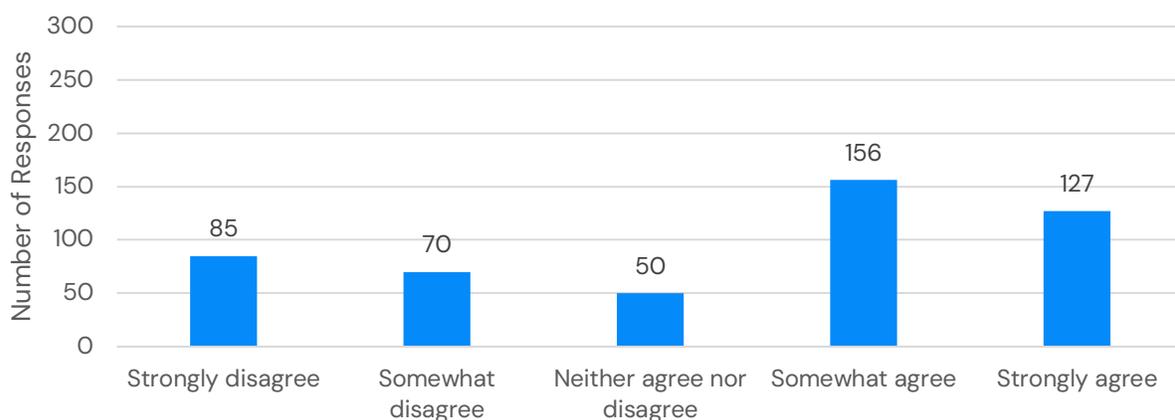
Related Stakeholder Comments

There was broad support for the concept of “orders,” especially if tied to facility oversight and professional competency. Ontario Association of Veterinary Technicians (OAVT) recommended the development of standards or templates to reduce administrative burden, and Alberta Veterinary Medical Association (ABVMA) requested clarity on how orders would function in practice. Ottawa Humane Society (OHS) sought clarification on the boundaries of orders versus initiation, and ProVet Alliance stressed that only registered veterinary technicians should be allowed to practice under orders, instead of those without registered status.

Initiation

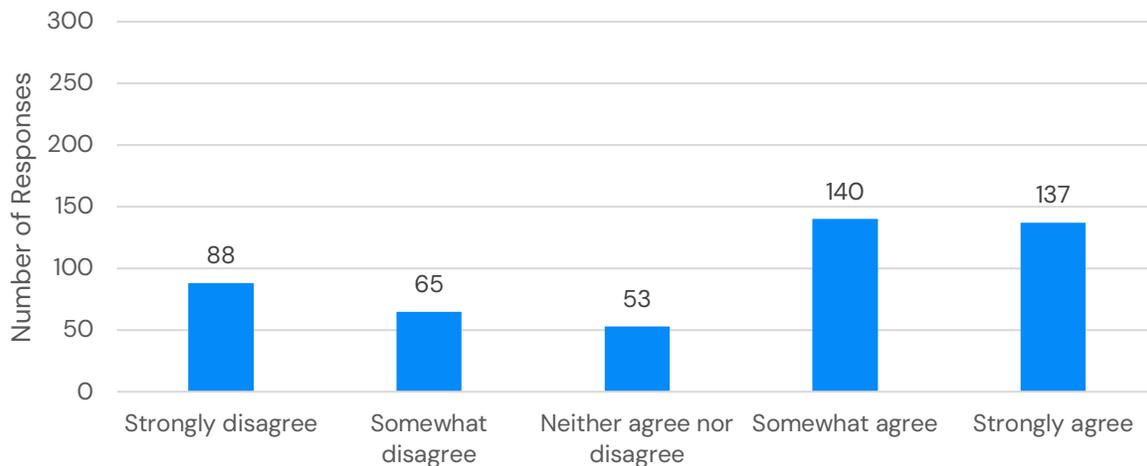
Agreement with Proposed Concepts

Survey respondents were asked to indicate their agreement with two statements about Initiation on a Likert scale of responses from “Strongly disagree” to “Strongly agree”. The figure below presents the results of 488 responses to the statement “*The proposed model for initiation is appropriate.*”.



Approximately 58% (283/488) of respondents were in agreement (somewhat agree/strongly agree) that the proposed model for initiation is appropriate.

The figure below presents the results of 483 responses to the statement *“The proposed safeguards related to veterinary technicians performing authorized activities through an initiation process (only through accredited veterinary facility and where approved by the facility director) are adequate to protect the public.”*



Approximately 57% (277/483) of respondents were in agreement (somewhat agree/strongly agree) that the proposed safeguards related to veterinary technicians performing authorized activities through an initiation process are adequate for public protection.

Long Answer Responses

Respondents were asked to share any concerns or risks they felt were not fully addressed in the proposed concepts. A total of 270 comments were received. These responses were reviewed and organized into key themes that capture the range of perspectives expressed. Importantly, the theme titles are not conclusions or judgments. Rather, they are descriptive groupings intended to reflect the sentiments, perceptions, and opinions shared by respondents.

Concerns About Training, Competency, and Patient Safety

Respondents consistently emphasized that many of the activities proposed for initiation — such as punch biopsies, cystocentesis, and fluid therapy — exceed the current education and clinical preparation of veterinary technicians. They noted that without additional formal training, credentialing, or standardized protocols, there is a high risk of patient harm, diagnostic errors, or inappropriate procedures. Several responses recommended that being able to physically perform a procedure is not the same as having the clinical judgment to determine when it is appropriate. Many participants felt that the activities permitted through initiation should be strictly limited to basic stabilization in emergencies, not expanded to invasive procedures or diagnostic decision-making traditionally reserved for veterinarians.

Unclear Roles, Liability, and Professional Accountability

Respondents expressed concern about the lack of clarity around who holds ultimate responsibility for initiated activities. They questioned whether accountability would fall on the veterinary technician, the on-site veterinarian, or the veterinary facility director, especially in corporate settings where the director may not be present. Many participants voiced fears that veterinarians could be unfairly held responsible for technician-initiated activities they did not authorize, putting their licenses and reputations at risk. Respondents called for clear delineation of responsibility, clear documentation practices, and protections for both veterinarians and technicians to avoid conflicts and liability gaps.

Impact on Client Trust, Communication, and Public Understanding

Many respondents warned that allowing veterinary technicians to independently initiate certain activities could confuse clients and erode trust in veterinary care. They stressed that clients must clearly understand when care is being initiated by a technician rather than directed by a veterinarian, and that informed consent processes must be robust. Without strong communication protocols, respondents feared that misunderstandings about the qualifications and roles of different team members could damage public confidence and lead to dissatisfaction or legal challenges.

Facility-Level Risks, Inconsistencies, and Corporate Influence

Respondents raised serious concerns about the role of facility directors in defining the scope of initiated care. They felt that without strong regulatory safeguards, corporate clinics could exploit initiation to reduce veterinarian involvement, prioritize cost-cutting over care quality, and create wide inconsistencies between facilities. Several respondents highlighted that corporate-driven models might pressure veterinary technicians to act beyond their comfort or competence, increasing risks for patients, clients, and practitioners alike. They also noted that shelter settings and rural practices require special attention to ensure flexibility without sacrificing oversight.

Related Stakeholder Comments

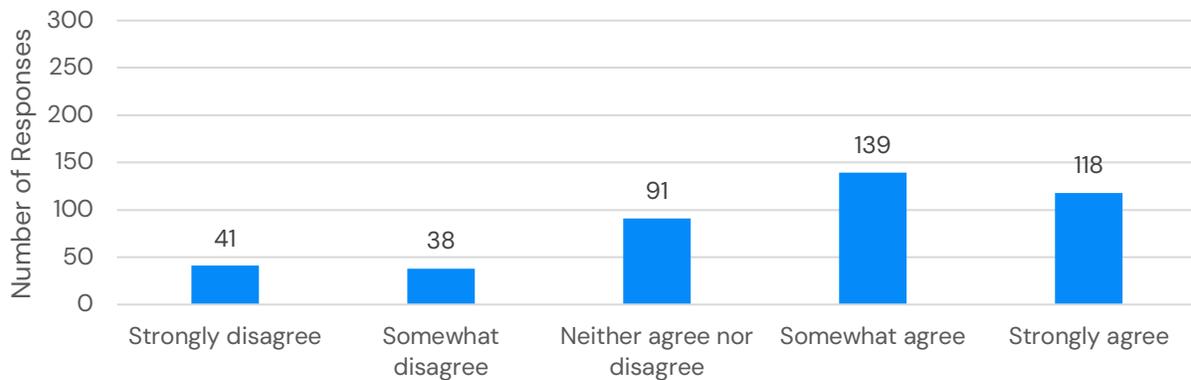
Ontario Association of Swine Veterinarians (OASV), Ontario Federation of Agriculture (OFA), and Animal Shelter Professionals of Ontario supported the expanded list of activities, with some suggesting consideration of additional activities (particularly those with relevance to food animal medicine). While others like Ontario Association of Bovine Practitioners (OABP), Ontario Veterinary Medical Association (OVMA), and ProVet Alliance wanted several activities removed due to perceived risk. Ottawa Humane Society (OHS) requested clarification on the limits of initiation, and Alberta Veterinary Medical Association (ABVMA) had procedural questions. Ontario Association of Veterinary Technicians (OAVT) clarified

the interplay between initiation and orders and emphasized the importance of professional judgment and clearly defined scope.

Exemptions for Members

Agreement with Proposed Concepts

Survey respondents were asked to indicate their agreement with a statement about Exemptions for Members on a Likert scale of responses from “Strongly disagree” to “Strongly agree”. The figure below presents the results of 427 responses to the statement *“The proposed exemptions for members are sufficiently inclusive to cover current practices.”*.



Approximately 60% (257/427) of respondents were in agreement (somewhat agree/strongly agree) that the proposed exemptions for members are sufficiently inclusive to cover current practice.

Long Answer Responses

Respondents were asked to share any concerns or risks they felt were not fully addressed in the proposed concepts. A total of 98 comments were received. These responses were reviewed and organized into key themes that capture the range of perspectives expressed. Importantly, the theme titles are not conclusions or judgments. Rather, they are descriptive groupings intended to reflect the sentiments, perceptions, and opinions shared by respondents.

Veterinary Oversight and Accountability Must Be Protected

Respondents stressed that veterinary oversight is essential whenever clinical activities are performed outside accredited facilities. There were many submissions conveying concern that the current exemptions could expose animals to inappropriate or unsafe care if RVTs or other staff are allowed to implement treatment plans independently, especially when

veterinarians have little or no direct control over who performs them. Many felt veterinarians could be unfairly held liable for adverse events caused by individuals they do not supervise.

Clear Scope Definitions, Training Requirements, and Credentialing Are Essential

Another key theme was the need for clear, enforceable boundaries around what tasks can be performed by RVTs, allied professionals, and non-veterinary staff. Respondents highlighted that terms like "low-risk activities" and "authorized activities" are too vague and open to misinterpretation. Tasks involving significant risk—such as spinal manipulation, shockwave therapy, diagnostic imaging, and anesthesia-related procedures—were seen by respondents as requiring explicit veterinarian oversight and additional formal training. Many also called for credentialing systems to ensure RVTs and other allied practitioners have verified competencies in rehabilitation, diagnostic imaging, and other specialized services before being exempted from full veterinary supervision.

Consistency Across Professionals and Avoiding Public Confusion

Submissions captured concerns about inconsistencies in how exemptions apply to different professional groups. Respondents supported exemptions for chiropractors where appropriate but criticized the exclusion of physiotherapists with specialized animal rehabilitation training.

Expanding Access Must Not Lower Standards of Care

While many respondents supported the intent to improve access to veterinary services in remote, underserved, or shelter settings, they warned that exemptions must not compromise care quality. There was widespread agreement from respondents that flexibility in service models (e.g., RVT-run mobile or hospice care businesses) could help fill gaps—but only if those services are held to clear regulatory standards and supported by appropriate veterinary oversight.

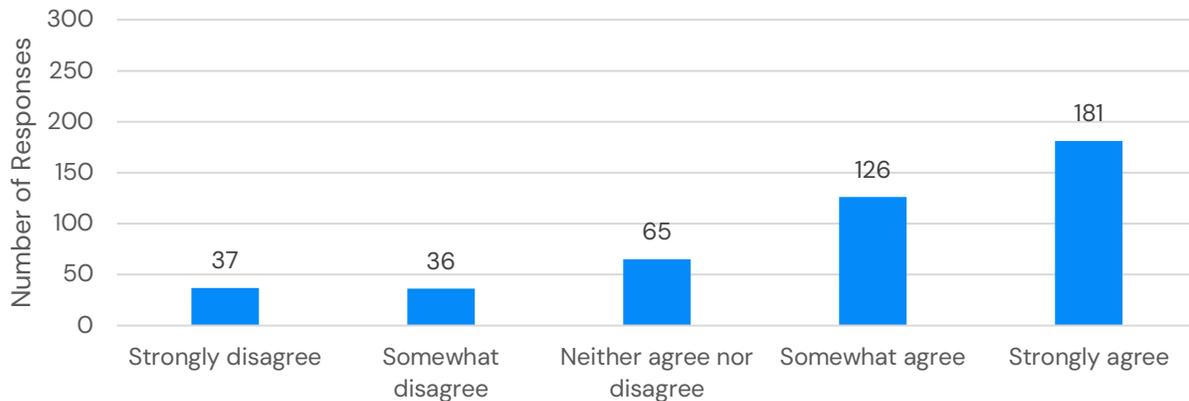
Related Stakeholder Comments

Many organizations supported member exemptions, particularly for those operating under other legislation. The Public Health Rabies Response Program, Ontario Veterinary Medical Association (OVMA), Ontario Association of Swine Veterinarians (OASV), emphasized the need to maintain exemptions for technicians and veterinarians working outside of veterinary facilities. Ontario Sheep Farmers requested assurance that farmers can continue to perform specific animal care procedures. Ontario Association of Bovine Practitioners (OABP) called for mandatory review and consultation of new business models. Alberta Veterinary Medical Association (ABVMA) stressed record-keeping and accountability.

Forms of Energy

Agreement with Proposed Concepts

Survey respondents were asked to indicate their agreement with a statement about Exemptions for Members on a Likert scale of responses from “Strongly disagree” to “Strongly agree”. The figure below presents the results of 445 responses to the statement “The proposed prescribed forms of energy are appropriate to protect the public.”.



Approximately 69% (307/445) of respondents were in agreement (somewhat agree/strongly agree) that the proposed model for initiation is appropriate.

Long Answer Responses

Respondents were asked to share any concerns or risks they felt were not fully addressed in the proposed concepts. A total of 61 comments were received. These responses were reviewed and organized into key themes that capture the range of perspectives expressed. Importantly, the theme titles are not conclusions or judgments. Rather, they are descriptive groupings intended to reflect the sentiments, perceptions, and opinions shared by respondents.

Veterinary Leadership and Diagnostic Oversight Are Essential

Respondents emphasized that the use of high-risk energy modalities—such as Class IV lasers, diagnostic ultrasound, and focused shockwave therapy—should always occur under veterinary leadership. Diagnosis, treatment planning, and risk assessment were seen as core responsibilities of veterinarians that cannot be delegated to RVTs or other providers. Respondents expressed concern that allowing technicians or allied practitioners to initiate diagnostics or treatments independently could compromise patient safety, public trust, and the integrity of the profession. Protecting the veterinarian’s central role was seen as critical to maintaining high-quality, evidence-based care.

Formal Training and Clear Competency Standards Are Required

There was widespread agreement amongst responses that safe and appropriate use of energy modalities demands specialized education, beyond basic veterinary or RVT training. Respondents stressed that credentialing, continuing education, and formal assessment must be required before RVTs, chiropractors, or rehabilitation professionals are authorized to use these technologies. "On-the-job" learning was viewed as insufficient for activities that involve significant patient risk. Clear and consistent competency standards, set at the regulatory level, were seen as necessary to protect animals, uphold professional accountability, and ensure safe, consistent service delivery across Ontario.

Scope Limits, Definitions, and Documentation Need Strengthening

Respondents expressed concerns around vague definitions and the potential for scope creep if boundaries are not clearly drawn. Terms such as "beyond the dermis" and the division between therapeutic and diagnostic uses of energy modalities were seen as needing more precision. There was concern that poorly defined scopes could expose RVTs to liability, create inconsistencies across facilities, or allow inappropriate delegation. Respondents also called for mandatory documentation requirements for all energy modality use, clear recording of who initiated treatment, and public communication strategies to ensure transparency about the qualifications of providers delivering care.

Related Stakeholder Comments

Ontario Association of Bovine Practitioners (OABP), ProVet Alliance expressed support for the regulatory approach. Ontario Veterinary Medical Association (OVMA) suggests that treatments should only be used by a veterinarian, veterinary technician, or auxiliary under delegation or by a non-veterinary professional on referral from a veterinarian after a veterinary diagnosis has been made. Most stakeholders did not raise concerns unless connected to exemptions or delegation (e.g., in chiropractic or hoof trimming).



Part C – Regulatory Exemptions for Non-Members

The Transition Council is proposing regulation language under the Veterinary Professionals Act, 2024 (VPA) to establish clear exemptions for non-veterinary animal care providers who are not members of the College of Veterinary Professionals of Ontario (CVPO). These exemptions are designed to recognize current practice, protect public and animal safety, and provide regulatory clarity for evolving models of care. The VPA allows for regulatory exemptions that authorize specific non-members to perform limited authorized activities under defined conditions. These exemptions apply only to individuals with appropriate education, training, and accountability mechanisms, and are intended to preserve public trust while enabling access to specialized animal care services.

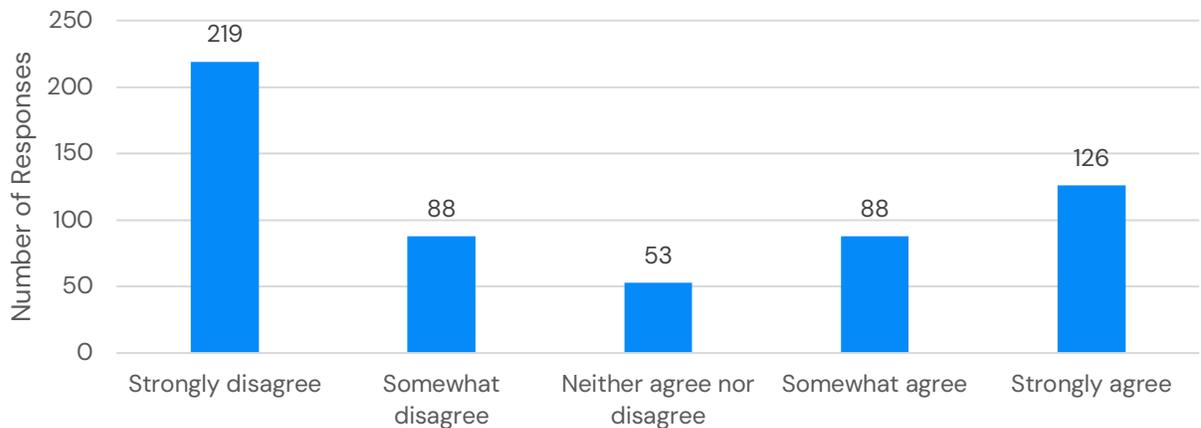
- **Chiropractors:** Registered members of the College of Chiropractors of Ontario (CCO) who meet additional training and competency requirements will be permitted to perform certain chiropractic-related authorized activities, including communicating a diagnosis, performing manipulations, and applying specified forms of energy such as Class IV lasers and radial shockwave (without sedation).
- **Pharmacy Professionals:** Registered members of the Ontario College of Pharmacists (OCP) will be permitted to compound, dispense, and sell drugs for animals based on a valid veterinary prescription, in alignment with OCP standards and regulatory oversight.
- **Animal Rehabilitation Providers:** Individuals with formal education in animal or human anatomy and specific training in animal rehabilitation will be permitted to apply and order therapeutic forms of energy (Class IV lasers and radial shockwave) under defined conditions and with required veterinary coordination.
- **Embryo Implantation in Cattle:** Individuals with specific veterinarian-guided training in embryo implantation will be permitted to carry out this procedure, provided they demonstrate the requisite skill, knowledge, and judgment to do so safely and ethically.
- **Farriers and Hoof Trimmers:** Individuals with relevant training and experience will be permitted to perform hoof-related procedures that involve working below the dermis, provided such procedures remain within or below the coronary band and within the hoof structure.
- **Mass Culls of Livestock & Poultry:** Trained individuals will be permitted to administer substances by inhalation and communicate animal deaths as part of

mass cull procedures, in accordance with industry Codes of Practice and under conditions developed with veterinary oversight.

Chiropractors

Agreement with Proposed Concepts

Survey respondents were asked to indicate their agreement with a statement about Chiropractors on a Likert scale of responses from “Strongly disagree” to “Strongly agree”. The figure below presents the results of 574 responses to the statement “*The proposed conditions and permitted authorized activities for chiropractors are appropriate to protect the public.*”.



Approximately 53% (307/574) of respondents were in disagreement (somewhat disagree/strongly disagree) that the proposed conditions and permitted authorized activities for chiropractors are appropriate to protect the public. Further, a significant association was found between respondents’ relationship to veterinary medicine and response to this question ($X^2(20) = 127.6140, p < 0.001$; Table 1).

Respondents’ Relationship to Veterinary Medicine	Strongly disagree #(%)	Somewhat disagree #(%)	Neither agree nor disagree #(%)	Somewhat agree #(%)	Strongly Agree #(%)
Member of the veterinary profession	191 (42%)	81 (18%)	46 (10%)	78 (17%)	60 (13%)
Member of the veterinary team	5 (71%)	2 (29%)	0 (0%)	0 (0%)	0 (0%)

Non-veterinary animal care provider	0 (0%)	0 (0%)	1 (10%)	2 (20%)	7 (70%)
Member of a regulated health profession	12 (23%)	2 (4%)	2 (4%)	5 (10%)	31 (60%)
Member of the public	10 (26%)	1 (3%)	2 (5%)	2 (5%)	23 (61%)
Other	1 (9%)	2 (18%)	2 (18%)	1 (9%)	5 (45%)

Long Answer Responses

Respondents were asked to share any concerns or risks they felt were not fully addressed in the proposed concepts. A total of 260 comments were received. These responses were reviewed and organized into key themes that capture the range of perspectives expressed. Importantly, the theme titles are not conclusions or judgments. Rather, they are descriptive groupings intended to reflect the sentiments, perceptions, and opinions shared by respondents.

Inadequate Training, Risk of Misdiagnosis, and Animal Harm

Respondents strongly opposed allowing chiropractors to diagnose and treat animals without extensive veterinary-specific training. Many stressed that 200 hours of animal chiropractic training and 35 hours of acupuncture training are grossly insufficient compared to veterinary education. Participants felt that practices such as spinal manipulation, shockwave therapy, laser application, and rectal procedures were particularly high-risk without veterinary oversight, potentially leading to pain, injury, paralysis, or death in animals.

Lack of Proof of Eligibility and Inadequate Oversight

Amongst responses there was concern that chiropractors would not be required to submit proof of their eligibility, training, or certification to the CVPO; instead, allowing them to self-assess their qualifications, which was seen as creating major risks of unqualified practitioners treating animals unchecked. Respondents viewed this “honor system” as unacceptable and a violation of public trust, with some emphasizing that DVMs and RVTs must demonstrate their credentials and should not be held to a higher standard than chiropractors. Many responses demanded mandatory pre-verification, public registries of

qualified chiropractors, and clear accountability mechanisms to prevent harm before it occurs.

Fragmented and Unsafe Care Without Veterinary Collaboration

Respondents repeatedly emphasized that chiropractic services must not occur independently of veterinary diagnosis and care. Submissions voiced particular worry about chiropractors diagnosing "disorders or dysfunctions" without veterinary input, misleading owners into believing their pets' problems were purely musculoskeletal when they might reflect systemic illness. Many responses called for regulations that would require chiropractors to work strictly under veterinary referral and share treatment records with veterinarians to ensure continuity and patient safety.

Inconsistencies, Inequities, and Public Misunderstanding

Many respondents pointed out inconsistencies: chiropractors with minimal animal training are given broad exemptions while highly trained physiotherapists and acupuncturists are excluded. This was seen by respondents as unfair, illogical, and damaging to an evidence-based healthcare system. Further, respondents worried that the public would not understand the limits of a chiropractor's scope or training, wrongly believing they were equivalent to veterinarians.

Related Stakeholder Comments

Chiropractic associations such as the College of Chiropractors of Ontario (CCO), Ontario Chiropractic Association (OCA), and the Veterinary Chiropractic Learning Centre (VCLC) welcomed the regulatory exemptions and recognition of the chiropractic profession's standards, particularly emphasizing the importance of species-specific training and diagnostic scope within their regulated domain. In contrast, veterinary organizations like the Ontario Veterinary Medical Association (OVMA) and Ontario Association of Bovine Practitioners (OABP) strongly opposed the proposed exemption as written, arguing that all chiropractic care should be provided only after a veterinary diagnosis and under a treatment plan, citing animal safety concerns. The Ontario Association of Equine Practitioners (OAEP) also opposed acupuncture and suggested removing diagnosis privileges to avoid confusion, while Alberta Veterinary Medical Association (ABVMA) requested clarification around coordination of care between chiropractors and veterinarians.

Specific Feedback

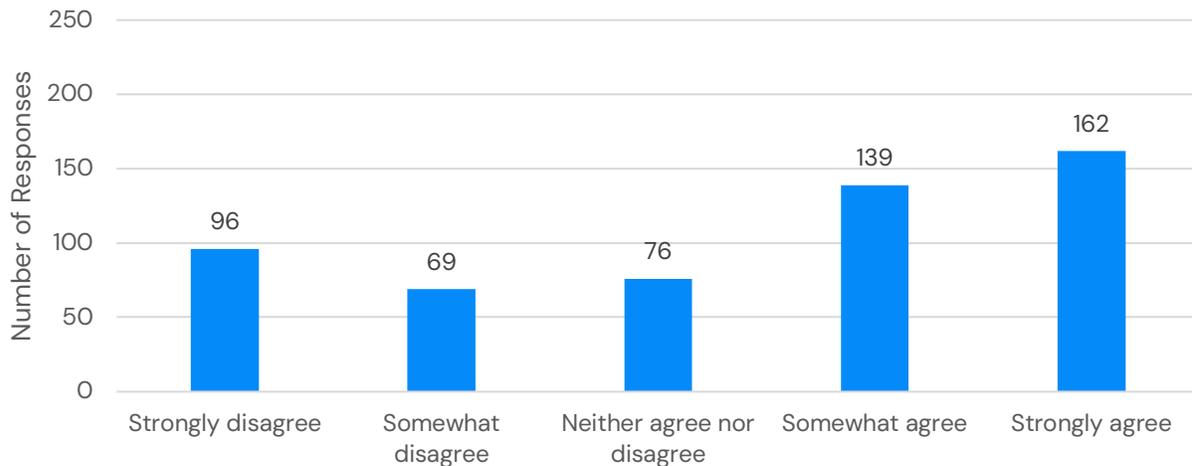
A series of 58 emails providing specific feedback on the chiropractic regulatory concept were received by the College. 57 of the emails followed a template expressing support for the regulatory exemptions for chiropractors and requesting the addition of feline care.

Some letters also expressed support for chiropractors being permitted to perform laser therapy as well as acupuncture. One letter expressed support for limiting animal veterinary and complementary care to veterinarian and veterinary professionals only and removing or reducing exemptions for non-veterinarians performing chiropractic and acupuncture.

Pharmacy

Agreement with Proposed Concepts

Survey respondents were asked to indicate their agreement with a statement about Pharmacy Professionals on a Likert scale of responses from “Strongly disagree” to “Strongly agree”. The figure below presents the results of 542 responses to the statement “*The proposed conditions and permitted authorized activities pharmacy professionals are appropriate to protect the public.*”.



Approximately 56% (301/542) of respondents were in agreement (somewhat agree/strongly agree) that the proposed conditions and permitted authorized activities for pharmacy professionals are appropriate to protect the public.

Long Answer Responses

Respondents were asked to share any concerns or risks they felt were not fully addressed in the proposed concepts. A total of 180 comments were received. These responses were reviewed and organized into key themes that capture the range of perspectives expressed. Importantly, the theme titles are not conclusions or judgments. Rather, they are descriptive groupings intended to reflect the sentiments, perceptions, and opinions shared by respondents.

Lack of Veterinary-Specific Training

Numerous respondents shared examples where pharmacists dispensed incorrect medications, substituted drugs improperly, or failed to recognize species-specific sensitivities, placing animal welfare at significant risk.

No Proof of Eligibility or Adequate Oversight

Many respondents objected to allowing pharmacy professionals to self-assess their eligibility without providing proof to the regulatory body. The submissions emphasized that veterinarians are held to strict credentialing standards and that pharmacy professionals should face similar scrutiny to ensure public trust and animal safety.

Unauthorized Alterations to Prescriptions

Responses voiced concern that pharmacists often modify veterinary prescriptions—changing doses, drug forms, or instructions—without veterinary consultation. Respondents called for explicit regulations prohibiting therapeutic substitutions or alterations without veterinarian approval.

Liability Gaps and Patient Safety Risks

Veterinarians feared being held responsible for pharmacy dispensing errors beyond their control, especially if adverse events occur. Respondents noted that fragmented communication between veterinarians and pharmacies could compromise patient monitoring, compliance, and outcomes, ultimately harming animal health and undermining professional accountability.

Economic and Access Impacts

Respondents also raised concerns about economic harm to veterinary practices if pharmacy professionals, especially large or online corporations, are allowed to dispense without proper regulation. Participants posited that loss of pharmacy revenue could drive up the cost of veterinary care, threaten clinic viability, and reduce timely access to appropriately dispensed medications for animals.

Related Stakeholder Comments

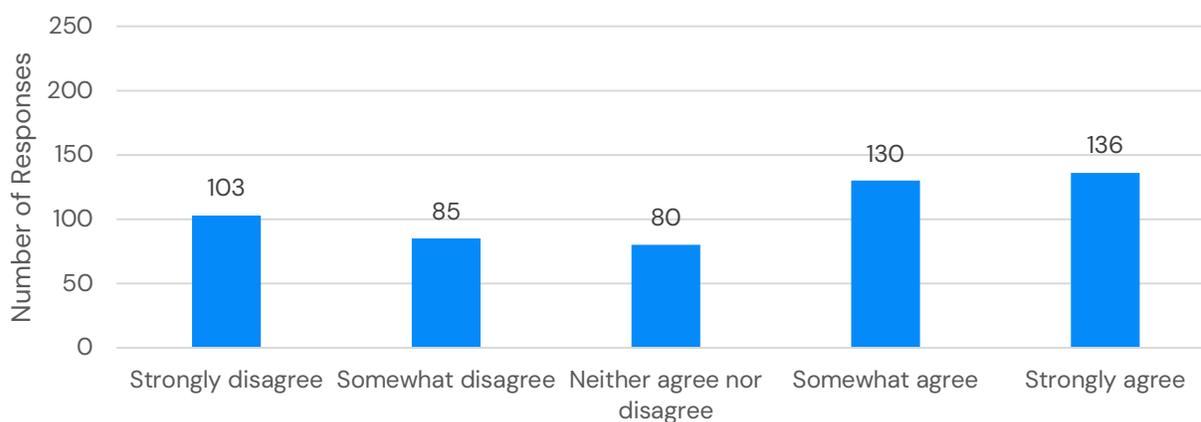
The Ontario College of Pharmacists (OCP) and Ontario Pharmacists Association (OPA) supported the proposed conditions allowing pharmacy professionals to dispense, sell, and compound drugs based on veterinary prescriptions. They opposed CVPO investigative oversight over pharmacists and advocated for prescription portability and alignment with pharmacy regulatory standards. PetsDrugMart proposed safeguards against corporate affiliations between veterinary clinics and pharmacies due to conflict of interest concerns. Ontario Veterinary Medical Association (OVMA) expressed support for pharmacists dispensing veterinary prescriptions but recommended public education and additional

clarity on collaboration and risks. Ontario Association of Bovine Practitioners (OABP) and Ontario Association of Swine Veterinarians (OASV) were generally supportive of the model, emphasizing animal welfare and access.

Animal Rehabilitation

Agreement with Proposed Concepts

Survey respondents were asked to indicate their agreement with a statement about Animal Rehabilitation on a Likert scale of responses from “Strongly disagree” to “Strongly agree”. The figure below presents the results of 534 responses to the statement “*The proposed conditions and permitted authorized activities for providers of animal rehabilitation are appropriate to protect the public.*”.



Approximately 50% (266/534) of respondents were in agreement (somewhat agree/strongly agree) that the proposed conditions and permitted authorized activities for providers of animal rehabilitation are appropriate to protect the public.

Long Answer Responses

Respondents were asked to share any concerns or risks they felt were not fully addressed in the proposed concepts. A total of 175 comments were received. These responses were reviewed and organized into key themes that capture the range of perspectives expressed. Importantly, the theme titles are not conclusions or judgments. Rather, they are descriptive groupings intended to reflect the sentiments, perceptions, and opinions shared by respondents.

Lack of Credential Verification and Accountability

One frequently voiced concern was that individuals providing animal rehabilitation services are not required to submit proof of their qualifications to the CVPO. Many shared fears that this approach puts animals and clients at risk, as unqualified or poorly trained individuals

could provide services without oversight. Respondents strongly advocated for a formal registration process, evidence submission, and the establishment of accountability measures to ensure public and animal safety.

Insufficient Training Standards for Animal Rehabilitation

The current training requirement of 125 hours, including practical experience, was consistently seen as inadequate by respondents. Many noted that this level of training falls far short of what is necessary to understand complex animal anatomy, pathology, rehabilitation techniques, and the application of high-risk modalities like Class IV laser and shockwave therapy. Concerns were raised that permitting individuals with only human-focused anatomy education creates significant competency gaps, as animal physiology and disease presentation differ greatly from humans. Responses made the case for mandatory, veterinary-specific education programs and continuous professional development to uphold clinical standards.

Risks to Animal Health and Patient Safety

Patient safety was at the forefront of concerns shared by survey respondents, particularly regarding the use of high-risk therapeutic tools such as lasers and shockwave devices. Many warned that without veterinary diagnosis and oversight, these interventions could worsen undiagnosed conditions like fractures or neoplasia, cause pain, or mask underlying diseases. There was strong agreement amongst responses that rehabilitation activities involving energy modalities should only be applied after veterinary assessment and explicit prescription. Respondents also emphasized the danger of non-veterinary practitioners failing to identify when veterinary intervention is urgently needed, delaying necessary medical care.

Erosion of Veterinary Oversight and Public Trust

Participants relayed concern that expanding rehabilitation authority to individuals outside the veterinary profession, without strict regulation, could erode the integrity of veterinary medicine. Many noted that the public may not distinguish between veterinarians, RVTs, and human health professionals offering animal rehabilitation, leading to confusion, misplaced trust, and potentially poorer care outcomes. Allowing non-veterinary providers to practice with minimal oversight was seen as diminishing the role of veterinarians in safeguarding animal welfare and weakening the profession's responsibility to regulate clinical standards effectively.

Related Stakeholder Comments

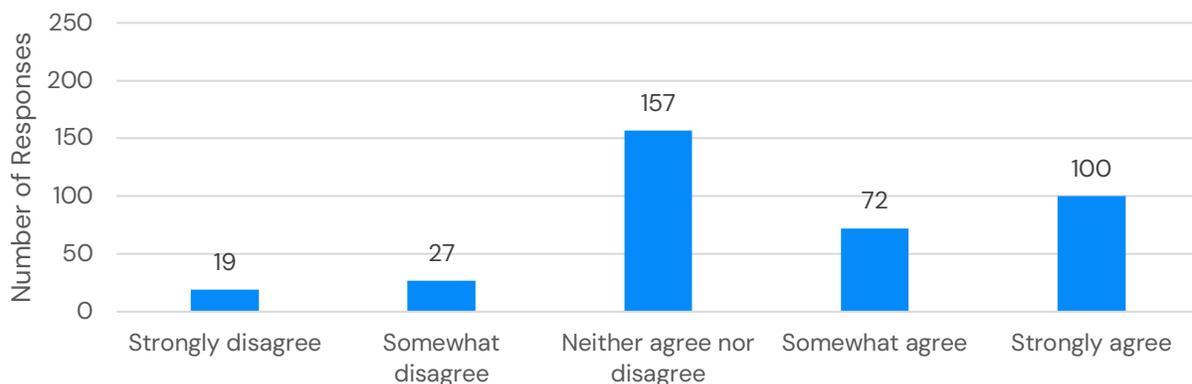
Ontario Veterinary Medical Association (OVMA) and the College of Physiotherapists of Ontario suggested animal rehabilitation be performed only under veterinary referral and

direction. London College of Animal Osteopathy asked for clearer definitions and qualification requirements. Ontario Association of Bovine Practitioners (OABP) outright opposed the current proposed exemption, citing risks and overlap with veterinary care. Alberta Veterinary Medical Association (ABVMA) asked how specialized veterinary technician training in this area would be addressed, and ProVet Alliance had no concerns with the concept.

Embryo Implantation in Cattle

Agreement with Proposed Concepts

Survey respondents were asked to indicate their agreement with a statement about Embryo Implantation in Cattle on a Likert scale of responses from “Strongly disagree” to “Strongly agree”. The figure below presents the results of 375 responses to the statement *“The proposed conditions and permitted authorized activities embryo implantation in cattle are appropriate to protect the public.”*



Approximately 46% (172/375) of respondents were in agreement (somewhat agree/strongly agree) that the proposed conditions and permitted authorized activities for embryo implantation in cattle are appropriate to protect the public.

Long Answer Responses

Respondents were asked to share any concerns or risks they felt were not fully addressed in the proposed concepts. A total of 26 comments were received. These responses were reviewed and organized into key themes that capture the range of perspectives expressed. Importantly, the theme titles are not conclusions or judgments. Rather, they are descriptive groupings intended to reflect the sentiments, perceptions, and opinions shared by respondents.

Need for Veterinarian Oversight and Accountability

Many responses emphasized that embryo implantation should only be performed by veterinarians or RVTs under veterinary supervision. There were further concerns about animal harm if unregulated individuals perform embryo implantation. Respondents urged the CVPO to require proof of eligibility and maintain oversight to ensure competency and accountability.

Lack of Regulation, Quality Assurance, and Enforcement

Respondents warned that without regulation, embryo transfer technicians may not be held accountable for mistakes. They stressed that malpractice could go unpunished and that animal owners could find themselves without protection. Many called for licensing, training verification, and clear enforcement by the CVPO.

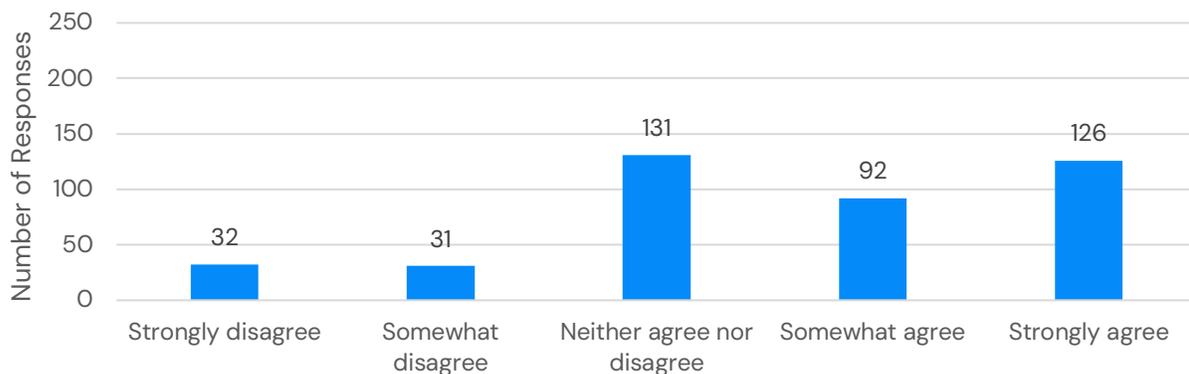
Related Stakeholder Comments

The Ontario Association of Bovine Practitioners (OABP) and ProVet Alliance supported the exemption as currently proposed, though ProVet Alliance suggested sheep embryo transfer remain a veterinarian-only task. The Ontario Association of Equine Practitioners (OAEP) agreed with the approach for cattle but emphasized that embryo transfer should not be allowed in equine contexts under exemptions.

Farriers and Hoof Trimmers

Agreement with Proposed Concepts

Survey respondents were asked to indicate their agreement with a statement about Farriers and Hoof Trimmers on a Likert scale of responses from “Strongly disagree” to “Strongly agree”. The figure below presents the results of 412 responses to the statement “*The proposed conditions and permitted authorized activities for farriers and hoof trimmers are appropriate to protect the public.*”.



Approximately 53% (218/412) of respondents were in agreement (somewhat agree/strongly agree) that the proposed conditions and permitted authorized activities for farriers and hoof trimmers are appropriate to protect the public.

Long Answer Responses

Respondents were asked to share any concerns or risks they felt were not fully addressed in the proposed concepts. A total of 61 comments were received. These responses were reviewed and organized into key themes that capture the range of perspectives expressed. Importantly, the theme titles are not conclusions or judgments. Rather, they are descriptive groupings intended to reflect the sentiments, perceptions, and opinions shared by respondents.

Lack of Regulation, Training, and Accountability

Many respondents highlighted that farriers and hoof trimmers are not formally regulated, leading to inconsistent skill levels and unsafe practices. It was felt that proof of training and eligibility should be required, not self-determined.

Risks Associated with Procedures Below the Dermis

Respondents noted any work below the dermis should require veterinary supervision to ensure animal welfare, proper sedation, pain control, and post-procedure care, reducing the risk of severe complications. Veterinary oversight was seen as essential when performing invasive hoof procedures. Respondents stressed that farriers cannot diagnose, manage pain appropriately, or prescribe medications. They called for clearer language to restrict farrier work to non-invasive procedures and emphasized that deeper interventions must involve veterinarians.

Broader Concerns About Animal Welfare and Public Safety

There was concern that poorly defined exemptions could allow farriers to undertake complex, high-risk tasks without adequate training or oversight, jeopardizing animal welfare. Many submissions warned that misuse of procedures, particularly invasive ones, could lead to unnecessary suffering, permanent damage, and legal risks. Tightening regulations, setting minimum competency standards, and requiring collaboration with veterinarians were consistently recommended in participant responses.

Related Stakeholder Comments

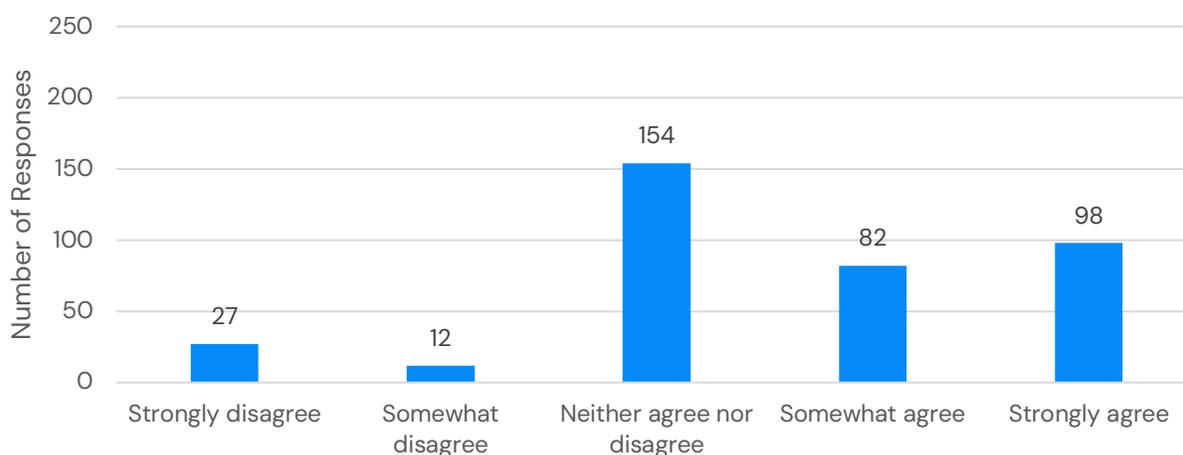
The Ontario Hoof Trimmers Guild expressed interest in clarifying the training models and sought to expand definitions for regulated hoof trimming. Ontario Association of Bovine Practitioners (OABP), Ontario Association of Veterinary Technicians (OAVT), Ontario Veterinary Medical Association (OVMA), and Ontario Association of Equine Practitioners

(OAEP) supported exemptions with veterinary oversight, particularly for invasive procedures below the dermis or those involving sedation, nerve blocks, or antibiotics. ProVet Alliance also supported the exemption.

Mass Culls

Agreement with Proposed Concepts

Survey respondents were asked to indicate their agreement with a statement about Mass Culls on a Likert scale of responses from “Strongly disagree” to “Strongly agree”. The figure below presents the results of 373 responses to the statement “*The proposed conditions and permitted authorized activities for mass culls are appropriate to protect the public.*”.



Approximately 48% (180/373) of respondents were in agreement (somewhat agree/strongly agree) that the proposed conditions and permitted authorized activities for mass culls are appropriate to protect the public.

Long Answer Responses

Respondents were asked to share any concerns or risks they felt were not fully addressed in the proposed concepts. A total of 41 comments were received. These responses were reviewed and organized into key themes that capture the range of perspectives expressed. Importantly, the theme titles are not conclusions or judgments. Rather, they are descriptive groupings intended to reflect the sentiments, perceptions, and opinions shared by respondents.

Veterinarian Oversight is Essential

Respondents stated that mass euthanasia must be ordered, performed, or closely supervised by a licensed veterinarian. Responses indicated that participants were concerned that without veterinary oversight, there is unacceptable risk to animal welfare,

public trust, and humane standards. Overall, respondents conveyed that decisions on mass culling must involve a veterinarian on-site, not delegated to non-veterinarians or loosely trained individuals.

Risks of Inadequate Training, Accountability, and Proof of Competency

Many responses centered on the lack of mandatory proof of training or eligibility under the proposed exemptions. Concerns included that allowing individuals to self-declare competence, without verification by the College or veterinarians, could lead to inhumane procedures, improper euthanasia, and serious animal suffering. Respondents stressed the need for formal certification, regular audits, and better education standards to ensure humane outcomes.

Humane Methods and Ethical Considerations

Participants emphasized the importance of using only approved, humane euthanasia methods and strongly opposed vague or outdated practices like ventilation shutdown. Responses also suggested that non-veterinarians would not have sufficient knowledge of humane death protocols or biohazard control.

Safeguarding Public Trust and Animal Welfare

Respondents argued that mass euthanasia decisions carry heavy ethical weight and require the highest standards of animal care, with strict processes for confirmation of death and minimizing suffering.

