

# Agenda

## Council Meeting

Wednesday, December 6 and Thursday, December 7, 2023

9:00 am to no longer than 4:00 pm

### Hybrid Meeting

Council Chamber

2-71 Hanlon Creek Blvd.

Guelph, ON

## Council

Dr. Alana Parisi,  
President  
Dr. Patricia Alderson  
Dr. Claire Beauchamp  
Dr. Lorie Gold

Ms. Cathy  
Hecimovich  
Dr. Louise Kelly  
Dr. Harold Kloeze  
Ms. Catherine Knipe

Dr. Lena Levison  
Dr. Clayton MacKay  
Dr. Jessica Peatling  
Dr. Sami Qureshi  
Dr. Jessica Retterath

Mr. Douglas Reynolds  
Ms. Rena Spevack  
Dr. Wade Wright  
Dr. Michael Zigler

Incoming Councillors:

Dr. Kathleen Day  
Dunbar

Dr. Yashvir Varma

## Agenda Information

Land Acknowledgement

1. Call to Order (9:00 am)
2. Roll Call
3. Approval of Agenda
  - additional agenda items
4. Conflict of Interest (pg 3)
5. Consent Agenda (pg 4)
  - 5.1. Approval of Minutes (pg 5)
    - September 25, 2023 (pg 6)
  - 5.2. President's Report (pg 14)
  - 5.3.
  - 5.4. Committee Reports (pg 16)
    - 5.4.1. Accreditation (pg 17)
    - 5.4.2. Registration (pg 19)
    - 5.4.3. Complaints (pg 21)
    - 5.4.4. Discipline (pg 24)
    - 5.4.5. Executive (pg 25)
    - 5.4.6. Quality Assurance (pg 31)

5.4.7 Governance, Audit and Risk **(pg 37)**

6.

6.1

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6.2 Strategic Plan **(pg 38)**

6.2.1 Strategy 2026 – Year 1 Tactics **(pg 39)**

6.3 Policy Review and Project Priorities Update **(pg 43)**

6.4

6.4.1

6.5

6.5.1

7.

7.1

8.

9. Public Policy

9.1 Accreditation Standard (Isolation Facilities) **(pg 46)**

9.2 After Hours Care Task Force Update **(pg 57)**

9.3 Notice of Motion (Dr. Michael Zigler) **(pg 62)**

9.4 Graduated Licensing **(pg 64)**

9.5

9.6

10. Organizational Policy

10.1 Early Discussion on Council Election during Legislative Transition Period **(pg 164)**

11. Council Roundtable

11.1 Media Trends **(pg 166)**

11.2 Regulatory Trends **(pg 168)**

11.3 Legal Trends **(pg 169)**

11.4 Public Trends **(pg 173)**

11.5 General Trends **(pg 174)**

12. Other Business

- approval of Committee Slates (verbal update)

13. Notice of Motion **(pg 175)**

14. Confidentiality

15. Evaluation Form

16. Date of Next Meeting

- March 20 & 21, 2024

17. Adjourn

Annual Council Meeting (2:00 pm to 3:30 pm)

- See attached agenda (Day 1)

The Council meeting resumes with the new Council Composition at 3:45 (Day 1)

Election of the Executive Committee (Day 1)

Day-2 – Presentation from Deloitte (11:00 am)

- Regulation in An Age of Disruption

#### **AGENDA ITEM 4.**

**TOPIC:     Conflict of Interest**

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



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

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

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

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

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



**AGENDA ITEM 5.**

**TOPIC:     Consent Agenda**

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



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

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



**AGENDA ITEM 5.**

**TOPIC:     Approval of Minutes**

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



**5.1 Minutes**

- September 2023

# Minutes

## Council Meeting

September 25, 2023

2-71 Hanlon Creek Blvd.

Hybrid Meeting

Presiding Officer: Dr. Alana Parisi

Members present: Dr. Patricia Alderson  
Dr. Claire Beauchamp  
Dr. Lorie Gold  
Ms. Cathy Hecimovich (attended virtually)  
Dr. Louise Kelly  
Dr. Harold Kloeze  
Ms. Catherine Knipe  
Dr. Lena Levison  
Dr. Clayton MacKay  
Dr. Jessica Peatling  
Dr. Sami Qureshi  
Dr. Jessica Retterath  
Mr. Douglas Reynolds  
Ms. Rena Spevack  
Dr. Wade Wright  
Dr. Michael Zigler (attended virtually)

Appointed Officer: Jan Robinson, Registrar and CEO

Staff attending: Ms. Kim Huson, Executive Partner, Communications  
Ms. Sarah Kirby, Senior Policy and Project Specialist  
Dr. Kim Lambert, Associate Registrar, Quality Practice  
Ms. Kali Pieters, Associate, Project Research  
Ms. Beth Ready, Executive Partner, Corporate Services  
Ms. Shilo Tooze, Associate Registrar, Licensure

### 1. Call to Order

A Land Acknowledgement was read aloud by the President.

Dr. Parisi called the meeting to order at 9:00 a.m. and welcomed Councillors.

It was noted that the Council meeting was live streamed. Guests and observers watched the meeting via streaming.

## 2. Roll Call

A roll call was conducted.

## 3. Approval of Agenda

**MOTION:** It was moved and seconded,

“That the agenda be adopted as circulated.”

CARRIED

## 4. Conflict of Interest

No conflicts were declared.

## 5. Consent Agenda

Councillors reviewed the consent agenda and it was requested that

5.3 Registrar’s Report

5.4.1 Accreditation Report

be removed from the consent agenda to be discussed separately.

All of the following consent agenda items were approved as presented:

5.1 Minutes – June 21, 2023

Minutes – June 29, 2023

5.4 Committee Reports

5.4.2 Registration

5.4.3 Complaints

5.4.4 Discipline

5.4.5 Executive

5.4.6 Quality Assurance

5.4.7 Governance, Audit and Risk

5.5 Ratify Executive Committee Motions

**MOTION:** It was moved and seconded,

“That the Consent Agenda be approved with item 5.3, and 5.4.1 to be discussed separately.”

CARRIED

### 5.3 Registrar’s Report

The Registrar provided an update on the current initiatives of the Ontario Fairness Commission.

The Registrar noted that the College provided comments on the CVMA’s draft policy on “Artificial Intelligence (AI) in Veterinary Medicine.

#### **5.4.1 Accreditation Committee Report**

It was noted that a committee member's name was omitted from the committee list.

**MOTION:** It was moved and seconded,

"That the Council of the College of Veterinarians of Ontario accept the Registrar's Report and the Accreditation Committee Report as presented."

CARRIED

### **6. Strategic Alignment**

#### **6.1 Evaluation**

Ms. Catherine Knipe introduced this agenda item.

Council reviewed the meeting evaluation from its meeting held in June 2023.

#### **6.2 Strategic Plan**

##### **6.2.1 Strategy 2026 – Year 1 Tactics**

Councillors were provided with the Year 1 Tactics related to Strategy 2026.

The Registrar answered questions posed by Council members. The document was provided to Council for information.

#### **6.3 Policy Review and Project Priorities**

The Policy and Project Tracking Chart was provided for information.

#### **6.4 Performance Measurement**

##### **6.4.1 Key Performance Indicators**

Ms. Catherine Knipe introduced this agenda item.

The performance indicators are intended to assist Council to focus on the risks to the organization and within the practice of veterinary medicine.

Council is provided with a Dashboard on a quarterly basis.

##### **6.4.2 Strategic Risks**

The Governance, Audit and Risk Committee (GAR), as part of its mandate, reviews leading risks and strategic risks at each of its meetings. Twice a year, in March and September, the Committee considers whether there are any strategic risks or emerging trends that should be brought to Council's attention.

The GAR Committee did not feel that there were any strategic risks in need of additional mitigation strategies at this time. Council was provided with an update relating to challenges on how to manage dispensing of drugs and delegation to auxiliaries when providing veterinary services through telemedicine.

## **6.5 Outcomes Focused Regulation**

### **6.5.1 Update**

The Registrar reported that the Impact Strategy Unit meets after every Council meeting.

Work continues relating to the management of drugs, the role of facility directors, the evaluation of remedial undertakings, improving medical records, understanding the VCPR, and supporting anti-microbial stewardship.

## **7. Finance**

### **7.1 Financial Statement – July 31, 2023**

Council reviewed the Variance Report, Balance Sheet, and Revenue and Expenses Statement ending July 31, 2023.

The documents are presented as information only.

### **7.2 Budget 2024**

The Registrar provided an overview on the key areas of importance in formulating the proposed 2024 budget. The Registrar responded to questions of Councillors regarding a more detailed explanation of certain lines.

**MOTION:** It was moved and seconded,

“That the Council of the College of Veterinarians of Ontario approve the proposed Operating Budget for the year 2024 as presented.”

CARRIED

**MOTION:** It was moved and seconded,

“That the Council of the College of Veterinarians of Ontario approve the proposed Capital Budget for the year 2024 as presented.”

CARRIED

**MOTION:** It was moved and seconded,

“That the Council of the College of Veterinarians of Ontario approve the Special Projects Budget for the year 2024 as presented.”

CARRIED

## **Public Policy**

### **8.1 Position Statement – Acupuncture**

Ms. Sarah Kirby, Senior Policy and Projects Specialist introduced this agenda item and Ms. Kali Pieters, Associate, Project Research, joined the table to answer any questions.

At its meeting held in June 2023, Council directed that College staff proceed with the development of a Position Statement based on the findings, inclusive of ongoing recognition of veterinary acupuncture as the practice of veterinary medicine.

A draft copy of the Position Statement – Veterinary Acupuncture was reviewed by the Executive Committee at its meeting in August 2023.

Council reviewed and provided its feedback on the draft Position Statement – Veterinary Acupuncture.

**MOTION:** It was moved and seconded,

“That the Council of the College of Veterinarians of Ontario direct that the draft Position Statement – Veterinary Acupuncture be published as amended.”

CARRIED

## **8.2 Accreditation Standards**

Dr. Jessica Retterath, Chair of the Accreditation Committee, introduced this agenda item. Dr. Kim Lambert, Associate Registrar, Quality Practice, and Ms. Aneeta Bharij, Principal, Accreditation, joined the table to answer any questions.

The draft standards for veterinary facilities in Ontario and the proposed amendments to the College’s fee by-law were out for public consultation, as directed by Council from February 8 – April 8, 2023.

At its meeting in June 2023, Council accepted the proposed draft standards for veterinary facilities in Ontario to be circulated for a second targeted consultation. Council also accepted the proposed By-law changes to accreditation fees for implementation as of October 1<sup>st</sup>, 2023.

Council reviewed and provided its feedback relating to the second consultation on the draft standards for veterinary facilities.

**MOTION:** It was moved and seconded,

“That the Council of the College of Veterinarians of Ontario accept the revised draft standards for veterinary facilities, as amended, as of October 1<sup>st</sup>, 2023, with the exception of additional scope of practice service – isolation facilities – requirement #2.”

CARRIED

## **9. Organizational Policy**

### **9.1.1 Licence Application Fee, Jurisprudence Exam Fee and Outstanding Costs**

Dr. Jessica Peatling, Chair of the Registration Committee, introduced this agenda item.

The College periodically reviews fees across the organization. Applicants to the College pay a licence application fee and the CVO Jurisprudence Exam fee. These fees have not been adjusted in many years.

Council was provided with proposed changes to the By-laws. This included licence application fee, CVO Jurisprudence Exam fee and outstanding costs.

**MOTION:** It was moved and seconded,

“That the Council of the College of Veterinarians of Ontario approve the By-law changes for circulation as presented.”

CARRIED

### **9.1.2 Election of the Executive Committee and Annual General Meeting**

Dr. Wade Wright, 1<sup>st</sup> Vice President, introduced this agenda item.

At its meeting held in June 2023, Council approved the suggested wording to section 6 (Election of Officers) of the College By-laws as presented and to circulate to licensed members prior to final approval. Council also approved the suggested amendments to the College’s By-laws relating to the Annual General Meeting and to circulate to licensed members.

Council reviewed and provided its comments on the feedback report and submissions.

**MOTION:** It was moved and seconded,

“That the Council of the College of Veterinarians of Ontario approve the By-law changes as presented.”

CARRIED

## **10. Council Roundtable**

### **Trends – Media, Regulatory, Legal, and Public**

Councillors were provided by staff with the top trends relating to media, regulation, recent legal cases, and public.

Councillors reviewed the trends that were brought forward.

### **General Trends**

Councillors were given the opportunity to raise any matter that they believe is relevant to the College and its activities. Comments included:

- comments on artificial intelligence (AI) development software that is available – it was noted that the Ontario Veterinary Regulatory Innovation Panel are in early conversations relating to AI – further information will be brought forward to Council in March
- article in VINNews – cat scratch-related pathogen continues to elude recognition
- crisis in Thunder Bay – difficulty scheduling appointments for vaccines

## **11. Other Business**

No other business was brought forward.

## **12. Notice of Motion**

A Notice of Motion is the way in which a Councillor can request Council take action on an issue, as per Robert’s Rules.

At its meeting held September 25, 2023, Dr. Michael Zigler made the following statement of intent to make a motion at the next Council meeting:

That the Council of the College of Veterinarians of Ontario review the standards for facility accreditation, specifically the standards related to dentistry, on or before September 2026.

### 13. Confidentiality

Councillors were reminded that Council meetings are public meetings.

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

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

### 14. Evaluation Form

The Council meeting evaluation form will be forwarded for completion electronically via Survey Monkey. Councillors are encouraged to complete the evaluation which is helpful in continually improving future Council meetings.

### 15. Date of Next Meeting

The next regular meeting of Council will be held on December 6 and 7, 2023.

### 17. Adjourn

**MOTION:** It was moved,

“That the meeting of Council be adjourned.”

CARRIED

The meeting adjourned at 2:50 pm.



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Dr. Alana Parisi  
President



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Jan Robinson

Registrar and CEO

*Beth Ready*

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Beth Ready  
Recording Secretary



**AGENDA ITEM 5.2**

**TOPIC:     President's Report**

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



Written report is attached.



## President

Dr. Alana Parisi

### Vision

**Public confidence** in veterinary regulation.

### Mission

Governing the practice of veterinary medicine.

[www.cvo.org](http://www.cvo.org)

# President's Report to Council

December 2023

- regular meetings were held with the Registrar
- chaired the September Council meeting
- provided a summary of highlights from the September Council meeting
- attended meetings relating to the Registrar's performance review
- attended the American Association of Veterinary State Boards (AAVSB) conference
- met with the College's auditor, along with members of the Governance, Audit and Risk Committee – pre and post the audit
- attended the Council Orientation – Part 1 for new Councillors
- attended the CVO/OVMA Liaison meeting
- attended meeting, along with OAVT, and OVMA, with PA Trevor Jones
- attended the Future of Food at the Royal Agricultural Winter Fair
- attended the CVO Townhall

## **AGENDA ITEM 5.4**

**TOPIC:      Committee Reports**

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



**5.4.1          Accreditation**

**5.4.2          Registration**

**5.4.3          Complaints**

**5.4.4          Discipline**

**5.4.5          Executive**

**5.4.6          Quality Assurance**

**5.4.7          Governance, Audit and Risk Committee**

# Report to Council

## Accreditation Committee December 2023

### Committee Meetings

There were 2 meetings held

- September 14 and October 25

### Relevant Data

#### Registrar Referrals

The Committee reviewed 6 applications for exemptions from the Minimum Standards for Veterinary Facilities in Ontario, for which

- 5 had exemption requests granted
- 1 had exemption requests denied

### Trends

#### Restricted Scope of Practice

The Committee continues to see exemption requests related to restricted scopes of practice. Examples include:

- Companion animal mobile – restricted to veterinary spinal manipulative therapy and acupuncture
- Companion animal mobile – restricted to hospice, palliative care and in home euthanasia

### Other Information

#### Facility Director Consultation – Standards for Veterinary Facilities in Ontario

At the September 2023 meeting, Council approved proposed accreditation standards for veterinary facilities in Ontario, except for Additional Scope of Practice Services – Isolation Facilities, Requirement #2 and directed the implementation of the new accreditation standards as of October 1, 2023. The Accreditation Committee will present their recommendations for the revision to Additional Scope of Practice Services – Isolation Facilities, Requirement #2 at Council's December meeting.

#### Committee Membership

Dr. Jessica Retterath, Chair  
Ms. Cathy Hecimovich  
Dr. Clayton MacKay  
Dr. Farrukh (Sami) Qureshi  
Dr. Barinder (Bick) Jassal

#### Staff

Dr. Kim Lambert  
Ms. Aneeta Bharij  
Ms. Kristina Mulak

#### Committee Responsibilities

The Accreditation Committee oversees the accreditation of veterinary facilities in Ontario and considers policy matters related to accreditation.

## **Annual Accreditation Fee**

At the June 2023 meeting, Council approved an annual fee for accreditation. The annual accreditation fee submission opened on October 11, 2023.

A webinar was held on November 14, 2023 to provide facility directors with an overview of the new accreditation model and standards and provided an opportunity for College staff to answer questions related to the annual accreditation fee and new standards.

The College is committed to supporting Facility Directors in understanding the new accreditation fee and complying with the new accreditation model. A special newsletter has been developed for Facility Directors to provide guidance to aid them with this change in the coming months.

# Report to Council

## Registration Committee December 6 and 7, 2023

### Committee Meetings

- 1 Registration Committee meeting occurred during this reporting period.
- November 14, 2023

### Relevant Data

#### Applications Considered

The Committee reviewed 16 applications.

- 13 Restricted licences were approved for issuance
- 3 General licences were approved for issuance

The Committee reviewed 28 applications in the same time period in 2021.

#### Mobility Data

16 licences were issued by the Registrar to applicants under the *Ontario Labour Mobility Act* from September 6, 2023 to November 16, 2023.

### Policy Issues Considered

#### Standard of Care Recommendations – Graduated Entry to Practice Model

The Committee received and discussed a survey that was distributed to licensed members asking for input on entry to practice supports in addition to previously provided graduated licensing background materials. The Committee recommends to Council that resources be developed to assist new licensees as they transition into practice. Council will review this recommendation in December 2023.

#### Limited Licensure Project

The College is involved in the development of the Limited Licensure Assessment Project with the Canadian Council of Veterinary Registrars (CCVR) and the Canadian Veterinary Medical Association – National Examining Board (CVMA-NEB). The project is developing tools comprised of a portfolio assessment and a supervised clinical practice assessment in order to evaluate the competence of an experienced veterinarian who wishes to work in a limited scope. Applicants with at least five years of practice experience from a licensed jurisdiction will be able to undergo the assessment in the area of small/companion animal, equine or production animal. A pilot of the assessment process will begin in

### Committee Membership

Dr. Jessica Peatling, Chair  
Dr. Louise Kelly  
Dr. Chiemi Ogawa  
Mr. Douglas Reynolds  
Dr. Michael Zigler

### Staff

Lindsay Sproule  
Shilo Tooze  
Kristina Mulak

### Committee Responsibilities

The Registration Committee endeavours to maintain standards of entry-level competence that ensures both public protection and equitable access to the profession.

2024. The Committee indicated that it would be comfortable granting licences to those who will be participating in the clinical portion of the assessment and to those who successfully complete the pilot and who apply for a Restricted licence limited to a particular species.

## Other Information

**None.**

# Report to Council

## Complaints Committee December 2023

### Committee Panel Meetings

- September 13 and 20, October 25 and November 1

### Relevant Data

**Number of open cases:** 609

**Number of new cases reviewed since October 1, 2023:** 20

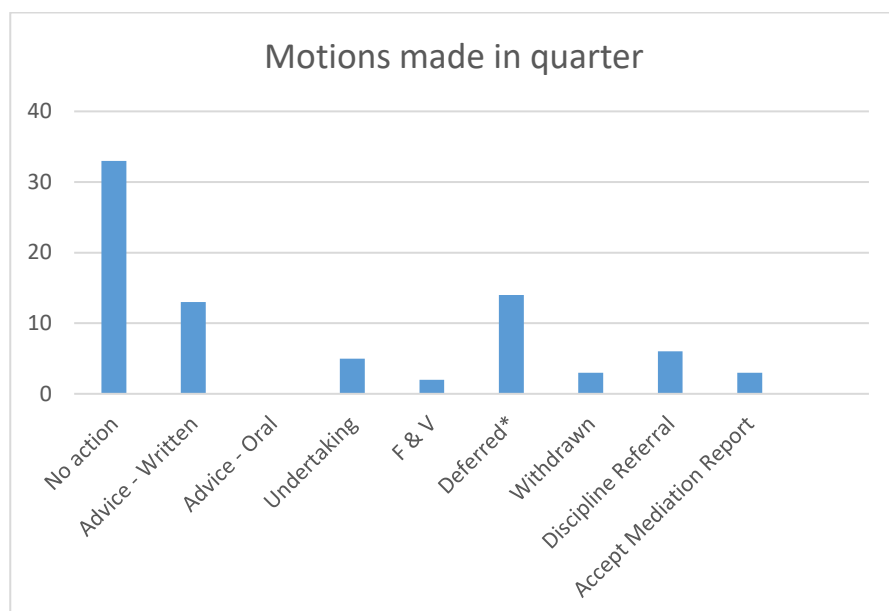
**Number of cases closed since October 1, 2023:** 27

#### Cases Reviewed and Decisions Made (Quarter)

Total # of new cases reviewed: 44

Total # of cases with final decisions made: 52\*

\*Decisions reflect cases that may involve more than one member as well as decisions made on cases that were deferred from previous meetings.



\*Deferred for Information, F & V notice, draft Undertaking, Allegations or Independent Opinion

### Committee Membership

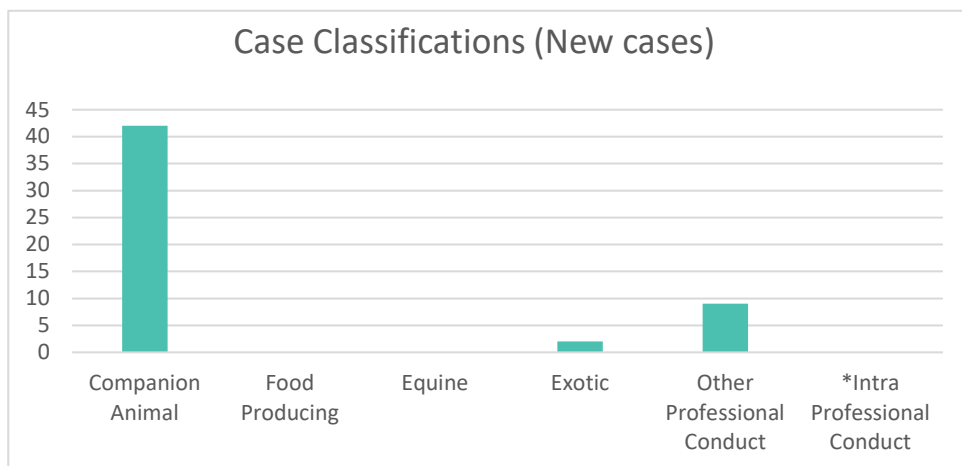
Ms. Rena Spevack, Chair  
Dr. Roselyn Allen  
Dr. Ehab Hanna  
Dr. Lisa Jones  
Dr. Lesley Ralston  
Dr. LeeAnn Sealey  
Dr. Anne Watson  
Dr. Tyrrel de Langley  
Dr. John Draper  
Dr. Lena Levison

### Staff

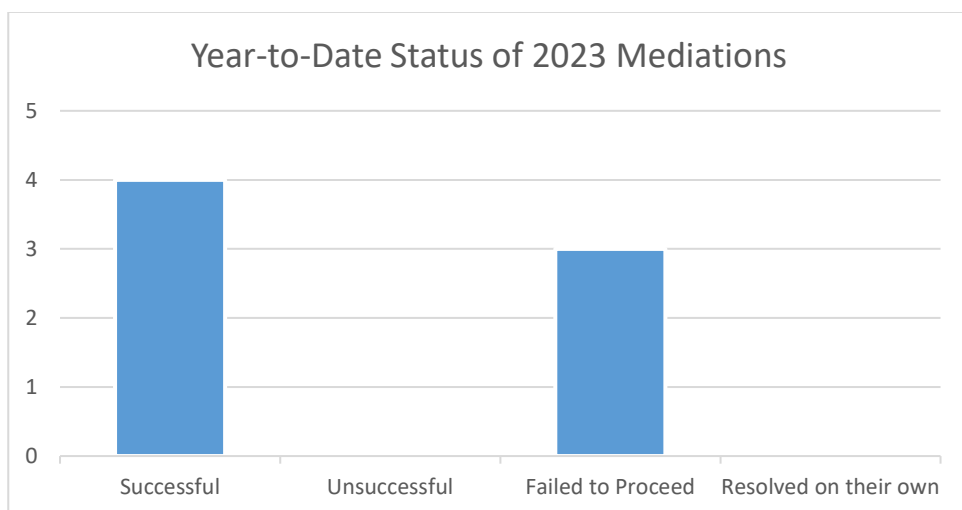
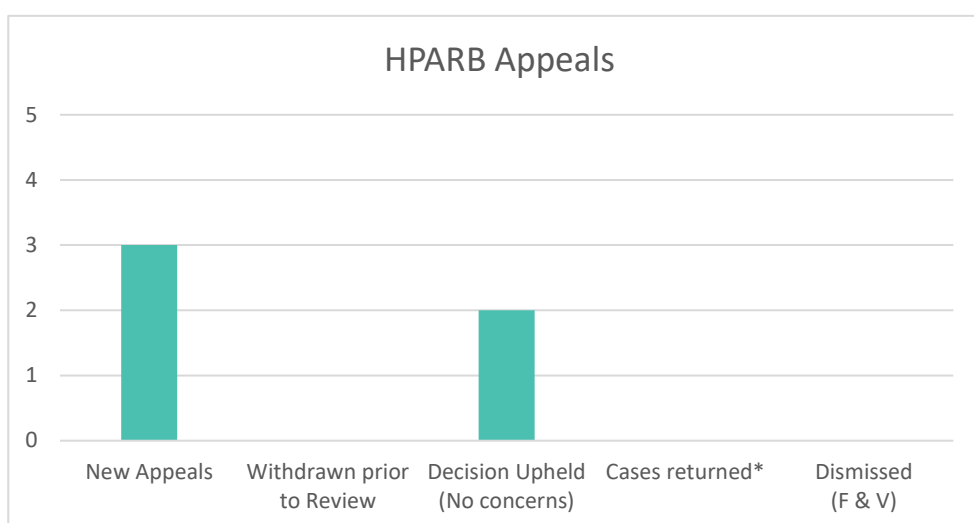
Dr. Colette Larocque  
Ms. Shilo Tooze  
Ms. Cindy Rose  
Mr. Phillip Evanitski  
Ms. Alyssa Fries  
Ms. Kristina Mulak

### Committee Responsibilities

*The Complaints Committee shall consider and investigate complaints made by members of the public or members of the College regarding the conduct of a member or former member of the College.*



Note: Some cases involved more than one category.



## Trends

### Related to the Member

- None.

### General

- Comments from veterinarians and complainants on the current timelines associated with the complaints process.
- Increase in complaints involving concerns that a veterinarian reported suspected abuse/neglect to the provincial animal welfare services (PAWS).

## Other Information

### Topics of Advice delivered to members:

- Medical records (3)
- Informed consent (3)
- Supervision of Auxiliaries (3)
- Dispensing (2)
- Social Media Use (2)
- Ending the Veterinarian-Client-Patient relationship (1)
- Communication (1)
- Prescribing (1)
- Humane Animal Restraint (1)

### Areas of Remediation in Undertakings:

- Medical Records (3)
- Informed consent (2)
- Medical/Case management (2)
- Communication (1)
- Dispensing (1)

Note: Some cases included more than one topic of advice or more than one area of remediation.

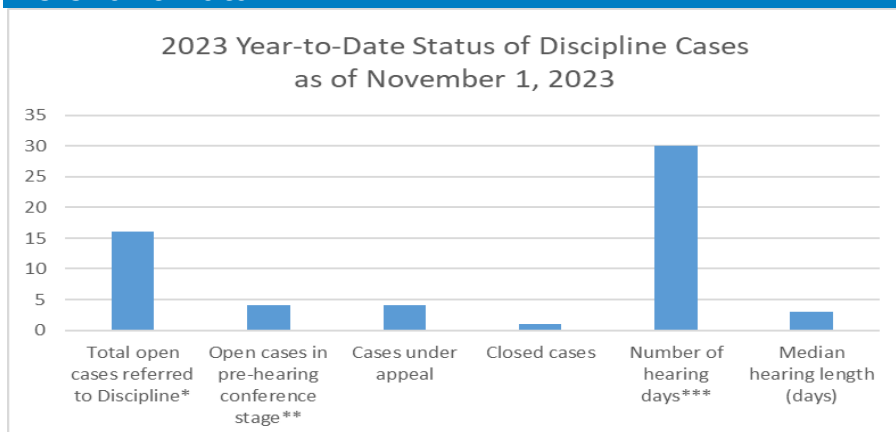
# Report to Council

## Discipline Committee December 2023

### Committee Meetings

- Virtual training was held on November 8, 2023

### Relevant Data



\* Some cases involve more than one member; and some members are involved in more than one case.

\*\* These cases are a sub-set of the first column.

\*\*\*Includes full and half days.

### Trends

There are large gaps between hearing dates for some contested hearings due to challenges with finding dates where the parties and the panel members are all available. Some cases also required additional days for the Pre-Hearing Conference.

### Other Information

A number of contested hearings have concluded and are now scheduled for hearings on penalty and costs.

There is one license reinstatement matter in the pre-hearing stage.

There was one interim suspension ordered and the member has filed an application for judicial review.

### Committee Membership

Dr. Harold Kloeze, Chair  
Dr. Patricia Alderson  
Dr. Danielle Anderson  
Dr. Scott Arnold  
Dr. Claire Beauchamp  
Dr. Lorie Gold  
Ms. Cathy Hecimovich  
Dr. Davinder Jassal  
Dr. Shannah Kavonic  
Dr. Louise Kelly  
Ms. Catherine Knipe  
Dr. Lena Levison  
Dr. Kerry Lissemore  
Dr. Clayton MacKay  
Dr. Arif Memon  
Dr. Paula Menzies  
Dr. Atul Pakhawala  
Dr. Jessica Peatling  
Dr. Sami Qureshi  
Dr. Jessica Retterath  
Mr. Douglas Reynolds  
Dr. Ravi Sankar  
Ms. Rena Spevack  
Dr. Sarah Thompson  
Dr. Ines Walther  
Dr. Steve Watts  
Dr. Wade Wright  
Dr. Michael Zigler

### Staff

Dr. Colette Larocque  
Ms. Shilo Tooze  
Ms. Cindy Rose

# Report to Council

## Executive Committee December 2023

### Committee Meetings

There were 2 meetings held:

- October 18, 2023
- October 25, 2023

### Relevant Data

The Committee reviewed and acted on the following investigation related issues:

- 2 advice/caution/no further action letters were forwarded to licensees
- 1 licensee informed to attend at an Executive Committee meeting to receive an oral caution
- 3 Mutual Acknowledgement and Undertakings forwarded to licensees
- approved draft statement of allegations and directed the Discipline Committee to hold a hearing relating to one matter
- provided suggested penalty recommendations for a discipline case

### Policy Issues Considered

#### Professional Practice Standard: Informed Client Consent

- the Committee was provided with minor revisions to the Standard
- the Professional Practice Standard was confirmed for posting
- a copy of the Standard is attached

### Other Information

#### Legislative Reform Update

- an update was provided
- an update will be provided at Council in December

### Committee Membership

Dr. Alana Parisi, President  
Dr. Lorie Gold  
Dr. Harold Kloeze  
Ms. Catherine Knipe  
Dr. Wade Wright

### Staff

Jan Robinson  
Shilo Tooze  
Beth Ready  
Martin Fischer  
Kristina Mulak

### Committee Responsibilities

The Executive Committee shall perform such functions of Council as are delegated to it by the Council, By-Laws or the Act. The Executive Committee, between meetings of Council, may perform any other function of the Council that, in the opinion of the Executive Committee, must be performed immediately.

The committee:

- provides leadership to Council, promotes governance excellence and facilitate the effective functioning of the College.
- has the authority to conduct an investigation at the request of the Registrar, refer cases to the Discipline Committee and act on cases involving impairment of a licensee.
- makes recommendations to prosecuting counsel on penalties for all matters referred to the Discipline process.
- considers policy issues presented by Council or the Registrar to determine if the information is complete and clear and,
- reviews operational issues of significance.

**Draft Committee Slates**

- the Committee discussed the preliminary development of committee slates. The final committee slates will be presented to Council in December

**Draft Letter to Emergency Management Ontario**

- the Committee considered a draft letter related to the College's mandate in order to better assist animal welfare in the province in times of a declared emergency
- the Committee supported circulating the letter

**OVMA/CVO Liaison Meeting**

- the Committee discussed topics for the December Liaison meeting

**Regulatory Sandbox Proposal**

- a new proposal was presented to the Committee pertaining to increasing access to veterinary services in northwestern Ontario
- information will be provided to Council at its March 2024 meeting

# Informed Client Consent

Published: October 2014  
Revised: October 2023

## Introduction

**Informed client consent is an essential conversation that occurs between a veterinarian and their client. From a public protection perspective, informed client consent is the basis on which a veterinarian and their client confirm the veterinary service(s) that will be provided in a specific circumstance. Consent may be implied or explicit, and explicit consent may be verbal or in writing. Informed client consent is not a one-time activity, and is obtained throughout the course of the veterinarian-client-patient relationship (VCPR).**

## Definition

**Client:** Client means, with respect to a veterinarian, the owner of an animal(s) or group of animals that the veterinarian is treating, an authorized representative of the owner, or an individual who the veterinarian reasonably determines is acting in the interest of the animal(s) or group of animals.



## Practice Expectations

A veterinarian meets the *Professional Practice Standard: Informed Client Consent* when they:

1. Obtain consent from a client who is over the age of 18.
2. Ensure the consent relates to the proposed veterinary service(s) to be provided.
3. Provide comprehensive information to the client including:
  - the differential and/or definitive diagnosis;
  - the nature of the proposed diagnostics and/or treatment(s);
  - the proposed benefits, common side effects and any serious risks;
  - other reasonable alternative courses of action including the risks/benefits of each; and
  - the consequences if the proposed diagnostics and/or treatment(s) are refused.
4. Answer all questions and ensures that the client understands the information provided.
5. Provide an estimated cost of the proposed diagnostics and/or treatment(s), using a range when appropriate.
6. Indicate in the medical record that consent was obtained and, for diagnostics and/or treatment(s) that are of higher risk, obtains consent in writing where feasible.
7. Understand that revealing information concerning a client, an animal(s) or group of animals, or any professional service performed for an animal(s) or group of animals to a person other than the client or another member treating the animal(s) or group of animals is not permitted without the client's consent, except when doing so is required or authorized by law.

## Guide to the Standard

A separate *Guide to the Professional Practice Standard: Informed Client Consent* has been developed by the College and can be found on the Colleges' website [www.cvo.org](http://www.cvo.org).

## Legislative Authority

*Food and Drugs Act and Regulations* (Federal)



*Feeds Act and Regulations* (Federal)  
*Controlled Drugs and Substances Act and Regulations* (Federal)  
*Drug and Pharmacies Regulation Act and Regulations* (Provincial)  
*Drug Interchangeability and Dispensing Fee Act* (Provincial)  
*Veterinarians Act* (Provincial)  
Regulation 1093, s. 1, 18, 23-33 (*Veterinarians Act*) (Provincial)

## Resources

The following can be found at the College's website at [cvo.org](http://cvo.org):

1. *Professional Practice Standard: Dispensing a Drug*
2. *Guide to the Professional Practice Standard: Dispensing a Drug*
3. *Professional Practice Standard: Extra-Label Drug Use*
4. *Guide to the Professional Practice Standard: Extra-Label Drug Use*
5. *Professional Practice Standard: Management and Disposal of Controlled Drugs*
6. *Guide to the Professional Practice Standard: Management and Disposal of Controlled Drugs*
7. *Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice*
8. *Guide to the Professional Practice Standard: Use of Compounded Drugs in Veterinary Practice*
9. *Professional Practice Standard: Informed Client Consent*
10. *Guide to the Professional Practice Standard: Informed Client Consent*
11. *Professional Practice Standard: Medical Records*
12. *Guide to the Professional Practice Standard: Medical Records*
13. *Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship*
14. *Guide to the Professional Practice Standard: Establishing, Maintaining, and Discontinuing a Veterinarian-Client-Patient Relationship*
15. *Information Sheet - Apiculture & Bee Medicine*
16. *Position Statement: Balancing Available Health Care Options and Client Access to Veterinary Care*

The following additional resources are also applicable:

1. [Policy on Extra-Label Drug Use in Food Producing Animals](#), Health Canada, 2015.
2. [Position Statement: Extra-label Drug Use \(ELDU\)](#), Canadian Veterinary Medical Association, 2015.
3. Canadian [gFARAD Website](#)



4. [\*Veterinary Oversight of Antimicrobial Use – A Pan-Canadian Framework of Professional Standards for Veterinarians\*](#), Canadian Veterinary Medical Association,

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

# Report to Council

## Quality Assurance Committee December 2023

### Committee Meetings

There was one meeting held this reporting period:

- November 15, 2023

### Relevant Data

#### Peer Review of Medical Records (PRMR)

The Committee received an update on the Peer Review of Medical Records Program.

- **193 PRMRs** have been assessed with the following results: 67% Successful, 28% Partially Successful, 5% Not Successful.
- **29 reassessments** have been completed with 79% achieving an improvement to the next scoring category.

#### Learning Modules and Videos

- Due to the relaunch of the College's website, the learning module page is being redeveloped and the modules were not available this quarter. Work is in the final stages to resume module access.
- Gated access to all learning modules was developed and allows for greater accuracy in tracking learning module usage. Gated access and tracking became active March 3, 2021:

Module	Number of Requests for Access <sup>1</sup>	New Requests last quarter	New Requests this quarter
<b>Medical Record Learning Modules</b>			
Medical Record Learning Module – Companion Animal	501	64	0
Medical Record Learning Module – Food Producing Animal, Equine and Poultry	58	4	0
<b>Communication Learning Modules</b>			
Building Trust with Clients	252	4	0
Breaking the Silence: Discussing Medical Errors with Clients	138	5	0
Compassion Fatigue in Veterinary Practice	118	2	0
Euthanasia: Guiding Clients Through Difficult Decisions	101	1	0
Eye of the Beholder: Addressing Difficult Client Interactions	144	1	0
Strangers in Crisis: Skills for Sharing Bad News	94	0	0
Elephant in the Room: Money Talk with Clients	100	1	0
Enhancing Client Adherence	7	2	0
<b>Other Modules</b>			
Informed Client Consent	144	11	0
Ethics E-Learning Module	138	13	0

#### Committee Membership

Dr. Patricia Alderson, Chair  
Dr. Claire Beauchamp  
Dr. Robert Berger  
Dr. Kristen Reynolds

#### Staff

Dr. Kim Lambert  
Ms. Emily Ewles

#### Committee Responsibilities

The Quality Assurance Committee shall research, develop, review, and make recommendations to the Council respecting matters of quality assurance programs for members, including continuing education, professional development, practice review, and peer-review.

## Trends

### Quality Assurance and Improvement

The following trends were identified and discussed:

- Dr. Melissa Horne will support OVC in designing and delivering anti-racism, anti-oppression, and EDI training.
  - *Dr. Melissa Horne joins OVC as advisor of Organizational Culture*. Ontario Veterinary College. (n.d.). <https://ovc.uoguelph.ca/news/node/1485>
- An article on the sale and availability of pet medications at pharmacies, which is a common trend in Practice Advice.
  - Hannay, C. (2023, October 4). *Pet drugs could be sold cheaply at pharmacies. this is why they're not*. The Globe and Mail. <https://www.theglobeandmail.com/business/article-pets-prescription-drugs-costs/>
- The Committee discussed the ongoing trend of prescribing and dispensing questions in Practice Advice and the opportunity to bring this to the Impact Strategy Unit (ISU) for consideration of a push strategy of College resources.

## Other Information

### Policy Issues Considered

Culture of Safety – The Committee received an update on culture of safety. At its meeting in September 2023, the Committee provided valuable insights regarding the project's vision and proposed practical tools for real-world application. Staff will continue work in this area with further research and reachout to stakeholders. Further analysis will help to shape resources and supports that promote a culture of safety in practice.

Cultural Humility – The Committee considered staff's progress on cultural humility, a key priority for the development of resources and supports on professionalism. Staff have conducted research and met with the Community Engagement Strategist before bringing this topic to the Impact Strategy Unit (ISU) for further analysis in July 2023. This topic was brought to the Veterinary Practice Community Reference Panel in October 2023 for input and discussion. Staff will continue work on this topic and will develop a strategy for defining cultural humility for Ontario veterinarians and promoting it in the practice of veterinary medicine.

Veterinary Well-being – The Committee received an update on veterinary well-being. The Ontario Collaborative for Well-being in Veterinary Medicine group is continuing work on joint initiatives with working groups focusing on raising awareness of mental health in veterinary medicine and promoting workplace training and resources for practices. A well-being section of the College website was launched in December 2022, and a report on feedback and usage in the first year will be developed.

Maintaining Appropriate Boundaries – The Committee received an update on maintaining appropriate boundaries, a key priority for the development of resources and supports on professionalism. Staff have begun work on this topic after it was raised as an important area of concern at the Council meeting in June 2023. Staff have completed an environmental scan and literature review, and are conducting a stakeholder reach-out. Staff will conduct further research before returning to the Quality Assurance Committee for input and direction.

## **Quality Assurance Program**

Peer Advisory Conversation (PAC) – The Committee received an update on the Peer Advisory Conversation (PAC). At the June Council meeting, Council approved a research project on newly licensed veterinarians in Ontario and their participation in the College's Peer Advisory Conversation. Staff are currently searching for a research partner to begin work on this project. The second year of the PAC has now concluded and staff presented a report of the program to the Committee. The report will be provided to Council at its December meeting.

Peer Review of Medical Records (PRMR) – The Committee received an update on Peer Review of Medical Records (PRMR). The aggregate report on the first year of the program has been shared with the profession to aid in identifying areas where they may improve their own record-keeping practices. Staff will begin work on the second-year aggregate report in early 2024, which will include analysis of reassessments. A need for additional Peer Reviewers was identified, and two candidates were approved by the Committee in November 2023.

## **Quality Improvement Program**

Learning Module Feedback - An update was provided on the feedback surveys for the communication, medical record, informed client consent, and ethics learning modules. Due to the development of the learning modules section on the new website, no new feedback was reported.

## Peer Advisory Conversation Second Year Report



The Peer Advisory Conversation (PAC), a core component of the College's Quality Assurance Program, was developed through a four-part pilot project and approved by Council in March 2020. Due to the COVID-19 pandemic, launch of the PAC was delayed, however the program was launched in September 2021 as a voluntary program. The first year of the program was completed in August 2022 with a total of six conversations held. A report on the first year was presented to Council in December 2022. The goal of the second year of the program was to conduct thirty conversations, though only three conversations were completed with a fourth started and delayed due to scheduling conflicts.

### Communications strategy:

The College had several important initiatives throughout 2022-2023, such as the Lock, Label, Locate campaign, the new Accreditation model, a new logo and office space, and legislative reform, so the PAC was not in the forefront of communications. As seen in the table below, communication on the PAC program in e-Update and College Connection was limited in the second year of the program.

