# **Agenda**

# **Annual Council Meeting**

December 17, 2025 9:00 am - 10:00 am

# Council

Dr. Patricia Alderson Dr. Louise Kelly Dr. Sami Qureshi Dr. Kathleen Day Ms. Catherine Knipe Dr. Jessica Retterath Dunbar Dr. Lena Levison Mr. Douglas Reynolds Mr. John De Bruyn Dr. Clayton MacKay Dr. Yashvir Varma Ms. Cathy Dr. Sean Marshall Dr. Wade Wright Hecimovich Dr. Alana Parisi Dr. Michael Zigler

# **Agenda Information**

- 1. Call to Order
- 2. Approval of Agenda
- 3. Roll Call
- 4. Annual Reports of Committees

#### **Statutory**

- 4.1. Accreditation
- 4.2. Registration
- 4.3. Complaints
- 4.4. Discipline
- 4.5. Executive

#### Non-Statutory

- 4.6 Quality Assurance
- 5. Audited Financial Statements
- 6. Appointment of Auditor
- 7. 2025 Annual Report of the College of Veterinarians of Ontario
- 8. President's Remarks
- 9. Recognition
  - President
- 10. Close





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

**TOPIC:** Annual Reports of Committees

#### Statutory

- 4.1 Accreditation
- 4.2 Registration
- 4.3 Complaints
- 4.4 Discipline
- 4.5 Executive

# **Non-Statutory**

4.6 Quality Assurance

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

# Annual Report to Legacy Council

### **Accreditation Committee**

December 17, 2025 For the period October 1, 2024 to September 30, 2025

## **Committee Meetings**

#### There were 3 meetings held

February 7, April 25, & September 12, 2025

#### **Relevant Data**

#### **Referral Requests Considered**

The Committee reviewed 5 cases.

- 3 requests for extensions on the certificate of accreditation were granted
- 1 request for a variance on the limitation of the certificate of accreditation was granted
- 1 certificate of accreditation granted with terms, conditions and limitations.

#### **Accreditation Standards for Veterinary Facilities**

Number of accredited facilities - 1798

#### Inspections Conducted:

- Total inspections 358
- In person inspections 331
- Virtual inspections 27

#### Inspection Types:

- Renewal 233
- Opening 66
  - \*Facility for Veterinarians Treating their Own Animals 8
- Relocation 32
- Adding an Additional Scope of Practice Service 19

#### Committee Membership

Ms. Cathy Hecimovich, Chair \*Dr. Barinder (Bick) Jassal

Dr. Clayton MacKay \*Dr. Sean Marshall Dr. Yashvir Varma

Dr. Meghan Waller Dr. Wade Wright

\*Terms ended part way through fiscal year.

#### Staff

Aneeta Bharij Megan Santos

#### **Committee Responsibilities**

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



<sup>\*</sup>Facility for sole purpose of treating animals owned by the facility director with non-controlled drugs and biologic

#### Facility Inspection Compliance:

- 21% were fully compliant with all requirements
- 47% had 5 or less non-compliant requirements
- 32% had 6 or more non-compliant requirements

#### Top 5 Non-compliant Requirements:

- 1. Essential Standards: Professional Practice: The certificate of accreditation must be displayed in a location visible to the public within the practice. The name of the facility director and their contact information are clearly and publicly displayed at the veterinary facility.
- 2. Additional Scope of Practice Services: Biosecurity and Biomedical Waste Management: The practice has a written policy for dealing with infectious and zoonotic cases, as well as overall infection control, such that team members are aware of said policy.
- 3. Essential Standards: Pharmaceutical Management: Maintains a record keeping system for inventory management of all medication that includes regular audits. If controlled drugs are used, proper logs and inventory management is expected to follow provincial and federal legislation. A current verifiable monthly inventory of controlled drugs is required (a controlled drug audit is performed every 21 to 31 days).
- 4. Essential Standards: Pharmaceutical Management: Proper storage and handling of medication is evident to ensure the integrity and efficacy of the medication and adheres to the manufacturer's recommendations.
- 5. Essential Standards: Universal Medical Records Requirements: The fees and charges showing separately those for drugs and those for advice or other services.

#### Other Information

#### **Facility Director Communication Initiatives**

College staff worked on several initiatives to support facility directors' compliance with the new accreditation standards and to assist in preparation for upcoming inspections.

