The College welcomes two new Council members: Drs. Jennifer Messer and Michael Mogavero.

Dr. Jennifer Messer is from Ottawa, Ontario, representing constituency #8. She is a small animal practitioner and works at the City of Ottawa Spay/Neuter Clinic.

Dr. Michael Mogavero is from Ancaster, Ontario, representing constituency #2. He is a small animal practitioner and is the owner of several clinics located in Ancaster, Dundas and Hamilton.
New President

Dr. Beverly Baxter, CVO President for 2009/2010, accepts the CVO President’s Chain of Office from Dr. David Kerr after her election to the position on November 18, 2009.

The CVO presented certificates of recognition to the departing council representatives. They are: Dr. Michele Dutnall and Dr. Arie Vreugdenhil.
Executive Committee for 2009/2010

(Front row, from left): Dr. Tim Arthur, Dr. Beverly Baxter, Dr. David Kerr. (Back row, from left): Mr. James Williams and Dr. Ken Bridge.

CVO Council for 2009/2010

(Front row sitting, from left): Ms. Lynn Patry, Dr. Ken Bridge, Dr. Tim Arthur, Dr. Beverly Baxter, Dr. David Kerr, Mr. James Williams, Dr. Alison Moore. (Back row, from left): Dr. Carol Graham, Dr. Al Thompson, Dr. Michael Mogavero, Dr. Nina Szpakowski, Dr. Jim Christian, Mr. Mike Buis, Dr. Peter Conlon, Mr. Don Stobo, Dr. Clare Craig, Ms. Denise Dietrich, Dr. Jennifer Messer and Ms. Karen O’Keefe (student representative).
Forty-five members attended the CVO Annual General Meeting held at Springfield Golf and Country Club in Guelph, on November 19, 2009. Drs. Cheryl Yuill and Walt Ingwersen acted as scrutineers and recorded the votes.

President welcomes members
Dr. Beverly Baxter, President of the CVO, welcomed members in attendance, introduced the new Council for 2009/2010 and explained the voting procedure.

The members reviewed and accepted the minutes from the 2007/2008 Annual General Meeting and the 2008/2009 Report of Council. This report was available as a hand-out and is enclosed with this issue of Update. Dr. Baxter presented the audited financial statements for the fiscal year ending September 30, 2009. The members approved these statements and approved the firm of BDO Dunwoody LLP, as auditors for the CVO for the fiscal year 2009/2010.

Question period
Dr. Baxter opened the floor to members to present any new business.

Dr. Dale Scott, Dr. Jim Fairles and Dr. Michael Mogavero asked for clarification of several items in the Financial Statements. Lauren Jamieson of BDO Dunwoody, provided explanations.

Dr. Koos Toxopeus asked about the reception of the CPD Cycle by members. Karen Smythe, QA Program Manager provided a report on CPD Information Sessions held to date.

Dr. Dale Scott spoke on behalf of Designated Area veterinarians with respect to the number of reportable CE hours and noted that this could be onerous for sole practitioners.

Dr. Kelly-Leigh Thomas and Dr. Kirsi Allo questioned the College’s Position Statement “The Practice of Complementary and Alternative Therapies.” Dr. Beverly Baxter responded.

Dr. Kelly-Leigh Thomas also asked about reports in the press regarding the Toronto Humane Society. Ms. Susan Carlyle responded.

In memoriam
Dr. David Kerr read the names of those members of the College who passed away during 2009, and asked members to pause for a moment of silence in remembrance.

The meeting was declared adjourned.
The 2009 Members’ Forum was held on Thursday, November 19th. The controversial topic of so-called “cosmetic surgery” (which the CVO expanded to include any medically unnecessary veterinary surgery) attracted 55 members. Those who attended represented a wide variety of practice types as well.

The subject and related complex issues were introduced by Dr. Ian Duncan, Professor Emeritus from the University of Guelph’s Department of Animal and Poultry Science and holder of the oldest North American University Chair in Animal Welfare. Participants then broke into small groups to engage in interactive exercises that required analysis of different veterinary surgical procedures and consideration of the many steps for the CVO to follow before determining what position it might take.

Staff and Executive Committee members will review the data collected at the Forum and bring the results to a future meeting of Council for analysis and a vote on if and/or how to proceed with the development of a College publication on the matter. Members are invited to check the Regulatory Consultations button on the College website to see what issues are posted for input from interested parties on a regular basis.
Modernization

It may not occur to you that the CVO is at least partially a business organization. In fact, it is actually a corporation.

We have a Board of Directors (“Council”), an annual budget, complete with auditors, strategic and operational plans, staff, payrolls, taxes, and so on.

While we sell nothing we do provide services to our members and the public, such as assistance with interpreting legislation, advice on troublesome issues, issuing licences to practice veterinary medicine and certificates for facilities, and a process for enhancing members’ skills.

Therefore, like our members, we strive to stay current and anticipatory as we watch changes in business processes and practices.

The 20th century was bad enough from a “constant change” point of view and the 21st is looking even faster!

It is a new world, and one that forces us to deal constantly with change. Medicine changes—sometimes almost daily. Technology, entertainment styles and the economy change seemingly minute by minute.

CVO is already working on a brand new database which will provide us with very wide and flexible ways to generate statistical reports, accreditation scheduling, efficient population of information on multiple screens, automatic generation of standard forms, letters, etc.

At the same time we are looking very hard at our somewhat elderly website. We are planning to review and upgrade or create general design features, search functions, on-line renewals of registration, applications for accreditation, incorporation and registration, interactive on-line courses, and other uses we have yet to dream of!

We also recognize that communication formats have changed enormously, and we are researching ways the CVO can use them for our members and the public’s comments and questions on the issues we deal with all the time.