Month	College Communication	Description
October 2022	College Connection	Short description of PAC with link to PAC page
May 2023	e-Update	Mention in CPD article

A Continuing Professional Development (CPD) awareness campaign was developed and launched in July 2023. This campaign included an email blast to members who had shown an interest in CPD related topics in College communications over the past two years. The campaign highlighted CPD opportunities at the College, including the PAC. Analytics showed a high open rate of almost 91% on the email. Because of this success, staff decided to develop a recruitment strategy specific to the PAC using the same engaged audience. The strategy includes a targeted email from a Peer Advisor inviting them to a short 15-minute chat to discuss the benefits of a PAC, with the intent that they will see the value and volunteer to be a participant in a full conversation. This strategy was launched in October 2023, and the results will be reported in the third year of the program.

### Feedback:

Participants of the PAC are requested to fill out two questionnaires; the first upon completion of the conversation with the Peer Advisor, and the second after they receive their report. Of the nine participants that participated in the first two years, all nine provided feedback on the first questionnaire; however, only five provided feedback on the second questionnaire.

Feedback from the post-conversation questionnaire was positive with participants rating the quality of information provided by the College at a weighted average of 4.9 (out of 5) and the communication skills of the Peer Advisor at a 5.0 (out of 5). Participants found the amount of time spent on each component of the conversation to be acceptable, and the educational value and relevance of each component were also rated highly. Eight of the nine participants noted that they had specific goals related to their participation and all were able to achieve their goals.

When asked what prompted the respondent to participate in the PAC, comments included the following:

- I've always been worried that my medical records are not sufficient, and I've never had a good mentor regarding them, so I wanted a third party evaluation. The other parts of the discussion were a bonus and I think I got more useful info from them.*

- *It is a good program and I was hoping to learn where I needed to improve my current level of practice of veterinary medicine.*
- *I want to do everything possible to avoid complaints/disciplinary action and to make sure my records are thorough and well written. I want to practice at a high standard and do my best for my patients and clients.*

The Peer Advisory Conversation can be held either virtually or in-person; during the pandemic, all conversations were held virtually, and this continued in the second year of the program. All participants noted that a virtual conversation helped with ease of scheduling. It was noted that a challenge of this format includes the loss of non-verbal communications between the participant and Peer Advisor.

Feedback from the post-report questionnaire is limited with only five responses out of the nine participants. The first post-conversation survey is sent out immediately following the conversation while the participant is still awaiting their final report. The second post-report survey is sent out with their final report at the conclusion of the PAC process. If the participant has not filled in the post-report survey, a reminder email is sent one week after they received their report and the survey link. Participants may be less inclined to respond to the second survey as the process is complete or due to survey fatigue. The educational value of the summary report was rated highly with a weighted average of 4.2 (out of 5); however, the educational value of the notes in the conversation tools had a weighted average of 3.6 (out of 5). Participants noted that the process assisted them with identifying learning needs and that they plan to make changes after the conversation. When asked if this was a supportive process and if the program met its goal "To provide a positive learning experience and support for veterinarians in providing care that is consistent with current practice standards and in the best interest of those they serve.", both questions had a weighted average of 4.6 (out of 5).

In speaking with a colleague, participants were asked how they would describe this program. Comments included the following:

- *A constructive evaluation of my professional competencies at every level. Preventive medicine for my professional practice. PS: I would love to be a Peer Advisor but I'm not sure I have the time :( it is a wonderful program and I think that it should be supported.*
- *I would describe this as a supportive process to find areas that may need improving, not just in clinical/technical areas, but also in work/life satisfaction.*
- *The PAC was like being guided through my own experiences by a veterinary mentor who helped me put into focus my professional strengths and opportunities for growth. The program was reflective, engaging, and highly encouraging in its design.*

### **Trends in Learning Opportunities:**

In reviewing the summary reports, the most common opportunities for ongoing learning and resources provided included:

- Interprofessional communication
- Leadership/mentoring/being a mentee
- Compassion fatigue/emotional intelligence
- Medical records
- Clinical practice – specific areas of interest

Staff are looking at the PAC trends in feedback and learning opportunities related to well-being and how this might assist the work of the College in this area. The College is engaged in several initiatives related to professional well-being, including the launch of the webpage "Your well-being is important" with access to resources that support mental health, resilience, and well-being.

**Summary:**

The PAC is a voluntary program and will remain voluntary until such a time as a mandatory Quality Assurance Program is in legislation. In the second year of the program, four conversations were started, three of which were completed before the end of the year. This is two conversations less than were started in the first year of the program. The most successful recruitment campaign in the first year of the program was the personalized letter from the College Council President to Councillors and non-Council Committee members. This recruitment strategy was also considered in the second year of the program and will plan to take place in the third year. A strategy involving a personalized letter from a Peer Advisor was developed and was originally planned to launch to members who were in their first 5 years of practice. However, College staff saw an opportunity to develop a research project involving participation of new licensees in the PAC. With the development of the research project, the PAC recruitment strategy pivoted to the email campaign to members who had shown an interest in CPD related communications and was launched in July 2023.

In June 2023, College Council approved the Quality Assurance Committee's request to undertake a research project on newly licensed veterinarians in Ontario and their participation in the Peer Advisory Conversation. This research project will be the focus of the PAC program over the next two years.

Overall, the Peer Advisory Conversation has received positive feedback from participants over the first two years of the program. While the PAC was conducted virtually over the past 2 years, there may be an opportunity to consider re-introducing the option of in-person conversations in the third year of the program.

It is noted that while all participants responded to the first post-conversation survey, only five out of the nine participants responded to the second post-report survey. The communication and timing of the surveys will be reviewed to determine if there is a way to improve the response rate to the post-report survey. Opportunities to improve the response rate in the third year of the program could include altering the schedule of the reminder email and/or adding a second reminder email.

# Report to Council

## Governance, Audit and Risk Committee December 2023

### Committee Meetings

There was 1 meeting held:

- October 25, 2023

### Relevant Data

Not applicable

### Policy Issues Considered

No policies were considered

### Other Information

#### Risk Management

- the Committee reviewed the Internal Risk Analysis & Mitigation Unit's report on identified leading risks and strategic risks

#### Continued Consideration of Limiting Elections during the Transition Period

- the Committee has had conversations concerning governance during the transition period prior to full proclamation of the new Act
- the Committee discussed possible changes to the election process for 2024, and perhaps 2025
- to be forwarded to Council in December for an early discussion

#### Council Evaluation – September

- the Committee reviewed the September evaluation
- to be forwarded to Council in December

#### Orientation Enhancement Update

- the Committee discussed possibilities for training, having consistent tools in place, and how to better upskill in other areas

### Committee Membership

Ms. Catherine Knipe, Chair  
Dr. Lorie Gold  
Dr. Alana Parisi (ex-officio member)  
Dr. Wade Wright

### Staff

Jan Robinson  
Shilo Tooze  
Sarah Ellery  
Beth Ready

### Committee Responsibilities

The Governance, Audit and Risk Committee is a non-statutory committee of Council with a primary function of monitoring the College's compliance with its governance structure and processes and recommending opportunities for continuous improvement to promote governance excellence.

**TOPIC:      6.2      Strategic Plan**

**6.2.1              Strategy 2026 - Year-1 Tactics Progress**

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



This document is intended to provide Council with a quarterly update on tactics progress related to Strategy 2026. Councillors are encouraged to ask questions in relation to these initiatives.

**Attachments**

- Strategy 2026
  - Quarterly Tactics Report

Objective	Tactics	Accomplishments
<b>Championing Legislative Reform to Affirm an Agile Future</b>	<ul style="list-style-type: none"> <li>To actively support the Ontario Ministry of Agriculture, Food and Rural Affairs in their leadership of modernizing the <i>Veterinarians Act</i>, including attending internal and external meetings, developing background briefings and providing general advice as requested</li> <li>To collaborate with the Ontario Association of Veterinary Technicians and the Ontario Veterinary Medical Association in preparing our organizations, members and governance for modernization, inclusive of education and communication initiatives</li> <li>To engage stakeholders from varied species, professions, related industries and the general public in collaborative discussions that progress new legislation</li> </ul>	<ul style="list-style-type: none"> <li>Attended Ministry held focus groups</li> <li>Continue to liaise with Minister's office to determine how best to assist with their work</li> <li>Weekly meetings with policy and legal team from OMAFRA to answer questions regarding drafting ended in July as the concepts have now gone to legislative drafters for development. Questions coming from the OMAFRA team are currently managed as they arise</li> <li>Seeking College legal input as needed</li> <li>Meeting with OAVT regarding scope of practice and regulation matters</li> <li>Continue to meet with OVMA and OAVT related to strategic considerations of Legislative Reform</li> <li>Held multiple meetings with varied stakeholders regarding Ministry consultation; this included attending several meetings at the invitation of organizations</li> <li>Plan for consultation on the authorized activities regulation is in development. Meetings are set for the next 3 months.</li> </ul>
<b>Partnering for Improved Access to Veterinary Services</b>	<ul style="list-style-type: none"> <li>To lead and implement a national project that produces a competency assessment model for limited licensure that facilitates an easier pathway for competent internationally educated veterinarians to enter the workforce</li> </ul>	<ul style="list-style-type: none"> <li>Project consultants have been hired and project work is underway. Tool development is to be completed by the end of 2023. Pilot phase is set for 2024. Work continues with the CCVR and the NEB to ensure alignment on the introduction of this new pathway.</li> </ul>

	<ul style="list-style-type: none"> <li>• To identify policy work that will strengthen teamwork between veterinarians and veterinary technicians and make a plan for development that coincides with legislative modernization</li> <li>• To promote and educate veterinarians and the public on Council's position on balancing access to veterinary care with options</li> <li>• To convene discussions with partners and colleagues on possibilities related to the delivery of veterinary medicine for the future</li> <li>• To consider programs that support new graduates gain confidence in front line practice</li> </ul>	<ul style="list-style-type: none"> <li>• RFP sent and consultant chosen by OAVT and CVO to support a joint project aiming to strengthen team-based care as we move toward Legislative Reform. Early project work determined that it is best if the two organizations work separately on this transition as member needs are too different. Work with the consultant continues to inform our internal College transition team and its plans.</li> <li>• Sharing position broadly with veterinary organizations</li> <li>• Communications are planned over the coming months for College Connection, e-update, and web-based material</li> <li>• OVC, OVMA and CVO continue to move forward with a series of conversations aimed at providing vision for a next future of the delivery of veterinary medicine in Ontario</li> <li>• Council approved funding for this project in March</li> <li>• Deloitte has been hired to help facilitate a fall series of dialogues, building toward a February 2024 symposium</li> <li>• 4 conversations were held with over 40 veterinarians on the following topics - technology, teams based care, the culture of the profession, and access to veterinary medicine. These were all futures focused. A synthesis report is being finalized and will be used to plan the February symposium.</li> <li>• The Registration Committee has reviewed the initial research and has directed staff to gather additional information to support the development of recommendations for Council on graduated licensing</li> <li>• A new webpage has been launched to provide resources for new licensees <a href="https://www.cvo.org/applicants/supporting-new-licensees">https://www.cvo.org/applicants/supporting-new-licensees</a></li> <li>• Council approved a research project in June to study how the Peer Advisory Conversation might be used to assist new graduates in building confidence. The Quality Assurance Committee has oversight of this work</li> <li>• An update will be brought to the December meeting of Council</li> </ul>
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<p><b>Creating Space for Innovation and Technology</b></p>	<ul style="list-style-type: none"> <li>• To encourage early outcomes from Council's recently formed Ontario Veterinary Regulatory Innovation Panel and identify key areas where technology adaption can improve access to animal care in Ontario</li> <li>• To approve and promote at least one new regulatory sandbox initiative</li> </ul>	<ul style="list-style-type: none"> <li>• OVRIP has now met three times. Areas of focus have emerged and being developed for Council's consideration in March</li> <li>• The first sandbox proposal was presented to Council in June and received positive support. This project is moving forward and updates will be provided as they are available</li> <li>• The College has been approached related to two more projects – both related to assistance to fly in communities in Northern Ontario. Council will see these proposals for approval as they materialize</li> </ul>
<p><b>Promoting the Importance of One Health</b></p>	<ul style="list-style-type: none"> <li>• To continue to provide direction and support to a provincial interagency dialogue on One Health opportunities</li> <li>• To continue to promote drug stewardship that ensures the safe use, management, and disposal of veterinary drugs</li> <li>• To convene a working group on the College's role in assisting with animal welfare in times of natural disaster and disease outbreak</li> <li>• To initiate discussion with public health agencies on the potential role of lay vaccinators in Ontario</li> </ul>	<ul style="list-style-type: none"> <li>• Group continues to meet quarterly. A communications and education strategy related to the importance of veterinary medicine in One Health is almost ready to launch, aim is likely early 2024. This first focus is small animal medicine. A project related to large animal medicine is in development. This group is expected to conclude its work in April 2024</li> <li>• A communication strategy has been developed to continue to promote the Lock Label Locate campaign that provides tools to assist practices with proper drug management. Data on its success will continue to be monitored and reported out through the Impact Strategy Unit</li> <li>• Several conversations on this topic have now been held with both government and non-government experts in this area. There is little attention paid to animals, beyond the level of farms, and it is seeming that our best approach at the moment is to let Emergency Management Ontario know of our willingness to assist where appropriate. Executive Committee finalized a letter for circulation to EMO and relevant Ministries.</li> <li>• Conversations in this area have begun. Work on the criteria for engaging lay vaccinators is in progress at the national meetings of the Chief Veterinary Officers for each province. It is expected that a document outlining such will be available</li> </ul>

		in early 2024. This should assist us in sorting through next steps. Information has also been gathered from Manitoba where the MBVMA has been developing guidance for the profession in this specific area.
<b>Focusing Regulation on People and Context</b>	<ul style="list-style-type: none"> <li>• To intentionally design external policy related communications with an emphasis on why and how the College intends to implement a particular position</li> <li>• To implement the College published action plan on diversity, equity, accessibility and inclusion and evaluate its progress annually</li> <li>• To refine and implement a refreshed brand strategy focused on collaboration</li> <li>• To continue leadership of a coordinated provincial approach to veterinarian wellness</li> <li>• To leverage findings from our 2022 customer experience survey to better embed a just and compassionate culture at all levels of the organization</li> </ul>	<ul style="list-style-type: none"> <li>• This is a key focus of our communications. Consistent evaluation of our efforts is important for discussion to ensure improvement</li> <li>• Work plan is in place, with progress on multiple levels</li> <li>• Fall training session for staff on anti-racism is set. Council training sessions are in development</li> <li>• We continue to strengthen our relationships with equity seeking veterinary groups</li> <li>• New brand is established. New website has been launched. Staff training on tone and voice related to compassion has taken place and resources are supporting our attention to this area</li> <li>• New strategies are in development to strengthen our image as a collaborator</li> <li>• The Ontario Collaborative for Wellbeing in Veterinary Medicine is involved in a couple of collaborative initiatives, a) developing an awareness campaign about mental health and well-being in veterinary medicine with the aim to launch in 2024 and b) developing a workplace toolkit with training and resources that support well-being of the veterinary team</li> <li>• Many initiatives have been launched to continue to develop our approach in these two areas. The new Navigator role in the complaints area has been extremely successful. Our work in this area is receiving much external attention. Staff continue to develop strategies that support compassionate approaches.</li> </ul>

**TOPIC:     6.3    Policy Review and Project Priorities Update**

**Area of Focus**

- ☐ Governance
- ☐ Legislation
- ☒ Public Policy
- ☐ Stakeholders
- ☐ Strategy

**Background**

The Policy and Project Tracking Chart is to provide timely background and information related to the status of each topic. The chart is designed to assist Council with keeping track of the policy and project work that is currently under its direction and serves as an overview upon which additional questions can be asked.

**Discussion**

Council is encouraged to ask any questions related to the College's ongoing policy and project work, especially related to those topics that are not otherwise addressed within this agenda.

**Attachment**

- Policy and Project Tracking Chart



# Report to Council

## Policy and Project Tracking Chart

Topic	Status	Notes
<b>Legislative Reform</b>	Ongoing work – Staff Level	<ul style="list-style-type: none"><li>• Staff continue to work with the College’s legal team and Ministry staff to prepare for full Act changes.</li><li>• The Ministry’s open consultation on the modernization of the <i>Veterinarians Act</i> began in November 2022. Open consultation ended on May 30<sup>th</sup>, 2023.</li><li>• The College continues to prepare for regulation development in anticipation of the introduction of a Bill in early 2024, inclusive of ongoing conversations with known interested parties.</li></ul>
<b>After-Hours Care/Access to Care</b>	Ongoing work	<ul style="list-style-type: none"><li>• Ongoing discussions both at the College and at the national level through the CCVR.</li><li>• A national position statement was presented to and accepted by the CCVR in December 2022.</li><li>• Topic presented to Council at its March 2023 meeting.</li><li>• Council approved the formation of an After-Hours Veterinary Care Taskforce and several meetings have occurred.</li><li>• Work to continue at the Taskforce level throughout 2024.</li></ul>

<b>Informed Client Consent (ICC)</b>	Ongoing work	<ul style="list-style-type: none"> <li>• Topic was presented to Council for discussion in March 2023.</li> <li>• Topic was returned to staff for further work and consideration.</li> <li>• An update on work progress was provided to Executive Committee in August 2023, and staff were directed to continue with the development of draft revisions to the <i>Professional Practice Standard: Informed Client Consent</i>.</li> <li>• Draft revisions were presented to Executive Committee in October 2023. Executive Committee determined that the changes were not material in nature and approved them for immediate posting.</li> <li>• The revised <i>Professional Practice Standard: Informed Client Consent</i> was posted in October 2023 and a copy is included in the Executive Committee Report of the December 2023 Council package.</li> </ul>
<b>Delegation</b>	Ongoing work	<ul style="list-style-type: none"> <li>• Unless the need for immediate critical changes emerges, work on this topic has been placed on hold until legislative reform introduces a new scope of practice model.</li> </ul>

### Recently Completed Topics

- Informed Client Consent (*Professional Practice Standard: Informed Client Consent* revised and published in October 2023)
- Veterinary Acupuncture (*Position Statement: Veterinary Acupuncture* published in September 2023)
- Veterinary Dentistry (*Professional Practice Standard: Veterinary Dentistry* revised and published in June 2023)

## AGENDA ITEM 9. Public Policy

### **TOPIC: 9.1 Accreditation Standard (Isolation Facilities)**

#### **Background**

Facility Accreditation is an integral part of the College's quality practice program, ensuring veterinary facilities provide a professional environment and contain the essential equipment required for patient care. All veterinary facilities must meet the requirements described in the Minimum Standards for Veterinary Facilities in Ontario.

The College Council, under section 8 of the Veterinarians Act, establishes standards for veterinary facilities which must be met to qualify for the issuance or renewal of a certificate of accreditation.

In June 2014, Council established an Accreditation Models Task Force (AMTF) which was appointed to complete a review of current and emerging models for facility accreditation with an aim to assuring public safety and supporting the delivery of quality professional services in the future.

In October 2015, the AMTF made recommendations to Council on a cost-effective contemporary model for facility accreditation and an inspection process which would be effective, flexible, and responsive to the evolution of veterinary medicine. Council supported the proposed model recommended by the AMTF and at its June 2017 meeting approved a new accreditation model for a modern approach to accreditation of facilities and an inspection process that is flexible and responsive to evolving models of delivery of veterinary services. At this meeting, Council directed the establishment of an Expert Advisory Group to draft new facility accreditation standards. The group was tasked with drafting standards which reflect an outcomes-based approach and the services and scope of practice of the veterinary facility. The Expert Advisory Group, which consisted of 12-15 veterinarians representing different facility types and species groups, met for 18 months.

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

#### **Area of Focus**

- ☐ Governance
- ☐ Legislation
- ☒ Public Policy
- ☐ Stakeholders
- ☐ Strategy

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

In September 2019, Council reviewed the draft Essential Standards and the Additional Scope of Practice Standards. Council provided preliminary approval of the draft standards for pilot testing in 2020. Due to the pandemic, the pilot was postponed, however, was finally able to take place between April 1- October 12, 2022. The intent of the pilot was to permit on-the-ground feedback, provide a training opportunity for the new veterinarian inspectors, and based on pilot participant feedback, make potential revisions to the draft standards.

In July 2022, the proposed regulatory language related to accreditation sections of Regulation 1093 was approved by the Ontario government. The implementation of the new regulatory language streamlines the accreditation process and paves the way for introducing the new accreditation model and standards.

In December 2022, Council reviewed the pilot participant feedback and approved the draft standards and proposed amendments to the College’s fee by-law be circulated for stakeholder consultation. The College recognizes the importance of stakeholder relationships and in addition to the broader consultation, the College did reach out to groups of members working with different species.

The draft standards for veterinary facilities in Ontario and the proposed amendments to the College’s fee by-law were out for public consultation, as directed by Council from February 8 – April 8, 2023.

The College Council at its June 2023 meeting approved the by-law changes to the accreditation fees as proposed with an implementation date of October 1, 2023.

Based on the feedback, College staff presented Council with proposed revisions to the standards for Council’s consideration. Most of the changes to requirements were minor wording edits to clarify the requirement. The majority of changes involved adjustments to the guidance notes to assist with understanding how to comply with the requirement.

The College Council approved the proposed changes to the standards for veterinary facilities in Ontario and decided to circulate them for a second targeted consultation to facility directors. Staff corresponded with the professional associations to inform them of the second targeted consultation.

The changes to the standards for veterinary facilities in Ontario were circulated to facility directors from July 2 to August 16, 2023, as directed by Council.

The College Council at its September 2023 meeting approved the Accreditation Standards for Veterinary Facilities in Ontario, except for Requirement # 2 in the Additional Scope of Practice Service (ASPS) – Isolation Facilities, with an implementation date of October 1, 2023. The ASPS- Isolation Facilities, Requirement #2 was returned to the Accreditation Committee for review.

### **Issue**

The College Council at its September 2023 meeting was presented with the following recommendation:

Additional Scope of Practice Service: Isolation Facilities –

Requirement #2: There is a ventilation system in place to prevent cross-contamination from room to room.

#### **GUIDELINES:**

- a) *To mitigate the transmission risk if there are potential pathogens in the air, there is a mechanism for venting and/or filtering the air from the entire room.*
- b) *For example, there may be a negative air flow system such that ventilation generates negative pressure to allow air flow into the isolation room but not escape from the room. An example is a system where air is exhausted to the outside of the facility and away from animal areas, or*
- c) *There may be a HEPA air filtration system added to air ducts for the air leaving the isolation room. Adding UV to ducts is also an option, or*
- d) *There is an in-room HEPA filter that is activated for patients where there is an aerosol/airborne pathogen risk.*

Council was uncertain whether the in-room HEPA filter would be sufficient/effective in mitigating the transmission risk if there are potential pathogens in the air. There was also discussion about the fact that there may be limitations for a hospital to be able to truly “isolate” or “contain” a potential pathogen.

Council wondered what common infectious/zoonotic pathogens would be encountered in clinical practice and suggested reviewing the laboratory standards to see if they would apply to isolation facilities in veterinary facilities.

### **Discussion**

To assist Council in its review of this Requirement #2: There is a ventilation system in place to prevent cross-contamination from room to room, the Accreditation Committee is presenting the following information.

When a hospital has isolation facilities, it is a separate area of the hospital for patients with contagious disease requiring in-hospital treatment. It restricts contact with the other patients and team members; this may be a room or separate building where the patients are hospitalized.

## 1. Environmental Scan

The Expert Advisory Group when deciding what the requirement should be for Isolation Facilities were provided with requirements from other accreditation schemes from across Canada and International Veterinary regulators/associations. An updated environmental scan is provided below and indicates whether a ventilation system in an isolation room is required for accreditation.

<p><b><u>Mandatory Schemes:</u></b> Alberta Veterinary Medical Association, College of Veterinarians of British Columbia, Nova Scotia Veterinary Medical Association, Saskatchewan Veterinary Medical Association, Manitoba Veterinary Medical Association and Australian Small Animal Veterinarians</p> <p><b><u>Voluntary Schemes:</u></b> American Animal Hospital Association and Royal College of Veterinary Surgeons</p>		
<b>Veterinary Regulator or Association</b>	<b>Standards for Isolation</b>	<b>Ventilation System Required (Yes or No)</b>
Australian Small Animal Veterinarians – Manual of Hospital Standards and Accreditation	When and if animals with contagious diseases are hospitalized, they must be housed in a separate, single purpose isolation room. Isolation room must have a negative air flow system in place. All air should be exhausted to the outside of the facility.	Yes, provision of a separate isolation ward to house contagious cases is mandatory in Small Animal Hospitals
Manitoba Veterinary Medical Association – Practice Inspection and Practice Standards By-laws	An isolation pen contained in a room separate from the regular kennel area shall be required and ventilation shall be adequate.	Yes, this is required for Small Animal Hospital and Clinic and Small Animal Mobile Clinic
Nova Scotia Veterinary Medical Association – By-Laws Standards for Facilities	Isolation room shall contain an exhaust system with negative pressure ventilation that vents directly to the exterior of the building without communicating in any way with the heating or ventilation system in the rest of the facility.	Yes, this is required for Small Animal Hospital, Small Animal Clinic – Surgery, and Large Animal Hospital
Royal College of Veterinary Surgeons(UK) – Practice Standards Scheme	Isolation facilities must have separate air space and active ventilation that reduces the	Yes - To achieve a Small Animal Veterinary Hospital

	risk of cross infection.	accreditation, this is required.
Alberta Veterinary Medical Association – Practice Inspection and Practice Standards Bylaw	There is a provision of a single purpose isolation room that meets appropriate standards of biosecurity. In the absence of such a facility the VPE must have alternate plans in place for managing potentially contagious patients to avoid risk to others. It is a recommendation that a negative pressure ventilation is available in the isolation room and exhaust air is vented to the outside of the building.	No – it is a recommendation.
American Animal Hospital Association	Isolation room vented with negative airflow at appropriate rates of exchange.	No - Not mandatory, can select this standard for points under Quality of Care: Contagious Disease.
College of Veterinarians of British Columbia – Accreditation Standards	Does not have an isolation standard but under their Patient Confinement and Hospitalization they say as a guideline that confinement enclosures must be constructed so that the possibility of pathogen transmission is reasonably minimized  There must be a means to provide ventilation within the facility to eliminate stagnant air, chemical contaminants or exhaust fumes within a reasonable period of time and prevent them from entering other parts of the facility.	No  Types of facilities: <ul style="list-style-type: none"> <li>○ emergency</li> <li>○ primary care</li> <li>○ self-standing</li> <li>○ specialist</li> <li>○ tertiary care</li> </ul>
Saskatchewan Veterinary Medical Association Practice Standards	Isolation protocols must describe the area of the clinic used for isolation and how these areas are physically	No, practices that hospitalize contagious patients that require isolation must have

	segregated from other areas and the method to prevent cross-contamination.	isolation facilities.
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## 2. Literature Scan

Best practices and guidelines for infection prevention and control in companion animal practices support the broad need for a ventilation system.

The [Guide for Infection Prevention and Control \(IPC\) Best Practices for Small Animal Veterinary Clinics](#) says: *Ventilation should be designed such that movement of air from the isolation room to other areas of the clinic is prevented (i.e. the room should be vented to the outdoors). If this is not readily possible, a HEPA air filtration system should be used for the air leaving the isolation room. HEPA filters need to be replaced on a regular basis (according to manufacturer's instructions), whether for an entire room or for containment/oxygen cages. Although HEPA filter oxygen cages can provide primary containment of an infectious animal, the risk of cross-contamination by staff remains, so the animal should still be housed in the isolation area regardless.*

The [2018 AAHA Infection Control, Prevention, and Biosecurity Guideline](#) says: *Consideration of proper heating, ventilation, and air conditioning is critical for practice infection control. Appropriate ventilation is particularly important for reducing airborne diseases, excessive moisture and dust, and chemical fumes from disinfection products that make patients and staff susceptible to infection as a result of damaging their airways. Ventilation should not cause movement of air from areas with known infected patients to other areas of the practice. Spaces where infected patients are held should be vented to the outside. The number of air exchanges per hour (the rate at which the complete volume of air inside a building or room is replaced with fresh outside air) is critical for good ventilation. Recommendations vary between 5 and 8 air exchanges per hour. Whenever possible, three levels of air filtration are recommended in a practice: (1) a wire mesh to remove hair and large matter from the air; (2) a finer (less porous) filter placed within the air ducts to remove dust and other particulate matter; and (3) a high-efficiency particulate air filter to remove viral particles and very fine particulate matter. High efficiency particulate air filters are expensive, and appropriate replacement of these filters may not be affordable for all practices. Regardless of type, filters must be cleaned or changed frequently to prevent infectious buildup and hair-clogged vents. Ventilation systems need to be inspected regularly and updated as needed.*

### 3. Opinion on Isolation Facilities Requirements for a Ventilation System

College staff contacted Dr. J. Scott Weese DVM DVSc DACVIM FCAHS, Professor, Ontario Veterinary College and Director, Centre for Public Health and Zoonoses at the University of Guelph.

In brief, Dr. Weese's opinion is that the recommendation that was made was good as it highlighted the issue, a need to have a system to reduce the risk of cross contamination, and it provides realistic options. An in-room HEPA filter is a practical alternative that is quite reasonable. In-room HEPA filter would help reduce accumulation of pathogens in air or aerosols. They would just need to be used when a patient was present. Aerosol transmission risks are reasonable but true airborne pathogens are rarely encountered. Dr. Weese stated that lab isolation is completely different than clinical isolation therefore those terms (e.g. containment level 1...) and definitions would not apply.

Council is provided with Dr. Weese's full comments related to this isolation facilities requirement.

#### Recommendation:

For the Council's consideration, the Accreditation Committee is recommending the following minor revision to Requirement #2 and the guidelines will remain the same.

"There is a ventilation system in place **that reduces the risk of** cross-contamination from room to room."

#### Options

Following discussion, Council may elect to:

1. Accept the revised ASPS-Isolation Facilities, Requirement #2 as presented.
2. Accept the revised ASPS-Isolation Facilities, Requirement #2 as revised.
3. Decline the revised ASPS-Isolation Facilities, Requirement #2 as presented.
4. Return to staff for further review and bring forward information to the Accreditation Committee's next meeting.
5. Other

#### Attachments:

- Dr. Scott Weese Opinion on Isolation Facilities Requirement for a Ventilation System
- Additional Scope of Practice Service – Isolation Facilities

#### **Link to Council Package – September 25, 2023**

[Draft Standards for Accreditation of Veterinary Facilities in Ontario](#)

Date: October 25, 2023

Opinion on Isolation Facilities Requirement for a Ventilation System

College staff contacted Dr. J. Scott Weese DVM DVSc DACVIM FCAHS, Professor, Ontario Veterinary College and Director, Centre for Public Health and Zoonoses at the University of Guelph.

Dr. Weese was asked for his comments regarding the following requirement in the Isolation Standard:

*There is a ventilation system in place to prevent cross-contamination from room to room.*

The following guidelines are provided for practices to assist with complying with this requirement:

- a) *To mitigate the transmission risk if there are potential pathogens in the air, there is a mechanism for venting and/or filtering the air from the entire room or,*
- b) *For example, there may be a negative air flow system such that ventilation generates negative pressure to allow air to flow into the isolation room but not escape from the room. An example is a system where air is exhausted to the outside of the facility and away from animal areas or,*
- c) *There may be a HEPA air filtration system added to air ducts for the air leaving the isolation room. Adding UV to ducts is also an option, or,*
- d) *There is an in-room HEPA filter that is activated for patients where there is an aerosol/airborne pathogen risk.*

Dr. Weese was asked to provide his comments in order to assist Council in their next review of this requirement.

***Council was uncertain whether the in-room HEPA filter would be sufficient/effective in mitigating the transmission risk if there are potential pathogens in the air. There was also discussion that there may be limitations for a hospital to be able to truly “isolate” or “contain” a potential pathogen. We would like to provide a reasonable standard for a hospital to achieve, where anything below that standard would not be effective or acceptable.***

***To assist Council in their next review of this requirement, we wondered if you would write an opinion on this so that we can share it with Council. If you can provide a perspective for both companion animals and large animals, that would be helpful.***

It's a tough area to address since we have limited data and there are practical aspects (i.e., cost and infrastructure) that have to be considered. I think the recommendation that was made was pretty good, actually; it highlighted the issue (a need to have a system to reduce the risk (I'd say that vs prevent) or cross contamination), and it gives options. In-duct HEPA filters would be ideal but is it practical given the low risk of truly airborne pathogens and the costs? We have to accept some degree of risk, and, for me, there are bigger fish to fry in infection control than HEPA in HVAC. An in-room HEPA filter is a practical alternative that's quite reasonable. It's not perfect but perfect isn't a realistic thing for all clinics.

I'm happy to provide more input but it would be better if you could give me some specific questions to address.

***What are the common infectious/zoonotic pathogens that a hospital would be encountering in Ontario (companion animal and large animal/livestock)?***

That is too broad a question. The list is long.

***What is the level of risk in general practice of having truly airborne pathogens?***

Very low. Aerosol transmission risks are reasonable but true airborne pathogens are rarely encountered.

***Given the level of risk, how important is a ventilation system in a room used to hospitalize/house an infectious animal?***

***How important is a ventilation system compared to other measures that reduce risk of spread or cross-contamination?***

Less important than basic operational procedures such as compliance with PPE and how animals are handled. There is no way to quantify how important it is. It is relevant but we cannot say how much risk a poorer system adds. Odds of a pathogen spreading room to room via ventilation are very low. In human healthcare, airborne isolation rooms are mainly used for TB, measles, chickenpox and disseminated herpes zoster. We don't have the same issues (maybe distemper in dogs as a relative of measles) and airborne transmission is likely a very rare thing in clinics.

***Would the requirement for a ventilation system as written, and the options provided, manage the risks in general practice?***

I think a vague policy (need to have a plan to reduce cross-contamination risk) is good here, actually. Often that's too vague but if the goal is clear and options are provided, that's a practical balance.

***Should the College be using the definition of isolation as used by laboratory standards that refer to Level 1,2,3,4?***

Lab isolation is completely different than clinical isolation so those terms (e.g. containment level 1...) and definitions don't apply.

***What changes would you suggest to the requirement and/or options?***

That requirement looks good to me as is.

## 8. ISOLATION FACILITIES

**Objective:** It is anticipated that animals presented to the facility may have a potentially contagious disease. In these situations, attention needs to not only be given to the wellbeing of the patient but also to the protection of other animals in contact with the facility and possibly people who may be exposed to this patient or to contaminants.

Isolation facilities include a separate area of the hospital used to isolate and accommodate hospitalized patients having or suspected of having a contagious disease and restricts contact with the other patients and team members; this may be a room or separate building where the patients are under regular monitoring.

If a practice has a dedicated isolation area it will comply with this standard.

### Requirements

	YES	NO	N/A
1. The practice provides designated accommodation for the isolation of infectious and zoonotic cases where activities are restricted to providing care to contagious patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The designated accommodation is of adequate size to hospitalize patients with contagious diseases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The isolation facility provides for examination and treatment of patients outside of cages and runs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When in use, the isolation facility is regularly and thoroughly cleaned and disinfected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Following the use of an isolation facility, all surfaces and cages must be thoroughly disinfected, and all contaminated materials must be disposed of in accordance with federal, provincial and municipal regulations for waste disposal. Surfaces in the isolation facility should be made of fluid impervious material capable of being disinfected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Only the equipment and material for the care and treatment of the current patient may be kept in the isolation facility when in use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Disposable or readily disinfected clothing such as gowns, foot coverings and gloves are present and accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. All patients that have, or are suspected of having, a contagious or zoonotic disease are properly identified so that their status is obvious to all team members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Requirements			
	YES	NO	N/A
9. There is adequate lighting for proper patient examination and treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. To facilitate frequent hand washing to prevent spread of infectious diseases, a sink is located in or convenient to the isolation facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Clients and team members that are exposed to potentially zoonotic disease are informed of this fact, verbally or in writing, and a notation is made in the patient record of this communication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Notes Section: Explain how your facility meets these requirements. Describe the processes or protocols in place to have an effective isolation room when hospitalizing infectious or zoonotic cases in your facility.</b>			

## **AGENDA ITEM 9. Public Policy**

### **TOPIC:     9.2     After Hours Care Task Force Update**

Dr. Claire Beauchamp, Councillor and Co-Chair of the After-Hours Veterinary Care Taskforce will provide Council with a brief presentation related to this topic.

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



# After-Hours Veterinary Care Taskforce

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An Update on Progress

Presented to Council during the December 2023 Meeting

# Taskforce Origins

- Formation of the After-Hours Veterinary Care Taskforce approved by Council in March 2023.
- Seeking direct engagement with the profession to do the following:
  - Gather intel and insight.
  - Develop potential solutions.
- Applications reviewed in Spring 2023.
- Membership approved by Council in June 2023.
  - Careful consideration for diverse DVM and RVT members from multiple areas of the province.

# Meetings to Date

- Four (4) meetings have occurred between July and December 2023.
  - Focus has been on information gathering before solutioning.
- Discussion has focused on several areas including:
  - The definition of emergency.
  - The role of the RVT.
  - Telemedicine.
  - Shifts in client and veterinary expectations.
  - Shared on-call services.

# Summary and Next Steps

- Conversations remain ongoing.
- Staff will be reviewing information gathered to date leading into March 2024.
- Ongoing reports to Council on progress.
- Proposed Recommendations to Council by September 2024.

## AGENDA ITEM 9. Public Policy

**TOPIC:      9.3      Notice of Motion (Dr. Michael Zigler)**

At its meeting held September 25, 2023, Dr. Michael Zigler provided the following statement of intent to make a motion at the next regularly scheduled meeting date of Council.

That the Council of the College of Veterinarians of Ontario review the standards for facility accreditation, specifically the standards related to dentistry, on or before September 2026.

Dr. Michael Zigler has provided the attached document and will speak to this agenda item.

As a reminder for Council, a Councillor may make a notice of motion in order to request Council take action on an issue, as per Robert's Rules and CVO's By-laws. As per policy, the matter is then be included on the next meeting's agenda. The Councillor making the original notice of intent will speak to the matter and a majority vote will be needed to proceed with adding the item to Council's regular order of business and directing next steps to staff.

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

**Moved that the requirement for dental radiography in companion animal veterinary medicine in the new Facility Accreditation Standards be reviewed by Council within three years or less from the date of initial approval in September 2023.**

#### **DISCUSSION: DENTAL RADIOGRAPHY**

On the issue of the requirement of dental radiography for the performance of companion animal dentistry within the new Facility Accreditation Standards, the Council vote in June 2023 was 7 for, 7 against, and one abstention, and the motion failed. This demonstrates that this standard is important to the interest of animal health and welfare, and necessary for Council's continued consideration as practice and public expectation evolves.

In the new Accreditation model the intent is for the Accreditation Committee to review the performance of the standards on an annual basis and provide recommendations to Council for review or change as they arise. A model that is dynamic and responsive to the veterinary practice environment is important for veterinarians and for the public.

Given the outcome of the discussion in June, this motion would require the Accreditation Committee to study and consider recommendations to Council for a review of the dentistry standard for companion animal medicine at least by September 2026.

## AGENDA ITEM 9. Public Policy

### **TOPIC: 9.4 Graduated Licensing**

#### **Background**

In 2021, the College Council formed the Standard of Care Working Group to better understand apparent confusion related to the standards and College expectations and its link to related anxiety in practice.

One of the recommendations that came from the Working Group to Council in March 2022 was the need to create programs that support newly licensed veterinarians to practice in Ontario, including the specific consideration of whether a graduated licensure system was needed to better control the entry to practice period of newly licensed veterinarians.

The College's Strategic Plan, Strategy 2026, Objective 2 Partnering for Improved Access to Veterinary Services has a year one tactic which reads, "to consider programs that support new graduates to gain confidence in front line practice."

Newly licensed veterinarians include new graduates, veterinarians licensed in another jurisdiction that have moved to Ontario and unaccredited school graduates who have just completed the National Board Examinations. The transition into practice has been identified as a critical period for new veterinary professionals. Challenges when entering practice may include developing clinical confidence, moving towards independent responsibility for patient care, refining professional communication and collaboration skills, establishing relationships with clients, and understanding and adapting to new settings with varying resources. Concerns about these challenges were flagged by some members of Council and the Standards of Care Working Group.

The Registration Committee was directed by Council to study this issue and explore whether new supports are needed and whether a graduated entry to practice model would be appropriate.

#### **Discussion**

The Committee has completed its analysis and has provided a briefing note and its research to assist Council in making its decision. Council is asked to review the attached information and determine how best to proceed.

#### **Area of Focus**

- ☐ Governance
- ☐ Legislation
- ☒ Public Policy
- ☐ Stakeholders
- ☐ Strategy



### Options

Following discussion, Council may elect to:

1. Direct the Registration Committee to develop and implement a work plan to provide resources and supports to newly licensed veterinarians, employers and mentors
2. Direct the Registration Committee to do further research and report back to Council
3. Any other option that Council would like to select, including taking no further action

### Attachments

- Briefing Note
- Appendix 1 – Survey of Newly Licensed Members
- Appendix 2 – Survey of all Veterinarians in Ontario
- Appendix 3 – Environmental Scan
- Appendix 4 – Literature Review



## **BRIEFING NOTE**

### **Graduated Entry to Practice Model**

#### **PART A: Introduction**

##### **Issue Definition**

In 2021, the College Council formed a working group to discuss and consider issues regularly raised by veterinarians related to perceived daily expectations to meet a high level of care delivery. The Standard of Care Working Group was formed to assist the College with better understanding apparent confusion related to the standards and College expectations, and related anxiety in practice.

One of the recommendations that came from the Working Group to Council in March 2022 was the need to create programs that support newly licensed veterinarians to practice in Ontario.

The College's Strategic Plan, Strategy 2026, Objective 2 Partnering for Improved Access to Veterinary Services has a year one tactic which reads, "to consider programs that support new graduates to gain confidence in front line practice."

Newly licensed veterinarians include new graduates, veterinarians licensed in another jurisdiction that have moved to Ontario and unaccredited school graduates who have just completed the National Board Examinations. The transition into practice has been identified as a critical period for new veterinary professionals. Challenges when entering practice may include developing clinical confidence, moving towards independent responsibility for patient care, refining professional communication and collaboration skills, establishing relationships with clients, and understanding and adapting to new settings with varying resources. Concerns about these challenges were flagged by some members of Council and the Standards of Care Working Group.

The Registration Committee was directed by Council to study this issue and explore whether new supports are needed and whether a graduated entry to practice model would be appropriate.

Council is asked to review the information the Registration Committee has provided and consider their recommendation.

## Public Interest Rationale

Public interest is grounded in the provision of safe and competent veterinary care. Beginning with day one - the public expects that veterinarians are prepared for their role in the profession and are safe to practise. The public expects veterinarians to be competent and that they will provide safe, quality care. The public may not always initiate a discussion with a veterinarian they are seeking services from to fully understand how experienced the veterinarian is. It is reasonable to assume that the public understands that a veterinarian in their first few years of practice is competent but is continuing to build their competency.

Regulators need to take all reasonable steps to protect the public interest, understand risks involved in the practice of veterinary medicine and collaborate with partners to develop solutions which reduce the potential for harm to animals and people.

