

COLLEGE OF VETERINARIANS OF BRITISH COLUMBIA

BYLAWS

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PART 1 – GOVERNANCE

Definitions

1.1 Throughout the Bylaws, including any schedules:

- (1) “**Act**” means the *Veterinarians Act*, SBC 2010, c.15, as amended;
- (2) “**appointed council member**” means a member of the public who has been appointed to the council by the minister pursuant to section 4(1)(c) of the Act;
- (3) “**bylaws**” means the bylaws of the college as amended from time to time;
- (4) “**certified veterinary technician**” means a “certified technician” as referenced in the Act;
- (5) “**council**” means the council of the college established under section 4 of the Act;
- (6) “**college**” means the College of Veterinarians of British Columbia continued under section 2 of the Act;
- (7) “**designated registrant**” means a registrant who has been designated under sections under Part 4;
- (8) “**election cycle**” means the period from October 15 of the year prior to the election date through to the earlier of the date the registrar declares the confirmed candidates to be duly elected by acclamation pursuant to section 1.12 or the date the registrar advises the candidates and the council of the outcome of the election ;
- (9) “**election date**” means the date by which election votes must be received;
- (10) “**external licensed veterinarian**” means a person who is entitled to practise veterinary medicine in another jurisdiction recognized by the registrar;
- (11) “**first council meeting**” means the council meeting which takes place as soon as practical after the end of the election cycle.
- (12) “**in good standing**” means:
 - (a) the registration of the registrant is not suspended or cancelled by the discipline committee under section 61 of the Act,
 - (b) the registrant’s registration is not suspended under section 65 of the Act, and
 - (c) the registrant is in compliance with all terms of any undertaking or consent order;

- (13) “**officer**” means an officer of the council as prescribed in section 1.19;
- (14) “**panel**” means a panel established by a committee to exercise one or more functions of that committee in accordance with the Act, the bylaws and the policies established by the committee;
- (15) “**profession**” means the profession of veterinary medicine as defined in section 1 of the Act;
- (16) “**public representative**” means any person who is a member of the public and is not a registrant or a former registrant of the college, and may include an appointed member of the council;
- (17) “**president**” means the president of the council elected under section 1.20(1);
- (18) “**registrant**” means a registrant of the college;
- (19) “**resolution**” means a resolution which requires approval by a simple majority of votes of the persons present in person or attending electronically and entitled to vote at a meeting;
- (20) “**special resolution**” means a resolution which requires approval of two-thirds majority vote of the persons present in person or attending electronically and entitled to vote at a meeting;
- (21) “**treasurer**” means the treasurer of the council elected under section 1.20(1); and
- (22) “**vice-president**” means the vice-president of the council elected under section 1.20(1).

Council

Council’s responsibilities

- 1.2 In addition to the overall responsibility provided by section 4(1) of the Act, the council has the following responsibilities:
 - (1) to oversee the operations of all committees in the exercise of their respective mandates;
 - (2) to set and manage the budget of the college, including the budget of all committees;
 - (3) to hire the registrar and provide the registrar with guidance and oversight as required;
 - (4) to approve policies and procedures to govern the general administration of the college or its operations, as required by the Act or the bylaws, including:
 - (a) meetings of the council or any committee;

- (b) council elections;
- (c) council and committee expenses and honorariums;
- (d) responses to information requests;
- (e) applications for registration and the conduct of registration hearings;
- (f) complaint investigations, complaint resolutions and disciplinary hearings;
- (g) council reviews of decisions of the practice facility accreditation committee;
- (h) unauthorized practice complaints and prosecutions;
- (i) use of electronic signatures to authorize decisions and letters of communication.

Application of Roberts Rules of Order

- 1.3 Except as otherwise provided in the Act or the bylaws, the latest edition of *Roberts Rules of Order* governs procedural matters at meetings.

Eligibility to serve on council

- 1.4 (1) A registrant is eligible to stand for election to or serve on the council only if the registrant is, at all material times:
- (a) registered in a class of registration that is entitled to vote at meetings of registrants;
 - (b) in good standing;
 - (c) not an employee of or providing contract services to the college;
 - (d) not removed from council within the preceding 2 years;
 - (e) not engaged in an ongoing dispute or complaint with the college; and
 - (f) not suspended or cancelled as a registrant.
- (2) An elected council member who ceases to be in good standing or who initiates an action or complaint against the college will immediately cease to be a member of the council.

Eligibility to vote in council election

- 1.5 (1) A registrant is eligible to vote in the council election only if:
- (a) registered in a class of registration that is entitled to vote at meetings of registrants during the period commencing October 15 of the year prior to the election date up to the election date; and

- (b) in good standing on October 15 of the year prior to the election date and remains in good standing throughout the election cycle.
- (2) A registrant cancelled or suspended during the election cycle may not vote in a council election.

Voters list

- 1.6 The registrar must, in a council election year:
- (1) compile a voter list containing the names of all registrants who are eligible to vote in a council election, and
 - (2) prior to a council election, correct any errors in the voters list that are brought to the registrar's attention.

Elections by electronic means

- 1.7
- (1) Pursuant to section 6(c) of the Act, any reference to the conduct of a council election by mail does not preclude the college from conducting an election by electronic means, in keeping with the intention of the council election process.
 - (2) The council may approve policies and procedures as necessary to conduct a council election by electronic means in accordance with this Part.

Council election cycle

- 1.8
- (1) Where a date in the election cycle lands on a weekend, that date is deemed to move to the immediate following Monday. Where a date in an election cycle lands on a statutory holiday in British Columbia, that date is deemed to move to the next non-holiday week day.
 - (2) The council election in the year that an election cycle begins must take place according to the following schedule:
 - (a) the council appoints the nominations committee on or before October 15;
 - (b) nominations for the election are to be received at the college on or before November 15;
 - (c) the nominations committee declares the slate of candidates on or before November 22;
 - (d) if applicable, the registrar declares confirmed candidates who have been elected by acclamation and so advises the candidates on or before November 22, followed by an announcement to registrants and on the college's website as soon as practicable;
 - (e) if there is no election by acclamation, the registrar engages an independent electronic voting service to distribute voting instructions and materials, including the name and

biographical information of each candidate, to the registrants who are entitled to vote in the election, on or before December 6;

- (f) if there is an election, the electronic voting must be concluded on or before February 7;
 - (g) Where there is a tie in the number of votes for two or more candidates, the independent electronic voting service must select the successful candidate by random draw from among the tied candidates;
 - (h) independent electronic voting service must report the results of the electronic vote to the registrar on or before February 11;
 - (i) the registrar announces the outcome of the election to the successful candidates, to the registrants and on the college website, on or before February 15 or as soon thereafter as practicable.
- (3) The election is not invalidated by either the accidental omission or failure to distribute the voting materials or by a registrant not receiving the voting materials.
 - (4) Where circumstances warrant, the council may change any date in the election cycle by special resolution.
 - (5) The registrar must post on the college's website the dates in a current year election cycle.

Appointment of nominations committee

- 1.9 (1) On or before October 15 of an election cycle, the council must appoint a nominations committee comprising three registrants.
- (2) The nominations committee must
 - (a) solicit nominations for the council from the general body of registrants, and
 - (b) place on the slate of candidates all nominees for which the nominations committee received valid nominations.

