



Facility Accreditation: Revisions to Terminology

October 21, 2022

Objective

To clarify and update facility accreditation terms in Facility Accreditation, Part 3 and Schedule D that are currently used by the CVBC, PFAC, Inspectors and Registrants

Rationale

By Laws Part 3 <https://www.cvbc.ca/wp-content/uploads/2020/03/Part-3-Accreditation-and-Naming.pdf> and Schedule D <https://www.cvbc.ca/wp-content/uploads/2020/03/Schedule-D-Accreditation-Standards.pdf> describe facilities and scope of practice. However, PFAC and CVBC's Practice Accreditation department recognized that the current terminology has become too limited.

This Terminology Document is intended to be an interim document that clarifies and/or maps existent terms to the current scope of veterinary medicine as they apply to Facility Accreditation, until such time as Part 3 and Schedule D can be fully addressed and updated by the CVBC and its registrants. In September 2021 PFAC reviewed the document, which was subsequently reviewed and supported by the CVBC Council. This terminology has been integrated into the revised Annual Facility Declaration Form for Designated Registrants (to be released November 2022).

This document will assist, to:

1. Help registrants to better self-identify their facility's scope of practice
2. Allow the CVBC to establish its core accredited facility data in a clear, consistent and standardized manner in its electronic document system ("CRM"). This in turn will allow:
 - a. New facilities to more clearly identify their scope and services
 - b. Established facilities to better identify changes of scope, including new construction and new services
 - c. Inspection and inspector-related forms to be standardized and upgraded
 - d. The CVBC to more efficiently display accredited scope and services offered by each practice¹ on its public facing website.
3. Help Inspectors to more efficiently focus their inspection strategy for each facility
4. Allow the CVBC to routinely evaluate inspection efforts to identify trends, educate inspectors and registrants on recurrent issues and more efficiently establish direction for future inspection efforts

Questions or comments may be directed to the CVBC Facilities department at facilities@cvbc.ca .

¹ With permission of the Facility's DR



Practice Facility

As per Part 3 “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...²

Inspection Documents

Inspections must be done to the Standards and intent of Part 3 or Schedule D. The current Inspection documents including the Self Assessment document divide the facility descriptors (other than demographics such as facility address) into:

- Type of Practice (matrix of species and whether the facility is Self-Standing or Ambulatory)
 - Other Practice Type (Emergency, Consultation, Animal Health Centre)
 - Other Species/Service Type
- Scope of Practice (services provided as per schedule D)³

This matrix and many terms were adapted from the processes of another province; unfortunately, many of these terms are absent from, or are only partially supported by, definitions and terminology in By-Laws Part 3 or Schedule D.

Note: The following facilities are not accredited by the CVBC so are not assessed in this document:

- Academic/research laboratories (accredited by CCAC)
- Federal or Provincial veterinarians’ facilities
- Public and private sector diagnostic laboratories (accredited by ISO, AAVLD etc.)
- Animal production company’s facilities used by staff veterinarians

Scope Of Practice

The scope of practice is fundamental to the design and/or operations of the associated practice facility and therefore to the inspection and accreditation of that facility. By-Laws Part 3 and Schedule D both define and/or discuss the “(normal) scope of practice”.

- Part 3 “scope of practice” means the range of service categories offered from an accredited or proposed practice facility.”⁴
- Schedule D “Normal scope of the practice: The animal species, geographic area served and veterinary disciplines offered by the practice.”⁵
- Schedule D states that “Designated registrants must clearly articulate the scope of the practice (e.g., species seen and disciplines or modalities used of a practice facility).”⁶

² By Laws Part 3 (Definitions 3.1 (11), page 3

³ Schedule D (Preamble [“Standards”], page 7)

⁴ By Laws Part 3 (Definitions 3.1 (15), page 3)

⁵ Schedule D (Definitions section (page 3))

⁶ Schedule D (Preamble [“Approach”], page 2)



Each of the terms associated with these definitions is discussed below.

GEOGRAPHIC LOCATION

The CVBC does not have defined geographic areas into which it divides veterinary facilities. Categorizing veterinary facilities by defined location would allow facilities to self identify location and allow the CVBC to more efficiently group inspections and compile information on areas that may be underserved.

Notes

1. Geographic location of an Ambulatory facility’s administrative office would determine its location category, below.

Terminology clarification

Geographic location will follow the same categorization as the Province of BC’s Regional Districts ⁷.