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

## Analysis of Risk

Ensuring that the College is establishing, maintaining and developing standards of qualification and standards of practice for the practice of veterinary medicine is fundamental to the public interest.

If the current system consisting of education, verification of competency through examination and employer-based support is not generating competent and resilient veterinarians then there are several risks that arise. These include:

- Public may not receive safe and competent veterinary care;
- Possible increase in issues and concerns reported to the College about newly licenced veterinarians;
- Potential loss of public confidence in veterinary regulation; and
- Potential questioning of how well the College is fulfilling its public protection mandate.

The College also needs to be thoughtful of the risk of over-regulation. A right touch regulation approach is crucial to ensure that there is a demonstrated need for a rule, that proper evaluation of risk has occurred, and that any proposed solution is proportionate and outcome-focused. Right touch regulation asks the College to consider who is best to implement solutions to risks that have been identified and recognize that the College is not always the right place to manage all risks.

Labour mobility agreements between Canadian provinces and territories allow some applicants the ability to apply for Ontario licensure without additional training, examinations or assessments. Veterinarians who are currently licensed or registered in another Canadian province or territory are eligible to apply for an equivalent licence in Ontario. It is possible that if the College implements a graduated entry to practice model, then some individuals will first seek licensure in another province or territory that does not have this requirement and then apply for licensure in Ontario as a labour mobility applicant in order to avoid having to complete an additional licensing requirement.

## Strategic Focus

This work appears as a current tactic on the College's strategic plan and is broadly linked to the College's work to modernize the regulation of the veterinary profession in Ontario.

There is also a link to other strategic issues that the College is managing such as access to veterinary care in the province and a link to workforce shortage issues that are taking place within Ontario.

## **PART B: Background**

### Relevant Background

A graduated entry to practice system, usually inclusive of supervised postgraduate experience or training, is not currently a part of the licensure process for veterinarians. The College currently relies on the successful completion of rotations and externships as undertaken by students attending AVMA-COE accredited schools and successful completion of National Board Examinations (including the hands-on, performance based Clinical Proficiency Examination which is a 3-day, 7-section, clinical skills examination) for graduates of acceptable non AVMA-COE accredited schools.

Formalized graduated entry to practice models do not currently exist for the veterinary profession in the United States and Canada. Educational institutions, regulatory bodies and employers play a role in supporting new licensed veterinarians as they enter practice in Ontario. There is no doubt that the transition from student to licensed veterinarian is a significant step and one that requires support and guidance.

Under the current General licence model, new veterinarians can be self-employed and open their own veterinary practice as soon as they obtain their licence. For those employed by an existing veterinary practice, there has been the traditional assumption that the veterinarian(s) at that practice will support the new veterinarian as they begin their first role in practice. In essence, the new veterinarian is working 'under supervision' without that being a formal condition on their licence. This onboarding process certainly varies based on the employer.

### Stakeholder Needs and Preferences

In order to learn more about stakeholder needs and preferences a number of steps were undertaken to gather information.

#### Results from survey sent to new professionals (Appendix 1)

The College sent out a survey to new professionals to gather information to provide insight related to the needs of newly licensed veterinarians. The survey was emailed on March 28, 2023 to all veterinarians whose licence was activated in 2022. This survey was sent to approximately 300 veterinarians. The survey closed on April 25, 2023.

The College received less than ten responses to this survey, so the usefulness of the data is very limited. This led to the decision to undertake a broader survey of all licensed veterinarians.

### Supporting Transitions Assessing the Needs of Internationally Educated Veterinarians Project

Supporting Transitions was a needs analysis research project conducted in 2018 and led by the College, guided by an Advisory Group of veterinary stakeholders and internationally educated veterinarian (IEV) members and funded by the Ontario government. The project aim was to identify the current learning needs and available supports for IEV graduates from non-accredited programs seeking licensure in Ontario. As part of this project, an online survey was distributed to employers to gain insight into the challenges with assisting IEVs into practice. The report identified 7 recommendations for potential resources that could better support internationally educated veterinarians transition into practice. The College has provided additional resources in some areas and other areas were identified as beyond the mandate of the College. The report was shared with other stakeholders to facilitate discussion about opportunities to provide new resources for internationally educated veterinarians.

### Ontario Government and the Office of the Fairness Commissioner

The Ontario Government and the Office of the Fairness Commissioner have made a number of changes to the Fair Access to Regulated Professions and Compulsory Trades Act (FARPACTA) in the last three years. These changes have focused on addressing workforce shortages and ensuring that professionals can begin to practice as quickly as possible while still maintaining public protection. The College needs to be mindful that any additional licensure requirements may be viewed as barriers to practice and would need sufficient evidence to demonstrate the risks in order to justify increased regulatory requirements.

### Peer Advisory Conversation

The [Peer Advisory Conversation](#) is a core component of the College's Quality Assurance Program. The conversation supports veterinarians in assessing their practice against professional standards and identifying opportunities for learning.

The Peer Advisory Conversation provides a positive learning experience for veterinarians. Through conversation with a trained Peer Advisor, veterinarians find support in their efforts to deliver quality care and service. The conversation includes tips for managing risk areas; insight into practice standards and regulatory requirements; and gives suggestions for continuing professional development.

The College's Quality Assurance Program sought and received Council's support to conduct a research project specifically looking at the outcomes of the Peer Advisory Conversation with newly licensed individuals (0-5 years). The results of this research project may provide additional information as to the needs of this group as they transition into practice.

### Survey to Licensed Members

In October 2023, a survey was circulated to all licensed members of the College to provide information on the preferences of veterinarians. 316 responses were received from veterinarians in a range of roles, Canadian and international graduates, areas of practice and with different years of work experience as a veterinarian. Over 70% of respondents had worked with a new licensed member within the last five years. The survey included several open-ended questions to provide us with insight into what is currently happening within Ontario veterinary facilities.

Approximately 70% of respondents' primary workplace offers supports to individuals entering veterinary practice. These supports may be in the form of a formal program or a more informal approach to onboarding new licensed members into practice. The most common response is that mentorship is provided to new licensed members at the workplace. Other examples include:

- Orientation periods, which often include shadowing
- Supervision which decreases over time
- Case collaboration/discussions and support, including rounds
- Lighter caseloads to begin with; in some cases longer appointment times
- Focused surgical training
- Support to complete continuing education

Over 85% of respondents feel that additional supports are needed for newly licensed veterinarians entering practice in Ontario. Individuals were given an opportunity to provide additional information and the common themes were:

- Any programs implemented should not be onerous
- The needs of each newly licensed veterinarian differs. For example, internationally educated veterinarians may not understand how veterinary facilities are run in Ontario, what drugs are commonly used and may also have language barriers to overcome.
- May be arriving with less hands-on experience than previous generations of veterinarians
- Internships are valuable, but not needed for everyone

54% of respondents indicated that the College should have a required program for new licensees. The following themes were noted in the responses:

- Placements
- Intensive clinical training. e.g. surgical, dental
- Ensure mentorship is available
- Teach veterinarians how to provide mentorship
- A review of College expectations and standards
- Communication skills
- There should be no cost to whatever is implemented
- Supervised practice
- Role playing for complicated situations
- The Peer Advisory Conversation would be helpful for new graduates
- Apprenticeship/internship/residency
- Mandatory program could create a barrier to getting more veterinarians into practice
- This is beyond the mandate of the College

## Data

The College has gathered complaints data and practice advisory data related to this topic.

### Complaints Data

The College reviewed recent complaints data related to new licensees. There have not been any cases of new graduates in their first two years of practice being referred to discipline in the last three years. Most of the complaints against newly licensed veterinarians resulted in no action being taken by the Complaints Committee. There is not a disproportionately high number of complaints about newly licensed veterinarians. In fact, newly licensed veterinarians are

under-represented in the complaints process when you look at the percentage of the licensed veterinarian population that is represented by these individuals.

Year Complaint Closed	# of complaints about new licensees*	Case outcomes	Percentage of licensees who are new licensees*
2022	21/248 = 8%	No Action – 19 Minor-Moderate Concerns - 2	12%
2021	16/217 = 7%	No Action – 8 Minor-Moderate Concerns – 8	12%
2020	15/231 = 6.5%	No Action – 11 Minor-Moderate Concerns – 4	13%

\*New licensees are defined as the complaint was filed within two years of the date of initial licensure with the College.

### Practice Advisory Service

The College Practice Advisory Service was asked about their interactions with newly licensed veterinarians. The Practice Advisory Service does not collect demographic information and therefore do not know how many inquiries are made by new professionals. However, they do not believe that they hear from a high number of new professionals.

### Environment

The College has gathered information from several different areas related to this topic. There are not any examples of formalized graduated entry to practice models in Canada. There are some examples in human health care. There are many different approaches being used to assist new professionals to transition into practice and other regulators have looked at this issue as well.

The environmental scan is available in Appendix 3.

A literature review was also conducted to determine if there is more information to assist Council in its decision making. The review is attached as Appendix 4. This is an area that has been the focus of research and researchers conclude that resources and tools can mitigate challenges faced by new professionals as they transition into practice.

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

### Broad Legal Advice

We have not obtained legal advice. The inclusion of a new mandatory graduated licensing program would likely require a regulation change in order to make the changes mandatory.

## **PART C: Analysis**

### **Discussion**

The information and data reviewed overwhelmingly suggest that the needs of newly licensed veterinarians vary.

It is very challenging to balance the well documented access to care challenges across Ontario and the suggestion that potential barriers to unrestricted licensure be added. Although there are certainly comments related to the practice readiness of new licensees throughout the survey data, the review of complaints data does not support the fact that a disproportionate number of complaints are made about newly licensed veterinarians.

Recent proposed changes to the pathway to practice family medicine in Ontario that attempted to add more training requirements was cancelled based on concerns from the public and the profession. It is a potential concern that a similar response would arise here should the College choose to implement a mandatory graduated licensing system.

After review of the evidence, the Registration Committee does not recommend that a graduated licensing system be introduced to address the challenges faced by new veterinarians as they transition into practice. The Committee is mindful of the role of educational institutions, employers and the College to support veterinarians as they transition into practice in Ontario.

The Registration Committee proposes that the Committee be directed to develop a work plan and oversee a project that develops a number of resources that support newly licensed veterinarians and their employers and mentors during this time. As examples, these materials could include:

- Guidelines to support a newly licensed veterinarian transition into practice
- Provide advice on how to build a mentorship relationship with a newly licensed veterinarian
- Video modules that discuss what you need to know as you transition into practice
- Information about practising in Ontario focused on internationally educated veterinarians
- Partnership with other external organizations to share information learned in this project and build resources that can address other issues that the College wouldn't provide, e.g. clinical continuing education aimed at new graduates

### **Capacity**

This work will be managed as part of the College's regular policy work and will not require additional staffing or budget allocations at this time. Any need for additional budget allocations would come to Council for approval.

*Are there any other resource issues that need consideration?*

## **Communication/Education Plan**

It is suggested that a summary of the survey results and Council's decision be shared with licensed members and key stakeholders.

## **Opportunity for Collaboration**

The Registration Committee will consider opportunities for collaboration as it designs a work plan to address the risks outlined in the report.

## **Measurement of Impact**

The work related to this topic is too early to determine measurements of impact. However, the Registration Committee will consider methods to evaluate the impact of this work.

## **Unintended Consequences**

At this time, the Committee is not aware of any unintended consequences.

## **Options**

1. Direct the Registration Committee to develop and implement a work plan to provide resources and supports to newly licensed veterinarians, employers and mentors
2. Direct the Registration Committee to do further research and report back to Council
3. Any other option that Council would like to select, including taking no further action

## **Attachments**

Appendix 1 – Survey of Newly Licensed Members

Appendix 2 – Survey of all Veterinarians in Ontario

Appendix 3 – Environmental Scan

Appendix 4 – Literature Review

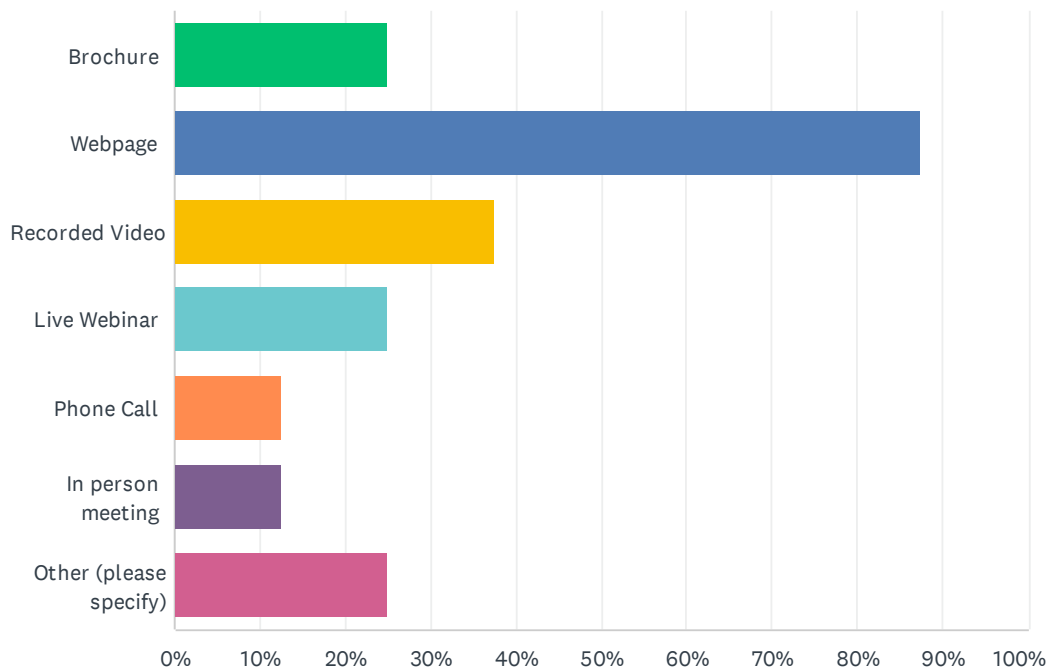
## Q1 What information would be helpful for the College to provide to veterinarians before starting to practise and entering the veterinary profession?

Answered: 5    Skipped: 3

#	RESPONSES	DATE
1	Jurisprudence, good practice, limitations. Duties and responsibilities.	4/22/2023 9:13 AM
2	A downloading brochure could be useful with all the information about: Documents, steps, exam dates.	4/3/2023 3:56 PM
3	Nothing I can think of off the top of my head.	4/2/2023 6:14 PM
4	The process governing CVO complaints. Ways of protecting one's license from undue complaints. Differences between practicing veterinary medicine in Ontario and other NAVLE test based jurisdictions.	3/28/2023 3:06 PM
5	To remind their responsibility Various laws	3/28/2023 2:34 PM

## Q2 What is the best method for the College to provide informational resources to newly licensed veterinarians? Check all that apply.

Answered: 8 Skipped: 0

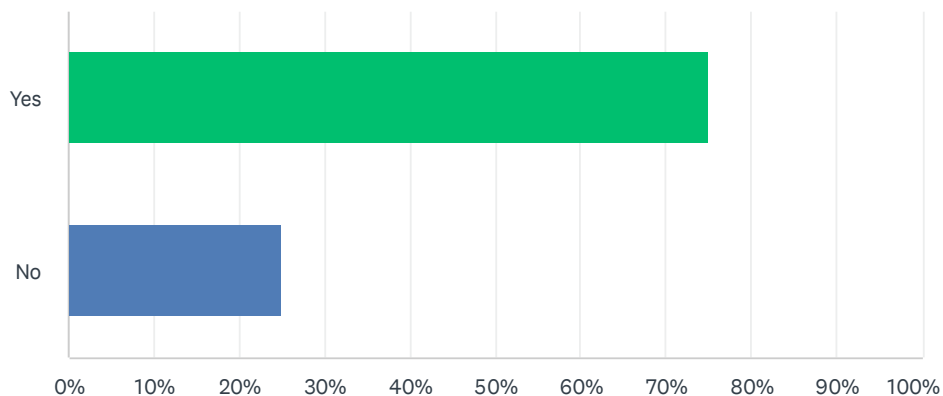


ANSWER CHOICES	RESPONSES
Brochure	25.00% 2
Webpage	87.50% 7
Recorded Video	37.50% 3
Live Webinar	25.00% 2
Phone Call	12.50% 1
In person meeting	12.50% 1
Other (please specify)	25.00% 2
Total Respondents: 8	

#	OTHER (PLEASE SPECIFY)	DATE
1	Email	3/29/2023 1:57 AM
2	Email	3/28/2023 2:34 PM

### Q3 Did your employer offer supports that assisted you in entering practice? (ex. onboarding activities, mentorship opportunities, continuing professional development opportunities)

Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	75.00%	6
No	25.00%	2
TOTAL		8

## Q4 If your employer offered supports that assisted you in entering practice, please describe these supports.

Answered: 6   Skipped: 2

#	RESPONSES	DATE
1	Every day communication, medical and technological resources. One truck, technician, free wheel, CE meetings, partner's meeting.	4/22/2023 9:13 AM
2	CE Performance appraisal Membership assistance Licensing assistance	4/9/2023 7:58 PM
3	We have a professional conversations about cases, webinar courses, webinar conferences.	4/3/2023 3:56 PM
4	Mentoring, longer & more spaced out appts	4/2/2023 6:14 PM
5	Two weeks of mentored shifts. Two months of shifts with experienced veterinarians. Unlimited CE reimbursement. Specialists and rounds.	3/28/2023 3:06 PM
6	Attending technical talks/ seminars	3/28/2023 2:34 PM

Q5 If your employer did not offer supports to assist you in entering practice, please describe what supports would have been helpful to you.

Answered: 1   Skipped: 7

#	RESPONSES	DATE
1	As a foreign professional veterinarian, would be great to receive support for the national examination board.	4/9/2023 7:58 PM

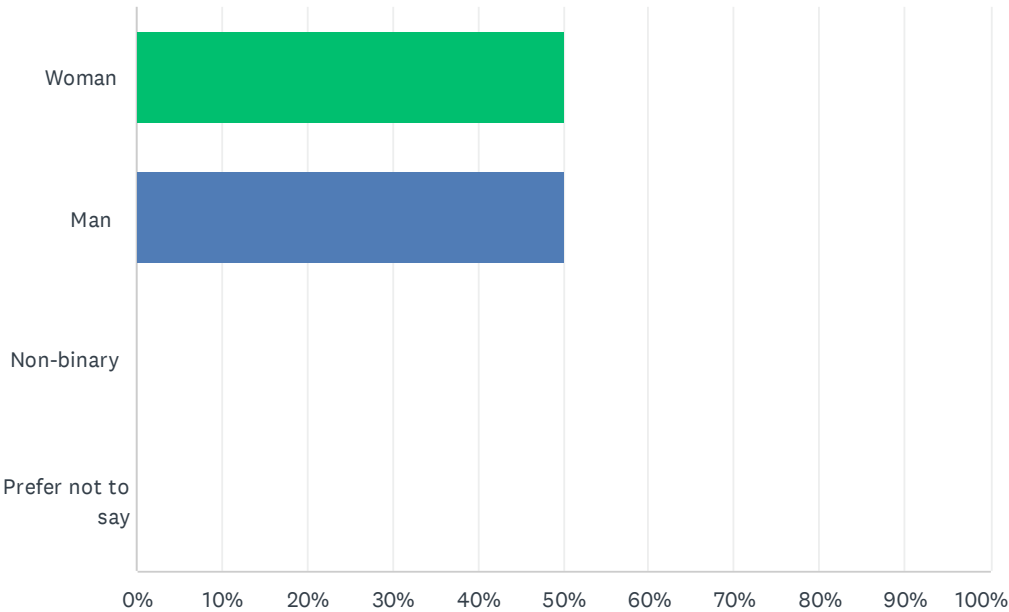
## Q6 What kind of program would you like to see the College develop that supports veterinarians as they enter practice?

Answered: 5   Skipped: 3

#	RESPONSES	DATE
1	CE, about medicine topics, clients education.	4/22/2023 9:13 AM
2	A pathway for foreign veterinarians who are training in special field such as ophthalmology	4/9/2023 7:58 PM
3	How you use avimark or other veterinarian clinical programs, how you can use this programs to understand the most common cases in your practice. How you need to deal with problematic clients.	4/3/2023 3:56 PM
4	Mentorship guidelines for employers to help them get an idea of a timeline/expectations (as a new grad, you're not always sure how to construct a mentorship plan if your clinic as not done so before)	4/2/2023 6:14 PM
5	Regarding legal issues and job responsibilities of veterinarians and paraveterinary staff	3/28/2023 2:34 PM

Q7 What is your gender?

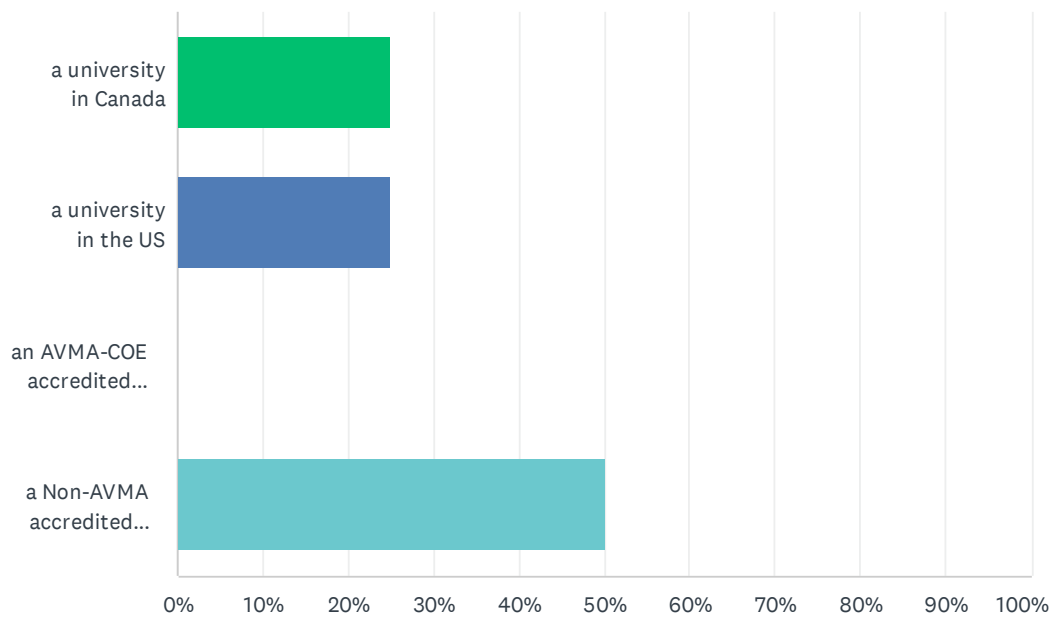
Answered: 8    Skipped: 0



ANSWER CHOICES	RESPONSES	
Woman	50.00%	4
Man	50.00%	4
Non-binary	0.00%	0
Prefer not to say	0.00%	0
TOTAL		8

## Q8 Where did you receive your degree in veterinary medicine from?

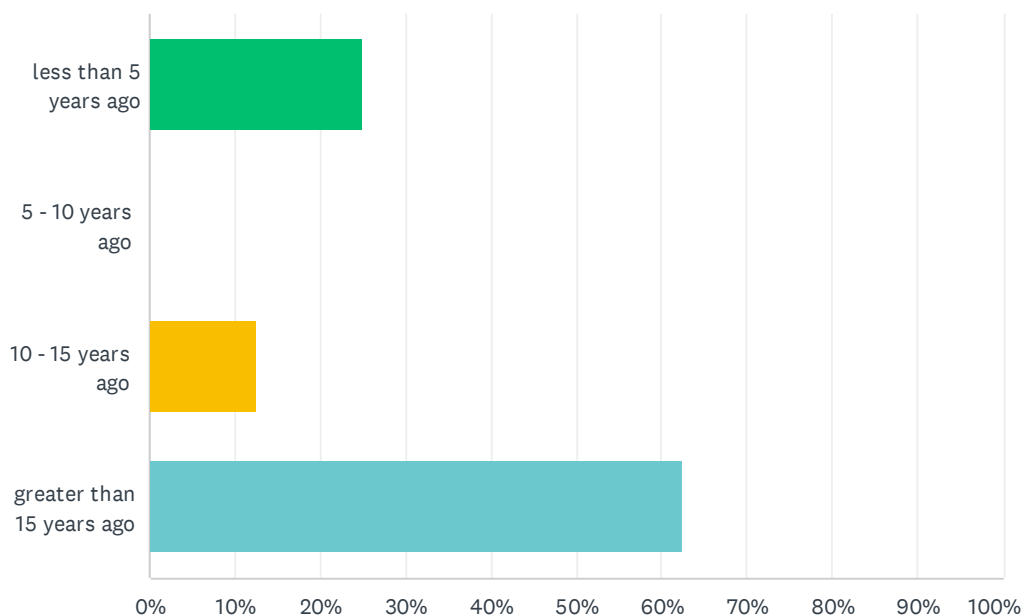
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
a university in Canada	25.00%	2
a university in the US	25.00%	2
an AVMA-COE accredited university outside of Canada and US	0.00%	0
a Non-AVMA accredited university outside of Canada and US	50.00%	4
TOTAL		8

## Q9 When did you receive your degree in veterinary medicine?

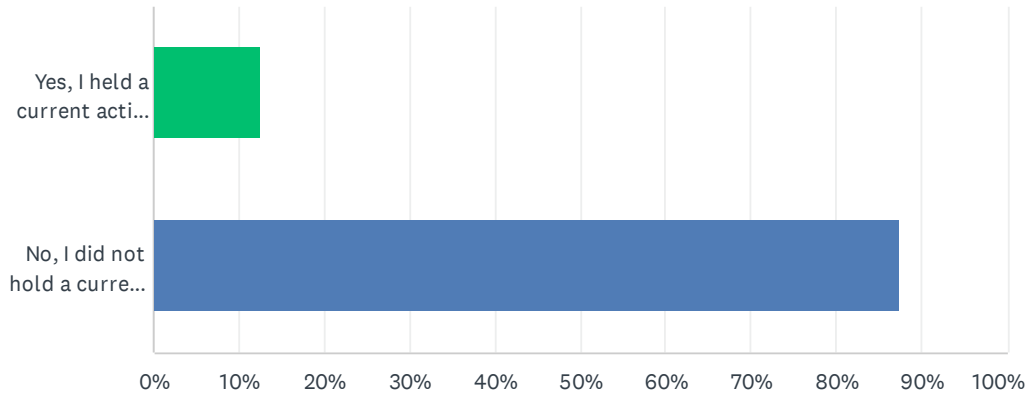
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
less than 5 years ago	25.00%	2
5 - 10 years ago	0.00%	0
10 - 15 years ago	12.50%	1
greater than 15 years ago	62.50%	5
TOTAL		8

## Q10 When you applied for a licence with the College of Veterinarians of Ontario, were you an Ontario Labour Mobility Act applicant?

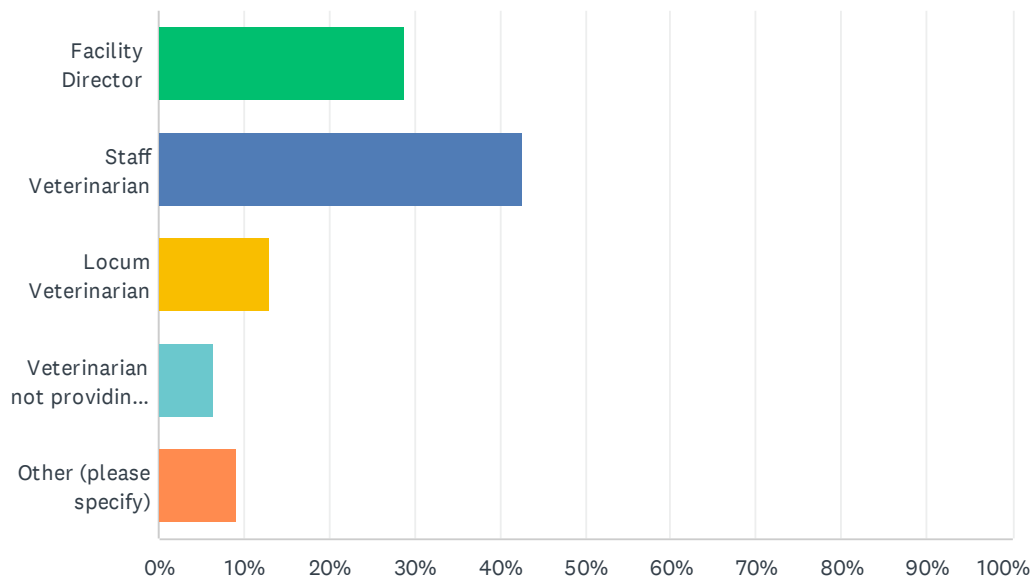
Answered: 8 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes, I held a current active licence in another Canadian jurisdiction when I submitted my licence application.	12.50%	1
No, I did not hold a current active licence in another Canadian jurisdiction when I submitted my licence application.	87.50%	7
TOTAL		8

## Q1 What is your current primary role within the veterinary profession in Ontario?

Answered: 316 Skipped: 0



ANSWER CHOICES	RESPONSES	
Facility Director	28.80%	91
Staff Veterinarian	42.72%	135
Locum Veterinarian	12.97%	41
Veterinarian not providing patient care	6.33%	20
Other (please specify)	9.18%	29
TOTAL		316

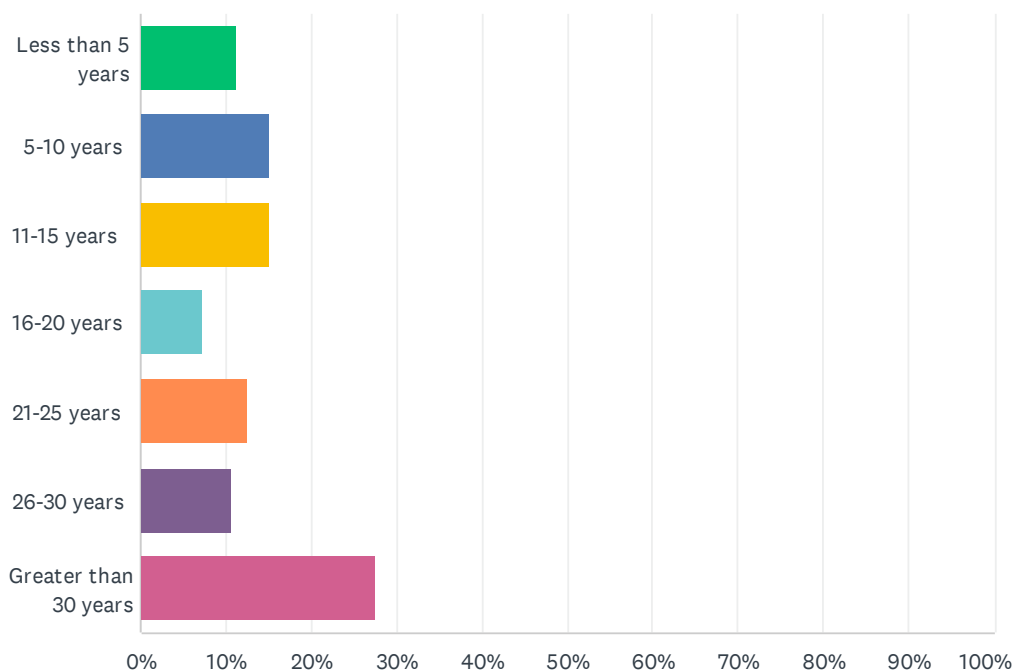
#	OTHER (PLEASE SPECIFY)	DATE
1	Veterinarian currently not practising but available as locum	11/6/2023 4:26 PM
2	Sole Practitioner owner	10/31/2023 10:28 PM
3	CFIA veterinarian	10/31/2023 8:49 AM
4	retired practice owner	10/30/2023 4:57 PM
5	Veterinarian and clinic owner	10/30/2023 1:24 PM
6	Recently retired, but Facility director and practise owner for 45 years	10/30/2023 11:51 AM
7	Small animal primary care clinician and educator at OVC	10/29/2023 8:03 PM
8	Mainly in research role outside of Ontario, but have provided vet services (within Ontario) to research animals and relief vet services this year to a small animal practice	10/29/2023 9:03 AM
9	Retired from private practice, but performing surgery in a volunteer role at the Ottawa Humane Society.	10/29/2023 7:16 AM

## Entry to Practice Supports

10	Retired from clinical practice.	10/28/2023 8:58 PM
11	Boarded surgeon and former surgery faculty at OVC	10/28/2023 3:17 PM
12	Primarily management type position but provide some clinical care	10/28/2023 3:14 PM
13	veterinary coaching services	10/28/2023 6:19 AM
14	Retired	10/28/2023 6:02 AM
15	Veterinarian taking care of my hirses	10/28/2023 2:06 AM
16	Under supervision veterenarian	10/27/2023 9:46 PM
17	CFIA, 1 wkend/month of equine on call	10/27/2023 9:14 PM
18	Recent semi retired Part time locum 40 years private practice	10/27/2023 7:37 PM
19	Partner in a multi partner clinic where I also practice medicine	10/27/2023 7:34 PM
20	I'm a share holder and full time veterinarian	10/27/2023 6:53 PM
21	co-director of Community Veterinary Outreach in Ottawa	10/27/2023 6:24 PM
22	Veterinarian/Practice Owner	10/27/2023 5:10 PM
23	Academia/government	10/27/2023 4:30 PM
24	Teleradiologist	10/27/2023 3:20 PM
25	Facility director/staff vet/professor(vet tech college), & locum vet	10/27/2023 3:03 PM
26	Retired veterinarian	10/27/2023 2:48 PM
27	CAER EYE EXAMS	10/27/2023 2:46 PM
28	Regional medical director practicing in clinic two days a week	10/27/2023 2:20 PM
29	Practice owner	10/27/2023 2:20 PM

## Q2 How many years of experience do you have working as a veterinarian?

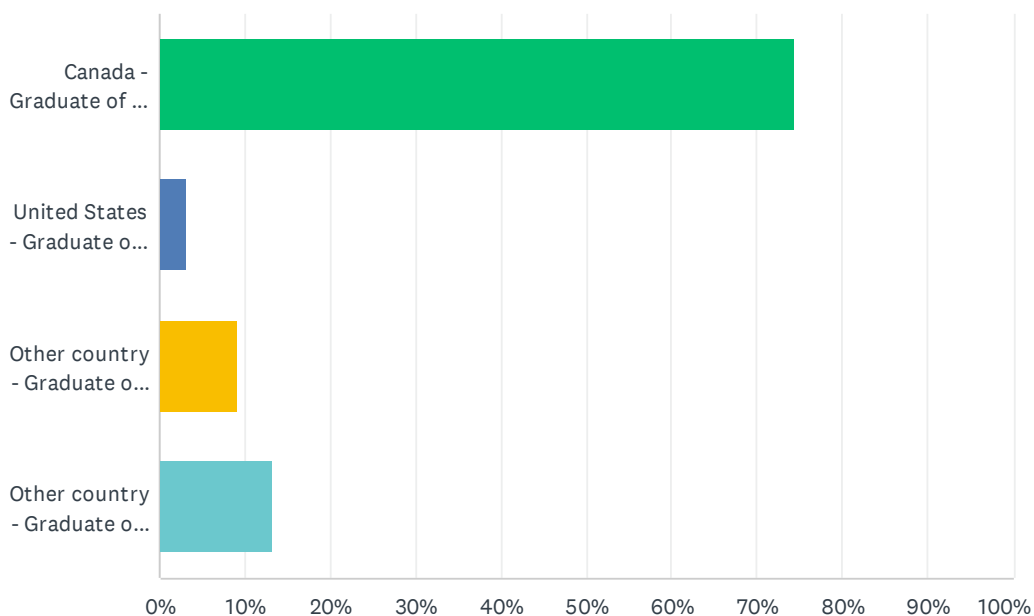
Answered: 316 Skipped: 0



ANSWER CHOICES	RESPONSES	
Less than 5 years	11.39%	36
5-10 years	15.19%	48
11-15 years	15.19%	48
16-20 years	7.28%	23
21-25 years	12.66%	40
26-30 years	10.76%	34
Greater than 30 years	27.53%	87
TOTAL		316

## Q3 Where did you receive your entry-to-practice veterinary degree?

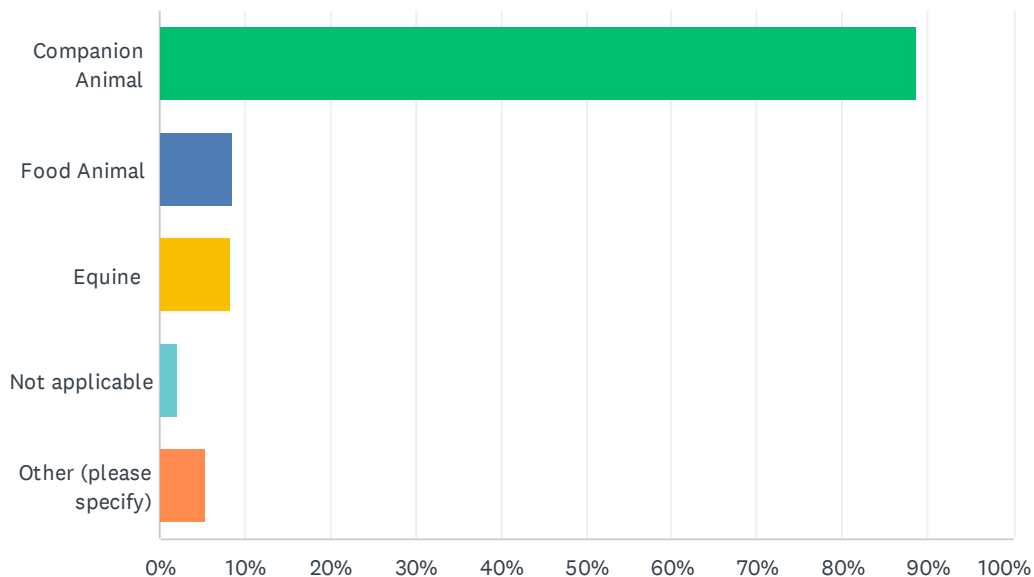
Answered: 316 Skipped: 0



ANSWER CHOICES	RESPONSES	
Canada - Graduate of an AVMA-COE accredited veterinary university	74.37%	235
United States - Graduate of an AVMA-COE accredited veterinary university	3.16%	10
Other country - Graduate of an AVMA-COE accredited veterinary university	9.18%	29
Other country - Graduate of non-AVMA-COE accredited veterinary university	13.29%	42
TOTAL		316

## Q4 What patient types do you serve at your current primary role? (select all that apply)

Answered: 316 Skipped: 0



ANSWER CHOICES	RESPONSES	
Companion Animal	88.61%	280
Food Animal	8.54%	27
Equine	8.23%	26
Not applicable	2.22%	7
Other (please specify)	5.38%	17
Total Respondents: 316		

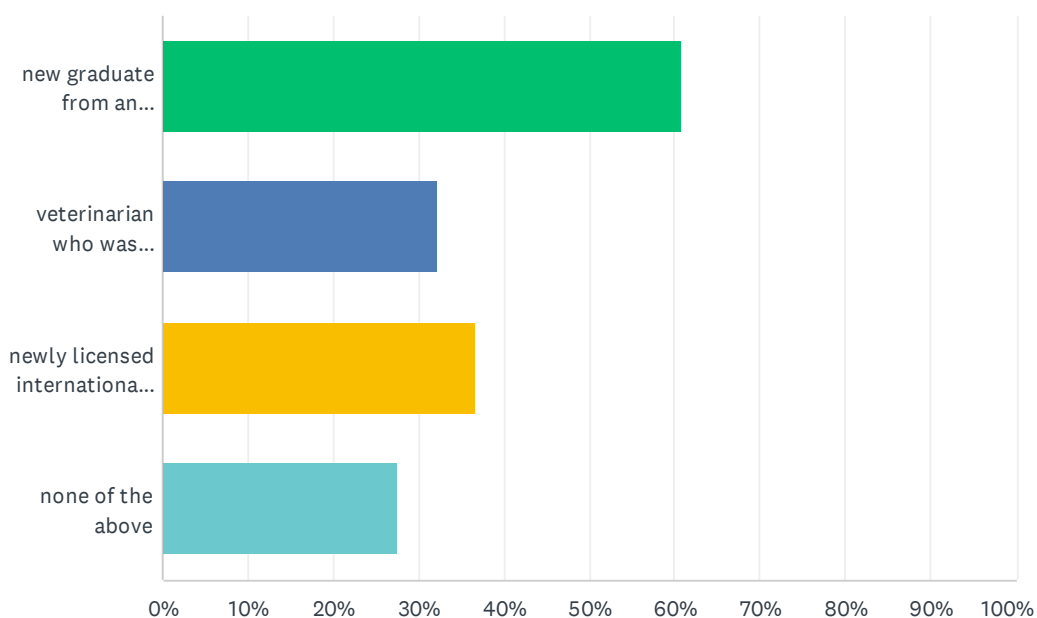
#	OTHER (PLEASE SPECIFY)	DATE
1	prior to retirement companion animal	10/30/2023 4:57 PM
2	occasionally pocket pets	10/30/2023 12:44 PM
3	Mixed practise for 35 years and in last 15 years companion animal exclusively.	10/30/2023 11:51 AM
4	Research animals	10/29/2023 9:03 AM
5	poultry	10/28/2023 7:08 PM
6	Primarily veterinarians as a consultant, veterinarian with companion animal practice (22 years), 4 years as a Teaching Hospital Director, 13 years in the veterinary industry and now a mentor with Vet Mentor/AVMA and a current Councilor with CVO.	10/28/2023 2:57 PM
7	Rodents and birds	10/28/2023 12:56 PM
8	coaching early career veterinarians in their new role	10/28/2023 6:19 AM
9	Small portion of pocket mammal pets	10/27/2023 7:34 PM

## Entry to Practice Supports

10	Zoological medicine( commonly called Exotics) as well as companion dogs and cats.	10/27/2023 6:45 PM
11	Wildlife	10/27/2023 4:30 PM
12	exotics	10/27/2023 3:24 PM
13	Teleradiology	10/27/2023 3:20 PM
14	all	10/27/2023 3:03 PM
15	Aquatic animals for multiple end uses including food, aquaculture, research, bait and feeding to aquatic animals, etc.	10/27/2023 3:02 PM
16	Management	10/27/2023 2:38 PM
17	zoo, wildlife, exotics	10/27/2023 2:14 PM

## Q5 In the past five years, have you worked with a: (select all that apply)

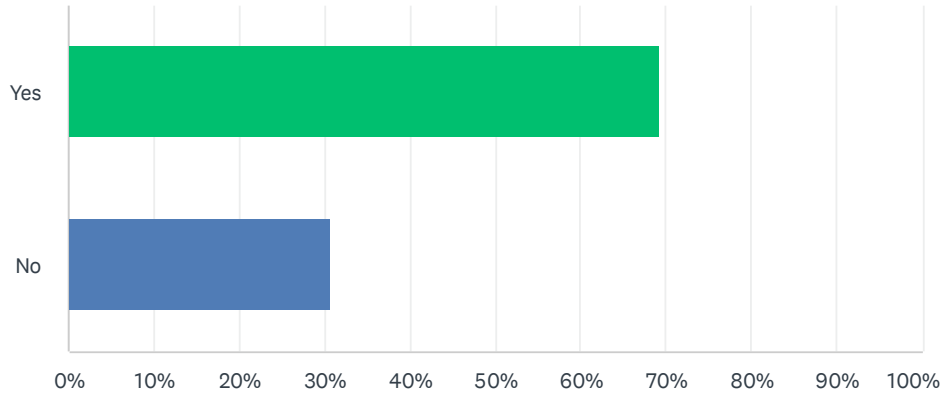
Answered: 316 Skipped: 0



ANSWER CHOICES	RESPONSES	
new graduate from an AVMA-COE accredited veterinary school (graduation occurred within the last two years)	60.76%	192
veterinarian who was licensed in another jurisdiction that moved to Ontario	32.28%	102
newly licensed internationally educated veterinarian	36.71%	116
none of the above	27.53%	87
Total Respondents: 316		