#### Initiatives Implemented:

- Quarterly eUpdate newsletters to assist facility directors in meeting accreditation standards.
- Educational resources, including videos on new requirements and inspection preparation.
- Infographics and sample checklists to support compliance and facilitate mock inspections.
- Dedicated resources for controlled drug management, including instructional videos and toolkits.

#### Ongoing Work:

- Development of an online learning module to enhance understanding of facility directors' role and responsibilities.
- Continued communication initiatives to support compliance with accreditation standards



# Annual Report to Legacy Council

# **Registration Committee**

December 17, 2025 For the period October 1, 2024 to September 30, 2025

## **Committee Meetings**

#### There were 6 meetings held

• 2024: November 13

2025: February 5, April 2, May 15, July 9, September 10

#### **Relevant Data**

#### **Applications Considered**

The Committee reviewed 302 applications.

- 117 accredited university graduands (for which a Dean's letter was submitted); and
- 185 referrals to the Committee, including referrals from the Registrar and requests for various exemptions by applicants.

#### **Application Decisions**

286 licences were approved for issuance and 9 licence applications were denied.

#### **Mobility Data**

42 licences were issued to applicants under the *Ontario Labour Mobility Act* from October 1, 2024 to September 30, 2025.

# **Policy Issues Considered**

#### **Competency Examination and Assessment Pathways**

The Committee reviewed this policy at their meeting on April 2, 2025 and recommended changes to Council. The changes were to integrate the Limited Licensure Competency Assessment as an approved pathway within the policy. Council reviewed the changes and approved of the amended policy at their meeting on June 18, 2025.

#### Committee Membership

Dr. Alana Parisi, Chair Dr. Kathleen Day Dunbar Dr. Chiemi Ogawa \*Mr. Douglas Reynolds Mr. John de Bruyn Dr. Michael Zigler

\*Term ended part way through fiscal vear.

#### Staff

Michael Aubé Sarah Adams Holly Hemming Jenne McVeigh Riya Patel (on leave)

#### **Committee Responsibilities**

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



## Other Information

#### **Limited Licensure Project Participants**

At their meeting on April 2, 2025, the Committee received and reviewed the final report outlining the results of the Limited Licensure Pilot Project. The Committee also reviewed and approved of applications for licensure for the individuals who participated in and successfully completed all requirements of the Limited Licensure Pilot Project.

#### **Language Skills Evaluation Project**

With the conclusions of the project having been finalized in a report prepared by the Centre for Canadian Language Benchmarks (CCLB) at the beginning of 2025, Legacy Council reviewed and discussed the report, which described the type, scope and composition of the English and French language skills required by the veterinary profession in Ontario. Legacy Council approved the report and accepted language benchmarks for reading, writing, listening, and speaking. In 2026, the Registration Committee will move forward with making amendments to the English/French Language Proficiency policy to bring it in line with the benchmarks.