The CVO intends to keep up with you and how you serve the public, and we look forward to your feedback as we go along.
Hello from the halls of OVC! First of all, I would like to introduce myself as the new student representative for the CVO. My name is Karen O’Keefe, and I am a second year veterinary student. I am very excited to learn about the CVO, and to represent the veterinary student body at CVO council meetings. I would also like to thank Jessica Swan for doing a fantastic job representing OVC during her term as the past CVO student representative.

With each fall comes the introduction of a new class of veterinary students. This year, the 2013 class has dubbed themselves the “Golden Phoenixes.” The Phoenixes are made up of 86 women and 27 men who are very excited to begin their time at OVC. A ceremony was held on September 27, 2009 to welcome these new students into the profession of veterinary medicine. Members of the various professional organizations (OVMA, CVMA and OVC Alumni Association) were present to speak to the students on this special day, including the CVO, which was represented by Dr. Arie Vreugdenhil. Dr. Vreugdenhil spoke to the new students about changes that have occurred in veterinary medicine since his time as a student, and the advancing role that veterinarians have within society, particularly with regards to public health. The Central Veterinary Students Association (CVSA) also held a welcome back corn roast for all OVC students, giving the first years a chance to meet and get to know some of their upper year colleagues.

Along with the introduction of a new class of veterinary students, there are a number of exciting projects on the go at OVC. The new combined pathobiology and animal health lab building is well underway, with completion expected in 2010. This new building will address the growing role of veterinarians in research and education related to disease control and public health.

Since the beginning of the school year, students have had the chance to participate in numerous educational lunch-time talks and club gatherings. Some of these include speakers from Vets without Borders, OVMA, corporate veterinary hospitals and the Canadian Animal Assistance Team. A variety of subjects have been covered, including animal behavior, global veterinary opportunities, nutritional disease management, and information about post-OVC educational/career opportunities. The Schofield Lecture, held in November of each year, commemorates Dr. Francis Schofield, an internationally renowned veterinary pathologist, humanitarian and OVC professor (1921 to 1955). This lecture is always extremely interesting, and often relates to comparative medicine. This year, Dr. Lonnie King is scheduled to give the Schofield Lecture on the topic of “Wicked Problems: Novel Solutions - Veterinary Medicine in the 21st Century.”

Once again, OVC is participating in a university-wide campaign to raise money for the United Way. As of October 20th, a total of $19,547 has been raised towards a year-end goal of $42,000. Students and staff alike have raised money through various events, including a chili lunch, a bowling night, and an ice cream fundraiser. One of the biggest events of the year was a contest between the four OVC classes to see who could raise the most money for the United Way with classmate donations. The first-year class managed to win the challenge, and was rewarded with the honour of shaving the head of Associate Dean, Students, Dr. Peter Conlon.

In closing, I would also like to congratulate the 2009 Jade Jaguars, and wish them all the best in their veterinary careers outside of OVC.
COUNCIL HIGHLIGHTS

In order to keep members and the public fully apprised of the business of the College, Update provides summaries of key items considered or heard by Council at its meetings. The following highlights are from the Council Meetings held on September 23, 2009 and November 18, 2009.

September 23, 2009

Policy Reviews

The following documents were reviewed, approved, or amended and approved by Council.

- The Budget 2009-2010 was approved.
- The Policy “Companion Animal Practices Obtain Signed, Informed Consent Forms” was rescinded; this has been replaced with the Guidelines: Informed Owner Consent.
- The Policies “Animal Rehabilitation in Veterinary Practice” and “Chiropractic Care of Animals” were rescinded; these have been replaced with the Position Statement: Complementary and Alternative Veterinary Medicine.
- Draft Guidelines on Medical Records for Food Animal, Equine, and Poultry Practice were reviewed, and approved in principle; staff was directed to circulate the documents to stakeholders for comment. A survey will be included with the Food Animal Practice and Equine Practice Guidelines.
- A draft Position Statement on Temporary Emergency Facilities was reviewed, and approved in principle; staff was directed to circulate the document to stakeholders for comment.
- The Position Statement on Companion Animal Mobiles Serving Multiple Clients in One Location was reviewed, and approved in principle; staff was directed to circulate the document to stakeholders for comment.
- A draft Position Statement on Reporting Suspected Animal Abuse was returned to staff for amendment and will be returned to Council.
- A draft Position Statement on Marketing, Advertising, and Steering was deferred to a future meeting.
- A Policy Issue Review Form on Rabies Clinics was reviewed; Dr. Clare Craig was appointed to work with staff on a draft Position Statement.
- A Policy Issue Review Form on Exemptions to Accreditation Requirement for Companion Animal Mobiles was forwarded to the Accreditation Committee for research and discussion; suggestions are to be forwarded to Council for further action.
- A Policy Issue Review Form on Providing Veterinary Services to an Employer’s Animals was reviewed. The Policy Manager will review and research the issues discussed. Dr. Tim Arthur was appointed to assist staff.
- A Policy Issue Review Form on the Definition of VCPR (Veterinarian-Client-Patient Relationship) was reviewed. Mr. Mike Buis was appointed to work with staff on a draft Position Statement and brochures.

Reports

- Reports were provided on the activities of Statutory Committees for the previous 6 months.
- Oral reports were provided by the President and Registrar.

November 18, 2009

The Executive Committee for 2009-2010 was elected and the Statutory Committees were appointed.

The Audited Financial Statements were presented by BDO Dunwoody, LLP and approved.

- A draft Position Statement on “Marketing, Advertising, and Steering was deferred to a future meeting.
- Approved amendments to the Board Governance Policy OL-2.
- Conducted an introduction to reviewing the current Strategic Plan “2005 and Beyond”.
“Inbox Issues” is a feature of *Update* that answers questions the CVO receives from members or the public. The College welcomes suggestions for issues to explore in future editions of “Inbox Issues,” so please submit your ideas to bready@cvo.org for consideration.

