

# COLLEGE OF VETERINARIANS OF BRITISH COLUMBIA

## BYLAWS

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## PART 3 – ACCREDITATION AND NAMING

### Definitions

3.1 In addition to the definitions set out in section 1 of the Act and section 1.1 of the bylaws, in this Part:

- (1) “**accredited practice facility**” means a practice facility that has been granted:
  - (a) full accreditation,
  - (b) limited accreditation, or
  - (c) philanthropic accreditation.
- (2) “**accreditation standards**” means the standards used to accredit a practice facility as prescribed by Schedule “D”;
- (3) “**annual declaration form**” means the form prescribed by the college which is required to be submitted annually by each practice facility and by each consulting practice;
- (4) “**committee**” means the practice facility accreditation committee, unless otherwise specified in this Part;
- (5) “**consulting practice**” means a veterinary practice in which a registrant provides veterinary services to other registrants or practice facilities, including on line, and does not have its own premise, structure, vehicle or facility;
- (6) “**guideline**” means information provided by the committee that provides general guidance of acceptable practice to a registrant, but is not a standard;
- (7) “**inspection**” includes a physical inspection of a facility by a practice facility inspector;
- (8) “**inspector**” means an inspector appointed by the council pursuant to section 49(1) of the Act for the purposes of inspecting a practice facility;
- (9) “**locum**” means a registrant who provides veterinary services on a contract basis to another registrant, from or within an accredited practice facility;
- (10) “**philanthropic practice**” means the humanitarian provision of veterinary services:
  - (a) by registrants in a benevolent manner,
  - (b) in keeping with animal welfare concerns,

- (c) in communities that would otherwise not have veterinary services, and
  - (d) at no or substantially reduced cost to the public;
- (11) **“practice facility”** means the premises, structure or vehicle in, on or from which a registrant provides veterinary services, and includes any equipment, supplies, records or documents used in that facility, but does not include a consulting practice;
  - (12) **“provisional approval”** applies to a new practice facility and means the practice facility has temporary approval to operate until it has fully complied with the accreditation standards;
  - (13) **“self-assessment”** means the process a designated registrant must undertake every year to inspect and assess an accredited or proposed practice or facility as required in this Part;
  - (14) **“self-assessment form”** means the entire practice facility self-assessment form and annual declaration form prescribed by the college;
  - (15) **“scope of practice”** means the range of service categories offered from an accredited or proposed practice facility.

## **Practice Facility Accreditation**

### **Registry of accredited practice facilities**

3.2 The registrar must:

- (1) Issue and send a certificate of accreditation bearing the date of accreditation or reaccreditation to the designated registrant for each facility granted full accreditation or limited accreditation.
- (2) Maintain a registry of:
  - (a) all operating practice facilities accredited under this Part, including the form of accreditation,
  - (b) all suspended or cancelled practice facilities,
  - (c) all closed practice facilities, and
  - (d) the name of the designated registrant of each practice facility, whether open, closed or suspended.
- (3) Ensure that the information in the registry of accredited practice facilities as described in subsection (2)(a) is posted and maintained on the college website.

### **Accreditation standards**

3.3 To be accredited, a practice facility must meet the accreditation standards set out in Schedule "D", subject to the provisions contained in the Act or bylaws.

## **General requirements**

3.4 Every practice facility must:

- (1) have a designated registrant pursuant to Part 4;
- (2) be accredited;
- (3) at all times prominently display an issued and current certificate of accreditation on the premises;
- (4) undergo an inspection on a schedule established by the registrar; and
- (5) for every calendar year, including an inspection year, except in the year of closure, complete, sign and be prepared to submit a self-assessment form by the following January 31<sup>st</sup> or promptly upon request by the college or an inspector.

## **Registrant's general duties**

- 3.5 (1) A registrant must not practise in or from a practice facility in any of the following circumstances:
- (a) if there is no designated registrant for the practice facility pursuant to Part 4;
  - (b) if the practice facility has not been accredited; and
  - (c) if the practice facility's accreditation has been cancelled or suspended.
- (2) If a registrant reasonably believes that an accredited practice facility is no longer in compliance with the accreditation standards, the registrant must promptly report in writing to the committee via the office of the registrar.
- (3) Each registrant must carry malpractice or liability insurance sufficient for the scope of practice conducted at the practice or facility.