# Annual Report to Legacy Council

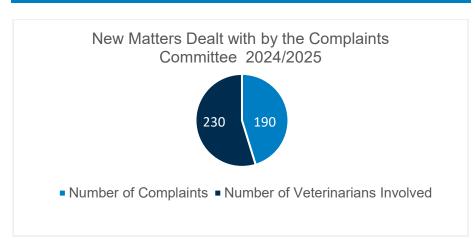
# **Complaints Committee**

**December 17, 2025** For the period of October 1, 2024 to September 30, 2025

## **Committee Panel Meetings**

14 meetings and one educational retreat

#### **Relevant Data**





#### **Committee Membership**

Mr. Douglas Reynolds, Chair

\*Ms. Rena Spevack

Dr. Roselvn Allen

Dr. Ehab Hanna

\*Dr. Lisa Jones

\*Dr. Lesley Ralston

Dr. Anne Watson

Dr. Tyrrel de Langley

Dr. Helen Waters

\*Dr. Aaron Shackelton

Dr. Sami Qureshi

Dr. Naomi Scromeda

Dr. Lisa Schwarz

Dr. Susan Warren

\*Terms ended part way through fiscal

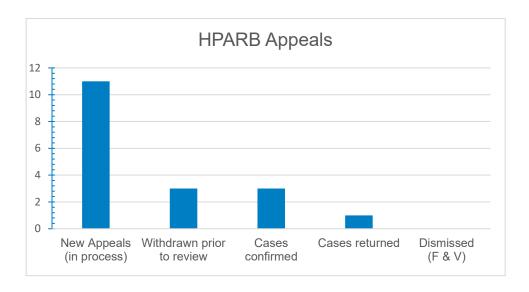
#### Staff

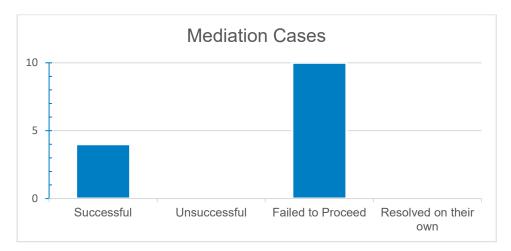
Dr. Colette Larocque Phillip Evanitski Alyssa Fries Alisha Deen Najma Mohamud

#### **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.







# **Trends**

#### Related to the Member

 Many members reflected in their responses to the complaint and included changes they have made to their practice.

#### General

- Many complainants expressed grief and concerns with care provided at or near a pet's end of life.
- Increased number of complainants commented on content in their pet's medical records.
- Complainant concerns related to informed client consent, for example feeling questions were not answered sufficiently, and challenges with understanding an estimate or treatment plan.
- Many complaints included concerns that the veterinarian-client-patient relationship (VCPR) was discontinued.
- Complainants indicated they told the veterinarian that they would file a complaint if their concerns could not be resolved by the practice. Conversely, there were also complainants who indicated they had chosen to file a complaint rather than address their concerns with the veterinarian.
- There were several complaints about a member's or their auxiliary staff's behaviour (e.g. how the complainant felt they were treated) and/or communication.



#### Other Information

#### **Mediated Resolutions Program (MRP)**

Staff continue to identify potential cases for the MRP, which requires both parties to be in agreement to participate. The majority of people provided the opportunity have declined to participate, which means the complaint will be formally investigated by the Complaints Committee. The four cases that proceeded to mediation this past fiscal year were successful.

#### **Complaint Matters**

The number of complaints filed in the 2024-2025 fiscal year is approximately 15% higher than the 2023-2024 fiscal year. However, numbers continue to remain lower than the levels seen in 2020 through 2022.

Staff continue to have conversations with potential complainants and licensed members recently named in a complaint to assist with understanding of the complaints process.

Staff and committee members continue to implement strategies to improve the efficiency and ease of case management and review where possible. A forward-thinking approach is being used in anticipation of legislative reform.

#### **Grief Resources**

The College continued its partnership with Homewood Health to offer a virtual session on 'Navigating Grief After the Loss of a Pet'. The session is currently offered quarterly and aims to help participants understand the grief process and learn healthy ways to cope with pet loss. The webinar has been positively received with increased participation over the past year.



# **Annual Report to Council**

# **Discipline Committee**

**December 17, 2025** 

From the period of October 1, 2024 to September 30, 2025

# **Committee Meetings**

Panel Chair Education session was held on September 18, 2025

#### **Relevant Data**

Matters before the Discipline Committee during the fiscal year

| Number of     | Cases | Pre-Hearing | Motion   | Days of |
|---------------|-------|-------------|----------|---------|
| Veterinarians | Heard | Conferences | Hearings | Hearing |
| 11            | 11    | 8           | 2        | 16      |

#### **Completed Hearings**

| Uncontested        | 5 |
|--------------------|---|
| Contested          | 3 |
| Adjourned sine die | 0 |

#### Status of Discipline cases

| Cases waiting to be heard by Discipline Committee | 12 |
|---|----|
| Appeals   | 6  |

#### **Trends**

#### **Scheduling Hearings**

Contested Hearings and Pre-Hearing Conferences are taking more days than originally anticipated. There have also been delays to scheduling due to adjournment requests and coordinating availability.

#### Other Information

An education session was held for panel chairs, focusing on providing support to panels and managing complex cases. Committee members shared that they found the session to be extremely helpful and suggested planning more sessions in the future. A follow-up session took place in the new fiscal year.