**Veterinarians and “Over-the-Counter” Medications**

The College continues to receive inquiries from veterinarians advising that members of the public are approaching them to purchase various products, particularly flea and heartworm products, over-the-counter. As well, a pharmaceutical company recently distributed information to veterinarians regarding the non-prescription status of some drug products, indicating that the drugs could be dispensed “over-the-counter.”

Many of these products are termed “ethical drugs.” An ethical drug is a drug that in accordance with Federal Legislation does not require a prescription, but that is generally prescribed by a medical practitioner. Despite this control, many of these drugs have found their way to the retail market.

The College wishes to emphasize that there is no such thing as an over-the-counter drug in veterinary practice in Ontario. The dispensing of any drug product to anyone with whom the veterinarian does not have a valid veterinarian-client-patient relationship (VCPR) is professional misconduct. While it may or may not be legal for a retail establishment to sell these drugs, veterinary clinics are not retail establishments; veterinarians provide professional services and are expected to conduct themselves accordingly.

**Clarification re: Extra-Label Use of Rabies Vaccine**

A number of members have contacted the College regarding the “Inbox Issues” article in the September, 2009 issue of *Update*.

Many practitioners advised that they were following the label directions in giving a one-year re-vaccination date, after which the re-vaccination date would be three years. Others explained that they routinely use the three-year vaccine but put a two-year re-vaccination on the certificate, to ensure that the animal is re-vaccinated prior to the expiry of the three-year immunity.

This article arose from calls the College received from the general public, querying why their veterinarian set a re-vaccination date which was, from the client’s viewpoint, markedly different from the period of efficacy for the vaccine. The intent of the article was to ensure that members were explaining to their clients why they were doing so. To be clear, there is no barrier to a veterinarian using rabies vaccine, or any other vaccine or drug, extra-label, so long as the course of action meets the standard of practice and the veterinarian obtains the client’s informed consent.
Informed Consent and the Veterinarian’s Responsibility to say “No”


Implicit in this guideline is the concept that a veterinarian has the responsibility of ensuring that the owner of an animal is provided with all of the information necessary to make an informed decision with respect to the care of his/her animal. What is not necessarily implicit in the guideline is that, as a result of the process, the owner is left with only two choices: to accept or decline each option offered by the veterinarian. The client does not have the choice of directing the veterinarian to provide some other medication, treatment, or service.

Veterinarians are often confronted with clients who have received direction from a non-veterinary third-party regarding their pet’s care. Examples include a breeder who includes his/her own vaccination protocol in the purchase contract, or a boarding facility or pet daycare which has its own vaccination protocol. In these cases, unless the proposed protocol is clearly similar to the veterinarian’s own recommended protocol and unless the veterinarian—based on his/her best professional judgment—believes that the alternate protocol is in the best interest of this particular animal, then the veterinarian has a duty to refuse to comply with the client’s wishes. If this has an impact on the client’s contract with the breeder, that is unfortunate, but irrelevant to the veterinarian’s action. Private contracts or other third-party arrangements must not be permitted to influence either a veterinarian’s ethics or medical decision making.

In practice, the veterinarian may offer a range of options (A, B or C) for their clients. The client can accept or decline each option. However, the client cannot say “I decline option A, B and C, and direct you to provide me with D”, where D was not among the options offered by the veterinarian. For example, a veterinarian is presented with a dog with a broken leg, and upon examination, determines that the options are surgical repair, amputation, or even euthanasia. Instead, the client says “I just want you to put a splint on it and I’ll take it home to heal on its own.” In this case, the veterinarian must refuse the client’s demand. Again, the client can accept or decline the options the veterinarian offers, but cannot direct the veterinarian to provide an alternate option. (In this example if the owner adamantly refuses to accept the veterinarian’s advice, and takes the animal home untreated, the veterinarian is now bound by law to report the owner to the proper authorities at the OSPCA).

In some cases it may be appropriate when a client refuses all options presented to provide some level of care to relieve the animal’s immediate distress, particularly if the owner wishes to seek a second opinion; in such cases the veterinarian is responsible for following up to ensure that the second opinion is obtained within a reasonable period of time. The veterinarian also does not have the legal recourse to deny the owner the right to remove the animal. If the owner chooses to take the animal home untreated, then the veterinarian’s only option, and responsibility, is to comply and then report the owner to the authorities.

Veterinarians, like all professionals, have education and expertise that empowers them to provide considered, measured advice. Owners and clients are paying for your expertise, and you should not compromise that relationship and your professionalism by permitting clients and/or third parties to unduly influence your qualified judgment.
NOTICE / REMINDERS

Past CVO Registrar passes away

Dr. John L. Henry passed away September 19, 2009.

After graduating in 1961 from the Ontario Veterinary College, Dr. Henry practiced veterinary medicine in Brampton for three years, followed by 21 years of mixed animal practice in Kemptville, Ontario. During his time there, he also served as a municipal councillor and director of the Rideau-Carleton Raceway. He joined the Ontario Ministry of Agriculture and Food in 1985, as Regional Veterinarian for Eastern Ontario.

In 1988, Dr. Henry became Director of the Livestock Inspection Branch, for which he also served as Livestock Commissioner. Dr. Henry spent several years as an elected council representative of the CVO (then called the Ontario Veterinary Association), serving as president in 1987/1988.

Dr. Henry was the Registrar of the College from 1990 to 2001. After retiring from the CVO, Dr. Henry accepted the position of Registrar of the College of Dental Surgeons of British Columbia. He was the first Registrar from outside of the dental profession to serve that organization.

Dr. Henry is survived by his spouse Sandra, daughter Andrea, and son Christopher.

Membership Renewals 2010

The annual membership renewal forms were mailed in mid-October. If you have not received your form, please contact Ms. Karen Gamble at the CVO to avoid the $100 late payment penalty or cancellation of your licence for non-payment.

Remember to complete the annual renewal form and continuing professional development (CPD) Summary Sheet and return both with your payment.