Q6 Does your current primary place of practice offer support to individuals entering the veterinary profession? (ex. orientation, mentorship, supervision for higher risk activities – surgery/emergency medicine, on-going education)

Answered: 316 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	69.30%	219
No	30.70%	97
TOTAL		316

## Q7 If yes, provide details

Answered: 223 Skipped: 93

#	RESPONSES	DATE
1	Support , mentoring, and any other help requested.	11/6/2023 4:26 PM
2	mentorship by phone for current and previous cases, plus supervision/ second opinion for more difficult cases. on-going education through CE at the clinic & at conferences. orientation with some clients/ cases over the first 2 weeks	11/5/2023 9:15 PM
3	Mentorship when first starting at the practice that involves a slow introduction to a full schedule.	11/4/2023 2:20 PM
4	I had two weeks of orientation, and there is a senior clinician who is away on emergency family leave (and has been since before I started in August in this role) who I can text for help with medical cases. Otherwise, unfortunately, I am on my own most days, with the exception of locums.	11/4/2023 1:57 PM
5	12 week mentorship program for all new vets with multiple experienced veterinarians from different clinics. As well direct supervision for surgery transitioning to less intensive supervision as comfort levels improve.	11/3/2023 5:58 PM
6	Have a senior surgeon coming in to supervise junior one upon request	11/3/2023 4:28 PM
7	Mentorship, assistance as needed, discussion, revision of cvo policies and legalities.	11/3/2023 11:17 AM
8	other staff vets offer mentorship on an as-needed basis	11/3/2023 10:21 AM
9	Work side by side and available for questions and advice	11/3/2023 9:49 AM
10	Mentorship with one of our vets, online courses, virtual courses, outside vets to provide additional technical training	11/2/2023 8:43 PM
11	Nva training and support Managing dvm mentoring All vets mentoring	11/2/2023 7:25 PM
12	New veterinarians shadow one of our current veterinarians doing appointments until they are comfortable. Initially they are given longer appointment times – 45 minutes. In surgery they have another veterinarian with them. For our mixed animal veterinarians, they ride with another veterinarian on farm calls until they are comfortable. They have assistance for surgeries. An Experienced veterinarian provides them with back up for their on-call until they are comfortable. In both situations our experience Veterinary team is available for phone calls or texts for support.	11/2/2023 4:54 PM
13	Mentorship for as long as it's needed	11/2/2023 11:41 AM
14	Volunteering	11/2/2023 11:30 AM
15	Supervision for veterinarian with restricted license from another country	11/2/2023 10:55 AM
16	Foreign vet in training	11/2/2023 10:48 AM
17	New grad supervisor	11/1/2023 6:40 PM
18	Newly opened and setting up future oppurtunities	10/31/2023 8:06 PM
19	We take students doing external electives and have hosted both students and new graduates from other countries.	10/31/2023 6:33 PM
20	An experienced veterinarian works with them through cases and surgeries	10/31/2023 1:07 PM
21	Senior vet available for consult in practice	10/31/2023 11:47 AM
22	Support dealing with cases, surgical mentorship	10/31/2023 10:05 AM
23	We mentor and supervise newly hired vets.	10/31/2023 8:49 AM

## Entry to Practice Supports

24	Dual surgeon participation in surgeries Availability to consult in office visits	10/31/2023 8:25 AM
25	Mentorship, paired on-call hours, scrubbed-in assistance with surgeries as needed, rounding/etc as needed.	10/30/2023 10:23 PM
26	Mentorship and advice during practice.	10/30/2023 10:02 PM
27	On-boarding plan Skills development plan	10/30/2023 5:08 PM
28	not currently working	10/30/2023 4:57 PM
29	mentorship, buddy system for the new/weird stuff	10/30/2023 4:30 PM
30	Note: people say they will but often new vets are not given anywhere near enough support.	10/30/2023 3:37 PM
31	I was available to discuss cases/case management and scrubbed in to help with surgery. I was also available to help with exam as well.	10/30/2023 1:24 PM
32	Supervision by senior veterinarians, on-farm supervision for large animal appointments until clinician feels comfortable on their own. Clinician never alone in practice until feels comfortable.	10/30/2023 1:01 PM
33	mentorship; support for medical cases and help with surgery; CE allowance; more time available for appointments.	10/30/2023 12:47 PM
34	Always another veterinarian in the clinic for back up or support, another vet gloved up for all new surgical techniques, another vet for first few months of emergency work and farm calls.	10/30/2023 12:44 PM
35	The new graduates place a high value on mentorship, in fact it seems they demand this as part of their employment package. Having said that, we often experience their unwillingness to accept mentoring that is based on decades of clinical knowledge as they dismiss your help with "that's not the way we were taught, or that's not what VIN says." New graduates come with two lists 1) Things they can't do. 2) Things that they won't do. They are so much into their degrees and knowledge, that to actually work hard is beneath them.	10/30/2023 11:51 AM
36	Mentorship and riding along for new grads, another vet available as back up when on call, rounds, etc.	10/30/2023 10:03 AM
37	We are always open to mentoring our team - whether new grads or DVMs wishing to grow their skills. We do a lot of rounding with DVMs internally as well as encouraging CE.	10/30/2023 9:39 AM
38	Student volunteers or internships welcome	10/30/2023 9:07 AM
39	Mentorship	10/30/2023 7:48 AM
40	Senior veterinarians presence when performing surgery Clinical cases Discussion Providing best resources for more information on any case	10/30/2023 12:27 AM
41	Mentorship with cases and help in procedures	10/29/2023 9:20 PM
42	I am working under the Direct Supervision under my veterinarian.	10/29/2023 8:45 PM
43	OVC smith lane animal hospital - 4th year rotation and observation shifts for phase 1 to 3 OVC students	10/29/2023 8:03 PM
44	Shelter medicine and high volume surgery mentorship for staff veterinarians.	10/29/2023 6:44 PM
45	Supervision	10/29/2023 5:44 PM
46	Case collaboration	10/29/2023 5:17 PM
47	On going education and mentorship	10/29/2023 3:17 PM
48	mentorship & supervision during high risk procedures is provided	10/29/2023 3:14 PM
49	6 month mentorship program	10/29/2023 12:44 PM
50	We have a supportive environment with respect....it hasn't come up but I'm sure we would	10/29/2023 12:32 PM
51	For the first month they shadow a more senior doctor. Orientation includes case discussion of approaches to common conditions seen and how to approach them. Radiation and other safety. Basic SOP how too for work flow, preventive care, software, communication expectations. During the first 3 mo they have longer appointment times. Case selection is	10/29/2023 12:03 PM

## Entry to Practice Supports

limited to routine annuals and very straight forward medical appointments to allow for time and support. This also allows them to get used to work flow and software. surgery's are limited to those which are straight forward. 3-1year depending on the doctor - patient times remain longer but less restrictions to what they can see. There is always another doctor in the building at time of surgery. There is always a doctor available in person or by phone to support questions/concerns.

52	mentoring a new graduate if opportunity arises. supporting locum veterinarians with anything required.	10/29/2023 12:01 PM
53	Only recently started so I am not sure the exact package	10/29/2023 11:44 AM
54	Prepare license	10/29/2023 11:43 AM
55	Internships	10/29/2023 9:46 AM
56	Full salary 2 month paid internship upon graduation to shadow appointments and have senior vet scrubbed in for all dentals and soft tissue surgery. Then once they are into the schedule on their own stream, we schedule new grad 1 hour for appointments for next 1-2 months. Case discussions ongoing with advice.	10/29/2023 9:21 AM
57	work at specialty clinic that provides internship program, and good support for new graduates working ER	10/29/2023 9:08 AM
58	A senior veterinarian is available to new grads for mentorship during regular practice hours as well as for after hours emergency call. We are very supportive of our new grads.	10/29/2023 9:02 AM
59	OHS has helped some new grads get surgical experience with supervision.	10/29/2023 7:16 AM
60	supervision	10/28/2023 11:50 PM
61	Mentoring, daily rounds, CE from corporation	10/28/2023 10:17 PM
62	We tried to hire them with restricted CVO licence after passing NAVLE or 6 out of 7 of CPE but CVO never allowed us to mentor or supervise them in last 10 years, so how can we hire them. We end up in offering them Vet Technician position with low wages and limited job duties. Most of them run away as big corporations lure them with higher wages plus CVO allows these corporation to supervise these new vets. We don't know how to help these new vets. We are still trying our best to let them enter the profession by learning basic skills at our location.	10/28/2023 8:25 PM
63	orientation, mentorship, conferences, wet labs, supervision for higher risk activities	10/28/2023 8:15 PM
64	Informal mentorship for new hires. Case discussions, scrubbing in for new/increasingly challenging surgeries then gradually backing off to supervision and then moral support/backup still in the building. CE sharing	10/28/2023 8:04 PM
65	Externship or internship	10/28/2023 7:08 PM
66	VCA mentorship program	10/28/2023 6:40 PM
67	Eased into solo appts (shadowed, then transitioned to solo appts but more time, then regular appt stream). Mentoring for tough cases. Back-up for on call.	10/28/2023 6:19 PM
68	Mentorship, supervision for surgery	10/28/2023 6:13 PM
69	Lots of support from experienced vets	10/28/2023 5:04 PM
70	Mentoring	10/28/2023 3:42 PM
71	Extensive mentorship, rounds, check ins	10/28/2023 3:33 PM
72	In the practice where I used to work mentoring of new graduates is done.	10/28/2023 3:22 PM
73	I act in a role as a mentor for cases that enter the general practice when surgical assistance is needed. I also will consult on medical cases as well	10/28/2023 3:17 PM
74	Training, mentoring during onboarding and after, mentoring for surgical procedures	10/28/2023 3:14 PM
75	CE allowance. Monthly DVM meetings. Surgery Mentorship program on-site. Newly licensed veterinarians never work alone without associate vet on-site. All radiographs are interpreted by board certified radiologist for comparison to associate's interpretation. Consultation with internal medicine specialists via veterinary diagnostic lab encouraged.	10/28/2023 2:55 PM

## Entry to Practice Supports

76	Mentorship, assistance during surgery but could be improved	10/28/2023 2:50 PM
77	They are mentored until safe to work on their own. There are always senior people available by phone	10/28/2023 2:35 PM
78	Mentorship. It's not big enough to be a formal affair but our new vet got a lot of support in her first two years and we continue to support each other now.	10/28/2023 2:34 PM
79	Mentorship such as case review (client communication, test orders and interpretations, treatment and drugs), surgery and dental training.	10/28/2023 12:56 PM
80	Provides : - Mentorship for foreign veterinarian with a restricted licence - general appointments; communications with clients and the support team; case management; emergency and critical care; diagnostic interpretation and surgical guidance. - Newly licensed veterinarians by building their confidence in client communication and case management.	10/28/2023 12:53 PM
81	Scheduling new grads always with another DVM; regular check in meetings; constant availability by text with mentor DVMs; direct availability for surgery;	10/28/2023 12:27 PM
82	Shadowing, assisting with cases, mentorship meetings, collaboration We are house call so do not perform surgeries but I have mentored new graduates in surgery in the past by scrubbing in alongside, assisting, monitoring, being available in site	10/28/2023 11:05 AM
83	The CVO does like vague questions :D - internship programme - direct mentorship day to day for newer DVMs requiring guidance as they build there case numbers, competence and confidence	10/28/2023 10:58 AM
84	Received ongoing mentorship and CE	10/28/2023 10:41 AM
85	Mentorship (non formal) with other veterinarians, scheduled with more experienced vet, able to contact our medical director at any time	10/28/2023 10:15 AM
86	The experienced vets provide case consultation, hands on mentorship, VIN membership and extended appointment times for new veterinarians.	10/28/2023 9:45 AM
87	orientation, mentorship, supervision for higher risk activities – surgery/emergency medicine, on-going education	10/28/2023 9:42 AM
88	New veterinarians are able to follow along with an experienced vet for several weeks, we accompany them on emergency calls as requested and provide 24/7 phone support if needed	10/28/2023 9:24 AM
89	mentorship, supervision, continuing education support.	10/28/2023 9:18 AM
90	Ovc externship program, local high school co-op program, Ridgetown vrt tech externship program, multiple un-overseen (by an organization outside of our clinic) shadow students	10/28/2023 9:02 AM
91	Scrub in for surgery	10/28/2023 9:00 AM
92	Externship	10/28/2023 8:46 AM
93	We hired restricted license veterinarian	10/28/2023 8:36 AM
94	One workplace has a structured one year internship, the other place just started an informal ER mentorship program that only relies on being paired with individual licensees during practice.	10/28/2023 8:35 AM
95	VCA Academy offers 3 month mentorship program for new vets. Also offers many opportunities for small group seminars to focus on specific skills. I work as one of their mentors and frequently have new doctors shadowing me.	10/28/2023 8:30 AM
96	lighter case load, job shadowing moving towards simple appointments moving towards more complex medical workups. Eventually to a full case load.	10/28/2023 8:00 AM
97	I am an internationally educated vet practicing with a restricted license. My practice was amazing with providing mentorship and continuous support from management and other vets, not just my supervisor. They started me on 3 weeks of shadowing in the beginning, then gradual transition, with on going support	10/28/2023 7:59 AM
98	new graduates are pair with a senior vet as a mentor for months or years as they evolve into a fully competent practitioner	10/28/2023 7:33 AM

## Entry to Practice Supports

99	Summer placement for student in vet school.	10/28/2023 7:32 AM
100	New grads are partnered with a seasoned vet for 2 weeks, then continue to provide support as needed for questions, and also guidance for new procedures/skills ongoing.	10/28/2023 7:22 AM
101	I am working mostly with new graduates providing coaching and career mentoring via zoom sessions monthly for a period of 6 months as a new employee or graduate transitions in their new role.	10/28/2023 6:19 AM
102	Further training in surgery, beginning with cat neuters, cat spays, dog neuters, dog spays, large dog spays. Advanced training in surgery is available to those new DVMs who are interested in expanding their surgical repertoire. Shockingly few are interested.	10/28/2023 6:02 AM
103	N/A	10/28/2023 5:18 AM
104	There is a staged mentorship program for new vets - both new graduates and new to the hospital. ER doctors must pass a series of supported cases to perform surgery.	10/28/2023 3:31 AM
105	Mentorship for surgery, dentistry and complex medical cases. Continuing education	10/28/2023 12:04 AM
106	New graduates are mentored until they and I feel comfortable with their skills to be performed unassisted. Emergency shifts are covered with myself for the first several years until they have sufficient experience to handle c-sections, trauma cases, emotionally difficult cases etc	10/27/2023 11:23 PM
107	Support from more experienced veterinarians as needed, no formal program	10/27/2023 11:19 PM
108	Mentorship program with checkpoints and goals outlined	10/27/2023 11:07 PM
109	Mentor new grad	10/27/2023 10:18 PM
110	No	10/27/2023 10:13 PM
111	Training vet interns and newly grads	10/27/2023 10:09 PM
112	No	10/27/2023 9:55 PM
113	They lets me to suture, scaling teeth and vaccin injection	10/27/2023 9:46 PM
114	I work in an NVA-owned practice that provides a mentorship program for newly licensed veterinarians	10/27/2023 9:37 PM
115	Newly-graduated veterinarians spend at least one month accompanying a senior veterinarian on call and working under their direct supervision. During the second month of employment, the newly-graduated veterinarian continues practising under direct supervision in addition to attending cases independently that have been selected by a senior colleague who believes the case likely to be within the competence of the newly-graduated veterinarian. The case management is discussed after the visit, and the senior veterinarian is available to consult by telephone or to attend the case in person if so required. In this way, the newly-graduated veterinarian takes on gradually more challenging cases with appropriate support and monitoring. For the first 6 to 12 months in practice, an official back-up rotation of senior colleagues is organised to allow the newly-graduated veterinarian to obtain any necessary support while taking on out-of-hours calls. Senior veterinarians recommend CPD activities that seem likely to enhance the skills of the newly-graduated veterinarian. Paid time off is provided to pursue such CPD activities, and funding for course fees is provided as part of the contract of employment (\$1,000 per year). The newly-graduated veterinarian participates in internal practice CPD sessions in which veterinarians and RVTs present information likely to be of benefit to the entire clinical team.	10/27/2023 9:33 PM
116	Mentoring Slow introduction into work, paired with experienced vet	10/27/2023 9:32 PM
117	New hires get a month of training and shadow shifts to assess their competency, we have not taken any veterinarians straight out of vet school, but have taken vets that have completed an internship. They need to have a certain number of surgeries performed with one of the board certified surgeons before they are allowed to perform basic surgeries on their own, but even then this is not enough time to adequately assess their full competency, and as we are an emergency and referral hospital it is a fast paced environment.	10/27/2023 9:31 PM
118	On-going mentorship, LA and SA doctor meetings, ride-alongs for the initial weeks in LA, curated calls to go to initially, continuous back-up for LA calls and for on-call	10/27/2023 9:30 PM
119	First small animal practice had some informal mentorship	10/27/2023 9:14 PM

## Entry to Practice Supports

120	Directly supervised training for surgical and clinical procedures, but nothing formal	10/27/2023 9:13 PM
121	OVC Student Mentorship Program	10/27/2023 9:08 PM
122	mainly in surgery--experienced surgeon helped with procedures and then was around when needed. For appointments, an experienced vet was available for consult, initially they were with experienced vet to meet new clients and see how appointments were done	10/27/2023 8:57 PM
123	Direction with medical cases to ensure graduate is comfortable Surgery assistance and training to ensure they are comfortable and competent to do the procedures necessary	10/27/2023 8:18 PM
124	Mentoring	10/27/2023 8:16 PM
125	n/a	10/27/2023 8:16 PM
126	Longer appointment times for the first 3-4 months. Shadowing in surgery until new grad is comfortable to do it on their own. Rounding on cases. Providing second opinions in treatment area during appointments.	10/27/2023 8:03 PM
127	New dvms are given 2 weeks for orientation and showing, then careful selection of 'easy' vaccine appointments to start, longer appt times, less patients per day, direct supervision in surgery until they feel proficient, no emergency work for 3-5 months, depending on comfort level. They are also encouraged to pursue continuing education of their choosing and have access to a clinic VIN membership.	10/27/2023 7:40 PM
128	Mentorship	10/27/2023 7:39 PM
129	1. One veterinarian from Iran, 33 years old. Minimal clinical experience 2. One veterinarian from India, 27 years old. Minimal clinical experience 3. One graduate of a Canadian Veterinary college with 1 years experience	10/27/2023 7:37 PM
130	mentorship	10/27/2023 7:35 PM
131	Shadowing, list of position related duties.	10/27/2023 7:34 PM
132	We provide practical mentorship for laboratory, radiographic and ultrasonography diagnostics. We gradually introduce and nurture surgical confidence and competency by having the practitioner perform primary surgical duties under supervision.	10/27/2023 7:34 PM
133	No	10/27/2023 7:31 PM
134	They do not	10/27/2023 7:30 PM
135	We are a spay/neuter clinic and we recently mentored a man working to improve his surgical skills for full CVO licensing	10/27/2023 7:25 PM
136	3 months of job shadowing an experienced vet and years of help managing cases	10/27/2023 7:19 PM
137	Some times the Internationally trained vets preparing for the board exams come in to watch the clinical procedures.	10/27/2023 7:09 PM
138	I have personally taken on this role of mentorship to pre veterinarians and then these veterinarians in their first years of practice	10/27/2023 6:53 PM
139	Mentorship both formal and informal	10/27/2023 6:50 PM
140	We support and guide doctor in techniques and aid decision making if necessary. I do not expect to teach basics as this is a colleges job.	10/27/2023 6:45 PM
141	mentorship to high school student.	10/27/2023 6:44 PM
142	In the past when I have had a new graduate we spent time together for office visits, surgery etc	10/27/2023 6:39 PM
143	Nothing formal just pairing with another vet	10/27/2023 6:34 PM
144	we provide orientation, shadowing for 30-60 days and direct supervision of surgeries- see one, do one	10/27/2023 6:28 PM
145	Mentorship and supervision for procedures and surgery	10/27/2023 6:27 PM
146	Minimal appts to start with ample time for each, vin membership, allowing grad to do surgeries	10/27/2023 6:20 PM

## Entry to Practice Supports

at their pace with an experienced vet able to scrub in if needed, no on call until the grad is more comfortable

147	Formal mentorship program with corporate owner. Informal mentorship for surgery and dentistry	10/27/2023 6:08 PM
148	We support vet students and prospective vet school candidates by offering summer jobs and shadowing when asked.	10/27/2023 5:49 PM
149	Willing mentors myself and husband (DVM) Supervision of high risk activities ongoing CE provided and encouraged	10/27/2023 5:41 PM
150	Given opportunity to learn	10/27/2023 5:36 PM
151	Veterinarians with restricted license	10/27/2023 5:34 PM
152	Would certainly provide support if had a new graduate.	10/27/2023 5:10 PM
153	Yes, but the minimum skill set upon graduation needs to improve.	10/27/2023 5:10 PM
154	We have hosted 4th year OVC students on external rotations. We are currently mentoring a 1st year veterinarian that recently graduated from OVC. We recently had an internationally trained veterinarian that got licensed to practice in Ontario within the last couple years from the middle east.	10/27/2023 5:04 PM
155	The senior veterinarian in my practice provides support when needed. When she is working or over text and video call if needed.	10/27/2023 4:52 PM
156	Surgical mentorship; the senior surgeons will scrub in or be on stand, to help teach and help if needed for newly performed surgeries being done by new veterinarians. Same goes for medicine cases; all veterinary staff are willing and eager to help discuss cases and give advice as needed, especially when complicated	10/27/2023 4:50 PM
157	Mentorship and supervision available from experienced vets for all aspects of practice, no formal requirements but available on request or if deemed necessary. We also have written protocols available for common concerns	10/27/2023 4:49 PM
158	Mentorship in medicine, surgery, self care, integrity and records	10/27/2023 4:43 PM
159	Shadowing Rounds for discussion of cases	10/27/2023 4:40 PM
160	Orientation, mentorship, supervision	10/27/2023 4:30 PM
161	We provide extra time for appointments + give experienced DVMs free time to work directly with them (e.g. in surgery)	10/27/2023 4:29 PM
162	Internship	10/27/2023 4:27 PM
163	We take on both RVT and VA students as well as hire students for summer jobs.	10/27/2023 4:22 PM
164	Support and mentorship more intense in first months of practice tapering off but still present.	10/27/2023 4:18 PM
165	Pairs up with clinic owner for the first bit of practice	10/27/2023 4:16 PM
166	One on one mentorship including supervision with surgery/emergency medicine	10/27/2023 4:11 PM
167	Mentorship for clinical confidence and in surgery	10/27/2023 4:11 PM
168	Surgery mentorship. Also senior veterinarians available through WhatsApp even if I'm not on site to provide guidance to junior vets	10/27/2023 4:03 PM
169	High school and vet tech co-op students, mentoring of vets from other countries trying to re-qualify here, mentoring of students interested in applying to vet school. We also mentor new grads (ie don't have them do or send them to high risk procedures by themselves)	10/27/2023 4:00 PM
170	4week orientation process Dedicated mentor with daily meetings for first while, 1x week after a couple months and then regularly monthly one on one meetings. Regular team meetings with all associates once a month. No oncall for 6 weeks.	10/27/2023 3:59 PM
171	Mentoring, supervision in all areas	10/27/2023 3:52 PM
172	New vets often need guidance with surgery. Especially anything beyond spay/neuter, and sometimes with spay as well. They often have only done one or two prior to graduating,	10/27/2023 3:51 PM

## Entry to Practice Supports

sometimes none. Practical surgical skills are not strong. Dental training is typically non-existent and we are starting from scratch with additional CE and mentoring.

173	mentorship, job shadowing	10/27/2023 3:43 PM
174	Mentoring new associate in surgery, medicine and communication	10/27/2023 3:34 PM
175	n/a	10/27/2023 3:24 PM
176	VCA has a structured mentorship program for new grads	10/27/2023 3:24 PM
177	Mentorship by practice owner, additional support/supervision when available based on schedule	10/27/2023 3:22 PM
178	One on one mentorship, availability and accessibility to specialty consultation, hands on training of new graduates in POCUS and refresher image interpretation sessions.	10/27/2023 3:20 PM
179	Annual CE, mentorship	10/27/2023 3:19 PM
180	I currently as a locum/relief vet work shifts that are solely for support of new or recent graduates. So I mentor and train in surgery, consult on appointments, go in on appointments. I see clinics offering a lot training through their corporate ownership.	10/27/2023 3:19 PM
181	I provide some mentorship to a recent OVC graduate. On another when I do not work a graduate from outside Canada received mentorship from another veterinarian.	10/27/2023 3:10 PM
182	Locum so varies based on clinic - but clinics I have been to frequently will have 1-2 weeks of shadowing current vet, longer time for new vet appointments after, fewer surgery/day and supervised to start, not working alone (usually for first 3-6 months).	10/27/2023 3:07 PM
183	Generally ride with senior veterinarians for a period of time (mobile practice) then slowly start seeing their own appointments. Another veterinarian assists with new skills, more difficult cases etc	10/27/2023 3:05 PM
184	We allow them to do surgeries if they are comfortable with us scrub in with them or standing in the room watching depending on what they would like. If they are not comfortable doing the surgery, then we do it with them watching how we do it. For medicine cases, there is always a more experience vet available for them to confer with if they have questions or not sure how to proceed.	10/27/2023 3:04 PM
185	Mentoring is provided but basic skills of new graduates are lacking at best. They do not have the basics of clinical medicine and basically want you to tell them what to do at all times They are unable to independently work alone through problems.	10/27/2023 3:04 PM
186	My current place of employment is in the USA with the Veterinary Emergency Group. They offer a New ER Doctor Program which provides orientation week, mentorship with the MD of the practice you're working in, training for surgery, emergency procedures, scoping, etc. However, I know that this is very specific and not available to every new grad.	10/27/2023 3:03 PM
187	Mentorship and on the job supports are available, continuing education	10/27/2023 3:02 PM
188	The practice offers mentoring with experienced veterinarians and hands-on mentoring for surgical procedures.	10/27/2023 2:59 PM
189	Mentorship for foreign veterinarians	10/27/2023 2:56 PM
190	We have a number of vet students who volunteer or work during the summer	10/27/2023 2:45 PM
191	It's all about "what are you comfortable with" communication. So we can pair surgeons, or just have another person 'on tap, just in case'. wrt appointments, mentorship means being open for questions like "how would you manage this?" etc. Frankly, the onus is on the new person to feel comfortable about asking, rather than a strict time and 'number of cases' format.	10/27/2023 2:43 PM
192	Formal intern program in past 2 years.	10/27/2023 2:42 PM
193	Mentorship program	10/27/2023 2:42 PM
194	Ordination and Mentorship	10/27/2023 2:42 PM
195	The answer was No	10/27/2023 2:41 PM
196	We assign a mentor veterinarian to the new grad. All of the veterinary team works to teach and	10/27/2023 2:40 PM

## Entry to Practice Supports

support the graduate as they learn from each patient and ask questions about integrating their academic knowledge with clinical practice. We join them in surgery and supervise their progress as their confidence grows. We meet with them after 1 month, 3 month, 6 months, 1 year to discuss learning objectives, successes, challenges, learning goals. We encourage them to go to a conference to start building networks and awareness of the size of the veterinary community, the scope of industry and learning opportunities out there. .

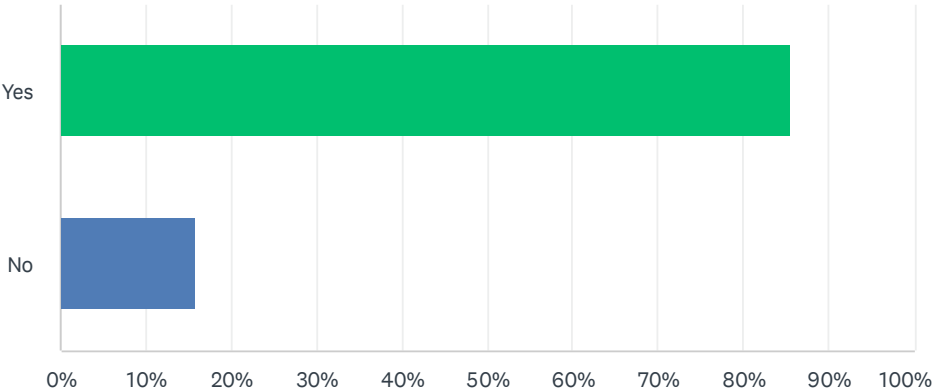
197	hands on surgical mentorship, one on one guidance. someone always available via text for case consultation	10/27/2023 2:40 PM
198	Not applicable	10/27/2023 2:38 PM
199	Mentoring	10/27/2023 2:36 PM
200	Formal new graduate mentorship program with our corporate partner. Direct supervision and assistance in all surgical care with recent graduates matched with senior practitioner based on comfort level and assessment. Regular follow up with new graduates. Mentor matching program	10/27/2023 2:28 PM
201	Mentorship from senior DVMS, paid CE of their choosing, local CE	10/27/2023 2:28 PM
202	Internships and mentorship for emergency vets	10/27/2023 2:27 PM
203	No	10/27/2023 2:27 PM
204	Our practice has a formal internship program (via VIRMP)	10/27/2023 2:26 PM
205	Mentorship programs and supervisions are widely available in my practice	10/27/2023 2:25 PM
206	Mentorship from more experienced Veterinarians. Longer appointment times. CE.	10/27/2023 2:25 PM
207	Staff mentorship and supervision	10/27/2023 2:24 PM
208	I am willing to fully train any new vets. With the shortage it has been extremely difficult to hire	10/27/2023 2:24 PM
209	COntinuing education allowance / time	10/27/2023 2:24 PM
210	Onboarding programs (via bamboo HR) and assigning mentors to new grads and newly licensed foreign trained vets. Summer program to place DVM students within practices to introduce them to clinical practice. Hospital manuals for references and access to regional medical directors for any additional support.	10/27/2023 2:20 PM
211	Mentorship, longer appointment times, surgery assist	10/27/2023 2:20 PM
212	Mentorship program	10/27/2023 2:19 PM
213	Mentorship on improvement of clinical skill development like blood draws, animal restraint, access to patient lab report results & interpretation and guidance in improvement of communication skills- eg discussion of common side effects of common medications, adverse vaccine reactions.Also get CE from the clinic.	10/27/2023 2:19 PM
214	Mentorship	10/27/2023 2:18 PM
215	Our new graduates shadow entirely week one Week 2-4 we have a senior vet only scheduled with them - not their own appointments First month all surgeries have both senior vet and new grad scrubbed in Based on competency we adjust All new grads have a lighter work day for the first three months with breaks where our senior vets do not Again this is adjusted based on individual needs Any new surgery has a mentor along side We also encourage them to stay and see cases - surgeries that other vets may be doing on their days off - after hours but this is no longer something our new grads want to do which is disappointing	10/27/2023 2:17 PM
216	Supervision for surgeries	10/27/2023 2:16 PM
217	Advice, help on site if needed. Reviewing cases together, etc	10/27/2023 2:14 PM
218	Yes I was offered a role as a Restricted Veterinarian by a clinic but my Supervisor was Rascist and Sexist. He was more comfortable with girls. So he denied the supervision.	10/27/2023 2:14 PM
219	Mentoring new grad, monitoring and occasionally assisting in Sx	10/27/2023 2:14 PM
220	Since I am a locum it is very much practice based. I am exposed to a lot of different veterinarians at our local emerg clinic (we take everyone- it is AWESOME!)	10/27/2023 2:11 PM

## Entry to Practice Supports

221	Mentoring for all new vets wanting direction from experience	10/27/2023 2:09 PM
222	Mentorship for new grads in every aspect	10/27/2023 2:08 PM
223	Mentorship, supervision for higher risk procedures and emergencies	10/27/2023 2:07 PM

Q8 Do you think that additional supports are needed for individuals transitioning into practice?

Answered: 316    Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	85.44%	270
No	15.82%	50
Total Respondents: 316		

## Q9 Please share the reasons for your answer.

Answered: 316    Skipped: 0

#	RESPONSES	DATE
1	It would depend on the situation so I don't think anything should be mandatory.	11/7/2023 12:30 PM
2	There are so many reasons, and I can only compare it to an Registered Nurse or General practioner, where "placements" are done after graduating (vs externship in 4th year). The support is needed for up to 6 months	11/6/2023 4:26 PM
3	Mentorship expectations clearly outlined by the new vet and their employer would be very valuable	11/5/2023 9:15 PM
4	Not necessary	11/5/2023 8:51 PM
5	I think we should have at least 3 months on intensive mentoring and training during the transition	11/4/2023 11:29 PM
6	Internationally trained veterinarians are not nearly at the skill set of Canadian/US vets even after passing their boards.	11/4/2023 2:20 PM
7	I don't think it's fair for new graduates to be practicing on their own most days (as I am) without on-site clinical support available when needed. I have been in practice in Ireland for a year before I came here (2022 grad) so I'm not completely new but it's far, far too stressful to have recent graduates consistently being the most senior vet in the building.	11/4/2023 1:57 PM
8	Vets from overseas seem to have lower levels of small medicine knowledge/experience	11/3/2023 5:58 PM
9	Better to organize more regarding general protocols in a companion animal practice	11/3/2023 4:28 PM
10	It is often unclear what is truly a policy from cvo vs what clinics just do and this is very confusing for older locum vets and especially for international students	11/3/2023 11:17 AM
11	there should be more online courses for transitioning with up to date info on the day to day stuff, like how to treat otitis, vaccine protocols, how to treat skin dz etc etc	11/3/2023 10:21 AM
12	Currently feel that the new grads feel secure and happy with the support offered	11/3/2023 9:49 AM
13	.	11/2/2023 10:11 PM
14	New grads don't seem to be as confident in working alone and trying things as previous grads. Their medical knowledge is solid.	11/2/2023 8:43 PM
15	More experienced people helping less-with practical medical support and emotional	11/2/2023 7:25 PM
16	New veterinarians benefit from support when moving into practice.	11/2/2023 4:54 PM
17	Clinical knowledge is only gained through experience, individuals who recently graduated and are internationally educated need training according to the national standard for at least a year in my opinion.	11/2/2023 11:41 AM
18	More experience dealing with clients/cultural differences necessary	11/2/2023 11:30 AM
19	The veterinarian from another country has limited experience with how clinics are run in Ontario as well as what drugs are commonly used and language barriers.	11/2/2023 10:55 AM
20	The stress in our profession is huge, giving suggestions to new vets hiw to avoid situations that contribute high stress level	11/2/2023 10:48 AM
21	The individuals that I have had the opportunity to work with have been well prepared, and eager to learn within the work place, and seek guidance when they have questions.	11/1/2023 6:55 PM
22	In recent years grads seem to be less prepared with hands on experience	11/1/2023 6:40 PM
23	Essential to have colleagues to converse with about cases.	10/31/2023 10:28 PM

## Entry to Practice Supports

24	Language and cultural barrier	10/31/2023 8:06 PM
25	In equine practice, options seem to be either to jump into practice completely unprepared as a new graduate and require extensive mentorship, or do an internship, which may or may not even be relevant work to general practice. A lot of the internships are at large hospitals and not as relevant to general practice. The students are unprepared at graduation and as an employer I am expected to basically train them, while paying them, and I'm losing money for up to a year while they get up to speed. I don't know the solution but they are pathetically underprepared for equine practice coming out of OVC. The student I hosted from Austria this summer for TEN weeks was on a placement with a grant from her school and she is expected, after placement, to be able to go directly into practice and be a functional vet, because she already spent close to 3 months "riding around" and being directly mentored.	10/31/2023 6:33 PM
26	I don't think a new graduate is equipped to just function after graduating. I completed two internships after finishing school and I am glad I had that mentorship.	10/31/2023 1:07 PM
27	It depends, if a clinic has experienced vets and techs at the clinic already that may be sufficient support for a new graduate, otherwise they will need an external guide/mentor	10/31/2023 11:47 AM
28	Some new graduates are not prepared for the financial aspects of practice	10/31/2023 11:15 AM
29	Transition to practice is a huge step. There is a large amount of knowledge to gain. There are many areas to learn about; medical, surgical, client management etc. Not everything is textbook.	10/31/2023 10:05 AM
30	The transition seems easy for most.	10/31/2023 8:49 AM
31	They should have access or encouragement to participate in collegial consultation services like VIN	10/31/2023 8:25 AM
32	Clinical practice is strenuous and rife with client demands, some unreasonable. Inexperienced veterinarians can become overwhelmed easily.	10/30/2023 10:40 PM
33	The veterinary college currently does not prepare you for all the hands-on competencies that you will experience in practice and be able to perform them comfortably on your own.	10/30/2023 10:23 PM
34	Some people need more training with regard to c-sections.	10/30/2023 10:02 PM
35	Minimal hands on experience with general cases	10/30/2023 5:08 PM
36	as an owner many different veterinarians worked for or with me. They were all qualified but the level of skill and ability to interact with clients and keep records was extremely varied	10/30/2023 4:57 PM
37	Less hands on for FA new vets in schools	10/30/2023 4:30 PM
38	New vets regardless of where they are from still need to build their skills and confidence. Mentoring, both for clinical skills, surgery and life skills, is in huge demand and sorely lacking.	10/30/2023 3:37 PM
39	It would depend on where they were trained and how long ago they graduated	10/30/2023 3:02 PM
40	Moving from having everything you do being monitored in school to not having any oversight can be intimidating for new grads and contributes to imposter syndrome. Having more real world experience with structured mentoring would be very beneficial to setting up new grads to practice more confidently.	10/30/2023 2:43 PM
41	I am not certain about your question. I believe new grads and Vets that are from non accredited schools (even with practice experience somewhere else) need clinical guidance before being competent to work on their own.	10/30/2023 1:24 PM
42	I feel mentorship with some degree of supervision and access to senior clinicians and colleagues is essential for new veterinarians. Individuals may require varying degrees of support depending on personality type or comfort level. The risk of a new veterinarian feeling they are not supported is undue emotional stress, lack of confidence, and possibly leaving practice. Unfortunately, some skills can only come through practical experience, which can be uncomfortable at times, but can be less stressful for the individual in a supportive environment. Additionally, in-person support/mentorship is invaluable, and ideally would not be replaced with virtual or ' on-line chat group ' support. This may not always be possible however, for various reasons.	10/30/2023 1:01 PM
43	Hard to say; depends a lot on the practice	10/30/2023 12:47 PM

## Entry to Practice Supports

44	In a caring private practice, they are well supported. Not sure about corporations or other small practices with insufficient staff.	10/30/2023 12:44 PM
45	They lack confidence and common sense...cannot multi task in times of crisis and have no concept of what it means when it comes to a busy period and you have to hustle and work instead of have lunch or get home for dinner an hour late. They would do well to become acquainted with the phrase "common things are common" Learn to start at the bottom and work up, use your senses and common sense.	10/30/2023 11:51 AM
46	Transition from schooling to practice is a steep learning curve. What is expected of veterinary medicine from clients now doesn't always translate from schooling.	10/30/2023 11:49 AM
47	There can be a lot of major changes including moving that make the first several months in practice a big adjustment. Personal support beyond just the practice itself would be helpful.	10/30/2023 10:03 AM
48	I think that new grads should have more surgical experience, particularly dentistry.	10/30/2023 9:39 AM
49	I feel that new graduates often feel that they lack mentorship and can struggle from transition from school to clinical practice	10/30/2023 9:10 AM
50	It can be a confusing time to establish yourself. Learning about your style of professionalism & just engaging in general medicine/surgery is tough enough. But I wish I had help navigating social constructs within practice. It was basically learn as you go. Nowadays perhaps websites & online support systems can be found.	10/30/2023 9:07 AM
51	We are seeing excellent progression with our new grads	10/30/2023 7:48 AM
52	When a new international graduate enters the clinical practice in Canada(Ontario or other province)- They should be give chance to attend voluntarily or paid internship under emergency vet- so that they can learn and build the confidence to stabilize the patient and know how to deal with clients and situations. This will not only help them to learn emergency skills which is very essential for the GP Vets as well. Also, as there are very less emergency Veterinary clinics if the GP vets are given emergency training - in Clinical setting as a part of Continuing education will helps us better to serve the society and decreasing case loads on the emergency Vets	10/30/2023 12:27 AM
53	mentorship: including case discussions/rounds, surgical assistance if needed	10/29/2023 11:00 PM
54	Better ability to keep the veterinarian if there is mentorship	10/29/2023 9:47 PM
55	More free or affordable CE related to procedures like surgery or dentistry	10/29/2023 9:20 PM
56	Direct Supervision is all it necessary for transition.	10/29/2023 8:45 PM
57	Practices provide variable degrees and quality of mentorship for new grads which is difficult for them to assess as they accept their first job	10/29/2023 8:03 PM
58	OVC does not provide educational resources or training for real-world scenarios, like cost-conscious clients, spay/neuter, or dentistry. Learning on-the-job is expected and there is a steep learning curve when "gold standard" options are not available (talking about money to clients). Running a business (practice ownership) also not addressed. Spectrum of care should be a part of veterinary training.	10/29/2023 6:44 PM
59	Not enough experienne or vonfindense	10/29/2023 5:44 PM
60	Needs more exposure	10/29/2023 5:34 PM
61	Mentoring is important but it takes time. Some practices do not commit to this important task. Each individual may need a different level and type of support.	10/29/2023 5:17 PM
62	As described above there are multiple areas where f growth for new graduates and this can be challenging and intimidating.	10/29/2023 4:33 PM
63	Being on call alone is biggest risk period for new grads and this scenario seldom occurs anymore.	10/29/2023 3:31 PM
64	To know the profession in depth	10/29/2023 3:17 PM
65	I think it is VERY dependent on the graduate & their previous experience/confident levels. Some new graduates required a lot of support. I personally had went to a non-accredited	10/29/2023 3:14 PM

## Entry to Practice Supports

school but spent many years working in Australia and the UK so did not find the transition difficult.