Related Stakeholder Comments

Organizations such as Ontario Association of Bovine Practitioners (OABP), Ontario Association of Swine Veterinarians (OASV), and Ontario Veterinary Medical Association (OVMA), supported the concept and emphasized the importance of ensuring proper training for non-veterinary professionals, as well as veterinarian oversight for humane euthanasia and proper carcass disposal. OVMA stressed the need for safeguards and standards. Alberta Veterinary Medical Association (ABVMA) and ProVet Alliance also supported mass culls under regulated frameworks that ensure animal welfare, professional accountability, and public safety. The emphasis was consistently on ensuring that only trained individuals carry out such tasks, and that there is appropriate veterinary involvement, especially in emergencies.



Part D - Quality Team-Based Care

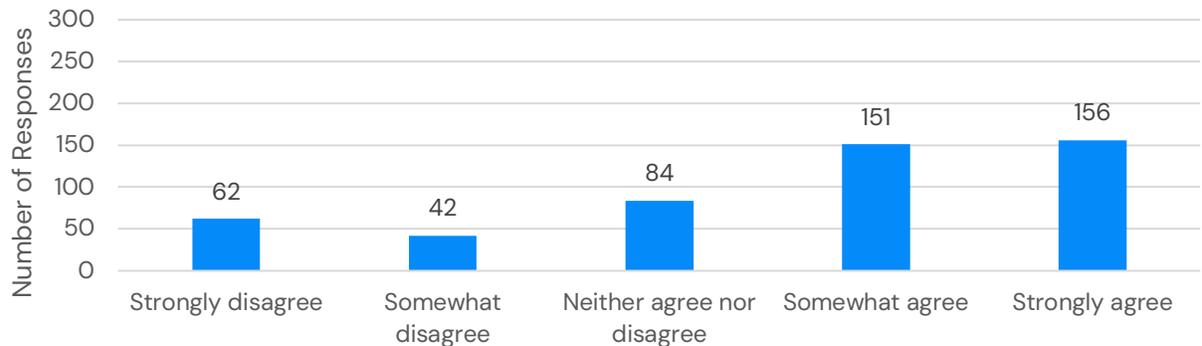
The Transition Council is proposing regulation language under the Veterinary Professionals Act, 2024 (VPA) to support safe, coordinated, and high-quality team-based veterinary care. Reflecting the collaborative model of “one profession, two professionals,” the proposed regulations emphasize shared accountability, clear communication, and professional competence across veterinary teams. These regulations will be overseen by the College of Veterinary Professionals of Ontario (CVPO).

- **Veterinarian-Client-Patient Relationship (VCPR):** The VPA maintains the requirement that a VCPR must be established prior to providing veterinary services. Both veterinarian and veterinary technician members may establish a VCPR through an accredited facility and in line with facility policies. A VCPR may only be established by a veterinary technician if a veterinarian is part of the team and responsible for after-hours care. Existing exemptions, including emergencies and Crown employment, are preserved.
- **Informed Client Consent:** All members must obtain informed client consent for veterinary services they are authorized and competent to provide. Veterinarian members are responsible for consent in services they perform directly, while veterinary technician members must obtain consent for services performed under delegation, order, or initiation.
- **After-Hours Veterinary Care:** Veterinarian members must make reasonable provision for after-hours care for animals under their treatment. The proposal includes clarified responsibilities for referrals and discharge planning. Veterinary technician members may support after-hours care as part of an accredited team but cannot be solely responsible for its provision.
- **Drugs:** The prescribing, compounding, dispensing, and selling of drugs is regulated as part of the authorized activities model. Only veterinarian members may prescribe drugs—a non-delegable activity—while veterinary technician members and pharmacy professionals may participate in related activities under appropriate conditions. To promote transparency and access, veterinarians will be required to offer clients the option of receiving a written prescription.
- **Quality Assurance:** The VPA mandates a comprehensive quality assurance program for all members, supporting continuing competence and public safety. The program will include professional development, self-assessments, and peer/practice assessments overseen by the Quality Assurance Committee (QAC). Not all components will be required annually; frequency and selection criteria will be determined by the QAC. The proposal also includes definitions and authority for the QAC to appoint assessors and monitor participation.

Veterinarian-Client-Patient Relationship (VCPR)

Agreement with Proposed Concepts

Survey respondents were asked to indicate their agreement with a statement about VCPR on a Likert scale of responses from “Strongly disagree” to “Strongly agree”. The figure below presents the results of 495 responses to the statement “*The proposed approach to VCPR is appropriate.*”.



Approximately 62% (307/495) of respondents were in agreement (somewhat agree/strongly agree) that the proposed approach to VCPR is appropriate.

Long Answer Responses

Respondents were asked to share any concerns or risks they felt were not fully addressed in the proposed concepts. A total of 111 comments were received. These responses were reviewed and organized into key themes that capture the range of perspectives expressed. Importantly, the theme titles are not conclusions or judgments. Rather, they are descriptive groupings intended to reflect the sentiments, perceptions, and opinions shared by respondents.

VCPR Should Only Be Established by Veterinarians

There were many comments opposed to allowing RVTs to independently establish a VCPR. Respondents emphasized that only a licensed veterinarian has the training, legal authority, and responsibility to diagnose, prescribe, and oversee animal health care. Responses proposed that allowing RVTs to initiate VCPRs risks undermining the quality of care, confusing clients about professional roles, and increasing legal liability for veterinarians without appropriate oversight.

Risks of Corporate Abuse and Erosion of Care Standards

Several respondents warned that allowing RVTs to create VCPRs could be exploited by corporate-owned veterinary practices to maximize profits while minimizing veterinary

involvement. Their concerns included the potential for reduced veterinary oversight, a decline in care standards, and increased risk to animal welfare. Some responses noted parallels with issues already observed in telemedicine, where technicians conduct examinations without veterinarians being directly involved.

Confusion for Clients and Legal Liability for Veterinarians

Many submissions highlighted the risk of client confusion if they interact primarily with RVTs rather than veterinarians. Respondents expressed concern that clients may not understand the distinction between technician and veterinarian roles, especially regarding diagnosis, treatment decisions, and after-hours care responsibilities.

Need for Clearer Definitions, Boundaries, and Safeguards

Respondents urged the College to define clearly what constitutes establishing and maintaining a VCPR, particularly in contexts like telemedicine, after-hours care, and rehabilitation services. Many suggested that only veterinarians should be permitted to initiate VCPRs, with technicians able to support but not lead care. There were also calls from participants for better protection against misuse, mandatory timelines for reassessment, and acknowledgment of interprofessional models that improve access without compromising veterinary oversight.

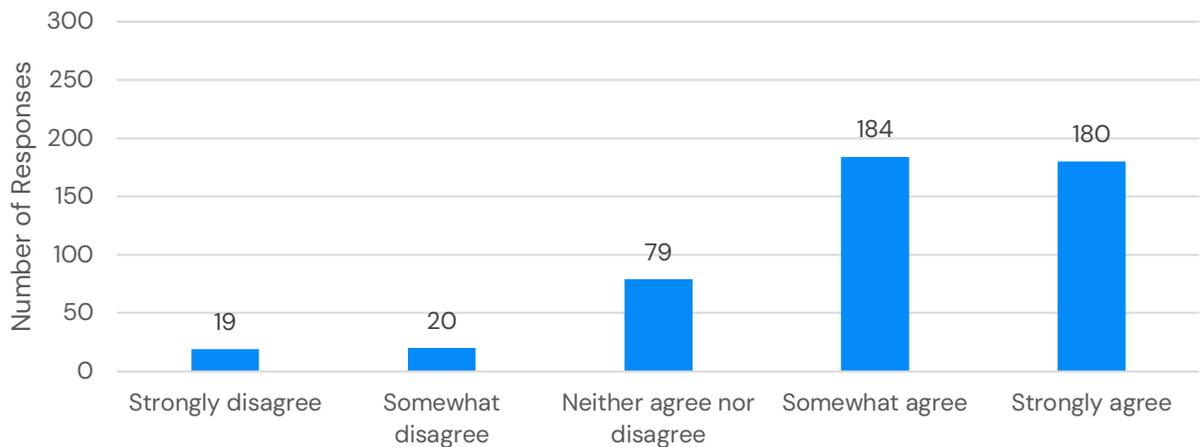
Related Stakeholder Comments

Veterinary groups such as Ontario Veterinary Medical Association (OVMA), Ontario Association of Bovine Practitioners (OABP), ProVet Alliance opposed extending the ability to establish a VCPR to veterinary technicians, asserting it should remain the sole responsibility of veterinarians to protect the integrity of the relationship and ensure safe diagnosis and care. In contrast, organizations like the Ottawa Humane Society (OHS), Animal Shelter Professionals of Ontario, Alberta Veterinary Medical Association (ABVMA), and Ontario Association of Swine Veterinarians (OASV) supported the inclusion of veterinary technicians but sought clarity on their scope and responsibilities. Ontario Sheep Farmers requested VCPR flexibility for rural communities with limited access to veterinarians. Ontario Federation of Agriculture (OFA) and Ontario Association of Veterinary Technicians (OAVT) were broadly supportive of the model, provided that professional standards were maintained and clear boundaries established.

Informed Client Consent

Agreement with Proposed Concepts

Survey respondents were asked to indicate their agreement with a statement about Informed Client Consent on a Likert scale of responses from “Strongly disagree” to “Strongly agree”. The figure below presents the results of 482 responses to the statement “*The proposed approach to informed client consent is appropriate.*”.



Approximately 76% (364/482) of respondents were in agreement (somewhat agree/strongly agree) that the proposed approach to informed client consent is appropriate.

Long Answer Responses

Respondents were asked to share any concerns or risks they felt were not fully addressed in the proposed concepts. A total of 59 comments were received. These responses were reviewed and organized into key themes that capture the range of perspectives expressed. Importantly, the theme titles are not conclusions or judgments. Rather, they are descriptive groupings intended to reflect the sentiments, perceptions, and opinions shared by respondents.

Informed Consent Must Remain the Veterinarian’s Primary Responsibility

Among those that provided comments, many emphasized that veterinarians, not RVTs, must hold primary responsibility for obtaining informed consent, particularly for complex, invasive, or high-risk procedures. Additionally, concerns were raised about legal ambiguity and the potential for confusion or miscommunication if RVTs obtain consent independently.

Lack of Clarity on Consent Processes and Standards

Many comments noted that the proposed framework was vague regarding key issues: when and how informed consent should be obtained, whether written or verbal consent is required, and what constitutes sufficient disclosure. Respondents stressed the need for clearer definitions, consistent protocols across different clinical situations (routine care, emergencies, surgeries), and explicit expectations about technician and veterinarian roles.

Risk of Confusion for Clients and Legal Liability for Veterinarians

Respondents expressed that allowing both veterinarians and technicians to separately obtain informed consent could confuse clients about who is responsible for their animal's care. Furthermore, responses were concerned that overlap could create legal and ethical risks, particularly if a technician performs a task that the client mistakenly believes a veterinarian has approved directly. Many advocated for a streamlined system where the veterinarian secures primary consent, with RVTs supporting but not replacing this process.

Broader Concerns About Professional Boundaries and Owner Autonomy

Some responses criticized the proposed draft for reinforcing a veterinary–profession–centric model that excludes other regulated animal care providers (e.g., physiotherapists, chiropractors). Others worried that requiring veterinary–mediated consent for all services could unnecessarily limit owner autonomy and choice, especially in areas where multidisciplinary animal healthcare is increasingly common. Participants requested a more open, patient–centered approach that respects both veterinary and non–veterinary regulated professionals.

Related Stakeholder Comments

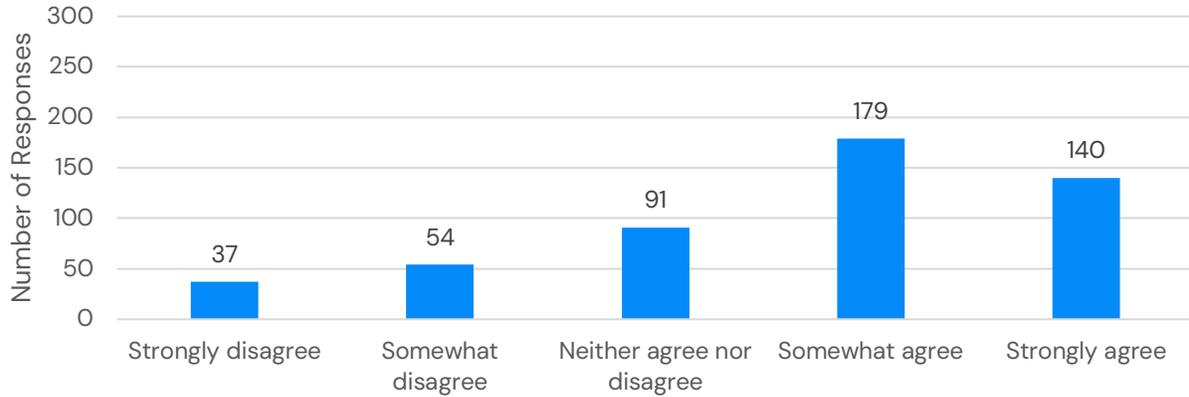
Alberta Veterinary Medical Association (ABVMA) emphasized that informed client consent should remain a delegable activity under veterinarian supervision and not become a stand-alone task for veterinary technicians. Ottawa Humane Society (OHS) supported allowing technicians to obtain informed consent for certain procedures, especially in high-volume clinics, suggesting the use of templates. Ontario Association of Bovine Practitioners (OABP) was concerned with the implications if a diagnosis were communicated by someone other than a veterinarian. Ontario Federation of Agriculture (OFA) and Ontario Veterinary Medical Association (OVMA) supported the proposed informed client consent concept with OVMA noting consideration for intersections with other provisions.

After-Hours Veterinary Care

Agreement with Proposed Concepts

Survey respondents were asked to indicate their agreement with a statement about After-Hours Veterinary Care on a Likert scale of responses from “Strongly disagree” to “Strongly

agree". The figure below presents the results of 501 responses to the statement "The proposed approach to after-hours veterinary care is appropriate."



Approximately 64% (319/501) of respondents were in agreement (somewhat agree/strongly agree) that the proposed approach to after-hours veterinary care is appropriate.

Long Answer Responses

Respondents were asked to share any concerns or risks they felt were not fully addressed in the proposed concepts. A total of 139 comments were received. These responses were reviewed and organized into key themes that capture the range of perspectives expressed. Importantly, the theme titles are not conclusions or judgments. Rather, they are descriptive groupings intended to reflect the sentiments, perceptions, and opinions shared by respondents.

Veterinarian Burnout, Sustainability, and Rural Challenges

There was considerable concern that mandating 24/7 after-hours responsibility is unsustainable, especially for rural and solo veterinarians. Many participants warned it could worsen burnout, mental health issues, and drive more vets away from underserved communities, ultimately reducing access to veterinary care across the province.

Need for Clearer, Realistic Language

Many respondents found the proposal vague and called for much clearer definitions of key terms like "reasonably prompt," "recently treated," and "specific agreed-upon arrangement."

Emergency Care Access and Equity

Respondents submitted concerns that emergency clinics are often unavailable, overwhelmed, or distant, even in urban centers. Responses expressed that regulations must

allow for reasonable flexibility, especially in rural areas where emergency care access is inherently limited.

Risk of Overregulation and Barriers to Care

Some respondents noted that mandatory formal agreements for after-hours referrals could favor corporate clinics, burden small independent practices, and restrict client access to emergency care. Many responses advocated for more flexible, practical solutions (e.g., public notification of after-hours options) rather than strict contract requirements that may inadvertently harm patient care and veterinary practice viability.

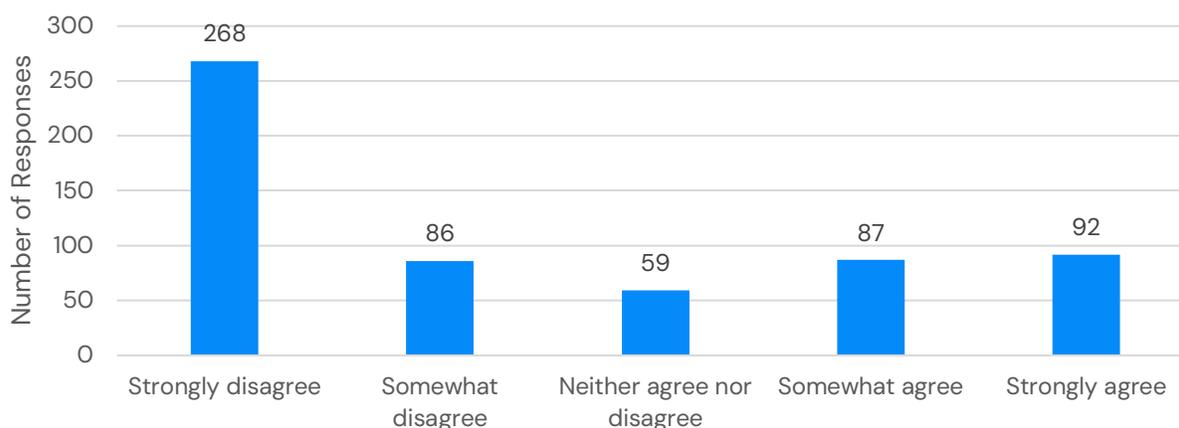
Related Stakeholder Comments

Ontario Veterinary Medical Association (OVMA), ProVet Alliance, and Ontario Association of Bovine Practitioners (OABP) supported tying AHC requirements to veterinarians, expressing concerns about placing this responsibility on veterinary technicians. Ottawa Humane Society (OHS) and Animal Shelter Professionals of Ontario asked for clarification on what is expected from technicians establishing VCPRs and advocated for clear, consistent expectations—not elevated ones.

Drugs

Agreement with Proposed Concepts

Survey respondents were asked to indicate their agreement with a statement about Drugs on a Likert scale of responses from “Strongly disagree” to “Strongly agree”. The figure below presents the results of 592 responses to the statement “*The proposed regulatory concept related to drugs is appropriate.*”.



Approximately 60% (354/592) of respondents were in disagreement (somewhat disagree/strongly disagree) that the proposed approach to drugs is appropriate. Further, a

significant association was found between respondents' relationship to veterinary medicine and response to this question ($X^2(20) = 122.1153$, $p < 0.001$; Table 2).

Respondents' Relationship to Veterinary Medicine	Strongly disagree #(%)	Somewhat disagree #(%)	Neither agree nor disagree #(%)	Somewhat agree #(%)	Strongly Agree #(%)
Member of the veterinary profession	255 (51%)	79 (16%)	31 (6%)	73 (15%)	62 (12%)
Member of the veterinary team	3 (43%)	1 (14%)	1 (14%)	1 (14%)	1 (14%)
Non-veterinary animal care provider	2 (18%)	0 (0%)	3 (27%)	1 (9%)	5 (45%)
Member of a regulated health profession	3 (10%)	1 (3%)	14 (48%)	1 (3%)	10 (34%)
Member of the public	4 (12%)	4 (12%)	7 (21%)	7 (21%)	12 (35%)
Other	1 (9%)	1 (9%)	3 (27%)	4 (36%)	2 (18%)

Long Answer Responses

Respondents were asked to share any concerns or risks they felt were not fully addressed in the proposed concepts. A total of 333 comments were received. These responses were reviewed and organized into key themes that capture the range of perspectives expressed. Importantly, the theme titles are not conclusions or judgments. Rather, they are descriptive groupings intended to reflect the sentiments, perceptions, and opinions shared by respondents.

Threat to Practice Viability and Timely Care

Many veterinarian respondents expressed concern that mandatory prescription portability could erode a critical revenue stream—pharmacy sales—that supports staffing, equipment, and affordable care. Additionally, comments warned that decreased on-site drug inventories could delay treatment, especially in emergencies, undermining patient care.

Administrative Burden and Workflow Disruption

The requirement to proactively offer written prescriptions for every drug was widely seen as impractical. Respondents emphasized the time required to explain alternatives, manage prescription logistics, and deal with follow-up calls or errors from external pharmacies.

Patient Safety and Pharmacist Knowledge Gaps

Many veterinarians reported serious safety concerns with human or online pharmacies, citing mislabeling, incorrect dosages, and harmful substitutions. Several noted that pharmacists lack veterinary-specific training, and errors often result in treatment delays or harm. Others noted that veterinarians remain liable for outcomes despite losing control once a prescription is filled externally, posing ethical and legal risks.

Economic Inequity and Professional Undermining

Respondents questioned why veterinarians should be required to promote services that compete with their own. They described the proposed change as favouring large pharmacy chains at the expense of local clinics.

Support for Client-Initiated Requests, Not Mandatory Disclosure

While many veterinarian respondents supported a client's right to request a written prescription, most opposed mandatory offers. The current model—providing prescriptions when asked—was seen as fair, safe, and effective. Many recommended passive alternatives such as signage or written notices to inform clients without adding undue workload or compromising financial sustainability.

Related Stakeholder Comments

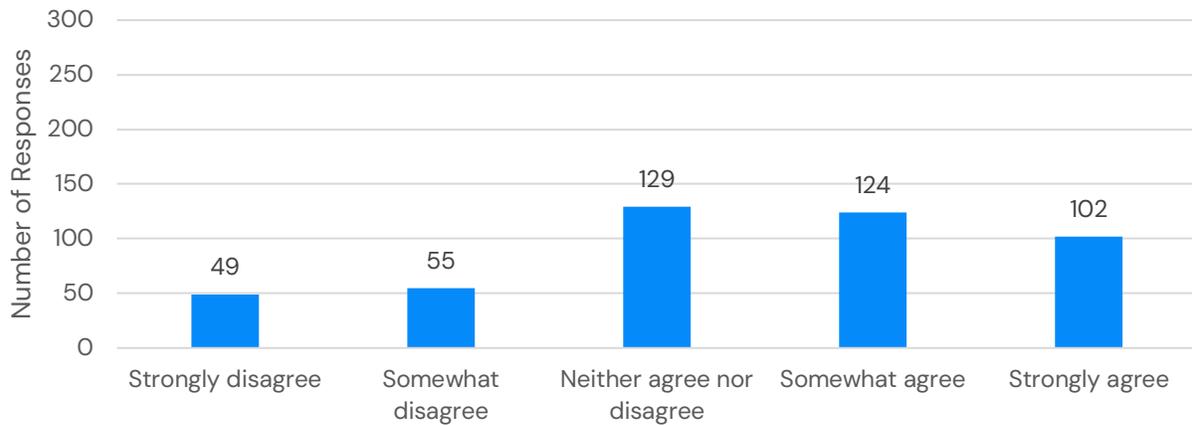
Pharmacy stakeholders (Ontario College of Pharmacists (OCP), Ontario Pharmacists Association (OPA), PetsDrugMart) were highly supportive of veterinary prescriptions being filled at pharmacies and opposed CVPO's investigative oversight over pharmacy professionals. They called for alignment with pharmacy regulatory standards and protections from conflict of interest. Ontario Federation of Agriculture (OFA) and Ontario Association of Bovine Practitioners (OABP) supported the concept. Alberta Veterinary Medical Association (ABVMA) sought more clarity on prescription portability. Ontario Veterinary Medical Association (OVMA) supports the existing expectations and raised concerns about burden, liability, and welfare of animals.

Quality Assurance

Agreement with Proposed Concepts

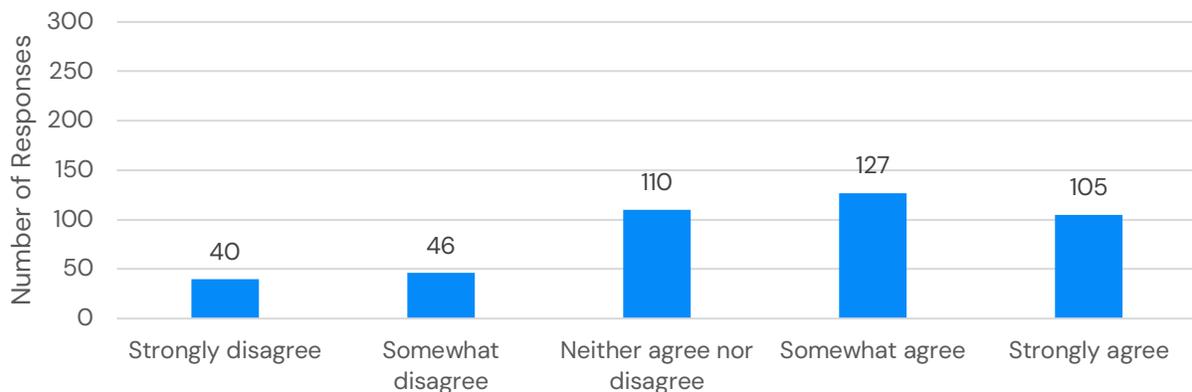
Survey respondents were asked to indicate their agreement with two statements about Quality Assurance on a Likert scale of responses from "Strongly disagree" to "Strongly

agree". The figure below presents the results of 459 responses to the statement *"The proposed quality assurance framework is appropriate."*



Approximately 49% (226/459) of respondents were in agreement (somewhat agree/strongly agree) that the proposed quality assurance framework is appropriate.

The figure below presents the results of 428 responses to the statement *"The proposed quality assurance framework will promote the continued competence of members."*



Approximately 53% (227/428) of respondents were in agreement (somewhat agree/strongly agree) that the proposed quality assurance framework will promote the continued competence of members.

Long Answer Responses

Respondents were asked to share any concerns or risks they felt were not fully addressed in the proposed concepts. A total of 129 comments were received. These responses were reviewed and organized into key themes that capture the range of perspectives expressed. Importantly, the theme titles are not conclusions or judgments. Rather, they are descriptive

groupings intended to reflect the sentiments, perceptions, and opinions shared by respondents.

Frustration with Vagueness and Lack of Clarity

Many respondents expressed frustration that the proposed quality assurance framework lacks sufficient detail to be properly assessed. They felt it is unclear who will administer or oversee assessments, what qualifies as adequate continuing education, and how fairness will be maintained.

Concern About Unnecessary Burden and Mental Health Impact

A prevalent theme was the concern that new requirements—especially random peer assessments and mandatory self-assessments—will impose excessive administrative burden and harm veterinarians' already fragile mental health. Respondents argue that veterinarians are already overworked and that layering on poorly designed compliance activities will detract from patient care and increase stress without proven benefits to public safety.

Criticism of Randomized Peer and Practice Assessments

Random peer and practice assessments were criticized as unfair, intrusive, and ineffective. Respondents raised concerns that random selection could create unnecessary surveillance, foster distrust, and worsen workplace dynamics. Many suggested that assessments should only occur when a complaint, risk factor, or clear cause for concern exists—not randomly.

Calls for Simplicity, Outcome-Focus, and Trust

Respondents supported the principle of continuous professional development but strongly prefer a system that is simple, flexible, and focused on real outcomes. They suggest using RACE-approved CE credits as a straightforward measure rather than mandating burdensome new documentation or spot checks. Many also emphasized that veterinarians, as trusted professionals, should retain autonomy over their learning without micromanagement.

Related Stakeholder Comments

ProVet Alliance emphasized equitable treatment between veterinarians and technicians and Ontario Association of Bovine Practitioners (OABP) sought more detail on how assessments would be conducted and evaluated. Ontario Association of Veterinary Technicians (OAVT) asked to be included in the design and implementation process and advocated for veterinary technician involvement in QA assessments. Christian Farmers Federation of Ontario (CFFO) highlighted the importance of rural access to QA processes. Ontario Association of Swine Veterinarians (OASV) supported QA with further requests for information and assurance that it would not inhibit access to care or overload rural practitioners. Ontario Veterinary Medical Association (OVMA) highlighted the need for a low-burden program.



Part E - Administration

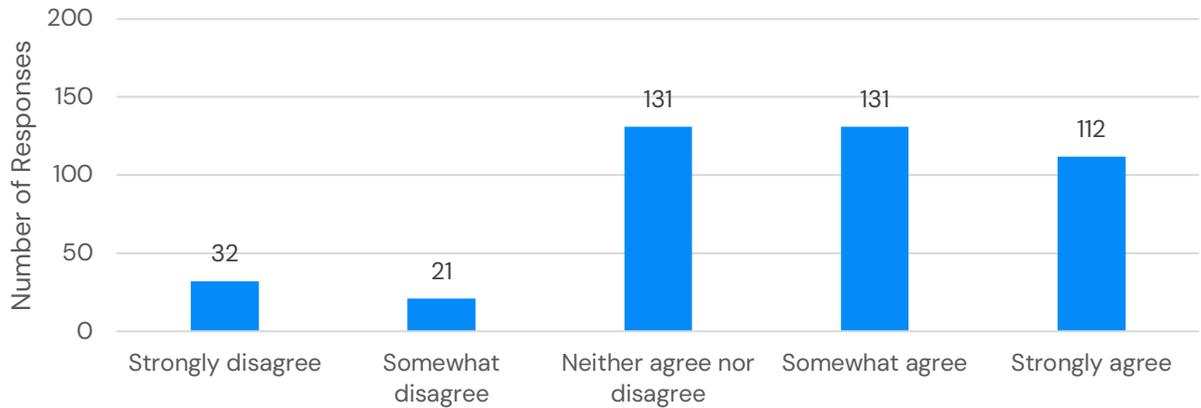
The Transition Council is proposing regulation language under the Veterinary Professionals Act, 2024 (VPA) to support the effective, fair, and transparent administration of regulatory functions by the College of Veterinary Professionals of Ontario (CVPO). These proposals are designed to ensure efficient governance, equitable representation, and enhanced public protection across the College's operations.

- **Committees and Panels:** The VPA allows for the regulation of committee and panel composition and quorum requirements. The proposed regulatory concept sets minimum standards in regulation to ensure clarity and consistency while allowing flexibility in structure through College bylaws. The proposal emphasizes equitable representation of veterinarians, veterinary technicians, and public members, and supports inclusive participation from diverse groups.
- **Alternative Dispute Resolution (ADR):** The VPA permits the use of ADR to resolve complaints that do not involve serious harm, misconduct, or impropriety. The proposed model establishes ADR as an opt-out process for eligible complaints, offering a more efficient, collaborative resolution mechanism while maintaining public protection. The regulation outlines complaint types that are ineligible for ADR.
- **Prescribed Offences:** To ensure transparency and protect the public, the VPA authorizes regulations requiring members and applicants to self-report specific charges and convictions. The proposed regulation identifies both profession-specific and general offences that must be disclosed—ranging from animal welfare violations to certain criminal and driving offences—and specifies timelines and required details for reporting. This approach supports proactive risk management and reduces reliance on third-party disclosures.

Committees and Panels

Agreement with Proposed Concepts

Survey respondents were asked to indicate their agreement with a statement about Committees and Panels on a Likert scale of responses from "Strongly disagree" to "Strongly agree". The figure below presents the results of 427 responses to the statement "*The proposed minimum committee and panel composition and quorum requirements are appropriate.*".



Approximately 57% (243/427) of respondents were in agreement (somewhat agree/strongly agree) that the proposed minimum committee and panel composition and quorum requirements are appropriate.

Long Answer Responses

Respondents were asked to share any concerns or risks they felt were not fully addressed in the proposed concepts. A total of 49 comments were received. These responses were reviewed and organized into key themes that capture the range of perspectives expressed. Importantly, the theme titles are not conclusions or judgments. Rather, they are descriptive groupings intended to reflect the sentiments, perceptions, and opinions shared by respondents.

Strong Support for Maintaining Veterinary and RVT Majority Representation

Respondents consistently stressed that committees and panels must have a clear majority of veterinarians and veterinary technicians to protect the integrity of veterinary regulation. They were concerned that too much influence from public members or non-veterinary voices could erode professional self-regulation, compromise quality of decision-making, and lead to unrealistic or uninformed expectations of veterinary practice.

Concerns About Public Members and Non-Veterinary Influence

While respondents generally supported having some public involvement, they expressed strong concern about expanding public representation without appropriate vetting. They worried that public members may lack the necessary understanding of veterinary medicine, hold biases, or prioritize political or emotional concerns over scientific or professional standards. Many advocated for limiting the proportion of public members and ensuring they do not outnumber professional members on any committee.

Calls for Fair, Equitable, and Transparent Representation Across Practice Areas

Respondents urged the need for representation from all sectors of veterinary practice—including large animal, small animal, equine, emergency, rural, urban, and specialty

practices—to ensure that all voices are heard. They also called for clear, transparent criteria for committee appointments, including fair representation of RVTs alongside DVMs, and express concerns about rural and food animal voices being drowned out by companion animal dominance.

Opposition to Ambiguity and Support for Clear Rules and Limits

Many comments criticized the framework’s vagueness regarding minimums, maximums, and definitions of diversity. They called for explicit numerical limits on public members, mandates for profession-specific representation, and term limits for committee members. Without these safeguards, respondents felt that the system risks inconsistency, bias, and erosion of self-regulation in favor of political agendas or unbalanced public pressure.

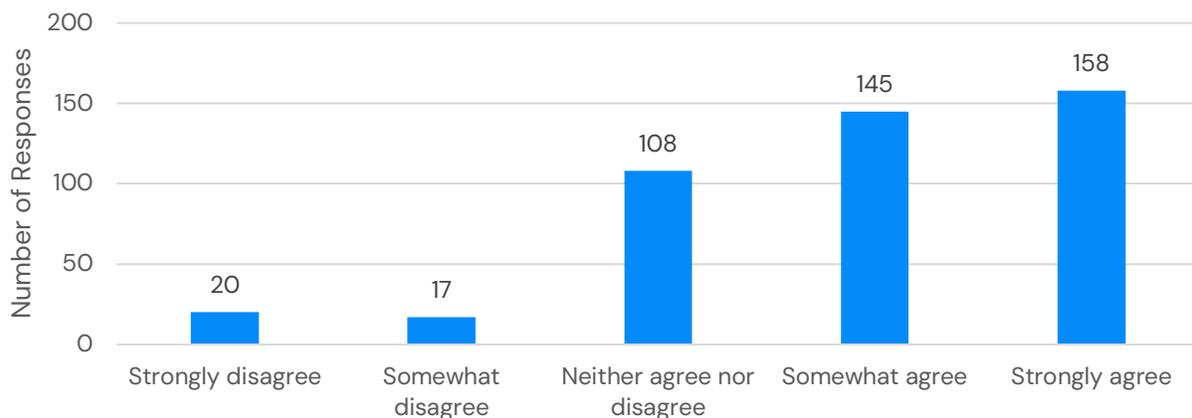
Related Stakeholder Comments

Ontario Association of Bovine Practitioners (OABP) stressed the need for veterinarians to be present on all committees and panels. Christian Farmers Federation of Ontario (CFFO), Ontario Sheep Farmers and Ontario Federation of Agriculture (OFA) called for transparency in appointments and encouraged inclusion of agricultural representatives. Ontario Association of Swine Veterinarians (OASV) wanted representation for food animal practitioners. Several groups, including Ontario Veterinary Medical Association (OVMA), raised concerns about non-government appointed public members and recommended clearer selection processes, term limits, and disclosure mechanisms to prevent conflicts of interest.

Alternative Dispute Resolution

Agreement with Proposed Concepts

Survey respondents were asked to indicate their agreement with a statement about Alternative Dispute Resolution on a Likert scale of responses from “Strongly disagree” to “Strongly agree”. The figure below presents the results of 448 responses to the statement “The proposed approach to ADR is sufficient.”.



Approximately 68% (303/448) of respondents were in agreement (somewhat agree/strongly agree) that the proposed approach to ADR is appropriate.

Long Answer Responses

Respondents were asked to share any concerns or risks they felt were not fully addressed in the proposed concepts. A total of 74 comments were received. These responses were reviewed and organized into key themes that capture the range of perspectives expressed. Importantly, the theme titles are not conclusions or judgments. Rather, they are descriptive groupings intended to reflect the sentiments, perceptions, and opinions shared by respondents.

Widespread Concern About Frivolous and Financially Motivated Complaints

Many respondents felt that the current system enables too many baseless or vindictive complaints, often driven by financial motives. They argued this harms veterinarians' mental health and wastes time and resources. Several called for a screening process to filter out unjustified claims early, and some suggest a formal policy to discourage monetary expectations from complainants.

Confusion and Caution Around the ADR Proposal

While some see potential in ADR for resolving minor issues more quickly, most respondents

felt unclear on how it would work. Concerns included whether ADR would be mandatory, who oversees it, and whether decisions would be binding or appealable. Many felt it is too vague to support, and some worry it may compromise fairness or increase legal exposure.

Strong Support for a Faster, More Efficient Complaints Process

There is broad agreement that the current process is too slow; often taking years to resolve. Respondents asked for shorter timelines, clearer protocols, and better enforcement to reduce stress on both veterinarians and complainants. ADR is supported by some only if it helps speed up resolution and reduce unnecessary burden.

Risks to Professional Accountability and Clarity

Respondents felt uneasy about how new processes might shift accountability, especially in cases involving RVTs or unclear definitions of harm. Many emphasized the need to protect professional autonomy and ensure the process doesn't penalize veterinarians unfairly or place undue stress on already overworked professionals.

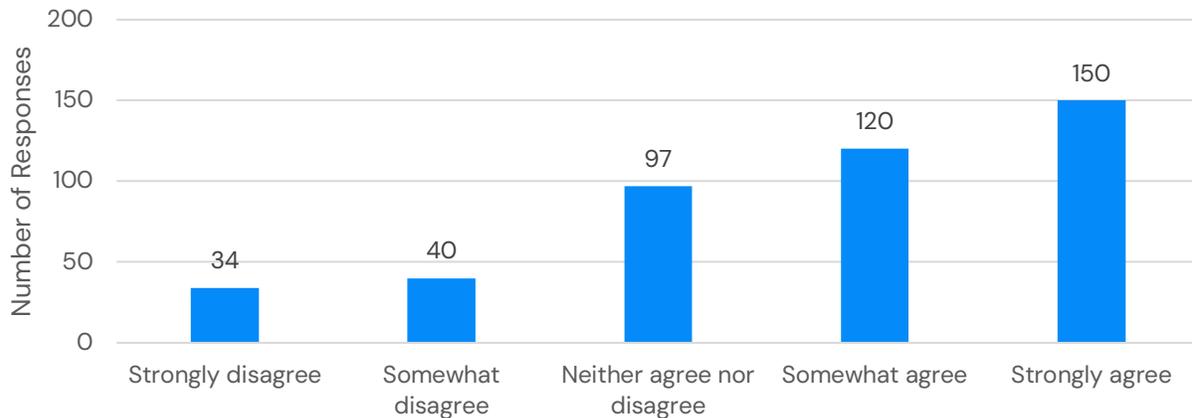
Related Stakeholder Comments

Ontario Veterinary Medical Association (OVMA) supported the process but requested clear timelines, confidentiality, and the use of third-party mediators. Ontario Association of Bovine Practitioners (OABP) had no concerns but requested information on how ADR would be triggered and which complaints would qualify. Alberta Veterinary Medical Association (ABVMA) asked for specific types of complaints to be identified as eligible for ADR.

Prescribed Offences

Agreement with Proposed Concepts

Survey respondents were asked to indicate their agreement with a statement about Prescribed Offences on a Likert scale of responses from “Strongly disagree” to “Strongly agree”. The figure below presents the results of 441 responses to the statement “*The proposed regulatory concept related to prescribed offences is appropriate.*”



Approximately 61% (270/441) of respondents were in agreement (somewhat agree/strongly agree) that the proposed regulatory concept related to prescribed offences is appropriate.

Long Answer Responses

Respondents were asked to share any concerns or risks they felt were not fully addressed in the proposed concepts. A total of 61 comments were received. These responses were reviewed and organized into key themes that capture the range of perspectives expressed. Importantly, the theme titles are not conclusions or judgments. Rather, they are descriptive groupings intended to reflect the sentiments, perceptions, and opinions shared by respondents.

Strong Opposition to Including Highway Traffic Act Offenses

Many respondents rejected the idea that Highway Traffic Act (HTA) offenses should be included as prescribed offenses under veterinary regulation. They argued that speeding, careless driving, or minor vehicle infractions are common, subjective, and have no bearing on a veterinarian’s professional competence. Many felt that these are matters for the courts and police—not the regulatory body—and that requiring self-reporting for such minor issues is regulatory overreach and an invasion of personal privacy.

Support for Focusing Only on Serious, Professionally Relevant Offenses

While respondents agreed that serious criminal offenses (e.g., substance abuse affecting

practice, violence, or abuse) should be reportable and regulated, they stressed that only offenses clearly related to public safety or professional integrity should fall under CVO jurisdiction. Many advocated for a more nuanced system that differentiates between truly concerning behavior and unrelated personal conduct. Driving under the influence, for example, is largely seen as valid to include; casual traffic violations are not.

Concerns About Mental Health, Stigma, and Due Process

There is notable concern that the proposed approach will unfairly stigmatize individuals, especially those struggling with addiction or mental health challenges. Several respondents emphasized that addiction should be treated as a health issue, not punished through licensing consequences. There is also strong discomfort with requiring reporting of charges before conviction, which respondents argued violates the presumption of innocence and could worsen mental health strain in an already burdened profession.

Calls for Greater Clarity, Fairness, and Proportionality

Many comments highlight the need for clearer definitions, better process transparency, and proportionality in enforcement. Respondents urged the CVO to avoid broad moral policing and focus narrowly on matters that truly threaten public trust or animal welfare. They request clarification about when offenses must be reported, who is affected (e.g., mobile practitioners vs. all veterinarians), and how offenses will be assessed to avoid arbitrary or overly punitive outcomes.

Related Stakeholder Comments

Many organizations, including Ontario Veterinary Medical Association (OVMA), Ontario Association of Bovine Practitioners (OABP), Ontario Association of Equine Practitioners (OAEP), raised concerns about including non-relevant offences like those under the Highway Traffic Act, arguing that only offences directly impacting animal or human safety should be included. ProVet Alliance suggested greater clarity on the consequences of prescribed offences.



Appendices

Appendix A – Survey Questions

CVO Consultation Project

Start of Block: Introduction

Modernizing the Regulation of Veterinary Medicine

The *Veterinary Professionals Act, 2024* (VPA) ushers in a new era of regulation. The VPA seeks to modernize the regulation of veterinary medicine through a ‘one profession, two professionals’ model and authorizes the Transition Council to propose the necessary regulations to support and implement this new regulatory framework. The required regulations are aimed at reflecting evolving practice by empowering team-based veterinary care and improving accountability while ensuring quality to protect the public.

Teams

The VPA framework is based on an authorized activities model that recognizes the important role of both veterinarians and veterinary technicians in the provision of quality care. The authorized activity model will list veterinary medicine activities, identified by risk, that may only be performed by competent licensed veterinary professionals from an accredited facility. It will also clearly set out those activities that may only be performed by a veterinarian member and those that may be performed by veterinary technician members pursuant to an order or delegation from a veterinarian member or on their own initiation with the approval of the Veterinary Facility Director. This flexible model safely promotes increased collaboration and intraprofessional team-based care and can be applied in any type of veterinary practice.

The authorized activities model will also recognize interprofessional animal care and establish an accountability framework for collaboration with both regulated and unregulated animal care providers through exemption or delegation, better regulating what currently exists while leaving room for the future evolution of practice.

Team-based care promotes members practicing their full scope while allowing other animal care providers to continue to practice safely with a view to improving access to quality care.

Accountability

The VPA’s ‘one profession, two professionals’ model will see both veterinarians and veterinary technicians licensed as members of the College of Veterinary Professionals of Ontario (CVPO) with specific entry to practice, conduct and continuing competence requirements and accountabilities.

As the regulator, the CVPO is accountable to the Ontario Ministry of Agriculture, Food, and Agribusiness (OMAFRA) and the VPA framework seeks to improve transparency and efficiency to ensure the CVPO can fulfil its public protection mandate. Regulatory programs, processes and committees will also need to reflect the ‘one profession, two professionals’ model.

This increased and improved accountability requires regulatory concepts related to such matters as licensure, professional misconduct, conflict of interest and professional accountabilities.

Quality

Quality care is a cornerstone of veterinary medicine and therefore a primary focus of the VPA framework. This will include defining the veterinarian-client-patient-relationship (VCPR) and after-hours veterinary care requirements and addressing informed consent and the prescribing and dispensing of drugs.

The VPA framework also contemplates strengthening and supporting quality veterinary medicine by introducing a quality assurance program for all members of CVPO aimed at ensuring continuing competence and enhancing public confidence and trust.

Consultation

The first step in the journey to developing the required regulations under the VPA is for the Transition Council to propose regulatory concepts for consultation and input. The input received will be considered by the Transition Council and any necessary revisions to the proposed regulatory concepts will be made prior to their approval. Approved regulatory concepts will be submitted to OMAFA to inform the development of regulatory language for the required regulations.

How to Provide Input

This is an exciting opportunity to provide input on the critical regulatory concepts that will support the modernization of the regulation of veterinary medicine in Ontario. This consultation seeks input on all of the proposed regulatory concepts. The survey is designed to allow respondents to choose to comment on all or only some of the proposed regulatory concepts and easily navigate between them.

Please complete the survey in one session, you will not be able to resume your responses if you leave before submitting.

Each proposed regulatory concept is outlined and explained with links to more detail provided. The survey seeks to measure support for the proposed regulatory concepts and identify any areas of concerns and/or unaddressed risk.

All input provided is **anonymous** and will be compiled by an independent third party. The input received will be reviewed by the Transition Council who will make any necessary revisions to the proposed regulatory concepts prior to their approval and submission to OMAFA.

Thank you for taking the time to provide your feedback.

End of Block: Introduction

Start of Block: Demographics

How would you describe your relationship to veterinary medicine?

- Member of the public (4)
 - Member of the Veterinary Profession (e.g. Veterinarian, Veterinary Technician) (1)
 - Member of the Veterinary Team (e.g. Veterinary Assistant, Practice Manager) (6)
 - Non-Veterinary Animal Care Provider (e.g. Farrier, Nutritionist, Groomer) (2)
 - Member of a regulated health profession (e.g. Pharmacist, Pharmacy Technician, Chiropractor, etc.) (3)
 - Other (please specify) (5)
-

Display This Question:

If How would you describe your relationship to veterinary medicine? = Member of the Veterinary Profession (e.g. Veterinarian, Veterinary Technician)

Or How would you describe your relationship to veterinary medicine? = Member of the Veterinary Team (e.g. Veterinary Assistant, Practice Manager)

Which of the following best describes your current position?

- Veterinarian (1)
 - Locum Veterinarian (2)
 - Registered Veterinary Technician (3)
 - Veterinary Technician (graduated from an accredited program but are not registered with OAVT) (4)
 - Veterinary Technician (on-the-job trained) (5)
 - Veterinary Assistant (6)
 - Customer Service Representative (7)
 - Practice Manager (8)
 - Other (please specify) (9)
-

Display This Question:

If How would you describe your relationship to veterinary medicine? = Member of the Veterinary Profession (e.g. Veterinarian, Veterinary Technician)

Or How would you describe your relationship to veterinary medicine? = Member of the Veterinary Team (e.g. Veterinary Assistant, Practice Manager)

Which of the following best describes your current involvement in the field of veterinary medicine?