## **Designated registrant's duties**

- 3.6 In addition to any other duty set out in the bylaws, the designated registrant has the following responsibilities:
- (1) to make all necessary applications for accreditation;
  - (2) to ensure all persons providing veterinary services at or from an accredited practice or facility comply with the provisions of the Act, the regulations, the bylaws, and other applicable regulatory bodies;
  - (3) to ensure an issued and current certificate of accreditation is posted in a conspicuous place in the practice or facility;
  - (4) to facilitate the scheduling of an inspection and to ensure all staff and registrants at a practice fully cooperate with and respond to all reasonable requests of an inspector or the committee, and promptly provide any records when requested by the college or an inspector;

- (5) to ensure the practice or facility and any equipment, supplies, records or documents comply with Schedule D accreditation standards;
- (6) to complete the annual declaration form and deliver it to the college in accordance with this part;
- (7) to complete the self-assessment form, promptly correct any identified deficiencies recorded on the self-assessment form, and ensure copies of the past and current self-assessment forms are available at the practice for review by an inspector or the college, if requested;
- (8) to promptly submit a current self-assessment form, if requested by an inspector or the college;
- (9) to promptly inform the registrar, who will convey to the committee any of the following respecting a practice or facility:
  - (a) a substantial change in scope of practice,
  - (b) a significant or material renovation,
  - (c) a change of mailing address or location,
  - (d) a change in the designated registrant,
  - (e) a closure,
  - (f) a loss of a significant amount of a controlled drug or a loss of records, and
  - (g) a change in ownership.
- (10) to ensure the practice or facility meets all applicable federal and provincial standards;
- (11) to maintain a complete, up-to-date and accurate list of all registrants practising in or from the practice or facility, and to promptly provide the list to an inspector or the college, when requested; and
- (12) to maintain premise insurance and to record the amount of malpractice and liability insurance maintained by all registrants of the practice or facility, including locums and temporary active registrants.

### **Annual self-assessment**

- 3.7 (1) On or before January 31<sup>st</sup> following each calendar year in which the practice operated, including an inspection year, except in the year of closure, the designated registrant of a practice or facility must:
- (a) undertake a self-assessment,
  - (b) complete and sign a self-assessment form recording the results of that self-assessment, including any deficiency identification and remediation,
  - (c) deliver the annual declaration form to the registrar, and
  - (d) if requested, deliver the self-assessment form to the registrar.

- (2) The designated registrant of a practice or facility must retain all self-assessment forms completed since the last inspection and have them promptly available for review by an inspector or for delivery to the college when requested.

### **Late or failed completion or submission of a self-assessment form**

- 3.8 (1) If by January 31<sup>st</sup> a designated registrant of a practice or facility fails to:
- (a) complete a self-assessment form, or
  - (b) deliver an annual declaration form,
- the committee or the registrar may impose a self-assessment late filing fee in the amount specified in Schedule "C".
- (2) If a designated registrant who is deemed to owe a self-assessment late filing fee pursuant to subsection (1) fails to complete a self-assessment form or fails to submit an annual declaration form by February 28th, or fails to pay the self-assessment late filing fee by February 28th or fails to do both, the committee or the registrar has the discretion to:
- (a) direct an inspector to undertake an on-site inspection of that designated registrant's practice or facility, with the full cost of the inspection payable by the designated registrant, and
  - (b) initiate a complaint against the designated registrant under section 50 of the Act.
- (3) For the purpose of ensuring compliance with this section, or for other purposes, the college or an inspector may require delivery of an annual declaration form or a self-assessment form, or both.
- (4) If a designated registrant fails to promptly submit an annual declaration form or a self-assessment form, or both when requested, the committee or the registrar may impose fees and may take the actions described in this section.

### **Powers of a practice facility inspector**

- 3.9 (1) An inspector may exercise the powers listed in section 49 of the Act when directed by the committee or any statutory committee.
- (2) An inspector:
- (a) is accountable to and reports to the registrar;
  - (b) must follow the administrative directives issued by the registrar; and
  - (c) must follow or implement the practice inspection directives and policy objectives of the committee or another statutory committee.