66	I don't know.	10/29/2023 2:06 PM
67	Many places say they offer mentorship but do not, or do not adequately or do not consider what the mentee considers mentorship.	10/29/2023 1:38 PM
68	they have abundant veterinary knowledge but usually no real world knowledge- or life experiences regarding the public's financial restrictions	10/29/2023 1:19 PM
69	It depends on the practice and the individual but new grads/foreign vets should be given a gradual transition with lots of support in order to prevent burn out	10/29/2023 12:44 PM
70	Too many clinics operate on high volume and pay piecemeal.....No time for extra help in those situations	10/29/2023 12:32 PM
71	Each practice has a different set of core values, work flows and sop's. Regardless of experience, it is important than any new team member be brought up to speed on these values as they are the foundation of managements expectations for the care clients and patients receive at our practice. This is especially challenging for new graduates or veterinarians transitioning into a different practice type. Not only do they need to embrace the core values of a new team , they are also practicing many skills (both soft and technical) for the first time. This takes time. Our job as team leads is to set expectations and lay out a frame work for success.	10/29/2023 12:03 PM
72	Depending on place of practice it may be difficult to mentor a new graduated due to amount of work that is already required. Having them more prepared would be ideal so that they are more confident coming out and don't have to be hand held.	10/29/2023 12:01 PM
73	Mostly new grads need extra time with mentors. Time to discuss cases and work things through. (and have questions answered!)	10/29/2023 11:44 AM
74	Hand on experience	10/29/2023 11:43 AM
75	Veterinary school does not well prepare students for practice. Also the regulatory environment is not stressed and the need to protect yourself from clients and CVO complaints are not stressed so record keeping is generally poor.	10/29/2023 9:46 AM
76	New grads have not had enough live animal surgery training and almost no dental training. The pressure on them is enormous. I believe that the start they get in practice dictates career satisfaction and helps to ease them into it with confidence. New graduates seem to come out of school extremely fearful to make mistakes or try something new and have a narrow window of confidence for scope of practice.	10/29/2023 9:21 AM
77	clinical decision making and client communication are tough for new graduates	10/29/2023 9:08 AM
78	I certainly benefited from having a supervisor/mentor present or within a call away when I first started. I believe OVC prepared me well academically, but working in the real world still required a significant adjustment.	10/29/2023 9:03 AM
79	It is a very challenging profession to be in and all the help that new grads can get is beneficial.	10/29/2023 9:02 AM
80	Any new vet should start in a multivet practice where he will have coworkers to ease the transition.	10/29/2023 8:00 AM
81	Depending on staff levels and available time of the other DVM's at the practice, mentorship can be variable from practice to practice or even from day to day.	10/29/2023 7:29 AM
82	Unlike human medicine newly graduated veterinarians have insufficient practical experience.	10/29/2023 7:16 AM
83	Don't know	10/29/2023 6:35 AM
84	more opportunities to make shadowing and to volunteer	10/28/2023 11:50 PM
85	Busy schedules place incredible demands on all veterinarians- we have to develop skills that are not expressly taught in school as well as practice those skills that are taught...as a new grad it can be overwhelming if practicing without support - client expectations are very high. To retain veterinarians and minimize burnout, support is crucial for our new grads	10/28/2023 10:17 PM
86	Yes, I believe that extra help is needed, depending on what each person needs. Establishing a	10/28/2023 10:09 PM

## Entry to Practice Supports

business or job in a foreign nation with unfamiliar rules can be challenging. Unaccredited students require expert assistance from the CVO, and we are prepared to develop ourselves and do our utmost to offer the patient better, higher-quality care. Time is of the essence, yet the early setup and preparation are crucial for establishing a lifetime career in the veterinary sector. A veterinarian will construct a very strong structure if CVO supports the development of fresh graduates with a solid foundation in the veterinary industry.

87	I think graduates are well prepared. I think practicing vets can make excellent mentors	10/28/2023 9:09 PM
88	Expand the externship program provided at the colleges for primarily large animals to all disciplines/ streams of veterinary medicine.	10/28/2023 8:58 PM
89	CVO should allow most of veterinary facilities with multiple vets to train these entry level vets so that: future shortage of vets is reduced vet facility directors are able to hire these new vets at various levels of skill sets we don't lose these entry level vets to neighbouring provinces and USA (many are running away because they think CVO is not going to help or guide them) Reduce the waiting period for BSE, NAVLE, PSE and CPE (we have seen more than 50 vets wasting their 3-4 years just waiting for test dates)	10/28/2023 8:25 PM
90	More mentorship and clinical experience	10/28/2023 8:19 PM
91	I feel that our current process suffices.	10/28/2023 8:15 PM
92	New grads aren't coming to their first job knowing or confident in all aspects of veterinary practice. If we want them to thrive long term they need to know they have support and resources they can go to if they feel overfaced	10/28/2023 8:04 PM
93	some exam to test knowledge or problem solving ability	10/28/2023 7:08 PM
94	Limited experience from school ESP in OR & dental	10/28/2023 6:40 PM
95	Becoming a new grad is VERY overwhelming and there are so many things you don't learn in school. Having support helps to make you feel more confident transitioning into the workforce and, I believe, decreases the risk of making mistakes.	10/28/2023 6:19 PM
96	Every country do things in a different way, and it is good to have someone by you, giving you tips and tricks on how things should be done	10/28/2023 6:13 PM
97	Really depends on the person	10/28/2023 5:04 PM
98	There are still some areas that individuals (whether graduated from North America or a non accredited university) to improve.	10/28/2023 4:30 PM
99	Supportive	10/28/2023 3:42 PM
100	More training	10/28/2023 3:38 PM
101	I think that the jump in medicine for foreign vets is extensive	10/28/2023 3:33 PM
102	I have found that veterinarians new to the profession have challenges with poor time management of cases, incomplete surgical skills and no experience in dentistry in companion animals. A number of the veterinarians I have worked with lack basic skills in surgery due the fact they are afforded only minimal exposure to live animal surgery at the undergraduate level. I feel the public is put at risk with new veterinarians who work in a practice where adequate mentorship and guidance is not given. We cannot assume that every veterinarian has the skills, knowledge or desire to mentor new veterinarians even though they may actively seek them out. Providing formal mentorship to new veterinarians will enhance public safety, improve the mental health of all veterinarians and will improve the public's impression of the veterinary profession as a whole.	10/28/2023 3:22 PM
103	The complexity of cases in veterinary medicine has increased over the years with specialty options becoming much more available and demanded by clients. Strong mentorship and supporting life long learning is essential in our profession	10/28/2023 3:17 PM
104	I think new graduates need support but that is unavoidable. I think streaming during veterinary training would probably be more helpful than requiring programs for new licencees. The profession is already overburdened and adding new requirements might not be helpful at this stage especially if they are not supported and funded.	10/28/2023 3:14 PM
105	different provinces have different rules regarding ancillary staff duties and training, referral	10/28/2023 3:11 PM

## Entry to Practice Supports

	options	
106	I believe all new graduates should be identified and asked about their comfort in starting a new role as a practitioner. If they require mentorship in that practice setting, it should be offered a part of the package of benefits to assure the public and the new practitioner is able to perform in this role.	10/28/2023 2:57 PM
107	New graduates are mentally ill prepared for practice. They need to prepare that not all clients will be happy with their performance. This is an opportunity to learn and improve.... Not to panic and run. There are also financial obligations that need to be satisfied to keep a hospital afloat. New grads need to better understand financial literacy and the challenges of running a practice. They need much more confidence in surgery and dentistry.	10/28/2023 2:55 PM
108	More supportive work environment, more checking in, meeting with a mentor	10/28/2023 2:50 PM
109	Most students are very fresh after finishing school, and don't necessarily undergo an internship.	10/28/2023 2:35 PM
110	I got thrown into the deep end when I graduated, despite promises of mentorship. There are some common, slightly difficult things that you just don't get to practice in vet school, like unblocking cats, and it really helps to have a mentor to help you with it.	10/28/2023 2:34 PM
111	I have noted that there is a very wide variation in skills and knowledge among foreign-trained vets and there is also the issue of cultural differences for some of them.	10/28/2023 2:03 PM
112	Evey clinic doesn't have enough resources to support new vet experiencing different kind of procedures. Or, proper approach to build a client relationships and sometimes deal with difficult clients.	10/28/2023 12:56 PM
113	There are not enough hospitals that provide the proper mentorship, guidance and one-one support for new veterinarians coming into the profession or integrating into the Canadian system of practice. There are various levels of support that is required, which needs to be custom tailored to the needs of the specific veterinarian. E.g - some veterinarians maybe excellent at surgery and other medical procedures however have challenges in the areas of client/ team communication and diagnostic interpretation. Other maybe great communicators but struggle with surgery and case management. An excellent "mentor and mentorship hospital" needs to identify those strengths and weaknesses; the veterinarian's goals and work with the veterinarian to build on it. Very few hospitals do this when they mentor these vets. So, it's not a means of providing as much mentorship as possible, its the type and quality of the mentorship that matters.	10/28/2023 12:53 PM
114	Medicine is practice differently in other countries, also the language barrier could lead to unwanted CVO complaints as there may be breakdowns in communication with the client	10/28/2023 12:40 PM
115	Even from accredited Canadian schools the confidence and competency varies. Some new grads lack the background in a clinical setting to be prepared for demands of on going appts, client communication, staff communication	10/28/2023 12:27 PM
116	Without experience it is difficult to put practical knowledge into action without the confidence to do so.	10/28/2023 11:40 AM
117	Support is not consistent among all practices, leaving some newly licensed veterinarians to learn on their own without support.	10/28/2023 11:05 AM
118	New graduates are not entering the industry with critical thinking, confidence or competence. - they are not comfortable OR unaware during their training that while "gold standard" is where we would like to operate from we often have to "downgrade" the diagnostics, treatment, management plan to suit the patient and family we are dealing with. - to often new grads rely on the ER Service as a pseudo specialist to manage cases they are no longer comfortable with - to often new grads (and maybe even some of the more seasoned DVMs) do not wish to take back patient care if it was managed through an ER facility	10/28/2023 10:58 AM
119	Extremely difficult to go from student to vet. The public is very distrusting of new vets. Wish I had more support in how to handle clients when they ask about my credentials	10/28/2023 10:41 AM
120	Nobody has enough time to properly mentor or support new vets.	10/28/2023 10:35 AM
121	More of on job experience	10/28/2023 10:30 AM
122	Safety , confidence , info and skills exchange	10/28/2023 10:16 AM

## Entry to Practice Supports

123	Every person needs a different form of mentorship. Each vet should seek what they need from their future place of employment as part of their compensation	10/28/2023 10:15 AM
124	I personally never received enough mentorship to build skills in surgery since I graduated and find my more recent practices have not had the time or interest in providing this to other new grads either	10/28/2023 10:13 AM
125	It depends on the person if additional supports (beyond those mentioned above) are necessary. Surgery, dentistry and hands on procedures are not practiced as much as would be ideal prior to entering practice.	10/28/2023 9:45 AM
126	communication and mentorship	10/28/2023 9:42 AM
127	Not everyone has the same level of training. As a medical board, your hopes are every vet is competent. In real life, many are not. This is not limited to medical knowledge. Even emotional intelligence and bedside manner can be lacking even with vets graduating at the top of their class.	10/28/2023 9:34 AM
128	More transparency on requirements of the CVO around euthanizing animals without an owner/when you cannot locate an owner, how to handle/who to call in situations of animal neglect/abuse (e.g. Police to take ownership?), who to call in the event of suspected rabies and rabies testing.	10/28/2023 9:24 AM
129	Mentorship, supervision and other supports are all that is necessary. It is in the best interests of the individual practice to support the new licensee so that they will succeed. Practices that do not support the new licensee will find they will not stay long. I have been shocked by how well prepared for practice new licensees are in the last several years.	10/28/2023 9:18 AM
130	Confidence (self perceived) in practicing vet medicine continues to be a concern with new grad hires, student interest in large animal medicine is great but often those who travel with our vets are very new to the field	10/28/2023 9:02 AM
131	Grads from CVO aren't prepared for real life	10/28/2023 9:00 AM
132	I find students are no longer well prepared in skills just book smart bit getting practical skills during curriculum	10/28/2023 8:46 AM
133	Mandatory transition program	10/28/2023 8:36 AM
134	Not really for veterinarians trained IN Canada / USA / UK - My experience has shown me that even the Caribbean Island-trained DVMs and those from Australia (who may be AVMA accredited) are not up to the same par of practice when starting. For International licensees, MORE needs to be done as there are a LOT of knowledge gaps. I realize the CVMA helps with this regarding the more extensive NAVLE but it is not enough. I recall when OVC used to participate in the	10/28/2023 8:35 AM
135	More structured mentorship. Many clinic advertise mentorship but what the new grad receives in reality is not always the support they need. At my hospital we do a longer transitioning on boarding so doctors have the opportunity to learn programs and protocols with support before they begin working rotations of their own.	10/28/2023 8:30 AM
136	They frequently lack practical knowledge and clinical reasoning	10/28/2023 8:03 AM
137	No new grad is able to competently perform a COHAT. No new grad is able to perform a herd health. No new grad can carry a full clinic case load.	10/28/2023 8:00 AM
138	More hands on training with surgery would be really helpful	10/28/2023 7:59 AM
139	The stakes are high in modern agriculture with large herds and complex problems. The new practitioner needs to have an in depth understanding of the production side of the in they serve. Their training is disease centric and they have to evolve into understanding the interactions of disease and production. Additionally, they need to learn to balance their role in food safety and production.	10/28/2023 7:33 AM
140	During placement they witness and gets opportunity for hand on some procedures to develop confidence.	10/28/2023 7:32 AM
141	Independent resources such as independent mentors not associated with the practice to give unbiased help and feedback about medicine and also cultural norms	10/28/2023 7:27 AM

## Entry to Practice Supports

142	There is a lot more to "real life" practice than you learn in school. I also find that students graduating from OVC in particular do not have enough training regarding client interactions especially in relation to costs. I also find some of the practical skills are lacking in OVC grads compared to those graduating from ACCREDITED international schools. On the other hand, I did also work with a vet from a non AVMA accredited school and the skill set and quality of medicine was severely lacking, despite the fact that they had been granted license to practice in Ontario. The quality of care is NOT up to standard, to the point that we had to let that vet go as patients were suffering and clients were transferring to other clinics.	10/28/2023 7:22 AM
143	Most early career veterinarians lack the emotional capacity to deal with the inevitable stressors encountered in veterinary medicine: self-care, client relationships, and leadership skills. As well, most clinicians are high achievers and they seek positive feedback and mentoring. Mentoring seems to be hit and miss in most practices. Coaching is providing an emotional bridge to help assist the transition in a new role as well as provide experiential mentoring in soft skills development.	10/28/2023 6:19 AM
144	Most new grads are unable to read and interpret plain radiographs. Most are frightened of handling difficult cases within our hospital setting, even with direct support from senior vets on shift with them. They prefer to refer everything away, even straight forward medical cases that can easily be handled in general practice.	10/28/2023 6:02 AM
145	CVO is an untrusted and unwelcome part of veterinarians lives. Ensure public safety but allow vets to achieve this themselves. Stop the overreach.	10/28/2023 5:18 AM
146	New graduates does not have any experience dealing with clients. They lack in confidence. I personally have not seen any difference in competence whether they are from accredited universities or non accredited universities. Fresh graduates are under so much pressure from regulatory bodies that it affect their practising capabilities and also causing lot of anxiety and stress leading to mental illness. I personally think fresh graduates should go for at least 2 year residency program before becoming fully licensed to practice on their own.	10/28/2023 4:12 AM
147	Vet school focuses too much on referral level medicine and is and has been since forever, not providing Day One competencies to new vets sufficiently. Moreover, many do not receive support as they go into practice and mentorship programs are often hospital orientations and there is little medical and emotional guidance.	10/28/2023 3:31 AM
148	They learn on the job	10/28/2023 2:06 AM
149	What is taught, or was taught when I was at OVC, didn't even come close to what you need to know in the real world. The Primary Care building was still pretty new when we were graduating so I would guess and hope that provides much more now. As an ER clinician, I was fortunate for my first position to be where there were seasoned ER clinicians who were willing to mentor. Because truly, a new grad has no business being in the ER. They don't have the skills. I've seen pets die because that person was out of their depth and that's wrong. Nobody's pet should die bc of a vet's lack of experience. But then again I believe you should have a minimum of 1 yr ER experience before you actually work in one. As to more general veterinarians, I still feel there's just too much new grads don't know. However I also feel that taking multiple species for 3 years is out of date. How are we ever going to rise to the level of human medicine treating multiple species? Other than the ER or specialists, in general practice, I personally feel you should be treating cats or dogs but not both. Human doctors go to school for twice as long for 1 species. We could be such better doctors if we focused on knowing everything about 1 species	10/28/2023 12:05 AM
150	Salary and lifestyle expectations are very high requiring associates to have a high level of competency to justify these demands. Lack of resilience requiring large degree of support to ensure mental health is managed. High owner expectations regarding level of service provided. More specialized care requiring significant knowledge base.	10/28/2023 12:04 AM
151	Over the past several years I have seen a concerning and significant decline in the skills and confidence of new graduates from OVC. They are often fearful in their judgement and in performing basic surgery including spays and neuters. They seem to have good book knowledge, but are not ready to put their skills to work as a full time vet or as a veterinarian that the public pays for. They need mentoring and time to adjust.	10/27/2023 11:23 PM
152	Working along side a more experienced vet is amazing support to have - we are never finished learning but at some point you've just got to jump in and then ask for help when needed	10/27/2023 11:19 PM
153	Each experience is unique and many challenges cannot be predicted. More support would	10/27/2023 11:07 PM

## Entry to Practice Supports

	increase new grad confidence sooner	
154	Challenging cases or unusual presentations can be difficult to manage for a new grad, and having an experienced mentor can be critical for navigating these sorts of cases successfully (especially when seeing something for the first time)	10/27/2023 10:38 PM
155	New grads are well educated Having an experienced vet for support works well	10/27/2023 10:18 PM
156	Education from most international universities is equivalent to that of Canadian ones. There is no transition when you are well prepared. If we are doubting them, we should re evaluate the education programs.	10/27/2023 10:13 PM
157	Practicing in real life is a bit different from only studying. Learning how to communicate and interact with clients are very important	10/27/2023 10:09 PM
158	Skills needed to provide positive client -veterinarian interaction lacking in many new graduates	10/27/2023 9:55 PM
159	To gain clinical skills	10/27/2023 9:55 PM
160	In my current hospital they are very supportive so more consideration is not necessary	10/27/2023 9:46 PM
161	I suppose having a transition period that prepares newly licensed veterinarians for their career through in-practice-based workshops like patient record keeping, referrals, client-patient relationship challenges, etc will bring a lot of benefits to us and would be helpful for our professional development	10/27/2023 9:37 PM
162	Anecdotaly, we hear of situations in practice in which newly-graduated veterinarians have been faced with challenging cases for which they were not adequately prepared. This puts animals at risk, fails to serve clients well, and leads to disillusionment with the profession.	10/27/2023 9:33 PM
163	Some practices lacks mentoring	10/27/2023 9:32 PM
164	Quite frankly new graduates even from Canadian Universities are not prepared to enter the workforce and are incompetent, and those veterinarians who were not trained at a Canadian, American, or British vet school that is AVMA accredited are even less qualified to practice medicine in Canada. You cannot be expected to be remotely competent as a small animal veterinarian after 4 years of school when you are required to know all the large animal medicine as well. What we do is we graduate vets that are not good at large and small medicine, instead of vets that are somewhat competent at at least either small or large animal medicine. I think we need to look to the human medicine world, where even if you want to be a Family Doctor you still need to complete a residency, im not saying we need a 3 year residency, but we need some bridge, because unless you end up at a good practice in Ontario that practices good quality medicine and has good mentorship (as a referral practice I am privy to the endless amount of horrible general practice incompetent medicine that gets referred to us) I can tell you that those vets will learn bad habits and will become bad vets. There needs to be more specific training for vets entering general practice from vet school, and I haven't even touched on the vets that come from non-accredited international school.	10/27/2023 9:31 PM
165	Preparation in school to be mentally ready to make decisions without all possible information being available (e.g. due to financial restraints)	10/27/2023 9:30 PM
166	First small animal practice I was frequently alone in the clinic - could access my boss via phone/text but didn't always receive an answer right away. Having a team approach to cases and a second set of eyes for X-rays etc. would have made a big difference	10/27/2023 9:14 PM
167	Vet school clinical years in AVMA accredited facilities lack appropriate clinical training for a proficient day 1 veterinarian.	10/27/2023 9:13 PM
168	being mentored by an experienced veterinarian is crucial to developing confidence in skills	10/27/2023 9:09 PM
169	Foreign trained grads need lots of mentorship. Many only find jobs doing surgeries at spay/neuter and when they get licensed they are still very green. It would be good for them to be able to train at a school, similar to doing a compressed 4th year.	10/27/2023 9:08 PM
170	Mentorship and training	10/27/2023 9:00 PM
171	We are very busy at our clinic and lack time to properly supervise a new graduate for appointments, especially sick animals.	10/27/2023 8:57 PM
172	.	10/27/2023 8:34 PM

## Entry to Practice Supports

173	More mentorship, support for new surgeries	10/27/2023 8:25 PM
174	Although I have not had personal experience with the new graduates...colleagues share their 1st hand experiences. New graduates often lack confidence, client interpersonal skills, often lack an understanding of what general practice is going to throw their way. Most importantly seem very adverse to providing care with out the validation of test results in cases where client are unable to afford diagnostics. A fear of assuming risk both in surgery and medicine makes them stressed inhibits their smooth integration into practice. From what I have heard from students, the fear of risk seems to be seeded in vet school itself.	10/27/2023 8:25 PM
175	At present the degree of assistance depends entirely on the practice where they are hired In most cases I would expect there is at least some degree of mentorship but have also talked to new grads who got virtually none	10/27/2023 8:18 PM
176	New grads are not educated to standards I consider should exist . In general they can't do surgery and need significant hand holding	10/27/2023 8:16 PM
177	Clinical practice, mentorship and surgical skills in close co-ordination with a practicing experienced veterinarian would have been invaluable to my learning, confidence and communication skills.	10/27/2023 8:16 PM
178	There is so much to learn after leaving vet school that it is impossible to practice confidently, safely, and effectively without mentorship.	10/27/2023 8:03 PM
179	many of these individual are not used to the pet owners expectation in Canada and even within different part of province, veterinarians will also provide services with different practicing styles.	10/27/2023 7:53 PM
180	At some point, new grads have to lean on their training and make the leap. I feel that too much babysitting and hand holding leads to doctors who have difficulty making decisions or trusting themselves diagnostically. They are doctors and should be expected to act as such.	10/27/2023 7:40 PM
181	Mentorship is enough	10/27/2023 7:39 PM
182	International veterinarians, even having passed NAVLE, still have a huge hurdle to reach clinical competency. It places an enormous burden on their mentors.	10/27/2023 7:37 PM
183	I hired 2 recent vets in 2019 and they both very good in medicine and surgery and client relations I had minimal mentorship as I transitioned out of practice	10/27/2023 7:37 PM
184	mentorship	10/27/2023 7:35 PM
185	For new Canadian graduates, additional time shadowing veterinarians in practice, specifically surgical training and management of common medical conditions encountered in general practice. More rigorous evaluation of foreign trained veterinarians seeking licensure in Canada. The criteria that must be met for licensure should be higher.	10/27/2023 7:34 PM
186	There is a divide between "real world" application of veterinary medicine and the theory and practical provided by even the most esteemed DVM program. The support of experienced practitioners in this transition period can be crucial.	10/27/2023 7:34 PM
187	To be familiar with high standards	10/27/2023 7:33 PM
188	Transition from school into practice was drastic with little continued support and mentorship . Relied heavily on online resources .	10/27/2023 7:31 PM
189	Having a good mentor for your first year out makes ALL the difference. I have seen countless people without a designated mentor completely flounder straight out of school. I had an amazing mentor and had such a wonderful seamless transition. I feel that a designated mentor, someone who LIKES teaching, should be mandatory for every single new graduate.	10/27/2023 7:30 PM
190	They should have to do an externship if they are from another country	10/27/2023 7:25 PM
191	I think the practice owner who accepts the candidate is required to provide support	10/27/2023 7:23 PM
192	The education at OVC lacks expertise in many areas of speciality including dermatology , a huge part of clinical practice and now ophthalmology. Students have to seek outside of OVC education and experience	10/27/2023 7:19 PM
193	They really need to do a short internship for the first 3 months under direct observation of an experienced vet without the need to generate revenue themselves.	10/27/2023 7:15 PM

## Entry to Practice Supports

194	some clinical orientation is needed, like some work shops etc.	10/27/2023 7:09 PM
195	Confidence can be an issue and the fare of litigation and complaints	10/27/2023 6:53 PM
196	Not enough relevant training during DVM degree. Increasing amount of knowledge and higher standard of care required in clinical practice	10/27/2023 6:51 PM
197	New grads lack practical experience (as they always have) but are expected to practice at a higher level all the time. They not only need help with initial and novel presentations, but also managing people (both staff and clients)	10/27/2023 6:50 PM
198	I have talked to new grads. Many are insecure about making a final decision as to a diagnosis or treatment. Some have come from clients who transferred to my clinic because they were unsure of the doctor' dx who saw pet and didn't/ couldn't provide a direction of care.	10/27/2023 6:45 PM
199	I remember when I entered practice that I felt unprepared to deal with medicine in "the real world".	10/27/2023 6:44 PM
200	Various on hand training in Ontario.	10/27/2023 6:44 PM
201	some people are not sure of their skills coming out. Some have had a lot of experience (say on a farm). this is much less so in this day and age.	10/27/2023 6:39 PM
202	I think clear goals and plans would help	10/27/2023 6:34 PM
203	New veterinarians from other jurisdictions should have a specific program that reviews current Ontario standards of practice.	10/27/2023 6:30 PM
204	I think with good support a new grad can become a productive and effective practitioner within 6 months	10/27/2023 6:28 PM
205	Because practice makes practice	10/27/2023 6:27 PM
206	Degree does not provide sufficient experience in either diagnostic medicine or in surgery	10/27/2023 6:24 PM
207	Most grads feel like they have a lot of "book knowledge", but not practical skills	10/27/2023 6:20 PM
208	I think that the vet schools are doing a very poor job of prepping new grads for real practice.	10/27/2023 6:08 PM
209	vets with language barriers and differing veterinary standards in different countries require support from a local Canadian vet.	10/27/2023 5:58 PM
210	N/a	10/27/2023 5:50 PM
211	Entering practice is extremely challenging at the best of times. Currently, when practices are busy beyond capacity, it can be mentally, physically, and emotionally exhausting. As a very experienced practitioner, it can sometimes be too stressful, so veterinarians lacking experience in practice, struggling with confidence, and the additional challenge of changing jurisdictions or countries must be brutal. If we are to encourage more veterinarians to practice in Ontario, we need to support them. Unfortunately, many practice owners and their experienced associates are stretched beyond the capacity to offer adequate mentorship. I wish I had suggestions, but appreciate the CVO for their efforts!	10/27/2023 5:50 PM
212	New grads are commanding more remuneration and more mentoring than ever before. This costs the practice both time of the second mentoring vet and the cost of the new graduate, without any long time loyalty.	10/27/2023 5:49 PM
213	not enough time in the day to both supervise AND look after the needs of clients which are growing all the time. Students should be graduating less fearful and with more hands on experience.	10/27/2023 5:41 PM
214	Motivated people with a desire to enter veterinary medicine make it happen and they become ideal practitioners	10/27/2023 5:36 PM
215	New graduates seem to find the first year of practice overwhelming and "scary". Some sort of transition may alleviate this.	10/27/2023 5:35 PM
216	Communication Practice skills	10/27/2023 5:34 PM
217	N/a	10/27/2023 5:29 PM

## Entry to Practice Supports

218	Canadian vet schools do a reasonable job in training new vets. The foreign trained vets are often incompetent and no amount of mentoring will replace their poor education.	10/27/2023 5:16 PM
219	It is hard to enter into a new culture	10/27/2023 5:15 PM
220	Talking to students coming through our practice and through other avenues, they do not always feel supported.	10/27/2023 5:15 PM
221	Not enough technical skills taught in university.	10/27/2023 5:12 PM
222	Was at a meeting and was told new graduates cannot do surgery.	10/27/2023 5:10 PM
223	There is a regression in the preparedness of the new DVM grad as time goes on.	10/27/2023 5:10 PM
224	I find it SHOCKING that there still isn't a proper curriculum for dental training in small animal practice at accredited North American schools. This goes for schools training technicians as well. The standards for what is expected of veterinarians to be competent in small animal general practice has come a long way in the last 10-20 years....and yet education in this area is basically zero. I am a competent GP dental small animal practitioner and even new grads are completely ill equipped to properly assess, diagnose and make treatment plans for dental patients. Pretty much every patient over 6mo has dental disease and yet there is no education on dentistry. It makes no sense. What that means for the uneducated public is they ASSUME we all have the same basic competency in this area but that is so far from the truth. To me it is completely unethical for our profession to keep going on like we're all equally competent in this area when it is VERY clear that we are not. The CVO is complicit in this as well. All facilities offering dental services should be REQUIRED to have dental xray units and BE REQUIRED to take xrays FOR ANY PATIENT that is receiving dental care. Would you allow a practitioner to perform orthopedic surgery on a patient that hasn't received some sort of imaging prior. Absolutely not. So why is this ok in the mouth? It's not! Dentistry is basically a subset of orthopedic surgery! Groomers offering teeth cleaning services and pulling teeth? Apparently ok based on the most recent decisions by the CVO! Well I mean I guess it should be because we are graduating veterinarians with the same competency in dental health as a groomer - absolutely zero knowledge! So why the heck not. Your mandate is to protect the public in accessing safe veterinary care for their pets. You are failing completely in the area of small animal dentistry. Do better.	10/27/2023 5:04 PM
225	I have seen medical records from some individuals new to Veterinary Medicine in Canada in which I seriously question their medical knowledge and decision making ( missing simple diagnoses, poor choice of drug dosing, lack of knowledge on preventive medicine etc)	10/27/2023 4:59 PM
226	Individual (either new graduate or graduate from non AVMA-COE, like myself) would be greatly benefited from mentorship or related program to help transitioning into unique Canadian practices	10/27/2023 4:58 PM
227	The veterinary education standards vary significantly from country to country. Even within AVMA accredited schools there are differences. It comes to how the practice policy is. However, some differences are totally acceptable.	10/27/2023 4:52 PM
228	Yes but it depends on the supports already provided by the clinic being worked at. Being a new graduate asked to work solo in a practice seems completely unreasonable, so in a case like that some type of support is needed to prevent such a situation	10/27/2023 4:50 PM
229	Success in entering practice fully depends on if you are able to find someone to offer mentorship as well as who your mentor is. Everyone says they will mentor new grads, few are willing to mentor internationally trained vets (in my experience). This leaves a lot of people in the lurch. We need better formal supports	10/27/2023 4:49 PM
230	Insufficient surgical and clinical experience. Need for life coaching to optimize mental health	10/27/2023 4:43 PM
231	Transitioning into practice is difficult. Having to make decisions about case management can be very stressful for a new graduate and can impact mental health negatively.	10/27/2023 4:40 PM
232	Veterinary school does not prepare you adequately for entering private practice. A lot of mentorship is required during the first 3-5 years after graduation.	10/27/2023 4:37 PM
233	I'm not sure newly graduated vets are qualified to engage with the public in many areas of medicine and surgery	10/27/2023 4:34 PM
234	You do not learn how to practice until you leave veterinary school. Mentorship and supervision	10/27/2023 4:30 PM

## Entry to Practice Supports

is required to keep new vets from burning out and quitting. They can't feel alone.

235	Mental health resilience. DVMs make mistakes. We must normalize this, and the CVO needs to support veterinarians that get complaints by providing, for instance, mentor support and a clear, transparent path for the complaint, including what the DVM needs to do and the timelines involved. This works to decrease anxiety.	10/27/2023 4:29 PM
236	Steep learning curve in er and specialty clinic	10/27/2023 4:27 PM
237	Thy are very unprepared as to what actually happens at a clinic. More opportunities to observe and work in a clinic at a younger age.	10/27/2023 4:22 PM
238	It is a very overwhelming transition for the new graduate and the other veterinarians in the practice. Having external supports and funding for testing to build case confidence.	10/27/2023 4:18 PM
239	Much of the training gets left to other staff (ie. myself) as there is no formalized training program or mentorship program	10/27/2023 4:16 PM
240	Just as human medicine requires additional training (ie. residency and fellowship). This should also be a requirement in veterinary medicine. Expecting new graduates to work and perform surgery immediately out of school (particularly with covid affected education) is unrealistic and dangerous. Additionally, learning from experienced doctors makes for more confident, better rounded veterinarians.	10/27/2023 4:11 PM
241	New graduates need moral support for clinical confidence/ expertise.	10/27/2023 4:11 PM
242	Foreign train veterinarians, have a huge learning curve in comparison to other newly licensed veterinarians, and need to be supervised more closely. Sometimes cultural differences do not allow the new veterinarian to accept mentorship easily.	10/27/2023 4:03 PM
243	Most new grads don't have the experience to handle everything on their own.	10/27/2023 4:00 PM
244	Not sure what else can be added. Part of it is just getting out there and doing the work.	10/27/2023 3:59 PM
245	I find that most of the role of mentoring and supervision falls on very few individuals. Many colleagues avoid the responsibility of mentoring. Many are fearful of negative repercussions to themselves from errors that the Mentee May make. Additionally, very few younger colleagues see mentoring the ones that come after them as a professional duty. Rather they see it as an option. And many times as a burden which they would rather not assume.	10/27/2023 3:52 PM
246	At least when I graduated there were not enough opportunities to practice skills in school	10/27/2023 3:52 PM
247	See above - dental training is often lecture only and on topics that aren't applicable to GP practice (are more specialty topics). No practical training is given. None have done lumpectomies, cystotomies, foreign body surgeries. Often experience is limited to one or two spay/neuters.	10/27/2023 3:51 PM
248	adfdf	10/27/2023 3:48 PM
249	mentorship and getting into practicing slowly helps	10/27/2023 3:43 PM
250	Lack of guidelines and time for mentoring	10/27/2023 3:34 PM
251	As a specialist, I consult with vets of all career stages and I seem to hear the same complaints from new grads and that is the curriculum does not provide adequate training for issues like how to communicate with clients effectively and how to select appropriate test for work-up	10/27/2023 3:24 PM
252	There is a huge gap between training in school and application of skills in clinic. However the gap can be filled with in clinic mentorship for Canadian trained graduates.	10/27/2023 3:24 PM
253	Any supports are entirely based on availability and good will of practice ownership/management. In my own experience, I was given no mentorship and expected to find my way from day one, with only corrections provided when needed	10/27/2023 3:22 PM
254	Although i have described a relatively progressive situation, this is not the norm when discussing employment situations with new graduates or speaking with prior students, interns or residents.	10/27/2023 3:20 PM
255	I think similar to other professions having more time with a practicing vet ie like an externship, but not as long as in internship ie 6 months would help ease into the realities of practice but	10/27/2023 3:19 PM

## Entry to Practice Supports

take away some of the stress.

256	- theoretical knowledge is one thing that most students have but clinical hands on experience and ability to communicate with clients is lacking in many new and recent graduates. Communication skills more than anything.	10/27/2023 3:19 PM
257	The individual I mentor is very knowledgeable, but lacks practical experience in surgical and dental procedures. Some of this is the effect of COVID control measures.	10/27/2023 3:10 PM
258	support for dealing with angry clients and managerial issues are not always provided.	10/27/2023 3:07 PM
259	Huge learning curve for those directly out of school who have not done an internship. Mentorship and training is critical	10/27/2023 3:05 PM
260	Too many places do not offer proper support for new grads and just let learn trial by fire and then we get the new grads burned out or scared from a bad experience and they leave the practice world for something else. Or we get foreign vets that are hard to understand and they ask other foreign vets for advice instead of local vets that are more familiar with what is more likely in the location they are working in.	10/27/2023 3:04 PM
261	It's is not possible for veterinarians to teach what should have been taught in 4 years of school on the fly when work needs to be done and we expect a vet can work through cases.	10/27/2023 3:04 PM
262	I think transitioning into practice from graduating vet school can be scary. I completed a rotating internship upon graduation vet school and personally, I feel this should be mandatory for EVERY graduating veterinarian in Canada. It's mandatory for all family physicians. I learned alot in that year, how to manage critical patients, patients that most GPs are not comfortable managing or don't know how and I feel much more confident after completing my internship.	10/27/2023 3:03 PM
263	practice much different than academia	10/27/2023 3:03 PM
264	Work with national animal health competent author and international trade is not always a part of veterinary curriculum and much learning is gained on the job. Veterinary schools do not always include the sub-category of regulatory medicine in their syllabus very much, if at all.	10/27/2023 3:02 PM
265	New grads and new Canadian veterinarians need support. Clinical oversight is a necessary especially in the first year.	10/27/2023 3:00 PM
266	I have seen so many younger veterinarians enter the profession and experience strong emotional suffering because of worry about the care they are providing. However I have only rarely observed veterinarians in these emotional situations actually make serious clinical judgement errors. I do believe that we lose clinical veterinarians because of the lack of hands-on clinical training before they take on roles working as a full fledged veterinarians.	10/27/2023 2:59 PM
267	new graduates require mentorship to further develop their clinical, practical and communication skills.	10/27/2023 2:57 PM
268	I think new grads are not equipped to manage the caseloads or the communication pieces necessary to meet the needs of full time associate positions in veterinary practice. Perhaps the need to have an identified mentor in their first job and have a number of supervised hours before being eligible for full licenses just as international vets do	10/27/2023 2:57 PM
269	Those vets trained abroad should need practical training in an established vet clinic.	10/27/2023 2:56 PM
270	There is a strong need for new Veterinarians to have strong coping skills beyond those needed for Veterinary services so as to be able to deal with the day to day clinical practice stresses.	10/27/2023 2:48 PM
271	Vv	10/27/2023 2:46 PM
272	New grads are well versed on how to practice in the perfect world not the real world & find it difficult to deal with clients	10/27/2023 2:45 PM
273	The College should stay away from impeding transition. The College's history shows a high skill set at hurting veterinarians and causing terrifying regulation, but no skill at being helpful. Any supports would have to be arms-length from the College, because the College has worked hard to show that they cannot be trusted to be helpful and will use information AGAINST veterinarians.	10/27/2023 2:43 PM
274	the breadth of knowledge and confidence required and expected by owners are higher than they were 10 years ago	10/27/2023 2:42 PM

## Entry to Practice Supports

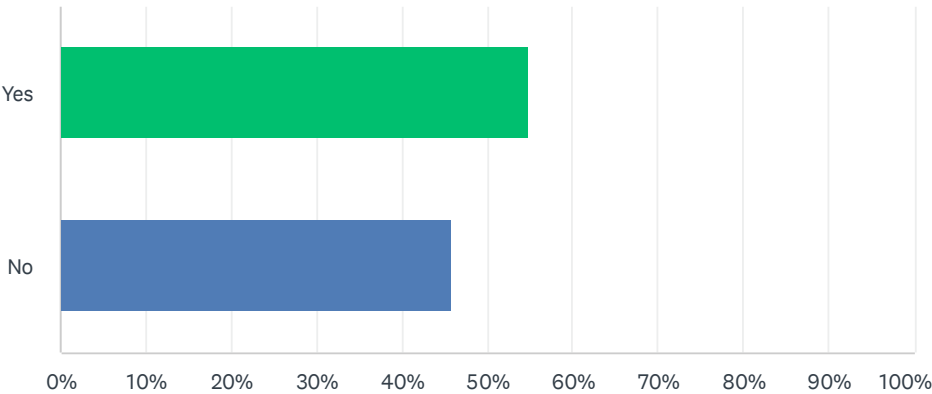
275	Many foreign trained professionals need additional training and skills to be ready to practice in Canada	10/27/2023 2:42 PM
276	N/A	10/27/2023 2:42 PM
277	Vet med is a very challenging field. There are many facets to practice beyond head knowledge. Communication. Life balance. Dealing with all sorts of clients.	10/27/2023 2:41 PM
278	a new veterinarian is armed with knowledge, but may be less confident in the clinical application of this knowledge, or the cultural and economic environment the care is being delivered. It is critical that they receive the support needed for a soft landing and should not be left alone to sink or swim.	10/27/2023 2:40 PM
279	school does not adequately prepare new grads in terms of technical or surgical skills, these skills must be developed in the workplace	10/27/2023 2:40 PM
280	I believe a mentorship program is essential	10/27/2023 2:38 PM
281	Many newer grads are reluctant to perform surgery	10/27/2023 2:36 PM
282	Lack of real life, day to day experiences at school. No further live surgical patients at school.	10/27/2023 2:32 PM
283	There is no one size fits all support for new graduates or international veterinarians. Large variability in skills. Key is to give each individual opportunity to have guidance. Some need a lot some need very little	10/27/2023 2:28 PM
284	Organized mentorship programs with set goals throughout first year of practice. Expectation discussions of skills and case management	10/27/2023 2:28 PM
285	It's too variable and unregulated	10/27/2023 2:27 PM
286	Associates are too busy to be training and supporting these individuals Also the pressure from corporate owned practices to hit targets makes it hard to dedicate time to these veterinarians as we are penalized for taking time to mentor them	10/27/2023 2:27 PM
287	externships should provide much more teaching, especially in the surgical realm	10/27/2023 2:27 PM
288	There is a huge gap practical learning gap between the final year of veterinary school and clinical practice.	10/27/2023 2:26 PM
289	Familiarizing themselves with record keeping systems and client frustration in general and specialty practice	10/27/2023 2:25 PM
290	With good long term mentorship Veterinarians can adapt well to practice	10/27/2023 2:25 PM
291	Mentorship and supervision required for new vets	10/27/2023 2:24 PM
292	So many vets are too nervous to do surgery, and don't want to work anywhere but huge multi dr hospitals as they are not confident to see cases	10/27/2023 2:24 PM
293	I felt completely unprepared for practice when I graduated	10/27/2023 2:24 PM
294	New graduates are simply not up to standards needed. Even from OVC - the new graduates I've seen are woefully unprepared. Particularly in dentistry and dermatology. It is difficult to understand why - in 2 of the most common areas of complaint - these things are not trained for at OVC.	10/27/2023 2:23 PM
295	Lack of hands on skills	10/27/2023 2:22 PM
296	I did a veterinary internship after practice and thank god I did.. It prepared me to actually be a good vet!	10/27/2023 2:20 PM
297	Do not feel that those graduating seem to have knowledge in certain areas - i.e. dentistry; as a whole, we are too busy most times to mentor	10/27/2023 2:20 PM
298	The corporation I am currently involved with takes great consideration in the on boarding process of all staff- not just DVMs.	10/27/2023 2:20 PM
299	It is up to the hiring vet	10/27/2023 2:20 PM
300	Surgery training.	10/27/2023 2:19 PM

## Entry to Practice Supports

301	Mentorship especially for a new grad Vet or foreign trained Vet is very helpful for boosting moral and for small areas of improvement- clinical and surgical skills.	10/27/2023 2:19 PM
302	To help them acclimate to practice.	10/27/2023 2:18 PM
303	Vets are well prepared through vet school or previous international experience for practice	10/27/2023 2:18 PM
304	Despite us setting up lots of mentorship - our new grads don't want to put in the extra time in their own to study and learn outside the work environment I'm all for work life balance but when you don't have the knowledge or skills that come with experience they need to be prepared to put in some extra time at the beginning	10/27/2023 2:17 PM
305	They should know how the practice works here, what kind of equipments are used in Ontario	10/27/2023 2:16 PM
306	Need to help build confidence Establish a support system	10/27/2023 2:16 PM
307	Current new grads are better equipped than ever before and are quite vocal about their needs as new grads.	10/27/2023 2:14 PM
308	I feel that it is the job of practice owners to provide this support and if they wish to hire someone, they should be spending the time to invest in their new graduates. The best practice owners provide mentorship and should be encouraged to do so rather than relying or expecting this to be done by someone else.	10/27/2023 2:14 PM
309	The locals should have more tolerance for the international vets.	10/27/2023 2:14 PM
310	Communication skills need work	10/27/2023 2:14 PM
311	Everyone can use help. It is an overwhelming, lonely job as it is.	10/27/2023 2:11 PM
312	Individually dependent	10/27/2023 2:11 PM
313	paid placements (government funded due to shortage or having wage subsidies in place to help) should be in affect to help transition new graduates or graduates from a different country.	10/27/2023 2:09 PM
314	The profession is drowning right now and starting as a new vet is likely trumatizing	10/27/2023 2:08 PM
315	They struggle to provide a good standard of care without mentorship	10/27/2023 2:08 PM
316	Mentorship is critical to develop confidence particularly in large animal	10/27/2023 2:07 PM

Q10 Do you think the College should have a required program for new licensees? (i.e. mandatory transition program)?