- Clinical Practice (1)
 - Industry Representative (2)
 - Government/Regulatory (3)
 - Academia (4)
 - Other (please specify) (5)
-

Display This Question:

If How would you describe your relationship to veterinary medicine? = Member of the Veterinary Profession (e.g. Veterinarian, Veterinary Technician)

Or How would you describe your relationship to veterinary medicine? = Member of the Veterinary Team (e.g. Veterinary Assistant, Practice Manager)

Please select your area of practice in veterinary medicine (select all that apply).

- Companion Animals (1)
- Equine (2)
- Food Animals (3)
- Other (you will be asked to specify in the following question) (4)

Display This Question:

If Please select your area of practice in veterinary medicine (select all that apply). = Other (you will be asked to specify in the following question)

Which of the following 'other' categories best describes your area of practice? (select all that apply)

- Aquatic (1)
- Lab Animals (2)
- Wildlife (3)
- Zoo Animals (4)
- Companion Exotics (birds, reptiles, amphibians) (5)

Display This Question:

If Please select your area of practice in veterinary medicine (select all that apply). = Food Animals

Which of the following food animal sectors do you work with? (select all that apply)

- Poultry (1)
- Small Flock (2)
- Beef (3)
- Dairy (4)
- Swine (5)
- Small Ruminant (6)
- Aquaculture (7)
- Bees (8)

Display This Question:

If How would you describe your relationship to veterinary medicine? = Member of the Veterinary Profession (e.g. Veterinarian, Veterinary Technician)

Or How would you describe your relationship to veterinary medicine? = Member of the Veterinary Team (e.g. Veterinary Assistant, Practice Manager)

Which best describes the area you currently practice in?

- Remote (limited access, seasonal roads) (1)
- Rural (population < 5,000) (2)
- Urban (population > 100,000) (3)
- Suburban (population between 5,000 to 100,000) (4)

Display This Question:

If How would you describe your relationship to veterinary medicine? = Member of the Veterinary Profession (e.g. Veterinarian, Veterinary Technician)

Or How would you describe your relationship to veterinary medicine? = Member of the Veterinary Team (e.g. Veterinary Assistant, Practice Manager)

How long have you been in the practice of veterinary medicine?

- Less than 5 years (1)
- 5 - 10 years (2)
- 11 - 15 years (3)
- 16 - 20 years (4)
- 21 - 25 years (5)
- 26 - 30 years (6)
- Greater than 30 years (7)

Display This Question:

If How would you describe your relationship to veterinary medicine? = Non-Veterinary Animal Care Provider (e.g. Farrier, Nutritionist, Groomer)

Or How would you describe your relationship to veterinary medicine? = Member of a regulated health profession (e.g. Pharmacist, Pharmacy Technician, Chiropractor, etc.)

Please select the species category you work with (select all that apply):

- Companion Animals (1)
- Equine (2)
- Food Animals (3)
- Other (you will be asked to specify in the following question) (4)

Display This Question:

If Please select the species category you work with (select all that apply): = Other (you will be asked to specify in the following question)

Which of the following 'other' categories best describes the species you work with? (select all that apply)

- Aquatics (1)
- Lab Animals (2)
- Wildlife (3)
- Zoo Animals (4)
- Companion Exotics (birds, reptiles, amphibians, small mammals) (5)

Display This Question:

If Please select the species category you work with (select all that apply): = Food Animals

Which of the following food animal sectors do you work with? (select all that apply)

- Poultry (1)
- Small Flock (2)
- Beef (3)
- Dairy (4)
- Swine (5)
- Small Ruminant (6)
- Aquaculture (7)
- Bees (8)

Display This Question:

If How would you describe your relationship to veterinary medicine? = Non-Veterinary Animal Care Provider (e.g. Farrier, Nutritionist, Groomer)

Or How would you describe your relationship to veterinary medicine? = Member of a regulated health profession (e.g. Pharmacist, Pharmacy Technician, Chiropractor, etc.)

Which of the following best describes the area you currently practice in?

- Remote (limited access, seasonal roads) (1)
 - Rural (population < 5,000) (2)
 - Urban (population > 100,000) (3)
 - Suburban (population between 5,000 to 100,000) (4)
-

Display This Question:

If How would you describe your relationship to veterinary medicine? = Non-Veterinary Animal Care Provider (e.g. Farrier, Nutritionist, Groomer)

Or How would you describe your relationship to veterinary medicine? = Member of a regulated health profession (e.g. Pharmacist, Pharmacy Technician, Chiropractor, etc.)

How long have you been in the practice of treating animals?

- Less than 1 year (1)
- 1 to 3 years (2)
- 4 to 10 years (3)
- 10 to 20 years (4)
- Greater than 20 years (5)

Display This Question:

If How would you describe your relationship to veterinary medicine? = Member of the public

Or How would you describe your relationship to veterinary medicine? = Other (please specify)

Which animal(s) or groups of animals do you own? (select all that apply)

- Companion Animals (1)
 - Equine (2)
 - Food Animals (3)
 - Exotic (5)
 - I don't own any animals (6)
 - Other (please specify) (4)
-

Display This Question:

If Which animal(s) or groups of animals do you own? (select all that apply) = Food Animals

Which of the following types of food animals do you own? (select all that apply)

- Poultry (1)
- Small Flock (2)
- Beef (3)
- Dairy (4)
- Swine (5)
- Small Ruminant (6)
- Aquaculture (7)
- Bees (8)

Display This Question:

*If How would you describe your relationship to veterinary medicine? = Member of the public
Or How would you describe your relationship to veterinary medicine? = Other (please specify)*

Which of the following best describes the area you currently live in?

- Remote (limited access, seasonal roads) (1)
- Rural (population < 5,000) (2)
- Urban (population > 100,000) (3)
- Suburban (population between 5,000 to 100,000) (4)

What is your current age?

- Less than 21 (1)
- 21 to 30 (2)
- 31 to 40 (3)
- 41 to 50 (4)
- 51 to 60 (5)
- 61 to 70 (6)
- Over 70 (7)
- Prefer not to answer (8)

End of Block: Demographics

Start of Block: Regulatory Concepts Review

This is an overview of the concepts covered in this consultation.

Proposed Regulatory Concepts

Transition Council is seeking input on several proposed regulatory concepts which will be of interest to veterinarians, veterinary technicians, the public and other system partners. The regulatory concepts are grouped into five categories for ease of reference. The full concept chart can be found [here](#).

Licensure includes proposed regulatory concepts to support the 'one profession, two professionals' model of regulation under the *Veterinary Professionals Act, 2024* (VPA), including concepts related to licensure, professional misconduct and conflict of interest.

Authorized Activities includes proposed regulatory concepts to support the authorized activities team-based care model that is at the heart of the VPA. This includes proposed regulatory concepts that define the authorized activities that may only be performed by veterinarian members and outline the requirements for the delegation of other authorized activities. It also includes proposed regulatory concepts related to orders and initiation that outline how these may be used to empower team-based veterinary care. A regulatory concept also proposes to exempt certain members working outside of accredited veterinary facilities.

There is also a proposed regulatory concept that outlines those forms of energy that will be included in the authorized activities model.

Regulatory Exemptions for Non-Members includes proposed regulatory concepts that define exemptions for non-member animal care providers to allow them to continue to perform activities that are defined as authorized activities under the VPA. Each proposed regulatory concept defines to whom and under what conditions the exemption applies and the specific authorized activities that may be performed.

Quality Team-Based Care includes proposed regulatory concepts to support and enhance quality veterinary care. This includes proposed concepts that define the veterinarian-client-patient relationship, outline the requirements for informed client consent, after-hours veterinary care and the provision of drugs in veterinary practice. There is also a proposed regulatory concept to support a mandatory quality assurance program for both veterinarian members and veterinary technician members.

Administrative includes proposed regulatory concepts to support the College of Veterinary Professionals of Ontario's regulatory work under the VPA reflecting the 'one profession, two professionals' model. This includes proposed regulatory concepts related to the composition of committees and panels of the College, the use of alternative dispute resolution and prescribing the offences that members will be required to report to the College.

Links to Additional Information on Regulatory Concepts

Licensure

- Licensure
- Professional Misconduct
- Conflict of Interest

Authorized Activities

- Non-Delegable Activities
- Delegation
- Orders
- Initiation
- Exemptions for Members
- Forms of Energy

Regulatory Exemptions for Non-Members

- Chiropractors
- Pharmacy
- Animal Rehabilitation
- Embryo Implantation in Cattle
- Farriers and Hoof Trimmers
- Mass Culls

Quality Team-Based Care

Veterinarian-Client-Patient Relationship

Informed Client Consent

After-Hours Veterinary Care

Drugs

Quality Assurance

Administrative

Committees and Panels

Alternative Dispute Resolution

Prescribed Offences

Supplementary Materials

Veterinary Professionals Act, 2024

Regulatory Concepts Chart

Delegation, Orders, and Initiation Flowchart

Glossary of Terms

Once you are familiar with the concepts you wish to provide commentary on, proceed to the survey by clicking the next button.

End of Block: Regulatory Concepts Review

Start of Block: Licensure - Licensure

Licensure

The *Veterinary Professionals Act, 2024 (VPA)* provides for the licensure of both veterinarians and veterinary technicians as members of the College of Veterinary Professionals of Ontario (CVPO). Only licensed members of the CVPO will be able to use the restricted titles and practice veterinary medicine within the authorized activities model without a regulatory exemption.

The regulatory concept regarding licensure proposes that all applicants be required to meet specified entry to practice requirements including education and credentials to determine whether they are competent to safely practice veterinary medicine.

It is proposed that there are 3 subclasses of licence for both veterinarians and veterinary technicians

General - allows practice subject to any necessary restrictions or limitations (including those limited to certain areas of public service, academia, specialty or scope of practice)

Provisional – allows practice under the supervision of a veterinarian member, for learners and applicants undergoing a competency assessment (including international applicants working towards general licensure, and veterinarians completing a DVSc, internship, or a residency)

Short term – allows practice under prescribed conditions for a time limited period

All licensed members of the College of Veterinarians of Ontario will automatically be licensed with the CVPO with the same restrictions or limitations, if any, that currently apply to their practice. Those seeking licensure as veterinary technicians will need to apply to the CVPO. Proposed transition provisions would apply to registered members of the Ontario Association of Veterinary Technicians. Current members and all applicants for licensure will be required to complete a learning module to familiarize themselves with the *VPA* model of regulation.

You can review the detailed licensure regulatory concept [here](#).

Q26 Please indicate your level of agreement with the following statements:

	Strongly Disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The proposed subclasses of member licences are inclusive of all types of members. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The proposed licensure requirements are appropriate to protect the public. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q27 What concerns, if any, do you have regarding the proposed licensure framework or process?

Q28 Are there any risks that are not adequately addressed by the proposed licensure framework?

Q29 Other comments.

End of Block: Licensure - Licensure

Start of Block: Licensure - Professional Misconduct

Professional Misconduct

Regulating a profession in the public interest, requires a process to deal with a member's inappropriate conduct, known as professional misconduct. To hold a member accountable, there needs to be clarity about what conduct is inappropriate. This is accomplished through a regulation that describes in list form the acts and omissions that constitute professional misconduct for members.

The proposed regulatory concept related to professional misconduct reflects the one profession, two professionals model by setting out what is professional misconduct for each type of member, with most grounds being applicable to all members. In addition to the specific types of professional misconduct, there is a general clause covering conduct that would be regarded by members as disgraceful, dishonourable, or unprofessional.

The proposal seeks to clarify language to ensure greater transparency and defensibility, as well as fill identified gaps. It includes language to specifically address:

- the importance of competency
- the authorized activities model
- quality assurance
- ungovernable behaviour
- animal abuse, neglect and abandonment

You can review the detailed proposed professional misconduct regulatory concept [here](#).

Please indicate your level of agreement with the following statements:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The proposed list of what constitutes professional misconduct is appropriate. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The proposed list of what constitutes professional misconduct is sufficient to protect the public. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What concerns, if any, do you have regarding the proposed professional regulatory concept?

Are there any risks that are not adequately addressed by the proposed professional misconduct regulatory concept?



Other comments.

End of Block: Licensure - Professional Misconduct

Start of Block: Licensure - Conflict of Interest

Conflict of Interest

The public expects to receive veterinary services from professionals who are free from any interest that might compete with their professional responsibilities. It is therefore professional misconduct for a member to practice while in a conflict of interest.

Conflict of interest is defined as when a member's duties and responsibilities may be influenced by some other interest they have. Conflicts of interest can be real or perceived.

Under the proposed regulatory concept regarding conflict of interest under the *Veterinary Professionals Act, 2024*, practising while in a conflict of interest remains a form of professional misconduct for all licensed members. The proposal describes what is and is not a conflict of interest, moving away from the current employment focused model to a framework based on behaviour and focused on the activities that might impact the professional judgement of members.

The proposal maintains the current protections for the public and also ensures that conflict of interest considerations will remain a priority in evolving business practices.

You can review the detailed conflict of interest regulatory concept [here](#).

Please indicate your level of agreement with the following statements:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The proposed approach to conflict of interest is appropriate. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The proposed approach to conflict of interest is sufficient to protect the public. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What, if any, concerns do you have regarding the proposed approach to conflict of interest?

Are there any risks that are not adequately addressed by the proposed approach to conflict of interest?

Other comments.

End of Block: Licensure - Conflict of Interest

Start of Block: Authorized Activities - Non-Delegable

Authorized Activities

The *Veterinary Professionals Act, 2024* (VPA) introduces an authorized activities model for the practice of clinical veterinary medicine. The proposed model acknowledges veterinary medicine as a system that includes defined areas of co-accountability between veterinarians and veterinary technicians as licensed professionals. The proposed model requires members to practice clinical veterinary medicine (including authorized activities) in an accredited veterinary facility in accordance with the scope of services established by the Veterinary Facility Director unless otherwise specifically stated or exempt. Members may only perform tasks that are within their sphere of competence and in accordance with any terms, conditions and limitations on their licence.

Veterinarian members will be permitted to perform all 17 authorized activities outlined in the VPA. Veterinary technician members will be permitted to perform specific aspects of clinical veterinary medicine (including stated authorized activities) through delegation, order or initiation. This regulatory concept speaks directly to non-delegable activities.

This risk-based model is aimed at empowering team-based veterinary medicine and improving access to timely care. The authorized activities model not only regulates current practice to ensure accountability and public protection but also makes room for the evolution of veterinary medicine.

You can review the list of authorized activities [here](#).

Non-Delegable Activities

The proposal regarding the authorized activity model lists those authorized activities that must be performed by a veterinarian member and cannot be delegated.

You can review the detailed non-delegable activities concept [here](#).

Please indicate your level of agreement with the following statement:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The authorized activities designated as non-delegable which may only be performed by a veterinarian member are necessary to ensure public protection. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are there any additional authorized activities that should be non-delegable to ensure public protection?

Other comments.

Authorized Activities

The *Veterinary Professionals Act, 2024* (VPA) introduces an authorized activities model for the practice of clinical veterinary medicine. The proposed model acknowledges veterinary medicine as a system that includes defined areas of co-accountability between veterinarians and veterinary technicians as licensed professionals.

The proposed model requires members to practice clinical veterinary medicine (including authorized activities) in an accredited veterinary facility in accordance with the scope of services established by the Veterinary Facility Director unless otherwise specifically stated or exempt. Members may only perform tasks that are within their sphere of competence and in accordance with any terms, conditions and limitations on their licence.

Veterinarian members will be permitted to perform all 17 authorized activities outlined in the VPA. Veterinary technician members will be permitted to perform specific aspects of clinical veterinary medicine (including stated authorized activities) through delegation, order or initiation. This regulatory concept speaks directly to delegation.

This risk-based model is aimed at empowering team-based veterinary medicine and improving access to timely care. The authorized activities model not only regulates current practice to ensure accountability and public protection but also makes room for the evolution of veterinary medicine.

You can review the list of authorized activities [here](#).

Delegation

The proposal regarding the authorized activities model outlines the conditions under which clinical veterinary medicine can be delegated by a veterinarian member to veterinary technician members or auxiliary staff.

The proposal establishes who is accountable for what when clinical veterinary medicine (including authorized activities) is delegated and makes clear that sub-delegation of authorized activities by veterinary technician members is not permitted.

You can review the detailed delegation concept [here](#).



Please indicate your level of agreement with the following statement:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The proposed approach to delegation is appropriate. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What, if any, concerns do you have regarding the proposed approach to delegation?

Other comments.

End of Block: Authorized Activities - Delegation

Start of Block: Authorized Activities - Orders

Authorized Activities

The *Veterinary Professionals Act, 2024 (VPA)* introduces an authorized activities model for the practice of clinical veterinary medicine. The proposed model acknowledges veterinary medicine as a system that includes defined areas of co-accountability between veterinarians and veterinary technicians as licensed professionals.

The proposed model requires members to practice clinical veterinary medicine (including authorized activities) in an accredited veterinary facility in accordance with the scope of services established by the Veterinary Facility Director unless otherwise specifically stated or exempt. Members may only perform tasks that are within their sphere of competence and in accordance with any terms, conditions and limitations on their licence.

Veterinarian members will be permitted to perform all 17 authorized activities outlined in the *VPA*. Veterinary technician members will be permitted to perform specific aspects of clinical veterinary medicine (including stated authorized activities) through delegation, order or initiation. This regulatory concept speaks directly to orders.

This risk-based model is aimed at empowering team-based veterinary medicine and improving access to timely care. The authorized activities model not only regulates current practice to ensure accountability and public protection but also makes room for the evolution of veterinary medicine.

You can review the list of authorized activities [here](#).

Orders

The proposed authorized activity model proposes that veterinary technician members be permitted to perform certain authorized activities under the order of a veterinarian member. Orders will only be permitted to be developed through an accredited veterinary facility in accordance with the scope of services established by the Veterinary Facility Director. Veterinary technician members performing authorized activities pursuant to an order will be responsible for obtaining informed client consent.

You can review more details regarding the proposed orders regulatory concept [here](#).

Please indicate your level of agreement with the following statements:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The proposed model for orders is appropriate. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The proposed safeguards related the use of orders (only in an accredited veterinary facility and where approved by the veterinary facility director with professional responsibilities for both types of members) are adequate to protect the public. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What, if any, concerns do you have regarding veterinary technician members performing authorized activities under an order from a veterinarian member?

Are there any related risks that are not adequately addressed by the proposed regulatory concept?

Other comments.

End of Block: Authorized Activities - Orders

Start of Block: Authorized Activities - Initiation

Authorized Activities

The *Veterinary Professionals Act, 2024* (VPA) introduces an authorized activities model for the practice of clinical veterinary medicine. The proposed model acknowledges veterinary medicine as a system that includes defined areas of co-accountability between veterinarians and veterinary technicians as licensed professionals.

The proposed model requires members to practice clinical veterinary medicine (including authorized activities) in an accredited veterinary facility in accordance with the scope of services established by the Veterinary Facility Director unless otherwise specifically stated or exempt. Members may only perform tasks that are within their sphere of competence and in accordance with any terms, conditions and limitations on their licence.

Veterinarian members will be permitted to perform all 17 authorized activities outlined in the VPA. Veterinary technician members will be permitted to perform specific aspects of clinical veterinary medicine (including stated authorized activities) through delegation, order or initiation. This regulatory concept speaks directly to initiation.

This risk-based model is aimed at empowering team-based veterinary medicine and improving access to timely care. The authorized activities model not only regulates current practice to ensure accountability and public protection but also makes room for the evolution of veterinary medicine.

You can review the list of authorized activities [here](#).

Initiation

The proposed authorized activity model outlines that veterinary technician members be permitted to independently perform certain authorized activities without an order or delegation from a veterinarian member through an initiation process.

Veterinary technician members will only be able to perform authorized activities through the initiation process through an accredited veterinary facility in accordance with the scope of services established by the Veterinary Facility Director. The proposed initiation process requires veterinary technician members to obtain informed client consent and coordinate care with a veterinarian member at the earliest opportunity. The veterinary technician member is professionally responsible for their own practice when performing authorized activities through the initiation process.

You can review more detail regarding the proposed initiation regulatory concept [here](#).

Please indicate your level of agreement with the following statements:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The proposed model for initiation is appropriate. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The proposed safeguards related to veterinary technicians performing authorized activities through an initiation process (only through accredited veterinary facility and where approved by the facility director) are adequate to protect the public. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What, if any, concerns do you have regarding veterinary technician members performing authorized activities through an initiation process?

Are there any related risks that are not adequately addressed by the proposed regulatory concept?

Other comments.

End of Block: Authorized Activities - Initiation

Start of Block: Authorized Activities - Forms of Energy

Authorized Activities

The *Veterinary Professionals Act, 2024* (VPA) introduces an authorized activities model for the practice of clinical veterinary medicine. The proposed model acknowledges veterinary medicine as a system that includes defined areas of co-accountability between veterinarians and veterinary technicians as licensed professionals.

The proposed model requires members to practice clinical veterinary medicine (including authorized activities) in an accredited veterinary facility in accordance with the scope of services established by the Veterinary Facility Director unless otherwise specifically stated or exempt. Members may only perform tasks that are within their sphere of competence and in accordance with any terms, conditions and limitations on their licence.

Veterinarian members will be permitted to perform all 17 authorized activities outlined in the VPA. Veterinary technician members will be permitted to perform specific aspects of clinical veterinary medicine (including stated authorized activities) through delegation, order or initiation. This regulatory concept speaks directly to the authorized activity of ordering or applying a prescribed form of energy.

This risk-based model is aimed at empowering team-based veterinary medicine and improving access to timely care. The authorized activities model not only regulates current practice to ensure accountability and public protection but also makes room for the evolution of veterinary medicine.

You can review the list of authorized activities [here](#).

Forms of Energy

Ordering or applying a prescribed form of energy is one of the authorized activities under the VPA. The regulation will identify those forms of energy that are 'prescribed' and therefore included in the authorized activities model.

The proposed regulatory concept related to forms of energy is informed by the framework regarding forms of energy currently in place. This framework identifies forms of energy in categories based on the risk of harm or potential for harm associated with their use on animals and their risk to people.

Considering the risk associated with the forms of energy, the regulatory concept proposes that the following forms of energy are prescribed in regulation as an authorized activity when used or ordered for use on an animal(s) or group of animals:

Any forms of energy that employ or produce ionizing radiation; Magnetic resonance imaging; Any forms of energy used in surgery (laser surgery; lithotripsy; cryosurgery,

radiosurgery; etc.); Diagnostic ultrasound; Focused and radial shockwave; and Lasers in Class IV or above.

You can review the detailed forms of energy regulatory concept here.

Please indicate your level of agreement with the following statement:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The proposed prescribed forms of energy are appropriate to protect the public. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are there any risks that are not adequately addressed by the proposed prescribed forms of energy framework?

Other comments.

End of Block: Authorized Activities - Forms of Energy

Start of Block: Authorized Activities - Exemptions for Members

Authorized Activities

The *Veterinary Professionals Act, 2024* (VPA) introduces an authorized activities model for the practice of clinical veterinary medicine. The proposed model acknowledges veterinary medicine as a system that includes defined areas of co-accountability between veterinarians and veterinary technicians as licensed professionals.

The proposed model requires members to practice clinical veterinary medicine (including authorized activities) in an accredited veterinary facility in accordance with the scope of services established by the Veterinary Facility Director unless otherwise specifically stated or exempt. Members may only perform tasks that are within their sphere of competence and in accordance with any terms, conditions and limitations on their licence.

Veterinarian members will be permitted to perform all 17 authorized activities outlined in the VPA. Veterinary technician members will be permitted to perform specific aspects of clinical veterinary medicine (including stated authorized activities) through delegation, order or initiation. This regulatory concept speaks directly to exemptions for members.

This risk-based model is aimed at empowering team-based veterinary medicine and improving access to timely care. The authorized activities model not only regulates current practice to ensure accountability and public protection but also makes room for the evolution of veterinary medicine.

You can review the list of authorized activities [here](#).

Exemptions for Members

Members working in environments outside of accredited veterinary facilities will require an exemption from the provisions of the VPA to perform authorized activities. The exemptions for members will be set out in regulation.

It is proposed that both veterinarian and veterinary technician members working as employees of the Crown (e.g. Canadian Food Inspection Agency or the Ontario Ministry of Agriculture, Food, and Agribusiness) or under the oversight of another piece of legislation (such as e.g. *Animals for Research Act*) be exempt and therefore permitted to continue to perform clinical veterinary medicine (including authorized activities) outside of an accredited veterinary facility.

The proposed regulatory concept also exempts veterinary technician members working in certain circumstances under either a veterinarian member's treatment plan or written referral, permitting them to provide certain lower-risk activities under prescribed conditions outside of an accredited veterinary facility including a requirement to report back to the veterinarian member. It is also proposed that veterinary technician members employed by non-member animal care providers who are operating under certain statutory exceptions or regulatory exemptions also be exempt.

You can review the detailed exemptions for members regulatory concept here.

Please indicate your level of agreement with the following statement:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The proposed exemptions for members are sufficiently inclusive to cover current practices. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What, if any, concerns do you have regarding the proposed exemptions for members?

Are there any risks that are not adequately addressed by the proposed exemptions for members?

Other comments.

End of Block: Authorized Activities - Exemptions for Members

Start of Block: Regulatory Exemptions - Chiropractors

Regulatory Exemptions for Non-Members

The Veterinary Professionals Act, 2024 recognizes non-veterinary animal care providers and authorizes Transition Council to develop regulations to address the necessary regulatory exemptions for those animal care providers who will not be members of the CVPO to ensure continued accountability and public protection. This includes specifying the authorized activities these providers may perform and prescribing the conditions under which they may be performed. This will allow for the regulation and oversight of current and evolving practice within the authorized activities model.

Transition Council is proposing exemptions for the following group of non-veterinary animal care providers under the conditions noted for the listed permitted authorized activities.

Chiropractors

Chiropractors who:

are registered members of the College of Chiropractors of Ontario (CCO) and comply with all current practice standards of the CCO including those specific to animal care; have at least 200 hours of specific training in animal chiropractic that included practical experience; have at least 35 hours of specific training in chiropractic acupuncture on animals that included practical experience if seeking to provide this activity; and have the knowledge, skill, and judgement to perform the authorized activity safely, effectively, and ethically; and

determine the animal's condition warrants performance of the authorized activity based on the known risks and benefits Will be permitted to perform the following authorized activities: communicating a chiropractic diagnosis identifying as the cause of an animal's symptoms, a disorder or dysfunction arising from the structures or functions of the spine and their effects on the nervous system, or a disorder or dysfunction arising from the structures or functions of the joints of the extremities; performing a procedure on tissue below the dermis for the purpose of administering chiropractic acupuncture; moving the joints of the spine beyond the animal's usual physiological range of motion using a fast, low amplitude thrust; putting a finger beyond the anus for the purpose of manipulating the tailbone; and applying and ordering the application of the following forms of energy for therapeutic purposes: class IV lasers; and radial shockwave when sedation is not required. You can review the detailed regulatory concept regarding the proposed exemption for chiropractors here.

Please indicate your level of agreement with the following statement:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The proposed conditions and permitted authorized activities for chiropractors are appropriate to protect the public. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are there any related risks that are not adequately addressed by the proposed conditions and permitted authorized activities for chiropractors?



Other comments.

End of Block: Regulatory Exemptions - Chiropractors

Start of Block: Regulatory Exemptions - Pharmacy Professionals

Regulatory Exemptions for Non-Members

The *Veterinary Professionals Act, 2024* recognizes non-veterinary animal care providers and authorizes Transition Council to develop regulations to address the necessary regulatory exemptions for those animal care providers who will not be members of the CVPO to ensure continued accountability and public protection. This includes specifying the authorized activities these providers may perform and prescribing the conditions under which they may be performed. This will allow for the regulation and oversight of current and evolving practice within the authorized activities model.

Transition Council is proposing exemptions for the following group of non-veterinary animal care providers under the conditions noted for the listed permitted authorized activities.

Pharmacy

Pharmacy professionals who:

are registered members of the Ontario College of Pharmacists (OCP) and comply with all current practice standards of the OCP including those specific to animal care

Will be permitted to perform the following authorized activity: compounding, dispensing, or selling a drug based on a veterinary prescription.

You can review the detailed regulatory concept regarding the proposed exemption for pharmacy professionals [here](#).

Please indicate your level of agreement with the following statement:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The proposed conditions and permitted authorized activities for pharmacy professionals are appropriate to protect the public. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are there any risks that are not adequately addressed by the proposed conditions and permitted authorized activities for pharmacy professionals?

Other comments.

End of Block: Regulatory Exemptions - Pharmacy Professionals

Regulatory Exemptions for Non-Members

The *Veterinary Professionals Act, 2024* recognizes non-veterinary animal care providers and authorizes Transition Council to develop regulations to address the necessary regulatory exemptions for those animal care providers who will not be members of the CVPO to ensure continued accountability and public protection. This includes specifying the authorized activities these providers may perform and prescribing the conditions under which they may be performed. This will allow for the regulation and oversight of current and evolving practice within the authorized activities model.

Transition Council is proposing exemptions for the following group of non-veterinary animal care providers under the conditions noted for the listed permitted authorized activities.

Animal Rehabilitation

Individuals trained in animal rehabilitation who: have formal, recognized education in either animal or human anatomy that garners entry into a profession in animal or human medicine; have at least 125 hours of training in animal rehabilitation that includes practical experience; have the knowledge, skill, and judgement to perform the authorized activity safely, effectively, and ethically; and determine the animal's condition warrants performance of the authorized activity based on the known risks and benefits; and ensure appropriate coordination and consultation with a veterinarian member in the delivery of animal rehabilitation including making referrals when required

Will be permitted to perform the following authorized activities: Applying and ordering the following forms of energy for therapeutic purposes: Class IV lasers; and radial shockwave when sedation is not required.

You can review the detailed regulatory concept regarding the proposed exemption for providers of animal rehabilitation [here](#).

Please indicate your level of agreement with the following statement:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The proposed conditions and permitted authorized activities for providers of animal rehabilitation are appropriate to protect the public. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are there any risks that are not adequately addressed by the proposed conditions and permitted authorized activities for providers of animal rehabilitation?

Other comments.

Regulatory Exemptions for Non-Members

The Veterinary Professionals Act, 2024 recognizes non-veterinary animal care providers and authorizes Transition Council to develop regulations to address the necessary regulatory exemptions for those animal care providers who will not be members of the CVPO to ensure continued accountability and public protection. This includes specifying the authorized activities these providers may perform and prescribing the conditions under which they may be performed. This will allow for the regulation and oversight of current and evolving practice within the authorized activities model.

Transition Council is proposing exemptions for the following group of non-veterinary animal care providers under the conditions noted for the listed permitted authorized activities.

Embryo Implantation in Cattle

Persons who: have completed specific training in embryo implantation in cattle developed with veterinarian oversight that included practical experience; and have the knowledge, skill, and judgement to perform the authorized activity safely, effectively, and ethically; and determine the animal's condition warrants performance of the authorized activity based on the known risks and benefits

Will be permitted to perform the following authorized activities embryo implantation in cattle.

You can review the detailed regulatory concept regarding the proposed exemption for embryo implantation in cattle [here](#).



Please indicate your level of agreement with the following statement:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The proposed conditions and permitted authorized activities for embryo implantation in cattle are appropriate to protect the public. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are there any risks that are not adequately addressed by the proposed conditions and permitted authorized activities for bovine embryo implantation?

Other comments.

End of Block: Regulatory Exemptions - Embryo Implantation in Cattle

Regulatory Exemptions for Non-Members

The *Veterinary Professionals Act, 2024* recognizes non-veterinary animal care providers and authorizes Transition Council to develop regulations to address the necessary regulatory exemptions for those animal care providers who will not be members of the CVPO to ensure continued accountability and public protection. This includes specifying the authorized activities these providers may perform and prescribing the conditions under which they may be performed. This will allow for the regulation and oversight of current and evolving practice within the authorized activities model.

Transition Council is proposing exemptions for the following group of non-veterinary animal care providers under the conditions noted for the listed permitted authorized activities.

Farriers and Hoof Trimmers

Persons who: have specific training in providing farrier or hoof trimming services that included practical experience; and have the knowledge, skill, and judgement to:
 perform the authorized activity safely, effectively, and ethically; and determine the animal's condition warrants performance of the authorized activity based on the known risks and benefits

Will be permitted to perform the following authorized activity: performing a procedure below the dermis if it remains within or below the coronary band and within the structure of the hoof.

You can review the detailed regulatory concept regarding the proposed conditions and exemptions for farriers and hoof trimmers [here](#).

Please indicate your level of agreement with the following statement:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The proposed conditions and permitted authorized activities for farriers and hoof trimmers are appropriate to protect the public. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are there any risks that are not adequately addressed by the proposed conditions and permitted authorized activities for farriers and hoof trimmers?

Other comments.

End of Block: Regulatory Exemptions - Farriers and Hoof Trimmers

Regulatory Exemptions for Non-Members

The *Veterinary Professionals Act, 2024* recognizes non-veterinary animal care providers and authorizes Transition Council to develop regulations to address the necessary regulatory exemptions for those animal care providers who will not be members of the CVPO to ensure continued accountability and public protection. This includes specifying the authorized activities these providers may perform and prescribing the conditions under which they may be performed. This will allow for the regulation and oversight of current and evolving practice within the authorized activities model.

Transition Council is proposing exemptions for the following group of non-veterinary animal care providers under the conditions noted for the listed permitted authorized activities.

Mass Culls of Livestock & Poultry

Persons who: have specific training in administering substances by inhalation for the purpose of mass culls in livestock and/or poultry that was developed with veterinarian oversight and includes practical experience; carry out the authorized activities in accordance with the Codes of Practice for the care and handling of farm animals; and have the knowledge, skill, and judgement to perform the authorized activity safely, effectively, and ethically; and determine the animal's condition warrants performance of the authorized activity based on the known risks and benefits Will be permitted to perform the following authorized activities: administering a substance by inhalation and/or monitoring of such inhalation; and communicating to an individual the death of an animal or group of animals.

You can review the detailed regulatory concept regarding the proposed conditions and exemptions for mass culls [here](#).



Please indicate your level of agreement with the following statement:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The proposed conditions and permitted authorized activities for mass culls are appropriate to protect the public. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are there any risks that are not adequately addressed by the proposed conditions and permitted authorized activities for mass culls?

Other comments.

End of Block: Regulatory Exemptions - Mass Culls of Livestock and Poultry

Start of Block: Quality Team-Based Care - Veterinarian-Client-Patient Relationship (VCPR)

Veterinarian-Client-Patient Relationship

The proposed regulatory concept under the *Veterinary Professionals Act, 2024* maintains the requirement that a VCPR must be established prior to the provision of veterinary services but recognizes the collaborative ‘one profession, two professionals’ model and the fact that that once established, the VCPR is maintained by the team at the accredited veterinary facility. It is proposed that both veterinarian members and veterinary technician members be permitted to establish a VCPR through an accredited veterinary facility and in accordance with facility policies established by the Veterinary Facility Director. The proposal continues the connection between the VCPR and after-hours veterinary care to ensure continuity of care, only permitting veterinary technician members to establish a VCPR when there is a veterinarian member on the team who oversees responsibility for after-hours veterinary care. The proposal also maintains the existing regulatory exemptions where the requirement for a VCPR does not apply (examples include emergency situations and for those employed by the Crown or working under another piece of legislation).

You can review the detailed VCPR regulatory concept here.

Please indicate your level of agreement with the following statements:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The proposed approach to VCPR is appropriate. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What, if any, concerns do you have regarding the proposed approach to VCPR?

Other comments.

End of Block: Quality Team-Based Care - Veterinarian-Client-Patient Relationship (VCPR)

Start of Block: Quality Team-Based Care - Informed Client Consent

Informed Client Consent

The proposed regulatory concept under the *Veterinary Professionals Act, 2024* regarding informed client consent applies to all members for activities they are permitted and competent to perform reflecting the ‘one profession, two professionals’ model.

Veterinarian members will be responsible for obtaining informed client consent for any veterinary services they provide, and veterinary technician members will be responsible for obtaining informed client consent for veterinary services they provide either through the initiation process or pursuant to a veterinarian member’s order, or under a veterinarian member’s delegation.

The proposal also maintains the existing regulatory exemptions where the requirement for informed client consent does not apply (examples include emergency situations and for those employed by the Crown or working under another piece of legislation).

You can review the detailed informed client consent regulatory concept [here](#).

Please indicate your level of agreement with the following statement:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The proposed approach to informed client consent is appropriate. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What, if any, concerns do you have regarding the approach to informed client consent?

Other comments.

End of Block: Quality Team-Based Care - Informed Client Consent

Start of Block: Quality Team-Based Care - After-Hours Care

After Hours Veterinary Care

The provision of after-hours veterinary care is an integral part of the veterinarian-client-patient relationship (VCPR). The public expects to be able to access reasonably prompt medically necessary veterinary services outside of regular practice hours. The proposed regulatory concept under the *Veterinary Professionals Act, 2024* maintains the requirement that a veterinarian member make provision for after-hours veterinary care for the animals they treat regularly or have recently treated. The proposed regulatory concept also includes enhanced language related to referrals and discharge obligations to provide clarity.

While it is proposed that the provision of after-hours veterinary care remain a veterinarian member responsibility, this does not preclude veterinary technician members from assisting in the delivery of this care through accredited veterinary facilities.

You can review the detailed after-hours care regulatory concept [here](#).

Please indicate your level of agreement with the following statement:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The proposed approach to after-hours veterinary care is appropriate. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What, if any, concerns do you have regarding the approach to after-hours veterinary care?

Other comments.

End of Block: Quality Team-Based Care - After-Hours Care

Start of Block: Quality Team-Based Care - Drugs

Drugs

The *Veterinary Professionals Act, 2024* identifies the prescribing, compounding, dispensing, or selling of a drug as an authorized activity and the proposed regulatory concept further outlines that prescribing a drug is non-delegable and only permitted to be performed by a veterinarian.

The language of the proposed regulatory concept related to drugs makes clear that the act of prescribing is only available to veterinarian members but also recognizes the continuation of existing approaches that allow for the delivery of safe and accountable care related to prescribing, dispensing, compounding, administering, and/or selling of drugs.

The proposal also includes updated language related to prescription portability in response to the public's growing interest in ensuring they have access to cost effective and safe choices for their veterinary prescriptions. The proposal will require veterinarian members to ask their clients if they want a written prescription to increase public awareness of this option.

You can review the detailed regulatory concept related to drugs [here](#).

Please indicate your level of agreement with the following statement:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The proposed regulatory concept related to drugs is appropriate. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What, if any, concerns do you have regarding the proposed regulatory concept related to drugs?

Other comments.

End of Block: Quality Team-Based Care - Drugs

Start of Block: Quality Team-Based Care - Quality Assurance

Quality Assurance

Quality assurance programs are effective regulatory tools to ensure the ongoing quality and safety of practice. Quality assurance programs recognize that professional practice evolves, requiring professionals to engage in ongoing professional development activities to ensure their continuing competence.

The *Veterinary Professionals Act, 2024 (VPA)* creates the framework for a mandatory quality assurance program, established through regulation, that will apply to both veterinarian members and veterinary technician members of the College of Veterinary Professionals of Ontario (CVPO). The *VPA* requires a regulation to create a quality assurance program that includes professional development with a prescribed focus, self, peer and practice assessments, a mechanism to monitor members' participation and any other components that support safety and quality within the practice of veterinary medicine.

The proposed regulatory concept regarding quality assurance provides the elements necessary to establish a mandatory quality assurance program. The proposal will not require members to complete all aspects of the program every year with the frequency of requirements to be determined by the Quality Assurance Committee (QAC).

The proposal includes definitions of 'assessor', 'program' and 'stratified random sampling' and establishes the following aspects of the program QAC can appoint assessors members will be required to participate in professional development and self-assessment activities and maintain a record of those activities in the manner specified by the QAC members will be required to participate in peer & practice assessments if they are randomly selected, referred by the QAC or selected based on other criteria published by the QAC

You can review the detailed quality assurance regulatory concept [here](#).

Please indicate your level of agreement with the following statements:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The proposed quality assurance framework is appropriate. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The proposed quality assurance program will promote the continued competence of members. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What, if any, concerns do you have regarding the proposed quality assurance regulatory concept?

Other comments.

Alternative Dispute Resolution

The *Veterinary Professionals Act, 2024* provides the structure for the College to formally incorporate alternative dispute resolution (ADR) as part of its investigations and resolutions screening model.

ADR seeks to resolve complaints that do not involve allegations of serious harm, misconduct or impropriety in a less formal, mediated and more efficient manner that still achieves outcomes that protect the public.

The proposed regulatory concept related to ADR lists those complaints that are ineligible for ADR and establishes ADR as an opt-out program, whereby all eligible complaints will go to ADR unless individuals indicate they don't want to participate.

You can review the detailed regulatory concept regarding ADR [here](#).

Please indicate your level of agreement with the following statement:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The proposed framework for ADR is sufficient. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What, if any, concerns do you have regarding the proposed ADR framework?

Other comments.

End of Block: Administrative - Alternative Dispute Resolution

Start of Block: Administrative - Prescribed Offences

Prescribed Offences

Regulators require information from applicants and members to adequately protect the public, including information about offences they have been charged with or convicted of. The *Veterinary Professionals Act, 2024* authorizes the development of regulation language prescribing those offences that members are required to report to the College of Veterinary Professionals of Ontario. Mandatory self-reporting of prescribed offences enhances public protection by reducing the need to rely on third party sources for information.

The proposed regulatory concept details those offences and charges that must be reported and requires that self-reports be made as soon as reasonably possible. The regulatory concept also details the information that must be provided as part of the report.

Some of the proposed offences relate directly to the practice of veterinary medicine, including offences related to animal abuse and welfare, horse racing, wildlife conservation, and drug management while others relate more generally to professionalism such as criminal code offences and certain driving offences.

You can review the detailed regulatory concept regarding prescribed offences [here](#).

Please indicate your level of agreement with the following statement:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The proposed regulatory concept related to prescribed offences is appropriate. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What, if any, concerns do you have regarding the proposed prescribed offences?

Other comments.

End of Block: Administrative - Prescribed Offences

Start of Block: Administrative - Committee and Panel Composition

Committees and Panels

The *Veterinary Professionals Act, 2024* (VPA) permits the College to develop regulations and bylaws regarding the composition and quorum requirements of the committees and panels that are responsible for managing the programs and administering the regulatory functions under the VPA.

It is proposed that the minimum composition and quorum requirements for committees and panels be set out in regulation to ensure clarity and consistency, but that composition and quorum otherwise be less prescriptive to allow for greater flexibility and efficiency. The proposal is also designed to ensure equitable representation amongst veterinarian, veterinary technician, and public voices and to allow committee representation from diverse groups.

You can review the detailed regulatory concept regarding committee and panels [here](#).

Please indicate your level of agreement with the following statement:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The proposed minimum committee and panel composition and quorum requirements are appropriate. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What, if any, concerns do you have regarding the proposed committee and panel composition and quorum regulatory concept?

Other comments.

End of Block: Administrative - Committee and Panel Composition

Start of Block: End of Survey

Congratulations & thank you - you have completed the consultation!

On behalf of the Transition Council, thank you for sharing your thoughts on the proposed regulatory concepts. Your input is appreciated and supports effective regulations. Our Transition Council will review your feedback at our May meeting. Once finalized, the concepts will be forwarded to the Ontario Ministry of Agriculture, Food and Agribusiness who will draft the regulations. Still lots of work ahead but together we are making progress!

The College is available to assist you with any questions you may have. Again, I sincerely appreciate your time and the insight you shared through the consultation.

Catherine Knipe
Chair, Transition Council

Appendix B – Stakeholder Letters



April 15, 2025

Ms Jan Robinson, Registrar
College of Veterinarians of Ontario
2-71 Hanlon Creek Blvd.
Guelph, Ontario N1C 0B1

**College of Chiropractors of Ontario (CCO) submissions relating to the Proposed
Regulatory Concepts under the *Veterinary Professionals Act, 2024***

Dear Ms Robinson:

Thank you for the opportunity to provide comments on the proposed Regulatory Concepts
under the *Veterinary Professionals Act, 2024*

In summary:

- CCO supports the government's efforts to clarify and modernize the regulation of veterinary care in Ontario;
- Although CCO recognizes the important work of the other aspects of the consultation, CCO's comments are restricted to its knowledge and experience with animal chiropractic care, consistent with its standard of practice S-009: Chiropractic Care of Animals which has been in place since April 25, 1998;
- CCO has confidence in the commitment and willingness of CVO to action the other important aspects of the legislation;
- CCO remains committed to ongoing collaboration and dialogue to ensure public interest protection, and compliance with best practices relating to the chiropractic care of animals in Ontario.



Please be advised that 140 members of CCO indicated on the most recent annual registration renewal form that they provide chiropractic care to animals in accordance with Standard of Practice S-009: Chiropractic Care of Animals. CCO also maintains a voluntary register of chiropractors providing chiropractic care to animals on its website, available to the public.

CCO notes that the proposed regulatory exemption for chiropractors under the *Veterinary Professionals Act, 2024* identifies 200 hours of specific training in animal chiropractic, as well as 200 hours of human acupuncture and 35 hours of additional training in chiropractic acupuncture on animals as minimum requirements. We note that regulations are much more difficult to amend based on new research or the evolution of practices and procedures, and therefore there are some specific advantages to having details such as hours in standards of practice rather than regulations. However, these minimum hour requirements for training in animal chiropractic are already in Standard of Practice S-009: Chiropractic Care of Animals, and the addition of the hours for acupuncture can be incorporated as well. Accordingly, to avoid any delay in moving forward with this important legislative initiative, we support the minimum requirements identified in the draft regulatory exemptions for chiropractors.

By way of background and context, I have attached CCO's submissions to the Standing Committee on the Interior dated April 22, 2024.

Of final note, CCO references the duties and responsibilities of all health regulators identified in the *Regulated Health Professions Act, 1991*, which include the following:

3 (1) The College has the following objects:

8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
9. To promote inter-professional collaboration with other health profession colleges.

CCO anticipates that the CCO and the CVO will both take steps to ensure appropriate collaboration and the establishment and maintenance of best practices to further these aims, given our respective public interest mandates.



Thank you for your significant efforts on moving the legislation forward. Let us know how we can assist further.

Yours truly,

A handwritten signature in blue ink that reads "Jo-Ann Willson". The signature is written in a cursive, flowing style.