### **Application for initial accreditation**

- 3.10 (1) For a proposed practice or facility to be considered for accreditation, a registrant must provide to the registrar the following:
- (a) a completed and signed accreditation application form;
  - (b) supporting documentation listed in the application for accreditation form;
  - (c) a completed and signed self-assessment form; and
  - (d) payment in full of the application for accreditation fee and the accreditation inspection fee as set out in Schedule "C".
- (2) The registrar must:
- (a) provide the application for accreditation form and supporting documents to an inspector for review;
  - (b) schedule an inspection; and
  - (c) report to the committee.

### **Initial Accreditation process**

- 3.11 The practice or facility accreditation process proceeds as follows:
- (1) The proposed practice or facility must meet the accreditation standards and the registrant must submit an accreditation application form, the application for accreditation fee, the initial inspection fee set out in Schedule C, and any required information.
  - (2) The registrar must review the application to ensure it is complete, that both applicable fees have been paid and that any required information has been submitted.
  - (3) The practice or facility that is not applying for philanthropic accreditation must undergo an inspection by an inspector to ascertain if the facility meets the accreditation standards.
  - (4) Before conducting an inspection, an inspector must review the information provided in the self-assessment form, and advise the registrant of any deficiencies in that information.
  - (5) Following an inspection, the inspector must provide an outcome form to the registrant.
  - (6) If an inspector identifies that a practice or facility does not meet one or more of the accreditation standards,
    - (a) the inspector must promptly notify the committee and the registrant of any identified deficiencies;
    - (b) the registrant must correct any deficiencies within 30 days after notification, and complete and submit a signed inspection declarative statement; and

- (c) the committee may grant extensions in increments up to 30 days to allow the registrant to correct any identified deficiencies.
- (7) The inspector must submit an inspection report to the registrar for use by the committee.

### **Initial accreditation decision**

3.12 Following review of the inspection report, the committee may:

- (1) grant full accreditation,
- (2) grant limited accreditation,
- (3) allow provisional approval,
- (4) grant philanthropic accreditation, or
- (5) deny accreditation.

### **Full accreditation**

3.13 If the committee determines that a practice or facility meets all the accreditation standards applicable to the scope of practice to be offered by the practice or facility, the committee may grant full accreditation.

### **Limited accreditation**

- 3.14 (1) If it is in the public interest, a practice or facility which does not meet most or all applicable accreditation standards may be granted limited accreditation on specified limits and conditions.
- (2) A practice or facility with limited accreditation may apply for full accreditation at any time.

### **Philanthropic accreditation**

- 3.15 (1) A private practice registrant in good standing may apply for philanthropic accreditation.
- (2) Unless the committee directs otherwise, an application must include:
- (a) a written explanation as to the need for a philanthropic practice or facility;
  - (b) letters from community groups supporting the proposed philanthropic accreditation;
  - (c) a completed and signed self-assessment form for the location of the proposed philanthropic practice or facility;
  - (d) the proposed commencement date(s) and duration; and
  - (e) a list of the names of registrants intending to provide services.
- (3) The committee may request letters of support from accredited practice facilities within the same geographic area.

- (4) If the committee grants philanthropic accreditation, it is temporary, subject to terms and conditions, and expires as specified.
- (5) Reapplication may be made upon expiry of the previous term.
- (6) A philanthropic practice or facility may be operated in conjunction with an animal assistance organization.
- (7) Philanthropic accreditation may be granted without conducting a practice or facility inspection.
- (8) The committee may require a written report promptly after the expiration of the philanthropic accreditation term.

### **Provisional approval for new practice facilities**

3.16 (1) If:

- (i) a practice or facility meets most of the accreditation standards applicable to the proposed scope of practice,
- (ii) the public, staff and patients are considered sufficiently protected, and
- (iii) the practice or facility is deemed likely to meet all accreditation standards in the future,

then the committee may:

- (a) allow or continue to allow provisional approval of the practice or facility, and
  - (b) specify the terms or conditions to be met before the practice or facility is granted full accreditation.
- (2) If a practice or facility with provisional approval fails to meet the terms or conditions for full accreditation by the date specified by the committee under subsection (1), the provisional approval of the practice or facility must be revoked, and that practice or facility must not provide veterinary services.
  - (3) If the committee revokes provisional approval under subsection (2), the designated registrant may apply to council for a review.