<u>Regional district</u>	<u>Office location</u>
Alberni–Clayoquot	Port Alberni
Bulkley–Nechako	Burns Lake
Capital	Victoria
Cariboo	Williams Lake
Central Coast	Bella Coola
Central Kootenay	Nelson
Central Okanagan	Kelowna
Columbia–Shuswap	Salmon Arm
Comox Valley	Courtenay
Cowichan Valley	Duncan
East Kootenay	Cranbrook
Fraser Valley	Chilliwack
Fraser–Fort George	Prince George
Kitimat–Stikine	Terrace
Kootenay Boundary	Trail
Metro Vancouver	Burnaby
Mount Waddington	Port McNeill
Nanaimo	Nanaimo
North Coast	Prince Rupert
North Okanagan	Coldstream
Northern Rockies	Fort Nelson

⁷ British Columbia regional districts: <https://www2.gov.bc.ca/gov/content/governments/local-governments/facts-framework/systems/regional-districts>



Okanagan–Similkameen	Penticton
Peace River	Dawson Creek
qathet	Powell River
Squamish–Lillooet	Pemberton
Stikine Region	(N/A) ⁸
Strathcona	Campbell River
Sunshine Coast	Sechelt
Thompson–Nicola	Kamloops

FACILITY TYPE

Practice Types:

“Type of practice” (as used in the Inspection documents) is an important descriptor, for example the facility may support “ambulatory” services. While Part 3 is silent on Facility types ⁹, Schedule D defines several in detail:

- Self-standing facility: “Non-ambulatory facility within, on or from which veterinary medicine is conducted.” ¹⁰
- Ambulatory facility: “Any vehicle in, on or from which veterinary services are provided, and includes the permanent base of operations.” ¹¹
- Primary Care facility: “A facility owned and/or operated by a registrant from which a patient may be referred for emergency treatment.” ¹²
- Emergency Facility: “A veterinary medical facility whose primary function is receiving, treating and monitoring of emergency patients during specified hours of operation, with a veterinarian and sufficient staff in attendance at all hours of operation and sufficient instrumentation, medications, and supplies available to provide appropriate care.” ¹³
- Specialist Facility: “Facility owned and/or operated by a Specialty Private Practice member to which a patient may be referred for treatment.” ^{14 15}
- Tertiary Care Facility: A Center, e.g. of a specialty critical care practice ¹⁶

⁸ The Stikine is an unincorporated area administered directly by the Province of BC.

⁹ Except with regard to facility naming

¹⁰ Schedule D (Definitions (page 6))

¹¹ Schedule D (Definitions (page 3))

¹² Schedule D (Definitions (page 6))

¹³ Further discussed in Schedule D (SECTION 13 - EMERGENCY FACILITIES, Preface (page 38))

¹⁴ Schedule D (Definitions (page 6))

¹⁵ Schedule D also states: “Specialists are expected to meet the minimum standard outlined in these accreditation standards for their area of specialty as well as to meet the requirements as set by their particular specialty boards.” Schedule D (Preamble [“Approach”], page 3)

¹⁶ Schedule D (Definitions (page 6))



Part 3 also defines two special cases of practice categories:

- Consulting Practice: “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. ¹⁷
- Philanthropic practice: “philanthropic practice” means the humanitarian provision of veterinary services....¹⁸ Part 3 describes the process for “Philanthropic accreditation” of a facility. ^{19 20}

Notes:

- In Schedule D the terms “ambulatory/mobile” are used as well as “ambulatory”

Terminology clarification

1. As per Schedule D, add a subcategory for practices that encompass both ambulatory and self-standing hospital facilities: “Where the practice includes both ambulatory and self-standing hospital facilities, equipment and supplies may be shared between the fixed and ambulatory practices so long as patient needs are met in a timely manner, including emergencies, and standards for both fixed and ambulatory facilities are met.” ²¹
2. Add subcategories for type of office associated with an ambulatory/mobile practice. These include: a public office which the public can access to pick up medications or drop off diagnostic samples; and a non-public office for administration where no clients are seen.
3. Add a category for Veterinary Specialists’ disciplines and species specialization under the Specialists Facilities. An increasing number of boarded Veterinary Specialists are practicing in BC.

