



## *FAQ for PFAC's Unified Policy for Virtual/Remote Inspections during the COVID-19 Pandemic*

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*This FAQ is intended to help Designated Registrants understand how the Practice Facility Accreditation Committee will determine if a practice facility requires an on-site inspection before an accreditation or reaccreditation decision can be made.*

### **FAQ**

- 1. *I have had a virtual inspection of my new facility space. The Committee has granted me provisional approval to operate and I have corrected all of the deficiencies noted by the inspector. Why would the Committee decide that my new practice facility still needs an on-site inspection before they will consider making a full accreditation decision?***

The committee's decisions must be made with attention to the potential relative risk to the public. An on-site inspection will be required in circumstances where:

1. There are concerns regarding safety (to staff, to clients, to patients). This includes, but is not limited to:
    - a. Any new practice facility that has a fixed space component (hospital, clinic, public office) where staff are present, and/or where clients attend and patients are treated.
    - b. Any practice facility where the inspector was not confident that the virtual inspection enabled sufficient assessment of all or part of the facility's physical condition; or where the information provided in the inspector's report to the Committee raises concern regarding potential safety issues.
  2. Any practice facility where connectivity or other complications arose during the virtual inspection that could not be overcome by the inspector and/or the Designated Registrant.
  3. Any practice facility with persisting deficiencies with medical record keeping or controlled drug management, despite efforts by the inspector and office staff to assist the DR and their staff to bring their records into compliance with the CVBC's bylaws and practice standards.
- 2. *I have had a virtual reaccreditation inspection of my existing, accredited practice facility.***
    - a. *Are there any circumstances where the Committee may defer a reaccreditation decision until an on-site inspection can be performed?***

Yes, the reasons for such a decision are very similar to those listed in Q1:

1. If there are concerns regarding safety that either cannot be satisfied by the virtual inspection
2. If there were connectivity or other complications during the scheduled inspection that interfered with a thorough and complete virtual inspection
3. If there are persisting deficiencies with medical record keeping or controlled drug management, despite efforts by the inspector and office staff to assist the DR and their staff to bring their records into compliance with the CVBC's bylaws and practice standards.

**b. *If my reaccreditation decision is deferred until an on-site inspection can be performed, what does that mean for my facility's current accreditation (and ability to be open to provide services)?***

Accreditation does not have an expiry date. The bylaws set the expectation for regular reaccreditation inspections and the frequency of these inspections has been established as approximately every 5 years. However, accreditation remains in place until a decision is made by the Practice Facility Accreditation Committee following an inspection – either reaccreditation is granted or the existing accreditation is cancelled. If the Committee chooses to defer a reaccreditation decision pending further information (eg. An on-site inspection), then the existing accreditation remains unchanged for the time being.

**3. *How will the Committee make a decision to direct that an on-site inspection is required before it will make an accreditation decision?***

**a. *For new practice facility spaces (this include relocations and expansions of existing practice facilities):***

If the new practice facility involves a physical space where staff, the public, and/or patients will be present, then the Committee will require an on-site inspection.

**b. *For all other instances, if the inspector brings a concern to the Committee's attention or if the Committee identifies a concern based upon the inspector's report:***

- The Committee will direct a second inspector to review the recording of the virtual inspection (if one were made), or to conduct a follow up virtual inspection to review the area(s) of concern
- If input from the second inspector does not resolve the concern(s) raised, then the Committee will defer its accreditation/reaccreditation decision and direct an on-site inspection to be completed as soon as is possible given circumstances related to the pandemic.

**4. *My existing practice facility is due for a reaccreditation inspection but I know that internet reception is too weak or intermittent in my location to support a virtual inspection. What do I do?***

Please contact the CVBC's Facilities Accreditation Department to discuss your circumstances. A decision may be made to defer your reaccreditation inspection until it is considered safe to resume on-site inspections. You may be asked to submit some or all of the items listed in Appendix A of the Policy for review pending the on-site inspection.

**5. *If the Practice Facility Accreditation Committee determines that my practice facility requires an on-site inspection before a full accreditation decision can be made, will I have to pay an additional inspection fee?***

No. If the accreditation/reaccreditation process was begun with a virtual inspection and the Committee decides that an on-site inspection is necessary before a full accreditation decision can be made (for any of the reasons outlined above), there will not be an additional fee assessed.

However, there are circumstances where an inspection will incur an additional inspection fee (in addition to the original new facility accreditation inspection fee or the annual maintenance of reaccreditation fee):

- If a new practice facility was not granted Provisional Approval to Operate following a new facility accreditation inspection. This would happen if a new facility inspection was scheduled and performed but the inspector discovers upon arrival or during the course of the inspection that the facility is not in the expected & necessary state of readiness. The inspection, in this situation, would identify deficiencies that are of such significance and/or are extensive enough that the Committee is unable to grant provisional approval to operate in accordance with the bylaws (s. 3.16). The Committee will require a second new facility accreditation inspection before it will reconsider a request for Provisional Approval to Operate. An additional new facility inspection fee (“Initial inspection of a practice facility for an accreditation decision” of \$850 + GST) will be assessed for the required repeat inspection.
- If the Committee directs an inspection of an accredited practice facility, pursuant to bylaw s. 3.18, outside of the routine reaccreditation inspection timeline. The purpose of a directed inspection is to verify that the facility continues to meet the accreditation standards; is distinct from the new inspection or reaccreditation inspection process; and is often focused on a particular area of concern, though it may on occasion require a full inspection of all components of the practice facility. Reasons for a directed inspection include (but are not limited to) significant or material renovations or restorations (following damage), a substantial change in scope of practice, or concerns about controlled drug management and security. A directed inspection is assessed a “Committee-Directed Off Cycle Inspection Fee” as established in Schedule C of the bylaws.