Nominations

- 1.10 (1) A nomination for election to council must:
 - (a) be in the form approved by the council,
 - (b) include the nominee's written consent to be nominated and to serve if elected,
 - (c) include a declaration in writing from the nominee declaring that he or she will observe the provisions of the Act, the regulations, the bylaws, the oath of office in Schedule "A", and the election policies and procedures,

- (d) be supported by two registrants who are eligible to vote at meetings of registrants,
 - (e) be sent to the attention of the nominations committee, and
 - (f) be received at the college office not later than noon on November 15 of the election year.
- (2) To be duly nominated, a registrant must meet the requirements set out in section 1.4.

Slate of confirmed candidates

- 1.11 The nominations committee must by November 22 of an election year:
- (1) scrutinize all received nominations for compliance,
 - (2) declare any nominations that are not in compliance to be invalid, and
 - (3) declare in writing to the registrar the slate of confirmed candidates from the valid nominations.

Acclamation

- 1.12 (1) If the number of confirmed candidates does not exceed the number of elected positions on the council to be filled, the registrar must by November 22 of the election year:
- (a) declare the confirmed candidates to be duly elected by acclamation,
 - (b) report the acclamation in writing to the nominations committee and the president, and
 - (c) advise the candidates of their acclamation.
- (2) In the event of an acclamation, an electronic election will not be held.

Terms of office

- 1.13 (1) The term of office of an elected council member is three years.
- (2) There is no limit on the number of terms a registrant may serve as a council member.

Assuming office

- 1.14 (1) A council member who was not re-elected leaves office at the call to order of the first council meeting.
- (2) After signing and presenting to the registrar an oath of office certificate in the form set out in Schedule "A", an elected or appointed council member assumes office on council at the call to order of the first council meeting.

Resignation from office

- 1.15 (1) An elected or appointed council member may resign in writing at any time and the resignation is effective on the date that the written resignation is received by the registrar.
- (2) An appointed council member may resign at any time by delivering a notice in writing to either the minister or the registrar and the resignation is effective on the date that it is received by the minister or the registrar.
- (3) If an appointed council member resigns by delivering a notice only to the registrar, the registrar must promptly notify the minister of that resignation.

Deemed resignation of an elected member of council

- 1.16 An elected council member is deemed to have resigned from the council if:
- (1) He or she fails to attend three consecutive council meetings; and
- (2) Council has not received an acceptable explanation from the elected council member prior to the third consecutive missed council meeting.

Removal of an elected member of council

- 1.17 (1) An elected council member may be removed from the council by a unanimous resolution of the council, not including the member in issue, if that member:
- (a) has breached the duties of a council member as set out under the Act, the bylaws or the oath of office, or
- (b) has otherwise engaged in conduct that is not appropriate for a council member.
- (2) Prior to council either voting on or implementing the unanimous resolution, the council member must be provided an opportunity to speak to council about the breach or conduct at issue.
- (3) An elected council member may be removed from the council by the registrants by the following procedure:
- (a) the signing of a petition by at least 15% of all registrants who are in good standing and eligible to vote at meetings of registrants, setting out the wording for a special resolution which demands the removal of the council member;
- (b) the delivery of the petition to the registrar, for delivery to council;
- (c) the calling of a special meeting of registrants to vote on the special resolution, provided the petition is deemed by the registrar to be valid;
- (d) the affording of an opportunity to the impugned council

- member to speak to the proposed special resolution;
- (e) the voting by all eligible registrants in attendance in person and electronically at the special meeting; and
- (f) the immediate removal of the council member following a validly passed special resolution vote.

Vacancies on council

- 1.18 (1) If an elected position on the council becomes vacant during a term of office, the council may fill that position by appointing a registrant deemed eligible pursuant to section 1.5, and once so appointed, that registrant fills the vacant position until the next election.
- (2) Despite subsection (1), if three or more elected positions on the council are simultaneously vacant during a term of office, an election for those positions must be held on such dates as the council may approve and in accordance with this Part, subject to a new election cycle, and the newly elected registrants hold office until the next election.

Officers and Duties

Officers of the council

- 1.19 The following are the officers of the council:

- (1) president;
- (2) vice-president; and
- (3) treasurer.

Election of officers

- 1.20 (1) At the first meeting of the council, the council members must by majority vote:
- (a) elect a president from among the elected council members, and
 - (b) elect a vice-president and a treasurer from among the elected and appointed council members.
- (2) There is no limit to the number of terms a council member may be re-elected to the same officer position.

Officer vacancies

- 1.21 If an officer position becomes vacant during the term of office, the council must, at the council meeting immediately following the vacancy, elect a replacement officer by majority vote, for the remainder of the term.

General responsibilities

- 1.22 A council member must, at all times:

- (1) assist in carrying out the duties and objects of the college as set out in section 3 of the Act;
- (2) follow the Act, bylaws and policies of the college in discharging those duties and objects; and
- (3) uphold the oath of office and any code of ethics or conflict of interest policies or procedures that apply to the council.

President responsibilities and accountability

- 1.23 (1) The president:
- (a) must preside as chair at all council meetings and all general and special meetings of the registrants;
 - (b) may be a non-voting member of all committees, unless appointed as a voting member;
 - (c) must sign all certificates, diplomas and other instruments on behalf of the college as required, unless the registrar is authorized to do so;
 - (d) must perform such other duties as may be assigned by the council; and
 - (e) must speak when necessary on behalf of the college concerning decisions or policies of the college, the council or a committee.

Vice-President responsibilities and accountability

- 1.24 If the president is absent, ill or otherwise unavailable, or as otherwise directed by the council, the vice-president must act as president and, when doing so, is vested with all the responsibilities and powers of the president, including:
- (1) to preside as chair at any council meeting or general or special meeting of registrants in the president's absence; and
 - (2) to perform such other duties as may be assigned by the council.

Treasurer responsibilities and accountability

- 1.25 (1) The treasurer must:
- (a) ensure the safe custody of all cash resources of the college;
 - (b) ensure the faithful recording of the proceedings of all council meetings and all general and special meetings, and the preservation in proper order of all meeting records and documents;
 - (c) ensure the payment or settlement of all valid accounts of the college;
 - (d) ensure the receipt of all moneys and documents to which the college is entitled;

- (e) effect the prompt deposit of all receipts of the college to the credit of the college in a chartered bank, credit union, trust company or other institution acceptable to the council;
 - (f) maintain the proper books of accounts together with all vouchers and ensure their availability for audit at any reasonable time;
 - (g) maintain a college office at a place designated by the council for the purpose of this section;
 - (h) ensure the safekeeping of all equipment, records, supplies and other property of the college;
 - (i) provide such notices to the council and the registrants as the bylaws may require; and
 - (j) perform such other duties as may be assigned by the council.
- (2) With the approval of council, the treasurer may delegate to the registrar or another employee or contractor of the college the exercise of any of the responsibilities listed in subsection (1).