ANIMAL SPECIES

Veterinary medicine currently encompasses a large range of animal species with various end uses, however, the term “animal species” is not mentioned in Part 3. The following descriptors are found in Schedule D:

- “Companion animal species” ²², “companion animal” ²³, “large companion animal” ²⁴,
- “Equine” ²⁵,

¹⁷ By Laws Part 3 Definitions 3.1 (5), (page 2)

¹⁸ By Laws Part 3 Definitions 3.1 (10), (page 2)

¹⁹ By Laws Part 3 Definitions 3.1 (1)(c)), (page 2)

²⁰ By Laws Part 3 Philanthropic accreditation 3.15 (page 8)

²¹ Schedule D, SECTION 3- FACILITY GENERAL (18) (page 12)

²² Schedule D (Standard 85 (page 31)

²³ Scattered throughout Schedule D; the terms “dog” and “cat” are used once each

²⁴ Schedule D (Standard 42 (page 16))

²⁵ Scattered throughout Schedule D



- “Large animal”²⁶ and “large animal species (equine, food animal, cloven hoofed)”²⁷
- “Small animal, porcine, aquatic medicine and other practices” (occurs once)²⁸

Terminology clarification

1. An updated description of the above species terms were mapped to the existing terminology in Schedule D as follows:

<u>Existent terminology</u>	<u>Species mapped to existent terminology</u>
Companion animal	<ul style="list-style-type: none">• Smaller species: Dogs, cats, pocket pets, pet birds, pet rabbits, pet ferrets, pet fish/amphibians/small exotic species, other;• Large animal companion animals (various species except equine)
Equine	<ul style="list-style-type: none">• Horses, donkeys, domestic equids
Large animal	<ul style="list-style-type: none">• Larger mammalian species animal other than equine. These may or may not be used for production purposes (i.e., milk, meat, eggs, fur, antler velvet, other).• The category may include but is not limited to swine, beef cattle, dairy cows, small ruminants such as goats and sheep, cervids and camelids.)
Other animals	<ul style="list-style-type: none">• This category contains all other species and end uses:<ul style="list-style-type: none">○ Production animals that are not large mammalian species (i.e., poultry, aquaculture, honeybees, other)○ Display animals (zoos, aquaria, animal parks – various species)○ Wildlife (various terrestrial, avian and aquatic species)○ Other (as indicated by DR)

VETERINARY SERVICES

The range of service categories is most closely described under “Veterinary services” in Schedule D:²⁹ “...veterinary services which may include but are not limited to:³⁰

- Physical examination of the patient.
- Patient treatments.
- Medical procedures.

²⁶ Scattered throughout Schedule D

²⁷ Schedule D (Definitions section (page 6); “recovery period”)

²⁸ Schedule D (Standard 52, Guidelines (b)(i))

²⁹ Schedule D (Preamble [“Standards”], page 7)

³⁰ The Preamble (“Standards” section, page 2-3) indicates that veterinary services may be voluntarily self limited



- Preparation, packaging and/or processing biological samples.
- Obtaining images of diagnostic quality.
- Storage, handling and dispensing of drugs and biologicals.
- Anesthetic procedures.
- Surgical procedures.
- Dental procedures.
- Emergency services.
- Ambulatory services.
- Patient confinement and accommodation.”

However, Part 3 and Schedule D are both silent on other aspects of services, specifically “veterinary disciplines” mentioned under “scope of practice”.³¹

Notes

- Various procedures are further defined and/or detailed in Schedule D (e.g., dental procedures³² and complementary and integrative medicine)³³

Terminology clarification

1. Add a category for Complementary or alternative medicine: “A group of treatments or therapeutic options that lie outside the mainstream of conventional medicine.”³⁴ Could also include Integrative Medicine: “The diagnosis and treatment involving the combination of complementary and conventional medicine.”³⁵
2. Add a subcategory for “mobile clinic” under “Ambulatory services”: a temporary, non accredited, third party hosted location to which clients come to meet with the registrant for veterinary services
3. Add a subcategory for “mobile-euthanasia only” under “Ambulatory services”: a limited scope mobile service with focus on security of control drugs and proper care of remains.
4. Add a category for Telemedicine services^{36 37}
5. Add a category for “Population Medicine”: includes but is not limited to herd health, shelter medicine, wildlife, small animal breeders' animals, aquaculture and apiculture
6. Add a category for “other (describe)” services: to capture unanticipated and/or future veterinary services.

³¹ Schedule D does define “modality”: “The therapeutic method or agent used to diagnose, treat or prevent disease or maintain an optimum state of health.” Schedule D (Definitions (page 5))

³² Schedule D (Definitions (page 4)); Schedule D (Dentistry Area (pages 36-37))

³³ Schedule D (Definitions (page 5)) further defines modality in complementary medicine to include acupuncture, homeopathy, chiropractic and Traditional Chinese Medicine (TCM).

³⁴ Schedule D (Definitions (page 3))

³⁵ Schedule D (Definitions (page 5))

³⁶ CVBC Guidelines for the Use of Telemedicine in Veterinary Practice (Published July 2021)

³⁷ CVBC Frequently Asked Questions: Guidelines for the Use of Telemedicine in Veterinary Practice (Published July 2021)