Answered: 316    Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	54.75%	173
No	45.89%	145
Total Respondents: 316		

## Q11 If yes, what do you think the program should include?

Answered: 197 Skipped: 119

#	RESPONSES	DATE
1	At least 6 months of placement in various settings (ideally in privately owned or corporate practices), a placement of up to 6 months duration (could be 2 - 3 practices) of one on one training to gain confidence.	11/6/2023 4:26 PM
2	Exams	11/5/2023 8:51 PM
3	Intensive training for the basics, how to deal with the clients , what is expected from the new lincensees , and clear sources or curriculum for that	11/4/2023 11:29 PM
4	More skill based learning	11/4/2023 2:20 PM
5	Something like England's Vet GDP programme would be good.	11/4/2023 1:57 PM
6	Ensure that a mentor is available either at their home clinic or an outside volunteer	11/3/2023 5:58 PM
7	It's depends on individual needs, some doesn't need it at all - some internationally trained do not need. It will be just burden	11/3/2023 4:28 PM
8	It does not need to be an expense all inclusive program but something short should be set up to make cvo policies more clear and straight forward...they really are not. We had an international vet recently trying to take the cvo exam asking us an exam question... we gave her 3 different answers..and one of our vets is a new grad... so needless to say this unclear enough for vets from here nevermind out of country.	11/3/2023 11:17 AM
9	n/a	11/3/2023 10:21 AM
10	Would depend on type of licensees and if there is any type of language barrier	11/3/2023 9:49 AM
11	.	11/2/2023 10:11 PM
12	Communication, hands on technical skills such as catheter placement, surgery etc, dentistry, resilience and managing stress.	11/2/2023 8:43 PM
13	Additional training for foreign-trained vets	11/2/2023 7:25 PM
14	At least 4 years of intensive training in clinical practice for internationally trained individuals. I find their training is well below the standard of Canadian vet medicine.	11/2/2023 11:41 AM
15	A review of standards of practice, common medical conditions seen in Ontario common drugs available.	11/2/2023 10:55 AM
16	Surgery experience	11/2/2023 10:48 AM
17	N/A	11/1/2023 6:55 PM
18	Universities should be preparing students with more hands on experience BEFORE a they transition to practice.	11/1/2023 6:40 PM
19	Communication, diagnostic, surgical skills.	10/31/2023 8:06 PM
20	Paid placement at a practice (ie the practice should be PAID to host the new grad rather than having to pay them when they are useless)	10/31/2023 6:33 PM
21	An internship in general practice and surgery. They should be mentored and have a high case volume. Dentistry classes and mentoring should be mandatory	10/31/2023 1:07 PM
22	Should be optional	10/31/2023 11:47 AM
23	Mentorship/supervision for at least a year especially if from non us/Canadian school	10/31/2023 8:25 AM
24	A mandatory transition program might be nice but if you are experienced it would seem an extra balast.	10/30/2023 10:02 PM

## Entry to Practice Supports

25	Medical and surgical skills Mentors	10/30/2023 5:08 PM
26	possibly an internship or structured mentoring program	10/30/2023 4:57 PM
27	Some level of supervised practice, such as working with a mentor(s) to do appointments and surgery. Slowly increasing the demand and pace over weeks to months with less supervision and help. Example one week shadowing only to get to see the clinic system s and software. One month mixed solo appointments (longer time duration like 45-60 minutes) and shadowing where they can talk to senior vet about cases through the day and have surgery with another vet present or available. Then another 1-2 months of higher case load, shorter appointments times, less support.	10/30/2023 3:37 PM
28	A detailed comparison of the curriculum in Canadian vet colleges vs other degree programs for vets outside of Canada. I went to OVC and believe I had a stellar education. I am very grateful for it and believe my education was better than the program offered today.	10/30/2023 3:02 PM
29	A graduated licensing program. Perhaps require a number of hours of surgery cases, dental cases, medical cases and preventative care cases that need to be under supervision and reviewed by a veterinarian before having full licensure.	10/30/2023 1:24 PM
30	I feel the program should apply to the mentoring clinicians; if they agree to hire a new veterinarian, there should be some accountability for both the new clinician and senior mentor to communicate regularly. Many new clinicians are promised mentorship but are not provided adequate supervision/support. This may reduce the risk of undue stress on new clinicians and may increase their likelihood of remaining in practice/the profession	10/30/2023 1:01 PM
31	In clinic on the job evaluation....not at OVC....because that's where the problem starts...in a clinic where they have planned to spend their working life.	10/30/2023 11:51 AM
32	Something similar to internships in human medicine. Surgery is a big one as there are discrepancies between what is expected and how much hands on experience each individual is able to obtain.	10/30/2023 11:49 AM
33	I think this is more important for foreign trained veterinarians vs those trained in NA.	10/30/2023 9:39 AM
34	Just licensing basics, practice oversight/inspection rules, awareness fee guide availability & what to pay employees	10/30/2023 9:07 AM
35	It should be available free of cost, as the new vet graduate has already incurred a huge money on their studies . It should be based on the interest of the New license vet - which field they want to choose (Say companion animal or large or exotic)and they should be given training for that particular stream that will save the cost and will be more efficient.	10/30/2023 12:27 AM
36	No	10/29/2023 9:20 PM
37	Surgery practice, communication skills , notes writing	10/29/2023 8:45 PM
38	Required check ins to assess how the new grad is doing as they start practice and access to support/ mentorship as needed - some will need more than others so flexibility would be important	10/29/2023 8:03 PM
39	No, this should be the responsibility of the educational facility, not the governing board.	10/29/2023 6:44 PM
40	Need more neef beyter client vomunicationvongidence	10/29/2023 5:44 PM
41	More volunteering work at all levels	10/29/2023 5:34 PM
42	Would be nice but difficult and costly to implement. Good guidelines for how to support new vets would be helpful. Could be part of the clinic inspection. Ie: See this video on supporting new veterinarians. At least that could be a starting point.	10/29/2023 5:17 PM
43	Mentorship with experienced vet.	10/29/2023 3:17 PM
44	I think it should be dependent on the veterinarian & whether they wish to be involved in the program - alternatively requirement could be based on feedback from mentors/medical directors	10/29/2023 3:14 PM
45	roll playing with complicated situations..	10/29/2023 1:19 PM
46	MUCH MORE ELECTIVE SURGERY TRAINING and dentals	10/29/2023 12:44 PM

## Entry to Practice Supports

47	N/A	10/29/2023 12:32 PM
48	Although I don't think it should necessarily be mandatory I do think that the Peer Advisory Conversation would be an excellent tool for new graduates. As a practitioner of 15 years I benefited from it greatly. When I graduated I opted to do a rotating internship as I felt that it was the best way to ensure that I had high quality mentorship in my first year of practice. Access to a program like the Peer Advisory Conversation would provide a similar alternative for transitioning veterinarians.	10/29/2023 12:03 PM
49	Have them do a rotation at a clinic and have them assessed by veterinarians at practice which basically would state they are ok to practice or still require additional training.	10/29/2023 12:01 PM
50	Dermatology, surgery, dentistry, emergency medicine	10/29/2023 9:21 AM
51	3-6 month supervised mentorship with checklist of proficiencies - this could contribute to mentorship culture and improve new grads experience	10/29/2023 9:08 AM
52	I think a program for new and foreign vets would certainly be beneficial from a new vet and client perspective (in terms of meeting minimum competencies), and it would follow the model for human medicine and board-certification programs. However, there are inherent differences in general vet practice vs human med/family practice. Such program would make it more difficult and costly for existing practices to provide something that hasn't been required before. With current vet shortages in most areas of Ontario, not only is it already hard enough to find a vet, those practices that cannot provide mentorship from within will be at a disadvantage in attracting/hiring new vets. With advances in telemedicine, it could be possible to provide some kind of service support this way for new vets. Program could include a hotline for vets to ask for help, and a review of sample medical records to ensure proper documentation practices and thought processes in the diagnosis of medical conditions.	10/29/2023 9:03 AM
53	A realistic look at what is going on in veterinary practice today regarding staff shortages, the stress in the profession, mental health issues, where to reach out for help.	10/29/2023 9:02 AM
54	Something similar to a human medicine residency program providing hands on surgical, Medical, and emergency experience.	10/29/2023 7:16 AM
55	Checklist of skills - both clinical and communication- based which are to be attained over the first year or two of practice	10/28/2023 10:17 PM
56	I believe that if colleges set the required training programs under reputable hospitals chosen by CVO, the hospitals would train recent graduates in accordance with CVO guidelines. That would increase one's chances of finding employment quickly.	10/28/2023 10:09 PM
57	Only as part of the standard college curriculum, not as a post graduate requirement. It would also be helpful to expose students at the pre-graduate level to practitioners who have a wealth of practical knowledge and can instill in them real life insight. So many of the faculty have never been in practice and they are unionized and not always suited to give practice insight - eg. how to communicate with and inform clients on potential outcomes; how to build rapport and trust with a client; to be build confidence in the soon to be DVM - the faculty advises them to refer everything which depletes their confidence and steers them towards being pill dispensers - like a human GP.	10/28/2023 8:58 PM
58	No, let them start working as quick as possible. Most of these entry level vets have already wasted few years of their life waiting for test dates to get CQ from CVMA/AVMA and then CVO. Do not scare them if you can't help or guide them. Otherwise they will run away to USA or other countries. We will create more shortage of vets if we create more hurdles. Let us solve the problem, not ruin it further.	10/28/2023 8:25 PM
59	some form of remuneration from applicant	10/28/2023 7:08 PM
60	My answer should be not sure/maybe	10/28/2023 6:40 PM
61	Shadowing, supervision for high-risk activities, back-up for on call.	10/28/2023 6:19 PM
62	In my experience, the veterinarians like me, who comes from a non-accredited university, need a one-year, full-time program to be able to integrate in Canadian veterinary medicine. Current program known as NEB (BSCE, NAVLE, PSA, CPE) is unfair, time-consuming and brutally stressful. For the new-graduates, I am currently working with a new graduate from University of Guelph, and there are a lot of areas that they proceed unwisely and they just follow the books and their exams without having a whole picture of the case. For example, for a	10/28/2023 4:30 PM

## Entry to Practice Supports

vomiting/diarrhea case which has been treated and has no other symptoms, there is no need to rule out Addisons disease but they want to rule out everything based on their exams at school which is unrealistic and unfair to the clients to pay for unnecessary, and expensive tests. To me, they need a six-month, full-time experience before coming directly into the industry.

63	Training in practice	10/28/2023 3:38 PM
64	Mentorship and oversight	10/28/2023 3:33 PM
65	I believe a 'residency' program like that offered in human medicine would benefit newly licensed veterinarians and would improve their ability to provide competent care for the patients they see.	10/28/2023 3:22 PM
66	I think practices need to take responsibility for this mentorship for the most part but using the example of ACVS identifying mentors for new surgeons could be adapted. Many in our profession see the task of mentorship to be 'just more work for the max individuals' which is a sad commentary for our profession. Mentorship is just part of our responsibility as veterinarians. We were all new veterinarians at one time.	10/28/2023 3:17 PM
67	Financial literacy. Resiliency. Upon graduation, there seems to be an immediate acceptance of belief that veterinarians should save clients money and this comes part and parcel with subsequent poor quality medicine. Because they are afraid or ashamed to accept the cost of care, new grads immediately forget the concept of minimum data base - the bare minimum work up necessary expected of veterinarians. There is a disconnect between their knowledge and performance. They work cases up very well during their licensing exam, and then they change their approach as soon as they get into practice. I have often commented to new graduates during their first months of practice .... "If this was your board exam, would you have provided the same level of care to that patient"? Using the example of a limping dog, how did we go from the school expectation of taking X-rays to diagnose and then treat, to the practice reality to just try this anti inflammatory and see what happens or refer everything? Why is cystotomy the most common surgical referral when every graduating vet has the skills to do this surgery in general practice? This sense of confidence and the true cost of care etc needs to be addressed.	10/28/2023 2:55 PM
68	Monthly rounds, regular check ins	10/28/2023 2:50 PM
69	A solid system of mentorship for at least 1 yr	10/28/2023 2:03 PM
70	It should include hands-on practice with an experienced vet in a clinic setting. For example a period of 2 to 3 months.	10/28/2023 12:56 PM
71	- Registered mentorship hospitals with a coordinator. - Identify the requirements of a "registered mentorship hospital". - Structured program including the goals, action plan and expectancies during and at the end of the program for both mentors and mentees - Quarterly or bi-annual reports that contribute to their final assessment.	10/28/2023 12:53 PM
72	English language courses Support for ethical practices in Canada Animal handling and husbandry Fear free training	10/28/2023 12:40 PM
73	3-6 months of internship; working along side licensed DVM in clinical settings; check list of competencies that must be completed during this time - perhaps revisit at end of 3 months and if completed then can be eligible for full hire.	10/28/2023 12:27 PM
74	Maybe. Perhaps the college should have a plan from a hiring facility as to what mentorship looks like. Virtual mentors may also be available to assist new vets when someone from their own facility is not available.	10/28/2023 11:05 AM
75	Not yet... there are other issues that need to be addressed first to be honest.	10/28/2023 10:58 AM
76	Review some practical situations new grad finds themselves in.	10/28/2023 10:41 AM
77	Placement and externship	10/28/2023 10:16 AM
78	Surgery Client communication Record keeping	10/28/2023 10:13 AM
79	Practise based internships	10/28/2023 9:42 AM
80	I don't know is my truthful answer. How this would be obtained is a hard answer. And you also have to take into consideration this is across Ontario. Travel (time and cost), other familial	10/28/2023 9:34 AM

## Entry to Practice Supports

obligations may not be practical.

81	Surgery Realities of money Dealing with hard situations	10/28/2023 9:00 AM
82	Follow up by the college ? Not sure again I feel the problem is in vet school coming out unprepared . Older vets my colleges have been giving feedback to the college for years .	10/28/2023 8:46 AM
83	Step by step licensing program inspect of providing full license to do everything at get go	10/28/2023 8:36 AM
84	If international applicants have to jump a barrier of financial burden to be able to practice here then they need more value for what they are spending.	10/28/2023 8:35 AM
85	Clinical application of theoretical knowledge similar to internship programs	10/28/2023 8:03 AM
86	Maybe 1-3 months of focusing on clinical aspect and surgical hands on training	10/28/2023 7:59 AM
87	similar to the engineering profession where a graduate spend time with a mentor working on specific aspects of a problem, with a team, before they get to manage the whole issue.	10/28/2023 7:33 AM
88	handling emergency &.or complicated cases plus procedures.	10/28/2023 7:32 AM
89	I think this should be taught in schools.	10/28/2023 7:22 AM
90	1 on 1 Coaching availability to address many of the emotional needs that I routinely encounter with early career veterinarians and to provide a sounding board to assist with many other practice-related issues not being addressed by in-clinic mentoring. As well as mindfulness training and emotional intelligence training in school.	10/28/2023 6:19 AM
91	Nothing	10/28/2023 5:18 AM
92	As I mentioned earlier some kind of residency programme in multi doctors private practices, so they can adapt to practical aspects of everyday practice which unfortunately they don't learn in university setup. College should have more staff which actually have some kind of experience in mental health issues so can better understand what these fresh graduates go through. Veterinarians should be able to talk to CVO in a constructive manner rather than be afraid of it.	10/28/2023 4:12 AM
93	the first year should involve certain competencies being signed off on by a DVM as well as case logs and general reflections.	10/28/2023 3:31 AM
94	Common procedures - anal glands incl abscess, blocked cats, ear infections, V&D, etc Learning to handle cats - there is nothing worse for a cat than to be handled by a dog person or an inexperienced vet, with dog vets being worse. These experiences leave impressions on the cats causing them to be terrified or hateful of vets. Learning how to handle cats doesn't mean pinning them down scaring the hell out of them Euthanasia - this is about the pet and the owner. Get it right. There are still vets out there who believe in not using a catheter, including some highly regarded vets. The position being that putting the catheter in. I shudder thinking of a new grad working with one of those vets. I bring it up bc it was one of my first interviews. They also didn't believe in preop pain meds for cats so that was a hard no. Still, I didn't love watching a GSD being restrained while being euthanized. How is that not just as stressful. These vets are out there and we don't know who new grads will end up with. So teach them how to do euthanasia and have them do one. With an animal that's sick of course, I'm not advocating at all that we sentence any animal to death for a student to practice Whelping / C-section	10/28/2023 12:05 AM
95	Should be an apprenticeship program where defined list of basic competencies is completed under the mentorship of a fully licensed veterinarian similar to what eg. Electrician would be expected to complete before being fully licensed. Compensation for this should be standardized.	10/28/2023 12:04 AM
96	1) Review of medical records after a set period of time. Example 3-6 months. Similar to what is set up for existing vets- examples of surgery records, general wellness appointments etc. 2) a mentor to sign off on spays, neuters for cats and dogs, and dogs in particular over 30kg. That until they've done 3 in each category they require a mentor. 3) Dental extractions - difficult to do this one given the very different backgrounds of training and standards of care, but it may be broad enough to say that the first so many procedures are to be mentored.	10/27/2023 11:23 PM
97	It will be difficult for a one-size-fits-all program to work. It depends on the new grad, the clinic setup, and the willingness or ability of experienced vets to help (eg, too busy to assist, don't like teaching, poor teacher, etc). Weekly or daily check-in rounds may help, as would ensuring that an experienced vet either scrubs in or is in the building on the first few surgeries.	10/27/2023 10:38 PM

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98	Back to my previous answer, if there is something wrong, there is a need to re evaluate the professional program on itself	10/27/2023 10:13 PM
99	Memtorship	10/27/2023 9:55 PM
100	I mentioned before	10/27/2023 9:37 PM
101	Practices hiring newly-graduated veterinarians should be required to inform the College of how they plan to introduce their new colleague to practice. The College could set out standard objectives and the practice would have explain how these objectives will be met. This plan would have to be accepted by the newly-graduated veterinarian and submitted to the college.	10/27/2023 9:33 PM
102	How to perform a physical exam, blood pressure, PCV and total solids Not to give steroids and an NSAID at the same time Not to give an NSAID to an animal with vomiting or diarrhea Basic appropriate medical records, how to appropriately take X-rays, when to tell that an X-ray is non-diagnostic and not charge clients for bad X-rays that the emergency and referral clinics will just need to repeat (really the fact that any non-sedated X-rays are still happening and putting our technicians health continually at risk is appalling) How to have difficult conversations with clients and what the prognosis really is for GDV, hemoabdomen in a dog, pericardial effusion, osteosarcoma - most people don't have the funds or willingness to treat these awful diseases and it would save a lot of peoples time and money if family vets understood these diseases and were willing to have a tough conversations. That an ultrasound is not the 'be all end all' and that it is a basic tool and will almost always require more testing How to interpret basic Cbc And Chemistries - and when to send out bloodwork to a lab to confirm irregular results on in-house bloodwork How to treat and prevent Feline Lower Urinary Tract Disease Proper managent of diabetes - blood glucose curves are required and you cannot make adequate dose adjustments based off frustosamine levels alone You need orthogonal radiograph views and always 3 view thoracic rads or you are wasting people's money Just to name a few	10/27/2023 9:31 PM
103	It's tricky to put in a mandatory program when people's practice experiences will be so different. Would think a more targeted program from a provincial association ex/ OAEP, OABP would be more beneficial	10/27/2023 9:14 PM
104	-Direct mentorship for high risk activities like surgery. -Access to mentorship for a designated period of time.	10/27/2023 9:13 PM
105	As above, compressed 4th year, or have them work at the Small Animal Practice. With the shortage of veterinarians, it is very hard and stressful for practicing veterinarians to work the long hours and train newly licensed veterinarians. They need practical skills like calculating drugs and learning that if it looks like a dog, it is a dog. Don't go searching for hyenas.	10/27/2023 9:08 PM
106	Surgical exposure, business aspects	10/27/2023 8:25 PM
107	Real life practice, not the model shown in the college.	10/27/2023 8:25 PM
108	While I think additional training is important I am not convinced the college can implement a viable system without excess burden on either the student or the practice I think the degree of training from the school is important. I my recent experience the UK trained grad was better prepared than the Ontario grad. Still needed mentoring but was better trained. I have trouble with how the college would undertake this are you mandating practices to have formalized mentoring or additional course beyond the dvm. Schooling is already long and expensive so adding additional courses would be a financial burden and where would resources come from Mandating mentorship and regulating it would be a major undertaking and a further regulatory burden for practices. While in concept the idea seems to have merit the implementation would be immense and would no doubt lead to more regulatory systems which then would no doubt lead to ever increasing regulatory fees	10/27/2023 8:18 PM
109	Surgery, client communication, how to handle practice stress	10/27/2023 8:16 PM
110	6 month close shadow/mentorship period with experienced vet	10/27/2023 8:16 PM
111	Mentorship	10/27/2023 7:39 PM
112	A year in hospital setting for AVMA /COE accredited grads. International vets need to complete the final year at an AVMA/COE Accredited vet school before beginning in practice mentorship.	10/27/2023 7:37 PM
113	More clinical shadowing in general practice.	10/27/2023 7:34 PM

## Entry to Practice Supports

114	NA	10/27/2023 7:34 PM
115	Lots of mentorship! Nothing too formal. But even just a written letter signed by an experienced vet (even 2 years out) saying they agree to mentor and by the new vet saying they agree to being a mentee.	10/27/2023 7:30 PM
116	I had a mandatory externship that included all aspects of mixed practice	10/27/2023 7:25 PM
117	Real world , in the trenches mentoring in medicine , surgery and discussing cases with clients. Learning from clinicians that are practicing in the real world.	10/27/2023 7:19 PM
118	As above	10/27/2023 7:15 PM
119	Client communication Diagnostics Hand on clinical procedures.	10/27/2023 7:09 PM
120	To pair with veterinarians who want to mentor	10/27/2023 6:53 PM
121	Internship under an experienced/qualified mentor	10/27/2023 6:50 PM
122	please see following comment, as I'm not not sure what kind of program could be instituted.	10/27/2023 6:45 PM
123	more practice doing routine surgeries and interacting with clients	10/27/2023 6:39 PM
124	Mentorship with a veterinarian at another practice and a goals plan	10/27/2023 6:34 PM
125	Review of current standards of practice	10/27/2023 6:30 PM
126	NA	10/27/2023 6:28 PM
127	Practicing under formal supervision for 1-2 years	10/27/2023 6:24 PM
128	Guidelines for employers to follow that allow new grads to comfortably enter practice... I've heard too many situations where the new grad was essentially left on their own to "figure things out", which doesn't help them build skills or confidence, and also potentially puts patients at risk if inexperience causes mistakes	10/27/2023 6:20 PM
129	Some basic standards to measure the ability of incoming vets from other countries.	10/27/2023 5:58 PM
130	Mentorship in client relations, time management, routine procedures, interpersonal skills with staff, and surgical skills refinement.	10/27/2023 5:50 PM
131	Basically a coop or internship in an active practice with nominal educational pay as part of the education stream. InterPersonal verbal communication is key to managing and interacting with clients. Also of course having the confidence to actually DO a basic procedure ( with or without an overseer ) rather than learning on the job whilst being paid full working wages. As a graduate vet we all PAY for CE, whether in classes or wet labs. If new graduates graduate without basic skills, it's challenging to pay them the premiums they are getting. Good thing corporate practices exist.	10/27/2023 5:49 PM
132	-basic surgical skills honed, observed and graded. -time management skills/triage scenarios - thorough and timely physical exams, with communication to clients at the same time	10/27/2023 5:41 PM
133	No students are already afraid of the college and are very reluctant to learn any new skills that could find them in difficulty. ie Simple things sre becoming referral and in turn the cost of owning a pet is becoming a top 10 % luxury.	10/27/2023 5:36 PM
134	Public protection Practice standards	10/27/2023 5:34 PM
135	Foreign graduates should have an option to have an advance standing admission into 3 or 4th of veterinary schools so they can complete their education in Canada or US . It is important for them to learn clinical skills those apply in North America	10/27/2023 5:29 PM
136	Surgery, drugs commonly used in practice that a new graduate would not be exposed to.	10/27/2023 5:10 PM
137	Dentistry! Surgery! Dermatology! Another area that is the other most common issue (besides dental disease) that we see in GP small animal med and since Dr Yu left OVC students have an atrocious lack of general knowledge in this area. Internationally trained graduates from less developed nations also lack basic knowledge of how to manage dermatitis patients.	10/27/2023 5:04 PM
138	Mentoring with DVMS that have gone through some type of program that ensures they are good mentors. Mentors should be reimbursed for their time. After mentoring, some type of testing	10/27/2023 4:59 PM

## Entry to Practice Supports

139	Yes, if the program does not or will not deter practice owner to employ new graduate because I believe that there are potential push back from practice owners	10/27/2023 4:58 PM
140	The externship we had to do is a good step, but there are too many other aspects of, at least, small animal GP that isn't covered in a practical way in school, which leaves you barely equipped if that to handle certain situations. Dentals for example, or dermatology and ophthalmology. We got a crash course of in depth theory about what an eye should look like, but there was no scheduled adequate hands on opportunities for the gross majority of students. Our school has a lottery to get an ophthalmology rotation in 4th year so if you don't get it, good luck to you when you're out in practice. More effort should be made to coordinate with other clinics prior to graduation so that EVERY student gets hands on practice for all of the different disciplines	10/27/2023 4:50 PM
141	It should be free or low cost to the new licensee and should be mandatory for all current members (or practices) to participate in some capacity. General practitioners can spend 4 hours/year as part of their license renewal hosting a new vet, new vets need to complete 4 hours a week for 8 weeks shadowing different practitioners doing things like vaccine appointments, surgery, dentistry, herd health, record writing, etc etc.	10/27/2023 4:49 PM
142	I have no confidence that the CVO would be able to manage such a program	10/27/2023 4:43 PM
143	ideally, required rotating internships. However, this is not practical. Spending time in a qualified practice being mentored by a qualified vet (not just any licensed vet) might work. I worry about being taught poor client communication and medical habits under the wrong mentor.	10/27/2023 4:34 PM
144	N/a	10/27/2023 4:27 PM
145	Hands on Clinical externship in the field of interest	10/27/2023 4:22 PM
146	I do not think it should be mandatory but I think it should include species specific support and funding for laboratory diagnostics.	10/27/2023 4:18 PM
147	Medical record checks Case management check ins	10/27/2023 4:16 PM
148	It should be mandatory for all new graduates to complete an internship. 1 year honestly doesn't even seem long enough. Additionally, there should be surgical courses or training requirements to achieve basic skills for performing surgery out and leading codes (ie. recover course with in person components and you should need to recertify every few years same as human doctors have to) of school.	10/27/2023 4:11 PM
149	College should support transitioning of new graduates with CE/ lunch and learn and getting feedback from them.	10/27/2023 4:11 PM
150	Time spent in general practice under direct supervision and mentorship of senior veterinarians	10/27/2023 4:03 PM
151	Mandatory mentoring within the practice. Perhaps not allowing new grads to own their own practices for at least 3 years after graduation.	10/27/2023 4:00 PM
152	The college should design the program. The program should provide guidelines as to the technical benchmarks that new grads need to acquire. I also think the college needs to push the universities to improve the level of training on skills like surgery and anesthesia. OVC grads need to have more surgical exposures. For foreign graduates Previous programs such as VSTEP where a great thing. Think about reimplementing this	10/27/2023 3:52 PM
153	Practical tests for surgeries beyond spay/neuter, or at least more experience doing soft tissue surgery.	10/27/2023 3:51 PM
154	Paid mentorship for mentoring new vets to compensate them for their time.	10/27/2023 3:34 PM
155	As with our MD colleagues, there should be an internship period (even GPs in medical school are required to do a 2-year residency) where the graduate is mentored by an experienced veterinarian in good standing. A program akin to "graduated licensing" like for driving (G1, G2, full G) would be useful.	10/27/2023 3:24 PM
156	For internationally trained vets only.	10/27/2023 3:24 PM
157	As mentioned above, transition period of ie 6 months, a hybrid externship/internship...focused on allowing independent decision making but with oversight/guidance	10/27/2023 3:19 PM
158	There should be a requirement that a mentor is available, i.e. a new licensee should not be in	10/27/2023 3:10 PM

## Entry to Practice Supports

	solo practice.	
159	the mandatory transition program sounds like it would probably be similar to an internship - if want to make that mandatory then great but so much variability in what is available in different clinics that it would be difficult to make sure equivalent across the board.	10/27/2023 3:07 PM
160	It could be as simple as the facility director having to directly observe the new licensee in certain required skills. Or it could be a mentorship peer program where they are mentored and observed by another veterinarian from the area	10/27/2023 3:05 PM
161	Basic clinical practice - iv catheter placement - urinary catheter placement - treatment protocols - exam protocols - actually let them perform surgery until they are competent - graduate vets capable of skills rather than vets that have only theory.	10/27/2023 3:04 PM
162	Everything a rotating internship includes. I completed my internship at VEC in Toronto. We had rotations through medicine, surgery, cardiology, neurology, dermatology, ophthalmology, critical care. We also had weekly medicine and surgery rounds and weekly topic rounds which the different services attended each week. We also had 2 grand rounds presentations during the year which were probably the most helpful thing for me personally, being able to research a topic in depth and then present on it.	10/27/2023 3:03 PM
163	Knowledge of the Canadian system of veterinary practice, types of practice and who is who in their respective geographical location, as well as how private practitioners contribute to the overall veterinary infrastructure in Ontario and Canada as a whole.	10/27/2023 3:02 PM
164	The restricted license for 1 year should be implemented for any veterinarian who relocates to Canada from non-AVMA approved school or with less than 2 years of clinical experience in North America.	10/27/2023 3:00 PM
165	Some sort of residency program where practical hands on skills can be obtained in a less stressful way than we currently expect	10/27/2023 2:59 PM
166	As above	10/27/2023 2:57 PM
167	A program similar to the former VSTEP at the UoG	10/27/2023 2:56 PM
168	Aids in dealing with client interaction and community involvement.	10/27/2023 2:48 PM
169	The College has not, through the years, demonstrated the capacity to be helpful towards veterinarians. Any program they touch will be sullied by over regulation and burden.	10/27/2023 2:43 PM
170	Competency screening. Ethics training. Communication training	10/27/2023 2:42 PM
171	Medical records and Client communications	10/27/2023 2:42 PM
172	Answer was No	10/27/2023 2:41 PM
173	surgical mentorship/guidance peer to peer support	10/27/2023 2:40 PM
174	Ethics, standards in Ontario and record keeping	10/27/2023 2:38 PM
175	Surgical experience and rotating through other clinics	10/27/2023 2:36 PM
176	I think such a program would create an unnecessary barrier to new graduates and internationally trained vets. The assessment of competency should occur before licensing	10/27/2023 2:28 PM
177	- a goal setting program - a local or virtual meeting with other new grads - CE opportunities that are complimentary, geared toward new grads specifically - mental health support programs for new grads	10/27/2023 2:28 PM
178	Mentorship Supervision and gradual transition to independent practice	10/27/2023 2:27 PM
179	Client communication Proper animal care and restraint I think they should essentially have to pass a 4 year rotation	10/27/2023 2:27 PM
180	Supervised clinical practice	10/27/2023 2:26 PM
181	3-6 Months emergency services	10/27/2023 2:25 PM
182	Placement at clinics that want to provide mentorship (I would) to train and give those clinics the chance to keep them on	10/27/2023 2:24 PM

## Entry to Practice Supports

183	Mental health training / real world practice scenarios	10/27/2023 2:24 PM
184	More hands on externships in school	10/27/2023 2:22 PM
185	Ability to perform basic surgeries and dental procedures would be beneficial.	10/27/2023 2:20 PM
186	Placements in a clinic with assigned and trained mentors to improve clinical skills and confidence, allowing guidance on medical and surgical cases. (Much like the externship program for DVM students). This would have to be funded as these would have to be paid positions to make this feasible.	10/27/2023 2:20 PM
187	Mentorship with a licenced vet	10/27/2023 2:20 PM
188	Direct supervision for 2-3 month	10/27/2023 2:19 PM
189	Exposure to real pet Owners and pets where fresh Grads can practice formulating diagnostic and treatment plans-keeping costs in the concern. They can also benefit from real world communication rather than fake scenarios. Surgical skills can be enhanced	10/27/2023 2:19 PM
190	Mentorship and check ins on how new grads are doing	10/27/2023 2:18 PM
191	I think this should be the school - internships like in human medicine for their first year out	10/27/2023 2:17 PM
192	The program should include 3 month shadowing of the veterinarian already practising in Ontario's for 5 years or more	10/27/2023 2:16 PM
193	I think that the College mandates enough and this is beyond the scope of the college	10/27/2023 2:14 PM
194	For restricted vets, there should be more and promising learning opportunities which could help them prepare for CPE.	10/27/2023 2:14 PM
195	Financial support for practices, free mental health care, free CE for the first 2 years with wet labs	10/27/2023 2:08 PM
196	Mentorship in different areas of practice w specialists and generalists not associated w a university	10/27/2023 2:08 PM
197	Similar to an internship for 6-12 months. Would increase public confidence in new graduates.	10/27/2023 2:07 PM

## Q12 Please provide any additional information which you believe should be considered when the College is reviewing this issue.

Answered: 154 Skipped: 162

#	RESPONSES	DATE
1	Financially people in a placement position are paid, but perhaps not equal to their colleagues.	11/6/2023 4:26 PM
2	A mandatory transition program would be very difficult to implement when there are so many different practice types. Working as a new vet looks very different in every industry and individual vet clinic, so a mandatory transition program may not help.	11/5/2023 9:15 PM
3	I feel cvo needs an online area where policy questions can be found or answered easily.. for example selling vaccines to clients.. try to look that up and no easy answer can be found except for rabies of course. Just an example	11/3/2023 11:17 AM
4	n/a	11/3/2023 10:21 AM
5	I have received requests for letters of support from international (non AVMA certified) veterinarians who were promised a license from an individual called Lindsay Sproule at CVO. I do not find they are at the level of a 4th year OVC students in terms of aptitude and trainability let alone the knowledge and training of a veterinarian. I can deny a letter of support, but why is Lindsay promising licenses to these individuals? In my field of medicine it is possible to practice with a restricted license via board certification. The exam is conducted in the USA by a board knowledgeable about this stream of medicine. There are a number of international veterinarians in Ontario who are practicing medicine via this avenue and we have confidence in their knowledge and training. I do not believe CVO is knowledgeable enough in this field to provide licenses.	11/2/2023 11:41 AM
6	Also, the treatment that the foreign vets get when taking the practical exam.As a foreign vet, I had horrible experience in Quebec , comparing to the experience in US, Las Vegas, where everything was much better organized and the the way the coordinators and the professors were treating us, was amazing, very professional and respectful.	11/2/2023 10:48 AM
7	None	11/1/2023 6:55 PM
8	Confidence building within our Canadian culture.	10/31/2023 8:06 PM
9	Graduates from OVC in equine practice without an internship are woefully underprepared for equine practice. In my opinion the mixed animal externship is pointless. They should be focusing for their externship on what they will be doing in practice. I get new graduates/students in who cannot perform basic tasks and in equine practice the clients will not tolerate that. It's a bit different than in small animal where they can "take the animal to the back". They needway more supervised hands on experience.	10/31/2023 6:33 PM
10	Anesthesia and emergency are their own specialties. I think new grads and international graduates should be supervised in these area all the time	10/31/2023 1:07 PM
11	Variable skills at graduation, local diseases and treatments may be new to them. Need prompt support if they have acute questions	10/31/2023 8:25 AM
12	New licensees can be best trained by frontline in clinical practitioners, not by a formulated program with make believe scenarios.	10/30/2023 10:40 PM
13	I think veterinary schools should work as hard to give students the opportunity to work on hands-on skills just as much as there is an emphasis on lecture-based learning. That said, there will still be plenty the schools will not be able to cover, and the expertise of more senior clinicians should not be understated. Clinics are well equipped to mentor new graduates, but there should be incentives to do so, especially as not every new graduate will stay at the first clinics they work at for various reasons.	10/30/2023 10:23 PM
14	A generalized structure is great with some flexibility depending on the practice or graduate skill level. Senior staff or vets training need compensation as too many companies pay us on	10/30/2023 3:37 PM

## Entry to Practice Supports

commission and therefore don't give extra time for training or mentoring. Follow up such as having both parties give feedback at the 1 and 3 month mark on the program, match ups, any concerns (either with program or vet). I think all new vets should go thru the same system, whether they are from an accredited school or not, and regardless of age. Also if someone was in one type of practice like food animal and transitioning to another new one like companion animal, they should be encouraged to do the program. We have to stop throwing new vets out there expecting them to handle the case load of a 5+ year experienced vet. And vet who like teaching and mentoring need support.

15	Unfortunately, many of the foreign trained veterinarians that I have met have a language barrier with clients, in that clients find it very difficult to understand the accents. I don't know what the answer is to that problem, but it definitely exists.	10/30/2023 3:02 PM
16	I think the College could implement a voluntary program rather than a mandatory one. New grads have different levels of real world experience and some may feel they do not need extra support, while others would really benefit from a program providing just that. If there was a readily known option for those looking for support through the transition that is standardized, I think this would be really helpful.	10/30/2023 2:43 PM
17	I feel like some of these issues would not be as problematic if the Veterinary College provided more experience with hands on case management and live patient surgery (with primary anesthesia and primary surgery responsibilities on live animals). Performing surgery on cadavers or simulated surgeries is not adequate training. Another consideration is the quality of supervision and review of the cases. Ideally it would be a veterinarian with at least 5 years clinical experience. Finding enough supervising and willing veterinarians may be difficult. It is also difficult and perhaps unfair to put the onus of cost for reduced production onto the clinic owner. I would like to see a program where cases need to be uploaded with photos (+ rads if applicable) to a portal system which could be reviewed by an independent veterinarian and/or those on the PRMR committee.	10/30/2023 1:24 PM
18	- many new clinicians seek support and mentorship upon entry into practice, but are not provided it (even when it may have been explicitly promised/included in contract). - this results in undue stress on the new clinician, and no recourse or consequences for the senior clinicians (who will be the first to say 'new grads don't last')... - lastly, I feel greater emphasis on offering tiered care in practice rather than only 'gold standard' would be helpful to new grads, who often feel destabilized when owners cannot afford or do not wish to proceed with 'gold standard' options for their pet. This may help manage the new clinicians' expectations in practice. 'Gold standard' should always be offered to the client, but adjustments to the plan often have to be made.	10/30/2023 1:01 PM
19	Survey all new grads 3 months in and a year or 2 later to see if they felt supported and prepared.	10/30/2023 12:44 PM
20	Undoubtably the problems that I see are generationally influenced....but, veterinarians should realize that they are in a "service industry"....costs to clients in a lot of cases, with the influx of the corporate world, are exorbitant...increasing numbers of animals have very little to no veterinary care, as a result the profession is not being exalted by the public but rather chastised for it's insensitivity to the owners needs. I find it shameful that a growing number of clinics have no emergency after hours backup, and because of the type of graduates that are coming into the workforce...ie...incompetent and self indulged, clients wait weeks for appointments. The object of the exercise is not to pile on test after test, but to actually use your knowledge and common sense, make a diagnosis, complete a treatment or surgery and get on to the next one. No exaggeration, in my opinion veterinary medicine is in a very poor place and I, like others are ashamed of the direction in which it is going.	10/30/2023 11:51 AM
21	A frustration I have faced personally is the expectation to practice high level medicine in multiple disciplines with limited experience/time and resources to do so.	10/30/2023 11:49 AM
22	Guidance availability from senior practitioners. Links to the rights of employees. Booking & Tax information for practices. Someone to reach out for advice, mental-health wise & practice-wise.	10/30/2023 9:07 AM
23	The college should also provide a Training or study program for international Vets- to practice or shadow at OVC so that they can realistically see the cases, cases management, SOAP notes writing pattern and Surgery which will help them to pass their CPE exams and prepare them well to adapt new changes.	10/30/2023 12:27 AM

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24	New grads should feel comfortable approaching their vet team with questions. Clinics should have protocols for how new staff will integrate within the practice and have mentorship.	10/29/2023 11:00 PM
25	None	10/29/2023 9:20 PM
26	No.	10/29/2023 8:45 PM
27	Please let me know if you are looking for help with this initiative - our OVC students often express anxiety to me about what kind of mentorship they will receive. I'm interested in this issue and helping with the discussion. Reaching out to recent grads and 4th year students will be important to see what their needs are. Shannon Gowland DVM Gowland@uoguelph.ca	10/29/2023 8:03 PM
28	Resources for transitioning into practice, like which clinics offer mentorship, would be valuable but another requirement (test, exam, etc.) would be a barrier to entering practice.	10/29/2023 6:44 PM
29	It will be better to include volunteering experience at all level of clinics before getting full licensee	10/29/2023 5:34 PM
30	A veterinarian graduating from an accredited college and having passed the NAVLE should be licensed the same as any other.	10/29/2023 2:06 PM
31	I don't think the weight of the transition program should fall on the newly licensed individual. I would like to see corporations and employers held accountable for having so called mentorship advertised when hiring but not providing adequate mentorship as promised.	10/29/2023 1:38 PM
32	having been in the profession a LONG time I am disappointed in the number of times I'm asked for a second opinion where the original vet has not been "clear" with their explanations- or worse case has been overly emphasizing the possible negative possibilities based on usually only ONE diagnostic test- NOT offering the option to repeat the unusual result or adding on additional tests to better determine the significance of the finding. And often almost "blackmailing" the client or "guilting" them into following their treatment plan. It is getting more and more difficult to navigate these conversations ... and when I try to discuss this with the Dr involved- and in a non confrontational manner( no-ones perfect) I often get no response or it results in a damaged relationship with that facility...	10/29/2023 1:19 PM
33	N/A	10/29/2023 12:32 PM
34	I wonder if the college or OVC has ever considered a) providing some formal guidance for practitioners taking on new graduates. One of the challenges for me was the time it takes to develop a strategy / approach for new graduates. For example: I am trying to put together some case series for new graduates / fourth year students to work through which represent some of the common clinical scenarios they will see (sort of a choose your own adventure). But this takes time - I need to sort through records find lab results and photos and radiographs and with the additional time pressures of seeing cases and running a practice it is really hard to find the time. b) I wonder if there might be a way to incentivize practices willing to take on new graduates. Or even a different type of internship geared towards those who wish to go into general practice. Where there are a certain number of practices who have gone through some sort of certification process which identifies them as good mentor / early development practices.	10/29/2023 12:03 PM
35	I think a balance of building confidence, expanding the skill set and having realistic conversations about failure and mistakes prior to graduation would be very beneficial. The communication skills of new grads have been far better than my generation however the ability to dive in and tackle something is not there for most (ie. the artistic side of practice). Anxiety and fear seems to be a huge barrier to trying something new or different as they have much reduced confidence in their skill set than we did on graduation. Many are terrified of a CVO complaint and it prevents them from doing some of the basic patient side medicine especially if the owner can't afford gold standard care or referral. Our two new grads felt very unprepared with regards to how to manage cases that don't have endless money to work up or diagnose a condition but still want the best for their pets. I think we need to help them learn to balance owner finances and what is best for the animal and realize that less than gold standard for these cases can still result in a good outcome for all if resources are not there for an owner. Prioritizing care and treatments in the face of financial constraints is something that should be expanded on in vet school as the gold standard of care they are taught is less likely to happen in the majority of cases and this seems to be an emotional drain for many newer grads. It is important to offer and know how to deliver gold standard but also have empowerment to inform a client that there is more than an all or nothing approach and with that informed consent, they will not be subject to a CVO complaint for doing a lesser option. Delivering Plan B is the	10/29/2023 9:21 AM

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majority of day practice and can be equally rewarding if expectations are set that you are still doing the best advocating for the patient within the means of the situation. For our newer grads, this has been a huge mind shift from the collision of expectations vs reality. Thank you for doing this survey.