Registrar responsibilities and accountability

- 1.26 (1) In addition to the powers and duties set out in the Act and the bylaws, and subject to council's responsibilities as set out in section 1.2, the registrar must:
- (a) manage the day to day operations of the college;
 - (b) hire or terminate legal counsel, accountants, inspectors and office personnel as may be required, whether as employees or contractors of the college, and approve job descriptions, rates of pay and terms of service;
 - (c) provide support to the registrant application and veterinary technician certification programs of the college;
 - (d) provide support for the investigation, complaint resolution and disciplinary processes of the college;
 - (e) provide support for the investigation of a non-registrant practicing veterinary medicine contrary to the Act;
 - (f) administer the council election process and provide support to the nominations committee in relation to the election process;
 - (g) provide support to the practice facility accreditation and practice inspection processes, including but not limited to setting the facility inspectors schedule of practice inspections;
 - (h) administer the practice facilities name approval process;
 - (i) administer the collection of application, annual registration and other fees and assessments, including fines;
 - (j) develop the forms, certificates and other documents specified

- in the Act or the bylaws; and
- (k) undertake such other duties and functions as the council may assign or delegate to the registrar.
- (2) The registrar may attend a meeting of council or any committee or panel as a non-voting member, subject to the council's right to exclude the registrar from any part of a meeting.
- (3) The registrar may propose a resolution to the council, a committee or a panel and may participate in a debate on a resolution, but must not vote on a resolution before the council, a committee or a panel.
- (4) The registrar must account to the council in carrying out the responsibilities of the position.

Removal of registrar or deputy registrar

- 1.27 (1) Pursuant to section 31 of the Act, the registrar or a deputy registrar holds office at the pleasure of council, and may be removed as registrar or deputy registrar by a special resolution of the council.
- (2) The registrar or a deputy registrar must be given an opportunity to be heard at the council meeting before the special resolution is put to a vote.

Speaking on behalf of the college

- 1.28 Only the president or another person authorized by the council may speak publicly on behalf of the college concerning decisions or policies of the college, the council or a committee.

Council Meetings

Definitions

- 1.29 In this Part:
- (1) “**closed meeting**” means an *in camera* council meeting or a part of a council meeting that is held in private and is not open to registrants or the public, unless otherwise allowed by the council, and includes a closed meeting convened pursuant to section 1.33;
 - (2) “**general public**” or “**public**” includes any member of the media;
 - (3) “**open meeting**” means that part of a council meeting that is not a closed meeting.

Meetings of council

- 1.30 (1) The council must hold regular council meetings.
- (2) The council may meet and conduct business in person, by conference call, electronically or by other means.

- (3) The president may call a council meeting.
- (4) The president must call a council meeting upon receipt of a written request by at least three council members.
- (5) In calling a meeting under subsection (3) or (4), the president must give reasonable notice of the date, time and location of the meeting to all council members, registrants and the public.
- (6) Notice of a council meeting may be provided under subsection (5) by posting a notice on the college website.
- (7) Despite subsection (5), for urgent or closed meeting business, the president may call a council meeting without providing notice to registrants or to the public.
- (8) The inadvertent omission to deliver notice of a council meeting, or the non-receipt of notice by a person entitled to receive notice, does not invalidate proceedings at that meeting.

Chair

- 1.31 In the event that both the president and vice-president are absent, ill or otherwise unavailable, the council members in attendance at a council meeting must appoint a chair for the purpose of that meeting.

Open meetings

- 1.32 (1) Any registrant and the public may attend and observe each open meeting of council.
- (2) Any person attending or participating at an open meeting must act with respect and reasonable decorum, and accept the rulings of the chair.

Closed meetings

- 1.33 (1) The council may close portions of an open meeting or call a separate closed meeting for discussion of any of the following:
- (a) financial, personal or other confidential matters, the disclosure of which would outweigh the desirability of maintaining transparency to the public;
 - (b) information concerning a person involved in a criminal, other judicial or quasi-judicial proceeding, which may be prejudicial if disclosed;
 - (c) personnel matters, including hiring or terminating employment, or approving, amending or terminating a service contract;
 - (d) the acquisition or disposal of property;
 - (e) the contents of examinations;

- (f) communications with the Office of the Ombudsperson or the Office of the Privacy Commissioner;
 - (g) information that the college deems is required to maintain confidential under section 76 of the Act;
 - (h) information that the college deems is required to maintain confidential under Part 2 of the *Freedom of Information and Protection of Privacy Act*;
 - (i) instructions to or opinions from legal counsel to the college, the council, a committee or a panel;
 - (j) any other matter that is subject to solicitor-client, investigative or deliberative privilege; and
 - (k) information that the college is otherwise required or authorized by law to keep confidential.
- (2) All matters brought before the council during a closed meeting remain confidential, unless the council subsequently approves a resolution to discuss or decide the matters in an open meeting.
 - (3) If the council excludes a person who is not a member of the council from all or a part of a closed meeting, its reasons for doing so must be noted in the minutes of an open meeting.
 - (4) If an excluded person refuses to leave a meeting closed by the council, the chair may adjourn the meeting and reschedule it to a date, time and location to be disclosed only to members of council and invited guests.

Agenda

1.34 The council may prescribe the agenda and order of business at its meetings.

Quorum

- 1.35
- (1) The quorum necessary for the transaction of business at a council meeting is a majority of the currently serving elected and appointed council members.
 - (2) If some or all members of council are unable to meet in person, those members who cannot attend in person may participate by other means.
 - (3) The absence of an appointed council member at a council meeting does not invalidate an act or decision of the council performed or made during that meeting.

Voting

- 1.36
- (1) Every council member is entitled to vote on a resolution before the council.
 - (2) A resolution proposed at a meeting must be seconded, but the name of neither the mover nor the seconder need be recorded in the minutes.

- (3) In case of an equality of votes, the proposed resolution fails and the chair of the meeting does not have a casting or second vote in addition to the vote already cast by the chair.
- (4) Voting by proxy is not permitted at a council meeting.

Consent resolution in writing

- 1.37 (1) A resolution of council may be passed without a meeting if all council members entitled to vote on a resolution consent in writing by a date provided in the resolution materials.
- (2) Consent in writing includes facsimile or email.
 - (3) A resolution of the council passed in accordance with subsection (1) must be filed with the registrar or the president, as may be directed by the council.
 - (4) A report of any resolution approved under subsection (1) must be verified and set out in the minutes of the next meeting of the council.
 - (5) Every member of the council is entitled to know how the other members of council voted on a failed consent resolution.

Committees and Panels

Definitions

- 1.38 For the purposes of this Part;
- (a) “**council committee**” means a committee comprised solely of council members and established pursuant to section 10 of the Act;
 - (b) “**statutory committee**” means a committee established pursuant to section 5 of the Act; and
 - (c) “**other committee**” means a committee which council is authorized to establish pursuant to section 10 of the Act.

Statutory committees

- 1.39 (1) Pursuant to section 5 of the Act, the following statutory committees are established:
- (a) discipline committee;
 - (b) investigation committee; and
 - (c) registration committee.

Other committees

- 1.40 Pursuant to section 10 of the Act, the following other committees are established:

- (a) practice facility accreditation committee;
- (b) continuing competence committee;
- (c) animal welfare committee;
- (d) nominations committee; and
- (e) multi-disciplinary sub-committee for the revision to bylaws, to include certified veterinary technicians.

Council committees

1.41 Pursuant to section 10 of the Act, the following council committees are established by council:

- (a) executive committee, consisting of the officers of council.