#### **Committee Membership**

Dr. Paula Menzies, Chair

Dr. Patricia Alderson

Dr. Danielle Anderson

Dr. Scott Arnold

Dr. Claire Beauchamp

Dr. Kathleen Day Dunbar

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. Sean Marshall

Dr. Arif Memon

Dr. Paula Menzies

Dr. Atul Pakhawala

Dr. Alana Parisi

Dr. Sami Qureshi

Dr. Jessica Retterath

Mr. Douglas Reynolds

Dr. Ravi Sankar

Ms. Rena Spevack

Dr. Sarah Thompson

Dr. Yashvir Varma

Dr. Ines Walther

Dr. Steve Watts

Dr. Ellen Williamson

Dr. Wade Wright

Dr. Michael Zigler

#### Staff

Shilo Tooze Cindy Rose



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

#### **Discipline Appeals**

At the end of the fiscal year, there are six cases under appeal. Three cases remain under appeal before the Divisional Court. Additionally, there are three cases involving one member where the appeals were dismissed by the Divisional Court. The member is now seeking leave to appeal to the Court of Appeal.



# Annual Report to Legacy Council

# **Quality Assurance Committee**

December 17, 2025 For the period October 1, 2024 to September 30, 2025

## **Committee Meetings**

#### There were 4 meetings held

• 2024: November 20

2025: February 19, May 21, September 9

#### **Relevant Data**

#### **Continuing Professional Development (CPD)**

The College recommends that licensed members complete at least 50 hours of CPD each year, or 150 hours over a three-year period. CPD hours reported for 2024 (November 1, 2023 to October 31, 2024):

|                           | Average Number of<br>CPD Hours<br>Reported |
|---------------------------|--|
| All Licensed Members      | <b>95</b><br>hours                         |
| Graduated in last 5 years | 75   |
| In clinical practice      | 91   |
| In non-clinical practice  | 122  |

# Learning Modules and Video Access (October 1, 2024 – September 30, 2025)

- Foundations for Medical Record Keeping: Companion Animal accessed 198 times
- Foundations for Medical Record Keeping: Food Producing Animal, Equine and Poultry accessed 23 times
- Ethics E-learning Module: 146 views

#### **Committee Membership**

Dr. Patricia Alderson, Chair \*Dr. Claire Beauchamp Dr. Sean Marshall Dr. Jessica Peatling Dr. Kristen Reynolds

\*Terms ended part way through fiscal vear.

#### Staff

Emily Ewles Cindy Janakovic

#### **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.



- Informed Client Consent module: 65 views
- Establishing a Veterinarian-Client-Patient Relationship: 99 views
- Communication learning modules
  - Total requests: 76 (from 28 individuals)
  - 13 licensed veterinarians in Ontario
  - 12 veterinary team members in Ontario
  - 3 licensed veterinary professionals in another province

#### **Trends**

#### **General Trends**

Articles (e.g. newspaper, research paper, etc.) on the following topics were discussed by the Committee:

- Cultural humility, including ongoing work in this area through the Ontario Veterinary College and the use of inclusive language in veterinary medicine.
- Veterinary well-being, including available resources and moral injury.
- Culture of safety, including the importance of learning from errors and team debriefs.

#### Other Information

#### Code of Ethics

To link with the College's IDEA Action Plan, the Quality Assurance Committee sought Council's direction to make an important change to the Code of Ethics. The proposed revision would include adding ethical principles and duties for conduct that supports anti-racism, inclusivity, and cultural safety in the practice of veterinary medicine. In March, the Committee presented the revised Code of Ethics to Council, and the proposed changes were approved. In alignment with these revisions, the Committee updated the language in the College's Guidance on Professionalism for Veterinarians document. The revised versions have now been posted on the College website.

#### **Cultural Humility**

The Committee has been actively engaged in an awareness and knowledge building strategy on cultural humility and are aligning this work with the internal work of the College on Diversity, Equity, and Inclusion (DEI). Recent work on this strategy includes two published articles in the spring and summer College Connections involving two veterinarians – one with lived experience and one who is an ally. A podcast was also recorded and will be published with the final article in the series in the fall 2025 edition of College Connection. Staff are continuing work with further articles planned for College Connection in 2026.

#### **Veterinary Well-being**

At its March 2021 meeting, Council approved the Quality Assurance Committee's request to research and develop recommendations on the College's role and resources in veterinary well-being. Following Committee input, staff developed recommendations which were approved by Council in December 2021.

Since then, the College has implemented several initiatives, including the webpage Your Well-being is Important on the College website. The College has partnered with the Ontario Veterinary Medical Association (OVMA), Ontario Association of Veterinary Technicians (OAVT), and the Ontario Veterinary College (OVC) to form the Ontario Collaborative for Well-Being in Veterinary Medicine. The Collaborative is focusing on an awareness campaign for veterinary workplaces and promoting skills and training.