36	NA	10/29/2023 9:02 AM
37	I believe the college would benefit from having a reduced licensure category for veterinarians not holding a paying job to encourage them to support non-profit organizations in a volunteer role that could include mentoring of new grads, foreign trained veterinarians as well as providing medical & surgical support to those organizations. With many veterinarians reaching retirement age it becomes harder to warrant paying \$1200 per year to maintain licensure when not having any monetary compensation to assist with the fee.	10/29/2023 7:16 AM
38	See above. As for foreign graduates, I honestly don't know what the requirements are, other than writing exams. A mandatory placement in a reputable practice should be part of the process of licensure.	10/28/2023 8:58 PM
39	If college is serious about solving vet shortage: Stop scare tactics applied in the name of maintaining quality of veterinary services in the province when dealing with false complaints by pet clients. This is scaring entry level vets to run away to safer destinations like USA. Let new vets enter as quick as possible after they have done NAVLE to develop their practical skills in busy vet practices, emergency clinics and referral facilities. We might be able to retain more than 100 new vets every year just by being fair to them. They don't want to waste 3-4 years and drive taxis and then get scared by CVO to make them run away from our province. We know many vets who have left Ontario due to above reasons.	10/28/2023 8:25 PM
40	I believe that there are already too many hurdles for internationally trained veterinarians entering practice in Ontario. I would consider such a program only if it replaced a current stepping stone and shortened the process for entry into practice.	10/28/2023 8:15 PM
41	.	10/28/2023 6:40 PM
42	I found that the transition is quite fair, a bit of a long process and there is a long waiting list, maybe get the practical tests done more frequently	10/28/2023 6:13 PM
43	Should be done at the college level	10/28/2023 5:04 PM
44	I feel that a review of the statistics relating to why veterinarians change their clinic of practice would be of value. Measuring job satisfaction amongst veterinarians and looking at the reasons veterinarians leave clinical practice may also shed light on what is lacking for new veterinarians in their first years of practice.	10/28/2023 3:22 PM
45	I think it's important to ask a few questions: 1) Is there a real need or a perceived need for more supports? How do we know? 2) Who will need to provide more formal supports? Do they have the capacity to do so?	10/28/2023 3:14 PM
46	non mandatory program should be available	10/28/2023 3:11 PM
47	Believe that the CVO should be part of an identification program to assure that the new graduate is involved in a mentorship program if necessary. If that is the decision made by this survey, but NOT to provide such a program, that should be left in the hands of the hiring entity and the academics who have training in providing appropriate education to such individuals.	10/28/2023 2:57 PM
48	The greatest learning curve for new grads occurs in their first 5 years of practice. They should be willing to embrace every opportunity to learn, and have hands-on experience with some supervision where necessary. Instead, they are reluctant to put in the extra hours for learning, and they are afraid to try new things without being hand-held. Unknowingly, they prepare themselves for a life of offering the most basic level of care a veterinarian can offer. Afraid to do surgery, afraid to diagnose disease of the eye, unable to read a basic ECG without sending to Cardiopet, unwilling to take advantage of the support around them unless they support included holding their hand at every stage of the way.	10/28/2023 2:55 PM
49	Real skills and knowledge instead of origin of diploma. Not against a review process for new licenses, but is it on top of NAVLE or all the accreditation process for non AVMA?	10/28/2023 2:35 PM
50	A mandatory transition program sounds, to me, like it would put undue pressure on graduates. I would prefer some kind of supported mentorship system, where practices could sign up as being willing to mentor new grads in exchange for some kind of benefit.	10/28/2023 2:34 PM

## Entry to Practice Supports

51	Some of them need to improve interpersonal communication skills with colleagues and clients so a specific course in this could be very helpful	10/28/2023 2:03 PM
52	N/A	10/28/2023 12:40 PM
53	Stipends for the internship time will help with new grads living costs. It is challenging as a practice owner with the ever increasing salaries being commanded by new grads to balance the time for mentoring and lack of financial productivity.	10/28/2023 12:27 PM
54	Survey new veterinarians. What are the statistics? Are new veterinarians brought for more complaints before the board? Is this a public responsibility, a veterinary mental health issue, or both? All of these are important but may require slightly different approaches to improve.	10/28/2023 11:05 AM
55	I would implore the CVO to consider providing definitions and scopes of practice for veterinarians that is also clearly available to the public. And, ensure they are adhered to by members. With the development of corporate veterinary medicine we have experienced a "brain drain" from our industry. Without that stalwart the regular practice DVMs are no longer invested, it appears, to maintain their cases or manage them. They now rely on the ER service to deal with anything they are not comfortable with that leads to client frustration, reduced patient case, and ER delays. There are limited, to no conversations prior to directing patients to the ER, resulting in many owners electing for a treatment option that could have been provided at the family veterinarian. I bring this up as you are looking, it seems, to help new graduates/foreign trained graduates have mentored development as they transition to work in Ontario. However I am apprehensive as to whom will carry out this mentorship effectively, and what standards of practice those mentors uphold. Having mentors with an over reliance on transfer to ER will not improve the competencies or confidence in these "mentees".	10/28/2023 10:58 AM
56	Get information from new graduates from clinical practice. Older graduates seems to be out of touch with what new grads have to go through.	10/28/2023 10:41 AM
57	Like VSTEP for foreign trained vet	10/28/2023 10:16 AM
58	I said no because each person needs are very different and one cookie cutter approach will not help. If it was more customization ( ex there are 12 modules and you have to complete 5 but you can pick them)	10/28/2023 10:15 AM
59	I wish more vets were able to get information from the US, JAVMA, etc. a lot of the knowledge does not cross the border and it's a shame because medicine here is at least 5-8 years behind the US. And yet we are held to an "ivory tower" level of medicine. Dentistry knowledge here is severely lacking. We have a lack of specialists outside of the GTA area and as GP's we are expected to be the jack of all trades and master of none. This is a hard issue to solve. Vets can operate under "do no harm", but stupidity has no cure either.	10/28/2023 9:34 AM
60	CVO judges vets too harshly	10/28/2023 9:00 AM
61	Why do new grads leave vet school unable to perform basic skills? Why are they afraid to do surgery? Why do they need hour long appointments? They are consumed by fear of trying new things ? This has been a dramatic shift in students from last 10-15 yrs. Book smart and terrified about CVO complaints.	10/28/2023 8:46 AM
62	Sadly, this appears to be a self-fulfilling cycle: If one scans the great majority of discipline orders and reprimands issued to veterinarians by the College, they are internationally trained. They are being faulted for not practicing to the standards expected of an AVMA-trained veterinarian. If more appropriate training and mentorship were required, over a more extended period of time (months to a year) then perhaps fewer complaints would be issued by these veterinarians.	10/28/2023 8:35 AM
63	Every new grad or newly licensed grad is a separate entity and cannot be compared. Some hit the floor running while others will truly never be able to practice in their lifetime. The education system is long overdue for an overhaul to represent more human medicine vs our current idea that we can graduate and equally be qualified to do a horse castration, a bovine herd health, a COHAT or emergency medicine.	10/28/2023 8:00 AM
64	Mentorship with experienced vet will help to get confidence in handling any case either emergency or complicated medical cases, as any case presented as simple can lead to complications.	10/28/2023 7:32 AM
65	Although new grads from AVMA accredited schools could use more support, everyone will eventually become comfortable in their practice and skills. Support is always appreciated by	10/28/2023 7:22 AM

## Entry to Practice Supports

new grads. There should be a very serious and hard look at the licensing program for international vets from non-accredited schools however, as their quality of care, medicine, and skills is significantly below par compared to those graduating from accredited schools.

66	Clinicians are well trained and have the technical and intellectual skills required for their role, however, most seem to lack the Mental Resilience to thrive. The Veterinary curriculum does not teach the requisite emotional intelligence skills and mindfulness training that can assist in the transition to practice life. As well, since there are so many clinics under corporate ownership, in-clinic owner inspired leadership can be lacking.	10/28/2023 6:19 AM
67	OVC is not properly staffed with specialists. New grads enter private practice without having completed 4th year rotations in essential subjects such as cardiology, ophthalmology, dermatology. The new grads are woefully unprepared to treat patients.	10/28/2023 6:02 AM
68	Leave them alone!	10/28/2023 5:18 AM
69	In my opinion college need to really look into mental health issues affecting veterinarians. Make sure graduates have enough experience in real world situations because if they get this they will be able to enjoy and do justice to their capabilities.	10/28/2023 4:12 AM
70	The CVO should look at the manner in which the RCVS transitions new graduates into clinical practice as a good template for a proposed program.	10/28/2023 3:31 AM
71	New grads learn on the job. They can do internships if they want. CVO is too controlling and should change its focus from protecting the public to protecting veterinarians. Stop making new requirements!!!	10/28/2023 2:06 AM
72	I feel that veterinarians leave OVC and have all this information in their heads and so excited that they're doctors. Except the reality is that they aren't. Not yet. Graduating and having a piece of paper in your hand isn't synonymous with being a doctor. It takes time to earn that white coat. More than once I've heard a new vet talk to a client and while they talk a good game, they're blowing smoke. But not intentionally deceiving anyone. It's that they are new at this and it's how they put it together in their head and so sell it to owners. New grads do not know as much as they think and they'd do pets and owners much more justice by recognizing their own limitations and that they're not infallible. Finding some humility I'd also suggest that it wouldn't be the worst thing for OVC to move towards a 5 yr program. As above, we have to learn LA & SA, avian, swine for 3 years and only in the 4th are we specializing. I think we should be doing 2 yrs of specializing. You can't learn as much as you need in that final year. Especially if you're going to be doing companion animal. If you're graduating as equine, you're just doing horses. If you're doing LA, you're doing mostly ruminant and seeing some horses. But companion? Look at how much there is to know about cats and dogs. And growing all the time. Which is spectacular. I'm excited that our knowledge is rising to a much higher level. But as that occurs, its going to be more and more difficult to do both species. But in the meantime, how do we absorb the information we have, when we have 1 year of medical rounds? As I write this something occurred to me. Maybe 5 years is too much. Or maybe not. But then would the transitional still be needed? It might. It depends how much primary care is being done at ovc. I don't know the answer to that, I haven't been back in several years. So perhaps cataloging the types and extent of experiences available at primary care. And making sure students get it. When I was there bc I was in large animal both the students and staff treated me like I didn't know anything about small animals and wouldn't let me do anything. I'd been shadowing in SA ER for years so besides that being sweeping generalizations that were untrue, it kept me from having the kinds of experiences I should have had. But OVC is like that. There can be an uneven distribution in training. That is something else CVO should be mindful of in putting together this kind of program. Its' truly an excellent idea. But for its implementation to be excellent, there has to be equal access. Sometimes we don't realize there isn't	10/28/2023 12:05 AM
73	New graduates from Ontario (more than new graduates from the EU) seem to very reluctant to take on more than basic care without referring to a specialist. They are extremely nervous to push themselves outside of their comfort zone or to make a mistake, even when receiving robust and supportive mentorship. As a result of very important considerations for animal welfare they have often had a much more limited opportunity to provide live animal care and surgery than previous generations prior to graduation. While gold standard practices and excellence in medicine and surgery with an emphasis on lifelong continuing education should be taught, there seems to be a fear of providing anything short of gold standard care which results in patients receiving no care instead and an inability to problem solve and work with owners to find compromises and practical solutions. Euthanasia should not be the alternative to an owner being unable or unwilling to provide gold standard care for their pet. While the	10/28/2023 12:04 AM

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profession has a lot to answer for in terms of how associates have been treated historically and the importance of mental health cannot be overstated, we are losing sight of the fact that as veterinarians we are in a helping profession where there should be an expectation of some degree of self sacrifice for the good of others. There is a huge emphasis being placed on the well-being of the vet, their personal comfort and happiness and a focus on their needs and financial demands to the detriment of patient care. The pendulum has swung too far.

74	Although the ultimate goal is to protect the public, in allowing our new graduates to feel more confident in their skills I think we can help the profession significantly. Vets that lack confidence may have, or are at risk of developing, poor mental health over the course of their careers. If we can attempt to help that issue, I think we can provide a better service to the public, and save some of our colleagues in the process.	10/27/2023 11:23 PM
75	Everyone has a different idea of what they need for support. Also, not every clinic will buy in to this sort of program. They need some sort of incentive. When I was a new grad, clinic owners/corporations pushed back about mentorship saying that new grads waste money and that supporting a new grad takes too much time and effort. A clinic that promises mentorship may have good intentions but be too busy to deliver. Enforcement also needs to be considered. How will you know that the mentorship/support setup is working? Will everyone involved need to submit some sort of paperwork?	10/27/2023 10:38 PM
76	No	10/27/2023 10:13 PM
77	Take more step to facilitate current support.	10/27/2023 9:46 PM
78	The veterinary industry is in crisis, and the general public is in a recession, people cannot afford basic housing and food and I think we need to be cautious that we are not wasting people's money on poorly performed diagnostics that will need to be repeated, and that family vets need to have conversations with their clients before just sending them to emerge because if they actually took time to perform a thorough physical exam, and take a good history, most of the patients would never even need to come to emerg. There needs to be a much more thorough training and re-qualifying process for foreign trained veterinarians because their quality of medicine is not adequate to practice in Canada. I think you should look to the human MD, Dental and Psychology schools to assess how they handle foreign trained medical professionals, because the veterinary world is falling short.	10/27/2023 9:31 PM
79	Curriculum addressing medical mistakes - in school or in practice - is needed. I think also having a better understanding of the complaints/discipline process would inspire confidence and less fear. Although I have not been subject to a complaint I have a friend who was and - although ultimately dismissed as frivolous - it devastated her.	10/27/2023 9:14 PM
80	If there were structured avenues to access judgement-free support as a new veterinarian, it would make for a strong foundation in competency sooner than without.	10/27/2023 9:13 PM
81	guidelines on how to mentor and what should be mentored on. Time is short in practice, so guidelines may streamline it. Veterinarians are often self sufficient, I don't know if every new licensee would speak up if they didn't know something.	10/27/2023 8:57 PM
82	.	10/27/2023 8:34 PM
83	Finding a new graduate that enjoys surgery and has some gumption to perform it seems to be a rarity.	10/27/2023 8:25 PM
84	I don't think there should be strict guidelines but if there are guidelines in place they should be flexible so that it doesn't discourage practices from hiring new grads. It is already an investment and a sacrifice for a practice to hire a new grad so I worry with increased requirements mandated by the College that less practices would consider taking new grads on.	10/27/2023 8:03 PM
85	I think student selection at the school level should be adjusted to select students with the grades AND the resiliency for the work they've chosen. Vet med is not for the faint of heart, and loving animals just doesn't cut it over the long run.	10/27/2023 7:40 PM
86	It would have been helpful to me when I was a new grad	10/27/2023 7:39 PM
87	We need more graduates from AVMA/COE accredited vet schools. Right now, bringing in international veterinarians with substandard skill sets just places the burden on vets in practice to educate the new arrivals. There will be some mentors that excel at this and some who don't. The education provided to new arrivals in practice will vary and as a result, their risk of errors in judgement is higher. More formal education is needed.	10/27/2023 7:37 PM

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88	Veterinarians graduating from OVC are very well prepared in my experience to practice from day one with minimal oversight. I feel I was the same way back in 1983! When they/we feel unsure and uncomfortable about any situation in practice they encounter, there are many support services with experienced vets at most clinics and many other on line avenues to help guide. I am unsure we need another level of schooling for already competently schooled students in DVM program in colleges in this country, especially our highly ranked college at Guelph!	10/27/2023 7:37 PM
89	New practitioners should not be permitted to practice in solo practice for the first 6 months. No formal program but more of a graduated transition to full licensure.	10/27/2023 7:34 PM
90	I have seen people be fired from a job because they weren't "cutting it" as a vet, when it wasn't their fault at all, they were just told they would get mentorship and received none.	10/27/2023 7:30 PM
91	Mentoring was not a good experience for our clinic! I found the applicant's skills very weak. His knowledge of basic anatomy was questionable. If I had known this, I would never have agreed to mentoring. It isn't just the surgery...he arrived late and left before his patient had recovered from anesthesia! I found my externship to be a valuable learning experience and would suggest it be mandatory for all (as it was for me).	10/27/2023 7:25 PM
92	There should be a graduated licensing program like driving, with an examination of skills at the end. The program should be paid for by new grads or foreign trained graduates. I think OVC needs to be reviewed for accreditation. It's graduates are woefully underprepared to practice.	10/27/2023 7:19 PM
93	Particularly internationally trained graduates should be incorporated in a program where they can have hand on clinical procedures and some training in client communication.	10/27/2023 7:09 PM
94	Students are coming out very fearful it seems and what does not help are clinics/ hospitals that are insisting 15 minute appointments	10/27/2023 6:53 PM
95	The above two questions are difficult to answer if you are thinking something like a staged licensure like driving a car, that would be putting more onus on the employer to make sure new grad or graduate from another jurisdiction met all the requirements. Is this going to be like an internship that single species MDs have?	10/27/2023 6:45 PM
96	Perhaps courses in vet school should examine "how to treat on a budget " vs gold standard	10/27/2023 6:44 PM
97	On hand training at College facility( Special surgery, ophthalmology)	10/27/2023 6:44 PM
98	In this day and age with a degree being required before entry into vet school one would expect some maturity when they graduate. However it is not the case always. There are not enough general practitioner with comfort in most levels of companion medicine and surgery to be a mentor.	10/27/2023 6:39 PM
99	No	10/27/2023 6:34 PM
100	I have no problem with mentoring and supporting new grads when they come out of school. I think that the educational institutions need to stop puffing these students up and making them feel like they are graduating with full knowledge and experience to start practicing with full competence. I am continually running into new graduates that want mentorship, but expect a full salary of a productive/experienced veterinarian with no acknowledgment that it takes a lot of time to mentor and that the practice takes a loss for every day that the new grad isn't pulling their weight in the clinic.	10/27/2023 6:28 PM
101	I think that this was never an issue until the new generations. If new grads would like more practice they can volunteer and learn like everyone else did	10/27/2023 6:27 PM
102	I fully support qualified vets from other countries practicing in Ontario. They just need some assistance in settling in to vet work in Canada. Would another category be possible? Something between a vet tech and a fully licensed vet? Something like a nurse practitioner in human medicine?	10/27/2023 5:58 PM
103	Would be great statistical information to see what type and size of practice new graduates are getting hired into. I expect it's larger multivet clinics.	10/27/2023 5:49 PM
104	Students are being instructed to "refer" surgeries or medical cases WHEN THERE ARE NO CENTRES WILLING TO DO THESE PROCEDURES. They should be taught and ENCOURAGED to do the cystotomy, the pyometra, the third eyelid gland prolapse without fear.	10/27/2023 5:41 PM

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The most recent new grad I mentored told me, and I quote, "the public thinks we are jerks and don't like us." Is this how they are being taught?

105	Decades of excellent veterinarians didn't just happen. Step back and allow practicing veterinarians to filter through those people want to practice because they love it. Not because the college tells them how.	10/27/2023 5:36 PM
106	Public Protection Animal handling skills Communication skills Medical skills	10/27/2023 5:34 PM
107	The CVO qualifies many incompetent foreign trained vets. Their college or university training is substandard and this cannot be remedied by a modicum of mentoring on the backend when they already have a vet licence.	10/27/2023 5:16 PM
108	I think the College should consider the possibility of restricted licenses. Many foreign trained vets have only practiced in a certain arena for some years and would likely want to focus on that area.	10/27/2023 5:15 PM
109	It is so varied depending on where the new grad practices ie corporate vs one Dr practice. It's hard to make generalized guidelines for this... What might be an option is making CE mandatory for 5 yrs post graduation however this will not support them on a day to day basis. Some sort of mentoring program would be great...	10/27/2023 5:15 PM
110	Ignorance is bliss. Veterinarians practicing with little knowledge but the bravado of the title DVM behind their name are a danger and liability to patients and themselves/their own license. In many cases I don't think these ill equipped vets mean to maliciously practice poor medicine they just don't know enough to do better - the responsibility for bridging that gap resides with both accredited North American schools, in our case the OVC, AND our licensing body, the CVO.	10/27/2023 5:04 PM
111	- The collage should identify unique practice cultures that may different to other jurisdictions, including internally. - Practice owners should be given the opportunity to be involve in this issue - Specifically to non AVMA-COE members, individual whom intends to practice in Canada or Ontario should be given the opportunity to express their views in this issue. The information may be collected during the NEB process	10/27/2023 4:58 PM
112	I have nothing else to add	10/27/2023 4:50 PM
113	Only about 5% of internationally trained vets that I have encountered in 25 years have been clinically competent. The significant percentage of internationally trained vets that are sent to discipline is alarming and supports my earlier comments. The requirements to ensure competence are inadequate for internationally trained vets seeking licensing	10/27/2023 4:43 PM
114	We don't need another form of a license, we need vets that have been out for more than 5 years to support and mentor their new colleagues. We already have too many new grads thinking they can't do basic skills without referring to specialty clinics.	10/27/2023 4:30 PM
115	We need to do better for our new grads (and for all DVMs in practice). We are holding vets to an impossible standard that is crippling vets, causing additional mental health issues, and driving vets from the profession. I understand the CVO has a mandate to protect the public, but we can also protect vets while we protect the public. I think there needs to be a lot of consideration made towards how to accomplish this in an actionable way.	10/27/2023 4:29 PM
116	Where a vet did training (ie diff country)	10/27/2023 4:27 PM
117	With international vets, there should be a more formalized training process or check in by the CVO when it comes to their restricted licenses. For example, in Iran, they don't have veterinary drugs, so I had to teach one vet about most of the drugs we carried in clinic.	10/27/2023 4:16 PM
118	More guidelines for how to pay new graduates who have completed a 1 year internship that enter the GP profession.	10/27/2023 4:11 PM
119	CVO Should be doing more than what they are doing now for support and well being of veterinarians. College should extend a support hand for transitioning veterinarians.	10/27/2023 4:11 PM
120	Some practises in Ontario provide their own excellent mentorship programs, but other practises throw new graduate and new foreign vets Directly into unsupervised rules. There is no consistency on level of mentorship veterinarians receive	10/27/2023 4:03 PM
121	This is a big issue. It is complex and there are no easy solutions. The quality of veterinary care to the general public has significantly declined over the last few years. There are large	10/27/2023 3:52 PM

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gaps in delivery of care. For example , in Toronto it is almost impossible to get an animal into an emergency clinic when needed This goes to the core of the colleges stated mission. It is not just about having excellent gold standard care at a few referral facilities. Or incessantly adding more administrative bureaucratic requirements to regular DVM 's It is about obtaining better outcomes for a larger number of clients and their pets. There are not enough veterinarians delivering primary care at a decent level. Either because of fear from the college or lack of confidence. The college should aim its efforts at : 1-increasing the number of DVMs licensed. 2-Making sure that OVC prepares the students more thoroughly and confidently, specially in surgery 3-Creating pathways such as VSTEP to bring foreign graduates up to the Canadian level of practice . 4- Focusing on better outcomes for more patients in the province rather than just enforcing gold standards. 5-Emphasizing with colleagues the fact that mentoring is part of the professional duty. Promoting this amongst colleagues so it becomes the norm. 6-Reducing barriers and creating incentives for primary health clinics to deliver more procedures and not to refer to overloaded emergency clinics.

122	Dental lecture within the colleges should be made more practical, such as extraction techniques instead of how to do a root canal.	10/27/2023 3:51 PM
123	Xcxczx	10/27/2023 3:48 PM
124	Provide Guidelines for mentorship. An appropriate checklist to be completed by mentor and mentored within a 1-year. period	10/27/2023 3:34 PM
125	Having been in practice for 5 years prior to entering residency, I can attest to the fact that there are many skills which can only be obtained through practice. Ideally this is supervised so that "good habits" and "sound knowledge/skills" are learned (and not the opposite). Also, practice help to solidify information transmitted through traditional didactic methods. This is an aspect that is lacking in veterinary training, especially when compared to medical training for MDs. Even general practitioners need 2 year, supervised residency training before being fully licensed. Can you imagine seeing a family doctor who is literally fresh out of med school without that training, especially when you have a serious medical issue? How confident would you be in their skills? Or would you prefer a seasoned GP? Many of my colleagues would argue that we don't need formal internship or residency training to enter general practice, but I would argue this is an antiquated way of thinking, especially given the advances in veterinary medicine compared to a generation ago. A licensing body is there to ensure competency and to protect the public; training and licensure must adapt to the times. 4 years may have been sufficient in James Harriot's time but not today.	10/27/2023 3:24 PM
126	Documented 1 yr of mentorship should be industry standard.	10/27/2023 3:24 PM
127	This is too variable for a mandatory program to likely be needed, but developing a guideline or standard for recommendations at least would be if benefit	10/27/2023 3:22 PM
128	Replied no to above Q10: i believe our profession must develop a culture where this discussion is redundant or unnecessary. Mandating such fundamental human-centric efforts simply pushes people to strive for the minimum or even find "suitable alternatives" that circumvent the intent of the mandatory program.	10/27/2023 3:20 PM
129	Nothing additional	10/27/2023 3:19 PM
130	I think we have an opportunity to assist in the transition of recent grads to practice in a lot of ways. What foreign non accreditation vets need is vastly different from foreign accredited (I was this) and local vet schools. I also think there needs to be an understanding of foreign non accredited vets are transitioning too in coming and practicing medicine here too or it is vastly overwhelming. (I have taught in foreign vets schools and the approach to medicine can be vastly different.	10/27/2023 3:19 PM
131	For those that want support it would be nice to have a mentorship program but I don't know if needs to be mandatory. Can have an option similar to internship but less rigorous for those that don't want to go to residency but want extra support. Can be opt in for clinics so new grads can search for clinics that would meet their needs. New grads don't seem to get a lot of surgery experience but can vary based on externships that they have had.	10/27/2023 3:07 PM
132	As the college allows for limited licensure and creative ways to help with the vet shortage, we still must insure the veterinarians practicing feel comfortable and competent in their roles and have access to mentorship whether it be within their own clinic or a peer support program	10/27/2023 3:05 PM
133	There should be a program or resource that allows new vets to get the support they need for	10/27/2023 3:04 PM

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cases. Also of there is a way to have internships that does not take advantage of the new grads ( pay below minimum wage) and is more conducive for proper learning would be good

134	Veterinary schools that do not allow students to perform surgeries on live animals Or to get primary clinical experience are not helping this profession. Book smart is not the same as clinical relevant practice	10/27/2023 3:04 PM
135	The College should make every effort to look outside the narrow focus of clinical practice and practice owners when developing by-laws and support for veterinarians in Ontario.	10/27/2023 3:02 PM
136	1. Close facility accreditation requirements for owners that are new grads or new Canadians or permanent residents. 2. Peer supports for new grads, non-AVMA approved educated veterinarians who have completed CVO licensing requirements, or veterinarians new to Ontario from outside North America. 3. Global migration of veterinarians requires support from our national profession. We need to keep a high level of standards and support our diverse population.	10/27/2023 3:00 PM
137	Nothing specific. I have a friend from high school who is a medical doctor. When we compare memories of when we just started our as a vet/as a doctor, I would say my friend definitely a set of skills to perform his "trade" when he was licensed to practice as an MD, whereas I had to figure the skills out on my own. That being said, I did figure them out, but it was very stressful. I am empathetic to all new veterinarians who have to go through their first few years like I did. Surely there is a better way.	10/27/2023 2:59 PM
138	The College's work, over the years, has demonstrated that they enjoy hurting, not helping veterinarians. If supports are needed, they must be independent and confidentially protected from the taint of the College.	10/27/2023 2:43 PM
139	Given that Canada and provincial governments has decided to not invest in the expansion of its veterinary schools, which should be its highest priority, immigration will be needed to fill the demand for veterinarians as well as changing the scope of practice to transfer what veterinarians do to other individuals. it is important that we minimize barriers to immigrant veterinarians to being able to start practicing, therefore a mandatory program is not recommended. All 6 of our local applicants for the last 3 years for veterinary school are now all overseas at vet school because they cannot get training in their own country. However mentorship is key in landing new graduates, and the practices that offer this will have an advantage in recruiting talent.	10/27/2023 2:40 PM
140	None	10/27/2023 2:38 PM
141	Leave things as voluntary. Consider identifying practices that are known to have a good mentorship program. New graduates will be more apt to apply to those practices. Practices that do not offer such programs will be more apt to develop and utilize such programs in order to attract new veterinarians	10/27/2023 2:28 PM
142	Please ensure that the new licensees have plenty of training and are familiar with emergency situations.	10/27/2023 2:25 PM
143	Mentorship should be at least two years and be all encompassing. New graduates should not be left on their own in solo practice. Group practice with at least one mentor every day is essential. Inexperienced Veterinarians will quickly burn out if left on their own without mentorship/supervision.	10/27/2023 2:25 PM
144	Placements at clinics that are able to mentor- possibly smaller less hectic clinics that can really give one on one training. Also fair opportunity for private clinics to mentor- not having the majority as corporate.	10/27/2023 2:24 PM
145	Given the DVM shortage the goal is to place as many DVMS where needed as possible. However we need to ensure that all new and incoming DVMS have the support and mentorship to allow them to provide the best quality of care to patients. There are likely many DVMS that find mentoring very rewarding and it would be worthwhile doing a survey of DVMS to see what percentage would be willing.	10/27/2023 2:20 PM
146	Be sure to not require vets owning practices to be forced to lose money on new hires because of cvo expectations.....don't licence them until they can practice compentently.....it is not my job to do yours	10/27/2023 2:20 PM
147	Consider past experience working in clinical setting	10/27/2023 2:19 PM

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148	Can't think of one.	10/27/2023 2:19 PM
149	N/A	10/27/2023 2:18 PM
150	If CVO wants to help new graduates transition into the workforce, there is nothing wrong with offering programs for those who are interested or feel that they need it, however I don't think it is something that should be mandated. Many graduates have spent 8+ years of post secondary studies to get to where they are and are eager to get started in their new jobs. Adding more mandatory education/programming may seem daunting and takes the excitement out of beginning a new career. Again, if some new graduates would like this extra support, there is nothing wrong with it - but that doesn't mean it should be mandatory.	10/27/2023 2:14 PM
151	I am a foreign graduate and I was offered a role as a vet by a corporate. For this role I waited for almost 1.5 years to start work. But when I joined the work place I was terminated for no justified reasons. So the college should make sure that the employers do not exploit the foreign trained vets.	10/27/2023 2:14 PM
152	New grads need a workplace that offers help in surgery, more time for appointments, communication skills.	10/27/2023 2:14 PM
153	With the current veterinary shortage I think we need to be creative with solutions, particularly for emergency care. It is possible an experienced vet may feel comfortable monitoring 2-3 vets from another province/country/aspect of medicine as well as a new grad at a larger facility like an emerg clinic. They could focus on in-patients/teaching while someone with less experience gets comfortable with the work-up process, rx medications, interpreting rads etc.	10/27/2023 2:11 PM
154	Peer mentoring for non North American accredited school graduates Government funding to address shortages and help practice owners assist other new graduates as TIME is always an issue	10/27/2023 2:09 PM

## Graduated Licensing Model Environmental Scan

### Veterinary Regulatory Bodies – Canada

Formalized graduated entry to practice models do not currently exist for the veterinary profession in Canada.

### Human Healthcare Regulatory Bodies – Canada

Formalized graduated entry to practice models exist in human medicine.

### Regulatory Bodies – Ontario

Jurisdiction	Guidelines/Program/Context	Links
Ontario College of Pharmacists	<p><i>Practice Assessment of Competence at Entry (PACE)</i></p> <ul style="list-style-type: none"> <li>• PACE is the practice-based assessment of a pharmacist applicant's readiness to safely and independently practise as a pharmacist performing the authorized of the profession.</li> <li>• Successful completion of PACE is a registration requirement for Ontario pharmacist applicants who graduated from a pharmacy degree program outside of Ontario and who are applying for licensure as a pharmacist in Canada for the first time.</li> <li>• Three phases in PACE:               <ol style="list-style-type: none"> <li>1. Orientation (35 hours)</li> <li>2. Assessment (70 hours)</li> <li>3. Development (if not successful in Assessment phase)</li> </ol> </li> </ul>	<a href="#">International Pharmacy Graduate - PACE</a>

### Regulatory Bodies – International

Jurisdiction	Guidelines/Program/Context	Links
Kentucky, United States University of Kentucky	<p><i>Nurse Residency Program</i></p> <p>Provides a 1 year support and education program for new graduate nurses (specifically for bedside roles)</p> <p>This program consists of</p> <ul style="list-style-type: none"> <li>• Regular contact with experts and peers to allow for the most successful transition</li> </ul> <p>The program focuses on Patricia Benner's theoretical framework of <b>From</b></p>	<a href="#">Nurse Residency Program   UK Healthcare (uky.edu)</a>

	<p><b><i>Novice to Expert; Excellence and Power in Clinical Practice</i></b></p> <p>The program is offered as a partnership between University of Kentucky HealthCare and the University of Kentucky College of Nursing</p> <p>The Vizient/AACN Nurse Residency curriculum is used and it is accredited by the CCNE</p> <p>Emphasis on specific skills:</p> <ul style="list-style-type: none"> <li>• Critical thinking skills</li> <li>• Leadership abilities</li> <li>• Communication skills</li> <li>• Evidence based practice</li> <li>• Patient Safety</li> <li>• Professional Career Development</li> </ul>	
United States – Kentucky – Med Center Health	<p><b><i>Graduate Nurse Residency</i></b></p> <p>Program designed to educate and support the graduate nurse transition from novice to beginner nurse during the first months of their professional career. Nursing educators and unit preceptors will assist in:</p> <ul style="list-style-type: none"> <li>• Improving bedside patient assessment and care skills</li> <li>• Critical thinking</li> <li>• Problem-solving patient conditions</li> <li>• Interdisciplinary communication skills</li> </ul> <p>Clinical Nurse Educators = certified in their field of expertise</p> <p>Partnership with the University of Kentucky College of Medicine</p>	<p><a href="#"><u>Graduate Nurse Residency – Med Center Health</u></a></p>
United Kingdom – Royal College of Veterinary Surgeons	<p><b><i>Veterinary Graduate Development Programme (VetGDP)</i></b></p> <p>It is a requirement of the Royal College that all graduates be employed at an Approved Graduate Development Practice.</p> <p>The program provides an effective period of workplace-based support for all</p>	<p><a href="#"><u>VetGDP information for practices and workplaces - Professionals (rcvs.org.uk)</u></a></p> <p><a href="#"><u>Veterinary Graduate Development Programme (VetGDP) - Professionals (rcvs.org.uk)</u></a></p>

	<p>veterinary graduates as they begin their first role in a practice.</p> <p>The aim is for graduates to become competent, resilient members of the veterinary team.</p> <p>Core to VetGDP – trained VetGDP Advisors work on a one-to-one basis with veterinary graduates to provide support in the workplace.</p> <p>Practices or other workplaces wishing to employ veterinary graduates must become an <a href="#">RCVS Approved Graduate Development Practice</a>, to ensure that graduates receive the developmental support required.</p>	
<p>Netherlands – The Royal Netherlands Veterinary Association</p>	<p><i>2010 – New Program Design for Young Veterinary Professionals- Development Programme</i></p> <p>The aim of this program is to enhance work engagement by broadening and increasing participants' personal resources.</p> <p>In the Netherlands, students can register for veterinary education at the Faculty of Veterinary Medicine after having completed High School.</p> <ul style="list-style-type: none"> <li>• The veterinary education program lasts for 6 years</li> <li>• 75% of students choose a career in veterinary practice – there is no formal additional training program for them. They work as an employee and then continue their career in veterinary practice as a self-employed vet.</li> </ul> <p>What is the program?</p> <ul style="list-style-type: none"> <li>• Veterinary professionals having graduated between 0 to 5 years.</li> <li>• (1) An intake procedure including a talent assessment, collection of 360degree feedback at the workplace and an intake meeting that serves to identify goals for improvement and commitment to</li> </ul>	<p><a href="#">Effects of a 1 year development programme for recently graduated veterinary professionals on personal and job resources: a combined quantitative and qualitative approach   BMC Veterinary Research   Full Text (biomedcentral.com)</a></p>

	<p>work on these goals throughout the program</p> <ul style="list-style-type: none"> <li>• (2) Various modules with an emphasis on reflection and experimenting with new behavior. <ul style="list-style-type: none"> <li>– All participants were enrolled in the general program.</li> </ul> </li> <li>• (3) Participants met every 6 weeks for 10 months – 6 training days - a training day consisted 3 parts A) looking back on the past 6 weeks, B) Intervision (peer-coaching), and C) half day professional skills training. <ul style="list-style-type: none"> <li>○ Each training day ended with updating existing learning objectives or with preparing new ones.</li> </ul> </li> <li>• General program – when necessary it was supplemented with individual coaching and E-learning modules.</li> <li>• The program was facilitated by 2 professional coaches</li> </ul> <p>What were some of the key outcomes of the program?</p> <ul style="list-style-type: none"> <li>• in addition to an increase of reflective behavior, proactive behavior and self-efficacy, the participants have also developed other important personal resources namely self-acceptance, self-esteem, awareness of own influence and responsibility.</li> <li>• The reflection process seemed to be a necessary step for the development of the other personal resources. There are 4 steps: looking back on the action, awareness of the essential aspects, development of alternative methods of action, carrying out (new) planned behaviour.</li> </ul> <p>Overall: This program enabled participants to work on individual learning goals. Through reflection upon experience,</p>	
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	<p>feedback and assessment outcomes participants work on the develop of individual personal resources.</p> <p>Participants of the program perceived increased personal resources 6 months after completion of the program.</p>	
<p>Scotland – United Kingdom – University of Glasgow</p>	<p><i><a href="#">Veterinary Medicine &amp; Surgery</a></i> Undergraduate Degree – Veterinary Medicine and Surgery (BVMS) – 5 year degree</p> <p>Foundation Phase (years 1 and 2)</p> <ul style="list-style-type: none"> <li>• Provide fundamental knowledge and develop the skills and attitudes on which the following years of your training are based.</li> <li>• Outcome: working knowledge of healthy domestic animals, introduction to the mechanisms of disease, develop independent learning strategies, develop fundamental personal skills to help move towards learning based more in professional environments</li> </ul> <p>Clinical Phase (Years 3 and 4)</p> <ul style="list-style-type: none"> <li>• Build on the Foundation Phase</li> <li>• Outcome: developed independent learning strategies and the necessary skills to become an active participant of the professional phase clinical team</li> </ul> <p>Professional Phase (Year 5)</p> <ul style="list-style-type: none"> <li>• Receive clinical experience in core clinical areas – opportunity to focus on personal interests or explore the breadth of opportunities in the veterinary profession by choosing a “selective” experience</li> </ul> <p>Special Features</p> <ul style="list-style-type: none"> <li>• Undertake extra-mural studies (EMS) during the vacation time</li> <li>• Gain experience of the management and handling of domestic animals</li> </ul>	<p><a href="#">University of Glasgow - Undergraduate study - 2023 Degree programmes A-Z - Veterinary Medicine &amp; Surgery</a></p>

	<ul style="list-style-type: none"> <li>Undertake clinical EMS – to gain experience working in veterinary professional environments</li> </ul>	
Australia – Australasian Veterinary Boards Council	<p><i>AVBC's 2022 Sustainable Practice Forum</i></p> <p>Ensuring that Day One Competencies (D1Cs) set graduates up for success and confidence in managing common entry-level conditions in practice.</p> <p>Better preparing and educating the profession to support student learning during work-integrated learning placements and in the new graduate transition phase.</p> <p>Defining the roles “Mentor” “Coach” and “Supervisor” for the veterinary sector and educating vets on how to develop the skills for these roles</p> <p>Acknowledgment of the importance of Non-Technical Skills (NTS) - embedding topics in veterinary education, D1Cs and Continuing Professional Development (CPD) requirements moving forward.</p> <p>Workshop feedback and input from delegates was insightful and forward-thinking and promises to lead to tangible outcomes for the profession.</p> <p>CPD</p> <ul style="list-style-type: none"> <li>Should promote evidence-based veterinary medicine and behavioral change, competence should be defined by career stage, systems should be developed to assess competencies and external review of competence is required</li> <li>45% of the new graduates surveyed had left their first place of employment, with the most common reasons cited as toxic practice culture and lack of adequate support</li> <li>Based on research: <ul style="list-style-type: none"> <li>New graduates would benefit from preparing a</li> </ul> </li> </ul>	<a href="https://avbc.asn.au/latest-news/avbc-publishes-sustainable-practice-forum-report/">https://avbc.asn.au/latest-news/avbc-publishes-sustainable-practice-forum-report/</a>

	<p>plan at the start of their employment (or earlier) as a veterinarian, with the help of a mentor or supervisor, to identify their learning needs</p> <ul style="list-style-type: none"> <li>○ The five clinical domains of learning and skills framework (described previously) would help guide this planning process.</li> <li>○ Regular meetings with a mentor or supervisor to review progress against the plan and check on general wellbeing would greatly benefit new graduates.</li> <li>○ There should be flexibility around who can be a mentor or supervisor to allow for different situations.</li> <li>○ Training should be available for mentors (some suggested that training should be mandatory).</li> <li>○ There is an apparent disconnect between the level of support that new graduates perceive they have received and the level of support that employers believe they have provided.</li> </ul>	
<b>United Kingdom – General Medical Council</b>	<p><i>40<sup>th</sup> Annual Educational Conference – Virtual Experience</i></p> <p>What are we doing in practice?</p> <ul style="list-style-type: none"> <li>• Investing in more “upstream regulation”</li> <li>• Providing Outreach Services Employer Liaison Advisers (ELAs)</li> <li>• Providing Outreach Services Regional Liaison Advisers (RLAs)</li> </ul> <p>What are we concerned about?</p>	<p><a href="https://www.gmc-uk.org/about/what-we-do-and-why/learning-and-support/workshops-for-doctors/welcome-to-uk-practice">https://www.gmc-uk.org/about/what-we-do-and-why/learning-and-support/workshops-for-doctors/welcome-to-uk-practice</a></p>