Jo-Ann Willson,

Registrar and General Counsel

April 22, 2024



To Members of the Standing Committee on the Interior, C/O

Ms Thushitha Kobikrishna
Clerk of the Committee
Standing Committee on the Interior (Legislative Offices)

Submissions on Bill 171, Enhancing Professional Care for Animals Act, 2024 (Bill 171) on behalf of the College of Chiropractors of Ontario (CCO)

Dear Members:

I Introduction

Thank you for the opportunity to provide comments on Bill 171.

CCO is not an advocacy body. CCO is a regulatory body with a statutory mandate to regulate chiropractic in the public interest. CCO has 5,457 members, of which 129 members indicated on their 2023 renewal form that they provide animal chiropractic care consistent with the Animal Chiropractic Standard.

At the outset, the CCO supports many aspects of the Bill. Our submissions reflect the CCO's history and background in regulating the chiropractic care of animals by CCO members in accordance with S-009: Chiropractic Care of Animals (Animal Chiropractic Standard) since 1998 (copy attached).

II History and Background

CCO has historically had many conversations, meetings and communications with the College of Veterinarians of Ontario (CVO) concerning the provision of chiropractic care to animals.



In 1997, I had a meeting with the then Registrar of the CVO, the late Dr. John Henry at the CVO offices in Guelph, because we had both identified a public interest rationale for developing guidance for both veterinarians and chiropractors in the provision of safe, competent and ethical chiropractic care to animals. Veterinarians and chiropractors were receiving training in animal chiropractic care, sometimes in the same programs, without specific guidance about the expectations of members of either college. Initially we thought we would develop a joint standard of practice which would apply to members of both colleges. CCO Council approved the Chiropractic Care of Animals Standard in 1998, and the standard has been reviewed and approved on a regular basis since that time. CCO, like all regulators, has standards of practice which outline what is considered satisfactory performance by a member of the profession. It is an act of professional misconduct to fail to comply with a standard of practice of the profession.

The Chiropractic Care of Animals Standard makes it clear that the primary responsibility for the health care of animals is with registrants of the CVO, and that consent to the chiropractic care of animals must be fully informed and voluntarily given. To comply with S-009, CCO members are required to have successfully completed a program in animal chiropractic, to work collaboratively with members of CVO, and to ensure the animal owner is fully informed. The Canadian Chiropractic Protective Association has confirmed that they provide protection for members who practice animal chiropractic (letter dated April 20, 2024 attached).

CCO members are governed by the *Regulated Health Professions Act, 1991 (RHPA)*. However, to consider how chiropractors were able to provide chiropractic care to animals, it is important to be familiar with the definition of *Veterinary Medicine* under the current legislation.

Section 1 (1): Definition of Veterinary Medicine (current act)

The practice of veterinary medicine includes the practice of dentistry, obstetrics (including ova and embryo transfer) and surgery in relation to an animal other than a human being.

The practice of veterinary medicine, as that term is defined in the current *Veterinarians Act*, does not include manipulation or animal chiropractic, and accordingly, providing chiropractic care to animals is not restricted to members of the CVO. The CVO has jurisdiction over its members, veterinarians in Ontario, and the CCO has jurisdiction over its members, chiropractors in Ontario. Regulators should and do collaborate as system partners with respect to any public interest matters relating to the practice of the professions over which they have authority. Further, pursuant to the doctrine of paramountcy, legislation governs over any policies or position statements to the extent of any inconsistency.



III CCO Regulatory Functions – Complaints, Discipline and Quality Assurance Relating to the Chiropractic Care of Animals

CCO, like other regulators, has a complaints and discipline procedure designed to ensure a thorough and fair investigation of any accusation of professional misconduct, consistent with the requirements of the *RHPA*.

Since approval of the Animal Chiropractic Standard of Practice in 1998, the CCO has not received complaints from animal owners concerning the chiropractic care of their animal by CCO members. However, there have been six complaints from other sources involving members providing animal chiropractic care as follows:

- Two complaints by the CVO (2002 and 2015);
- One complaint by a medical doctor (2003);
- Two complaints by chiropractors against other chiropractors (2007); and
- One complaint by a veterinarian (2015).

All matters were addressed by CCO's Inquiries, Complaints and Reports Committee (formerly the Complaints Committee). There have been no discipline hearings involving breach of the Chiropractic Care of Animals Standard.

In addition to a complaints and discipline procedure, CCO has a Quality Assurance Program that includes an in-person peer and practice assessment component requiring peer assessors to meet with members to ensure, in a proactive way, that members are complying with CCO's standards or practice, policies and guidelines. CCO has an animal chiropractor who is a peer assessor and conducts peer assessments of CCO members who provide chiropractic care to animals.

IV Public Interest Considerations

The government of Ontario has promoted safe, effective, and efficient health care in Ontario by allowing regulated health care professionals to practice to the full extent of their scope of practise, and by encouraging opportunities for regulated health professions to work together. This allows for a system where all health professionals can function to the fullest extent of their training and capability as part of an integrated and collaborative health care team. CCO remains of the view that interprofessional collaboration is key to improving access to seamless and effective care that is in the public interest. This approach is in the public interest because it allows members of the public the right to continue to choose the appropriate care for their animals.



CCO's Chiropractic Care for Animals Standard protects the public, allows for choice and access to care, and was developed in cooperation and collaboration with CVO over 26 years ago. It includes several principles our colleges agreed upon, including that the primary responsibility for the health care of animals is with members of the CVO.

V Conclusion

To summarize:

- There has been a standard of practice in place relating to the chiropractic care of animals since 1998;
- CCO has not received complaints from the public about the chiropractic care of animals; complaints from others have been addressed by the ICRC;
- The Quality Assurance Program, and in particular the peer and practice assessment component includes a review of all standards of practice, including the Chiropractic Care of Animals Standard to ensure members are practicing in a manner consistent with CCO's standards, policies and guidelines;
- CCO is committed to ongoing dialogue and collaboration with the CVO and other stakeholders to ensure public interest protection in the chiropractic care of animals;
- To date, animal owners have had the choice of where to receive chiropractic care for their animals, and many of them have chosen to receive chiropractic care from members of CCO as well as members of the CVO.

I would be pleased to answer any questions or provide you with further input into the important task of reviewing Bill 171, including the consideration of whether there are unintended consequences arising from the passage of the Bill without regulations in place. I trust the perspective of CCO as regulator will be helpful in your careful deliberations. I very much appreciate your time and commitment today.

Yours truly,

Jo-Ann Willson, BSc, MSW, LLB
Registrar and General Counsel



**CHRISTIAN FARMERS
FEDERATION OF ONTARIO**

ACCREDITED FARM ORGANIZATION

April 11, 2025

Attention: Katherine Knipe, Chair
Transition Council,
College of Veterinarians of Ontario
2-71 Hanlon Creek Boulevard
Guelph, ON
N1C 0B1
Sent via email

RE: Consultation on Proposed Veterinary Regulatory Concepts

Dear Transition Council,

The Christian Farmers Federation of Ontario (CFFO) is an Accredited Farm Organization representing the interests of over 4,000 farm families in Ontario who are called to the vocation of farming. CFFO policy promotes economically, socially, and environmentally sustainable farming, advocating that farmers receive fair return for their production and stewardship efforts.

The CFFO has reviewed the proposed Veterinary Regulatory Concepts, and wishes to make the following comments and recommendations:

- Authorized activities should be permitted to be performed through the authority of an “authorized veterinary facility.” Language needs to be clear to ensure authorized activities performed on-farm by veterinary professionals continue to be permitted.
- In establishing and delivering quality assurance requirements, it is important that rural veterinary professionals have fair and reasonable access to quality assurance training opportunities and peer assessments.
- Committee or Panel composition minimum requirements for government-appointed public members and general members of the public, as well as the selection criteria and appointment process for these positions, should be outlined in Regulation in order to ensure proper public consultation and feedback.

In reviewing the proposed regulations, we note that no further regulations are proposed relating to ultrasound confirmation of pregnancy in domestic sheep and goats by a non-member, beyond what is outlined in legislation. We support this intention. We recognize that those undertaking this practice are responsible to ensure that they are competent in this role. We also note that the Risk of Harm applies should there be any concerns about risk to animals or the public.

We appreciate this opportunity to comment and your consideration of our input.

Sincerely,

Henk Vaarkamp, President
Christian Farmers Federation of Ontario

REPRESENTING FARMERS SINCE 1954

274620 27th Line Ingersoll, Ontario, N5C 3J6

1-855-800-0306 or 519-837-1620

info@christianfarmers.org

www.christianfarmers.org

Ontario Hoof Trimmers Guild

April 14th 2025

Vic Daniel

Liason for the OHTG regarding CVO Public Consultation

Subject: Hoof Trimming re Cattle

On behalf of the OHTG we are grateful for the opportunity to work with developing animal welfare with our Ontario Veterinarians and CVO

In our last presentation we submitted a severe concern regarding the definition of hoof trimming as any act below the perioplic segment of the hoof capsule.

We appreciate the CVO response to our concerns with this definition as there are times hoof trimmers are required to engage in the removal of the perioplic segment to prevent chronic white line lesion development and allow progressive healing of said lesion.

The CVO response was to maintain the original definition but expanded the definition to include “ and at times it may be necessary to go into the perioplic segment.”

We respect this consideration but wish to address our original process was to simplify a two - class trimming concept. Maintenance and Therapeutic. Maintenance would have the original definition and Therapeutic would involve the latter expanded definition. It would be best for training new trimmers or communication skills for existing trimmers if this clear format was incorporated.

We feel the photos we submitted could be used as training for veterinarians and trimmers to understand our roles in comprehending animal care tactics.

We also have a concern regarding CVO's mention of training. Whose training model are we discussing? We respectfully require an answer to that question.

Currently the Hoof Trimmers Association is developing a training program for trimmers by trimmers and invited experts to build more value any trimmers business and skill set.

Thank you for your consideration

Vic Daniel

Liason for the OHTG

CVO Consultation on Proposed Regulatory Concepts under the *Veterinary Professionals Act, 2024*

Ontario College of Pharmacists Response

Due: April 16, 2025

Regulatory Exemptions for Non-Members – Pharmacy Professionals

The *Veterinary Professionals Act, 2024* recognizes non-veterinary animal care providers and authorizes Transition Council to develop regulations to address the necessary regulatory exemptions for those animal care providers who will not be members of the CVO to ensure continued accountability and public protection. This includes specifying the authorized activities these providers may perform and prescribing the conditions under which they may be performed. This will allow for the regulation and oversight of current and evolving practice within the authorized activities model. Transition Council is proposing exemptions for the following group of non-veterinary animal care providers under the conditions noted for the listed permitted authorized activities.

Pharmacy

Pharmacy professionals who are registered members of the Ontario College of Pharmacists (OCP) and comply with all current practice standards of the OCP including those specific to animal care will be permitted to perform the following authorized activity:

- compounding, dispensing, or selling a drug based on a veterinary prescription

You can review the detailed regulatory concept regarding the proposed exemption for pharmacy professionals in the additional details provided.

Please indicate your level of agreement with the following statement:

The proposed conditions and permitted authorized activities for pharmacy professionals are appropriate to protect the public.

Strongly disagree (1)

Somewhat disagree (2)

Neither agree nor disagree (3)

Somewhat agree (4)

Strongly agree (5)

Are there any risks that are not adequately addressed by the proposed conditions and permitted authorized activities for pharmacy professionals?

OCP Comment:

OCP does not foresee any risks that are not adequately addressed by the proposed conditions and permitted authorized activities for pharmacy professionals. The scope of practice and authorized acts for pharmacy, set out in the Pharmacy Act, 1991, include the compounding, selling and dispensing of drugs. Pharmacy professionals compound, sell, and dispense drugs in accordance with the Drug and Pharmacies Regulation Act, national Standards, Code of Ethics and OCP policies. This includes always practicing within the limits of their knowledge and competency, keeping the patient's safety and best interest as the primary focus at all times.

The requirement to dispense, compound or sell a drug pursuant to a veterinary prescription ensures that there is a veterinarian-client-patient relationship and supports collaboration between the pharmacy professional and veterinary professional. OCP recognizes that, due to the differences between human and animal pharmacology, pharmacy professionals cannot renew or adapt an existing prescription, make therapeutic substitutions, or perform any other authorized activity listed in Schedule 1 of the Veterinary Professionals Act, 2024. OCP will develop a policy to clarify expectations and requirements for pharmacy professionals engaging in the practice of pharmacy with animal patients that will minimize the risk to animal patients and support interprofessional collaboration between pharmacy and veterinary professionals.

In addition, guidance will be provided related to the procurement of drugs marketed for veterinary use only, and to remind pharmacy professionals of their obligation to report sales of Medically Important Antimicrobials.

Quality Team-Based Care - Drugs

The *Veterinary Professionals Act, 2024* identifies the prescribing, compounding, dispensing, or selling of a drug as an authorized activity and the proposed regulatory concept further outlines that prescribing a drug is non-delegable and only permitted to be performed by a veterinarian.

The language of the proposed regulatory concept related to drugs makes clear that the act of prescribing is only available to veterinarian members but also recognizes the continuation of existing approaches that allow for the delivery of safe and accountable care related to prescribing, dispensing, compounding, administering, and/or selling of drugs.

The proposal also includes updated language related to prescription portability in response to the public's growing interest in ensuring they have access to cost effective and safe choices for their veterinary prescriptions. The proposal will require veterinarian members to ask their clients if they want a written prescription to increase public awareness of this option.

You can review the detailed regulatory concept related to drugs in the additional details provided.

Please indicate your level of agreement with the following statement:

The proposed regulatory concept related to drugs is appropriate.

Strongly disagree (1)

Somewhat disagree (2)

Neither agree nor disagree (3)

Somewhat agree (4)

Strongly agree (5)

What, if any, concerns do you have regarding the proposed regulatory concept related to drugs?

OCP Comment:

OCP does not have concerns regarding the proposed new language to increase public awareness about the options for veterinarian prescription dispensing. OCP supports this concept for the following reasons:

- Increased access to qualified professionals who can compound, dispense and sell drugs for animals is in the best interest of the public the CVO and OCP serve and protect. With over 6000 community pharmacies in Ontario, transparency around prescription portability facilitates client access to pharmacy professionals to have their veterinarian's prescription dispensed.
- CVO supports and requires informed consent from individuals regarding animal care. Providing clients, the primary decision-makers for the care of their animals, with a choice of professionals who can compound, dispense and sell a drug is aligned with this principle and could be supported by CVO in the Prescribing Standard.

As CVO works to support access to care, OCP notes that within the *Pharmacy Act, 1991*, under the General Regulation [O. Reg. 256/24, s 51](#).(4), there is a similar requirement that the pharmacist

(d) advise the patient or the patient's authorized agent, at the time of giving the prescription, that they may elect to take it to a pharmacy of their choosing for dispensing;

OCP is interested in understanding the need for using compounded preparations within the practice of veterinary medicine, specifically, what compounded preparations are routinely used in clinic/office settings. For pharmacy professionals to comply with [Health Canada Policy -0051](#), they should not be providing compounded preparations to a veterinarian to dispense. When a compounded preparation is needed for a specific patient, the pharmacy should be compounding and dispensing that prescription, which may be provided to the veterinary professional for the client to obtain. OCP will continue to collaborate with CVO to provide direction to their respective members on issuing prescriptions for "office use" to support compliance with regulatory expectations at federal and provincial levels.



April 3, 2025

Jan Robinson, Registrar and CEO
College of Veterinarians of Ontario
2-71 Hanlon Creek Blvd.
Guelph, Ontario N1C 0B1
Sent by e-mail: [REDACTED]

Subject: Ontario Pork's Submission on the Proposed Veterinary Regulatory Concepts

Dear Ms. Robinson,

Ontario Pork welcomes the opportunity to provide a submission to the College of Veterinarians of Ontario consultation on the proposed veterinary regulatory concepts.

Ontario Pork is the voice of the province's 1,898 pork farms, of which over 98% are family-owned and operated. In 2024, from "farm to fork" these farms employed 16,554 full-time job equivalents and contributed \$1.4 billion in GDP and \$3.7 billion in economic output. Ontario Pork is committed to sustainable growth in the pork sector, delivering government representation, research investment, and industry improvements in areas including animal care and environmental sustainability, while growing the brand and reputation of producers and their product.

Ontario Pork's comments are specific to professional misconduct.

Ontario Pork believes that commodity groups must have the ability to engage a veterinarian of their choice to ensure that the veterinarian is qualified and trained under the species being investigated. In some instances, there may be a veterinarian of record who may not be aware of the current situation but who has previously interacted and provided advice.

Sincerely,

Tara Terpstra
Board Chair

March 06, 2025

Catherine Knipe, Chair of the Transition Council
Jan Robinson, CEO and Registrar
College of Veterinarians of Ontario
2-71 Hanlon Creek Blvd.
Guelph, Ontario N1C 0B1

Dear Ms. Knipe and Ms. Robinson,

**Re: Submission on Draft Regulatory Concepts
(Drugs, Authorized Activities and Conflict of Interest)**

I am the owner and operator of Canada Chemists/PetsDrugMart.ca, a Toronto-based brick and mortar full-service pharmacy and an online pharmacy specializing in veterinary medication since 2010. Pet owners deserve more affordable veterinary medication and I have worked hard to help achieve this. Significant progress has been made to improve access, choice, and competition in the veterinary medication space, due in great part to the rigorous work by the Competition Bureau and media, including Chris Hannay (Globe & Media) and Steven D'Souza (The Fifth Estate), among many others. However, progress is precarious because the veterinary pharmacy industry in Canada is nascent and can easily be wiped out.

I have comments on three Regulatory Concepts.

1. Drugs - Prescription Portability

We had understood that CVO's original intent was to require veterinarians to proactively provide a copy of a prescription to **each client**, who could then decide whether to obtain the medication at the veterinary clinic or a pharmacy. This is the process optometrists follow, which alleviates pressure for patients to make a decision on-the-spot regarding whether, when and where they will purchase their eyewear.

The Transition Council's proposal for Drugs on [January 9, 2025](#) backtracks and only requires a veterinarian to "inform the client of their right to receive a prescription for the drug rather than have the veterinarian member dispenses the drug, and if the client wishes to have a prescription the veterinarian member shall give the client the prescription..."

Veterinarians typically charge a fee (often in the range of \$20-30 for each prescription) to write a prescription if the client does not purchase the medication at the clinic. Unless a copy of the prescription is automatically provided to each client without regard to where they purchase the medication, a prescription fee, especially if more than nominal, may discourage clients from even obtaining a copy of the prescription to enable them to purchase the medication elsewhere. To help ensure prescription fees are competitive, the amount should be conspicuously posted in the clinic's waiting room, so both the existence of the fee and its amount are known at the outset of the veterinarian visit. Pharmacies do this.

Per the [Notice to Patients Regulations](#) to the (Ontario) *Drug Interchangeability and Dispensing Fee Act*, the following statement is required to be posted “clearly and prominently in or adjacent to the dispensary area so that it is readable by a person presenting a prescription...”

OUR USUAL AND CUSTOMARY FEE FOR PROFESSIONAL SERVICES WHEN DISPENSING A DRUG PRODUCT IS \$

These pharmacy Regulations specify how the information must be displayed (e.g., black text on yellow background, minimum size of Notice) to ensure the fee is truly clearly and prominently posted. A similar regulation should apply to veterinarians.

2. Authorized Activities (Pharmacists’ Right to Dispense)

We support the new Authorized Activity Regulatory Concept that an animal-specific standard applicable to pharmacists (e.g., **Standard on Animal Care**) be developed by the Ontario College of Pharmacists (OCP), with cooperation between the two colleges.

- Part of Transition Council’s confirmation of this regulatory concept included recognition of the OCP’s willingness to develop a specific standard of practice related to their members’ practice on animals and a commitment to ensuring cooperation between the two Colleges in the development of this work.

However, any enforcement of the Standard must likewise be limited to OCP. **We oppose the following proposal** since if the College of Veterinary Professionals of Ontario (CVPO) investigates pharmacists, it both usurps OCP’s role and can result in inconsistent findings if both colleges investigate the same issue:

Should the CVPO become aware of a pharmacy professional who is offering authorized activities to the public who may not meet requirements, the CVPO will have the ability to investigate these concerns including requiring proof of eligibility and adherence. The CVPO will also be able to pursue further action including reporting a pharmacy professional to OCP and pursuing its own investigation. (emphasis added)

If CVPO has any concern about compliance with OCP’s Standard on Animal Care, CVPO should report the matter to the OCP for handling in accordance with OCP’s regular process. An inherent conflict of interest exists between veterinarians and veterinary pharmacists making it fundamentally inappropriate for the former to investigate the latter.

3. Conflict of Interest / Corporate Pressure / Patient Steering

Conflict of interest, corporate pressure, and patient steering are each a well-recognized risk in Ontario:

1. **Inherent conflict of interest** due to veterinarians deriving a significant amount of their revenue / profit from medication they both prescribe and sell;

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2. **Corporate pressures** faced by both veterinary clinics and pharmacies, which has received significant scrutiny this past year; and
3. **Patient steering** arrangements, where patients are required, pressured or otherwise steered to a “preferred pharmacy” to receive their medication.

When the above scenarios are layered, the risk of harm increases materially. However, the only Regulatory Concept proposed that even touches on any of these three issues is [Conflict of Interest](#). Yet, even then, the Conflict of Interest proposal is vague, sparse and suggests that the veterinarian professionals themselves shall be the arbiters of whether there is a conflict of interest.

In the UK, many of the corporate veterinary clinics own related businesses, including pharmacies (see Table 1 on page 9 of Issues Statement).¹ Vertical integration is a key reason the UK Competition and Markets Authority (CMA) commenced review into the veterinary sector in 2023. CMA’s extensive investigation since then has already resulted in an incredible number of learnings and reports, with global relevance. This includes the following excerpt from the Business Models, Provision of Veterinary Advice and Consumer Choice Working Paper from the series of Vets Market Investigation Working Papers, all published recently on February 6, 2025 (see [here](#)):

Internal documents indicate an ability to influence vets’ referral advice including though monitoring the number and proportion of in-group referrals

3.52 The existence of tracking and monitoring of the level of self-preferencing in referrals may place pressure on vets who work for large integrated groups to recommend a supplier of related services within the same group, and to downplay or not mention alternative options. This may prevent some pet owners from finding out about referral options for related services that better suit them (for example based on location, availability of appointments, price, or anything else).

...

3.55 However, we have seen evidence that all LVGs [Large Veterinary Groups] track the extent of outside-group versus in-group referrals, and often have targets for practices around the number or proportion of in-group referrals, or appear to guide that an in-group referral centre should be used. As discussed above (paragraphs 2.112 to 2.122), vets at some LVGs have reported feeling pressure to meet certain KPIs and targets. We consider this as it specifically relates to referrals, below. While this is consistent across all vertically integrated groups for the related services they own, it appears to affect vets working at some groups to a greater extent than others. We have also seen evidence that employers may follow up with vets who do not follow these referral policies or preferences, meaning that these targets are actively monitored as part of business practice. This evidence appears to be consistent with vertically integrated vet businesses being able to influence referrals towards self-preferencing. As noted above, we are considering this in the context of whether these targets might promote self-preferencing to the detriment of consumers.

¹ As part of the UK Competition and Markets Authority (CMA) “Market Investigation” of the veterinary sector in the UK, it published a [Veterinary services for household pets](#) summary, including an [Issues Statement](#) which comments on the corporate veterinary practice landscape.

Vertical integration is growing in the US too; for example, in addition to operating the largest **online pet pharmacy** (Chewy Pharmacy) in the United States, **Chewy** now also operates in both the **veterinary clinic** ([ChewyVetCare, already in 5 states since launching in December 2023](#)) and **insurance and wellness plan** ([CarePlus](#)) space. Chewy’s 2022 [press release](#) announcing [CarePlus](#) said:

Benefits of CarePlus include ... the ability to instantly connect with licensed veterinarians through Chewy’s award-winning telehealth service, Connect with a Vet, and 100% of costs covered for eligible prescription medication, supplement and veterinary diet food **purchases on Chewy.com**.

...

The wellness plans start at \$20 a month and cover preventative care such as annual exams, vaccines and parasiticides.

...

Chewy is a leading provider of pet health services that benefit both pet parents and veterinary partners. Pet health offerings include Chewy Pharmacy, the nation’s #1 e-commerce pet pharmacy with the ability to order compounded medications; Connect with a Vet, a first-of-its-kind telehealth service that enables pet parents to connect quickly and easily with veterinarians from anywhere in the country; and Practice Hub, a marketplace-based solution that enables veterinarians to streamline online pharmacy management and grow clinic revenue.

Chewy’s recent expansion into Canada could quickly result in it expanding into veterinary pharmacy, veterinary clinics **and** veterinary insurance here too. With the UK CMA’s emerging views about in-group referrals and Chewy’s insurance business in the US already distinguishing coverage based on whether products are purchased at Chewy or elsewhere, we believe the combination of **inherent conflict of interest, corporate pressure on both vet clinics and pharmacies**, and **patient steering** creates an exponential risk of patient harm and conflict of interest.

We must not squander the opportunity to use this Consultation to create a regime that minimizes such risk. It is preferable to proactively avoid an issue than correct it reactively, which is the situation faced by both the CMA in the UK and, closer to home, the OCP. As corporate pressures and patient steering were not significant issues when pharmacy legislation was originally enacted, OCP must now devote significant time and resources to grapple with these issues reactively.² Patient steering is such an important issue that non-pharmacy regulators are also focusing on this issue (e.g., see Competition Bureau’s [submission](#) to the Ontario Ministry of Finance regarding preferred provider networks (**PPN**)). As corporate pressures and patient steering are now obvious risks, there is zero excuse not to address them head-on in this new veterinary regime.

One approach is to require a condition like the following in OCP’s Standard on Animal Care:

Veterinary prescriptions can only be dispensed in:

² OCP’s December 2024 [Corporate Pressures Progress Update](#) highlights various activities OCP has initiated to address corporate pressures, including a Tip Line, opening 59 investigations, and examining regulations in relation to corporate pharmacy ownership.

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- (1) a non-corporate owned pharmacy (i.e. no pre-1954 charter); or
- (2) if corporate-owned pharmacy, cannot have any corporate affiliation nor preferred pharmacy arrangement with a veterinary clinic business.

Among the numerous alarming comments made in the many, many media programs and publications in January 2025 about the corporate veterinary industry, two comments in The Fifth Estate's [Inside the Corporate Battle over your Pet's Health](#) stood out for me:

A pet owner (@25:44 seconds):

“A lot of pet owners won't go to vets because of the cost. ... And then the poor dog's suffering.”

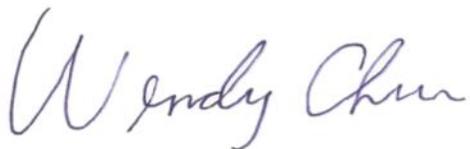
Dr. Suzanna Hudson-Cooke, a veterinarian and Chair of British Veterinary Union (association for veterinary workers) (@27:25 seconds):

“The previous stages were more about acquiring the practices, and not really interfering in the day-to-day running of the practices. But now I think we're in a different stage of their business strategy”.

Her comment is a clear warning against complacency since the negative consequences may not be as apparent in Phase I. However, by Phase II, corporate structures and arrangements will be entrenched and it will be too late to ensure a competitive marketplace; hence, the importance of mitigating risk at the outset. I urge you to watch The Fifth Estate, which has already been viewed on YouTube alone over 117,000 times, garnering more than 600 comments from angry Canadians.

Thank you for considering my comments. I am happy to discuss further at any time.

Sincerely yours,



Wendy Chui, PharmD
Owner of Canada Chemists Pharmacy and PetsDrugMart.ca

C: Minister Rob Flack, Ministry of Agriculture, Food and Agribusiness
Youssef Zine Elabidine, Competition Law Officer, Competition Bureau
Amy Hill, Competition Law Officer, Competition Bureau
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Siva Sivapalan, OCP Board Director

Justin Bates, CEO, Ontario Pharmacists Association

Angeline Ng, Vice-President, Professionals Affairs, Ontario Pharmacists Association

Chris Hannay, Reporter, The Globe & Mail

Lisa Ellenwood, CBC

Shelley Ayres, Producer, The Fifth Estate

Steven D'Souza, Co-host, The Fifth Estate



April 14, 2025

Attn: Catherine Knipe, Chair
Transition Council
College of Veterinarians of Ontario
2-71 Hanlon Creek Blvd.
Guelph, Ontario N1C 0B1
By email: [REDACTED]

Dear Transition Council Members,

On behalf of the members of the Animal Shelter Professionals of Ontario (ASPO), we want to thank the Transition Council for your hard work developing new regulations to support the *Veterinary Professionals Act* and for this opportunity to provide feedback.

Our members are on the front lines of addressing challenges when pet owners are unable to access care. More and more, owners are surrendering their loved pets because they are unable to afford care or unable to afford the “gold standard” of care that is typically offered by veterinarians to forestall a possible complaint. We hope that as this process progresses, the new regulations will clearly recognize the validity of a spectrum of care that allows decisions to be based on risk, benefit, and alternatives available.

We are pleased with the proposal to shift the definition of conflict of interest from the type of workplace to one that focuses more on specific activities that may qualify as a conflict.

It is also very positive to see the expansion of responsibilities to registered veterinary technicians. Especially when the number of veterinary professionals is unable to meet demand and costs are rising, this new structure will support increased access to care. As you are aware, the practice of shelter medicine is different from a typical companion animal practice. Many of our members do not have veterinarians on staff or immediately available to delegate tasks. This challenge has become exacerbated in recent years as it has become more and more challenging and costly to recruit and hire veterinarians. The proposed list of procedures that may be initiated by a technician is thorough and we support this expansion of responsibilities.

We are also very pleased to see the Transition Council support the development of regulation language that permits both types of members to establish a VCPR. The current system where establishing a VCPR falls exclusively to a veterinarian has the potential to limit the ability of veterinary professionals to provide high volume services that are desperately needed to increase access to care in Ontario, especially spay and neuter services. A March 2025 study by Guerios et al noted “The high level of spay-neuter achieved over the past five decades is the most significant factor in reducing pet overpopulation and has increased access to veterinary care. HQHVSN [high quality, high volume, spay/neuter] clinics have been offering low-cost spay

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and neuter surgeries and wellness care, including vaccinations and parasite preventives, as an affordable alternative path for families who cannot afford comprehensive veterinary care. Additionally, they also help shelters and pet rescue organizations sterilize the animals in their care, which increases their adoption appeal and reduces shelter crowding and length of stay.” Allowing all veterinary professionals to support the provision of these services by establishing a VCPR is essential to their continued growth. We do have some concerns about the proposal that “a veterinary technician member only be permitted to establish a VCPR if there is a veterinarian member(s) on the veterinary team associated with the accredited veterinary facility who then assumes responsibility for the delivery of after-hours veterinary care services as well as management of any adverse reactions”, and hope that this refers simply to standard after-hours care and not an enhanced standard that would be a challenge for most clinics to meet.

Thank you for this opportunity to provide feedback on this issue. We look forward to continuing to work with your Council and the College to advance animal welfare and the practice of veterinary medicine in Ontario.

Sincerely,



Melanie Coulter
Chair, ASPO Government Relations Committee



Enhancing Professional Care for Animals Act

Executive Summary

The Ottawa Humane Society (OHS) is a registered charity and non-profit, community-based organization that supports the care of shelter owned animals, as well as provides some community medicine including wellness and feline spay/neuter services for vulnerable/underserved populations of Ottawa.

The recommendations made in this document focus on the following themes:

1. Improved access to care (how the regulations will make vet care more accessible to all pet owners)
2. Mental health and wellness for veterinary professionals
3. Improved language for greater clarity or to eliminate unnecessary restrictions
4. Public perception of the quality and accessibility of veterinary care

The goal of the OHS's recommendations is to highlight the challenges facing shelter medicine and to ensure that pet owners who are already at-risk of not accessing veterinary care for their pets are not further marginalized.

Licensure

Issue

The OHS supports the concept of one profession, two professionals model. However, under the new model and title regulations, there needs to be clarity about what this will mean for those who are currently practicing as veterinary technicians but have not passed the exam to receive their licence.

Public education from the industry will be essential to help the community understand how this model impacts the care they receive and the services available from both occupations. Given the perception that some veterinarians charge excessively for their services, it is crucial to clarify what each profession offers and how accessing care from a veterinary technician-run clinic differs from a traditional veterinary clinic.

A key industry risk is that some veterinary technicians who have been practicing without taking the written exam may no longer be able to work in the same capacity. The cost of the exam and the time required to prepare pose a significant challenge for full-time workers who have not previously needed the certification or the written licence. As a result, these staff members may be classified as auxiliary personnel rather than veterinary technicians, requiring direct supervision. This shift could limit their role in clinics, increase the workload for veterinarians, and create additional barriers to accessing veterinary care across the industry.



Licensure requirements include an education and credential review to assess whether applicants are sufficiently competent to practice veterinary medicine safely.

Recommendations

As veterinary technician graduates will be required to pass the exam to earn the title of veterinary technician, it is essential that they receive thorough practical training to meet the increased responsibilities outlined in the regulations.

The OHS also recommends further guidance around the provisional licence and the transition plan for veterinary technicians who currently do not have their licence to ensure that professionals currently working are not forced to leave the industry but have the support and clarity they need to continue in their role and understand the limitations they would face if they did not transition.

Professional Misconduct

Statement on Clarification of Key Regulatory Sections: Section 33(b), Section 4(ii), and Section 61

The OHS recommends clarification and revision of several sections in the proposed regulations to ensure they are practical, reduce legal and ethical ambiguity, and support both access to care and veterinary well-being.

1. Section 33(b) – Treating an Animal Receiving Veterinary Services from Another Member Without Notification

The language in this section is currently too vague and requires further definition. Specifically, the term “*receiving veterinary services from another member*” needs clarification. For example, does this obligation apply if a client had their pet vaccinated at a clinic within the last year and is now seeking care for an unrelated issue — such as an ear infection — at another clinic? What if the client explicitly states they will not be returning to the original clinic?

In today’s veterinary landscape, clients often seek care from multiple providers, especially for specific services such as subsidized spay/neuter programs or wellness clinics. It is unclear how veterinarians are to determine whether an animal has a “regular” or ongoing veterinary provider. While emergency care scenarios — where a primary DVM is known and follow-up is expected — are more straightforward, the current language does not offer sufficient guidance for routine or community-based care settings. The OHS recommends a clearer definition of when notification is required and examples of when it would or would not apply.

2. Section 4(ii) – “Reasonable Opportunity to Arrange Alternative Services”

This section should more clearly define what constitutes a “*reasonable opportunity*” for a client to arrange alternative care. In rural or underserved areas, there may be no other available veterinarians within a practical distance. The current wording could force veterinarians to remain in unhealthy or inappropriate client relationships for extended periods due to an inability to transfer



care. This poses serious risks to practitioner mental health and well-being. The OHS recommends the addition of a clear definition of what constitutes a reasonable opportunity to transfer care, along with flexibility in situations where alternative services are not realistically accessible.

3. Section 61 – Disclosure of Medical Records When Ownership Changes

The current language in this section — “revealing information concerning a client, an animal, or any professional service performed for an animal, to any person other than the client or another member treating the animal...” — requires further clarification, particularly in the context of a change in ownership.

The OHS’s understanding is that once ownership of an animal changes, the original VCPR with the previous client is no longer valid. Therefore, the new treating veterinarian should not have access to the animal’s previous medical records without explicit consent from the former owner.

However, it is common for the OHS clinic to request an animal’s medical records from another clinic after an animal is surrendered or transferred and receive them based on the assumption that the information can be shared with “another member treating the animal.”

This inconsistency puts veterinarians at risk of unintentionally violating client confidentiality. The OHS recommends that the regulations explicitly address how medical records should be handled in cases of ownership transfer, and that they reinforce the requirement for consent from the original owner unless otherwise authorized by law.

Conflict of Interest

The OHS supports a list of what is a conflict of interest and what is not. Taking into consideration the changes made further on in the regulations related to drugs as an example, having a clear list of how other regulations will be affected will better support veterinarians and veterinary technicians.

Authorized Activities

Non-Delegable Activities

Issue

The OHS supports this section but would like to understand why there is not a list of delegable activities. If something is not listed as “non-delegable,” does that make it delegable, thereby allowing a veterinary technician to establish a VCPR and obtain informed client consent (for spay/neuter appointments under an order, wellness appointments for vaccines and other low-risk care, and for end-of-life appointments)?

The OHS would also like to confirm that while a veterinary technician might be performing the original assessment and relaying that information for a veterinarian to confirm and diagnose, this practice will not be considered in violation of the regulation. If it is in violation, it will be important in further sections to strengthen language to prevent confusion or risk of when non-delegable tasks stop and start.



Recommendations

Creating an alternative list of what is considered delegable, and the limitations of those items would better support veterinarians who are navigating and implementing orders and initiation through new delegation power.

Delegation

The OHS supports efforts that allow veterinarians to delegate tasks and recommends improved clarity in the language regarding auxiliary members and their roles in a clinic setting. This section needs to clarify who is responsible and to what extent under the delegation orders or initiation for veterinarians and veterinary technicians to know where their liability stops and starts. Delegation needs to solve not just the issue of efficiency but also the issue of access to care.

Orders

Orders need to be better defined as they relate to initiation, delegable tasks, and the roles of veterinary technicians and auxiliary members. While orders can only be assigned to veterinary technicians unlike delegation, there will need to be a clear understanding of the limits and extent orders can have. While VCPR can now be established by a veterinary technician under the act, the scope in which an order can cover certain kinds of practices will need to be defined and protected to have some standardisation across the industry.

Initiation

Like orders, initiation needs to be clearly defined as it relates to orders and delegation. This mechanism allows for veterinary technicians to work more independently and support further clinic actions, which the OHS supports. For members of the public, this might become more difficult to navigate as they might not understand what a veterinary technician can and cannot offer in terms of types of care, leading to frustration and concern.

Exemptions for Members

Issue

Clarification is needed regarding substances administered by injection and inhalation — for example, what limitations exist on using T-61. The OHS recommends that this section of the regulations be expanded to address the practical realities and needs surrounding euthanasia in settings such as rural municipal pounds. Specifically, to prevent unnecessary animal suffering, will the regulations continue to allow the use of euthanasia agents (e.g., T-61) by individuals other than veterinarians or licensed veterinary technicians? For instance, will unlicensed individuals or those working under other relevant legislation — such as the *Pounds Act* — still be permitted to perform euthanasia in urgent situations? Or will this become a veterinary "authorized activity," restricted only to regulated veterinary professionals?

Recommendations



The OHS recommends updating the wording for clinic assessments. If a veterinary technician cannot diagnose or draw conclusions, the current wording might suggest otherwise.

The OHS recommends consideration of an exemption similar to that found in the *Animals for Research Act*, for the Pounds Act.

The OHS proposes that the regulations explicitly support and allow veterinary technicians performing euthanasia using T-61 in non-accredited facilities, be allowed the use of inhaled anesthetics, to ensure the animal is unconscious before euthanasia with T-61 (when there is no access to controlled substances to render the animal unconscious before euthanasia with T-61).

The OHS would like to raise the possibility of the regulations accommodating a future designation or specialization for veterinary technicians specifically trained and certified in euthanasia practices (e.g., "Euthanasia Technicians"). This could help meet the growing need for accessible and humane euthanasia services, particularly in underserved or remote areas.

The term "owner" is used frequently in this section. Improved wording should include custodial care (e.g., stray animals).

Clarification is needed regarding how a veterinary technician member is hired and contracted by a client. The process currently implies that the client must first speak to a veterinarian, who would create the plan, after which the veterinary technician could execute the plan within set parameters. This may result in a client having to pay twice: once for the plan with the veterinarian and again for the veterinary technician to action the plan.

Forms of Energy No comments.

Administrative

Committees and Panels No comments.

Alternative Dispute Resolution No comments.

Prescribed Offences No comments.

Regulatory Exemptions for Non-Members

Chiropractors No comments.

Pharmacy No comments.

Animal Rehabilitation No comments.

Embryo Implantation in Cattle No comments.

Farriers and Hoof Trimmers No comments.

Mass Culls No comments.



Quality Team-Based Care

Veterinarian-Client-Patient Relationship (VCPR)

Issue

The OHS supports wording that would allow veterinary technicians to establish a VCPR but would like clearer language defining when a veterinarian must establish the relationship and when a veterinary technician may. While VCPR for a veterinary technician can only be done through tasks that they are permitted to perform, clarity in these boundaries will be needed to ensure the public is aware of who they are speaking with and the level of care that profession can provide.

The current wording is unclear whether a veterinary technician could work overnight with a veterinarian available remotely, or if a veterinarian must be physically present. This section needs clear definitions regarding the required scope of care in after-hours situations, particularly as technology evolves. After-hours care is important but also costly if a veterinarian must be present during the shift, putting increased financial pressures on pet owners.

Under the “Ongoing VCPR Requirements,” it is stated that a veterinarian must declare that they “provide services in accordance with the standards of practice for the profession.” While this declaration is required each time a VCPR is established, it is widely disliked within the veterinary community. Many veterinarians feel it creates unnecessary confusion for clients, who often question why such a statement must be explicitly made rather than being assumed as a given part of professional care. The OHS would like to see this requirement be removed in the new regulations.

Recommendations

The OHS recommends further review of the informed client consent requirements in the context of high-volume services (example spay/neuter and wellness clinics). Currently, if a veterinary technician is permitted to establish a VCPR for these services but is not permitted to obtain informed client consent for the procedure itself, this creates a significant barrier to access. In high-volume spay/neuter clinics — often serving 30+ clients per day — requiring a veterinarian to personally obtain informed consent from every client, even in advance, is extremely resource-intensive and operationally challenging. This approach is inconsistent with long-standing practices in many high-volume clinics across Ontario. To address this, the OHS recommends that a risk-based assessment be conducted to explore alternate regulatory models that allow these vital programs to continue operating within compliance, while maintaining appropriate standards of care.

Informed Client Consent

Issue

The OHS would like to see the regulations give the ability for a technician to get informed client consent on behalf of a veterinarian for certain procedures such as high volume spay/neuter with for



example a template that the vet created, that is read with the client word for word, and the client is asked if they have any questions for the vet.

At the OHS, the most common appointments include wellness (vaccinations) and spay/neuter. Wording should be improved to clarify the meaning of "permitted activities" and client consent. Clients should understand which procedures may be performed by a veterinary technician and who is liable for the procedure.

Recommendations

The OHS recommends a more reasonable and practical approach to informed client consent within the regulations. While effective client communication is essential, the current expectations — particularly regarding the level of detail required for informed consent, including for all medications dispensed — appear to exceed what is typically seen in human healthcare. For example, the informed consent template provided on the CVO website is not feasible for routine use at its current level of detail. Even in human medicine, including situations involving medical decisions for children, this degree of documentation and disclosure is not standard practice.

Take, for instance, a short course of Metacam prescribed for a cat. Under current expectations, this might require extensive discussion, blood work, and documentation — standards that are not mirrored in human healthcare for similar medications. These inconsistencies can inadvertently erode client trust in the veterinary profession, especially when clients perceive that pets are receiving more cautious or burdensome care than humans.

A more balanced, risk-based approach to informed consent would better support efficient and compassionate care while maintaining client understanding and safety.

After-Hours Veterinary Care

Issue

The OHS has concerns particularly regarding the type of care that can be provided and the coverage required on weekends and evenings. New veterinarians are less likely to work in remote communities if they must be available 24/7. The mental health and work-life balance of veterinarians are already at a breaking point and on call 24/7 care requirements could threaten the long-term sustainability of the profession. There are also risks for urban communities where there are emergency hospitals in place as they might be overly responsible for providing after hours care and will only be able to do so for a limited number of clients in a community.

In the long term, current regulatory expectations may unintentionally limit access to veterinary care — particularly in underserved and remote communities. It is important to recognize that *some* care is better than *no* care, and overly rigid requirements could discourage new veterinarians from practicing in rural areas if they are expected to be available 24/7.

Recommendations



The OHS recommends exploring a more flexible model that allows veterinarians to use their professional judgment when providing care, particularly for lower-risk services, while ensuring a more structured and cautious approach for higher-risk procedures such as major surgeries. This would support both access to care and patient safety, in underserved areas where emergency after hours care may not be available.

Additionally, there should be clear guidance on what constitutes a “reasonable distance” to an emergency clinic in cases where a veterinarian chooses to defer a client to an emergency clinic rather than being on call personally. Defining this distance would help provide clarity and consistency for practices operating in remote areas.

Drugs

Issue

While there are currently no veterinary pharmacies in Ontario, this may change in the future. Until then, it is unclear how the industry will manage prescription fulfillment outside of a veterinary clinic and how to navigate discussions with clients regarding human-equivalent prescriptions. Public education will be required to ensure that this practice will be implemented equally but also to work with clinics over their concerns that medication makes up a certain percentage of their business’ bottom line.

The proposed model of offering clients a choice between a veterinary-prescribed drug and filling the medication directly at the clinic or getting a prescription and trying to fill it elsewhere are complex and may reduce access to care. Under this model, veterinarians would be required to first present the veterinary-approved drug, determine whether a human medical equivalent exists, discuss the implications of off-label use, and then obtain informed client consent based on the selected option.

This level of detail is not feasible within the time typically allocated for appointments, especially when combined with other clinical and regulatory requirements. The added complexity may ultimately delay treatment or discourage clients from pursuing necessary care, creating a barrier to access rather than supporting informed decision-making.

Additional Points

A critical area that must be addressed in the development of new regulations is the practical expectations around appointment visits, record-keeping requirements and overall workflow within veterinary practice. Ignoring meaningful reform in these areas, risks exacerbating professional burnout, reducing appointment availability and further limiting access to care.

The current expectations for history-taking, physical exams, client communication, informed consent, documentation and administrative tasks (e.g., vaccine certificates) have made it nearly impossible to complete a routine wellness appointment in less than 30 minutes. For example, a



young dog presenting for vaccines requires detailed history-taking (appetite, urination, bowel movements, activity, behaviour, current medications, etc.), full physical examination, discussion of findings, vaccine counseling and administration, reaction monitoring education, internal and external parasite prevention counseling, heartworm testing, dental health discussion and estimates if required, nutritional counseling, and documentation of all communication. This level of thoroughness is expected for even the most routine visits and is simply not feasible within a traditional 15-minute appointment slot.

Veterinarians are now seeing fewer clients per day to meet these demands, which has directly contributed to higher costs, decreased availability of appointments, and increased strain on both veterinary professionals and the clients they serve.