Eligibility

- 1.42 (1) A registrant may serve on a committee only if that registrant:
- (a) at the time of appointment is in good standing, qualified and eligible pursuant to the bylaws to serve on a committee, and
 - (b) remains in good standing while a member of the committee.
- (2) A non-registrant's eligibility to serve on a committee is based on criteria approved by the council.
- (3) Only council members may be appointed to council committees.
- (4) Council members may be appointed to statutory and other committees.

Appointment or removal of committee members

- 1.43 (1) For any committee except a council committee, the council must:
- (a) establish the composition of registrants and public representatives and the number of members;
 - (b) appoint the members of the committee;
 - (c) name the chair of the committee, following consideration of the committee's recommendation; and
 - (d) prescribe the term of a member of the committee and the chair of the committee.
- (2) Council must appoint the members of a committee in accordance with each applicable Part of these bylaws.
- (3) If a chair of the committee resigns or is unable to serve as chair of the committee, and the council has not named a replacement chair for that committee, the remaining members of that committee may appoint an alternate committee member to serve as chair until the council names the new chair.

- (4) The chair and members of a committee (except council members) serve at the pleasure of council, and may be removed by council.
- (5) The usual term of a member or chair of a committee is three years, renewable by the council for a maximum of two terms for a member and a maximum of three terms for a chair.
- (6) Despite subsection (5), the composition of committees will remain in effect until reappointed by council.

Committee quorum and voting

- 1.44
- (1) Each committee must meet regularly in person, by teleconference or electronically to discharge its responsibilities and authorities.
 - (2) Only a quorum of the committee may make decisions in discharging its responsibilities.
 - (3) Quorum consists of a majority of appointed committee members.
 - (4) Every committee member is entitled to vote on a resolution before the committee.
 - (5) A resolution proposed at a meeting must be seconded, but the name of neither the mover nor the seconder need be recorded in the minutes.
 - (6) In case of an equality of votes, the proposed resolution fails and the chair of the meeting does not have a casting or second vote in addition to the vote already cast by the chair.
 - (7) Voting by proxy is not permitted at Committee meetings.

Committee Responsibilities

- 1.45 In addition to discharging the responsibilities described in the applicable statutory and bylaw provisions, each committee has the following responsibilities and discretion:
- (1) mandatory reporting at least once every three months in a form directed by council;
 - (2) mandatory preparation and delivery of an annual report of its activities of the past year to the council, in a form and at such time as may be directed by the council;
 - (3) mandatory application of the committee meeting policies and procedures as approved by the council;
 - (4) mandatory operation within the budget as assigned to that committee by the council, with pre-approval from council for expenses expected to exceed the assigned budget;
 - (5) discretion to prepare policies and procedures to help guide the committee in carrying out its functions under the Act or the bylaws, and submission of those policies and procedures to the council for its approval; and

- (6) discretion to provide direction and instruction to college staff as authorized by the registrar or the president.

Panels

1.46 Pursuant to section 10(2) of the Act, a committee may:

- (1) establish a panel, the majority of which is comprised of registrants;
- (2) meet in panels, and appoint the members and chair of a panel from the members of the committee previously appointed by council;
- (3) delegate to a panel the duties and powers of the committee, including:
 - (a) exercising any power, duty or function appropriately delegated by council or the committee, without final approval of the committee; and
 - (b) promptly reporting to the chair of the committee any decision made by the panel as and in the form directed by the committee.

Registration committee

- 1.47
- (1) The registration committee:
 - (a) may have a maximum of nine members,
 - (b) must have a minimum of five registrants as members, and
 - (c) when practicable, should have at least one public representative as a member.
 - (2) the registration committee has the applicable statutory responsibilities set out in sections 3, 33, 34, 35, 36 and 70 of the Act.
 - (3) The registration committee has the following additional responsibilities:
 - (a) to oversee the college's seminar and bylaw and ethics exam;
 - (b) to prepare policies and procedures for approval by the council for the effective administration of the registration provisions of the Act and Part 2 of the bylaws; and
 - (c) to undertake any other function or project as may be directed by the council.

Investigation committee

- 1.48
- (1) The investigation committee
 - (a) may have a maximum of 12 members,
 - (b) must have a minimum of seven registrants as members, and
 - (c) when practicable, should have at least one public representative as a member.
 - (2) The investigation committee has the applicable statutory

responsibilities set out in sections 3, 51, 52, 53, 57, 58, 66, 68 and 70 of the Act.

- (3) The investigation committee has the following additional responsibilities:
- (a) to prepare policies and procedures for approval by the council for the effective administration of its statutory responsibilities and Part 5 of the bylaws, as applicable;
 - (b) to undertake or oversee an investigation of an alleged breach of sections 46, 47 and 48 of the Act;
 - (c) to make recommendations to the council on the appointment or removal of a unauthorized practice inspector pursuant to section 49(1) of the Act;
 - (d) to recommend to the council that a matter be referred to the Attorney General's office with a recommendation to prosecute under the *Offence Act*, pursuant to section 74 of the Act;
 - (e) to recommend to the council that an application for an injunction be initiated pursuant to section 75 of the Act;
 - (f) to prepare policies and procedures for approval by the council for the effective administration of sections 46, 47, 48, 49 and 75 of the Act; and
 - (g) to undertake any other function or project as may be directed by the council that is not inconsistent with the above.

Discipline committee

- 1.49 (1) The discipline committee must have a minimum of seven and a maximum of nine registrants as members, as well as public members not exceeding one half of the total number of members.
- (2) A person must not simultaneously be a member of the investigation committee and the discipline committee.
- (3) The discipline committee has the applicable statutory responsibilities set out in sections 3, 59, 60, 61, 62, 63, 65, 68 and 70 of the Act.
- (4) The discipline committee has the following additional responsibilities:
- (a) to prepare policies and procedures for approval by the council for the effective administration of its statutory responsibilities and Part 5 of the bylaws, as applicable; and
 - (b) to undertake any other function or project as may be directed by the council that is not inconsistent with the above.

Practice facility accreditation committee

- 1.50 (1) The practice facility accreditation committee:
- (a) may have a maximum of 10 members,

- (b) must have a minimum of three registrants as members, and
 - (c) when practicable, should have at least one public representative as a member.
- (2) The practice facility accreditation committee has the applicable statutory responsibilities set out in sections 3 and 70 of the Act, including:
- (a) to accredit or reaccredit practice facilities in accordance with Part 3 of the bylaws;
 - (b) to administer, monitor and enforce accreditation standards approved by the council, including new standards or changes to existing standards;
 - (c) to grant, remove or limit the accreditation of a practice facility in accordance with Part 3 of the bylaws, the accreditation standards and any approved policies and procedures;
 - (d) to prepare policies and procedures for approval by the council for the effective administration of the practice facility inspection and accreditation sections of Part 3 of the bylaws;
 - (e) to report to the registrar on the function and performance of practice facility inspectors;
 - (f) to undertake any other function or project as may be directed by the council that is not inconsistent with the above.

Continuing competence committee

- 1.51 (1) The continuing competence committee
- (a) may have a maximum of nine members;
 - (b) must have a minimum of five registrants as members; and
 - (c) when practicable, should have at least one public representative as a member.
- (2) The continuing competence committee has the applicable statutory responsibilities set out in sections 3 and 70 of the Act, including to:
- (a) design, administer and enforce the continuing competence program, which includes continuing education, in accordance with Part 4 of the bylaws;
 - (b) monitor and propose revisions to the college's code of ethics and any practice standards in order to promote high standards for the practice of veterinary medicine;
 - (c) assess the competence of registrants;
 - (d) prepare policies and procedures for approval by the council for the effective administration of the continuing competence program provisions of Part 4 of the bylaws; and

- (e) undertake any other function or project as may be directed by the council.