	<ul style="list-style-type: none"> <li>• Burnout and poor mental health</li> <li>• Urgent steps are required to retain doctors</li> <li>• Encouraging a new supply of doctors</li> <li>• Implication of Brexit on the workforce</li> </ul> <p>Results of RLS Sessions</p> <ul style="list-style-type: none"> <li>• 86% of doctors felt that the session had helped them reflect on their practice</li> <li>• 90% would recommend working with the RLAs to a colleague</li> <li>• 75% of doctors said that they would change their practice following RLA sessions</li> <li>• 86% of doctors felt their knowledge of the GMC had improved</li> </ul> <p><i>Duties of a Doctor – Professional development program by the RLS</i></p> <ul style="list-style-type: none"> <li>• Trust-based outreach educational intervention delivering bespoke face-to-face teaching over several months which aims to increase doctor's knowledge and confidence in using GMC guidance</li> <li>• Improved: approachability and understanding of the role of the GMC, awareness of the GMC resources/services, Understanding and use of the GMC guidance, increased frequency referring to the GMC professional guidance and GMC confidentiality guidance.</li> </ul> <p><i>WELCOME TO UK PRACTICE (WtUKP)</i></p> <ul style="list-style-type: none"> <li>• Essential ethical guidance workshops for doctors new to the UK</li> <li>• Core content:             <ul style="list-style-type: none"> <li>○ Regulating doctors and setting standards for the profession</li> <li>○ Common challenges that doctors new to the UK register face</li> <li>○ GMC guidance and how to apply it to ethical</li> </ul> </li> </ul>	
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	<p>scenarios covering Confidentiality, Consent, Raising Concerns and Prescribing to Children</p> <ul style="list-style-type: none"> <li>○ Reflection of experiences and an action plan to use in the future</li> </ul> <ul style="list-style-type: none"> <li>• In 2019 – 3,692 attendees and Now delivered virtually.</li> <li>• Impact <ul style="list-style-type: none"> <li>○ 86% of doctors rated it good or very good</li> <li>○ 87% reported that they would recommend WtUKP to a friend</li> <li>○ 68% reported intention to change practice (12% no intention)</li> <li>○ Awareness of GMC guidance increased from 77% to 100%</li> <li>○ Doctors reported increased confidence in the following areas: confidentiality, consent, duty of candour, mental capacity, asking for help and raising concerns, practicing in the UK</li> </ul> </li> </ul> <p><i>360 Video App</i></p> <p>International GP recruitment program</p> <ul style="list-style-type: none"> <li>• Help international doctors experience how UK GP practice works</li> <li>• Collaboration between NHS England and the GMC</li> </ul>	
<b>New Zealand – Veterinary Council of New Zealand</b>	<p><i>Changing Continuing Professional Development for Veterinarians</i></p> <ul style="list-style-type: none"> <li>• new general CPD scheme for new graduates</li> <li>• Mentorloop platform a tool in helping graduate veterinarians connect with mentors who have years of experience to share.</li> <li>• First year of professional practice the new graduate must: <ol style="list-style-type: none"> <li>1. Hold a planning session with a mentor (or mentors) when they start work (or within the 1st few weeks).</li> </ol> The planning session should identify</li> </ul>	<p><u><a href="#">Changing Continuing Professional Development for Veterinarians</a></u></p>

	<p>their immediate learning needs to become confident and competent in their new role and prepare a plan to address those needs.</p> <p>2. Meet regularly with a mentor (or mentors) to review progress against their plan and check on their wellbeing. This should be at least monthly for the first three months and every other month after that until the end of the first year. Meeting more regularly than that is acceptable and may be needed for some.</p>	
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## Other Resources

Resource	Context	Links
North American Essential Competency Profile	<p><a href="#"><i>North American Essential Competency Profile</i></a></p> <ul style="list-style-type: none"> <li>The North American Essential Competency Profile for Veterinary Medicine, which outlines competencies in the veterinary field was officially accepted in 2022. It is a foundational document and will be used as a benchmark for different activities in regulatory veterinary medicine and for many purposes — including licensure requirements, quality assurance, remediation, re-entry to the field, and more.</li> </ul>	attached
Office of the Fairness Commissioner	<p><a href="#"><i>Fair Access to Regulatory Professions and Compulsory Trades Act (FARPACTA)</i></a></p> <p>FARPACTA is the legislation that established the Office of the Fairness Commissioner (OFC) and includes requirements for regulatory bodies related to ensuring transparency, objectivity, impartiality and fairness in its licensure/registration decisions.</p> <p>FARPACTA was amended in 2022 and a number of these amendments relate to what has come to be known as the Canadian experience requirement. This type of provision typically requires that internationally trained applicants obtain Canadian work experience as a</p>	

	<p>condition of registration. Section 10.2 of FARPACTA is the key statutory provision and it now spells out a prohibition against retaining a Canadian experience requirement unless the Ministry of Labour, Immigration, Training and Skills Development grants an exemption.</p> <p>The College cannot introduce any unnecessary barriers to entering practice. The College may consult with the OFC about graduated licensing models.</p>	
Canadian Veterinary Medical Association	<p><a href="#"><i>Mentoring Program</i></a> The CVMA Mentoring Program facilitates the connections among members and provides support to final year DVM students, recently graduated members and veterinarians in their early career.</p> <p><a href="#"><i>CVMA Guidelines for the Successful Employment of New Veterinary Graduates</i></a> This 60-page booklet is valuable for practice owners looking to hire and for veterinarians seeking employment. The booklet is available to members by downloading it directly from our Practice Management Resources.</p> <p><a href="#"><i>Early Career DVM Resource Hub</i></a> Information provided by Denise Charron, Manager Member Services at the CVMA: The mentorship program has been in place for a number of years. It is only available to CVMA members. Mentors and mentees must fill out an application, it is reviewed and then when approved, all mentors get listed on the members-only access part of the CVMA website by province. Mentees that are approved are sent all information on how to select their mentor by email and a list of things to consider. It is up to the mentee to find</p>	<p><a href="#">Mentoring resources</a></p> <p><a href="#">CVMA Guidelines for the Successful Employment of New Veterinary Graduates</a></p> <p><a href="#">Early Career DVM Resource Hub</a></p>

	their own mentor from the list of mentors, as best suited for them. There are approximately 37 mentors and 20 mentees.	
Ontario Veterinary Medical Association	<p><i>Student and Locum Resources</i></p> <p>Information provided by Brandi Deimling, Manager of Government and External Relation at the OVMA: The OVMA is interested in the transition into practice and is working on a few initiatives in this area.</p>	
Corporate Practice – employment perks	<p><i>Vet Strategy Mentorship Program</i></p> <p><i>VCA Academy</i></p>	<p><a href="#"><u>Vet Strategy Mentorship Program</u></a></p> <p><a href="#"><u>VCA Academy</u></a></p>

## Graduated Licensing Model

### Literature Review

Articles provided for May 15, 2023 meeting

Name of Article Information	Link to Article
<p>1. <i>Mentoring New Veterinary Graduates for Transition to Practice and Lifelong Learning (Journal of Veterinary Medical Education, 2021)</i></p> <ul style="list-style-type: none"> <li>Needs Assessment conducted by the Western College of Veterinary Medicine (WCVN)</li> <li>The profession has focused on training mentors, it has paid little attention to teaching mentees how to maximize the benefits of the relationship</li> <li>WCVN's substantive gap analysis revealed mentee training as an important issue to address in a mentorship relationship</li> <li>These skills obtained in the mentorship are important for lifelong learning and continuing professional development, as well as transition to practice.</li> </ul>	Attached
<p>2. <i>Developing Mentee Skills: A Curriculum Guide (Journal of Veterinary Medical Education, 2021)</i></p> <ul style="list-style-type: none"> <li>The transition to the practice period presents challenges for both new graduates and their employers.</li> <li>Mentorship can support veterinary students' preparation for their career and improve their transition to practice.</li> <li>To actively and productively engage in mentoring, veterinary colleges can prepare students to develop their skills as mentees.</li> <li>WCVN developed a pilot mentee skills training program, woven through students' 4-year professional education.</li> <li>The curriculum emphasizes self-directed learning skills and competencies essential for lifelong learning.</li> <li>The pilot curriculum, with learning tools, are presented in this article.</li> </ul>	Attached
<p>3. <i>Evaluation of Orientation Course for International Practitioners (Grey Areas, Steinecke, Maciura and LeBlanc, 2019)</i></p> <ul style="list-style-type: none"> <li>The General Medical Council offers a free course to international practitioners on practising in the UK.</li> <li>An evaluation of this program was released in 2019 and contains information, including recommendations for regulators that are considering implementing a similar program.</li> </ul>	Attached

## Articles provided for March 28, 2023 Registration Committee Meeting

Name of Article Information	Link to Article
<p>1. <i>Best practices of formal new graduate transition programs: An integrative review (International Journal of Nursing Studies, 2019)</i></p> <ul style="list-style-type: none"> <li>• New graduate nurse programs enhanced critical thinking, competency and retention, and there were advantages with use of bundled preceptor strategies to support new graduates</li> <li>• Strengthening the quality of preceptor support was evident across studies with the bundling of concurrent strategies found to be helpful</li> <li>• Competency and confidence were found to increase over time for new graduate nurses in transition programs</li> </ul>	<p><a href="#">Best practices of formal new graduate transition programs: An integrative review</a></p>
<p>2. <i>11 Path to Licensure scholars engaged in research and teaching about professional regulation in the classroom (Association of Social Work Boards)</i></p> <ul style="list-style-type: none"> <li>• 11 schools implemented customized Path to Licensure programs to teach their social work students about the importance of licensing and regulation to the profession of social work</li> <li>• The goal of the Path to Licensure program is to help social work students transition successfully to professional practice with the understanding of why regulation is an essential component of professional practice.</li> <li>• the association partnered with the Council on Social Work Education and the National Association of Social Workers Risk Retention Group to develop a Curricular Guide for Licensing and Regulation published in 2018 by CSWE for use by accredited schools of social work</li> </ul>	<p><a href="#">11 Path to Licensure scholars engaged in research and teaching about professional regulation in the classroom</a></p>
<p>3. <i>Transition to Practice Study in Hospital Settings (Journal of Nursing Regulation, 2015)</i></p> <p>The new for new nurses to practice is more important now – its increasingly complex, and the need for systems thinking continues. Patient population is more diverse, sicker and older, and patients have multiple conditions.</p> <p>Elements of Transition</p> <ul style="list-style-type: none"> <li>• Institution based orientation program – “the process of introducing staff to the philosophy, goals, policies, procedures, role expectations and other factors needed to function in a specific work setting”</li> <li>• Trained preceptors. Trained preceptor is assigned to work with and guide the new nurse for the first 6 months of</li> </ul>	<p><a href="#">Transition to Practice Study in Hospital Settings</a></p>

<p>practice. – preceptors are educated in their role through an online training module</p> <ul style="list-style-type: none"> <li>• Modules – the first 6 months of the program – 5 modules <ul style="list-style-type: none"> <li>○ Patient-centred care</li> <li>○ Communication and teamwork</li> <li>○ Evidence-based practice</li> <li>○ Quality improvement</li> <li>○ Informatics</li> </ul> </li> <li>• Safety and clinical reasoning threaded throughout the modules</li> <li>• Institutional Supporting- second 6 months of the program <ul style="list-style-type: none"> <li>○ Nurses encouraged and supported to participate in system activities such as committees, unit projects, grand rounds, and other learning opportunities offered by the institution</li> </ul> </li> <li>• Feedback and reflection <ul style="list-style-type: none"> <li>○ Threaded throughout the first year of practice and facilitated by nurses, preceptors and managers</li> </ul> </li> </ul>	
<p>4. <i>A Regulatory Model for Transitioning Newly Licensed Nurses to Practice (Journal of Nursing Regulation, 2010)</i></p> <ul style="list-style-type: none"> <li>• need for a standardized transition-to-practice model has arisen because of the changes in health care in the past 20 years <ul style="list-style-type: none"> <li>○ patients are living longer and have multiple chronic conditions- systems are become more complex- technology is growing exponentially = highlevel thinking and experiential learning is needed (patient safety, quality improvement, and evince-based practice)</li> </ul> </li> <li>• employers report new graduates are not ready to practice</li> <li>• Some predict we are approaching an expertise gap in nursing</li> <li>• Many say that successful transition programs are available now, and thus, transition programs should remain voluntary</li> </ul> <p>Effects of Not Having a Standardized Transition Program:</p> <ul style="list-style-type: none"> <li>• Several implications – problems with patient safety</li> <li>• New graduates are expected to become skilled in a wide range of necessary skills and gain a sense of the wider world of their organization and health care.</li> <li>• Turnover rates of 35% to 60% during the first year of practice</li> <li>• An investigative reporter, found that temporary nurses have increasingly been the focus of investigations in the last 3 years, with most errors linked to lack of knowledge of hospital procedure or unfamiliarity with patient conditions</li> </ul> <p>Proposed Solution</p> <ul style="list-style-type: none"> <li>• Flexibility of the Transition to Practice regulatory model</li> </ul>	<p>Attached</p>

<ul style="list-style-type: none"> <li>○ The program is not worth it if nurses cannot make the time – an average of 4.72 weeks is so short that it would not provide insight into the effect of the program.</li> <li>○ Nurses needs more support through standardized transition program – such as: lower job stress, management that listens, management that cares, training to deal with difficult residents.</li> <li>○ Practice settings could develop their own programs and partnerships of practice settings with each other or with education programs could be established to deliver the standardized transition program</li> <li>• Model strongly dependent on a well-developed preceptor-nurse relationship <ul style="list-style-type: none"> <li>○ Promotes preceptors to work with new grads throughout the 6 month transition program</li> <li>○ Preceptors must be skilled in the role- they often feel unprepared and unsupported for the role</li> <li>○ include Preceptor training – ex, Vermont Nurses in Partnership</li> </ul> </li> <li>• 5 transition modules – completed during the 6 month Preceptorship <ul style="list-style-type: none"> <li>○ Patient-centered care</li> <li>○ Communication and teamwork</li> <li>○ Evidence-based practice</li> <li>○ Quality improvement</li> <li>○ Informatics</li> </ul> </li> <li>• Institutional Support <ul style="list-style-type: none"> <li>○ During the first 6 months in practice many new nurses have specialty classes and may feel overwhelmed by the amount they must learn</li> <li>○ An effective transition program should last at least 6 months with institutional support for 1 year.</li> </ul> </li> </ul>	
<p>5. <i>Exploring The Factors That Affect New Graduates' Transition From Students To Health Professionals: A Systematic Integrative Review Protocol (British Medical Journal, 2020)</i></p> <ul style="list-style-type: none"> <li>• This articles identifies the existing literature pertaining to the barriers during transition, the facilitators and the evidence-based coping strategies that assist new graduate health professionals to successfully transition from students to health professionals.</li> </ul> <p>BARRIERS</p> <ul style="list-style-type: none"> <li>• Study by Brennan et al in the UK – junior doctors who participated in the study described their transition from medical students to junior doctors as extremely stressful – uncertainty of their clinical decisions including diagnosis and treatment.</li> </ul>	<p><a href="#">Exploring the factors that affect new graduates' transition from students to health professionals: a systematic integrative review protocol   BMJ Open</a></p>

<ul style="list-style-type: none"> <li>Literature Review by McCombie and Antanavage – new graduates experience low personal and professional confidence,</li> </ul> <p>RECOMMENDATIONS</p> <ul style="list-style-type: none"> <li>Supervision &lt;- in occupational therapy, supervision has been shown to contribute to new graduates' ability to relate their acquired knowledge to practice.             <ul style="list-style-type: none"> <li>Study in Australia by Hummel and Koelmeyer found that formal supervision by an experienced health professional, who is capable of providing essential feedback and supportive = successful transition and fundamental for new graduates.</li> <li>Helps relate the knowledge acquired in the classroom to practice.</li> <li>Work colleagues provide advice and information to new graduates.</li> </ul> </li> <li>Group learning             <ul style="list-style-type: none"> <li>Moore and Fitzgerald – interactions with peers in the form of group learning, networking and structured discussions on topics relevant to clinical practice supported the transition into practice</li> <li>Hummell and Koelmeyer – informal support from other new graduates within and beyond the workplace eased their role transition</li> </ul> </li> <li>Continued professional development opportunities             <ul style="list-style-type: none"> <li>Seah et al – novice professionals' engagement in continued professional development and increased professional confidence in the clinical environment</li> </ul> </li> </ul> <p>Integrative Review</p> <ul style="list-style-type: none"> <li>Examining varied perspectives on factors that affect transition into practice</li> <li>This varies depending on the type of program and the curricula and in terms of level of expectation, duration and level of independence required.</li> </ul> <p>#1. What types of challenges do new health graduates face during transition into practice?</p> <p>#2. What factors facilitate the transition of new health graduates into practice?</p> <p>#3. What coping strategies do new health graduates employ to ensure successful transition into practice?</p>	
<p>6. <i>Faculty perceptions of the impact of the COVID-19 pandemic on new graduate nurses' transition to practice: A qualitative study (Journal of Professional Nursing, 2022)</i></p> <ul style="list-style-type: none"> <li>The pandemic's impact on new nurses</li> <li>This study was conducted sampling 116 nurse faculty from across North Carolina, US</li> </ul>	<p><a href="#">Faculty perceptions of the impact of the COVID-19 pandemic on new graduate nurses' transition to practice: A qualitative study - PMC (nih.gov)</a></p>

- Focus was on 4 *themes*: (1) Less hands-on (2) Transition-to-practice opportunities (3) key role of preceptors (4) provide additional support
- The impact of learning restrictions on new nurses' preparedness for professional practice

#### How the pandemic impacted education

- The sudden shift from traditional to online learning during the COVID 19 pandemic significantly reduced the number of clinical hours in prelicensure nursing programs
  - To compensate for the loss of hands on clinical hours – nursing students and faculty members embraced various forms of virtual learning
- Traditional face-to face classes, laboratory and simulation instruction, and clinical experiences were mostly offered via online learning environments from Spring 2020 to Spring 2021 – there was a significant reduction in clinical learning hours because many healthcare facilities restricted clinical experiences of nursing students
- Research indicates faculty perceive pandemic graduates as being less prepared for professional practice, and this creates patient safety and workforce concerns
  - Online class delivery, quarantine or isolation have missed learning experiences, clinical sites had been plagued with heightened patient volume, staff stress impacting clinical learning
- Some students encountered technology barriers (such as lack of computers or internet access), some encountered financial struggles, family responsibilities and modified living conditions

#### Research Questions

- 1) How did prelicensure nursing education change during the pandemic?
- 2) How do nurse faculty perceive practice readiness among pandemic graduates, as compared to pre-pandemic graduates?
- 3) What are nurse faculty members' perceptions of how pandemic-related educational changes will affect new nurses' entry to practice?
- 4) What strategies do nurse faculty recommend TTP programs implement to help pandemic graduates' success?

#### Theme 1 – Less Hands On

- Less clinical hours – faculty felt pandemic graduates will be overall less prepared than prior graduates
- Clinical learning was restricted for specialty areas (pediatrics and maternity) and experiential learning for those populations occurred only through simulation
- Theory vs practical – to be able to make connection from textbook to reality

- Students will be deficient in critical thinking and quick thinking in a crisis, lack of professionalism (students show a lack of accountability for their actions and blamed their failures on the pandemic...)

#### Theme 2 – Transition to practice opportunities

- Clinical learning challenges students to pull together the full picture and without these experiences, pandemic graduates may... “be so focused on a to-do list, they will not be able to conceptualize how all things come together”
- Preventing failure to recognize and failure to rescue
- Virtual simulation doesn’t provide more than on patient at a time- students were limited
- Pandemic graduates will not be able to work together as well as in the past – their inter disciplinary communication skills will be hindered due to lack of exposure
  - Less confident to initiate communication due to negative experiences

#### Theme 3: Key of preceptors

- Repeatedly encourages preceptors to have patience when working with pandemic graduates
- New grads will have a lower level of confidence and doubt themselves much more, requiring a higher level of reassurance from preceptors
- Need to allow new graduates to ask questions (make up the time lost) and move slowly.. they are going to need more time for hands on patient care
- Pandemic graduates will likely be less confident with technical skills, making them more focused on completing these tasks than on understanding WHY care is being delivered

#### Theme 4: Provide additional support

- Pandemic graduates will need significant support and guidance – if not received they may be burned out quickly once entering the profession
- Faculty recommended TTP programs include content on self-care to prevent stress overload and techniques for combating burnout
- Faculty recommended creating or enhancing mentorship programs because pandemic graduates would benefit from having good mentors who can be the venting source they need as they work through the stress of overcoming barriers imposed by COVID
- Access to both mentor and preceptor could provide the additional support needed, with the mentorship extending beyond the initial orientation time

#### RECOMMENDATIONS

- Create an *academia-practice partnerships* to help ensure that students can continue their clinical learning

<ul style="list-style-type: none"> <li>○ forming partnerships will help reduce the academia-practice gap through nurse faculty in academia and nurse leaders in practice working together to ensure new nurses are prepared to provide care</li> <li>• <i>More studies</i> are needed to examine new nurse readiness, experiences and outcomes <ul style="list-style-type: none"> <li>○ Findings may be helpful for augmenting or modifying TTP programs during the ongoing pandemic, and resultant outcomes such as new nurse performance, satisfaction, and psychological well-being should be evaluated</li> <li>○ Retention rates, associated cost savings, and patient outcome data should also be assessed.</li> <li>○ explore the experiences of preceptors, clinical nurse educators, and nurse managers who work to help pandemic graduates be successful.</li> </ul> </li> </ul>	
<p><b>7. <i>Regulatory Model for Transition to Practice Report – NCSBN – National Council of State Boards of Nursing (National Council of State Boards of Nursing, 2008)</i></b></p> <ul style="list-style-type: none"> <li>• Member Boards are responsible for making sure that safe and competent nurses <ul style="list-style-type: none"> <li>○ Responsibility: approving nursing programs in their jurisdictions and requiring graduates to pass the NCLEX</li> </ul> </li> <li>• Want to complete a transition program because... <ul style="list-style-type: none"> <li>○ Medical errors have been a major concern for the health professions</li> <li>○ The institute of Medicine reported that medical errors kill more people than breast cancer, AIDS or automobile accidents</li> <li>○ Increased complexity of care for sicker patients with multiple conditions</li> <li>○ Shortage of nurses and faculty</li> <li>○ Unintended consequence of computer adapted testing – allows new graduates to become licensed within days of passing the NCLEX &lt;- previous to this new graduates waited months for their results, thus working under supervision of licensed nurses.</li> </ul> </li> <li>• FIRST. Practice, Education and Regulation in Congruence (PERC) Committee presented: <ul style="list-style-type: none"> <li>○ Identify and promote effective models to facilitate a successful transition of new nurses from education to practice</li> <li>○ Participation in strategies for retention of new graduate</li> </ul> </li> </ul>	<p><a href="#"><u>Regulatory Model for Transition to Practice Report</u></a></p>

<ul style="list-style-type: none"> <li>• Transition to Practice Committee wanted to note that the need for transition programs is not because the education programs are failing to adequately prepare our nurses practice; nor is the need for this regulatory transition model because practice settings are failing and are expecting new nurses to hit the ground running</li> <li>• Collaboration between nursing education, practice and regulation</li> <li>• TRANSITION TO PRACTICE REGULATORY MODEL <ul style="list-style-type: none"> <li>○ Should transition to practice be implemented through regulation? -Research topics: Patient safety, competency, and job retention – Yes, evidence supports a well-planned transition program will improve the safety, competency and the retention of new nurses in their first year of practice.</li> </ul> </li> </ul>	
<p><b>8. <i>Effective orientation programs for new graduate nurses: A systematic review (Faculty of Nursing, Indonesia 2019)</i></b></p> <p>A study to determine the most effective orientation program for new graduate nurses in hospital settings</p> <ul style="list-style-type: none"> <li>• New graduate nurses – hurdles/stressors <ul style="list-style-type: none"> <li>○ Waiting for national Council Licensure Examination (NCLEX) results</li> <li>○ Moving away from home to live independently</li> <li>○ Adjusting to new demand of their work environment</li> <li>○ Lack of confidence, high workloads, orientation issues, fear, frustration, being overwhelmed</li> <li>○ Education, burnout and negative experiences</li> </ul> </li> <li>• Well prepared orientation increases NGNs' job satisfaction – overcome the problem of transition shock in NGNs – hospital support for the full first year = professional confidence</li> <li>• Orientations examined for the study <ul style="list-style-type: none"> <li>○ Length: 6 days (shortest), 12 months (longest)</li> <li>○ NGN said it should be at least 4 weeks</li> <li>○ The 6 day orientation did not meet guidelines</li> <li>○ Support system comprised of a preceptor, classes, and simulations</li> <li>○ Mentoring by a VNA – retired nurses are recruited to shadow the NGNs while they provide nursing care to their patients</li> <li>○ Classroom materials could be categorized into hospital and nursing policies, anatomical and physiological system reviews, and international accreditation standards – GOAL: bringing theory into practice</li> </ul> </li> <li>• Conclusion: Next steps for Nursing managers</li> </ul>	<p><a href="#"><u>Effective orientation programs for new graduate nurses</u></a></p>

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|--|--|
| <ul style="list-style-type: none"><li>○ Design and manage orientation programs aligned with evidence-based research</li><li>○ Make modifications in regards to the hospital's available budget and existing technology</li><li>○ Orientation length should be determined in accordance with orientation goals and activities</li><li>○ Successful components: learning materials, support systems, learning methods with proven efficacy</li><li>○ Design measurable goals of the program – evaluations in real time = to make continuous improvements to existing systems</li></ul> |  |
|--|--|

## AGENDA ITEM 10. Organizational Policy

### **TOPIC: 10.1 Consideration of Elections during the Transition Period prior to full Proclamation of a new Act**

#### Area of Focus

- ☒ Governance
- ☐ Legislation
- ☐ Public Policy
- ☐ Stakeholders
- ☐ Strategy

#### Background

In its last few meetings, the Governance Audit and Risk Committee began a conversation concerning governance of the College during the transition period prior to full proclamation of the new Act.

While the College itself will continue under the new Act and receive a name change, the Council under the existing Act and By-law will cease to be and a new Council composition will be formed. Prior to the full proclamation of the new Act, however, it is proposed that a transitional Council will be charged with working with government to develop new regulations, to create new By-laws and to hold a first election of the new Council. This transitional Council will most likely consist of existing councillors, appointed veterinary technicians and perhaps additional public members.

During this transitional period, it is important to note that the existing Council and Committees will continue to oversee the work of the current College under the existing Act. This effectively means there will be 2 Councils functioning for a period of time, perhaps a year or two – one dealing with the existing member matters under the existing Act, and one developing new processes under the new Act.

The question raised for strategic consideration at the GAR Committee is whether or not election to the open positions on existing Council should occur in 2024 and in 2025. And what best supports sound decision making during this period.

If a change to the election process for 2024, and perhaps 2025 dependent on the timing of full proclamation, is preferred, a By-law change would be necessary. Legal counsel has been consulted and suggested wording for altering the election process as follows:

#### 10.001 – Transitional Council Election Provisions

- (1) Council members elected as of [date of Council meeting at which this By-law would be passed], 2023 shall remain in office until such time as new enabling legislation is passed and new Council members are elected under that successor statute. And all other provisions in these By-laws pertaining to Council Member elections are inapplicable in the meantime.
- (2) Notwithstanding subsection (1), in exceptional circumstances, where the seat of an Elected Member becomes vacant prior to the new enabling legislation passing and Council is in danger of falling below quorum, Council may:
  - i. Appoint a Licensed Member who meets the criteria for eligibility for election to fill the vacant seat; or

- ii. Direct the Registrar to hold a by-election in accordance with these By-laws.

To further assist with this discussion, the pros and cons of the two primary options have been outlined. Note that this thinking has also been extended to Committee composition, and effectively means that terms of office for all except our public members would be extended beyond the normal 3 years.

Option A – do not hold an election in 2024 (2025?) and maintain Council and Committee composition until proclamation.

Pros	Cons
<ul style="list-style-type: none"> <li>Consistency in decision making</li> <li>Regulatory knowledge and experience to support transitional period is maintained</li> <li>No onboarding required for terms of potentially less than a year</li> <li>Cost effective</li> </ul>	<ul style="list-style-type: none"> <li>By-law change required</li> <li>Could extend for 2 years</li> <li>May be viewed as controlling decision making by external organizations</li> <li>Miss advantage of new voices</li> <li>Some Council or committee members may not wish to extend their terms</li> </ul>

Option B – do not make the By-law change and maintain Council elections and Committee appointments until natural term end at full proclamation.

Pros	Cons
<ul style="list-style-type: none"> <li>New voices at the table contribute to current decision making</li> <li>No need for By-law change</li> </ul>	<ul style="list-style-type: none"> <li>Less seasoned Council for transition</li> <li>Instability in member matter decisions due to lack of experience</li> <li>Inefficient to be onboarding new members for 1-year terms only</li> <li>Individuals may not put their names forward for election or appointment given the shortened terms</li> </ul>

### Discussion

At this time, the GAR Committee wishes to raise to Council's attention these important considerations. The Committee is not making any recommendation until the new Bill is introduced and Council composition and the transitional period is fully understood. The Committee is interested, however, in hearing Council's early thoughts on the possible direction to be taken which will inform its thinking for future advice on this topic.

**TOPIC: 11. Council Roundtable**

**11.1 Media Trends**

**Top General Trends found in Media – Fall**

**Veterinary burnout:** The Registrar was interviewed for an article exploring burnout in the veterinary profession across Canada. The article looks at burnout and mental health challenges among veterinarians due to staff shortages, increasing animal patients and the stressful nature of the job.

CBC: Many veterinarians in Canada are facing extreme burnout and declining mental health <https://www.cbc.ca/news/canada/nova-scotia/veterinarians-burnout-1.7019296>

Global: Burnout increasing among veterinarians <https://globalnews.ca/video/10077081/burnout-increasing-among-veterinarians/>

Vets across the country are burning out <https://www.iheartradio.ca/bounce/grey-bruce/news/vets-across-the-country-burning-out-1.20503177>

**Grey Bruce after hours emergencies:** A decision by veterinary clinics in Grey Bruce to change their procedures for dealing with after hours emergencies received media attention in Ontario. Challenges in after hours care delivery in light of the veterinary shortage continue to be featured in the news across the country.

Nowhere in Grey Bruce to take pets in after hours emergency <https://www.iheartradio.ca/bounce/grey-bruce/news/nowhere-in-grey-bruce-to-take-pets-in-after-hours-emergency-1.20450059>

Veterinary health care a complex issue not only in Grey-Bruce <https://saugentimes.com/update-veterinary-health-care-a-complex-issue-not-only-in-grey-bruce/>

Burnout and staffing challenges leave local pet owners without emergency care <https://www.owensoundsuntimes.com/news/local-news/burnout-and-staffing-challenges-leave-local-pet-owners-without-emergency-care>

Veterinary shortage forcing animal clinics to rotate emergency overnight services in Saskatchewan <https://globalnews.ca/news/10002540/veterinary-shortage-emergency-overnight-services-saskatchewan/>

Regina veterinarians team up to offer overnight on-call care amid staffing shortage  
<https://www.cbc.ca/news/canada/saskatchewan/regina-veterinarians-team-up-to-offer-overnight-on-call-care-1.6987100>

**Salmonella outbreak linked to raw pet food:** Canada's public health agency issued a media release warning of a salmonella outbreak across six provinces. Officials indicated people became sick after exposure to raw meat in pet food, or to dogs fed raw pet food, but they have not identified a single supplier of food.

Canada public health warns of drug-resistant salmonella outbreak  
<https://www.chch.com/canada-public-health-warns-of-drug-resistant-salmonella-outbreak/>

Raw pet food, cattle linked to drug-resistant salmonella outbreak affecting mainly kids: PHAC  
<https://www.ctvnews.ca/health/raw-pet-food-cattle-linked-to-drug-resistant-salmonella-outbreak-affecting-mainly-kids-phac-1.6643471>

**TOPIC: 11. Council Roundtable**

**11.2 Regulatory Trends**

1. **Bill 79, Working for Workers Act, 2023** - (*Government Bill, received Royal Assent*) Bill 79 will, among other things, expand the mandate of non-health regulators to consult with the government to ensure that “the people of Ontario have access to adequate numbers of qualified, skilled and competent.

This change has been anticipated however further discussion with the Ontario Fairness Commission will be necessary to understand the full intent of this expectation.

2. **Bill 121, Improving Dementia Care in Ontario Act, 2023** – (*Private Member’s Bill, passed second reading, referred to Standing Committee on Social Policy*) Bill 121 provides that “The Minister of Health must develop a provincial framework designed to support improved access to dementia care. The Minister must table a report setting out the provincial framework in the Legislative Assembly and, afterwards, must prepare and table a report on the state of dementia care in Ontario. Each report must be published on a Government of Ontario website. The Ministry of Colleges and Universities must review its “Personal Support Worker Standard” to determine if certain changes should be made, including whether to require in-depth learning about person-centred dementia care.”

This Bill has been referenced as it interestingly points to potential government intent to make certain education elements a requirement for a profession. This is relevant as antimicrobial stewardship remains a prominent concern for the federal government and ongoing education is but one of their proposed strategies to ensure adherence.

3. **Highlighted trends from the international regulatory community include:**
  - Artificial intelligence and the future role of the regulator and regulation generally
  - Trauma informed investigations and overall interactions – this is inclusive of understanding how complaints and discipline can be traumatizing for professionals. This links directly to our work in compassionate regulation.
  - Global mobility – fit for purpose workforces
  - Sandbox conversations are beginning to be presented – Singapore is using them to test new regulatory models – interesting!
  - Both the Organization of Economic Cooperation and Development and the World Health Organization are expected to release new guidance on regulation and professions in 2024

**TOPIC: 11. Council Roundtable**

**11.3 Legal Trends**

Each quarter the College's legal counsel, Julie Maciura, prepares a summary of legal cases for our review. These cases have been selected to update Council on the latest legal trends.

***1. Does the Apology Act Apply to Complaints?***

HPARB believes that the *Apology Act* prevents complaints screening committees from using a registrant's apology as a basis for concluding that a registrant made insensitive comments. In [\*Delaberrera v Vincent\*](#), 2023 CanLII 88163 (ON HPARB), a nurse was alleged to have "failed to provide the generic brand name of the medication and shouted, 'I don't know any other name, you have been on these medications for years, you should know your psych meds, aren't you a nurse?'". The respondent nurse denied the allegation. The screening committee directed that there be a caution in person to discuss communications with clients, relying in part on the generic tone of the written apology. HPARB held that the conclusion that the allegation that there were insensitive communications with the patient was not supported by the evidence, including the wording of the apology. However, as an aside, HPARB also said:

The Board notes that Counsel for the Applicant submitted that the *Apology Act* precluded the Committee from relying on the Applicant's letter of apology as part of the Committee's rationale for issuing the caution in person. The Board acknowledges that there is some force to this submission. Section 2(1)(a) of the *Apology Act* provides that "an apology made by ... a person in connection with any matter, does not, in law, constitute an express or implied admission of fault or liability by the person in connection with that matter." In addition, section 2(3) provides that "evidence of an apology ... is not admissible in any administrative proceeding." The Board finds that, in addition to there being no information in the Record to support the Committee's rationale for issuing the caution in person, the Committee's reference to and reliance upon the Applicant's letter of apology was an error in law and ought not to have formed any part of the Committee's analysis.

HPARB returned that part of the matter to the screening committee for a fresh decision.

***2. Altering the Allegations***

Once a matter has been referred to discipline, how much leeway does the regulator have to reword the allegations? That issue arose in [\*Moodley v. College of Physicians and Surgeons of Nova Scotia \(Hearing Committee\)\*](#), 2023 NSCA 70 (CanLII).

Three complaints were made against the physician. They were screened separately, and each was referred to discipline. After the referral, the allegations were reworded. The physician argued that this was not permitted.

The Court examined the language and scheme of the legislation. It noted that, in the legislation, the concerns were initially referred to as “complaints” when they were received by the Registrar, then as “matters” when they were before the screening committee, and then as “charges” before the discipline panel. The Court found that this varied language and the increasing formality of the process indicated that the language of the charges before discipline did not need to be identical to the matters that were referred by the screening committee. In fact, there could be enhanced fairness in making the concerns more precise at the discipline level.

The Court said that the substance of the allegations should not change. No significant change occurred here. For example, the Court found that the referral of the matter of performing an “unwanted” episiotomy was not substantively different in the formal charge of performing “an episiotomy contrary to the expressed wishes of the patient”.

This issue could have been avoided if the screening committee made only a referral in principle and had prosecuting counsel draft the formal “charges” before making the final referral to discipline.

On the facts, there was no need for the Court to address the issue of whether the regulator could, by motion before the discipline panel, amend the notice of hearing to include new or different concerns.

The physician also challenged the decision of the regulator to combine the three referrals into one notice of hearing. The Court found that there was nothing in the legislation preventing the consolidation of the referrals. The Court did indicate, however, that where the registrant asks for a severance of the allegations, the hearing panel must exercise reasonable discretion. For example, there is always a concern that there could be a propensity to use the evidence or finding on one of the charges to support a finding on the other charges.

The Court found that there had been no procedural unfairness in the process.

### **3. *Complaints Against Adjudicators***

When a participant in a discipline matter is concerned about the conduct of an adjudicator, they typically bring a motion to the discipline panel. However, where an adjudicator is a registrant, it is also possible to make a misconduct complaint against them to the regulator. How should a regulator respond? In most cases it would be inappropriate for a complaints screening committee to interfere with the processing of a discipline matter. There might be extremely rare exceptions where the impugned conduct was outside of the panel member’s discipline role (e.g., if the adjudicator allegedly sexually harasses a participant in a hearing or solicits a bribe).

Many complaints screening committees have the authority to take no action about a complaint that is frivolous, vexatious, or an abuse of process. That option might be appropriate in many cases where a complaint is made about a registrant-adjudicator’s conduct in a hearing. In those cases, the screening committee might direct the hearing participant to take the issue up with the tribunal itself.

This situation arose in [\*Deokaran v. Law Society Tribunal and Law Society of Ontario\*](#), 2023 ONSC 5432 (CanLII). The registrant complained about the adjudicative conduct of the Chair of the discipline tribunal. The details are unclear, but it appears to relate to the refusal of the Chair to recuse themselves from the registrant's hearing despite objections that the Chair was biased, and allegations that the Chair acted in a discriminatory manner and failed to provide procedural fairness. In an unusual step, the regulator "transferred" the complaint to the tribunal itself. Also unusual, the tribunal advised that it would look into the complaint once the registrant's discipline hearing was concluded.

The registrant sought judicial review of both the rulings by the Chair and of the failure of the regulator to deal with the complaint. The Divisional Court found that the application was premature and there were no exceptional circumstances warranting intervention before the discipline process was concluded. The Court said: "Characterizing an issue as a question of jurisdiction or denial of procedural fairness does not automatically create "exceptional circumstances" warranting early judicial intervention ...." The Court also noted that the registrant had already caused delays in the case that was more than two years old, with the hearing on the merits yet to begin. The Court said the registrant could make these arguments before the tribunal.

While this case does not provide a definitive ruling on the issue, it supports the idea that complaints screening committees can generally decline to determine, on their merits, complaints about the regulator's adjudicators in relation to conduct that allegedly takes place in the course of a discipline matter.

#### **4. To Discipline or Not to Discipline**

In a recent case HPARB discussed the considerations an Inquiries, Complaints and Reports Committee (ICRC) should take into account when disposing of a complaint. It said:

The Board notes that in assessing the appropriate disposition in a complaint, a committee will consider many factors, including the seriousness of the deficiency, whether there is a single concern or a number of concerns about the conduct at issue, the content of a physician's response, his or her insight as to areas for improvement, and the physician's complaints or discipline history with the College.

The case involved an estate dispute where, apparently, the widow of a deceased patient with severe Alzheimer's disease left nothing to support the widow. The estate trustee was the patient's son. The widow's daughter asked a physician for information about the deceased's medical history. The physician provided extensive information in an inappropriately worded letter without the consent of the estate trustee. This was contrary to the privacy rules. The physician acknowledged her error, apologized, and consented to a remedial agreement. Applying the above criteria, HPARB upheld that decision. See: [\*Dbd v Glassco\*](#), 2023 CanLII 85393 (ON HPARB).

### **5. Language Proficiency Requirements Are Not Discriminatory**

Ever since the notorious decision of [\*Brar and others v. B.C. Veterinary Medical Association and Osborne\*](#), 2015 BCHRT 151 (CanLII), regulators have been uncertain as to when their language proficiency requirements could be seen as discriminatory towards internationally trained applicants.

An application for registration by a teacher hopeful in British Columbia indicates that language proficiency requirements, absent evidence to the contrary, can constitute valid registration requirements.

The matter began with a decision of the British Columbia Human Rights Tribunal: [\*Harun-ar-Rashid v. Ministry of Education \(Teacher Regulation Branch\)\*](#), 2021 BCHRT 75 (CanLII). The applicant applied for a certificate in BC. Initially he was told that he would not have to demonstrate language proficiency because of his five years of teaching experience elsewhere in Canada. However, communications between representatives of the regulator and the applicant raised concerns about his English-language proficiency. He was required to pass a proficiency test. The applicant refused. He initiated a series of challenges culminating in a human rights complaint. He argued that the language proficiency requirement was used as a pretext to discriminate against him on several bases including ancestry, colour, place of origin, and race.

The Tribunal dismissed the complaint. Even though other provinces did not require such evidence of language proficiency, there was no evidence that the requirement was based on stereotypes or that it was unduly onerous or unattainable by certain groups of people. The applicant was assessed individually and there was a basis for credible concerns about his language proficiency. There was also no evidence of bias by the regulator; the applicant's case was based on speculation.

The applicant sought judicial review, which was dismissed on the basis that it disclosed no reasonable claim for judicial review: [\*Harun-ar-Rashid v British Columbia \(Human Rights Tribunal\)\*](#), 2022 BCSC 965 (CanLII). On further appeal on various grounds, including that the Superior Court Judge was biased, the matter was also dismissed: [\*Harun-ar-Rashid v. British Columbia \(Human Rights Tribunal\)\*](#), 2023 BCCA 276 (CanLII).

Language proficiency requirements are not necessarily discriminatory.

**TOPIC: 11. Council Roundtable**

**11.4 Public Trends**

College staff collect information about the types of contacts that we receive from members of the public. This report is intended to share these themes with Council. You will notice that some of these themes are consistent with those reported previously.

**1. Access to Care**

Members of the public continue to report challenges accessing the veterinary care they need. Recent changes to the provision of after-hours care by a number of facilities in the Grey Bruce regions led to many contacts by concerned animal owners who will now have to travel out of their area to access after-hours emergency care if in-person treatment is required. Members of the public appear to have very little empathy for the challenges in the veterinary system and the need to move to telemedicine triage in order to protect veterinarians' mental health. Some individuals suggested that the facilities involved in this decision need to share after-hours care to ensure that individuals do not need to travel out of the region to access after-hours emergency care.

**2. Cost of Medications and the Need for a Physical Exam**

An ongoing theme is the question about why a physical examination, or a type of diagnostic test, may be required to obtain a prescription or a refill of a medication. The College has received contacts from the public where they believe this to be a financially motivated decision by the veterinarian and they do not recognize why this is important. The public is also concerned about the cost of medications and what they feel are high dispensing fees for drugs needed for their animals.

**3. Access to Medical Records**

There has been recent increase in the number of individuals expressing difficulties and challenges with obtaining copies of their animal's medical records and receiving no response to their request. They call to ask the College for advice on what more they can do in order to obtain their records.



**TOPIC: 11. Council Roundtable**

**11.5 General Trends**

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

### **AGENDA ITEM 13. Notice of Motion**

#### Background

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

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

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