Recommendations

The OHS urges that the new regulations strike a better balance — one that supports effective, ethical care without placing unsustainable burdens on veterinary professionals. This must include:

- **Allowance and support of more 'targeted' visits for known pets** — in the example of an ear infection — only examine ear, ear-related history-taking only, no full head-to-tail examination required.
- **Support for new roles and models of care delivery**, including:
 - *Euthanasia Technicians*: Registered veterinary technicians with specialized training who can manage the euthanasia process from start to finish in consultation with an attending veterinarian.
 - *Wellness Technicians*: Veterinary technicians permitted to conduct wellness appointments, including vaccine administration and client communication, under veterinary oversight.
 - *High-Volume Spay/Neuter Programs*: Continued recognition and formal support for technicians to establish VCPRs and obtain informed consent in these well-established and essential public service models.

The OHS asserts that these changes are essential to protect and expand access to veterinary care in Ontario for years to come — especially in underserved and remote areas. The regulations must reflect the realities of practice and support sustainable, compassionate and accessible care.

April 15, 2025

Transition Council
College of Veterinarians of Ontario (CVO)
2-71 Hanlon Creek Blvd.
Guelph, Ontario
N1C 0B1
Sent to [REDACTED]

Dear Transition Council,

The Ontario Chiropractic Association (“**OCA**”), representing Ontario's chiropractors, is pleased to see that the proposed regulatory exemptions for non-members (Chiropractors) concerning the *Veterinary Professionals Act, 2024* (“**Regulatory Exemptions**”):

- recognize the College of Chiropractors of Ontario’s (“**CCO**”) long-standing regulation of animal chiropractic care, with a comprehensive standard of practice and a long history of dialogue and collaboration with the College of Veterinarians of Ontario;
- recognize the valuable role that animal chiropractors, as regulated and highly skilled, trained and knowledgeable professionals, serve in caring for animals in Ontario, and safeguards direct access to safe and effective animal chiropractic care in MSK conditions for Ontario’s consumers. (Please see Appendix A for an overview of animal chiropractic regulation and training).

The OCA appreciates the consultation process with CVO. This letter is the culmination of feedback that we have provided throughout this process. We have an additional point of feedback on the Proposed Regulatory Exemptions concerning acupuncture. The proposed Regulatory Exemptions, as currently drafted, are too limiting as they fail to capture feline chiropractic acupuncture.

Qualified animal chiropractors in Ontario have successfully and safely provided acupuncture to feline patients for approximately ten years, offering valuable, evidenced-based care to cat owners seeking complementary or integrative treatment options. Peer-reviewed research demonstrates that sedation is generally unnecessary for most cats receiving acupuncture.^{1,2,3} Indeed, with appropriate patient selection, gentle handling techniques, and a calm environment, the majority of feline patients tolerate acupuncture well without pharmacological intervention – an important consideration given the potential risks associated with sedation.

¹ Gulanber, E.G., *The clinical effectiveness and application of veterinary acupuncture*. American Journal of Traditional Chinese Veterinary Medicine, 2008. **3**(1): p. 9-22.

² Ingerson, D.J., *Effects of Electro-acupuncture on Shelter Cat Anesthesia Recovery from Ovariohysterectomy: A Randomized and Controlled Clinical Study*. American Journal of Traditional Chinese Veterinary Medicine, 2023: p. 21-26.

³ Ingerson, D.J., *Effects of Electro-acupuncture on Shelter Cat Anesthesia Recovery from Ovariohysterectomy: A Randomized and Controlled Clinical Study*. American Journal of Traditional Chinese Veterinary Medicine, 2023: p. 21-26

Ontario's Veterinary Chiropractic Learning Centre ("VCLC") which educates chiropractors, alongside veterinarians, who opt to take the program, provides extensive training. Consisting of a minimum of 220 hours of supervised classroom and hands-on instruction, the program is certified by the Animal Chiropractic Certification Commission division of the American Veterinary Chiropractic Association.⁴

VCLC also offers a specialized continuing education program in Ontario for animal chiropractors who already provide acupuncture to their human patients. The "Small and Large Animal Neuroanatomical Acupuncture for Animal Chiropractors" course is designed for animal chiropractors to adapt their existing acupuncture skills and knowledge for use with animal patients, integrating this technique as an adjunctive procedure rather than a stand-alone practice. It takes a neuroanatomical or Westernized approach (with a foundation in Traditional Chinese Medicine (TCM)) but it is not a TCM-based course. This important delineation ensures that the needling techniques and protocols remain within the chiropractic scope of practice. The program also follows guidelines recognized by the World Health Organization (WHO).

VCLC's specialised training in small and large animal neuroanatomical acupuncture equips chiropractors to make appropriate, evidence-informed decisions in the best interest of feline patients, contributing to the successful outcomes that pet owners have come to expect. It incorporates feline-specific considerations, which are also covered in the basic animal chiropractic program. Separate training for every species that could benefit from acupuncture is both impractical and unnecessary, given that the foundational principles of acupuncture apply across species.

The OCA, therefore, recommends that the Regulatory Exemptions authorize chiropractors to perform feline, canine, and/or equine chiropractic acupuncture, dependent on their individual species-specific training in accordance with CCO's standards of practice. Further, we recommend that this provision be specified in the CCO Standard (S-009) for Chiropractic Care of Animals, rather than regulations under the *Veterinary Professionals Act, 2024*, to permit regulatory agility and flexibility as new research emerges on the safety of animal acupuncture.

Thank you for the opportunity to provide feedback on the proposed regulations. We believe that with one small change, the proposed regulatory framework will ensure patient safety, advance interprofessional care, and protect the public interest.

Sincerely,



Caroline Brereton, RN, MBA
Chief Executive Officer

⁴ The core curriculum addresses: Anatomy; Biomechanics; Neurology (Basic and Advanced); Chiropractic Sciences; Veterinary Sciences; Ethics and Legalities; Rehabilitation Therapy; Complementary Therapies/Auxiliary Chiropractic Modalities; Animal Chiropractic/VSMT Techniques Lecture; Animal Chiropractic/VSMT Techniques Laboratory (Hands-on); Case Presentations; and Adjunct Veterinary/Chiropractic Diagnosis.

Appendix A

Ontario's Chiropractors are Regulated and Professionally Trained Musculoskeletal (MSK) Experts

Ontario's chiropractors are a self-regulated profession regulated by the Chiropractic College of Ontario (CCO). The CCO is a legislative authority created by provincial legislation, much like the College of Veterinarians of Ontario (CVO). Both CCO and CVO share a common focus on collaborating to protect animals and the public.

For more than a quarter century, the CCO has maintained a comprehensive standard of practice -- Standard (S-009) for Chiropractic Care of Animals -- that specifies the requirements and obligations of animal chiropractors, including quality assurance, insurance coverage, advanced training/education, and coordination and consultation with veterinarians as appropriate.

In Ontario, all chiropractors complete a four-year post-graduate program that requires more than 4,500 hours of training to become chiropractors and earn the Doctor of Chiropractic (DC) designation.

To meet the requirements of the CCO, animal chiropractors must also complete extensive training available from the Ontario Veterinary Chiropractic Learning Centre ("VCLC") that educates chiropractors, alongside veterinarians, who opt to take the program. Consisting of a minimum of 220 hours of supervised classroom and hands-on instruction, the program is certified by the Animal Chiropractic Certification Commission division of the American Veterinary Chiropractic Association. The core curriculum addresses: Anatomy; Biomechanics; Neurology (Basic and Advanced); Chiropractic Sciences; Veterinary Sciences; Ethics and Legalities; Rehabilitation Therapy; Complementary Therapies/Auxiliary Chiropractic Modalities; Animal Chiropractic/VSMT Techniques Lecture; Animal Chiropractic/VSMT Techniques Laboratory (Hands-on); Case Presentations; and Adjunct Veterinary/Chiropractic Diagnosis.



Consultation on Proposed Veterinary Regulatory Concepts

**OPA Submission
April 15, 2025**

INTRODUCTION

The Ontario Pharmacists Association ('OPA', the 'Association') is pleased to provide its comments and recommendations to the College of Veterinary Professionals of Ontario ('CVPO') on proposed regulatory concepts for the *Veterinary Professionals Act*, which are intended to reflect evolving practice by empowering team-based veterinary care and improving accountability while ensuring quality to protect the public.

OPA is committed to evolving the pharmacy profession and advocating for excellence in practice and patient care. With over 8,500 members, OPA is Canada's largest pharmacy-based advocacy organization and continuing professional development provider for pharmacy professionals. By leveraging the unique expertise of pharmacy professionals, enabling them to practice to their fullest potential, and making them more accessible to patients, OPA is working to improve the efficiency and effectiveness of the health care system.

Overall, OPA is supportive of the CVPO's initiative to propose regulatory concepts that will support the modernization of the regulation of veterinary medicine in Ontario to formally recognize animal care as a system where both veterinary and non-veterinary animal care providers work together to provide care to animals. Pharmacy professionals are integral members of an animal's healthcare team. As such, enabling them to not only continue, but also expand on, the care services they provide to animals will be beneficial to increasing access to care and encouraging fair competition in the sector which can help to control costs for the benefit of animal owners. However, at the same time, it is crucial that changes do not result in the creation of additional red tape and administrative burden for providers and regulators. It is also important that the regulations focus on providing greater clarity on elements that would support improved access to care and protection of an animal owner's right to choose.

REGULATORY EXEMPTIONS FOR NON-MEMBERS – PHARMACY

OPA commends the CVPO for recognizing the invaluable role that non-veterinary animal care providers play within the veterinary care landscape by including regulatory exemptions that specify the authorized activities these providers may perform along with prescribing the conditions under which they may be performed to ensure continued accountability and public protection. Enabling other non-veterinary animal care providers to continue to provide care for animals will help support access and continuity of care to protect the safety and wellbeing of animals.

Pharmacy professionals can currently compound, dispense or sell a drug for veterinary use. Some of these medications may be specifically indicated for veterinary use and may only be available through pharmacies specializing in veterinary medicine, whereas some are indicated for human use but are appropriate to use in animals and are available from local community pharmacies. **OPA is supportive of the proposed regulatory concept to authorize pharmacy professionals who are registered members of the Ontario College of Pharmacists (OCP) and comply with all current practice standards of the OCP including those specific to animal care to compound, dispense**

or sell a drug based on a veterinary prescription. This will enable pharmacy professionals to continue to provide these critical services to their animal patients. Additionally, offering animal owners in Ontario multiple channels where they can obtain medications for their animals aligns with available access pathways in all other provinces in Canada where owners of animals are able to access medications through pharmacies pursuant to a veterinary prescription.^{i,ii,iii,iv,v,vi,vii,viii,ix,x}

With over 4,600 community pharmacies in Ontario, located in communities across the province including rural and remote locations, the ability to fill prescriptions for animals at a pharmacy expands access to medications for animal owners across the province. Furthermore, it offers convenience as 91% of Ontarians live within a 5-km driving distance from a community pharmacy^{xi}, many of which are open for extended hours, including weekends and holidays. This provides animal owners the flexibility to get a prescription filled when they need it, closer to home.

However, **OPA seeks greater clarity on the definition of a veterinary prescription and whether that would include all prescriptions issued by a veterinary professional including those intended for office use.** As with human patients, pharmacy professionals may receive prescriptions with an order to compound, dispense or sell a drug directly to a human or animal patient in addition to orders for medications that are meant to be dispensed to the prescriber for office use. Medications for office use are not patient-specific but instead are kept in the prescriber's office to be used or provided directly to their patients, e.g., to start a therapy immediately, to manage emergency situations or to provide a surgical procedure. It is critical that pharmacy professionals continue to have the authority to compound, dispense or sell a drug in all these situations to ensure veterinary professionals continue to have access to medications they need to provide the appropriate care to their patients.

Additionally, **OPA contends that the authorized activities should be extended to include the prescribing authorities of renewing and adapting prescriptions.** Renewing a prescription refers to extending a quantity of a drug beyond what was originally prescribed for the purpose of continuity of care, whereas adapting a prescription refers to altering the dose, dosage form, regimen or route of administration based on individual factors to address unique needs and circumstances.^{xiii} These may be required in certain situations where the original prescriber may be not available, e.g., after hours or on weekends, to ensure access to timely treatment and/or continuity of care. For instance, with this scope, in a situation where an animal who is on a chronic medication for seizures but has run out of refills and the prescriber is not available, the animal could be provided with a short extension of their prescription by their pharmacist, after a clinical assessment for safety and appropriateness, to avoid an interruption in therapy while they wait for a new prescription. Pharmacists already have the authority to renew or adapt prescriptions for human patients and this authority should be extended to animal patients contingent on appropriate safeguards being in place to ensure protection of animal safety and wellbeing. Furthermore, as per O. Reg. 256/24 under the *Pharmacy Act, 1991*, the pharmacist must notify the prescriber and primary care provider (if different) about a prescription renewal, or if a prescription has been adapted in a clinically significant way or notification is necessary to support the patient's care. Under the assumption that these same requirements would be extended to veterinary prescriptions if scope was enabled for pharmacists to renew and adapt, this requirement will help to ensure continuity of care for animal patients and

enhance continued collaboration amongst pharmacists and veterinary professionals. It will also support the aim of the proposed regulations, which is to empower team-based veterinary care and improve accountability while ensuring quality to protect the public. A precedent for enabling pharmacists to renew/extend prescriptions for animal patients has already been set in Alberta where pharmacists may renew an existing prescription for an animal if in their professional judgement it is appropriate to do so for continuity of care (and the prescription is not for a medically important antimicrobial).ⁱⁱ This is an opportune time for Ontario to include these additional exemptions for pharmacists in the regulation to improve access to care for animals and their owners. It will also support the CVPO's goal of better regulating what currently exists while also leaving room for the future evolution of practice.

It is important to note that although an exemption to enable prescribing authority would provide pharmacists with the scope to renew or adapt prescriptions for animal patients, not all pharmacists will engage in these activities. Prior to prescribing, pharmacists are required by the OCP to ensure they possess sufficient knowledge and skills with respect to the drug and the patient's condition to enable them to safely and effectively prescribe.^{xii} In addition, they are only permitted to prescribe if it is in the best interest of the patient and is appropriate given the known risks and benefits of prescribing the drug.^{xii} Pharmacists are also required to practice in compliance with all legislations, regulations, Standards of Practice, Standards of Operation, Code of Ethics and any other applicable policies and guidelines to protect the health and safety of the patients they care for. As such, one can have confidence that despite enabling pharmacists to have prescribing authority with respect to animal prescriptions as it relates to renewing and adapting prescriptions, they will only use this authority if they have the appropriate knowledge and training and are able to do so in a safe manner.

In addition, although the study of animal care may not be the current focus of pharmacy school curriculums, there are other continuing education pathways where pharmacists could obtain the required level of competency to provide these services. The practice of veterinary pharmacy is gaining more attention as an emerging area of specialized knowledge and expertise. For example, the Board of Pharmacy Specialties (BPS) is currently exploring the idea of approving this area of specialization as a potential specialty certification, which, if a petition is received and approved, will have established eligibility criteria and examination to demonstrate competency.^{xiii} These additional continuing education training and certification designations could be leveraged by OCP in their soon to be developed standard of practice relating to the practice on animals to ensure competency of pharmacy professionals who choose to engage in providing care to animal patients. OPA looks forward to working with the OCP and CVPO on the development of these standards to ensure alignment with protecting public interest while continuing to increase access to animal care services.

Finally, **OPA is supportive of the concept of not requiring pharmacy professionals to provide proof of their eligibility under the regulatory exemption to the CVPO**, and instead, the expectation would be for them to review the regulatory exemption and determine whether they meet the requirements. As the CVPO has noted in Part C of the full concept chart of this consultation, less prescriptive requirements are needed for certain regulatory exemptions related to pharmacy professionals recognizing that oversight for these professionals are provided through their own

regulatory college, i.e., the OCP. As previously noted, to be registered to practice as a pharmacist or pharmacy technician in Ontario, pharmacy professionals are required to practice in compliance with all legislations, regulations, Standards of Practice, Standards of Operation, Code of Ethics and any other applicable policies and guidelines to protect the health and safety of the patients they care for, which includes recognizing and practicing within the limits of their competence. The OCP also has a comprehensive Quality Assurance Program designed to improve practice and patient care by assuring the public of the competency of pharmacy professionals to provide care, to ensure pharmacy professionals maintain appropriate skills and knowledge throughout their career, and to contribute to individual and system-wide continuous quality improvement.^{xiv} As such, the CVPO and the public can be assured that the care provided by pharmacy professionals will be safe and effective under the oversight of the OCP who's mandate is to serve and protect the public interest by ensuring that pharmacy professionals are providing health services in a safe, professional and ethical manner.

However, as a further extension of this concept of self-regulation, **OPA strongly disagrees with the proposed idea that “Should the CVPO become aware of a pharmacy professional who is offering authorized activities to the public who may not meet requirements, the CVPO will have the ability to investigate these concerns including requiring proof of eligibility and adherence. The CVPO will also be able to pursue further action including reporting a pharmacy professional to OCP and pursuing its own investigation”**. Under the *Regulated Health Professions Act, 1991*, healthcare professionals are granted the authority to self-govern meaning they can make decisions about matters, such as entry to the profession requirements, professional standards and appropriate discipline decisions through their regulator, which in the case of the pharmacy profession would be the OCP.^{xv} The mandate of the OCP is to serve and protect the public interest and hold Ontario's registered pharmacists and pharmacy technicians accountable to the established legislation, standards of practice, Code of Ethics and policies and guidelines relevant to pharmacy practice.^{xv} Their work includes but is not limited to investigating complaints about their registrants (i.e., registered pharmacy professionals) and disciplining them where appropriate.^{xv} As such, there is already a process in place to investigate and address any concerns regarding the practice of a pharmacy professional that should be utilized to prevent duplicative efforts and the creation of additional administrative burden for both regulatory colleges and pharmacy professionals. Furthermore, enabling another regulator to investigate and/or regulate a self-regulated profession undermines the authority that has been provided by government to healthcare professionals. OPA firmly believes that any concerns about pharmacy professionals should be reported to the OCP who would have the sole responsibility and authority to regulate the profession including but not limited to requiring proof of eligibility or adherence, investigating, and if necessary and appropriate, disciplining the pharmacy professional. OPA respects and fully supports the CVPO's role and mandate to protect the public through the regulation of veterinary professionals, and in turn asks the CVPO to reciprocate the same respect and support for our regulatory college, the OCP, by enabling them to carry out their role and public protection mandate through the regulation of pharmacy professionals.

OPA is pleased to see the CVPO propose that language related to prescription portability be updated and included into regulation to help increase public awareness of their right to receive a written prescription from their veterinarian and to have the prescription filled at a dispenser of their choice. Safeguarding prescription portability has many benefits including but not limited to increasing access and convenience for animal owners and encouraging fair and healthy competition amongst dispensers to benefit consumers. It also supports the government's goal of increasing access to professional care for animals in Ontario. As such, OPA is fully supportive of updating the current provision which requires a client to ask a veterinarian directly for a written prescription to shift the onus from the client to the veterinarian. However, OPA believes that to fully protect and respect the client's right to choose, the proposed concept of having the veterinarian inform the client of their right to receive a written prescription is not sufficient. As stated in the Competition Bureau of Canada's comments on the Modernization of the Regulation of the Veterinary Profession, requiring veterinarians to provide notice of the availability of a written prescription is the just minimum that should be done to reduce barriers to prescription portability.^{xvi} Instead, **OPA recommends including language in the regulations that aligns with prescription portability provisions found in regulations for other healthcare providers.**

O. Reg. 256/24 under the *Pharmacy Act, 1991* requires that at the time that a pharmacy professional prescribes a drug, they must give the prescription to the patient or the patient's authorized agent and advise the patient or the patient's authorized agent, at the time of giving the prescription, that they may elect to take it to a pharmacy of their choosing for dispensing. Similarly, O. Reg. 119/94 under the *Optometry Act, 1991*, considers it an act of professional misconduct for an optometrist who fails to provide, without reasonable cause, a patient with a written, signed and dated prescription for subnormal vision devices, contact lenses or eye glasses after the patient's eyes have been assessed by the member and where such a prescription is clinically indicated. Furthermore, to avoid conflicts of interest that may arise when an optometrist engages in the practice of the profession as an independent contractor with another person, the optometrist is required to provide every patient or his or her authorized representative with a copy of his or her prescription. In both examples, the onus is on the healthcare professional to provide the prescription to the patient/client to let them decide where they would like it to be dispensed. This method ensures that the patient/client choice is protected and not influenced by confounding factors, such as fear of harming the veterinarian-client-patient relationship by choosing to have the medication dispensed elsewhere. As such, OPA recommends the CVPO amend the proposed language related to prescription portability that will be submitted to the legislative drafters of the Provincial Government who will be overseen by the Ontario Ministry of Agriculture, Food and Agribusiness from:

“If a veterinarian member determines that a drug should be prescribed to treat an animal, the veterinarian member shall inform the client of their right to receive a prescription for the drug rather than have the veterinarian member dispense the drug, and if the client wishes to have a prescription the veterinarian member shall give the client the prescription and shall do so in writing unless subsection (2) applies”

to

“If a veterinarian member determines that a drug should be prescribed to treat an animal, the veterinarian member shall give the client the prescription and shall do so in writing unless subsection (2) applies and advise the client that they may elect to take it to a dispenser of their choosing”.

This additional clarity will also help to support veterinarians with meeting the CVPO’s Professional Practice Standards for Prescribing a Drug and Dispensing a Drug, which require veterinarians to acknowledge and manage the potential conflict of interest in assuming the dual role of prescriber and dispenser by ensuring that there is a transparent process for prescribing drugs, that prescribing is done based on medical need and that the client’s choice of where they want the prescription filled is respected.^{xvii,xviii,xix}

Furthermore, to align with the CVPO’s intent to update language related to prescription portability in recognition of public interest to ensure awareness of the ability to access the dispensing of drugs for animals by licensed pharmacists, it is equally important to ensure that any potential barriers that might negatively impact uptake be mitigated. It is OPA’s understanding that some veterinarians may charge a fee for writing a prescription, i.e., a prescribing fee. Although the CVPO does not set a fee structure for veterinary medicine,^{xx} it is crucial that this prescribing fee is fair and reasonable and equivalent to the fee that would be charged for prescriptions that would be filled at the veterinary office. For example, if a veterinarian does not charge a prescribing fee if the animal owner chooses to have the medication dispensed by the veterinarian, then a prescribing fee should also not be charged if the owner wants a prescription to take elsewhere. Similarly, if a veterinarian charges a prescribing fee for prescriptions to be filled externally, a fee should also apply to in-house prescriptions. This would be similar to the expectations of the Ordre des Médecins Vétérinaires du Québec where veterinarians are expected to respect the rights of their clients to obtain prescribed medications from the professional of their choice and cannot charge fees that exceed their regular prescribing fees when providing external prescriptions.^v As suggested by the Competition Bureau of Canada, it may be beneficial to proactively prohibit behaviours, such as charging unreasonably high fees to write a portable prescription and/or requiring unnecessary tests or waivers to write a portable prescription, through policy or regulation that could potentially be barriers to prescription portability.^{xvi} As such, a closer examination of the fee charged for writing a prescription and/or other potential barriers is warranted as it may potentially discourage or prevent an animal owner from being able to obtain a prescription. This will ensure that all animal owners can equitably exercise their right of choice on where they want their animal’s prescription to be filled.

The ability for animal owners to choose to have prescriptions filled at their local pharmacy is essential to improving access and convenience since there are a large number of community pharmacies in the province who are geographically close to Ontarians and can accommodate different schedules due to their more flexible operating hours as described previously. Furthermore, enabling different providers to offer prescription dispensing services also helps to promote and protect competition, which not only drives economic growth, but also benefits consumers by offering animal owners greater choice, improved quality of service and competitive pricing.^{xxi} The

rising cost of living in Canada impacts every facet of life including the costs associated with animal ownership. As an example, from January 2022 to January 2023, the cost of pet food and supplies increased by 12.8% in Canada, followed by another 2.1% increase from January 2023 to January 2024, with only a slight 1.8% decrease from January 2024 to January 2025.^{xxii} Due to the business model of veterinarians in Canada, the pricing differential for medications between veterinarian clinics and pharmacies is difficult to calculate, however, anecdotal reports have indicated that medications indicated for human use that can also be used in animals are usually less expensive when dispensed by a pharmacy.^{xvi} Similarly, research by the UK's Competition & Markets Authority suggests that there may be substantial cost savings for pet owners when purchasing some medications from online pharmacies compared to directly from veterinary practices.^{xxiii} As such, protecting prescription portability to encourage competition amongst dispensers may play a large role in helping to lower prices and make it more affordable to own an animal.

LICENSURE – CONFLICT OF INTEREST

OPA is supportive of the proposal to develop regulation language related to conflict of interest to specifically outline what would and would not qualify, and to include in the regulation that it would be considered an act of professional misconduct for veterinary professionals to be in a situation that would be considered a conflict of interest. As regulated professionals, it is critical to maintain public trust by always acting in the best interest of the patient/animal and ensuring that personal or financial interests do not impact one's ability to exercise professional judgement. The proposed development of an additional subsection of regulation to help clarify this topic would be beneficial to helping veterinary professionals identify and manage these concerns while also protecting public interest especially in an environment of evolving business practices.

Specifically, when developing the regulation language, **OPA recommends that particular attention be dedicated to addressing specific activities and/or situations such as:**

- 1) **Closed Preferred Provider Network (PPN) arrangements** that restrict an individual's freedom to choose their pharmacy provider, often forcing them to use specific selected pharmacies chosen based on business contractual agreements. This can limit the client's autonomy to choose their provider, impact animal safety and continuity of care, and reduce access by imposing financial and logistical burdens on animal owners, particularly those in rural areas who may need to travel long distances to obtain medications for their animals.
- 2) **Vertical integration** that may involve veterinary insurance companies or veterinary clinics also owning veterinary pharmacies which becomes a problem when animal owners are encouraged or even restricted to the use of only these affiliated pharmacies.^{xxiv} While there may be advantages to vertical integration (e.g., efficiency, control, profitability), there are also significant concerns, including harms to competition and conflicts of interest.

CONCLUSION

OPA appreciates the opportunity to respond to this consultation on proposed regulatory concepts for the *Veterinary Professionals Act* that will support the modernization of the regulation of veterinary medicine in Ontario. OPA is supportive of the overall intent of proposed concepts to provide regulatory exemptions for pharmacy professionals to enable them to compound, dispense or sell a drug for an animal based on a veterinary prescription; to increase awareness about dispensing options; and to provide greater clarity around conflicts of interest. However, OPA recommends that consideration be given to expanding the authorized activities for pharmacists to include renewing and adapting prescriptions for animals to ensure timely and convenient access to care; ensuring that the oversight and regulation of pharmacy professionals continue to fall solely under the jurisdiction of the OCP; strengthening prescription portability provisions; and including specific activities and/or situations, such as closed PPNs and vertical integration arrangements, within the regulation to provide clarity about real or perceived conflicts of interest.

OPA respectfully asks that the CVPO consider the feedback and recommendations/suggestions provided in this submission. We look forward to being engaged with the OCP and CVPO on the development of pharmacy specific standards of practice with respect to veterinary medicine to represent the pharmacy profession and ensure that the appropriate safeguards are in place to protect the health and wellbeing of animals in Ontario while simultaneously improving access to care.

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April 16, 2025

Attn:

Jan Robinson, Registrar and CEO

Transition Council of the College of Veterinary Professionals of Ontario

Dear Ms. Robinson and Transition Council of the College of Veterinary Professionals of Ontario,

Re: Response to your February 12, 2025 Letter – Public Consultation on Regulatory Concepts

Dear Jan and Transition Council,

In response to your February 12, 2025 letter regarding consultation on the regulatory concepts related to the new Ontario *Veterinary Professionals Act, 2024*, we would like to thank you for the opportunity to provide feedback on behalf of the Alberta Veterinary Medical Association.

Our comments, questions, and feedback are summarized below:

Licensure

- What will the maximum time be for your Short-Term license?
- Student veterinarian and student veterinary technician registration do not appear to be contemplated.
- Provisional – valid for 3 years, will there be an option for extension?
- What will the transition process look like for OAVT members? If registered with OAVT, will they automatically be accepted by CVPO?
- RVTs transferring from OAVT need to complete a module on jurisprudence on the new VPA. DVMs also need to do this, but their transfer of licensure will not be affected while they wait to complete this. Why is it different for RVTs from OAVT?
- What is considered an approved VT program?

Professional Misconduct

- Do you have concerns that the detailed list of misconduct may result in missing something that had not been contemplated?
- #36 - Do you permit members to use a common name or nick name if they advise the regulatory body that this is the name they practice under, or must it be exactly what is on the register?
- #4 - Draft language may put the veterinary professional at risk if there is a situation of abuse or threat from a client.
- #21 - How will you assess if treatment has ceased to be effective?
- #22 - is about consent, should it be informed consent?
- #24 – does #24 imply that if someone is suspended, and they own the practice and are entitled to the profit they can't receive? How does this extend to practice ownership?
- #26 – is that charged with abusing an animal? Is the client saying that the veterinarian abused the animal? Is it an allegation?

- #33 – is this a breach of privacy for 33b if the owner’s consent has not been provided? Also, the member must have knowledge as well as consent.
- #49 – charging an excessive fee – how will that be defined?
- #53 – can you hold the corporation itself responsible? We find this valuable in Alberta. This appears to read that the individual veterinarian holding the permit is responsible.
- #61 iv - may run into issues with provincial confidentiality laws – and puts the onus on the practice to identify the owner – i.e. original owner sold a dog but didn’t transfer the chip, the vet reads the chip and it lies with the original owner – what is the expectation? We are concerned that this puts the veterinarian in the position of determining the apparent ownership of the animal.

Conflict of Interest

- Will you have a code of ethics as well?

Non-Delegatable Activities

- We encourage CVO to consider permitting pregnancy checks rectally by U/S, as well as transabdominal.
- What will your policy contemplate when considering if an extraction can be done by an RVT with a VTS or advanced training?

Delegation

- Will there be a distinction between auxiliaries and RVTs?
- Assume the veterinarian will own responsibility for ensuring the RVT was competent in the task and the RVT will own how they performed a task in the face of a complaint?
- The last bullet point on page one of delegation seems to imply that the veterinarian owns all the responsibility should there be an error. It would be clearer to understand this section if the paragraph following that addressed RVTs was included in the same section to clarify that each professional has ownership and responsibility for the work done under delegation – we assume the veterinarian is responsible for assigning the task and ensuring competency, but if the RVT is competent the RVT would be responsible for any subsequent error. Also, a bit concerned with the language stating that a veterinarian continues to be responsible for the conduct (vs. competency) of another regulated professional.

Orders

- If RVTs can establish a VCPR, how would you ever have an order where a VCPR is not established even in an emergent situation?
- Orders and Informed Consent – would you consider allowing for the delegation of informed consent vs. allowing RVTs to obtain informed consent? To the ABVMA we feel keeping this as a delegatable responsibility allows the veterinarian to assess the complexity of the case and the informed consent required.

Initiation

- We would appreciate more information on what this will look like.
- Does initiation contemplate that a RVT would assess, make a determination to perform anything from the list of authorized procedures without a veterinarian determining that the test is necessary?

- Is it possible that an RVT could decide to perform an activity such as a punch biopsy or a cysto without the veterinarian seeing the animal and making a determination that this is required? What if the location of the biopsy is higher risk? What if the animal has something like ITP in the case of a cysto?
- Assume initiation is in the confines of an accredited practice with veterinary supervision?

Specific Exemptions for Members

- Facilities where an RVT is working should have some level of inspection – if they are working with lasers, water treadmills, medical devices – these should have a standard that must be met including biosecurity, record keeping etc.
- The supervision in this environment outside of the regulated environment – what does this look like? If the RVT makes a mistake, for example gives the wrong dose of insulin or the animal has a reaction – is this the fault of the treatment plan and the veterinarian who wrote the plan, or is it the RVT and their non-regulated business? What if the owner wants to work with an RVT the vet is not comfortable with in terms of competency. We would appreciate some clarity on where the co-accountability lies in this situation if something goes wrong in the delivery of the prescribed treatment plan.
- Will there be record requirements for these non-accredited businesses? Will there be informed consent requirements?

Chiropractors

- Is there an obligation of a chiropractor to ask if the animal is under veterinary care, and if so to ensure a report is provided to the veterinarian so they are aware the chiropractor is working on that animal – this will help ensure continuity of care.
- Is there any obligation for any of these human health professionals to work with a veterinarian vs. working independently?

Animal Rehabilitation

- Assume an RVT with a VTS in these areas would fall under the regulatory environment with CVPO

Mass Culls of Livestock and Poultry

- We think this is a great addition.

Veterinarian-Client-Patient Relationship

- Assumption from what we read is that an RVT can establish a VCPR to help with emergency care, but that it can't be established unless a veterinarian is on the team – is on premises or available? Is this the case with any RVT established VPCR? Just looking for more clarity on the RVT established VCPR. Is the scope of when an RVT might establish a VCPR different between after hours vs. in a general practice situation.

Informed Client Consent

- We feel that getting informed consent should be a delegatable task vs. in the hands of the RVT based on the discretion of the veterinarian and the complexity of the issue.

Drugs

- The veterinarian should not be obligated in every instance to ask clients if they want a copy of the prescription. There should be some flexibility. Can they post a sign or add to the forms reviewed by the client?

Alternative Dispute Resolution

- Add a list of complaints that would qualify for ADR. On a principle basis, the consequences should be determined by peers vs. complainant.

We would like to commend you on the great work done by your College on these regulatory concepts. These concepts have a lot of applicability for areas that the ABVMA is working on, and we thank you for giving us the opportunity to provide feedback.

Sincerely,

A handwritten signature in blue ink that reads "Megan B" followed by a long horizontal flourish.

Megan Bergman, DVM, Registrar

April 16, 2025

Catherine Knipe
Chair, Transition Council

Jan Robinson
CEO & Registrar, College of Veterinarians of Ontario

College of Veterinarians of Ontario
2-71 Hanlon Creek Blvd.
Guelph, ON, M1C 0B1

Submitted via email to: [REDACTED]

Dear Transition Council and College of Veterinarians of Ontario,

Re: Consultation on Regulatory Concepts being Proposed by the Transition Council

Thank you for the opportunity to provide feedback on the regulatory concepts being considered to help inform the development of regulations under the *Veterinary Professionals Act*. The College of Physiotherapists of Ontario has reviewed the consultation materials and we do not have any specific feedback regarding the proposed concepts.

The College of Physiotherapist's longstanding perspective has been that our purview is with respect to physiotherapists providing care to people, recognizing that animal care is more properly within the domain of the College of Veterinarians. We have guidance on our [website](#) outlining that the title of physiotherapists is protected under the Regulated Health Professions Act with respect to human care and that the title cannot be used when providing animal rehabilitation services. We also advise that rehabilitation services for animals should be provided under the direction and supervision of a veterinarian.

375 University Ave., Ste. 800 tel: 416.591.3828 | 1.800.583.5885
Toronto, Ontario M5G 2J5 fax: 416.591.3834

www.collegept.org

We appreciate the opportunity to contribute to the consultation. Please don't hesitate to contact us if you have any questions.

Kind regards,



Craig Roxborough, PhD
Registrar & CEO
College of Physiotherapists of Ontario



Katie Schulz
Chair of the Board
College of Physiotherapists of Ontario

From: Rachel Pechek <[REDACTED]>
Sent: April 16, 2025 2:47 PM
To: Jan Robinson <[REDACTED]>
Cc: Sarah Kirby <[REDACTED]>; Kali Pieters <[REDACTED]>
Subject: Thoughts on Legislative Changes

Hello Jan and Sarah,

My name is Rachel Pechek and I am contacting you on behalf of the London College of Animal Osteopathy (LCAO) to offer a formal review of the recent changes to the Veterinary Professions Act.

First off, thank you for the time you've dedicated to hearing from the public on the recent changes. LCAO is currently working very closely with professionals in the UK who are also in the process of making changes to their veterinary act. Their current act is similar to the act you've put forth, but difficulties with Veterinary Consent, along with other issues, have brought them back to restructuring the act. In light of all this, we would like to offer you our thoughts on the Veterinary Professions Act currently in place in Ontario.

One of the key areas for veterinary paraprofessionals are pages 36-38. I have pasted some points here with comments following in red:

- The person has formal, recognized education in either animal or human anatomy that garners entry into a profession in animal or human medicine. What are you considering formal recognized education to be? Is there a relevant academic level, approved education providers etc? Can this be defined to provide further clarity for professionals looking to work?
- The person must have at least 125 hours of training in animal rehabilitation which includes practical experience; **How do you define “Animal Rehabilitation”?** This is crucial. A lot turns on how this is being defined and it would benefit vets and rehab specialists if the details of that were explored. Does Rehabilitation include care given to maintain an animal's performance / prevent an injury?

- The person must have the knowledge, skill, and judgement to:
 - o Perform the authorized activity safely, effectively, and ethically; and
 - o Determine the animal’s condition warrants performance of the authorized activity based on the known risks and benefits.
- The person ensures appropriate coordination and consultation with a veterinarian member in the delivery of animal rehabilitation including making referrals when required. This is entirely sensible of course, but is the expectation that they will have received a vet's approval to work on the animal in the first instance?

The last point we would like to draw attention to is the idea of veterinary consent in relation to animal rehabilitation experts. Although veterinary consent to treat does make sense on many fronts to protect animals, there are some drawbacks as well which the UK has undergone over the last 20 years. The issues that Veterinary Consent has created in the UK are:

1. Backlogs animal care.
2. Vets are unwilling to refer as they don’t know the person / therapy. This speaks to the lack of organized education for practitioners (see my final thoughts for possible solution)
3. Delays in the care being provided because the Veterinarian is very busy and can't see the animal for 2 months.
4. Owners do not want to pay the vet and the therapist – so they simply don’t bother at the expense of their animals' welfare
5. Unfortunately this has led to wide scale evasion and loopholes in the law being exploited.



Moving forward

Jim Hurdens suggestion: What seems to be sensible would be for the CVO to consider the Animal Rehabilitation exemption more broadly – expanding it to encompass people who provide MSK care to improve animals performance, wellbeing and function, prevent and rehabilitate from injury. This would mean that the exemption covers Osteopaths, but also Masterson Method Practitioners, Canine & equine Sports Massage therapists, Hydrotherapists – the list goes on – and give close consideration to the definition of rehabilitation.

Adding to Jim's suggestions, if you were to broaden the exemption, I would suggest adding clear, reasonable standards of education for each exemption. The result will be educational providers rising to the occasion and getting their programs accredited in order to provide recognized education. We can explore this more when we meet if you're interested.

Thank you for your time and consideration and best wishes as you move forward.

Kind regards,

Rachel Pechek. AOMT

Director of Preclinical Studies at LCAO





Sarah Kirby
Director, Policy
College of Veterinarians of Ontario
2-71 Hanlon Creek Blvd,
Guelph ON,
N1C 0B1

Jan Robinson
Registrar & Chief Executive Officer
College of Veterinarians of Ontario
2-71 Hanlon Creek Blvd,
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April 16th, 2025

Dear Sarah Kirby,

Thank you for considering the Ontario Association of Bovine Practitioners (OABP) to provide formal feedback on the proposed regulations of the new Veterinarians' Act. We have enjoyed working with you to ensure Bovine veterinarians are represented in the discussions. We appreciate it greatly. The OABP formed a committee to review the proposed regulations and make comments. Below you will see some highlighted areas of note.

We look forward to working closely with you in the following steps as this progresses.

Signed,

OABP Regulatory Concepts Consultation Committee

Dr. David Renaud

Dr. Christian Heyerhoff

Dr. Kalie Bernardo

Dr. Crystal Throop

Dr. Daniella Rizzo

Part A – Licensure

1. Licensure

- We recommend changing the word ‘General’ under the licensure subclass to something less ambiguous, like ‘Full’. We believe this will limit public confusion about specialty veterinarians vs. general practitioners. We ask that these differences between veterinarians, i.e. specialties and further degrees, holding the ‘Full’ license be highlighted as they are now on the CVO website.

2. Professional Misconduct

- 7.ii. "That is otherwise relevant to the member's suitability to practice" (note the word practice is misspelled in the document) - who decides what is relevant? For example, if a Large Animal vet gets their driver's license suspended, is that enough to be construed as professional misconduct, even though they can practice while someone drives them around?
- 10,12,13,14,15,31,32. "member knows or ought to know" - seems vague, and we would appreciate clarity - will there be an opportunity to comment further when the document is edited?
- 28. Can we get clarity on what a reasonable time frame is?
- 48. Failure to supervise appropriately - could we get clarity on what appropriate supervision entails (i.e, is it enough to be in the building? the room? within driving distance?)
- 54. What is reasonable notice?
- 63. Thank you for the specifics here.

3. Conflicts of Interest

- We need more clarification on this section; the wording is ambiguous and lacks detail. What sort of conflicts? A more specific guidance document with examples of potential conflicts would be beneficial.
- How will perceived conflicts of interest managed?

Part B – Authorized Activities

1. General Note: “This also means that both members and non-members of the CVPO (such as auxiliaries and non-veterinary animal care providers) will be required to adhere to both the VPA and its associated regulation to perform authorized activities.”
 - How are we going to enforce non-members following these rules?
2. Non-Delegable
 - We are concerned about the subpoint under Specific Allowances for Veterinary Technician Members – “A veterinary technician member is providing confirmation of pregnancy in a small ruminant following the application of transabdominal diagnostic

ultrasound.” We are still confused about why this was grandfathered in and written into law. This would be much more suited under delegable, on order, than where it is now, which allows veterinary technicians to perform this outside a veterinary facility. Diagnosis should always be a veterinarian-only activity.

3. Delegation

- We support the need for delegation to both auxiliaries and veterinary technicians. Specifically, in large animal, we often have non-technicians doing on-farm procedures.
- In bovine specifically, we want to ensure that appropriately trained auxiliaries and veterinary technicians can perform minor, below the dermis, surgeries under veterinary delegation—examples: disbudding calves, castration of young calves, extra teat removal in heifers.
- We agree that sub-delegation by veterinary technicians should not be allowed.

4. Order

- We support the facility director's ability to choose the practices for their respective clinic based on the staff's experience, skill, and expertise.

5. Initiate

- While all of the following don't directly or commonly apply to large animal, we were surprised to see the following on the initiate list:
 - Order the following laboratory tests on an animal or specimens taken from an animal:
 - Preliminary Hematology
 - Preliminary Urinalysis
 - Preliminary Cytology
 - Preliminary Serology
 - Preliminary Parasitology
- We feel that technicians are more than able to take the following samples, but ordering the tests requires a differential diagnosis list and a conversation with the client on each test's cost and risk/benefit. These should remain at least on order.
 - Taking a punch biopsy
 - Cystocentesis
 - Fine Needle Aspiration
 - Putting an instrument, arm, hand or finger:
 - Beyond the opening of the urethra to place a urinary catheter
 - Immobilizing a fracture of a bone or a dislocation of a joint or severed tendon for the purpose of temporary stabilization.
- We feel all of the above should be on order. These all take a higher level of skill to perform, and again, need a differential diagnosis and conversation with the owner.

6. Forms of Energy
 - We support this section.
7. Exemptions – Members
 - We generally support this section. We have concerns over potential new business models discussed by the transition council. If there is any consideration for changing veterinary business models, these must be thoroughly reviewed and consulted.

Part C – Regulatory Exemptions for Non-Members

1. Chiropractors
 - We were surprised to see chiropractors included in the New Veterinarian’s Act and are confused about how the new CVPO will regulate them.
 - Chiropractic therapy should only be done based on a clinical assessment after a veterinary diagnosis.
 - We have an issue with the required level of training. They need very minimal time, and it is not even species-specific. Example: Could they do all their training in canine chiropractic medicine for the minimum required hours and then practice chiropractic medicine on a horse?
 - We have an issue with these two exemptions and oppose their inclusion:
 - Putting a finger beyond the anus for the purpose of manipulating the tailbone
 - Applying and ordering the application of the following forms of energy for therapeutic purposes:
 - Class IV lasers; and
 - Radial shockwave when sedation is not required.
2. Pharmacy Professionals
 - No comments, we support this section
3. Animal Rehabilitation
 - We oppose the exemption of class IV lasers and radial shockwave for non-member animal rehabilitation.
4. Farriers and Hoof Trimmers
 - We have an issue with “Performing a procedure below the dermis if it remains within or below the coronary band and within the structure of the hoof.” While we believe most farriers and hoof trimmers would not like to venture into these extremes, these procedures are often painful and require local anesthesia and/or pain medication. We very much prefer that there is veterinary oversight and communication. We would like the sentence and wording to include veterinary collaboration and/or consultation when dealing with procedures below the dermis.

5. Mass Culls of Livestock & Poultry
 - No concerns, we support the need for non-members to perform mass culls of livestock and poultry as long as these individuals have specific training to carry out these services.
 - Again, Veterinary oversight, communication and collaboration are a must.
6. Embryo Implantation in Cattle
 - No concerns, we support this section as written.

Part D – Quality Team-Based Care

1. VCPR
 - This section is very concerning. A VCPR, by definition, needs to be established by the veterinarian and should not be established by any other members. Veterinarians are responsible for the animal, so we need to have control of the VCPR.
 - In large animal, this could be abused by having non-veterinarian members visit farms across Ontario and establish VCPRs or even through tele-medicine, establishing those VCPRs.
 - The upcoming After-Hours Care Section states that after-hours care is linked to the veterinarian and VCPR. This contradicts the section regarding VCPR.
2. Informed Client Consent
 - This section is also concerning. It allows both types of members to obtain informed client consent. This means considering and communicating the differential diagnosis list and potentially a primary diagnosis. These could lead to situations where clients do not receive accurate or complete information needed, leading to miscommunication. This could affect patient care and lead to legal trouble. The more people you add to informed client consent, the more communication is needed, creating more challenges and opportunities for mistakes.
3. After Hours Veterinary Care
 - We support the after-hours veterinary care concepts being veterinarian-only and agree that it should be more closely tied to the VCPR.
 - One concern is with the word ‘prompt’. More and more large animal practices are becoming consolidated. This means we are travelling further to see clientele and patients. It is not becoming uncommon to travel a radial distance of up to 1.5 hours, and this number expands to potentially up to 3 hours in very rural areas (Northern Ontario). Leaving this open would be beneficial to support our clients who are happy to have us available and willing to travel those distances to service them after hours.

4. Drug Portability

- Drug portability could put a lot of work and burden on veterinarians. We also believe that public awareness and safety are a CVO mandate. Placing the burden on veterinarians is unnecessary and should fall under the CVO's purview. This needs to be written more precisely.
- Veterinarians will need protection from liability in the event of adverse reactions or other negative outcomes if the client chooses to fill the prescription at a pharmacy outside the veterinarian's recommendation.
- An example from large animal of some public risk: We often prescribe methocarbamol to horses. Methocarbamol, a muscle relaxant, is known as Robaxin. Robaxin is not behind the pharmacy; it is available on the shelf. There are multiple formulations of Robaxin – ones that include acetaminophen, ibuprofen and other drugs that we don't want given. There is a lot of risk for the client to pick the wrong one. Who is liable?