Reminder

Members are reminded that there is currently no accreditation category for “referral” practices. Referrals can be listed as part of the services offered from a facility, but it is a contravention of the regulations to use the term as part of the name of any veterinary facility. Therefore, any public advertising must clearly differentiate the term from the name of the facility and, similarly, it would be a contravention to use a greeting such as “XYZ Veterinary Facility and Referral Centre” in a telephone communication.
Vaccination and Health Certificates for Exporting Animals from Canada

the following notice was submitted on behalf of the CFIA, by Dr. Sean Marshall, B.Sc, DVM

Canada’s legislated export requirements are designed to satisfy the health requirements of countries to which specific animals are exported, either for commercial or personal purposes.

Most countries require pets exported from Canada to be accompanied by a health certificate that has been endorsed by an official veterinary inspector from the Canadian Food Inspection Agency (CFIA). This health certificate is a legal document that is used to confirm compliance with the health requirements set by the destination country for the export.

Many countries have specific health certificates, many of which can be found on the CFIA website www.inspection.gc.ca. For others, the official “International Health Certificate for Dogs and Cats” found on this website should be used. The CFIA will not endorse clinic-generated health certificates or certificates that are known to not meet the official requirements of the destination country. Owners are responsible for checking with the country of destination to verify the entry requirements for their pets.

Recently in Ontario, problems have been noted with the completeness of documentation submitted to the CFIA for exports, particularly with pet dogs and cats. Incomplete or incorrect documentation can result in delays in export from Canada, which can be a source of stress for both the pet and owner. If problems with the documentation are identified at the destination country, it could result in:

- “refused entry”, where the animal is required to be shipped back to Canada
- quarantine of the animal in the destination country
- destruction of the animal in the destination country (usually only as a last resort)

All of these outcomes occur at the expense of the owner.

In order to avoid such situations, the CFIA would like to remind licensed veterinarians in Ontario of the requirements for vaccination and health certificates when exporting an animal from Canada:

- Health certificates must contain the original signature of the licensed veterinarian preparing them, and the date of signature. Rubber stamped or electronically produced signatures are not acceptable, nor are documents signed by lay staff, for the veterinarian.

- Health certificates should be signed using blue ink, so that they can easily be confirmed as original signatures by animal health authorities in the destination country. The licensed veterinarian’s name must be printed on the certificate as well.

- Changes or corrections should be initialed; white-out should never be used on these documents.

- Incomplete documents should not be signed.

- Health certificates must contain all the medical information required by the destination country (i.e. vaccinations, tests and treatments, etc), and must clearly identify the animal.

- In general, vaccination certificates need to have all the vaccine names, lot numbers and date of vaccination recorded correctly on them. Thus, it is critical that vaccine certificate templates be updated when a new lot of vaccine is used.

- Issuing proper rabies vaccination certificates is a legal requirement in Ontario. (Refer to the Province of Ontario’s Health Protection and Promotion Act).

continued on next page...
NOTICES

- The vaccination certificate, signed by the licensed veterinarian who performed the immunization, must contain the following information:
  1. the name and address of the owner or person having care and custody of the animal;
  2. the species, breed, sex and age of the animal;
  3. markings, if any, on the animal;
  4. the address of the clinic or other location where the animal was immunized;
  5. the name and code of the vaccine;
  6. the date of the immunization;
  7. the date that the animal is to be re-immunized; and
  8. the number of the rabies identification tag that is issued with respect to a cat or dog.

Questions regarding these requirements should be directed to the nearest CFIA District Animal Health Office, which can be found at www.inspection.gc.ca or by following the link directly to www.inspection.gc.ca/english/anima/heasan/offbure.shtml#a6

The College has been advised that many veterinarians are issuing Health Certificates to clients that include inappropriate and inaccurate wording about who has performed the physical examination of the animal in question. CVO therefore advises all members that Health Certificates must include a declaration that a licensed veterinarian has performed the examination and name the member who is certifying the animal’s good health and signing the certificate.

Upcoming dates for CVO Workshops

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CVO Update 13 December 2009
In “Case Studies,” we summarize complaints outcomes, Mutual Acknowledgement and Undertakings, and reported matters investigated by the College that are now considered public knowledge. A regular feature in Update, “Case Studies” is an educational tool that members should find of interest regarding both (a) their responsibility to uphold professional standards, and (b) the College’s responsibility to respond to issues that come to its attention.

**Maintenance of body heat...**

Mr. J presented Scruffy, his six-year-old, male, neutered Bichon, to the ABC Animal Hospital for an oral health procedure. The dog was anesthetized and a dental prophylaxis (scaling and polishing) was performed. The anesthesia and recovery were noted to be uneventful. The dog was seen the following day for lethargy. A swollen right hind stifle (knee) was noted, and Dr. A indicated that the lethargy was possibly due to an exacerbation of a chronic problem of patellar luxation (an unstable kneecap). No medication was prescribed.

Dr. A re-examined Scruffy ten days later, and noted lesions on the skin of the right side of his chest. Cephalexin (an antibiotic) and Benadryl were started.

A week later, Mr. J presented Scruffy to the XYZ Animal Hospital for a second opinion regarding the skin lesion. Dr. X noted a 10cm by 5cm diameter lesion on the right side of the chest/abdomen. Sedation for skin scraping and skin biopsy was recommended and consented to. The skin was biopsied and sent to a dermatopathologist. The final diagnosis was consistent with a thermal burn. At this time, the owner contacted Drs. A and B at the ABC Animal Hospital to discuss the case, but was dissatisfied with the response. Scruffy has subsequently healed well.

In the letter of complaint received by the College, Mr. J alleged that:

1. Drs. A and B refused to assume any kind of responsibility for the burn his dog suffered on his body during a dental clean up at their hospital. Even with the aid of a biopsy and second opinions from another clinic, Drs. A and B continued to deny any faults and call the burn a “medical mystery.”