Registrant Meetings

Convening meetings

- 1.52 (1) A general meeting must be held in British Columbia in each calendar year.
- (2) The council may, at any time, convene a special general meeting of registrants.
- (3) The council must convene a special general meeting of registrants upon receipt by the registrar of a written request signed by at least 10% of registrants who are in good standing and eligible to vote.

Date, location and notice

- 1.53 (1) Pursuant to section 16 of the Act, the council must fix the date, time and location of a general or special general meeting.
- (2) The registrar must:
 - (a) at least 60 days prior to the meeting date set by the council prepare a notice of the meeting, and
 - (b) post that notice on the college website or distribute it electronically, or do both.
- (3) A meeting notice must include:
 - (a) the date, time and location of the meeting,
 - (b) an agenda or a description of the general nature of the business to be considered at the meeting, and
 - (c) any resolutions proposed by the council, a committee or registrants.

Agenda for a general meeting

- 1.54 The council must set the agenda for a general meeting of registrants, which may include, without limitation, one or more of the following:
 - (1) a presentation of the college's financial statements;
 - (2) a report from the president;
 - (3) a report from the registrar;
 - (4) a report from the treasurer;
 - (5) a report from the chair of a statutory committee or council committee;
 - (6) a resolution proposed by the council or received by the college pursuant to section 1.55(1).

- (7) pursuant to section 1.55(1).

Resolutions proposed by registrants

- 1.55 (1) Any 20 registrants in good standing who are eligible to vote may deliver a written notice to the registrar at least 45 days prior to the date of a general or special general meeting, requesting the introduction of a resolution.
- (2) On receipt of a notice specified in subsection (1) and at least 15 days prior to the date of that meeting, the registrar must prepare and post a notice of the proposed resolution in accordance with section 1.52.
- (3) A registrant eligible to vote at meetings of registrants may propose a resolution at a general or special general meeting from the floor, but any such resolution will be noted by the chair of the meeting and placed at the end of the agenda to be debated if time permits.
- (4) Except as provided in section 26 of the Act, a resolution approved by registrants is not binding on the council or the college.

Quorum

- 1.56 (1) 10% of registrants eligible to vote at meetings of registrants as of the date the meeting was called constitutes a quorum at a general or special general meeting.
- (2) Proxies do not count toward the calculation of quorum under subsection (1).

Voting

- 1.57 (1) Each registrant who is in good standing, eligible to vote, and is present in person, by proxy, or electronically at a meeting of registrants, is entitled to one vote.
- (2) Voting must be conducted by a show of hands, proxy, or electronic means.
- (3) If the chair determines that it is not possible to determine if the vote was in favour or against the resolution, the chair may ask for a recount.
- (4) Despite subsection (2) or (3), the chair may direct that the vote be conducted by secret ballot if:
- (a) the chair determines that the subject matter of the vote warrants the use of secret ballots,
 - (b) the result of a vote is not certain, or
 - (c) the registrants vote by a simple majority in favour of voting by secret ballot.
- (5) In case of an equality of votes, the proposed resolution fails and the chair of the meeting does not have a casting or second vote in addition to the vote already cast by the chair.

Proxy voting

- 1.58 (1) A registrant eligible to vote at meetings of registrants may vote by proxy at an annual general meeting or a special general meeting, subject to the following requirements:
- (a) the voting registrant must designate his or her proxy by completing, dating and signing the proxy voting form as developed by the registrar and approved by the council for that meeting;
 - (b) the proxy voting form must be completed in a clear and legible fashion so that it is possible to identify the voting registrant and the proxy holder;
 - (c) only a voting registrant in good standing may act as a proxy for another voting registrant;
 - (d) a voting registrant may not act as a proxy holder for more than three voting registrants;
 - (e) the voting registrant must specifically name the proxy holder on the form at the time it is signed by the voting registrant and the designation cannot be an open or blank proxy to be filled in later;
 - (f) the proxy can be designated only for the specific meeting identified on the proxy voting form; and
 - (g) unless otherwise directed by the voting registrant, the proxy holder may vote at his or her discretion either in favour or not in favour of a resolution, as set out on the proxy voting form.
- (2) A voting registrant holding a proxy voting form must present that form to the registrar, or an individual designated by registrar, prior to the start of the meeting so that the registrar may verify that the form meets the requirements of subsection (1).
- (3) The registrar's decision to accept or reject a proxy voting form as meeting or failing to meet the requirements of subsection (1) is final.

Records, Administration and Finance

Definitions

1.59 In this Part:

- (1) "**personal information**" has the meaning assigned in Schedule 1 of the *Freedom of Information and Protection of Privacy Act*; and
- (2) "**record**" has the meaning assigned in Schedule 1 of the *Freedom of Information and Protection of Privacy Act*, and includes any copies of an original record.

Responsibilities and reporting

- 1.60 (1) The registrar is the "head" of the college for the purposes of the *Freedom of Information and Protection of Privacy Act*.
- (2) The registrar may authorize a deputy registrar, a person employed by the college or a person who has contracted to perform services for the college to perform any duty or exercise any function of the registrar that arises under the *Freedom of Information and Protection of Privacy Act*.
- (3) The council is responsible for ensuring that the registrar fulfils the duties of the head of the college as set out under the *Freedom of Information and Protection of Privacy Act*.
- (4) The registrar must report annually to the council about fulfilling the duties of the head of the college as set out under the *Freedom of Information and Protection of Privacy Act*.

Fees for information requests

- 1.61 (1) Subject to section 75 of the *Freedom of Information and Protection of Privacy Act*, an applicant who requests access to a college record under section 5 of the *Freedom of Information and Protection of Privacy Act* must pay the fees set out in Schedule "B".
- (2) The registrar may require the applicant to pay the total estimated fee in advance of processing a request for access.

Protection of personal information

- 1.62 (1) The council must take all reasonable measures to ensure that the collection, use, and disclosure of personal or confidential information by the college conforms with section 76 of the Act and the provisions of the *Freedom of Information and Protection of Privacy Act*.
- (2) The council must make contractual arrangements for maintaining confidentiality of personal information provided to any person or service organization charged with processing, storage or destruction of such information.

Manner of disposal of college records containing personal information

- 1.63 The council must ensure that a college record containing personal or confidential information is disposed of only by one of the following means:
- (1) effectively destroying a physical record by shredding or incinerating in a controlled environment;
- (2) erasing information recorded or stored by electronic methods on tapes, disks or cassettes in a manner that ensures all traces of the original data are destroyed and that information cannot be restored;
- (3) returning the record to the person the information pertains to; and
- (4) returning the record to the registrant who compiled the information.

Disclosure of registration status

- 1.64 (1) Where the council or the registrar receives an inquiry about the registration status of a person, unless otherwise directed under the Act, the registrar must disclose:
- (a) whether the person is a registrant or a former registrant; and
 - (b) whether a registrant is in good standing as defined in section 1.1.