5. Quality Assurance

- This section will need more details and a thorough review:
 - o Needs to be low burden
 - o Peer reviews shouldn't be yearly
 - o The program should evaluate the individual, not the organization or facility
 - o CE requirements should be on a credit system, on a 2 to 3-year cycle.
 - o An efficient and straightforward online recording of continuing education is a must. Integration into major CE events would be beneficial.

Part E – Administration

1. Alternate Dispute Resolution

- No concerns

2. Prescribed Offenses

- What about offenses in other jurisdictions? Something that is legal in Ontario but not in another province or country – what happens then?
- Offenses submitted to the registrar should only be those that would directly impact the safety of animals or humans.
- Significant concerns with driving allegations. It should not affect the ability to practice veterinary medicine, even in large animals. You could employ someone to drive you to your calls and still provide veterinary service.

3. Committee and Panel Composition

- Veterinarians must have representation on every committee.
- Term limits are needed.
- Concerns with non-government appointed public members on committees.



OAEP

The Ontario Association of Equine Practitioners

A professional association representing equine veterinarians in the Province of Ontario.

To: College of Veterinarians of Ontario

April 16, 2025

The Ontario Association of Equine Practitioners is writing today to highlight key areas of concern in the proposed regulatory concepts. These concerns are listed below under their respective sections of the proposed regulatory concepts. We appreciate the opportunity to give our input and would appreciate continued input on these topics before these regulations are passed.

Chiropractic exemptions: We recommend that acupuncture remain separate from chiropractic treatment, as acupuncture is a separate treatment modality altogether. Chiropractic courses do not provide training to allow an exception to be made to allow needle placement by chiropractors below the dermis. The ability of chiropractors to communicate chiropractic diagnoses identifying as the cause of an animal's symptoms has potential to be confusing to animal owners as a patient diagnosis, and as such it is recommended that veterinarians maintain the ability to communicate a diagnosis in this situation. Chiropractors must share or make their records available to the veterinarian to maintain continuity of care.

Farriery: It is recommended that a veterinarian supervise any procedure in which the sensitive structures (corium) of the foot are being exposed. At this level, horses require analgesia and potentially also antibiotics, sedation, and locoregional nerve blocks for safety and comfort of the patient. We recommend this type of work be done by farriers supervised by a veterinarian only. Procedures that are appropriate for farriers to do alone include trimming, shoeing and opening subsolar abscesses within the non-sensitive horn of the hoof only. Procedures involving deeper structures of the foot, including bone, tendon, ligament, navicular bursa and coffin joint, must be performed by a veterinarian.

Facility ownership: We recommend that facility ownership remain the sole responsibility of veterinarians in Ontario. This privilege should not be extended to registered veterinary technicians.

Embryo transfer and pregnancy diagnosis: In horses, we agree that this work should only be undertaken by veterinarians to ensure animal safety and welfare.

Prescribed Offenses: It is recommended that this section be reviewed in more detail. The current wording appears overarching. It is concerning that a traffic ticket could affect a veterinarian's ability to practice; these repercussions are unreasonable.

Prescription Portability: In response to further questions following the virtual meeting on April 10th regarding dispensing and administration of drugs that require withholding times – equine veterinarians do administer these drugs but also often work with other auxiliaries, such as registered veterinary technicians. These auxiliaries do assist in the development of dispensing labels under the direction of a veterinarian.

Sincerely,

Dr. Marika Van Schaik on behalf of the OAEP Executive Board
President
Ontario Association of Equine Practitioners

April 14, 2025

Transition Council
College of Veterinarians of Ontario (CVO)
2-71 Hanlon Creek Blvd.
Guelph, ON N1C 0B1
Sent to [REDACTED]

Subject: Feedback on Proposed Regulatory Framework from the Veterinary Chiropractic Learning Centre

Dear Transition Council Members,

On behalf of the Veterinary Chiropractic Learning Centre (VCLC), we are pleased to submit the following comments on the modernization of the Veterinarians Act and the associated regulatory exemptions under the *Veterinary Professionals Act, 2024*. These remarks reflect our perspective as Canada's only long-standing, credentialed educational provider in animal chiropractic care.

For over twenty years, VCLC has offered a nationally and internationally recognized post-graduate certificate program in animal chiropractic. Offering basic and continuing education to both chiropractors and veterinarians, our curriculum is approved by the Animal Chiropractic Certification Commission (ACCC) of the American Veterinary Chiropractic Association (AVCA)—widely regarded as the gold standard in animal chiropractic training across North America.

The VCLC program consists of a **minimum of 220 hours** of structured classroom and hands-on instruction. It provides the foundational competencies required to assess and apply safe and effective neuromechanical concepts, manipulation techniques and adjunctive therapies in animals, with a strong emphasis on clinical reasoning, safety protocols, and the application of anatomical and biomechanical principles in a species-specific manner.

Most chiropractors and veterinarians currently practicing animal chiropractic in Ontario have been trained through our program. Our graduates are skilled, regulated professionals who deliver conservative musculoskeletal (MSK) care to a variety of animal species that is evidence-informed, within scope, and aligned with professional standards of practice.

We appreciate the opportunity to provide input to the VCLC Regulatory Concept Consultation from our perspective as Canada's sole educator in animal chiropractic.



1. Regulatory Exemptions

We are encouraged that the proposed regulatory exemptions:

- Acknowledge the College of Chiropractors of Ontario's (CCO) long-standing role in regulating animal chiropractic care through established Standards of Practice and a history of interprofessional collaboration with the CVO; and
- Recognize the essential role that trained animal chiropractors play in supporting Ontario's animal owners by providing safe, effective, and direct access to conservative care for animal musculoskeletal conditions.

2. Animal Acupuncture by Animal Chiropractors

Animal chiropractors have been safely and effectively offering acupuncture to animals in Ontario for more than a decade. At VCLC, our specialized Small and Large Animal Neurofunctional Acupuncture programs are designed specifically for animal chiropractors who already hold acupuncture certification for human patients. These courses are grounded in Western neuroanatomical principles (not Traditional Chinese Medicine) and are delivered in full accordance with the CCO's standards of practice for both acupuncture and animal care.

The program includes species-appropriate instruction, covering canine, feline, and equine handling, as well as needle application techniques. Graduates are trained to apply acupuncture judiciously—as an **adjunctive therapy** to chiropractic care—and to recognize when referral is warranted based on clinical presentation.

Given the relatively small number of veterinarians in Ontario who offer acupuncture, chiropractors help fill an important gap—meeting public demand for safe, evidence-informed care while reducing pressure on the veterinary system. Over more than a decade of practice, there is no reported evidence of harm or safety concerns associated with VCLC-trained chiropractors delivering animal acupuncture within scope.

Maintaining access to this care supports the needs of animal owners, and we encourage the Transition Council to ensure that chiropractors with appropriate training may continue to offer animal acupuncture services in accordance with established regulatory standards.

3. Species-Specific Training and Regulatory Oversight

We respectfully recommend that distinctions around species-specific care remain within the CCO's established Standard of Practice S-009; Chiropractic Care of Animals, rather than embedded in legislation. This allows for greater regulatory agility and ensures that standards can evolve in response to emerging research, clinical evidence, and real-world practice needs.



The VCLC program integrates species-appropriate competencies—including the safe handling, assessment, and treatment of animals such as cats, dogs, and horses—within a unified curriculum. We want to clarify that it is neither practical nor necessary to create entirely separate training programs for each species, particularly when foundational MSK principles, neuromechanical concepts, and manual techniques apply broadly across species with appropriate clinical adaptation.

While veterinarians may choose to focus on certain species in practice or pursue species-specific specialization through post-graduate programs, licensure as a veterinarian in Ontario is not restricted by species. Applying such segmentation only to chiropractic care would be inconsistent with how other regulated health professions are managed and would impose unnecessary and impractical burdens on both practitioners and animal owners.

The existing framework within the CCO's standards already ensures that chiropractors practicing on animals are trained, assessed, and held to species-relevant competencies. Chiropractors are also professionally obligated to practice within their area of competence and refer when cases fall outside their scope or experience.

Maintaining flexibility at the regulatory level also supports broader public access to chiropractic care across species, including for cats—who are often underserved in MSK care despite growing demand for conservative treatment options.

4. Expertise and Interprofessional Education Model

Our teaching team includes both chiropractors and veterinarians, reflecting the interdisciplinary nature of the animal chiropractic field. Approximately 80% of our instructors are chiropractors (DCs) with advanced training in animal chiropractic. They are selected for their deep expertise in MSK health assessment and manipulation techniques, developed through four years of foundational chiropractic education, extensive clinical experience, and specialized post-graduate training in animal chiropractic.

DC instructors provide core instruction in biomechanical evaluation, clinical reasoning, and the safe, modulated application of high-velocity, low-amplitude (HVLA) techniques in animals. Their contributions are essential in ensuring that all learners—whether DCs or DVMs—develop a solid foundation in clinical assessment and manual therapy skills.

Veterinarians in our faculty complement this expertise by teaching clinically relevant pathology, zoonotic disease awareness, and broader medical considerations. This balanced instructional model promotes **interprofessional collaboration** and prepares graduates to apply chiropractic care safely and competently within their respective scopes of practice.

Over nearly two decades, this educational model has fostered deeper understanding and mutual respect between veterinarians and chiropractors. By learning together, practitioners gain valuable insights into each other's skill sets, clinical approaches, and regulatory obligations,



breaking down barriers to collaboration and ultimately supporting more integrated, patient-centered care for animals.

5. Clarifying Diagnosis and Scope of Practice

We are pleased to see that the current proposed language from the CVO now recognizes the ability of chiropractors to diagnose within their scope of care. Animal chiropractors have long provided assessments and communicated diagnoses within their regulated scope of practice. This is required by the CCO in order to obtain informed consent and proceed with a plan of care. It is also a long-standing practice in human healthcare, where chiropractors work collaboratively alongside physicians and other health professionals.

Importantly, a chiropractic diagnosis does **not** replace a veterinary diagnosis. Rather, it complements it—by identifying MSK dysfunctions that are not typically identified through diagnostic imaging or laboratory testing and are often beyond the specific training provided in veterinary curricula.

6. Interprofessional Collaboration and Referral Culture

The proposed framework affirms direct access to chiropractors for MSK care—an important recognition of the public’s right to choose qualified providers. However, we believe that true interprofessional collaboration requires more than permissive regulation; it depends on a regulatory culture that supports open communication, mutual respect, and confidence in shared care models.

In our experience, many veterinarians remain hesitant to refer to chiropractors—not due to concerns about chiropractic care itself, but due to uncertainty or apprehension about how such referrals may be interpreted within their regulatory framework. This perception, whether intended or not, can limit collaboration and ultimately restrict access to care.

Chiropractors, by contrast, routinely refer to veterinarians to ensure that non-MSK conditions are appropriately addressed. We believe that encouraging a more supportive, clearly articulated referral culture—grounded in mutual trust and aligned scopes of practice—would benefit both professions and the animals we serve.

7. Final Thoughts

We commend the Transition Council for recognizing direct access to animal chiropractors for MSK care, affirming the ability to diagnose within scope, and continuing to acknowledge the regulatory role of the CCO. These are significant and meaningful steps forward for public access to conservative animal care and interprofessional collaboration. We respectfully encourage the Council to go one step further by fostering a regulatory culture that supports confident, collaborative, referral relationships with animal chiropractors, who provide evidence-informed care that has been safely delivered in Ontario for more than 25 years.

We appreciate the opportunity to contribute to this important consultation and to share our perspective as an established educational provider. Our goal is to support the development of a



forward-thinking regulatory environment that prioritizes animal welfare, public access to care, and interprofessional collaboration grounded in evidence and professional expertise.

Sincerely,

Dr. Kim Adie, DC, MHSc
Director, VCLC

Dr. Annette Langlois, DC
Director, VCLC

Ontario Association of Veterinary Technicians
Public Health Rabies Response Program
107-100 Stone Rd W., Guelph, Ontario N1G 5L3
Ph. [REDACTED] (844) 872-2437
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Email: rrp@oavt.org
Website: www.oavtrrp.org



April 11, 2025

College of Veterinarians of Ontario
2-71 Hanlon Creek Blvd., Guelph, Ontario N1C 0B1
Via Email to: Jan Robinson [REDACTED], Sarah Kirby [REDACTED]

Dear CVO Transition Council,

We're reaching out to you today on behalf of the Ontario Association of Veterinary Technicians (OAVT) Public Health Rabies Response Program (RRP) to offer our support for the Regulatory Concepts presented in the Regulatory Concepts Consultation, as well as to extend a thank you to the Transition Council for this important work.

We want to highlight the importance of continuing to include the authorized activities exemption allowing members to practice outside of accredited veterinary facilities if they are working under the oversight of another piece of federal or provincial legislation. This exemption is imperative to the services the OAVT RRP provides.

As you are likely aware, the RRP is managed and coordinated by RVTs working in partnership with the Ministry of Health (MOH) to facilitate rabies specimen collections from animals to send to the Canadian Food Inspection Agency for rabies testing at the request of Ontario's Public Health Units under the Health Protection and Promotion Act, Regulation 557. Approximately 150 RVTs work in this program annually providing this valuable service that contributes to rabies surveillance in Ontario helping to keep both people and animals safe from rabies. Our work is conducted independent of any day-to-day oversight from veterinarians and occurs both inside accredited facilities and on occasion outside of accredited facilities (farms, zoos, animal shelters etc.) where required.

The RRP has operated successfully under this model and framework since 2014 across the entire province. OAVT RRP RVTs working within the RRP, cover both urban and most importantly rural areas. While the program is still underserved in communities in the North, RVT's ability to work independent from the oversight or delegation from a veterinarian, as well as both in and outside of accredited facilities who are similarly underserved in these areas, has been critical to the success of the program.

Given both the success and significant importance of this program, we want to express our strong support for the inclusion of the regulatory exemption for Members Working Under the Oversight of Other Legislation as it is currently written. Keeping this exemption within the regulatory concepts will ensure that our important program can continue to function successfully and provide the critical role of helping to protect the public from rabies without requiring additional oversight or administrative work from veterinarians that would in turn decrease their ability to provide other care.

We believe that the work of RVTs in executing this program for more than a decade is a clear demonstration of our profession's ability to provide safe and well managed veterinary services independently and are pleased to see the other steps that Transition Council has taken to acknowledge this through other regulatory exemptions for RVTs. Together, these regulatory concepts will help ensure that our profession can continue to evolve in the modern world of veterinary care to enhance access to care for patients while maintaining the high standards of public safety and public protection that we need in our province.

If you have any questions regarding our comments on the regulatory concepts, please don't hesitate to reach out to us at rrp@oavt.org or by phone at [REDACTED].

Sincerely,



Kristina Cooper, RVT

Provincial Manager, OAVT RRP



Tamara Gillen, BSc., RVT

Associate Manager, OAVT RRP

April 16, 2025

Ms. Catherine Knipe
Chair, Transition Council
College of Veterinarians of Ontario

Dear Catherine,

Re: Ontario Sheep Farmers contribution to the regulatory concept discussion

Ontario Sheep Farmers (OSF) appreciates the opportunity to participate in this consultation.

OSF is a producer-run organization established in 1985 that represents the province's 3,000 sheep farmers who contribute over \$530 million to Ontario's economy. Ontario is home to the country's largest sheep flock and processes over 50% of the sheep and lambs born in Canada. We believe passionately that sheep farming is an agricultural business sector that contributes to the well-being of our communities and our province and offers unique opportunities to develop new markets, provide needed environmental benefits and grow both our domestic and international markets.

This submission is based both on the results of our consultation with members in 2023 when the Act was under review, and the organization's review of the proposed regulation documents from CVO.

Overall, our organization does not have direct issues with the high-level regulatory language that has been shared but more detail is required to fully understand the impact of the future regulations on sheep farmers. We also appreciate the recognition that veterinary care is delivered using a team-based approach and the formal recognition of Registered Veterinary Technicians in your documents.

Ontario Sheep Farmers would also like to thank the College and the Ministry again for the inclusion of pregnancy ultrasound for sheep in list of activities exempted from the authorized activities under the Act.

As the regulations are further developed, there are points Ontario Sheep Farmers will be looking to be addressed:

Authorized Activity Model

- Overall, the largest concerns our members have are the cost of and access to veterinary care. OSF supports the non-delegable activities listed in the proposal. Our members encourage the college to actively encourage veterinarians to fully utilize veterinary technicians on their teams to address the ongoing issues of cost and access to veterinary care in rural and remote communities. OSF recommends that delegable activities routinely used in sheep production continue to be assessed and updated using a risk-based model to ensure safe, effective, and timely care for animals.
- OSF likes the concept of Initiation proposed in the regulations and encourages the college to consider all possible farm emergencies under which a veterinary technician may be required to act to save the life of an animal when developing the list of authorized activities. In the case of farm animals, there are life saving activities not currently listed and, in some rural and remote regions, a veterinary technician may be geographically closer than the veterinarian in an emergency. Given limited veterinary access in many rural areas, OSF believes flexible regulations are essential to support timely, appropriate care from trained, competent individuals.

Regulatory Exemptions for Non-Members

- Ontario Sheep Farmers is supportive of the recommendation to allow pharmacists to compound, dispense and sell veterinary pharmaceuticals based on a veterinary prescription. OSF requests that regulations not prescribe delivery procedures to allow for flexibility and cost management.
- OSF is concerned that the requirements for persons providing Animal Rehabilitation services to receive instruction and training may increase already high Animal Welfare Services (AWS) rehabilitation costs or reduce the number of sites available to AWS for housing livestock if they are seized. A vet will already have been assigned to directly care for livestock under AWS, so training requirements may increase costs with no clear enhancement of animal care.

Quality-Team Based Care

- OSF recognizes the importance of a veterinarian-client-patient relationship. We request that the regulations acknowledge that farmers in rural and remote communities may not have regular contact with their veterinarian. We request that the regulations remain open to all definitions of a relationship and request that the lack of a veterinarian-client-patient relationship not inhibit treatment, at least in the short term, before a relationship can be established or re-established.

Committee and Panel Composition

- OSF supports the Council of the CVPO's intent to increase the number of public voices at the table and encourages the appointment of agricultural leaders from commodity organizations and general farm organizations to represent large animal farmers.
- Ontario Sheep Farmers believes that the process to become a member of the Council, especially those non-vet public-interest appointees, needs to be transparent. OSF requests that commodity groups are made aware of any changes to those individuals, to ensure that there are no groups with ulterior agendas appointed.

General Comments

- Ontario Sheep Farmers is requesting a list and guarantee of exemptions for person(s) who are able to provide certain specific activities as part of animal care without veterinary oversight. **The regulations must ensure that farmers and others identified continue to retain the ability to perform procedures, under exceptions and exemptions in future regulations.**
- When it comes to performing a procedure on tissue on or below the dermis, dehorning, castration and tail-docking are all procedures commonly done by non-veterinarians, which would fall under this category. Farmers (and their employees) must retain the ability to perform these procedures, when following appropriate standards of care. We also need to ensure that professionals that specialize in these procedures can continue their work under the regulations without the oversight of a veterinarian.
- Language refers to putting an instrument, arm, hand, or finger: beyond the labia majora, beyond the anus or cloaca, or into any other natural or artificial opening into the body. This potentially limits the use of artificial insemination technicians for some sheep farmers and may inadvertently limit the use of fistulated animals for teaching purposes (for example, fistulated cattle at the University of Guelph are used in animal nutrition courses, as well as for research purposes). This also potentially prevents farmers from assisting a ewe during the birthing process.
- Farmers must retain the ability to perform euthanasia as long as it is performed under the existing standards of care (i.e. NFACC Codes). It is especially important when considering animal health and welfare, or in the event of an animal health emergency.
- The practice of placing an esophageal or endotracheal tube is used on farms to administer colostrum in a timely manner as well as medicine. It is important that farmers retain the ability to utilize this animal health tool without the oversight of an RVT.
- Farmers are not regulated health professionals but already practice many of these procedures on their farm, following standard codes of practice. It is important that farmers retain the ability to perform these procedures now and through exceptions and exemptions in future regulations.

Thank you for the opportunity to comment on the regulatory recommendations proposed by the Transition Council.

Although we are discussing the regulations, we would be remiss if we did not mention our members' largest concern – the availability of small ruminant veterinarians in Ontario. There is a serious shortage of large animal veterinarians in rural and northern Ontario and the deficit is continuously growing as large animal veterinarians retire without replacements. Many of our members have vets further than 100 kms away from their farm and in northern Ontario it is even further. Farmers also contact OSF monthly to share the news of clinics closing or ending services for small ruminant clients. There is great concern among our members that emergency care will not be available when it is needed for livestock farmers as a result of the increasing veterinarian shortage and the wide geographic coverage area of most large animal clinics.

We also think it is important to increase the number of small ruminant specialists in Ontario. Our members have shared that even though they have a large animal vet, that vet predominantly serves cattle farms and does not have small ruminant expertise.

On behalf of Ontario's sheep farmers, thank you for the opportunity to participate in this important consultation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Art Alblas', with a stylized flourish at the end.

Art Alblas
Chair, Ontario Sheep Farmers

Dear CVO Transition Council,

The following letter is the collaborative opinion of ProVet Alliance, a group of approximately 140 veterinarians and 100 Registered and non-Registered veterinary technicians across Ontario. We represent 15 large animal (LA) and 9 small animal (SA) clinics. The letter is a response to the CVO's Transition Council's recommended changes to the Veterinary Act.

As a group of progressive veterinary clinic owners and associates, we acknowledge the CVO's motivation to ensure that the public continues to have access to the highest quality veterinary care for their pets and livestock. To achieve this, we also understand the CVO's initiative to enhance the role of veterinary technicians within our profession.

ProVet Alliance recognizes the important role that veterinary technicians (registered and non-registered) play in the well-being of animals under our care, through front-line triage, efficient hospital case management, and continuity of care. We also recognize how the expanded role of veterinary technicians can be especially beneficial in the truly underserved areas of Ontario, in both large and small animal practices. We feel the 3-tier approach to expanding this veterinary technician role is appropriate, however, we wish to gain some clarification. It is not clear in the document's language as to the qualification required to practice under orders or initiate. We, as ProVet Alliance, advocate that these 2 categories be reserved for registered veterinary technicians only and that veterinary technicians without the registered status be allowed to practice under delegate

It is our opinion that, central to ensuring public and animal safety while considering the expanded roles of non-veterinarian professionals, the veterinary-client-patient relationship (VCPR) must remain a central focus. We believe that the VCPR should remain exclusively between the owners or representatives of pets and livestock and a veterinarian, except in the case of a potential emergency. Veterinarians alone are best equipped to recognize the limitations of their practice and professional staff. Veterinary professionals may be better able to understand complex clinical presentations, which might preclude a treatment decision if made by a non-veterinarian prior to ensuring an established VCPR with a veterinarian.

Transition Council proposes that the provision of after-hours veterinary care remains a veterinarian member responsibility." To further this stipulation, only a veterinarian can adequately assess if they, or their coworkers, can adequately provide emergency care as part of the VCPR.

ProVet Alliance believes that appropriately trained, accredited, and regulated veterinary technicians can play an enhanced role in providing safe, high-quality veterinary care to

animals in the truly underserved areas of our province once a VCPR has been established. Our concern lies in the unintended consequences that could arise from changes to the Veterinary Act, particularly in large animal medicine. Specifically, there is the potential for questionable VCPRs to be attempted in areas of the province that are not truly underserved.

The ProVet Alliance acknowledges that one of the primary concerns of the Transition council is ensuring quality access to veterinary care for all clients and animals. ProVet Alliance encourages the CVPO to recognize this spirit behind the changes to the veterinary act while also ensuring that the letter of the changes do not allow for misuse and abuse of the new rules and regulations. Furthermore, the CVPO must be empowered to enforce the new rules to prevent or correct their misuse.

To clarify, we ask the CVO to confirm that Veterinary technician referred to throughout the document refers to Registered Veterinary Technician, a separate designation from Veterinary Technicians and auxiliaries.

ProVet Alliance members agree with the Licensure and Professional Misconduct and conflict of Interest sections of the document.

Regarding **non-delegable authorized activities** and **dental extractions**, Provet feels that all levels of dental extractions remain a veterinarian member only activity. We feel that a proper assessment of complete tooth integrity, socket assessment and underlying pathology is important to achieving high level patient care.

Regarding **delegation**;

We advocate that rectal examinations remain non-delegable tasks within veterinary practice. While there may be future adjustments to the veterinary technician education curriculum to include this skill as a core competency, current programs do not provide such training. Furthermore, we believe that diagnosing conditions is a critical component of rectal examinations and must remain exclusively within the veterinarian's scope.

Introducing rectal examinations to the list of authorized activities at this stage does not enhance public access, as a veterinarian would still be required to perform the diagnostic aspect. Moreover, such inclusion could inadvertently compromise animal welfare, as this skill is not taught prior to graduation from current technician programs.

We acknowledge that underserved areas may present unique circumstances. However, any provision to delegate this task should only be considered once veterinary technician education programs formally incorporate rectal examinations as a core competency, ensuring that technicians are adequately trained to uphold the standard of care.

Regarding **orders**;

We acknowledge the critical role veterinary technicians play in improving public access to veterinary care and recognize the importance of fully utilizing their skill set to achieve this goal. However, we advocate for the CVPO to take a proactive role in evaluating the competency of individuals authorized to perform activities within this category. Relying solely on facility directors to assess the competency of veterinary technicians may not adequately safeguard the public interest and could potentially compromise animal health.

To address this concern, we recommend that the CVPO implement a third-party evaluation process alongside the facility director's assessment. This collaborative approach would enhance accountability, ensure impartial evaluations, and ultimately promote the highest standards of public trust and animal welfare.

We recognize the integral role that veterinary technicians play in addressing gaps in underserved areas and enhancing public access to veterinary care. While we support the introduction of a new designation for veterinary technicians practicing under the "Initiation" designation, we advocate for this designation to be accompanied by comprehensive education, rigorous examination, and professional oversight. Similar to the nursing profession in human medicine—where specific designations such as RN, RPN, and NP require focused training, evaluations, and licensing, we believe veterinary technicians should follow a parallel path to ensure the highest standards of care.

We encourage the College of Veterinary Professionals (CVPO) to take an active role in overseeing the training, evaluation, and practice of veterinary technicians operating under this designation. The existing pathway through Veterinary Technician Specialists provides an excellent framework that could be expanded upon to include appropriate oversight for those seeking to practice under the "Initiation" designation. Establishing clear, well-regulated processes will bolster public trust and ensure these professionals deliver exceptional care.

With respect to the proposed changes to forms of energy that all professionals within the CVPO can use, and to the exemptions for members, the Provet group supports the proposed regulations.

Provet acknowledges that the CVPO cannot regulate other professions outside of their scope. We encourage the CVPO to ensure that quality care is provided to animals by licensed chiropractors by ensuring that the 200 hours of training required by chiropractors is species specific.

The proposed regulations regarding pharmacists, farriers and hoof trimmers, animal rehabilitation and mass culls of livestock and poultry raise no concerns with this group.

Under **“did not and should not, extend to the performance of this procedure in all species of livestock, especially in relation to equine.”** Provet suggests that sheep is also added to this note as embryo transfer in sheep is a surgical procedure and should only be performed by a veterinarian member.

ProVet Alliance supports the separation of the VCPR and client consent as separate sections to improve clarity of these important issues. Again, it is Provet's opinion that only a veterinarian should have the ability to establish a VCPR.

The veterinarians of ProVet Alliance support the transition counsel's recommendation that the provision of after hour emergency care remain a veterinary member responsibility. The veterinarians of the ProVet Alliance, strongly encourage the CVPO to outline what a written agreement on how emergency services will be provided by the accredited facility should encompass and what actions will be taken by the COVP if the document falls below the standard of care.

It is also the opinion of the Provet Veterinarians that the requirements for Quality Assurance should be more closely aligned and equitable for both veterinarians and veterinary technicians.

Under the section titled Prescribed Offences, the CVOP states: "Offences under the *Highway Traffic Act* are included due to a member's ability to practice through an accredited mobile veterinary facility." Provet veterinarians propose that the CVPO outline the consequences to the members for these reportable offenses.

Thank you for your consideration and for allowing our voice and opinions to be heard.

Sincerely,

Provet Alliance Members

Jean Cyr DVM

Navan Veterinary Services

President ProVet Alliance



Ontario Association of Swine Veterinarians

Sarah Kirby
Director, Policy

Jan Robinson
Registrar & Chief Executive Officer

College of Veterinarians of Ontario
2-71 Hanlon Creek Blvd,
Guelph ON,
N1C 0B1

April 16 2025

Dear Sarah Kirby,

The Ontario Association of Swine Veterinarian thanks you, Jan Robinson and the CVO transition board for the opportunity to comment on the proposed CVO Regulatory Concepts. Please find attached our comments where relevant. We look forward to consult further as the process continues to regulation and bylaw development.

Please feel free to reach out if questions.
Yours sincerely

Dr. Jordan Buchan – President

Dr. Brad De Wolf - Past President

Dr Conor Voth - Vice President

Dr Glenn Armstrong – Executive Member

OASV
c/o Jim Fairles – Executive Assistant OASV
jfairles@uoguelph.ca

OASV CVO Regulatory Concepts Consultations April 16 2025

Licensure

- [Licensure](#)
 - General - It has been indicated that this includes both full and limited licensure – we do acknowledge that a clear path is needed for both full and limited licensure for swine veterinarians in Ontario. Recruiting veterinarians for swine practice can be difficult and it is imperative that all options for qualified veterinarians remains open.
 - Provisional – no comments
 - Short Term – no comments
- [Professional Misconduct](#) – This is a long and comprehensive list – Food animal veterinarians including swine veterinarians are always using their professional judgment in order to prevent placing themselves in a conflict of interest. There may be instances where there may be a perception by others that there is a conflict. Point number 60 may be open to interpretation. We would welcome an expanded definition that veterinarians in corporate or other employment situations are always making sure that the animal’s needs are balanced and come first.
- [Conflict of Interest](#) – We contend that details will be important here. Some veterinarians in swine practice do work for companies and other organizations that may create a perception of a conflict of interest.

“that a member must determine whether an interest may affect their professional judgement or may create a reasonable perception that their professional judgement has been influenced and take steps to avoid or manage the conflict”.

We would want to comment on what the language would look like around this.

Food animal vets have always had this issue and of course always attempt to abide by their moral compass.

One example could be discounts for exclusive pharma use – which if the same efficacy exists as other products then no issues would exist. Vets in food animal practice are always attempting to maintain the sweet spot of efficacy, price and animal welfare.

Authorized Activities

- [Non-Delegable Activities](#) – no issues (see delegation)
- [Delegation](#) – There are many auxiliaries (we will use this term in the absence of possible other terms for unregistered technicians) as part of the team in food animal vet medicine and it would be prudent to make sure that they remain a viable and important member of the team. Some delegated activities are very specific and focused and lend themselves to detailed on the job training so that they can be performed with direct and / or indirect supervision. These could include:

- Executing treatment plans from Vet derived SOP
 - Processing crews (piglet castration / teeth and tail docking)
 - Transabdominal Pregnancy ultrasound (Please note these are small units used transabdominally to provide a yes or no answer.)
 - Standard lab diagnostic procedures including blood collection and Post Mortem diagnostic sampling activities using a standard operating procedure set up by the veterinarian .
 - Please note that some of these activities may also be performed by the owner or agent on the farm.
- [Orders](#) – Some Registered technicians are employed by swine veterinarians. We would welcome the ability for veterinarians to provide orders for varied procedures including those listed above in delegation.
 - [Initiation](#) – The list indicated in this section is more related to companion animal practice and not relevant to food animal practice. There may be some places in swine practice where a register technician may need to initiate a procedure eg Post Mortem and lab specimen collection if the veterinarian cannot attend immediately. We would hope that these types of procedures could be included as well. There are many tools available that would facilitate these situations that are not listed here. – example - use of photos and video calls to augment SOP's.
 - [Exemptions for Members](#)

There are several situations where licensed swine veterinarians are not working from an accredited facility. Normally veterinarians working for non accredited companies or entities would be working through a veterinarian from an accredited facility and not directly with owners.

Veterinary Technicians in swine practices may be doing some of the procedures outlined in this section. OASV would welcome this and would wonder if it could be expanded to other procedures (eg as outlined under delegation above.)
 - [Forms of Energy](#) - no comments

Regulatory Exemptions for Non-Members

- [Chiropractors](#) – not applicable to commercial swine production.
- [Pharmacy](#) – OASV sees no issues in this section.
- [Animal Rehabilitation](#) – no comments
- [Embryo Implantation in Cattle](#) – no comments
- [Farriers and Hoof Trimmers](#) – no comments

- [Mass Culls](#) - OASV sees no issues with this and welcomes wording relating the activities here to current standard practices and animal welfare codes of practice.

Quality Team-Based Care

- [Veterinarian-Client-Patient Relationship](#) – A VCPR is an important cornerstone of practice. Swine veterinarians can work over a wide area with swine companies and can be licensed in several jurisdictions. Normally techs would not be involved in setting up a VCPR. We would welcome further discussion and consultation on this subject as policy is developed.
- [Informed Client Consent](#) – no comments
- [After-Hours Veterinary Care](#) - no comments other than tele/video medicine under a VCPR is large part of swine medicine including after hours care. Electronic communication is not specifically mentioned in this document.
- [Drugs](#) - This is a complex issue and is related to the food animal veterinary practice income model. The set up of a VCPR would include a discussion of pharma and vaccine distribution. Swine veterinarians also write prescriptions for feed medications and may also dispense these for clients that have their own on farm mixers.
- [Quality Assurance](#) - OASV recognizes that CE is important. We would welcome knowing how documentation will be handled in mandatory CE model. Swine veterinarians use many other methods besides traditional in-person and online CE to keep up to date (journal articles, podcasts, videos as examples)

Administrative

- [Committees and Panels](#) – OASV would welcome food animal representation and is looking forward to consultation on the Bylaws as they are developed.
- [Alternative Dispute Resolution](#) – no comments
- [Prescribed Offences](#) – no comments



Ontario Association of Poultry Veterinarians

Sarah Kirby
Director, Policy

Jan Robinson
Registrar & Chief Executive Officer

College of Veterinarians of Ontario
2-71 Hanlon Creek Blvd,
Guelph ON,
N1C 0B1

April 16 2025

Dear Sarah Kirby,

The Ontario Association of Poultry Veterinarians thanks you, Jan Robinson and the CVO transition board for the opportunity to comment on the proposed CVO Regulatory Concepts. Please find our agreement with all comments made by OASV in application to poultry medicine where relevant. We look forward to consult further as the process continues to regulation and bylaw development.

Please feel free to reach out if questions.

Yours sincerely,

Ontario Association of Poultry Veterinarians Executive Team

Dr. Brenna Tuer – President

OAPV

c/o Jim Fairles – Executive Assistant OAPV



April 16, 2025

Ms. Catherine Knipe
Chair, Transition Council
College of Veterinarians of Ontario
71 Hanlon Creek Boulevard #2
Guelph, ON N1C 0B1

Dear Catherine,

Re: Consultation on Proposed Veterinary Regulatory Concepts

The Ontario Federation of Agriculture (OFA) appreciates the opportunity to provide input on the College of Veterinarians of Ontario (CVO) Transition Council's **Consultation on Proposed Veterinary and Regulatory Concepts**. Our topline feedback is summarized below:

- **Regulation of Veterinary Medicine:** OFA supports the regulation of veterinary medicine through a 'one profession, two professionals' model.
- **Licensure:** OFA supports two classes of licensure for veterinarians and veterinary technicians, and the continuing limited licensure model.
- **Authorized Activities:** OFA supports the authorized activity model.
- **Delegation:** OFA believes that lower-risk activities exist that can be performed by trained and skilled individuals, or under delegation.
- **Risk-Based Assessment:** OFA recommends that activities routinely used in livestock and poultry production continue to be assessed and updated using a risk-based model.
- **Initiation:** OFA supports veterinary technician members independently performing certain activities without an order or delegation.
- **Non-Member Exemptions:** OFA supports regulatory exemptions for non-members.
- **Administrative:** OFA supports diverse perspectives on committees and panels.
- **Veterinary Shortage:** Regulations need to balance between protecting animal health and the practical realities of the veterinary shortage.

The OFA is the largest general farm organization in Ontario, proudly representing more than 38,000 farm family members. OFA has a strong voice for our members and the agri-food industry on issues, legislation and regulations administered by all levels of government. We are dedicated to ensuring that the agri-food sector and rural communities are considered and consulted with for any new or changing legislation that would impact the sustainability and growth of our farm businesses.

Animal agriculture is vital to the economic health of Ontario's rural communities, and veterinarians are a key part of that foundation. They play an essential role in protecting animal health and welfare, while also ensuring a safe and secure food supply. Yet, many rural and remote areas continue to face serious barriers to accessing timely veterinary care for livestock. The ongoing shortage of veterinarians and veterinary professionals poses a growing barrier to the viability and

sustainability of Ontario’s agrifood sector. Without access to timely and reliable veterinary services and care, rural communities, farm animals, and Ontario’s food system are placed at considerable risk.

OFA supports the efforts to modernize the regulation of veterinary medicine through a “one profession, two professionals” model. Overall, OFA believes that the regulatory concepts outlined in the consultation do a good job of reflecting the evolving practice of veterinary medicine through team-based care.

Licensure

OFA supports the proposed licensure regulatory concepts, including the two classes of licensure for veterinarians and veterinary technicians. The concept does well to support that veterinary care is delivered utilizing a collaborative, team-based care model that recognizes the contributions of all veterinary professionals. OFA appreciates continuing the limited licensure model, allowing those individuals with a narrowed scope of practice to continue practicing. This flexible, inclusive licensure framework supports competency without creating unnecessary barriers to practice.

Authorized Activities

OFA acknowledges the need to define and regulate “restricted acts” to protect animal health and public safety. Certain activities carry with them a higher level of risk of harm or potential harm to animals and the public; We believe these activities should remain non-delegable and only be performed by veterinarian members. OFA understands that owners, their household members, and their employees retain the right to treat their animals, including performing authorized activities. This provision aligns with the realities of livestock production, where many producers perform certain activities on their animals, such as ultrasound, competently and safely.

OFA supports developing regulation language that outlines circumstances in which veterinarian members will be permitted to delegate the practice of clinical veterinary medicine, including authorized activities, to veterinary technician members, and auxiliaries. We also support continuing the three levels of supervision, immediate, direct, and indirect currently contained in Regulation 1093 under the *Veterinarians Act*. OFA continues to believe that certain lower-risk activities, such as pregnancy checking, should be able to be performed by trained and skilled individuals, or under delegation. OFA recommends that activities routinely used in livestock and poultry production continue to be assessed and updated using a risk-based model to ensure safe, effective, and timely care for animals.

OFA supports regulatory provisions that support utilizing the skillset possessed by veterinary technicians, including initiation, where veterinary technician members can independently perform certain activities without an order or delegation. This would provide for more timely care, especially in instances that are urgent or in the event of emergencies.

OFA would like to reiterate that access to veterinarians in many rural areas of the province is extremely limited. Routine and emergency farm procedures are often time-sensitive and essential for animal welfare; Delays due to veterinarian availability can result in greater harm than if a trained producer or technician acted promptly. Given limited veterinary access in many rural areas, OFA believes flexible regulations are essential to support timely, appropriate care from trained, competent individuals.

Regulatory Exemptions for Non-Members

OFA strongly supports regulatory exemptions for non-veterinary members performing low-risk, essential procedures, especially where these practices are guided by veterinary protocols. We support exemptions for practitioners such as pharmacists, farriers, hoof trimmers, and those involved in mass culls or embryo implantation, acknowledging their competency and expertise in low-risk, essential procedures. Excluding these practitioners would not reflect the reality of modern farm management and risks undermining effective care.

Quality Team-Based Care

OFA approves of a team-based approach that leverages the complementary skills of veterinarians, veterinary technicians, and trained individuals. OFA supports the regulatory concepts surrounding veterinarian-client-patient-relationships, informed client consent, after-hour veterinary care, and provision of drugs in veterinary practices.

Administrative

OFA supports regulatory concepts that improve clarity and transparency, and streamline dispute resolution processes. OFA appreciates the inclusion of “diverse voices” on future committees and panels of the College of Veterinary Professionals, including general members of the public. This aligns with OFA’s belief that a varied membership on committees and panels is important to provide a diverse perspective on a health- and medical-based industry. OFA would like to reiterate our previous recommendation that a large-animal or food-producing animal veterinarian, and a representative from agricultural organizations be included on committees and panels to ensure the rural and agricultural perspective is included.

Additional Considerations

Importance of Access to Care

OFA remains concerned about the growing lack of access to timely veterinary care in many parts of rural and northern Ontario. In many of these areas, producers are often the first responders to animal health issues and rely on training and experience to deliver appropriate care when veterinary services are not immediately available. Future regulations must strike a balance between protecting animal health and welfare and recognizing the practical realities of Ontario’s veterinary shortage. Rigid regulations could inadvertently reduce positive animal welfare outcomes by delaying necessary interventions or creating regulatory ambiguity for producers trying to act in good faith. Future regulations must be flexible and consider the realities of rural livestock production to ensure timely and appropriate care is available and that animal health and welfare are protected.

Clarity and Practicality of Authorized Activities and Restricted Acts

OFA recommends that future regulations regarding authorized activities and restricted acts continue to be based on clear risk assessments and allow for exemptions in low-risk or well-established practices.

Emergency and Crisis Situations

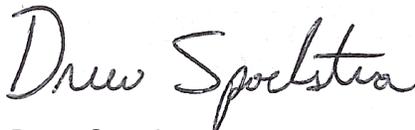
OFA would like to emphasize the importance of an effective and timely response when responding to animal health emergencies, disease outbreaks, or other crises in protecting the health of humans and animals, and the food supply chain. Future regulations should continue to consider emergency exemptions to ensure flexibility in crisis situations.

Collaborative Regulation and Stakeholder Engagement

OFA appreciates the collaborative process to date in the development of the regulatory concepts. We encourage CVO and the government to continue working with the agricultural sector to ensure that future regulations are practical, proportionate, and reflect the shared commitment of veterinarians and farmers to high standards of animal health and welfare. We recommend that any new or revised regulatory provisions be accompanied by sector-specific guidance and education, and pathways for formal training or certification where appropriate.

OFA appreciates the opportunity to provide feedback on the CVO's **Consultation on Proposed Veterinary Regulatory Concepts**. We welcome continued dialogue with CVO and the government to ensure future regulations under the *Veterinary Professionals Act* support both animal health and welfare, and the sustainability of Ontario's veterinary and agricultural sectors.

Sincerely,



Drew Spoelstra
President

cc: OFA Board of Directors

This submission has been approved by OFA's Board of Directors and will be posted to OFA's website: <https://ofa.on.ca/resources>.

OAVT Regulatory Concepts Consultation Response



April 16, 2025

**Ontario Association of Veterinary
Technicians
OAVT Board of Directors**



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Letter From the President

Dear Transition Council Members and College Staff,

On behalf of the Ontario Association of Veterinary Technicians (OAVT) and our Board of Directors, I am pleased to share our response to the proposed regulatory concepts that will form the basis for the regulatory framework under the new *Veterinary Professionals Act, 2024* (VPA or legislation). The OAVT greatly appreciates the opportunity to provide feedback on the regulatory concepts proposed by the Transition Council and the College of Veterinarians of Ontario (CVO or the College), and we commend you for the outstanding work you have done to reach this stage.

We have been particularly pleased to see the extent to which your work has been shaped by ongoing discussions with the OAVT and other key stakeholders, as reflected in the regulatory concepts themselves. As we continue to move toward the implementation of a “one profession, two professionals” model in Ontario, your efforts to include, understand, and represent the voices and needs of Registered Veterinary Technicians (RVTs) have been noticeable, setting the tone for how the profession will be governed in the future. We thank you for that effort and believe the results of your work demonstrate its importance.

Overall, the OAVT strongly supports the regulatory concepts and believes they will effectively guide our profession's transition into the new legislative and regulatory framework. We have also identified areas where further refinement is needed, either now by the Transition Council or in the future by the newly formed Council of the College of Veterinary Professionals of Ontario (CVPO), to ensure the legislation meets its dual goals of enhancing access to veterinary care while maintaining robust public protection.

Through this submission, we have outlined our overall position on the concepts and provided specific areas within those concepts for further consideration as the Transitional Council and the College reflect on the feedback gathered from all interested parties. We look forward to continuing to work with you towards the successful transition and modernization of veterinary medicine in Ontario.

Thank you once again for your hard work and thoughtful consideration in drafting these regulatory concepts. Please do not hesitate to reach out if you would like to discuss any aspects of our submission with our leadership team.

Sincerely,



Hailey Farkas, RVT
President, OAVT

Overarching Themes

The OAVT has identified several themes within the regulatory concepts that merit further consideration to ensure their effective alignment with the goals and intended outcomes of the VPA. The feedback aligns with the strategic vision of the veterinary profession's direction and will ensure that future innovation is not hindered or limited by the current presentation of the regulatory concepts, all while maintaining a strong focus on public protection.

OAVT Position on Regulatory Exemptions for Non-Members as it relates to the Authorized Activity Model

One area of overarching concern identified by the OAVT is the disparity created by provisions within the third regulatory concept, Regulatory Exemptions for Non-Members. As currently written, this regulatory concept would permit non-members to perform a broader scope of authorized activities than a veterinary technician member. For example, the regulatory exemption for farriers and hoof trimmers permits activities that verge on or could be considered major surgery and would, therefore, be non-delegable by a veterinarian member; however, these activities are permitted to be performed by a non-member of the CVPO.

Consequently, some regulatory concepts as they are currently drafted may discourage RVTs from obtaining or maintaining licensure, as they would be able to offer different or additional forms of care if unlicensed.

The OAVT believes it is important that in meeting the dual goals of the VPA, public protection and expanding access to care, non-licensed animal care providers should not have access to the same or higher-risk aspects of the practice of veterinary medicine, with less oversight than a veterinary technician member.

OAVT Position on Enabling Future Innovation in the Veterinary Profession

The OAVT appreciates the Transition Council and the College's efforts to align with existing veterinary practices in regulation and understands that the Transition Council's mandate focuses on transitioning to the modernized regulatory framework. As we move forward in the regulation development process, the OAVT proposes that greater consideration be given to how the skills, education, and training of veterinary technician members can be leveraged to enable future innovation and progress in veterinary medicine.

For instance, the development of regulatory concepts presented an opportunity to create conditions that would enable veterinary technician members to make greater contributions to support the health and well-being of animals while still maintaining public protection. For example, the regulatory concepts could have allowed for the full scope of activities available to veterinary technician members under initiation to also be available to veterinary technicians operating out of in-home mobile care, rehabilitation, or other settings.