**Reasons for Decision**

The Committee realizes that during general anesthetic, patients will rapidly lose body heat, contributing to a prolonged anesthetic recovery and causing other deleterious effects on overall health. Maintenance of body heat is an important part of the anesthetic protocol. During the warming procedure, there is a risk of thermal burn developing. Steps to prevent such an occurrence include using a warm water circulating blanket or warm air recovery unit, and placing a towel between the pet and the warming unit. Due to the mechanical barrier presented by the fur, and the fur covering up lesions, presentation of a burn may occur within a few days to a few weeks of the procedure. The Committee agreed that the description of the lesion from the XYZ Animal Hospital: “the affected area was red and thickened, with a quarter sized area of necrosis (dead tissue) in the centre of the lesion. There
was also a palpable area of demarcation between normal and affected skin,” as well as the timeline in this case, was consistent with a thermal burn, and this was strongly supported by the biopsy.

The Committee acknowledged that Drs. A and B investigated their thermal maintenance unit and contacted the manufacturing company as well. The Committee agreed that this was an unfortunate accident, despite the manufacturer’s assertion that burns are not possible with their unit. The Committee also noted that Mr. J became so frustrated that he resorted to the distribution of unflattering flyers and the publishing of unfavourable web page comments. However, once presented with the information received from Mr. J’s new veterinarian, Drs. A and B should have accepted the possibility that the dog’s burn could have been caused by the heating equipment at their hospital.

**Decision**

It was the decision of the Committee that the actions and conduct of Drs. A and B did not warrant a referral to the Discipline Committee for determinations of allegations of professional misconduct or serious neglect. The Committee decided, in the interest of the public and in hopes of ensuring that such an incident does not recur, to exercise its authority under section 24(2) (c) and take the following action:

Drs. A and B are advised of the Committee’s concerns with regard to the conclusions made by them as to what happened to cause the dog’s burn. Drs. A and B are strongly cautioned to review their warming protocol for anesthetized patients to ensure the prevention of subsequent injuries to other animals under their care. Drs. A and B are cautioned to consider this carefully, and take any necessary action related to this advice to ensure that such a situation does not recur.

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**Clarification of CPD Cycle and Annual Licence Renewal Dates**

CPD Summary Sheets were due with the Annual Renewal Form and Licence Fee on November 30th, 2009, for the 2008-2009 Cycle that ended October 31, 2009.

Members were sent packages for the 2009-2010 CPD Cycle in their fall renewal packages as well. The 2009-2010 CPD Cycle runs from November 1, 2009, to October 31, 2010. CPD Summary Sheets will be due with Annual Renewal Forms and Fees for next year on **November 30, 2010** (not on November 1, 2010, as printed on the Guidance Notes for next year).

Questions about the CPD Cycle should be directed to Karen Smythe, QA Program Manager, at ksmythe@cvo.org or ext. 2237.

Submission of CPD Summary Sheets is required under CVO By-Law 41. Members who did not submit any of (1) their Annual Licence Renewal form, (2) their 2008-2009 CPD Summary Sheet and (3) their licence fee by November 30, 2009 are in violation of subsection 5(3) of the Veterinarians Act, and they will be sent a letter that their licences will be cancelled if all of the items are not received within 60 days hence.
QUALITY ASSURANCE

SUCCESSFUL COMPLETION OF THE CPD CYCLE MINI-PILOT PROGRAM

After attending the CVO’s Focus Groups on the CPD Cycle in February and March 2009, thirteen participants volunteered to join the CPD Cycle Mini-Pilot Program to test-drive the documentation tools that had been developed by the CPD Working Group of volunteer veterinarians and further refined with input from the membership through survey and focus-group feedback.

The Mini-Pilot Program began in May with Teleconference meeting #1, at which the CPD Planning Tool and supporting Practice Profile tool were introduced. A case study was created using a mixed animal practitioner, Dr. XYZ, a fictional CVO member. Dr. XYZ’s Practice Profile demonstrated how to identify appropriate CPD opportunities relevant to that practice. Review of the Planning Tool showed an example of developing specific goals and learning plans and considering multiple activities to meet the educational needs. Mini-Pilot participants then worked on their own Practice Profiles and Planning Tools before the next teleconference. They reported that it took them approximately 30 minutes to complete their Practice Profiles, and 45 minutes to develop the initial Plan for their CPD activities.

During Teleconference #2, participants reviewed Dr. XYZ’s CPD Activity Log of educational interventions pursued to meet goals or objectives recorded on the Planning Tool and Documentation B sheets that demonstrated professional reflection and identified outcome or application of learning to practice. Participants made some suggestions to improve the Documentation sheets and the Activity Log itself. These ideas were implemented, resulting in a modified and improved Activity Log as distributed to the full membership in October. Before the final Teleconference #3, they filled in their own Activity Logs and created Doc B sheets for self-directed learning projects, creating their own professional reference libraries.

In September, participants sent in their completed CPD Cycle documentation for the period May to October 2009, for the QA Committee to review the contents and to begin to develop standards for making assessments of the CPD Cycle documentation. (Eventually—as recommended by a vast majority of members in both surveys and focus groups—a percentage of CVO members will be randomly selected to submit their CPD documentation to the QA Committee for review each year). Based on the draft standards, the Committee provided constructive feedback to the participants and included “CPD FastFacts,” educational tips that support members in making the CPD Cycle process even more effective for themselves next year.

Examples of Dr. XYZ’s CPD Cycle Tools and CPD FastFacts will be posted on the Quality Assurance page of CVO’s website soon so that all members are able to access these resources during the current (November 2009-October 2010) CPD Cycle.