### **Denial of initial accreditation**

- 3.17 (1) If the committee determines that a practice or facility does not meet the accreditation standards, the committee:
- (a) may deny accreditation, and
  - (b) must promptly advise the registrant that the practice or facility must not provide veterinary services.
- (2) Upon application, a denial of accreditation is subject to council review.

### **Inspections of accredited practice facilities**

- 3.18 (1) The committee may direct that the practice or facility be inspected by an inspector to ascertain if it meets the accreditation standards.
- (2) Before conducting an inspection, an inspector must review the information provided in the self-assessment form.
- (3) Following an inspection, the inspector must provide an outcome form to the designated registrant.
- (4) If the inspector identifies that a practice or facility does not meet one or more of the accreditation standards:
- (a) the inspector must promptly notify the designated registrant and the registrar of any identified deficiencies;
  - (b) the designated registrant must correct any deficiencies within 30 days after being notified, and complete and submit a signed inspection declarative statement; and
  - (c) the committee may grant extensions in 30 day increments to allow a designated registrant to correct any identified deficiencies.
- (5) The inspector must submit an inspection report to the registrar for use by the committee.
- (6) The designated registrant must pay the applicable inspection fee in the amount specified in Schedule "C".

### **Reaccreditation decision**

- 3.19 (1) Following review of the inspection report, if the registrar or committee determines that a practice or facility:
- (a) no longer meets the accreditation standards,
  - (b) provides services that fall outside the practice scope of its original accreditation, or
  - (c) has failed to meet a term or condition or a limitation of its current accreditation, the committee may do one or more of the following:
  - (d) grant limited accreditation;
  - (e) cancel accreditation, as a result of which the practice or facility must not provide veterinary services; and
  - (f) initiate a complaint against the designated registrant for the practice or facility, under section 50 of the Act.
- (2) Upon notification by the committee, the registrar must promptly notify the designated registrant of a decision made under this section.
- (3) Upon application, a decision to cancel accreditation of a practice or facility may be reviewed by the council.

### **Effect of cancellation of accreditation**

- 3.20 (1) Immediately on receipt of the decision to cancel accreditation, the designated registrant of the practice or facility must:
- (a) promptly surrender the accreditation certificate to the registrar;
  - (b) prominently display to the public a notice in a form and manner satisfactory to the registrar that accreditation has been cancelled; and
  - (c) immediately cease providing veterinary services.

### **Application for council review of accreditation decision**

- 3.21 (1) A designated registrant or agent may apply to the registrar for a council review after a denial or cancellation of accreditation.
- (2) An application for review must:
- (a) be received no later than 30 days after delivery of the accreditation decision to the designated registrant;
  - (b) contain the applicable payment of the request for a review fee as set out in Schedule "C";
  - (c) be in writing and signed by the designated registrant or agent;
  - (d) contain the name, address and telephone number of the designated registrant, or the name, address and a telephone number of the designated registrant's agent;
  - (e) identify the decision that is the subject of the request;
  - (f) state the basis for seeking a review;
  - (g) state the requested outcome; and
  - (h) include any other information the council should consider.
- (3) On receipt of a completed application for a review and applicable payment, the registrar must promptly notify council and the committee of the application.

### **Council review of accreditation decision**

- 3.22 (1) The receipt of a request for a review does not automatically operate as a stay or suspend the implementation of the decision being reviewed.
- (2) Upon receiving notification from the registrar of an application for review of a committee decision, the council may:
- (a) for previously accredited practices or facilities only, stay or suspend the implementation of the decision under review;
  - (b) conduct a review of the decision to deny, revoke or cancel accreditation, in accordance with this section and any policies

- and procedures developed by the council; and
- (c) remit the matter to the committee for reconsideration with or without directions.
- (3) During the council review process, the committee and the designated registrant may engage in a voluntary informal resolution process with a view to meeting accreditation standards.
  - (4) If an application for review is remitted for reconsideration with or without directions, the committee must promptly reconsider its decision and advise the council of its reconsideration.
  - (5) On completing a review of a reconsidered matter, or a matter not remitted for reconsideration, the council may
    - (a) confirm the committee's decision or reconsideration; or
    - (b) substitute the Council's decision.
  - (6) The council must notify the committee and the designated registrant in writing no later than 7 days after making its review decision.
  - (7) Unless otherwise directed by the council, a review under this section is a review on the record.
  - (8) A council review decision is final.