Moreover, achieving the legislation's future-looking objective to enhance access to care may be limited if the regulatory framework continues to restrict veterinary technician members by

mandating and enabling another professional (i.e., veterinarians as facility directors) to impose, at will, limitations on the scope of activities veterinary technician members are permitted to perform. Allowing veterinary technician members to carry out authorized activities, guided by their knowledge, skills, and professional judgment, would not pose a risk so long as these activities are carried out within their sphere of competence.

OAVT Overall Position on Authorized Activity Model – Facility Accreditation

The OAVT looks forward to continuing discussions with the CVPO and the new Council about allowing veterinary technician members to perform authorized activities under initiation within their own facilities, thereby enabling greater access to care while still maintaining appropriate oversight and ensuring public protection.

OAVT Overall Position on Specific Language related to ‘Clinical Veterinary Medicine’

While the regulatory concepts repeatedly refer to “clinical veterinary medicine,” there does not appear to be a standard definition for the term that clarifies the activities it encompasses. Clinical veterinary medicine needs to be defined in a manner that aligns with the VPA’s goals of ensuring access to care without restricting the ability of members to provide care in all situations where it is required. Examples may include in-home mobile care or rehabilitation settings, wildlife rehabilitation centres, and animal shelters.

Addressing these concerns will help ensure that the regulatory framework supports the advancement of veterinary medicine while meeting the needs of professionals and the public.

Summary of Feedback

To align the regulatory concept with the intended goals of the VPA, the OAVT has proposed several practical solutions that refine key areas of the regulatory concepts. This effort aims to foster equality, encourage future innovation, and support expanded access to care, all while maintaining a high standard of public protection.

Proposed changes to address overarching areas for improvement throughout the regulatory concepts:

- Limit the scope of the authorized activities available for non-members to prevent disparities that could discourage veterinary technicians from obtaining or maintaining licensure.
- Leverage the skills, training and education of veterinary technician members to enable future innovation and progress in veterinary medicine and enhance access to care.
- Create space for open and continued dialogue around facility accreditation, particularly as it relates to enabling veterinary technician members to perform authorized activities under initiation within their own facilities to enhance access to care.
- Establish a clear and inclusive definition of "clinical veterinary medicine".

OAVT Feedback on the Proposed Regulatory Concepts

Licensure

Transfer of RVT Licenses from the OAVT to the CVPO

The OAVT supports the overall approach to licensure proposed in the regulatory concepts and appreciates the efforts of the Transition Council and College to provide a specific path for current RVTs to become licensed with the CVPO.

We recommend that the language regarding the ‘veterinary jurisprudence module’ be consistent for both classes of professionals. Specifically, while it states for veterinarians that “completion of this module will **not** affect the transfer of a veterinarian’s license,” no such assurances are given to RVTs. It is critical that the transfer of RVT members from the OAVT to the CVPO is as smooth and simple as possible. While we understand that an application process is required and that it is important for all members to understand the legislative and regulatory framework under which they will be working, we want to ensure that the "specific pathway" developed for OAVT members does not create barriers to licensure.

We look forward to receiving and discussing additional details regarding the transfer of professionals from OAVT regulation to CVPO regulation, such as the details of:

- The "specific pathway" for OAVT members.
- Clarity on how the CVPO will ensure that RVTs can continue to practice veterinary medicine and maintain public protection while their registration with the OAVT switches to licensure with the CVPO during the transition period.
- How the College will ensure that the OAVT, as the regulator and professional association, will be involved in defining the competency requirements for the licensure of veterinary technicians.

Licensure – Professional Misconduct

When finalizing and enacting the new professional misconduct regulations under the VPA, it will be critical for the CVPO to ensure that ongoing education and support are available for veterinary teams to understand how the new framework impacts them and their work. This will be particularly important regarding Section 13 and Sections 42-47 of the professional misconduct regulatory concept.

Section 13: Failing to take reasonable steps to prevent another member from committing or repeating an act of professional misconduct where the member knows or ought to know that an act of professional misconduct may be committed.

Sections 42-47:

42. Permitting, counselling or assisting a person to perform an authorized activity that the person is not authorized to perform.

- 43. *Performing an authorized activity that the member is not authorized to perform.*
- 44. *Performing an authorized activity where the performance of that activity is for an improper purpose.*
- 45. *Delegating an authorized activity in contravention of the Act or these regulations.*
- 46. *Performing an authorized activity without the necessary knowledge, skill and judgment to perform the authorized activity.*
- 47. *Delegating an authorized activity to a person without ensuring that person has the knowledge, skill and judgment to safely perform the authorized activity.*

The mandatory reporting requirements outlined in Section 13 must be closely linked to whistleblower protections and protections against retribution, as specified in the VPA, ensuring that existing employee/employer power dynamics do not negatively impact the reporting of, or result in instances of, professional misconduct.

Additionally, clarity is needed on where reporting requirements begin and end. For example, it should be clear whether the requirement to report professional misconduct applies only to incidents that occur within the confines of a workplace or if it extends to a member's personal life outside of work.

The OAVT also suggests that additional clarity is needed for Section 11.

Section 11: Where an animal has died unexpectedly during, or as a result of, a veterinary procedure, failure on the part of a veterinarian member to promptly inform the client about the availability of a necropsy through another veterinarian.

Enhancing this language by adding "referral for" after "availability of" would help protect the public in cases of unexpected death by ensuring that animal owners fully understand that a necropsy may be performed by a different veterinarian than the one they are currently engaging.

While the intent of Section 59 is appropriate, the OAVT has concerns about how it would apply in practice.

Section 59: If another member's license is suspended or has been revoked, cancelled or terminated, a designated facility director doing any of the following related to the practice of veterinary medicine:

- a. *retains or uses the services of that member,*
- b. *employs or is employed by the member,*
- c. *maintains a partnership or association with the member or is a shareholder in a professional corporation in which the member is a shareholder or of which the member is an employee, or*
- d. *directly or indirectly receives, makes or confers any remuneration or benefit from or to the member.*

The draft regulation suggests that if the owner of a veterinary facility, who is not the Veterinary Facility Director, has their license suspended—for instance, as a result of a

criminal charge—then in the case of a multi-veterinarian practice, the Veterinary Facility Director may not continue working without facing a professional misconduct charge themselves. It is important that the continuity of care for animals at a veterinary practice not be broken as a result of inappropriate actions on the part of one individual or owner.

Summary of Feedback

The OAVT's recommendations on the regulatory concepts for licensure under the VPA are aimed at ensuring that RVTs currently registered to practice in Ontario do not face barriers to becoming licensed with the CVPO. Additionally, they are intended to ensure that the professional misconduct regulations, which we support, are written in a way that makes them as clear and effective as possible while promoting the appropriate continuity of patient care.

Proposed changes to the Licensure regulatory concept:

- Update the regulatory concepts using consistent language regarding the 'veterinary jurisprudence module' for both veterinarians and RVTs.
- Work with the OAVT to create the "specific pathway" for OAVT members transitioning to CVPO licensure and provide clarity on how members can continue practicing veterinary medicine while transitioning from OAVT registration to CVPO licensure.
- Involve the OAVT in defining competency requirements for Veterinary Technician licensure.
- Offer ongoing education and support for veterinary teams to understand the impact of new professional misconduct regulations under the VPA.
- Include mandatory reporting requirements (Section 13) with whistleblower protections to prevent retribution and address employee/employer power dynamics.
- Clarify the scope of reporting requirements under Section 13.
- Modify the language in Section 11 by adding "referral for" after "availability of".
- Provide additional clarity to Section 59 as it relates to how the continuity of care at a veterinary practice will be maintained if an owner's license is suspended.

Authorized Activity Model

Non-Delegable Activities

The OAVT supports the proposal for a CVPO policy on what constitutes a dental extraction. This definition must be crafted in a manner that allows for the development of a standard that is safe for patients and professionals while reflecting the expertise of both veterinarians and veterinary technicians.

Additionally, differentiating between a clinical assessment and a medical assessment is a welcome addition as it is an essential mechanism to ensure that veterinary technicians can effectively contribute to addressing access-to-care challenges. Therefore, we strongly support this distinction.

Delegation

The OAVT understands why the Transition Council has taken the position that there can be no sub-delegation of activities by veterinary technician members. Furthermore, we appreciate that other regulatory tools are available to ensure the absence of sub-delegation does not impede the standard workflow of a veterinary team. Nonetheless, we believe it is crucial that after the transition period, this regulation and its impacts be re-examined. This review is essential for the profession's continued evolution, where enabling veterinary technicians to fully apply their skills, education, and professional judgment enhances access to care, all while maintaining appropriate regulatory oversight in the interest of public safety.

Order

The OAVT strongly supports the inclusion of order as a regulatory tool within the proposed regulatory concepts. We specifically believe that the 'Other Notes' in this section are essential for ensuring the proper functioning of orders within modern veterinary practice and want to confirm their intent is reflected in the final regulatory language.

We are also fully supportive of the proposal to include all delegable activities for use in orders. Anything less than this will reduce access to care and potentially pose a greater risk to the public when care cannot be provided in a timely manner. Similarly, as noted in our Overarching Themes section, we believe it will be important for future Councils to consider how the role of the Veterinary Facility Director, and the personal beliefs or values of the individual in that role, could further limit the ability of veterinary technicians to deliver necessary care that they are competent to provide.

In addition to our support for the use of orders as a regulatory tool, the OAVT is mindful of the administrative burden that could be placed on veterinary teams to ensure that orders are appropriately created, maintained, and implemented. The requirement for each order to be a written document, along with the volume of procedures or activities that could be enabled through an order, may create unintentional barriers due to the substantial workload for Veterinary Facility Directors. Given the already significant administrative burden associated

with the veterinary profession, which can contribute to burnout, we strongly encourage the CVPO to develop standards or templates that could assist veterinary facilities in creating orders that meet all the regulatory requirements.

Initiation

The OAVT strongly supports the inclusion of initiation as a regulatory tool available exclusively to veterinary technician members within the new framework. We support the requirement to obtain informed client consent, the proposed definition, and the proposed list of authorized activities that would be available under initiation.

To facilitate and streamline the provision of care in a veterinary facility, we would like to ensure that order and initiation can be used in coordination with one another. For example, if a veterinary technician member performs a clinical assessment, collects a blood sample, and completes a preliminary hematological laboratory test under initiation, to which the results of that laboratory test are specified within an applicable order, the veterinary technician member can then continue to provide care through the use of additional authorized activities permitted by that order, without additional steps or engagement with a veterinarian.

The OAVT believes that coordinating these regulatory tools to efficiently carry out the performance of authorized activities through order and initiation is crucial. This ensures that the provision of care is not unnecessarily interrupted, which could increase the risk of harm to a patient and reduce the ability of veterinary technician members to contribute to expanded access to veterinary care.

General Comment on Order & Initiation

To maintain the highest level of public protection while ensuring that veterinary technicians can fully contribute to the veterinary team, it is crucial that only licensed members of the CVPO are permitted access to order and initiation as regulatory tools for the purpose of carrying out authorized activities. Any deviation from the proposed regulatory language could seriously diminish the value of licensure for RVTs and consequently create new situations where veterinary technicians are discouraged from obtaining or maintaining a license with the CVPO, as highlighted in our Overarching Themes section.

Forms of Energy

The OAVT has no additional comments to provide on this topic at this time.

Specific Exemptions for Members - Employees of the Crown

The OAVT has no additional comments to provide on this topic at this time.

Specific Exemptions for Members – Under Other Legislation

The Ontario Rabies Response Program (RRP) is managed and coordinated by RVTs working in partnership with the Ministry of Health. The program facilitates the collection of specimens from deceased animals, which are sent to the Canadian Food Inspection Agency for rabies testing at the request of Ontario’s Public Health Units and under the legislative and regulatory framework of the *Health Protection and Promotion Act*, Regulation 557. Since 2014, the RRP

has successfully operated across the province under this model and framework, serving as a critical surveillance tool for monitoring the prevalence and spread of rabies in Ontario.

This exemption for members operating under the oversight of other legislation is crucial to ensure that the RRP can continue to protect Ontarians from rabies, and the OAVT strongly supports its inclusion in the regulatory concepts.

Specific Exemptions for Members – Veterinary Technician Members Working under a Veterinarian’s Treatment Plan

The OAVT greatly appreciates the inclusion of this exemption for veterinary technician members and acknowledges the considerable efforts that were dedicated to its inclusion in the regulatory concepts document. We specifically commend the staff at the CVO and the members of the Transition Council for their commitment to engaging in the extensive discussions necessary to grasp the significance of this exemption. The OAVT has been concerned since the introduction of the VPA about the potential unintended consequences of section 22 of the Act, which restricts the ability of RVTs to continue providing the care they currently offer through their own businesses, thereby reducing access to care, which stands in direct opposition to the express goal of the legislation.

To ensure that the regulatory exemption is as effective and minimally intrusive on the current practices of both veterinary facilities and RVT businesses, we believe several important changes should be made:

- The requirement for veterinary technician members to use supplies “provided by the veterinarian member (including drugs)” should be divided into two regulations that distinguish between ‘supplies’ and ‘drugs’.
 - The language for the ‘drugs’ regulation should specify that the veterinary technician member must use drugs “prescribed by” the veterinarian member rather than “provided by” to ensure that veterinary technician members can offer their services if an animal owner has chosen to exercise their right to obtain the drugs from a pharmacy rather than their veterinarian.
 - The language for the ‘supplies’ regulation should be revised to permit veterinary technician members to purchase their own supplies or utilize those provided by an animal owner, as long as, based on their professional judgement, the supplies are appropriate and suitable for carrying out the treatment plan.

In current practice, the decision of which supplies to use while performing veterinary procedures or treatments is often left to the judgment of RVTs. Limiting their ability to make these professional judgments under the new regulatory framework would hinder a veterinary technician member’s capacity to provide enhanced access to care by preventing them from prioritizing the needs of the animal they are treating.

A significant contributing factor for pet owners seeking home care services from an RVT is the desire and need to reduce fear, anxiety, and stress for the animals receiving care. Without the ability to make determinations about the appropriate supplies to use, such as which size needle to use, these businesses will not be able to accommodate the individual needs of a

patient and, in turn, be unable to ensure that the animal, owner, and veterinary technician remain safe during the delivery of care.

Furthermore, RVTs already purchase supplies directly from the same suppliers that serve veterinarians, ensuring there will be no change in the quality or sterility of the supplies used. In cases where an animal owner chooses to use their own supplies, the professional judgment of the veterinary technician member, which is sufficient to determine whether supplies are appropriate in a clinical setting, should also be sufficient to determine if those supplies are appropriate in another setting.

Regarding the proposed change to the regulatory concept concerning veterinary technician members' ability to administer drugs, the change from "provided by" to "prescribed by" is important to ensure that this concept aligns with the College's efforts to strengthen the ability for the public to purchase drugs at locations other than their veterinary clinic. These regulatory changes are necessary to respond to the claims made by the Competition Bureau of Canada, and the OAVT would like to ensure that all areas of the regulatory concepts are aligned in this effort.

Specific Exemptions for Members – Veterinary Technician Members Working Based Upon a Written Referral from a Veterinarian Member

The OAVT greatly appreciates the inclusion of this exemption for veterinary technician members and acknowledges the effort involved in ensuring that the need for this exemption was thoroughly understood so it could be appropriately addressed.

We look forward to the discussions regarding which authorized activities will comprise the proposed list.

Specific Exemptions for Members – Veterinary Technician Member Employed by a Non-Veterinary Animal Care Provider

This exemption, as written, continues to allow non-licensed individuals employed by a business operating under certain statutory exceptions or regulatory exemptions to perform a greater scope of authorized activities than a veterinary technician member employed by the same business.

For instance, this proposed regulatory concept only recommends two limited and specific examples of situations in which a veterinary technician member of the CVPO would be permitted to perform a narrow scope of authorized activities when employed by a non-veterinary animal care provider – such as a farmer/producer. Meanwhile, the VPA under Schedule 1, Section 2.2 permits anyone "employed for general agricultural or domestic work by the owner of the animal" to be exempt from the regulatory framework of the authorized activities entirely. It is, therefore, logical to conclude that if a farmer/producer, a non-veterinary animal care provider, employs two individuals- a veterinary technician member and a general agricultural worker- the general agricultural worker would have a greater ability to provide care for the animals owned by the farmer than that of the veterinary technician member.

This scenario, resulting from the proposed regulatory concept as written, completely contradicts the goals and intent of the legislation to provide enhanced access to care while

maintaining high standards of public protection. An individual who has been educated, trained, and licensed must be able to provide, at a minimum, the same level of care for animals, if not greater, than an unlicensed individual in all situations and circumstances if the value of licensure with the CVPO is to be upheld. Failure to address this will significantly discourage licensure, as animal care providers will realize that it is more advantageous to remain unlicensed and thus not subject to full regulatory oversight.

Specific Exemptions for Members – General Comment on VCPRs, Accountability and the Provision of Care Outside of an Accredited Facility

Based on the requirements outlined in regulatory concept four, Quality Team-Based Care: Veterinarian-Client-Patient Relationship (VCPR), a VCPR is to be formed through an accredited veterinary facility, and the VCPR must be established and maintained by the veterinarian who is creating the treatment plan or making the referral to enable the provision of care under these regulatory exemptions for members. The OAVT believes that additional detail and specificity surrounding accountability are needed for these proposed regulatory exemptions, ensuring greater clarity regarding who is accountable if a negative outcome occurs while care is provided under these exemptions.

For example, if a veterinary technician member is delivering care pursuant to a veterinarian’s treatment plan and the patient experiences an adverse reaction or negative outcome, does the accountability rest with the holder of the VCPR, the creator of the treatment plan, the individual providing care, or is it shared among all involved? Furthermore, would the question of joint or shared liability be decided on a case-by-case basis by the CVPO or another qualified adjudicator?

Summary of Feedback

The OAVT’s recommendations aim to support the authorized activities model by clarifying and strengthening the order and initiation tools, enhancing the proposed exemptions for members, and ensuring that the regulatory concepts do not inadvertently dissuade licensure.

Proposed changes to the Authorized Activities Model regulatory concepts:

- Create a space for open and continued dialogue on the opportunity for sub-delegation by veterinary technicians after the transition period to ensure the profession can evolve over time.
- Develop standards or templates to aid in the creation, maintenance, and implementation of orders to minimize the administrative burdens on veterinary teams.
- Clarify that order and initiation can be used together in veterinary practice to enable seamless provision of care not available under initiation but accessible through other regulatory mechanisms.

- Split the regulation requiring veterinary technician members to use supplies “provided by the veterinarian member (including drugs)” into separate regulations for ‘supplies’ and ‘drugs.’
- Specify that drugs must be prescribed by the veterinarian rather than “provided by” to allow animal owners to obtain drugs from pharmacies if they choose.
- The ‘supplies’ regulation should be changed to allow veterinary technician members to purchase their own supplies or use those provided by animal owners, as deemed appropriate using their professional judgment.
- Regulations should explicitly allow veterinary technician members to make professional judgments about the supplies they use, such as needle size, to prioritize animal needs and ensure safe, effective care.
- Enhance the proposed exemption to ensure that unlicensed individuals employed by a non-veterinary animal care provider cannot perform a greater scope of authorized activities than a veterinary technician member employed by the same individual.

Regulatory Exemptions for Non-Members

Chiropractors

The OAVT has no additional comments to provide on this topic at this time.

Pharmacy Professionals

The OAVT has no additional comments to provide on this topic at this time.

Animal Rehabilitation

The current College public policy statement “Use of Forms of Energy in the Treatment and/or Care of Animals” classifies the use of any laser above Class 3B as moderate risk. The OAVT believes that, given the acknowledged risks associated with Class IV lasers and above, only regulated professionals, whether regulated by the CVPO or another professional regulatory body, should have access to this authorized activity. Therefore, the proposed regulatory concept should be amended to remove the reference to Class IV lasers for non-members.

This change will enhance the protection of the public and animals by ensuring that only those subject to regulatory oversight will have access to authorized activities that are considered to be “moderate or high risk”¹.

Farriers & Hoof Trimmers

This proposed exemption allows for the performance of high-risk authorized activities that verge on being non-delegable from a veterinarian member. Specifically, performing a procedure below the dermis if it remains within or below the coronary band and within the structure of the hoof, could constitute major surgery in some situations and pose serious risks

¹ College of Veterinarians of Ontario Policy Statement (2021). Use of Forms of Energy in the Treatment and/or Care of Animals.

to an animal. The OAVT believes that to ensure adequate public protection without restricting access to care, the regulatory exemption should be revised to specify that this procedure should only be done by an unlicensed individual who is a farrier or hoof trimmer when doing so with veterinarian oversight.

Moreover, the OAVT wants to clarify that this serves as another example of an exemption that may inadvertently dissuade veterinary technicians from seeking licensure, as this exemption may grant greater freedom and autonomy to perform authorized activities as a farrier or hoof trimmer without having to pursue licensure. Specifically, no veterinary technician member would be permitted to perform a procedure below the dermis if it verges on major surgery, as it would be deemed a non-delegable activity. However, this regulatory concept implies that if the same individual were to relinquish their license, they could perform these procedures as a farrier or hoof trimmer.

It is imperative that the regulatory concepts address this persistent devaluation of veterinary technician licensure to safeguard against inadvertently discouraging qualified individuals from seeking licensure.

Mass Culls of Livestock & Poultry

The OAVT has no additional comments to provide on this topic at this time.

Embryo Implementation in Cattle

The OAVT has no additional comments to provide on this topic at this time.

Summary of Feedback

The OAVT's recommendations for changes to the regulatory concepts within Regulatory Exemptions for Non-Members aim to enhance public protection and ensure that qualified individuals are not dissuaded from obtaining or maintaining licensure with the CVPO due to an increased ability to provide care to animals if they do not hold a license.

Proposed changes to the Regulatory Exemptions for Non-Members Regulatory Concept:

- Revise the proposed regulatory concept to remove the reference to Class IV lasers for non-members.
- Revise the regulatory concept to require veterinarian oversight for high-risk authorized activities performed by farriers and hoof trimmers, such as procedures below the dermis within or below the coronary band and within the structure of the hoof.

Quality Team-Based Care

Veterinarian-Client-Patient Relationship (VCPR)

The OAVT is very supportive of and appreciates the inclusion of veterinary technician members in this section. Enabling veterinary technician members to establish a VCPR is an important step towards ensuring that veterinary facilities maximize their capacity to provide care by minimizing any unnecessary administrative burden on veterinarians.

While we understand that the role of the Transition Council is to facilitate the transition of the profession to a modern legislative and regulatory framework, the OAVT believes it is crucial for future Councils to consider whether veterinary technician members should have the ability to establish a VCPR independently, provided they meet the same requirements as an accredited veterinary facility with respect to the provision of after-hours care.

The OAVT looks forward to continuing discussions with the CVPO about allowing veterinary technician members to hold certificates of facility accreditation, thereby enabling greater access to care while still maintaining appropriate oversight and ensuring public protection

Informed Client Consent

The OAVT is very supportive of and appreciates the inclusion of veterinary technician members in this section. Enabling veterinary technician members to establish informed client consent is an important step in ensuring that public protection is maintained while veterinary technicians operate under applicable regulatory exemptions for members. It is also crucial for enabling veterinary technician members to work efficiently and effectively within veterinary teams and enhance access to care by reducing some of the administrative burden on veterinarians.

After-Hours Veterinary Care

The OAVT has no additional comments to provide on this topic at this time.

Drugs

The Transition Council is taking important steps with this regulatory concept to ensure the portability of drug prescriptions in the veterinary industry. To maximize the effectiveness of this provision, it is essential to ensure that no other regulatory concepts, particularly the exemptions for veterinary technician members to work under a treatment plan, unnecessarily limit or constrain the ability of animal owners to purchase their prescribed drugs at their chosen location.

Quality Assurance

As the Quality Assurance Committee begins to develop the Quality Assurance (QA) program, it is crucial to consider the experiences of both professionals. Veterinary technician members should be involved in creating the QA program for veterinarian members. Likewise,

veterinarian members should be involved in creating the QA program for veterinary technician members.

Similarly, once the QA program is implemented, both categories of professionals should participate in evaluating each other to ensure that diverse professional experiences and educational backgrounds are considered. This will help ensure that the QA program maintains the highest possible standards of public protection and reflects team-based care.

Summary of Feedback

The OAVT's recommendations for changes to the regulatory concepts within Quality Team-Based Care focus on ensuring that drug portability functions as intended and ensuring the QA program is as effective as possible. Additionally, the OAVT would like to express strong support for the ability of veterinary technician members to establish a VCPR and obtain informed client consent.

Proposed changes to the Quality Team-Based Care Regulatory Concept:

- Ensure that no other regulatory concepts, particularly those related to veterinary technician members working under a treatment plan, unnecessarily limit or constrain animal owners' ability to purchase prescribed drugs at the location of their choosing.
- Involve both categories of professionals in the development of the Quality Assurance (QA) program.
- Include both veterinary technician and veterinarian members in the evaluation process of QA programs.

Administrative

Alternative Dispute Resolution

The OAVT has no additional comments to provide on this topic at this time.

Prescribed Offences

The OAVT has no additional comments to provide on this topic at this time.

Committee & Panel Composition

The OAVT strongly supports the inclusion of veterinary technician members not only on each committee, as mandated by regulation, but also in calculating quorums for each committee meeting. This is an important step toward ensuring the “one profession, two professionals” model is implemented to the highest standard.

To uphold this high standard across all committee processes, the OAVT also strongly supports the specificity in the ‘Other Notes’ section of this regulatory concept, which states that the Transition Council will be “ensuring that all panels that deal with member matters are required to have at least one member of the same professional category as the member under review.”

Summary of Feedback

The OAVT is very supportive of the proposed Committee & Panel Composition Regulatory Concept and has no changes to propose to other areas of the Administrative Regulatory Concepts.

Conclusion

The Ontario Association of Veterinary Technicians (OAVT) commends the Transition Council and College of Veterinarians of Ontario (CVO or the College) for their thoughtful and comprehensive approach in developing regulatory concepts that represent a significant step toward the regulation of veterinary medicine under the *Veterinary Professionals Act, 2024* (VPA). The proposed regulatory concepts represent a meaningful advancement in fostering collaboration among veterinary professionals, enhancing public protection, and expanding access to care. Nevertheless, as detailed in this response, there are several areas where refinement is necessary to ensure the framework fully achieves its intended goals.

Our submission emphasizes collaboration, clarity, and equity to advance veterinary medicine in Ontario. We aim to strike a balance between empowering RVTs to contribute to expanding access to care, fostering innovation in the delivery of veterinary care, and maintaining the high degree of public safety and protection that Ontarians expect and deserve. Our recommendations are designed to assist the Transition Council in achieving the goals set out in the legislation, and we look forward to your thoughtful consideration of them.

Among these regulatory concepts, the Authorized Activity model stands out as the most critical for refinement. Valuing a veterinary technician's autonomy in decision-making is crucial for maximizing their contributions within veterinary teams. In particular, we want to emphasize that several key themes within this regulatory concept should be addressed:

1. **Emphasizing the Distinction Between Veterinary Technician Members and Non-Members:** The potential inequities between veterinary technician members and unlicensed individuals or non-members performing similar tasks necessitate further clarification and distinction within their respective roles to uphold the value of veterinary technician licensure and ensure public safety.
2. **Valuing Veterinary Technician Autonomy in Decision-Making:** The opportunities for veterinary technician members to independently manage certain aspects of care, such as initiating authorized activities or determining the optimal supplies to use must be maximized to reduce unnecessary barriers in the delivery of care and optimize team-based workflows. Adopting strategies that foster innovation and agility, such as sub-delegation and facility accreditation, is essential for adapting to the evolving landscape of veterinary medicine.
3. **Streamlining Administrative Processes:** Administrative efficiency is crucial for implementing regulatory tools. Simplified processes, such as coordinating orders and initiation, allow veterinary technicians to prioritize delivering quality care rather than navigating overly complex regulatory requirements. Additionally, guiding standards or templates will assist in the creation, implementation, and maintenance of orders.

We are also strongly advocating for revisions to the Regulatory Exemptions for Non-Members, ensuring that unlicensed individuals are not permitted to perform authorized activities that exceed those permitted to veterinary technician members. Such exemptions risk devaluing licensure and undermining the profession's integrity. By establishing clear

distinctions in scope and oversight, the regulatory framework can maintain fairness and equity among all providers.

Finally, the Transition Council's work to ensure that the regulatory framework enables veterinary technician members to establish a Veterinarian-Client-Patient Relationship, obtain informed client consent, and actively participate in Quality Assurance programs is pivotal to advancing quality team-based care. These measures, along with balanced representation on committees and panels, will ensure that RVTs continue to play an integral role in shaping the future of veterinary medicine in Ontario.

The OAVT remains committed to collaborating with the Transition Council and the College to refine these concepts and support the successful implementation of the VPA. By addressing the recommendations outlined in this submission, the regulatory framework can empower innovation, expand access to care, and uphold the highest standards of public protection—ensuring a bright future for veterinary professionals and the animals they serve.

Thank you, once again for your time and effort in drafting these regulatory concepts, understanding the critical information that informed them, and for considering our constructive feedback during this consultation process.

Tuesday, April 15, 2025

Ms. Catherine Knipe
Chair of the Transitional Council
College of Veterinarians of Ontario
2-71 Hanlon Creek Blvd.
Guelph, Ontario N1C 0B1

Dear Ms. Knipe,

On behalf of the Ontario Veterinary Medical Association (OVMA), and the 5,500 veterinarians represented, we would like to thank the College for its collaboration towards the shared goal of developing the *Veterinary Professionals Act*. The association appreciates the working relationship and being included in innovative discussions to better the future of the veterinary profession.

OVMA is committed to facilitating growth and excellence within the profession and appreciates the opportunity to review CVO's consultation on *Modernizing the Regulation of Veterinary Medicine*. We believe that updating the legislative framework for veterinary professionals will enable improved access to veterinary care and provide clear definitions of the roles of veterinarians and veterinary technicians, which is essential for increasing the public's access to quality patient care for their animals.

The association's goal continues to focus on a holistic perspective to ensure that the proposed regulatory concepts are developed with focused on: a risk-based approach for both the profession and animal welfare in mind, initiatives that are evidence based, and instituting low burden programs that are representative, fair and inclusive of the profession. OVMA's Board of Directors has reviewed the concept paper, incorporating feedback from the association's Small and Large Animal Issues Committees, as well as a Special Review Committee made up of association members, and we would like to offer our feedback for consideration. Please find our full response and recommendations attached to this letter.

- **Concepts related to Quality Team Based Care:** There is concern that some of these concepts are straying from the College's and government's original intention of the Act, which was to improve access to veterinary care and establish clear definitions of the roles of veterinarians and veterinary technicians. Instead of offering small, incremental changes, some of these concepts, particularly the suggested changes to the VCPR, could significantly alter the landscape of veterinary medicine, shifting the focus away from enhancing the existing strong foundation of the industry which requires further consultation and research prior to any changes. These are untested concepts that have not undergone the necessary policy rigor that would be expected

when proposing drastic changes, and not in keeping with the spirit of this project to date.

Any decisions made by Council on the regulatory concepts should be based on thorough, evidence-based consultation and research into the potential impacts of these changes. Rather than a hyper focus on access to care, risk-based decision-making must be at the forefront to ensure the safety and well-being of both professionals and the public.

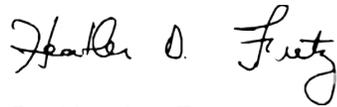
Furthermore, it is important to point out that the concern around increasing access to veterinary care, a term used since the pandemic, primarily refers to an observed lack of veterinarians in the industry, resulting in challenges for pet owners and producers in obtaining adequate care for their animals. While there were acute province-wide challenges in the pandemic, it should be noted that some of these challenges have waned in the post-pandemic years. For example, according to OVMA's Veterinary Activity Index (a measure that compares revenues year over year) has shown a 2% *drop* in clients when comparing 2023 to 2024, and even further from 2024 to 2025. Further, OVMA's Help Wanted Index, a measure of the number of clinics seeking to hire new veterinarians, has dropped a whopping 25.9% since the pandemic, meaning that far fewer clinics are hiring at this time. Having the College make significant changes to the industry under the auspices of a lack of veterinarians, when the data no longer demonstrates that this is broadly true, is problematic and not consistent with objective decision-making in the public interest.

- **Concepts related to Non-Members:** There is an ongoing trend of placing chiropractors in a position that seems to equate their education, training, and expertise with that of veterinarians. The exemptions being proposed for chiropractors are problematic and raise serious concerns regarding the adequacy of their qualifications in relation to the complexities of veterinary practice. As outlined in our previous submission to the College, and in a submission on acupuncture, there are risks posed by these proposals. The association proposed solutions to mitigate risk through clinical assessment and referral.
- **Ensuring low burden programs for the profession:** The purpose of the project was not only to modernize the existing legislation, but to create a space for right touch regulation and low-burden programs. However, if not managed correctly, certain concepts, such as Quality Assurance and Drug Portability, will inadvertently lead to increased burdens on the veterinary team. These factors have the potential to create more significant workload and stress, ultimately reducing the profession's ability to focus on the well-being of their clients and patients, and themselves.
- **The need for public education:** Given the fact that the new legislation and regulations will now extend beyond veterinary professionals, it is essential for the

public to be aware of the risks associated with these perspectives. As animal owners have a responsibility to understand their role in the well-being of their animals, especially should something go wrong. With a broader range of professionals involved in animal care, clear communication and individual professional liability will be vital to ensuring the health and safety of animals while mitigating potential welfare risks.

Thank you very much for your consideration and we look forward to further discussions on the concept paper. If you have any questions regarding OVMA's comments on any of the feedback, please contact OVMA's Manager of Government and External Relations, Brandi Deimling at [REDACTED] or 1-800-670-1702, [REDACTED]

Sincerely,

A handwritten signature in cursive script that reads "Heather D. Fretz".

Dr. Heather Fretz
President



**ONTARIO
VETERINARY
MEDICAL
ASSOCIATION**

Modernizing the Regulation of Veterinary Medicine

OVMA's Response

April 15, 2025

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Licensure

Categories of licensure and providing clarity to the public about the status of members ensures transparency and builds trust within the community. Clear communication about licensure helps individuals understand the qualifications and expertise of professionals, promoting confidence in the services provided.

As currently presented, the licensure categories could lead to confusion regarding the qualifications and capabilities of different practitioners. If the regulations are intended to broaden the scope of defining practice and provide greater clarity to the public, the College must play an active role in helping the public understand the distinct skillsets of veterinarians. It is recommended that category for “General License” be renamed to “Full License” or “Unrestricted License”. Additionally, any new public register should effectively reflect the differences between veterinarians and their areas of specialization. Failure to do so could result in clients inadvertently selecting veterinarians who do not meet their specific needs, potentially compromising the quality of care for their animals.

Regarding the transition of licenses under the new College, the process should be clear and straightforward, with ample time allocated to veterinarians to register. It is important to ensure that licensees have a clear understanding of the steps involved, allowing them to complete the process without confusion. Additionally, clarification is needed regarding the jurisprudence provision. As written, the language involving the jurisprudence module is confusing. While it is suggested that it will be mandatory for licensure, it also stated that jurisprudence status will not have any impact on the licensure status of individuals. It would be more equitable if veterinarians currently holding a license transition under the CVPO, with ample time to complete the updated module, ensuring that their standing with the College remains unaffected.

Lastly, as provided in the association’s feedback to the Minister during the Act’s consultation, considerations should be made under regulations to ensure no abuse of power by the Registrar and parameters around qualifications on determining ability to practice. Terms such as “reasonable grounds” and “impairment” can vary in degree. It is recommended that this is done on the basis of permanent impairment.

A note for By-Law considerations regarding licensure. OVMA strongly encourages the College to consider in its development of CVPO By-Laws to incorporate wording that fee increases match inflation each year. This would mitigate the shock and dismay when members see the significant increase on infrequent occasions. Additionally, having a transparent fee schedule will allow members to budget more accurately and anticipate an increase in overall expenses.

Professional Misconduct

The association would also like to provide feedback on the draft example of regulatory language for Professional Misconduct as presented.

3 As written this is vague. The regulation lacks clarity regarding what constitutes “the terms of an agreement.” Agreements with clients can vary significantly in complexity and scope. This regulation does not account for differences between formal contracts and informal understandings. Vague language can lead to misunderstandings about the expectations placed on professionals. For instance, clients could misuse this regulation to file complaints against a veterinarian over disagreements or dissatisfaction with services, even in cases where the professional has met their obligations.

4(ii) There are circumstances where a relationship with a client should be immediately discontinued. For example, threats, harassment, etc. Language should be inclusive of these instances and provide members the ability to immediately discontinue.

9 There are limited circumstances where providing written notification could be delayed (ex. on vacation). Considerations or provisions under policy would be recommended. Furthermore, the College must do its due diligence and ensure that notification has even been received by the member. It is recommended that the time frame be increased to a minimum of 45 days, and clarification be detailed in policy as to what constitutes as written communication (some emails end up in junk/spam folders and are not checked regularly or at all).

11 A death whether expected or not, is an emotional time for both the professional and client. Public education and awareness are needed as clients may not fully understand the significance of necropsy or why it would be beneficial.

15 The phrase “knows or ought to know” places a significant burden on the member to assess their own condition. This could lead to anxiety or fear of self-reporting, as members may worry about being judged for their awareness of their impairment. As well, there is a need in policy for definitions or guidance for terms like “substance,” “condition,” “dysfunction,” “disorder,” and “circumstance.” Without clear definitions, it is difficult for members to understand what constitutes an impairment.

20 The provision does not outline a process for what happens if a member is appealing a Committee’s decision.

22 As written, it does not clarify that other legislation, such as the Provincial Animal Welfare Services Act, may permit certain procedures, like euthanasia, without the owner’s consent if specific stipulations are met.

24 The provision seems broad. The regulation also does not clarify whether clinic owners who are suspended can continue to receive revenue from the clinic. This could lead to financial

strain on the business and owner or complicating the distribution of profits among partners or employees.

28 “Reasonable” is a subjective term and many circumstances can impact cause and time. Clarification is required to ensure no misunderstandings between the profession and client.

33(a) “Reasonable” is a subjective term and many circumstances can impact cause and time. Clarification is required to ensure no misunderstandings between the profession and client.

33(b) As written, this places responsibilities solely on the member. It does not acknowledge the role of the client in communicating their ongoing veterinary relationships, potentially leading to incomplete information sharing and/or a veterinarian not knowing a pre-existing relationship.

33(d) “Reasonable” is a subjective term and many circumstances can impact cause and time. Clarification is required to ensure no misunderstandings between the profession and client. Guidance would also be recommended regarding clients who sell or transfer the ownership of their animal to another individual, the original owner could prevent the sharing of records with the new veterinarian. Ensuring that records in general are transferable when requested would be helpful.

41 As written, the regulation does not account for new or emerging treatments that have limited research but show potential promise in patients. This could dissuade innovation and prevent veterinarians from exploring alternative options for beneficial care for their patient. Adding “scientific” to evidence would be inline with best practices.

50 This is an overreach and weighs into business models of practices versus what constitutes as professional misconduct with regards authorized activities, quality assurance, and/or animal welfare. There also could be implications here for subscription-based wellness plans, which helps clients to manage finances, and the fact that there are different fees and structures for services rendered.

59 As written, the provision suggests that if a partner is suspended that associates could be relieved of their role, and/or the practice would need to be sold. This could have a significant and negative impact on the team, clients, and the patients they serve. Suspensions should not lead to long-term consequences for employment, business operations, or the well-being of clients and patients.

60 Ensuring this provision is linked to definition or provisions regarding Conflicts of Interest. Without that, as written, it is vague.

64 Does not seem to account for third party payment systems, or owners that have sold and clients still are owing to the clinic.

Conflicts of Interest

The association would support provisions that closely mirror the existing language under the *Veterinarians Act*, as it provides a solid and familiar foundation for the profession. To ensure clarity and consistent application of these provisions, detailed guidance documents should be developed. These should include specific examples that address a wide range of scenarios commonly encountered within the profession, which will help members better understand expectations and requirements.

Furthermore, it is crucial for the College to provide a clear plan in policy on how it will manage situations where there may be perceived conflicts of interest. This includes cases where a member's actions, relationships, or affiliations create the appearance of compromised impartiality or integrity, even if no actual conflict exists. Addressing these perceptions is important to maintain public trust and uphold the profession's high ethical standards, while providing transparency on College's expectations.

Authorized Activities – Non-Delegable

The list of non-delegable activities is appreciated, as these activities can pose a high level of risk to an animal's health and well-being. However, it is preferred that removing "major" in front of surgery, and opting for simply "surgery," would provide a greater range of procedures and ensure the safety of animal welfare. Additionally, species-specific considerations, especially in large animal practices, are important, as what constitutes surgery can vary based on various accepted procedures. Ultimately, it is essential that the regulations do not permit individuals to perform surgical procedures unless they are a licensed veterinarian or delegated under strict veterinary supervision.

The association also recommends maintaining pregnancy checks in all food producing animals following the application of transabdominal diagnostic ultrasound be under the order of a veterinarian. Pregnancy checks are a critical part of veterinary care, as they often serve as the primary method for assessing not only the reproductive health of the animal but also identifying potential underlying health issues. Ensuring that this responsibility stays within the purview of a veterinarian helps safeguard animal welfare and supports comprehensive health assessments.

Regarding dental extractions, as previously shared with the College, it should remain as non-delegable due to the complexity and potential risks/complications involved. Veterinarians are trained and have the expertise to identify and address these risks, minimizing the chances of complications like excessive bleeding, broken bone or roots, infection, or damage to surrounding tissues, etc. Delegating such a delicate procedure to RVTs could jeopardize the animal's health, underscoring the importance of keeping dental extractions within the veterinarian's responsibility.

Authorized Activities - Delegation

The association continues to endorse the delegation of tasks to both auxiliaries and veterinary technicians, recognizing the importance of flexibility in clinic teams to optimize workflow and enhance patient care. The association also supports that sub-delegation by veterinary technicians should not be permitted, ensuring that all tasks are carried out under the direct supervision of licensed veterinarians to preserve professional integrity, accountability, and animal welfare. However, there is great confusion over what constitutes sub-delegation, and it would be beneficial for the College to provide greater clarity with specific examples in policy.

Authorized Activities - Order

The association supports the veterinarian facility director's discretion to determine whether certain practices are carried out at the clinic, based on the experience, skill, and expertise of the staff. This ensures that the care provided is both competent and tailored to the capabilities of the team, maintaining high standards of patient welfare and safety.

However, this approach is only supported if the facility director remains a licensed veterinarian member. In veterinary medicine, as seen here and in other jurisdictions and under the new *Veterinary Professionals Act*, accreditation is linked to authorized activities. Authorized activities are the specific activities that are considered within the domain of veterinary medicine that can cause harm to an animal if completed by a person who is not qualified or does not have proven competency to perform it. Hence, this would require veterinarian oversight as they are the only individuals who are able to perform ALL the named authorized activities. Should this be changed, allowing veterinary technicians to dictate how veterinarians should practice medicine could create a conflict, as it undermines the veterinarians' expertise and professional judgment in managing patient care. Furthermore, it must be noted that while veterinary technicians have specialized education in animal health focused on supporting veterinary practices, their training does not provide the full scope of skills necessary to assess complex critical risks, diagnose or determine overall competencies of staff in the same way a veterinarian's education does.

Lastly, CVPO should provide support to clinics transitioning into this model and provide sample templates and expectations for standard operating procedures.

Authorized Activities - Initiate

As mentioned above, the association supports the veterinarian facility director's discretion to determine whether certain practices are carried out at the clinic under initiate, based on the experience, skill, and expertise of the staff. Again, this approach is only possible and supported if the facility director remains a licensed veterinary member.

With regards to the proposed list of activities under initiate, given the risks of the procedures, especially if done with no veterinarian onsite, the following are strongly recommended to be placed on order:

- Preliminary Hematology, Cytology, and Serology.
 - While general consensus was not fully reached, the prevailing sentiment is to keep these items in order. This may be relevant when starting a differential diagnosis or may not be necessary depending on the full examination of the animal. If a veterinarian is responsible for a treatment plan, there is a strong belief that they should be involved in determining which tests are needed.
- Taking a punch biopsy.
 - Considered as surgery given sutures are required.
- Cystocentesis
- Fine needle aspiration
- Beyond the opening of the urethra to place a urinary catheter.
- Immobilizing a fracture of a bone or a dislocation of a joint or severed tendon for the purpose of temporary stabilization.
- Administering a substance by injection for the purpose of fluid therapy as long as said substance is not a drug.
 - There are concerns that in some situations the type of fluid does matter to the outcomes of the treatment.

Forms of Energy

Class IV lasers and radial shockwave therapy, when used for therapeutic treatment, should maintain the classification of moderate risk as there is potential harm associated with their application for use on animals. These treatments should only be used by a veterinarian, or veterinary technician or auxiliary working under a veterinarian's delegation, or by a non-veterinary professional on referral from a veterinarian after a veterinary diagnosis has been made and that the treatment compliments the care plan. Furthermore, the College should provide education to the public to guide them in selecting an appropriate practitioner, particularly in the case of non-veterinary professionals.

Exemptions - Members

There is support for exemptions for members working for the Crown or under other federal and provincial legislation as they are often operating under other legal frameworks and requirements that require different operational procedures. Recognizing these unique circumstances ensures that these veterinarians can continue to provide essential services without being burdened by additional regulatory constraints that might not align with their roles.

Additionally, it is agreeable to have exemptions for veterinary technician members who are working under a veterinarian's treatment plan. Allowing them to operate within the scope of the veterinarian's plan ensures that animals receive continuous and competent care while maintaining the veterinarian's oversight and adherence to a treatment plan.

There is understanding for the remaining models if pertaining to low-risk activities and services already in the public domain. The primary concern has been related to models that could become disruptors to the delivery of veterinary medicine or begin to create parallel systems.

It is strongly recommended that extensive consultation and impact studies be conducted on any further changes to business models. This will help ensure that the changes do not result in a fractured system or lead to unintended consequences for clinics, clients, or patients, nor cause any drastic alterations to existing provisions established in the Act or other regulatory concepts.

Exemptions – Chiropractors

The association firmly opposes the proposed concept.

There is an ongoing trend of placing chiropractors in a position that seems to equate their education, training, and expertise with that of veterinarians. The exemptions being proposed for chiropractors are problematic and raise serious concerns regarding the adequacy of their qualifications in relation to the complexities of veterinary practice. As outlined in our previous submission to the College, there are significant risks posed by these proposals, but can be mitigated through clinical assessment and referral after a veterinary diagnosis has been made.