A campaign to promote mental health awareness in veterinary workplaces was initiated in March 2024. The TeamCheck campaign was launched in November 2024 using a variety of tools, including a podcast,



posters, postcards, social media posts and newsletters. The Collaborative will continue the TeamCheck campaign in 2026 and work on the next initiative, promoting access to training and skills development for veterinary teams in areas that support mental health in veterinary medicine.

#### **Maintaining Appropriate Boundaries**

To address concerns about serious boundary issues that have come to the College related to veterinarians, the Quality Assurance Committee made this topic a priority and presented a briefing note to Council at its June 2024 meeting, and Council directed that a policy on maintaining appropriate boundaries be developed. With input from the Committee, staff presented a draft position statement on establishing and maintaining appropriate professional boundaries in practice to Legacy Council in March 2025 which was subsequently approved.

#### **Quality Assurance Program**

Peer Advisory Conversation (PAC): The Peer Advisory Conversation was launched as a core component of the College's Quality Assurance Program in September 2021. From October 1, 2024, to September 30, 2025, 14 Peer Advisory Conversations were completed.

In June 2023, College Council approved the Quality Assurance Committee's request to undertake a research project on recently licensed veterinarians in Ontario and their participation in the Peer Advisory Conversation. Staff partnered with Dr. Basem Gohar at the Ontario Veterinary College (OVC) to conduct this research project with post-doctoral student, Dr. Michael Brunt and Masters student, Dr. Kate Wycherley. The research project commenced in October 2024. Four studies are being completed as part of the PAC research project, with initial positive results reported.

Annual Peer Advisor training took place in January 2025.

Peer Review of Medical Records (PRMR): On March 22, 2018, Council established PRMR as a mandatory component of the College's Quality Assurance Program.

The second-year aggregate report was published in January 2025 and was promoted through a direct email to participants and a series of trivia questions in e-Update. The third- year of the program has concluded, and an aggregate report will be shared with the profession.

Four new Peer Reviewers received orientation and training in December 2024. Annual Peer Reviewer training took place in April 2025.

#### **Quality Improvement Program**

Learning Modules: The New Brunswick Veterinary Medical Association has renewed their agreement with the College and the Texas A&M Veterinary Healthcare Communication (VHC) Curriculum to allow veterinarians and veterinary staff in New Brunswick to have access to the College's online communication learning modules.





| AGEN | IDA I | ITEM | 6. |
|------|-------|------|----|
|------|-------|------|----|

**TOPIC: Appointment of Auditor** 

#### **Background**

At its Annual Council Meeting on December 2024 Council appointed RLB Chartered Professional Accounts as auditors for the College of Veterinarians of Ontario for the fiscal year 2025. This is the third year for RLB providing auditing services to the College.

#### Discussion

The College's annual financial audit for 2025 has now been successfully completed. The Executive Committee met with RLB Chartered Professional Accountants pre and post the audit to assist Council with assurance of an independent rigorous audit process.

The College is recommending that RLB Chartered Professional Accountants continue as auditor for the fiscal year 2026. In 2026, as per Council direction, the Executive Committee will be the Council liaison for the audit process.

#### **Options**

Following discussion, Council may elect to:

- appoint RLB Chartered Professional Accountants as Auditors for the College of Veterinarians of Ontario for the fiscal year 2026
- not appoint RLB Chartered Professional Accountants as Auditors for the College of Veterinarians of Ontario for the fiscal year 2026 and request the Executive Committee consider a different recommendation to Council at its March 2026 meeting
- other

- ☑ Governance
- ☐ Legislation
- ☐ Public Policy □ Stakeholders
- ☐ Strategy



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**TOPIC:** 2025 Annual Report of the College of Veterinarians of

Ontario

| Area of Focus |
|---------------|
|---------------|

- ☑ Governance
- ☐ Legislation☐ Public Policy
- ☐ Stakeholders
- □ Strategy

The 2025 Annual Report has been posed to the Council intranet. The Registrar will provide an overview of the report.



**AGENDA ITEM 8.** 

**President's Remarks** TOPIC:

Dr. Jessica Retterath will address Council.

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



**AGENDA ITEM 9.** 

TOPIC: Recognition

President

Dr. Jessica Retterath

- ☑ Governance
- ☐ Legislation☐ Public Policy☐ Stakeholders

- ☐ Strategy