Annual report

- 1.65 (1) For the purposes of this section “**annual report**” means a report that contains the following information:
- (a) a report from the president;
 - (b) a report from the registrar;
 - (c) a report from the treasurer;
 - (d) a report from the chair of each statutory committee;
 - (e) a report from the chair of each committee when so directed by council; and
 - (f) the college’s financial statement for the immediate past year.
- (2) The college must:
- (a) make its annual report available electronically on the college website without charge,
 - (b) notify registrants that the annual report is available,
 - (c) provide a hard copy of the annual report to a registrant on request, and
 - (d) provide a hard copy of the annual report to a non-registrant on payment of the applicable fee set out in Schedule “B”.

Fiscal year

- 1.66 The fiscal year of the college commences July 1 and ends June 30.

Registration year

- 1.67 The registration year of the college commences January 1 and ends December 31.

Seal

- 1.68 (1) The college must have a seal.
- (2) The registrar must have the custody of the seal of the college.
- (3) Before the college seal is affixed to a document, the council must approve the use of the seal and designate the persons who are authorized to affix the seal.

- (4) The seal of the college must not be affixed to any document unless it is signed by
 - (a) the registrar,
 - (b) the president,
 - (c) the vice-president, or
 - (d) such officers or persons as council may otherwise authorize.
- (5) The registrar must affix the seal of the college to such documents as directed by the council.

Certificate

- 1.69 Upon payment of the annual membership fee determined by the registrar to be owing by a registrant, the registrar must issue to that registrant a certificate in the form approved by the council which states clearly the registrant's current registration class and the expiry date.

Banking

- 1.70 The council, or the registrar at the council's direction, must establish and maintain such accounts with a chartered bank, trust company or credit union as the council determines necessary.

Signing authority

- 1.71 (1) Subject to such further policies and procedures as the council may approve by resolution, the council may authorize any of the following to be the signing officers for the college for such matters as signing cheques:
 - (a) the president;
 - (b) the vice-president;
 - (c) the treasurer;
 - (d) the registrar;
 - (e) the deputy registrar; and
 - (f) any other person named by resolution of the council.
- (2) All cheques and other financial instruments of the college require signatures from two signing officers for the college.
- (3) Notwithstanding subsections (1) and (2), council must by resolution prescribe a monetary limit over which at least one of the two signatories must be the president, the vice-president or the treasurer.

Expenses and honorariums

- 1.72 (1) The council may:
 - (a) approve expense and honorarium policies and procedures, and

- (b) set the amount of an honorarium to be listed in the policies and procedures.
- (2) In accordance with the council's approved policies and procedures, a member of the council, a committee or a panel:
 - (a) is entitled to be reimbursed for reasonable expenses, and
 - (b) may be paid an honorarium.
- (3) Appointed and elected council members must receive equal honorariums under the council's approved policies and procedures.
- (4) In addition to their salary and benefits, the registrar and other college staff are entitled to be reimbursed for reasonable expenses in accordance with the council's approved policies and procedures.

Borrowing powers

- 1.73 The council may raise money, or guarantee or secure the payment of money in the name of the college, in any manner determined by the council, in order to carry out the purposes of the college.

Investments

- 1.74 The council may invest and re-invest funds of the college in any investments authorized under sections 15.1 and 15.2 of the *Trustee Act* in the name of the college.

Insurance

- 1.75 The council may cause the college to maintain insurance in such form and amounts and on such terms and conditions as the council deems necessary for the effective and prudent management of the college.

Benevolent, scholarship and other college funds

- 1.76 The council may establish a benevolent, scholarship or other college fund for such purposes as contemplated under section 19(a) of the Act, and on such terms and conditions as the council may determine are appropriate and necessary in the circumstances.

Auditor

- 1.77 (1) The council may:
- (a) appoint an auditor or a replacement auditor, who must be:
 - (i) a certified public accountant, a chartered accountant or a certified general accountant; and
 - (ii) independent of the college, the council members and the college's employees.
 - (b) direct that the auditor:
 - (i) prepare a financial statement for approval by the

- council;
 - (ii) state in the report whether, in the auditor's opinion, the financial statement presents fairly the financial position of the college and the results of its operations for the period under review and does so on a basis consistent with that of the preceding period; and
 - (iii) if the opinion contained in the report is qualified, state the reasons in the report.
- (2) An auditor appointed under subsection (1) is entitled during normal business hours to:
- (a) have access to every college record that reasonably relates to the financial affairs of the college; and
 - (b) require from the council, registrants and employees of the college information and explanations that the auditor considers necessary to enable the auditor to prepare his or her report.
- (3) The council must provide registrants with an opportunity to access or read a copy of the council approved, audited financial statement.

Legal counsel

- 1.78 The council or the registrar may retain legal counsel for the purpose of assisting the council, a committee, a panel or the registrar in carrying out any power or duty under the Act, the regulations or the bylaws.

Fees, Assessments, Fines or Costs

Definitions

- 1.79 In this Division:

- (1) **“annual registration fee”** means the annual registration fee required to be a registrant;
- (2) **“fee or assessment”** means a special fee or assessment as prescribed by the council, or any other fee or debt owing to the college that is not a fine or costs;
- (3) **“fine or costs”** means a fine or legal costs imposed on a registrant;
- (4) **“late fee”** means up to 25% of the amount of an unpaid fee, assessment, fine or costs;
- (5) **“payment date”** means the date the annual registration fee, fee, assessment, fine or costs, and late fee must be paid as prescribed in the bylaws, as set by the council or a committee, or as agreed in writing;
- (6) **“registration reinstatement”** means 25% of the amount of the registration fee for the applicable class of registration; and

- (7) “**cancellation date**” means the date a registrant’s registration is cancelled by the registrar.

Fees and assessments

- 1.80 (1) Pursuant to section 15 of the Act, the following fees are established:
- (a) an annual registration fee, due and payable on or before December 31st;
 - (b) an application fee for registration under the Act;
 - (c) a fee for an examination required for registration;
 - (d) a registration reinstatement fee;
 - (e) a fee for practice facility inspection;
 - (f) a fee for an application for initial accreditation;
 - (g) a fee for a practice facility and locum name;
 - (h) a fee to incorporate a practice facility or locum name, or to incorporate a holding company that is not a practice facility or locum;
 - (i) a penalty for failure to pay a fee by the prescribed deadline;
 - (j) a special assessment in respect of the legal costs of registrations, investigations, discipline hearings and any legal proceedings or court appeals relating to these functions;
 - (k) a special assessment in respect of the costs of the creation, capitalization, continued funding and management of a captive insurance company created by the college pursuant to the Insurance (Captive Company) Act;
 - (l) a fee for a letter of good standing; and
 - (m) such other fee, special fee or assessment as council may deem necessary.
- (2) A fee or assessment as prescribed under subsection (1) must be set out in Schedule “C”.
- (3) If the registrants do not approve a resolution, bylaw or amendment to Schedule “C” pursuant to section 26(2) of the Act, to be paid in the next fiscal year, the prescribed fees and assessments set out in the existing Schedule “C” continue to apply for the next fiscal year.

Requirement to pay by due date

- 1.81 (1) Subject to section 1.82 or 1.84, a registrant must pay to the college the applicable annual registration fee, fees, assessments, fines, costs, late fees, or debts by the due date set out in Schedule C, prescribed in the bylaws, ordered by council, directed by a committee or as agreed in writing.