The association implores the College revise the proposal to be on the basis of referral from a veterinarian after a veterinary diagnosis has been made. Even though veterinarians may already choose to refer to a non-veterinary professional for non-conventional therapies, a diagnosis and treatment plan has already been determined by a veterinarian and discussed with the client. A clinical assessment by other regulated professions, such as a chiropractor, can be helpful in an animal's treatment plan, but the act of *diagnosing* an animal's illness,

inclusive of dysfunction, should only be done by a trained veterinarian. There are significant risks to the safety of animals with chiropractors diagnosing animals, such as but not limited to, misdiagnosis where some presenting dysfunctions may actually be symptoms of other illnesses, insufficient training, misrepresentations and misunderstandings for the public, lack of expertise in animal behaviour, and the inability to manage any adverse reactions to treatment.

Please see more details in Appendix A including case studies and Appendix B regarding acupuncture.

With regard to Class IV lasers and radial shockwave therapy, when used for therapeutic treatment, should maintain the classification of moderate risk as there is potential harm associated with their application for use on animals. These treatments should only be used by a veterinarian, or veterinary technician or auxiliary working under a veterinarian's delegation, or by a non-veterinary professional on referral from a veterinarian after a veterinary diagnosis has been made and that the treatment compliments the care plan.

Exemptions – Pharmacists

There is understanding of the proposed concept which enables pharmacy professionals to compound, dispense and sell drugs based on a veterinary prescription, as it will maintain the current industry practice. However, regulatory language must include a process for interprofessional collaboration between pharmacy professionals and prescribing veterinarians. This is essential, particularly in cases where the prescribed drug is not readily available or if there are questions regarding the appropriate dosing. Through a collaborative approach, veterinarians and pharmacists can ensure that animals receive the correct medications and dosages, thereby minimizing risks to animals.

It is also important that the College continues its collaboration with the Ontario College of Pharmacists (OCP) to ensure that animal welfare standards meet or exceed public expectation and provide safety for animals. Future OCP Animal Welfare Standards will be imperative for ensuring pharmacy professionals have the necessary resources available to fulfill veterinary prescriptions safely, with no risk of harm to the animal.

Given its mandate to protect animal health and welfare, the CVPO should launch a comprehensive public education campaign to raise awareness about the risks associated with obtaining prescriptions from sources other than a veterinary or an Ontario accredited pharmacy, as well as sources outside of Canada and online pharmacies. Pet owners must be informed that products imported from abroad are not subject to the same stringent regulations and safety standards as those approved by Health Canada, potentially putting their pets at significant risk. The campaign should emphasize the importance of using accredited pharmacies and licensed veterinarians to ensure the quality and safety of medications. Additionally, the campaign should provide pet owners with accessible

resources, such as links to Health Canada's official pages, where they can find reliable information on the safety of veterinary products and the risks of purchasing medications from unregulated sources. This initiative would help empower pet owners to make informed decisions and protect their pets from harm.

Exemptions – Animal Rehabilitation

Again, as stated above Class IV lasers and radial shockwave therapy, when used for therapeutic treatment, should maintain the classification of moderate risk as there is potential harm associated with their application for use on animals. These treatments should only be used by a veterinarian, or veterinary technician or auxiliary working under a veterinarian's delegation, or by a non-veterinary professional on referral from a veterinarian after a veterinary diagnosis has been made and that the treatment compliments the care plan.

Exemptions – Farriers and Hoof Trimmers

The proposed concept of requiring specific training, practical experience, and the necessary knowledge, skill and judgment for providing farrier and hoof trimming services is fundamental for ensuring the well-being of hooved animals. To further enhance the proposed regulatory concept, interprofessional collaboration among farriers, hoof trimmers and veterinarians should be included. Veterinarians must be involved when these services extend below the dermis or require drawing blood. Collaboration among these professionals ensures a comprehensive approach to animal care, as veterinarians can address underlying health issues, protecting the long-term well-being of the animal. For example, if a horse develops thrush, which is a bacterial infection of the hoof that can be exacerbated by improper trimming, a veterinarian can promptly diagnose and treat the condition, preventing further complications from arising.

Exemptions – Mass Culls of Livestock and Poultry

There is a need and understanding that non-veterinary professionals are necessary to perform mass culls under direction of a veterinarian (ex. CFIA veterinarian) and can carry out these procedures by industry standards. It should be stressed that those non-veterinary professionals are provided with proper training on the appropriate methods of euthanasia are essential. However, there still is a need for veterinarians to be part of or provide some sort of oversight including proper disposal.

Exemptions – Embryo Implantation in Cattle

The association does not have concerns with the proposed concept at this time.

Veterinary-Client-Patient Relationship (VCPR)

The association firmly opposes this concept as proposed. Given the integral role of the VCPR in various concepts, such as exemptions for members, after-hours care, it is essential that the establishment and formalization of a VCPR remain the responsibility of the veterinarian. By opening this responsibility to other team members, it removes the veterinarian's ability to choose who, when and how to treat, ultimately taking away critical decision-making abilities with them assuming all the responsibilities.

The legislative modernization project has consistently aimed to recognize one profession and two professionals, yet it is imperative to emphasize that the primary focus remains on the delivery of veterinary medicine and the safety of the public and animals. While authorized activities have been central to discussions, it represents only a part of the broader spectrum that defines veterinary medicine. Effective delivery of veterinary medicine hinges on comprehensive documentation and medical records completed by veterinarians, which must be maintained within the veterinary facility to ensure proper oversight and to support the VCPR for the continuum of care.

To conduct veterinary medicine, a VCPR must be established, which should only be done by a veterinarian permitted to perform all activities under the definition of veterinary medicine. Veterinarians are ultimately responsible for the animal's care, diagnosis, and treatment plan; by formalizing the VCPR, they can fully assume this responsibility. Furthermore, veterinarians have an ethical obligation to ensure the welfare of their patients through informed consent from clients regarding appropriate care. This involves clearly communicating treatment options, risks, and benefits, empowering clients to make informed decisions about their animals' health. A VCPR also fosters continuity of care, ensuring a commitment to ongoing treatment and follow-up managed by the veterinarian, who has the authority to make medical decisions and oversee the treatment plan.

It is important to highlight that a pet owner's visit to a clinic does not automatically establish them as a client, and some owners may already perceive it that way. This misconception could lead to confusion and undue burden, particularly in light of the fact that After-Hours Care is now directly linked to the VCPR, and a veterinarian should determine whether a relationship has been established and formalized, especially if they are responsible for further care.

As well, the VCPR is a globally recognized term that ensures consistency in the standard of care provided across various jurisdictions. Should Ontario choose to modify this term to suit specific local needs, it risks creating unnecessary complications that could ultimately

undermine the clarity and accessibility of veterinary care. Such a change would be detrimental to the public interest by introducing confusion and potentially compromising the quality and availability of care.

Informed Client Consent

There is support for this concept as informed client consent is crucial when it comes to the diagnosis and treatment of animals, as it ensures that the client fully understands the nature of the condition, available diagnostic methods, potential treatments, and the consequences of accepting or refusing proposed interventions. However, there needs to be consideration for informed consent where it intersects with other provisions such as the *Provincial Animal Welfare Services Act, 2019, S.O. 2019, c. 13*, which could lead to conflicts or confusion amongst the profession, and further guidance to the profession.

After-Hours Care

While there is support for the regulations and/or policies to be structured to ensure that the veterinary care remains closely tied to the VCPR with respect to After-Hours Care, which is also designed to be carried out by a veterinarian, it would then require the VCPR to be established and formalized by a veterinarian and not open to veterinary technicians and/or veterinary clinics. Without continuity, and the veterinarian's choice as to the VCPR with clients, this would create confusion and undue burden for veterinarians, the team, and client who assumes After-Hours Care would be provided.

In order to mitigate the pressures placed on veterinarians, the College should actively provide education to the public regarding the expectations and applications of After-Hours Care. It should emphasize the importance of maintaining a VCPR with a veterinarian and provide guidance on medical judgements to reduce unrealistic expectations on veterinarians.

Drug Portability

OVMA recognizes that that consumers are increasingly expecting flexibility and freedom of choice as to how they acquire their essentials. This extends to animal owners, particularly with online pet pharmacies gaining popularity during the pandemic. The association supports the continuation of expectations under the *Veterinarians Act*, where clients can ask for a prescription to be filled elsewhere. However, the association opposes the proposed provision as it would increase burden to the veterinary team and negatively impact the welfare of animals.

While clients may value the flexibility of selecting a pharmacy or online service, veterinarians have a professional obligation to ensure medications are dispensed safely and reliably. Encouraging pet owners to seek medications elsewhere introduces risks to animal safety. Furthermore, if veterinarians are mandated to provide such options, it would unnecessarily increase the workload by requiring documentation for discussions and education to comply with regulatory requirements, adding to the strain on veterinary teams. Specific and detailed guidance would be required by the College related to expectations on what would fulfill this obligation, and the burden of proof should something be called into question.

This provision can also cause delays in medical care. Should a client prefer to have the prescription filled elsewhere, how timely will that be done? Some illnesses require immediate administration of medication, but pet owners may take their time to compare prices and then need to wait for those medications to be dispensed or delivered if coming from an online pharmacy. It cannot be assumed that the client will take the prescription to a local pharmacy, nor that the pharmacy will even have the medication in stock. Additionally, regarding online pharmacies specifically, they do not have access to the animal's full medical history, which veterinarians use to check for allergies, past reactions, and other health conditions that could be affected by medication. This lack of comprehensive information increases the risk of inappropriate substitutions or mismanagement of the animal's health. In a study conducted by the Oregon Veterinary Medical Association, it noted that 35 per cent of veterinarians reported that a pharmacy substituted a medication/ingredient and 16.5 per cent reported that the pet had an adverse reaction as a result.¹

Regulations that require veterinarians to provide clients with the option to fill prescriptions at a pharmacy of their choice, whether required or not, must also include a clear provision that protects veterinarians from liability in the event of adverse reactions or other negative outcomes. If a client chooses to fill the prescription at a pharmacy outside the veterinarian's recommendation, it is crucial that the veterinarian is not held responsible for any potential complications that may arise due to improper handling, incorrect dispensing, or lack of proper animal-specific knowledge at the alternative pharmacy.

Also, there needs to be considerations for the implications on After-Hours Care. Should there be an adverse reaction, mix up in medication, or wrong education provided by the human pharmacist on how to administer the medication, the veterinarian becomes responsible to ensure medical treatment of the animal which could have been avoided with proper oversight and dispensing by the veterinary team. Not only does this create further burden on the veterinarian, but it also places undue stress on the animal, as delays or improper medication could worsen their condition also leading to increased expenses for the animal owner.

Given its mandate to protect animal health and welfare, the CVPO should initiate a comprehensive public education campaign to raise awareness about the risks of obtaining

¹ Oregon Veterinary Medical Association: <https://www.petful.com/OVMA-Survey-Veterinary-Prescriptions.pdf>

prescriptions from sources other than a veterinary clinic, particularly those online and outside of Canada. Pet owners must be informed that products imported from abroad are not subject to the same stringent regulations and safety standards as those approved by Health Canada, potentially putting their pets at significant risk. The campaign should emphasize the importance of using licensed veterinarians and accredited Ontario pharmacies to ensure the quality and safety of medications. Additionally, it should offer pet owners accessible resources, such as links to Health Canada's official pages, where they can find reliable information on the safety of veterinary products and the dangers of purchasing medications from unregulated sources. This initiative would empower pet owners to make informed decisions and protect their pets from harm.

Should the provision proceed, it must be low burden for veterinary practices, such as simply by informing clients upon intake, office signage, etc., and not be required to be verbally discussed for each prescription.

Quality Assurance

The association supports the principle of an ongoing Quality Assurance Program for the veterinary profession and inclusion within the legislation and regulations. However, the association would like to ensure a low burden program, that is fair and uses right-touch regulation. While a Quality Assurance Program could take a few years to finalize, the following recommendations are for future consideration.

Although the focus on Quality Assurance Program is to provide further details and building upon provisions from the Act, as described in the concept it does read that the evaluations are focused on the individual. Clarifications on the intention and objective of this program would be helpful. The agreement is that any Quality Assurance Program helps address gaps in knowledge while providing opportunities for members to receive constructive feedback that is directly applicable to their daily practice.

Peer reviews should be limited to a maximum of one (1) review per every two (2), preferably three (3), years to avoid overly cumbersome audits that interfere with a veterinarian's ability to provide patient care. The random sampling of assessments must not inadvertently capture the same veterinarian in consecutive evaluations. This approach promotes fairness and distributes the program's assessments more evenly among licensed members, preventing unnecessary repetition and stress for those that are potentially selected for consecutive evaluations.

To maintain a balanced and effective approach, CVPO should require Continuing Education (CE) credits to be completed within a three-year period, enabling flexibility for College members. This approach also aligns with the CE practices implemented by several regulatory bodies including the Royal College of Dental Surgeons of Ontario (RCDSO) which require their members to complete 90 CE credits in a three-year cycle. To enhance compliance with

CE credits, the College should implement a database where members can log their continuing education activities. The database would streamline compliance with the Quality Assurance Program CE requirements, enabling veterinarians to maintain a record of their professional development and provide a list of completed credits when renewing their license. This initiative would ultimately enhance transparency, accountability, and ease of compliance for the College and all its members.

Lastly, Quality Assurance Program Assessors must be clearly defined, possessing specific competencies and undergoing thorough training to ensure accurate and fair evaluations. These individuals should be knowledgeable of the mandate, standards, and regulations set by the College, as well as practical experience in the veterinary profession. Assessors with the appropriate knowledge and skills are crucial to implementing a successful Quality Assurance Program, as they will be able to provide meaningful feedback and support to their peers, fostering a culture of professional development that enhances the conduct of veterinary professionals in delivering quality care that protects their patients and the public.

Alternative Dispute Resolution

There is support for the concept of an alternative dispute resolution process, as it is an effective approach that could help streamline and expedite the complaints process. While the College previously permitted veterinarians and those filing a complaint to opt into a mediated resolution process, the transition to an opt-out model requires CVPO members to clearly understand the process and its expectations. This should encompass an overview of how the process will function, the rights and responsibilities of all parties involved, and the implications of opting out. To ensure impartiality in these proceedings, as is done now, having them mediated by a trained third-party individual is imperative. Mediation conducted by third-parties will minimize potential biases and allow for fair representation of all parties' interests and ensure there is no influence by the College's Council or staff to ensure conflicts of interest and impartiality.

There must also be considerations for extended timeframes. The legislation mandates that the resolution of a complaint be completed within 120 days. However, it is essential to establish procedures for a resolution that cannot be reached within this timeframe due to extenuating circumstances, such as scheduling conflicts or committee workload. Implementing procedures which permit extended timeframes ensure that all complaints are thoroughly investigated and resolved, ultimately enhancing public confidence in the veterinary industry.

Given there is no time limit for filing a complaint, former members who have moved away from Ontario may experience challenges in providing the necessary documentation. It is important to clarify the expectations and rights of former members involved in a complaint. Additionally, should the complaint move forward in the process, extended timelines should be set for responding to, or providing evidence, as individuals residing outside Ontario may have limited access to information or records.

Confidentiality is also vital in any dispute resolution process. While the College will publish the outcomes for transparency, all parties involved must have assurances that their communications and information pertaining to the case are kept confidential. Regulatory language should be included to ensure this is addressed.

As with all processes, there should be a mechanism for feedback to the College about the alternative dispute process. By having the process regularly evaluated by those involved, the College will be able to obtain key insights to ensure its continued effectiveness and responsiveness.

Prescribed Offenses

Prescribed offenses in legislation are important to include as they ensure clarity and consistency in law but also maintain public safety. However, the College must balance its need to ensure that safety with overreach or oversight. In the association's submission to the Minister when Bill 171 was presented, it was recommended that language be included to ensure that offenses a member has been found guilty of that are submitted to the Registrar are only those that would directly impact the safety of animals or humans. Charges unrelated to the practice of veterinary medicine should not hinder the member from practicing medicine.

Initial reactions to this concept raised concerns about potential overreach by the College in its oversight. Most offenses under the *Ontario Highway Traffic Act* would typically be addressed by law enforcement or the courts. For example, if someone were charged with a DUI, their license would likely be suspended, rendering the need for the College to suspend their veterinary license unnecessary, as they would be unable to practice from a mobile unit. During discussions, it was noted that while offenses under this Act—such as DUI, stunt driving, driving without insurance or a license, hit and run, and street racing—are serious, they should be limited to mobile practices only. A general practitioner working in a traditional practice would generally not be affected in their ability to provide veterinary care, unless, for instance, a DUI indicates a deeper issue of substance abuse that requires intervention. However, it is acknowledged that behavioural patterns could exist that may have an impact on the safety of staff, clients and patients.

Ultimately, caution is urged in the language used and considerable clarity should be provided in any subsequent guidance regarding prescribed offenses. Specifically, certain provisions should not result in the suspension or non-renewal of a veterinarian's license if the offense does not impact their professional judgment or ability to deliver veterinary care. Ensuring that minor infractions do not lead to disproportionate consequences will protect veterinarians from facing undue repercussions for unintended offenses.

As mentioned to the Ministry during the consultations for the Act, considerations also need to be made for rulings on veterinarians in other jurisdictions. In some jurisdictions law and professional standards can greatly differ from those in Ontario. It would be prudent for the

College to do an independent review to ensure that the member would receive a similar ruling under Ontario law. For example, in Canada, cannabis is legal for recreational consumption and possession. In the United States, cannabis is illegal for consumption and possession. If a veterinarian is charged with the possession of cannabis in the United States, this should have no impact on their ability to deliver veterinary medicine in Ontario.

OVMA agrees that to ensure transparency and promote trust in the College, it is important that the public be made aware of concerns regarding a veterinarian's conduct through due diligence, fair investigations, and objective review. However, the association opposes any publication of names or allegations as part of the public registry until the member a discipline decision is rendered.

Keeping prescribed offenses in By-Laws would allow for continued flexibility with the new Act. Including offenses under specific Acts in the By-Laws ensures that the College can adapt more readily to changes that may arise with new governments and laws in the future.

It is important that CVPO provide guidance documents detailing the particulars of each Act that would be considered a prescribed offense that would impact the delivery of veterinary medicine or bring risk to animals and humans. This will promote transparency and help the profession, and the public understand what constitutes reportable offenses. Clear guidelines will enable professionals to understand their obligations and avoid unintentional violations.

Lastly addressing the implications for individuals with substance abuse concerns is important in any professional public facing environment. However, implications for those with substance abuse concerns it is crucial to implement appropriate support mechanisms that encourage self-reporting and do not hinder help-seeking behavior, all while upholding the integrity of the profession.

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Committee and Panel Composition

Given the challenges experienced under the original *Veterinarians Act* and the limited resources available to committees in addressing increased workloads, the association supports enhancing capacity at the committee and panel level. To ensure continuity, it is recommended that a council member continue to serve as Chair for committees and panels. As the discussions at these levels are significant, work-objective driven, and detailed, it is essential to have someone that can properly facilitate the discussions and align closely with the mandates of the college and work of the council. Furthermore, as veterinarians remain responsible for delegation, the overall responsibility to patients, and that discussions at

committee level will ultimately lead to recommendations to Council, it is important that they have representation on every committee.

Additionally, it is essential to provide training and orientation for all committee members, especially for public members who may lack prior regulatory experience. This training will clarify the standards and objectives of their roles, ensuring they effectively uphold the College's mandate. As well, clear expectations are important to prevent frustration among members who may have differing views on their influence in the decision-making process. Reflecting best practices, committee and panel members should have term limits. The implementation of term limits for members serving on a committee will promote new perspectives, ideas and diversity of thought. Setting term limits also aligns practices related to committees and panels with other industries. Finally, to ensure the effectiveness of all committee members and committees and panels, it is important to have an evaluation process. This will help to maintain transparency and accountability of the College to the professions and public.

With regards to non-government appointed public members, the association opposes these individuals on committees. While general members of the public provide value on panels to provide perspectives, members on committees that ultimately provide recommendations to Council should be educated and part of the veterinary profession. It is worth noting that no other Canadian regulatory veterinary college includes non-government appointed public members on their committees. Harmonizing this practice across Canada would ensure consistency while upholding high standards of veterinary care nationwide. A unified approach to governance structures would also facilitate better collaboration of best practices among provincial veterinary regulators, ultimately benefiting the profession, animal welfare, and public safety.

Furthermore, including non-government appointed general members of the public in committee work without ensuring they possess the necessary competencies to advance the College's mandate can lead to potential harms at the expense of policy that impacts the delivery of veterinary medicine. While the intention of involving public members is to enhance transparency and incorporate diverse perspectives, it is important to recognize that committee work requires specialized knowledge and skills. Without possessing minimum core competencies, public members may struggle to effectively contribute to discussions, make informed decisions, or understand the complexities of veterinary practice.

It has been mentioned that there has been very little marketing for recruitment of veterinarians to participate in committees at the college. CVPO should make more of a concerted effort to attract, engage and with the profession as it pertains to committees, which should help to increase capacity.

While the association opposes the concept of non-government appointed public members serving on committees, should this concept be implemented, the following must be considered:

- Non-government appointed public members should only serve on panels,
- An enhanced recruitment process should be implemented to ensure non-government appointed public members uphold the high standards of veterinary care,
- Extensive training should be provided to non-government appointed public members to ensure they are abreast of events impacting the veterinary industry, and
- The title for non-government appointed public members should be “Non-Veterinary Special Appointee” to avoid confusion surrounding the roles and responsibilities of this type of panel member.

Appendix A

Chiropractors

As shared in a letter from December 2nd, 2024, the association understands and appreciates the College's position to forge productive relationships with all stakeholders, CVO is reminded of its mandate to protect public interest and reduce the potential for harm to animals and people. This includes ensuring the public and government are educated and understanding the various aspects of veterinary medicine. While it also understands the need to develop language for non-veterinary professionals in regulation, the Board of Directors was shocked to learn that the College is considering expanding veterinary medicine to create more avenues for non-veterinary professionals to enter the field in this manner.

The association implores the College revise the proposal to be on the basis of referral from a veterinarian after a veterinary diagnosis has been made. Even though veterinarians may already choose to refer to a non-veterinary professional for non-conventional therapies, a diagnosis and treatment plan has already been determined by a veterinarian and discussed with the client. A clinical assessment by other regulated professions, such as a chiropractor, can be helpful in an animal's treatment plan, but the act of *diagnosing* an animal's illness, inclusive of dysfunction, should only be done by a trained veterinarian.

Under current CVO policy, and to ensure public safety, it is the responsibility of the veterinarian to determine when non-conventional therapies are utilized; specifically, when they are equivalent to, or better than, conventional medicine for the treatment of a patient's particular condition. There is also an expectation of continued collaboration with and assessment of the treatment plan with the non-veterinary professional to ensure the best outcome to the animal and to protect the public's safety. Should a client choose to seek alternative assessment and treatment than that of their veterinarian, then the risk should be assumed by the client.

While animals may be legally considered property, this classification does not necessarily mean that pet owners should have unrestricted freedom to treat them however they wish. Regulators have a responsibility to educate and promote both public safety and the well-being of the animals. By implementing a more balanced guideline it can encourage responsible decision-making among pet owners, ensuring that animals are cared for properly while also minimizing any risks to the public, and achieving the modernization the legislation was seeking.

Further points raised by the Board for the College's consideration are:

- **Diagnosis of an animal's illnesses, inclusive of dysfunctions, should remain with a veterinarian.** It is important to note that scope of practice for non-veterinary professionals regarding making a diagnosis is not inclusive of animals. When reviewing various non-veterinary professionals' scopes of practice, communicating and/or making a diagnosis specifies "human" patients. Non-veterinary professionals do not have the same capabilities, or authorized scope to perform on non-humans, nor do they have the same diagnostic capabilities or availability of specialized equipment as veterinarians do to aid in making a diagnosis on animals (ex. x-ray machines, blood work and laboratories, etc.). This could result in underlying conditions requiring medical intervention being missed, or the animal being misdiagnosed and a contraindicated treatment exacerbating the injury. Furthermore, there are certain medical conditions, like electrolyte imbalances and auto-immune diseases that can affect nerve function, which would not be covered in chiropractic animal training unless it is a commonality across the entire species.

Diagnosis is a pivotal piece in practicing veterinary medicine. Individuals not trained in veterinary medicine do not have the same level of expertise and understanding of animal anatomy, physiology, pathology, and animal diseases/illness. These also widely vary between and within species. It is not sufficient for a course to be 200 hours and expect an individual to be proficient in treating animals. It is imperative that no changes be made to diagnosis until it is researched and reviewed. See the Appendix A for more information and case studies.

- **Misrepresentation and risks to public safety.** When chiropractors provide a chiropractic diagnosis for dysfunction in animals, it creates a safety issue and opens areas for misrepresentation. Owners may perceive a Doctor of Chiropractic Medicine having the same credentials and training as a veterinarian. Pet owners may only rely on chiropractic assessments over proper veterinary diagnosis and advice, leading to improper treatment choices. This misinterpretation can delay proper veterinary care, potentially exacerbating health problems and putting the animal's welfare at risk.

There are significant financial implications for pet owners who may ultimately need to seek veterinary care after relying on chiropractic treatment. An animal that requires care beyond a chiropractor's ability, a treatment ill managed for a condition, or the presentation of an adverse reaction, owners will need to follow-up with a veterinarian, resulting in additional costs to ensure optimal health of their animal.

- **The College of Chiropractors of Ontario does not have sufficient standards for Chiropractors practicing on animals.** The Standard of Practice includes exemptions for chiropractors who are either currently enrolled in a program or within two years of enrollment to practice on animals, *even if they have not completed their coursework.* This exemption raises significant animal welfare concerns since untrained individuals

may employ human-centric methods without adequate understanding of animal anatomy and physiology. This poses grave animal welfare concerns.

- **Requirement for a chiropractor's training to practice on an animal is unsatisfactory.** The current provision under the College of Chiropractors of Ontario requires a minimum of 200 hours of training in order to practice on animals. The existing programs tailored for chiropractors seeking to treat animals are notably shorter in duration. Veterinarians, on the other hand, undergo rigorous four-year training programs to equip them with the skills needed to diagnose and treat a diverse array of medical conditions in animals. See Appendix B for a Cross Jurisdictional Comparison of Animal Chiropractic Education and Requirements, which all require significantly more hours and/or a referral from a veterinarian.

It is unclear whether the chiropractic courses for animals are properly accredited, and there is a lack of transparency regarding who oversees these programs. Additionally, it remains uncertain who is responsible for monitoring and assessing the content to ensure that it is appropriate for animals, with a particular emphasis on ensuring that the courses are species-specific.

Additionally, it is highly concerning that chiropractors, in the draft concept, are only required to be registered in basic training courses, allowing them to practice with minimal oversight. This approach is as irresponsible as permitting a first-year veterinary student to perform surgeries or diagnose animals unsupervised. It is crucial that chiropractic professionals undergo rigorous, comprehensive education and continuous supervision before being entrusted with patient care. The current standards pose a severe public safety risk and undermine the trust patients place in healthcare providers.

- **Non-veterinary professionals do not have expertise in animal behaviour.** Veterinary medical professionals are trained in animal science and behaviour, allowing them to minimize stress and ensure the humane handling of animals to safeguard both the patient's and the medical staffs' safety during an examination for reasons of assessment, diagnosis, and treatment.

The assessment of an animal's pain is also an important part of veterinary medicine and often factors in making a diagnosis. By nature, species have developed specific defense mechanisms to protect themselves and their young from predators. Thus, in examinations animals can become protective and not show outward signs of pain in fear of being preyed upon. Pain may also be observed differently given the situation. Pain could be observed within the narrow confines of a cage or run, while other signs may be only observed under specific circumstances outside a kennel environment (ex. the dog that adopts a new posture when begging at the dinner table after repair of a ruptured anterior cruciate ligament). Veterinarians are trained to use various pain

scales specific to animal species, and expertise in animal behaviour to recognize subtle changes and/or cues to when an animal may be experiencing pain. Veterinarians would also have the education to understand the context of pain in relation to the diagnosis made.

OVMA's intent is to help facilitate growth and excellence within the veterinary profession. Our recommendations will also help protect Ontario's animals and their owners, while ensuring that any new regulations set a new benchmark for other provinces and countries to follow.

Case Studies

The scenarios outlined by the CVO in the Transitional Council package already highlight a complex grey area, suggesting an overreach into the realm of veterinary medicine. These examples raise important concerns about the boundaries between chiropractic care and veterinary practice. To further explore this issue, the following scenarios are provided. They aim to illustrate specific instances where a chiropractic diagnosis alone may not be sufficient and would require the involvement of a veterinary diagnosis and support to ensure proper care and treatment. It is problematic for a chiropractor to self-monitor and determine the boundaries of veterinary medicine, especially considering the broad scope of diagnosing dysfunction and other items they take into consideration as part of chiropractic treatment.

Scenario 1 – Dysfunction vs. Disease/Other Illness

A dog, 10-year-old beagle, presented with hind limb weakness, pain in the lower back, and loss of appetite. Given the dog's previous history and diagnosis of intervertebral disc disease (IVDD), from a chiropractic perspective, these symptoms could suggest a recurrence or worsening of the disc issue. However, a thorough veterinary assessment, including palpitation of the spine and abdomen and completing an abdominal ultrasound, revealed a significant splenic mass that was actively bleeding. This unexpected finding shifted the focus from a spinal issue to an urgent surgical condition. The mass required immediate attention, leading to a splenectomy to remove the affected spleen. Post-surgery, the dog exhibited significant improvement, with all symptoms alleviated. The successful removal of the splenic mass not only addressed the acute crisis but also highlighted the importance of comprehensive diagnostic evaluation in cases with overlapping clinical signs.

This is not the only instance where symptoms can appear to be musculoskeletal or neurological in nature and indicative of underlying disorders that require medical intervention. There are numerous additional illnesses and diseases that can be easily mistaken for a musculoskeletal or neurological issue, such as but not limited to diabetic neuropathy, botulism toxicity in dogs, Wobbler's (a progressive disease in giant dogs that if handled incorrectly can lead to paralysis, and it requires radiographs to diagnose), and Degenerative myelopathy (a chronic progressive degeneration of the spinal cord that can look like disc disease initially), even electrolyte imbalances can present neurological symptoms. This

further highlights the importance of interprofessional collaboration and obtaining a veterinary diagnosis before a chiropractor provides a clinical assessment and a suggested treatment plan.

Scenario 2 – Clinical Stories

A patient came into a clinic with pain due to a slipped disc in their back, which was pushing on the spinal cord. The definitive care for this disease is surgery, but unfortunately, owners went looking for non-surgical options and took the dog to see a chiropractor. The chiropractor assessed the dog, did some manipulations and sent the dog home with exercises to perform. After the chiropractic appointment, the dog's pain became significantly worse, and the dog developed sudden and significant weakness in the hind legs. The diseased disc had shifted and was pushing more on the spinal cord and that caused irreparable damage. Unfortunately, in that case, the owners were left with no choice but humane euthanasia.

Scenario 3 – Clinical Stories

Horse presented for a 5-month history of hind-end lameness which has been under the care of an equine chiropractor for the duration of the injury. Client is under the impression the chiropractor is a veterinary professional, able to treat animals, and has been allowing the chiropractor to perform manipulations about every 2-3 weeks on the horse's pelvis due to it being 'out'. The client shows a picture of the pelvis from when the injury first happened and at several points during the care of the horse – pelvis is obviously unilaterally displaced. Owner is frustrated as this horse is her daughter's competition horse and plans to get the horse well for trip to the US have fallen apart. On exam, obvious audible click in the right pelvis and pain on manipulation of the pelvis. Diagnosis of a fractured pelvis (now chronic). This horse was receiving regular adjustments for its pelvis for 5 months. The horse will be rested with hopes of the fracture healing but due to the repeated adjustment/manipulations over the past 5 months makes healing this fracture very difficult. This horse has been permanently maimed.

Scenario 4 – Clinical Stories

High performing barrel horse presented for acute neurological deficits in the hind limbs and change in attitude following a chiropractic adjustment of the cervical spine (commonly referred to as osteopathy adjustment or craniosacral alignment or CSF alignment or spine adjustment). The chiropractor performed this exam without the benefit of a veterinary exam or x-rays of the neck. The horse is found to have a fracture and arthritis of the facet joint in the neck – unknown if this was pre-existing and displaced by the adjustment or if the adjustment caused fracture (unlikely given the force required to fracture a cervical spine manually). The horse was unable to compete and required extended rest with anti-inflammatory medications.

Appendix B

Acupuncture

As shared in a letter from December 9th, 2024, with the Transitional Council's Chair, OVMA's Board of Directors and members were astonished by the recent developments surrounding the requirements for training and certification to practice on animals after completing just a 35-hour course and an open-book test. We are deeply concerned by how minimal and non-extensive the requirements are for non-veterinary professionals to practice on animals. It is worrying to see that the standards set for those entrusted with the care of living beings are so low. The absence of more stringent regulations may affect the quality of care animals receive, potentially diminishing their well-being. Animals deserve to be treated with the same level of expertise and respect as any other living creatures, and the current approach does not seem to fully reflect that commitment.

Further points raised by the Board for the College's consideration are:

- **Therapeutic acupuncture is acupuncture.** There has been reference in the College's documents on therapeutic acupuncture. The association cautions CVO in using the term "therapeutic" in conjunction with acupuncture as it is redundant and potentially confusing for the public and pet owners. The term "therapeutic acupuncture" is misleading because it implies a specialized approach that differs from regular acupuncture, when in fact, there are no fundamental differences between the two. Both involve inserting needles at specific points below the dermis to relieve pain. Permitting the use of the term "therapeutic" might lead some pet owners to believe it offers distinct advantages, resulting in misinformed decisions about their pet's care.
- **Acupuncture as a high-risk activity.** Although acupuncture is generally considered safe when performed by a trained professional, it remains a high-risk activity due to the potential for complications. High-risk activities are of great concern as they are procedures and/or treatments that have an increased potential for adverse effects, resulting in further injury and complications to the health of the animal.
- **Requirement for practicing acupuncture on an animal is unsatisfactory.** For veterinarians and veterinary students, an essential certificate in veterinary acupuncture requires 30 hours of education and training, complementing their already extensive formal education in animal medicine. The proposed 35 hours of veterinary acupuncture education and training for chiropractors and physiotherapist does not equate to the training of veterinarian, given their extensive foundational knowledge provided by their Doctor of Veterinary Medicine degree. This inconsistency in training requirements could undermine the quality and safety of acupuncture treatments provided to animals, potentially compromising animal

welfare and professional standards in veterinary care. It is surprising that a veterinarian is often required to undergo more training than a human practitioner, considering the highly specialized veterinary medical expertise they possess already from their degree.

Also, the requirements for proficiency in acupuncture will not account for the significant differences between species and breeds. Even though the proposed requirements are that non-veterinary professionals have training in human acupuncture before obtaining animal acupuncture training, the acupuncture points vary greatly between humans and animals, making it unrealistic to expect mastery of all points after just 35 hours of training. Humans possess 361 acupuncture points², whereas canine have 122.³ Additionally, there are physiological differences among animal species: for instance, equines have 177 acupuncture points compared to the canine's 122.⁴

- **Further consultation is needed with the Association of Veterinary Acupuncturists of Canada (AVAC).** It was noted in the council package that there was no consultation or information provided by the AVAC; the College is encouraged to engage with the association directly to discuss training credentials and expectations. It is important to understand the rigorous training provided by the AVAC's course providers and consider aligning these education and training standard for chiropractors and physiotherapists seeking to provide veterinary acupuncture services with veterinarians and veterinary students.
- **Non-veterinary professionals do not have expertise in animal behaviour.** Veterinary medical professionals are trained in animal science and behaviour, allowing them to minimize stress and ensure the humane handling of animals to safeguard both the patient's and the medical staffs' safety during an examination for reasons of assessment, diagnosis, and treatment.

The assessment of an animal's pain is also an important part of veterinary medicine and often factors in making a diagnosis. By nature, species have developed specific defense mechanisms to protect themselves and their young from predators. Thus, in examinations, animals can become protective and not show outward signs of pain in fear of being preyed upon. Pain may also be observed differently given the situation. Pain could be observed within the narrow confines of a cage or run, while other signs may be only observed under specific circumstances outside a kennel environment (ex. the dog that adopts a new posture when begging at the dinner table after repair of a

² [Standard acupuncture nomenclature : a brief explanation of 361 classical acupuncture point names and their multilingual comparative list](#)

³ [Veterinary Acupuncture - Chi University](#)

⁴Ibid

ruptured anterior cruciate ligament)⁵. Veterinarians are trained to use various pain scales specific to animal species, and expertise in animal behaviour to recognize subtle changes and/or cues to when an animal may be experiencing pain. Veterinarians would also have the education to understand the context of pain in relation to the diagnosis made.

- **Non-veterinary professionals are unable to provide veterinary medicine in relation to adverse side effects.** As with any treatment, it is important to note that adverse reactions to treatments can occur. A non-veterinary professional's involvement with animals is limited and due to their lack of training and inability to diagnose, they would be unable to provide guidance or treatment should an adverse reaction take place. The practicing individuals would not be able to advise a client as to whether the symptoms are a reaction to the treatment or the result from another underlying health condition. The client would have to seek additional veterinarian services.
- **Leaving the practicing non-veterinary professional to determine their knowledge, skill and judgement to practice acupuncture.** The proposal places the responsibility on the individual to assess whether they can perform the authorized activity safely, effectively, and ethically, without providing a formal system of checks and balances. This lack of oversight from those professional's associated Colleges, particularly with physiotherapists and animal rehabilitation specialists, means that individuals are left to make subjective judgments about their own capabilities and the condition of the animal, potentially leading to inconsistencies in how the activity is performed. There is an increased risk of harm to both the individual and the animal, as the decision-making process is solely reliant on personal discretion.
- **Misrepresentation and risks to public safety.** Owners may perceive a non-veterinary practitioner as having the same credentials and training as a veterinarian. Pet owners may only rely on their assessments over proper veterinary diagnosis and advice, leading to improper treatment choices. This misinterpretation can delay proper veterinary care, potentially exacerbating health problems and putting the animal's welfare at risk.

There are significant financial implications for pet owners who may ultimately need to seek veterinary care after relying on chiropractic treatment. An animal that requires care beyond a non-veterinary professionals' ability, a treatment ill managed for a condition, or the presentation of an adverse reaction, owners will need to follow-up with a veterinarian, resulting in additional costs to ensure optimal health of their animal.

⁵ [Assessment of Pain in Dogs: Veterinary Clinical Studies | ILAR Journal | Oxford Academic \(oup.com\)](#)

OVMA appreciates the College's responsibility to evaluate the validity of all recommendations and weigh the variables such as the profession's interest against the priority of protecting the public. However, given the parameters as shared above regarding high-risk treatments they must remain in the domain of veterinary medicine to ensure the health and welfare of Ontario animals, or at least with some veterinary oversight so it can be integrated into a broader veterinary treatment plan.

Proposed Draft Professional Misconduct Language

For the purposes of the Act, professional misconduct includes the following:

1. An act or omission inconsistent with the Act, its Regulations or bylaws.
2. Failing to maintain the standard of practice of the profession including a published standard of the College.
3. Failing to fulfill the terms of an agreement with a client.
4. Discontinuing professional services unless,
 - i. the client requests the discontinuation; or
 - ii. the client is given a reasonable opportunity to arrange alternative services.
5. An act or omission relevant to the practice of veterinary medicine that, having regard to the circumstances, would be regarded by members as disgraceful, dishonourable, or unprofessional.
6. Conduct unbecoming a member.
7. Contravening any federal, provincial or territorial law or municipal by-law:
 - i. whose purpose is to protect or promote the health or welfare of animals or to protect and promote public health; or
 - ii. that is otherwise relevant to the member's suitability to practise.
8. Contravening a term, condition or limitation imposed on the member's licence.
9. Failing to reply appropriately to a written inquiry received from the College or failing to reply to the inquiry within the time specified in the inquiry or, if no time is specified, within 30 days after the day the inquiry was received by the member.
10. Providing information to the College that the member knows or ought to know is false or misleading.
11. Where an animal has died unexpectedly during, or as a result of, a veterinary procedure, failure on the part of a veterinarian member to promptly inform the client about the availability of a necropsy through another veterinarian.
12. Performing a professional service that the member knows or ought to know they do not have the knowledge, skill or judgment to perform.
13. Failing to take reasonable steps to prevent another member from committing or repeating an act of professional misconduct where the member knows or ought to know that an act of professional misconduct may be committed.
14. Failure on the part of a veterinarian member to advise a client to consult another veterinarian member where the member knows or ought to know that the client requires a service that the member does not have the knowledge, skill or judgment to offer or is beyond their scope of practice.
15. Practising the profession while the member's ability to do so is impaired or adversely affected by any substance, condition, dysfunction, disorder or circumstance that the member knows or ought to know impairs or adversely affects their ability to practise
16. Failing to comply with the Quality Assurance program or knowingly giving false information to the Quality Assurance Committee or an assessor.
17. Failing to appear before a panel of the Investigations and Resolutions Committee when directed to do so.
18. Failing to cooperate with the College or an investigator during an investigation or inquiry.



19. Failing to carry out or comply with an undertaking with the College or a Specified Continuing Education or Remediation Program or breaching an agreement with the College, a Committee of the College or the Registrar.
20. Failing to comply with a decision of a Committee or a panel of a Committee of the College.
21. Recommending or providing unnecessary treatment or continuing to treat a patient where the treatment is no longer indicated or has ceased to be effective.
22. Delivering to a patient or client any service for which consent is required by law, without such consent.
23. Practising the profession while the member's licence is under suspension.
24. Receiving any form of benefit from the practice of veterinary medicine while under suspension, unless prior approval has been given by the Registrar.
25. Abusing or harassing a client, a colleague, or a staff member verbally, physically, sexually, psychologically, or emotionally.
26. Abusing an animal.
27. Neglecting an animal or demonstrating disregard for the welfare of an animal.
28. Failing without reasonable cause to provide any documentation regarding any service provided to a client within a reasonable time after the client has requested such a document.
29. Failing to make or retain records in accordance with the standards of the profession or the published standards of the College.
30. Falsifying a record.
31. Signing or Issuing a document that the member knows or ought to know is false, misleading or otherwise improper.
32. On the part of a member holding a veterinarian licence, signing or issuing a veterinary certificate, report or similar document that contains a statement that the member knows or ought to know is false, misleading or otherwise improper.
33. Failing to adequately ensure continuity of care by:
 - a) Failing to make reasonable efforts to obtain necessary medical information about an animal or animals from the client and from previous treating professionals;
 - b) Treating an animal receiving veterinary services from another member without notifying the other member;
 - c) Failing to inform a client that uncoordinated veterinary services may place the animal at risk; or
 - d) Failing without reasonable cause to forward relevant information regarding professional services within a reasonable time to another member, when requested to do so.
34. Making a misrepresentation to a client or prospective client.
35. Directly, or by implication, representing any person to be a member who is not a member
36. Using a name other than the member's name as set out in the register, in the course of providing or offering to provide veterinary services.
37. Using a facility name other than the facility name set out in the register, in the course of providing or offering to provide veterinary services.
38. Inappropriately using a term, title or designation in respect of the member's practice.

39. Inappropriately using a term, title or designation indicating or implying a specialization in the profession.
40. Failing to comply with the requirements of this Regulation regarding advertising.
41. Making a claim about a therapeutic approach, modality, remedy, treatment, device or procedure that is not based on evidence.
42. Permitting, counselling or assisting a person to perform an authorized activity that the person is not authorized to perform.
43. Performing an authorized activity that the member is not authorized to perform.
44. Performing an authorized activity where the performance of that activity is for an improper purpose.
45. Delegating an authorized activity in contravention of the Act or these regulations.
46. Performing an authorized activity without the necessary knowledge, skill and judgment to perform the authorized activity.
47. Delegating an authorized activity to a person without ensuring that person has the knowledge, skill and judgment to safely perform the authorized activity.
48. Failing to supervise appropriately.
49. Charging a fee that is excessive in relation to the services or products provided.
50. Charging a fee for an unperformed service, except a block fee in accordance with College standards or a fee for an appointment missed without at least twenty-four hours' notice.
51. Knowingly submitting a false or misleading account or charge for professional services.
52. Failing to itemize the services provided and related fees, including disbursements, when requested by a client.
53. Being a shareholder, officer or director of a professional corporation where the professional corporation does or omits to do anything that would be professional misconduct if done or omitted to be done by the member.
54. Failing to give reasonable notice when closing a veterinary facility permanently or for an extended period of time.
55. Establishing or operating a veterinary facility without a certificate of accreditation.
56. Contravening a term, condition or limitation imposed on a certificate of accreditation.
57. Failing to maintain any of the standards of accreditation.
58. Failing to cooperate with an inspector of the College.
59. If another member's licence is suspended or has been revoked, cancelled or terminated, a designated facility director doing any of the following related to the practice of veterinary medicine:
 - a. retains or uses the services of that member,
 - b. employs or is employed by the member,
 - c. maintains a partnership or association with the member or is a shareholder in a professional corporation in which the member is a shareholder or of which the member is an employee, or
 - d. directly or indirectly receives, makes or confers any remuneration or benefit from or to the member.
60. Practising the profession while in a conflict of interest.



61. Revealing information concerning a client, an animal or any professional service performed for an animal, to any person other than the client or another member treating the animal except,
- i. with the consent of the client,
 - ii. if required or authorized to do so by law,
 - iii. to prevent, or contribute information for the treatment of, a disease or physical injury of a person, or
 - iv. for the purpose of identifying, locating or notifying the apparent owner of the animal, protecting the rights of the apparent owner or complying with applicable laws in respect of the animal, where it appears that the animal is not owned by the person presenting it for treatment.
62. Failing to dispose of biological, pathological or hazardous wastes in accordance with the requirements of the Environmental Protection Act or, if there are no such requirements, in accordance with the standards of practice of the profession.
63. Failing on the part of a member to dispose of an animal, whether deceased or alive, or a part of it, in accordance with the client's instructions, except where:
- a. those instructions are not in accordance with the standards of practice of the profession; or
 - b. a live animal is not claimed by the client within five days after completion of in-hospital treatment and convalescence or of an ancillary service, and:
 - i. the member has attempted to contact the client on at least five occasions and by at least two different methods;
 - ii. the member has made at least one attempt to contact the emergency contact identified by the client;
 - iii. the member has made a written records of the attempts described in subclauses (i) and (ii);
 - iv. the animal is transferred to an animal shelter or third-party owner; and
 - v. the written records described in subclause (iii) is retained for the shorter of five years or two years after the member ceases to practice veterinary medicine.
64. Selling or assigning any debt owed to the member for professional services to a third party, except for:
- a. accepting a credit card to pay for professional services;
 - b. retaining a lawyer or agent to collect unpaid accounts; and
 - c. making a general assignment of debts as collateral for a loan to finance the member's veterinary practice.

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