All members are now invited to participate in the Full-Year CPD Pilot Program, starting in January 2010, consisting of 3 Teleconferences (1 hour each) and the submission of documentation in October 2010. Get involved in the self-regulation of your profession by contributing to the development of this important QA Program Component and sign up by contacting Karen Smythe, QA Program Manager, at kmsythe@cvo.org or call her at 1-800-424-2856 ext. 2237.

continued on next page...
In addition to presenting on the CPD Cycle on January 29th at the OVMA conference, CVO will be hosting a CPD Information Session via Teleconference and/or Webinar on January 26, 2010, from 7:30 - 9:00 pm for those members who were unable to attend an in-person session this fall. Please contact Karen Smythe before January 20th, 2010, at ksmythe@cvo.org or 1-800-424-2856 ext. 2237 to register for the January 26th session!

Meet a Peer Reviewer

Name: Marc Marin, DVM

Meet one of your peers who contribute to the Peer Review of Medical Records program by helping clinics improve their medical record keeping in the interest of enhanced patient care.

Nature of Practice: Small animal practice (co-owner of Chelmsford Animal Hospital) in Chelmsford, Ontario (near Sudbury).

How long have you been a peer reviewer?
I’ve reviewed medical records for the Complaints Committee for about 6 years now, and I have recently joined the reviewer team for the Peer Review of Medical Records program for the QA Committee.

How has being a peer reviewer directed your own learning?
It has helped me to identify some areas that I was deficient in, and helped direct my continuing education to those areas.

Have you made changes to your practice as a result of assessing medical records of your peers?
Since I began reviewing medical records for the College, we have completely revamped our own medical records. We developed templates and protocols that helped us to improve our record keeping, and we are planning to move to computerized records very soon. Having our own records peer reviewed a few years ago and using the constructive feedback has had a very positive impact on our own practice.

Have you ever seen a difference in the records of a peer after you have provided them with feedback?
Several recommendations are made during a records review, and some records are re-reviewed periodically at set intervals, so I have had the opportunity to see major changes made as a result of my suggestions. I also deliver Medical Records Workshops and many colleagues have told me that what they learned there has had a positive impact on the record keeping in their practices, so it is rewarding to be part of the QA program that focuses on medical records from that angle too.
**CASE STUDIES**

**Discipline Hearings**

The *Veterinarians Act*, section 31-(1) states that, “Where the Discipline Committee finds a member or former member of the College guilty of professional misconduct or serious neglect, the registrar shall publish the finding....” The name of the member who is subject of the hearing may, or may not, be included depending on the decision of the Discipline Committee panel. Information revealing the names of the witnesses and clients is always removed.

Decisions may be obtained, in full, by contacting Ms. Rose Robinson, Manager, Complaints and Discipline, at extension 2227 or email robinson@cvo.org.

Dr. Grigory Brodetsky

**ALLEGATIONS OF PROFESSIONAL MISCONDUCT**

- Assisting a business corporation to engage in the practice of veterinary medicine and hold itself out as engaging in the practice of veterinary medicine
- Participating in a steering arrangement
- Failing to maintain adequate records
- Inadequate communication and inappropriate administration of a euthanizing agent

**BRIEF SYNOPSIS OF FACTS**

- The Member practiced veterinary medicine and held himself out as practicing veterinary medicine through a business corporation, carrying on business as “Pet Heaven.”
- Pet Heaven was not a professional corporation nor had it been granted a certificate of authorization.
- The veterinary services performed by the Member included in-home euthanasia.
- The Member was aware that Pet Heaven used its website to attract clients for in-home euthanasia services. The Member did not have a pre-existing relationship with persons for whom he performed these services through Pet Heaven.
- The Member was involved in a system whereby Pet Heaven provided the Member’s name to members of the public, who were not clients of the Member. Pet Heaven then directed the Member to those individuals. This constituted a steering arrangement between the Member and Pet Heaven.
- Members of the public contacted Pet Heaven requesting in-home euthanasia services. The principals of Pet Heaven contacted the Member who would attend at an address provided to him by Pet Heaven. The Member provided the services to the client, and Pet Heaven would invoice the client for the Member’s services, and pay the member directly.
- The Member failed to maintain adequate records. In particular, the Member’s records did not reflect the fact that he performed an intracardiac puncture on a dog. The Member did not provide billing records for the in-home euthanasia procedures.

**DECISION**

1. **Finding**

The Member pleaded guilty and the Committee accepted the plea of professional misconduct with respect to the above allegations.

2. **Penalty**

- Reprimand
- Suspension of the member’s license to practice veterinary medicine for a period of three months, two months of which would be remitted if the member complies with all of the provisions.
- Imposition of a condition and limitation on the member’s license to practice veterinary medicine that the member successfully completes, to the satisfaction of the Registrar, or her designate:
  (a) a one-day education session concerning euthanasia, including the need for a proper VCPR; with a facilitator determined by the Registrar, who, after the session, would set out guidelines for the member to complete a minimum 1500 word paper with no less than 10 references on the issues addressed during the education session.
(b) a second paper, with a minimum of 1500 words with no less than 10 references, discussing the proper corporate practice of veterinary medicine.

· The penalty sends a strong message to members of the profession about the importance of practicing in a setting that is licensed and approved and that contributes to a well informed client and an appropriate veterinarian-client-patient relationship.

· The Committee noted that the publication of these findings would remind the profession that record keeping principles must be maintained regardless of the practice setting.

· The penalty provides a strong rehabilitation focus as the Member will be required to demonstrate that he has advanced his knowledge in the areas of what constitutes a proper VCPR, euthanasia, and the proper corporate practice of veterinary medicine.

· The Committee noted that the Member was no longer involved in this type of on call euthanasia practice.

· The Member has taken steps to improve his practice and has accepted responsibility for the fact that his practice had fallen below acceptable standards in multiple areas.

Dr. Lance Males

ALLEGATIONS OF PROFESSIONAL MISCONDUCT

· Failing to attend to and personally assess or diagnose an animal, yet prescribing ongoing medication to the animal despite failure to improve.