- (2) Subject to Part 5, a registrant must pay to the college the fine or costs as prescribed in an order of a discipline panel or in a consent agreement.
- (3) Upon application by a registrant, council may grant extensions to the payment of fines and penalties, unless the fines, penalties or other payments were ordered by a committee.

Failure to pay annual registration fee

- 1.82
- (1) Neither council nor the registrar may grant an extension of time to pay the annual registration fee owing by a registrant.
 - (2) Failure to pay the annual registration fee on or before the due date will result in cancellation of registration effective retroactive to midnight on December 31st.
 - (3) Payment of the registration reinstatement fee and annual registration fee within 60 days after the effective date of the cancellation will result in reinstatement of registration, upon request.
 - (4) A cancelled registrant may apply for reinstatement.

Failure to pay other fees, assessments, fines or costs by due date

- 1.83
- (1) Failure to pay a fee, assessment, fine or costs (other than the annual registration fee) by the applicable or stipulated payment date may result in:
 - (a) a direction to pay a late fee by a specified date, in addition to the unpaid fee or assessment or fine or costs, and
 - (b) a cancellation of registration.
 - (2) Council may allow the registrant an opportunity to explain the failure to pay before directing the registrar in accordance with subsection (1).
 - (3) The cancelled registration is reinstated upon request if within 60 days of the effective cancellation date, full payment of the following is received:
 - (a) the unpaid fee, assessment, fine or costs,
 - (b) the late fee, and
 - (c) the registration reinstatement fee.
 - (4) A cancelled registrant may apply for reinstatement.

Proration of a fee or assessment

- 1.84
- (1) If a registrant is registered after a fee or assessment has been prescribed, that registrant must pay the amount of that fee or assessment applicable to that class of registration prorated on a quarterly basis, as specified by council.

- (2) If a registrant changes classes of registration in the college within a registration year, that registrant must pay the amount of the fee or assessment applicable to that class of registration prorated on a quarterly basis and any applicable class change fee as specified by council.

Effect of resignation

- 1.85 (1) If a registrant resigns prior to the date when a prescribed fee or assessment comes into effect, that registrant is not required to pay the prescribed fee or assessment as a condition of resignation.
- (2) If a registrant resigns after the date when a prescribed fee or assessment comes into effect, but prior to the payment deadline for that fee or assessment, and does not pay the fee or assessment before resigning, the amount of the unpaid fee or assessment will be recorded as a debt owing which the registrant must pay before being reinstated.

Registrant Approval of Bylaw Changes

Definition

- 1.86 “**Bylaw change**” means a new bylaw, or an amendment or a repeal of an existing bylaw as authorized under the Act.

Review of proposed bylaw change

- 1.87 (1) When practicable and before it is approved by registrants under section 26 of the Act, the council may direct that a proposed bylaw change not exempt from registrant approval:
 - (a) be posted on the college’s website; and
 - (b) registrants and the public be invited to submit comments by a prescribed deadline.
- (2) For the purposes of administering subsection (1), the council may approve policies and procedures for proposed bylaw changes to be administered by the registrar.

Notification of bylaw change

- 1.88 (1) The council must notify the registrar and the registrants of any bylaw changes made pursuant to sections 10(1), 19, 21, 28 and 29 of the Act, which are exempt from registrant approval.
- (2) The council must notify the minister responsible for the administration of the Act of all bylaw changes, except a bylaw change made by
 - (a) the minister pursuant to section 28 of the Act, or

- (b) the Lieutenant Governor in Council pursuant to section 29 of the Act.
- (3) In the event of a bylaw change made pursuant to section 20 of the Act, the council must notify the registrants that following registrant approval, the bylaw change is not in force until approved by the Lieutenant Governor in Council.

Application

- 1.89 (1) The provisions of sections 1.89 to 1.94 apply to all bylaw changes not exempt from registrant approval.
- (2) Pursuant to section 7(c) of the Act, any reference to the conduct of a bylaw vote by mail allows that vote by electronic means, in whole or in part.
- (3) The council may approve policies and procedures necessary to conduct a bylaw vote by electronic means in keeping with the intention of the Bylaw approval process.

Eligibility to vote

- 1.90 A registrant is eligible to vote for a bylaw change only if that registrant is in good standing and registered in a class of registration eligible to vote at meetings of registrants, at the start and throughout the bylaw voting process.

Bylaw voting process

- 1.91 Voting on a bylaw changes not exempt from registrant approval must take place according to the following schedule and rules:
- (1) Upon council passing a bylaw change, the council must report the bylaw change to the registrar;
 - (2) As soon as possible after receiving a report from the council, the registrar must post on the college's website and enlist an independent electronic voting service to electronically transmit to every voting registrant:
 - (a) a copy of the bylaw change or a link to the college website where the bylaw change has been posted; and
 - (b) electronic voting instructions.

The accidental omission to distribute the material referred to in subsection (1) or the non-receipt of those materials by a registrant does not invalidate a bylaw change vote.

Counting of bylaw change ballots

- 1.92 A registrant's electronic vote is valid and will be counted if received by the independent electronic voting service on or before the expiration of 30 days from the date of distribution of the electronic voting materials.

Resolving tie votes

- 1.93 Where there is equality of received votes between approving or rejecting a bylaw change, the vote is deemed to be a rejection of the bylaw change.

Reporting bylaw voting results

- 1.94 The registrar must announce the result of the bylaw change vote as soon as practicable on the college website, electronically in the college newsletter, to the minister and to the Lieutenant Governor in Council, if required under the Act.

Schedule “A” – Oath of Office

1. The registrar may produce the following Oath of Office on a certificate:

I hereby swear or solemnly affirm that:

- I will abide by the *Veterinarians Act* and I will faithfully discharge the duties of my position as a member of the council of the college of Veterinarians to the best of my ability;
- I will act in accordance with the law and the public trust placed in me;
- I will act in the interests of the college as a whole;
- I will uphold the duties and objects of the College, and ensure that I am guided by the public interest in the performance of my duties;
- I have a duty to act honestly, and will do so;
- I will declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest;
- I will ensure that other memberships, directorships, voluntary or paid positions or affiliations remain distinct from work undertaken in the course of performing my duty as a member of the council of the College.