## **Facility and Practice Names**

### **Definitions**

3.23 **"Use of a name"** includes but is not limited to:

- (1) advertising activity;
- (2) verbal representation;
- (3) sign or any signage; and
- (4) banking.

### **Application for Facility or Practice Name**

- 3.24 (1) A registrant must apply to the registrar and to the provincial Corporate Registry for name approval of a practice or facility, or to transfer a name previously used by another practice, facility or registrant.
- (2) The registrar may grant name approval provided the application complies with the requirements and restrictions contained in this Part.
- (3) If the registrar denies an application for name approval, the registrant may seek a review of the denial by paying the applicable fee in Schedule C and seeking a review before council.

- (4) A registrant practising as a locum, using only his or her own name together with conferred veterinary academic designation, is exempt from applying for a practice or facility name approval.

### **Requirements**

- 3.25
- (1) Only a registrant may use the titles described in s. 47(2) of the Act.
  - (2) Any facility or practice name intended to be used for marketing purposes must be approved by the registrar and by the provincial Corporate Registry.
  - (3) A registrant must only use a name for a practice or facility compliant with the requirements and restrictions set out in this Part and Part 4.
  - (4) The name of a practice or facility may include:
    - (a) the word “Doctor” or the abbreviation “Dr.”;
    - (b) the words “veterinarian”, “veterinary surgeon”, or “veterinary practitioner”
    - (c) the abbreviation “DVM” or other veterinary degree conferred on the registrant.
  - (5) A registrant must ensure the name clearly identifies the practice or facility as a veterinary practice or facility.
  - (6) A registrant may only use two or more names for the same practice or facility when a practice or facility is a division of a parent corporation or a division of a group of associated practices or facilities.
  - (7) If two or more registrants practise as separate business entities in or from a practice, facility or shared office, each individual registrant may use a unique name to identify that registrant’s separate practice.

### **Restrictions**

- 3.26 A registrant must not allow a practice or facility to:
- (1) use a non-veterinary academic degree as part of the name;
  - (2) directly or indirectly lead the public to conclude that the practice or facility offers a veterinary service unless it does so;
  - (3) use a name so similar to the name of an existing veterinary practice or facility that it would reasonably cause confusion to the public;
  - (4) suggest or imply that a registrant at the practice or facility holds or practises a specialty or is a specialist unless that registrant has been so registered pursuant to Part 2;
  - (5) use the words “after hours” unless the practice or facility has the ability to provide supervised overnight care of patients;
  - (6) include the word "hospital" unless the practice or facility has the ability to provide supervised overnight care of patients;

- (7) include the word "emergency" unless the practice or facility is staffed by an on-site registered veterinarian during the published hours of operation of the practice or facility;
- (8) include the word(s) "mobile", "ambulatory" or "house call" unless the practice or facility has been accredited to provide mobile, ambulatory or house call veterinary services;
- (9) use the word "consulting" unless the registrant provides veterinary services on a consulting basis;
- (10) explicitly or implicitly claim superiority over any other registrants, practices or facilities;
- (11) explicitly or implicitly disparage other registrants, practices or facilities;
- (12) use subjective, offensive or vulgar words; or
- (13) use words that have or imply:
  - (i) a racial or ethnic connotation,
  - (ii) a religious connotation,
  - (iii) a sexual connotation, including sexual preference, or
  - (iv) superiority, exaggerated claims or an unprofessional image.

### **Previously approved names**

3.27 A registrant whose practice or facility name was approved under former bylaws may continue with the use of that name and may transfer the practice or facility name to a new owner, who is required to comply with the bylaw provisions relating to practice or facility names as amended from time to time.

### **Names deemed expired**

- 3.28 (1) A practice or facility name approved under the former bylaws but not used for a continuous period of 24 (twenty-four) months from approval is deemed to have expired.
- (2) A designated registrant must no longer use a name for a practice or facility in any of the following circumstances, and such a name is deemed to have expired when:
- (a) the name is no longer registered with the provincial Corporate Registry;
  - (b) the practice or facility has ceased operation; or
  - (c) the registrant who was granted that name is no longer registered with the college and the name has not been transferred to another registrant.