BRIEF SYNOPSIS OF FACTS

· A client contacted the Member by telephone and informed him that her horse was exhibiting lameness and that she believed that he had slipped in the mud.

· The Member asked about laminitis and the client responded that she did not feel that this was the problem.

· The Member, according to the client, suggested that the horse either had a muscle injury or suffered a back strain.

· The client expressed concern that her horse possibly fractured his pelvis or hip and wanted the Member to examine him. The Member does not recollect a discussion of a fractured pelvis, hip or back injury during the initial discussion. The Member made no record of the discussions. The Member assessed the situation as a non-emergency and did not arrange to attend the horse.

· The Member advised stall rest and prescribed medication (anti-inflammatory) to be available for pick up at the clinic.

· The Member did not chart advice that he claims to have provided or that the client contact him if the horse’s condition failed to improve or worsen.

· The client, a few days later, contacted the Member again asking to have the horse assessed for a fractured pelvis. The Member advised that a fractured pelvis was unlikely and that a back injury would be more likely. He advised that the practice
had a limited ability to conclusively diagnose a pelvic injury, and also stated that back problems are a problem to treat.

- The Member raised the possibility of euthanasia. The client responded that she would not euthanize her horse when she did not know what was wrong.
- The Member suggested that the horse be referred to another facility and prescribed more medication (an analgesic and anti-inflammatory).
- Later, a colleague of the Member (the Member was not at work when the client called) informed her that she would require a referral directly from a veterinarian to attend another facility. It was recommended for her to wait until she attended a previously scheduled appointment for her horse with the Member.
- The client's horse was seen by another veterinarian for a chiropractic consultation. The veterinarian referred the client to another facility, and suggested pain management, but medication was not prescribed.
- The client contacted the Member again requesting pain medication, which the Member initially refused because her horse had been examined by an equine chiropractor, claiming uncoordinated care could put the horse at risk.
- The Member did prescribe medication for the trip to another facility.
- The client attended the other facility where the horse had to be euthanized for humane reasons.

DECISION

1. Finding

The Member pleaded guilty and the Committee accepted the plea of professional misconduct with respect to the above allegations.

2. Penalty

- Reprimand
- Suspension of the Member’s license to practice veterinary medicine for a period of one month. The suspension was itself to be suspended if the Member complies with all provisions.
- Imposition of a condition and limitation on the Member’s license that the Member successfully completes to the satisfaction of the Registrar or her designate:
  a. a one-day educational session concerning proper client communication and legislation
  b. a paper of no less than 1,500 words and 10 separate references on the issues giving rise to the proceedings including the requirements of section 33 of O.Reg. 1093 under the Veterinarians Act and the need for proper communication with clients and colleagues,
  c. the Member will pay the costs of the educational session and any reviewer in respect of the paper,
  d. in the event that the Member fails to complete the requirements, the Member’s license to practice veterinary medicine shall be suspended for one month.
- The Member will pay the College’s costs in the amount of $2,500.00.
- Pursuant to the legislation, this matter is published, including the Member’s name.

3. Panel’s Reasoning

- The Committee was concerned that the allegations resulted from failure to adhere to basic essentials of veterinary practice (i.e. the veterinarian-client-patient relationship (VCPR) and accurate record keeping). The Committee noted that the College has stressed the importance of a proper VCPR as laid out in O.Reg. 1093, section 33 for many years. The Committee noted that the College provides medical records workshops in many parts of the province to assist members in bringing their records up to the standard required by the regulations.
- The Member’s co-operation during the investigation and pre-hearing, as well as his assurances that changes have already been made to comply with the Standards of Practice led the Committee to agree with the proposed Penalty.
Dr. Rojana Kuganesan and Dr. Anya Rapoport

ALLEGATIONS OF PROFESSIONAL MISCONDUCT
· Failing to order a postoperative x-ray following surgery
· Failing to advise their client that uroliths found in their dog's bladder were not completely removed - preventing the client from being able to make informed decisions as to treatment, and resulting in an unnecessary delay in the removal of the remaining uroliths.
· Failing to maintain accurate records.

BRIEF SYNOPSIS OF FACTS
· A client presented her dog to the Members with difficulty urinating. X-rays were taken which revealed six bladder stones. The Members recommended surgical removal of the stones.
· Dr. Kuganesan performed a cystotomy on the patient. She located and removed two stones that were embedded in the bladder wall, but was unable to find any others in the lumen.
· When asked to check, Dr. Rapoport was also unable to find any more stones.
· Neither Member ordered a postoperative x-ray. The patient was placed on a diet and prescribed medication to help dissolve any remaining stones which may have remained in the bladder and to address the clinical symptoms.
· The symptoms persisted and six large and several small bladder stones were later found and removed by another veterinarian.
· The advice provided by the Members was not documented and the report did not mention the number of bladder stones that were actually removed, nor did it refer to the number of bladder stones seen on the preoperative x-ray.
· The Members did not document their post-surgical discussions with the client in the records.

DECISION
1. Finding
The members pleaded guilty and the Committee accepted the plea of professional misconduct with respect to the above allegations.

2. Penalty
· Reprimand
· Suspension of both Members' licenses to practice veterinary medicine for a period of one month. The suspension of each Member’s license was itself to be suspended in the event that each Member successfully completes a paper, each of which shall be at least 1500 words and to the satisfaction of the Registrar or her designate, on the proper surgical and post-operative care in a patient with bladder stones—including the need for appropriate intra and post-operative investigation, proper charting, informed consent and client communication. In the event that either member failed to complete the paper in compliance with the order, the Member’s license to practice veterinary medicine would be suspended for one month.
· Each Member would write her own, individual paper, in order to avoid the suspension of her license.
· Each Member would pay the costs for the Registrar’s designate to review their paper.
· Each Member would pay the College’s costs in the amount of $1,000.00 each.
· Pursuant to the legislation, this matter is published, including the Members’ names.

3. Panel’s Reasoning
· The Committee was of the view that this penalty was appropriate as it reflected the general penalty principles of deterrence, rehabilitation and protection of the public.
· Specific and general deterrence are achieved by the reprimand, suspension and the publication of the findings.
· The Committee felt that a strong message would be sent to the membership that conduct of this nature will not be tolerated and the publication of the findings and penalty will reemphasize the importance of keeping comprehensive and accurate records.
· The Members have an opportunity to broaden their knowledge of the specific care principles involved in the case by researching current practices in order to complete their professional paper and avoid suspension.
· The Members accepted responsibility for their actions and have already introduced changes to their practice as a result of the issues involved in the hearing.
REGISTER UPDATES

The College welcomed the following new registrants between August 5, 2009 and November 6, 2009. The list also indicates licence type as follows:

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Dr. Monique Antaki G Dr. Aimee Frketich G Dr. Shahid Rehman G
Dr. Venessa Bosse G Dr. Kamran Jahangir R Dr. Elizabeth Sinclair G
Dr. Christine Brandon G Dr. Izabela Jakubowski G Dr. Elizabeth Spencer G
Dr. Laura Carter G Dr. Alison Jones G Dr. Jason Stull PGR
Dr. Surinder Chaudhary G Dr. Benjamin Joseph G Dr. Emmeline Tan E
Dr. Pamela Chesterfield G Dr. Seokjo Kim G Dr. Roberta Veitch G
Dr. Christian Cumberbatch G Dr. Jennifer Kyes G Dr. Jennifer Weeks G
Dr. Tonima Dan G Dr. Pavneesh Madan G Dr. Erica Wick G
Dr. Hala El-Ghazawi R Dr. Nevena Nikolajevic G Dr. Tracy Wynder G
Dr. Brent Fischer R Dr. Nadia Ouellette G Dr. Anya Yushchenko R
Dr. Catherine Fischer E Dr. Armita Parandeh G
Dr. Neaera Fletcher PGR Dr. Gloria Peterson G

The following is a list of new and closed corporations:

**New Corporations**

- Allyson MacDonald Professional Corporation
- Bhatia Veterinary Professional Corporation
- Breslau Animal Hospital Professional Corporation
- Charbonneau Veterinary Professional Corporation
- Gerry Thomson Veterinary Professional Corporation
- Markdale Veterinary Services Profession Corporation
- Mohos Veterinary Professional Corporation
- Momi Veterinary Professional Corporation
- Napa Valley Animal Hospital Professional Corporation
- North Ajax Veterinary Professional Corporation
- North Waterloo Veterinary Hospital Professional Corporation
- Paul Westermann Veterinary Professional Corporation
- Puri Veterinary Professional Corporation
- Ribey Veterinary Professional Corporation
- Scott Veterinary Services Professional Corporation
- Toronto Veterinary Emergency Hospital Professional Corporation
- Toronto South Animal Hospital Professional Corporation
- Walker Veterinary Professional Corporation

**Closed Corporations**

- Societe Professionnelle Clinique Veterinaire Embrun
The following is a list of new, closed and relocated veterinary facilities:

**New Facilities**
- Church-Yonge Animal Clinic, North York
- Dr. Alexeev Mobile Veterinary Services, North York
- Dr. Ian Welch Mobile Veterinary Services, London
- Dufferin/Rutherford Animal Clinic, Vaughan
- Hamilton/Burlington SPCA Companion Animal Hospital, Hamilton
- Kelton Pet House Call Services, Aurora
- King Street Animal Hospital, Barrie
- Morningside Pet Hospital, Scarborough
- Sherbrooke Heights Animal Hospital, Peterborough
- Sims Animal Hospital, Kingston
- Sunnybrook Mobile Veterinary Services, Toronto
- Toronto North Animal Hospital, Toronto
- Toronto Veterinary Emergency Hospital, Toronto
- Wellington Equine Services, Alma

**Relocated Facilities**
- Chahal Veterinary Services
- King Equine Veterinary Services
- Moore Swine Services
- Verona Animal Hospital

**Closed Facilities**
- Brighton Veterinary Office
- Dr. G. Speckmann
- Dymond Veterinary Clinic
- Hiltz Veterinary Services
- Morningside Animal Clinic

The following veterinarians are no longer licensed in Ontario:

- Dr. Leontine Benedicenti
- Dr. Marc Dhumeaux
- Dr. Avril Hamel-Jolette
- Dr. Ugo Maninchedda
- Dr. Jitendra Patel
- Dr. Florence Polle
- Dr. Raj Raghav
- Dr. Andressa Silveira
- Dr. Roseanna Vinti

If you note any errors in the preceding lists or believe someone may be practising without a licence, please contact Ms. Karen Gamble at extension 2228 or e-mail kgamble@cvo.org.
In Memoriam
The council and staff of the CVO were saddened to learn of the following death and extend sincere sympathy to the family and friends. In memory of deceased members, the CVO contributes an annual grant to the Ontario Veterinary College Alumni Trust.

Best, Susan (OVC 1979)
Bodendistel, James (OVC 1958)
Charron, Valerie (OVC 1973)
Craig, Russell (OVC 1951)

Henry, John (OVC 1961)
Lott, James Norman (OVC 1964)
McGowan, George (OVC 1947)

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Have you signed up for the CVO electronic newsletter? To sign up go to the CVO website www.cvo.org.

Professionals Health Program
Confidential toll-free line: 1-800-851-6606
www.phpoma.org

Update, the official publication of the College of Veterinarians of Ontario, is the principle means of communication between the College and its members. It is the primary means of informing the membership on regulatory issues, with the expectation that members will govern themselves accordingly. Update is charged with the responsibility of providing comprehensive, accurate and defensible information.

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