Signature of Witness

Signature of Council member

Printed Name of Witness

Printed Name of Council member

Date signed

Schedule "B" – FIPPA Fees

1. For an applicant other than a commercial applicant:

(a) for locating and retrieving a record	\$7.50 per 1/4 hour after the first 3 hours
(b) for producing a record manually	\$7.50 per 1/4 hour
(c) for producing a record from a machine readable record	\$16.50 per minute for cost of use of central mainframe processor and all locally attached devices plus \$7.50 per 1/4 hour for developing a computer program to produce the record
(d) for preparing a record for disclosure and handling a record	\$7.50 per 1/4 hour
(e) for shipping copies	actual costs of shipping by method chosen by applicant
(f) for making photocopies and computer printouts	\$.25 per page (8.5 x 11, 8.5 x 14) \$.30 per page (11 x 17)
(g) for making or copying compact disks	\$10.00 per disk
(h) for making or copying photographs (colour or black and white)	\$5.00 to produce a negative \$12.00 each for 16" x 20" \$9.00 each for 11" x 14" \$4.00 each for 8" x 10" \$3.00 each for 5" x 7",
(i) for making photographic print of textual, graphic or cartographic records	\$12.50 each, 8" x 10" (black and white)
(j) for making hard copy laser or dot matrix print, black and white	\$1.00 per page
(k) for making hard copy laser or dot matrix print, colour	\$2.00 per page
(l) for duplicating an audio cassette	\$10.00 plus \$7.00 per 1/4 hour
(m) for duplicating a video cassette (1/4" or 8 mm) or a DVD	\$11.00 per 60 minute cassette plus \$7.00 per 1/4 hour of recording \$20.00 per 120 minute cassette or DVD plus \$7.00 per 1/4 hour of recording

2. For a commercial applicant:

(a) for each service listed in item 1	the actual cost of providing that service
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3. Where a service is not listed in item 1 of this Schedule, the registrar may set the fee for providing that service, but that fee may not exceed the actual cost of providing that service.

Schedule “C” – Prescribed Fees and Assessments

All the fees listed in this schedule are subject to the federal Goods and Services Tax at the applicable rate (unless specified otherwise). All annual fees are due and payable on or before December 31st.

Application for registration fees

1.	Application fee	\$500.00
2.	Bylaw and Ethics Examination fee (regularly scheduled)	\$350.00
3.	Bylaw and Ethics Examination fee (special sitting)	\$650.00
4.	Bylaw Seminar Deposit (returnable) – regularly scheduled exam	NIL
5.	Special Bylaw Seminar Deposit (returnable) – for special sitting of the exam	\$465.00

Initial registration and annual renewal fees

6.	Private practice (full, provisional, conditional, limited)	\$1,395.00
7.	Specialty private practice (full, provisional, conditional, limited)	\$1,395.00
8.	Public sector (full, provisional, conditional, limited)	\$1,046.25
9.	Temporary registration (maximum 30 days aggregate, for external licensed veterinarians, each year)	\$400.00
10.	Non-practising	\$350.00
11.	Retired	NIL

Change in registration class fee

12.	For a registrant to change from one class to another, with the fee to be waived in the following circumstances: <ul style="list-style-type: none">a. changing to retired class;b. during the last quarter of the registration year, which corresponds with the annual renewal period; andc. for non-practising registrants returning to active status within 2 years.	\$250.00
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Fees for reinstatement of registration

13.	Registration reinstatement fee (percentage of the applicable registration class fee)	25%*
14.	Application for registration reinstatement (cancellation solely for non-payment)	\$250.00
15.	Application for registration reinstatement (disciplinary cancellation or suspension)	\$525.00

Practice facility naming/inspection/accreditation fees

16.	Corporate Name	\$200.00
17.	Practice Name	\$300.00
18.	Application for accreditation	\$350.00
19.	Initial inspection of a practice facility for an accreditation decision	\$850.00
20.	Committee-directed off-cycle inspection	\$400.00
21.	Annual fee for maintaining practice facility accreditation	\$170.00**
22.	Self-assessment late filing fee	\$200.00*
23.	Philanthropic practices may be exempt from paying accreditation and inspection fees	

Miscellaneous

24.	Fee to request Council review of an accreditation decision	NIL
25.	Fee for each letter of standing	\$50.00
26.	Late fee (s. 1.79(4)) (percentage of the amount of an unpaid fee, assessment, fine or cost)	25%*

Notes

* GST does not apply

** Annual payment of \$170.00 is equivalent to \$850.00 payable for a 5-year cycle inspection

NOTE - the above will take effect July 1, 2019

COLLEGE OF VETERINARIANS OF BRITISH COLUMBIA

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PART 2 – REGISTRATION

Definitions

2.1 In addition to the definitions set out in section 1 of the Act and section 1.1 of the bylaws, throughout the bylaws:

- (1) **“Advisory Board on Veterinary Specialties”** or **“ABVS”** means the board that advises the AVMA on recognized veterinary specialties;
- (2) **“acceptable veterinary school”** means an acceptable veterinary school as determined by the NEB;
- (3) **“accredited veterinary school”** means a veterinary school, college or university program that, at the time of an applicant’s graduation, has been accredited by the Council on Education of the AVMA;
- (4) **“active registrant”** means a registrant who has been registered in one of the classes of active registration listed in section 2.2;
- (5) **“applicant”** means a person seeking registration in a class of active or inactive registration, and includes a registrant if that registrant is seeking to change their class or form of registration;
- (6) **“AVMA”** means the American Veterinary Medical Association;
- (7) **“certificate of qualification”** or **“CQ”** means the Certificate of Qualification granted by the NEB, as administered by the CVMA;
- (8) **“class of active registration”** or **“active registration”** means one of the classes of registration listed in section 2.2;
- (9) **“class of inactive registration”** or **“inactive registration”** means one of the classes of registration for registrants as listed in section 2.2;
- (10) **“committee”** means, in this Part, the registration committee;
- (11) **“CVMA”** means the Canadian Veterinary Medical Association;
- (12) **“diplomate status”** means the certification of a specialty, granted by a board or college recognized by the ABVS or the EBVS, in a discipline, system or species;
- (13) **“direct supervision”** means supervision of the PSA Registrant by a supervisor, including maintaining sufficient physical proximity with the PSA Registrant so that the supervisor is available to consult with the PSA registrant performing any procedure or treatment, whether in a facility, or any place where the veterinary services are provided away from a facility, and if required, to attend to the animal as competent veterinary practice requires
- (14) **“European Board of Veterinary Specialisation”** or **“EBVS”** means the organization which registers European Veterinary Specialists and recognizes and monitors veterinary specialty colleges in Europe;

- (15) **“external licensed veterinarian”** means a person who
- (a) is registered or licensed as a veterinarian by a regulatory body in another province of Canada or a foreign jurisdiction recognized by the registrar, and holds substantially the same class of registration as required of an active registrant;
- (16) **“former bylaws”** means the bylaws duly enacted pursuant to the former Act and in force as of September 14, 2010 or October 8, 2015;
- (17) **“former registrant”** means a person who no longer holds registration due to resignation, cessation, cancellation, or termination under the Act, the bylaws or the former bylaws;
- (18) **“inactive registrant”** means a registrant registered in one of the classes of inactive registration listed in section 2.2;
- (19) **“letter of good standing”** means a letter from a current or past regulatory body that discloses the registration history and any applicable complaint investigation and disciplinary history;
- (20) **“limited active registrant”** means a registrant who has been granted limited active registration pursuant to section 2.10;
- (21) **“National Examining Board”** or **“NEB”** means the National Examining Board of the CVMA responsible for the administration, in Canada, of a three-part veterinary licensing examination process;
- (22) **“non-practicing registrant”** means a registrant who has been granted non-practicing registration pursuant to section 2.17;
- (23) **“non-registrant”** means any person who is not a registrant of the college, and includes a former registrant or a person appointed pursuant to section 4(2)(c) of the Act;
- (24) **“private practice registrant”** means a registrant who has been granted private practice registration pursuant to section 2.7;
- (25) **“provisional active registrant”** means a registrant who has been granted provisional active registration pursuant to section 2.8;
- (26) **“provisional supervised active registrant”** or **“PSA Registrant”** means a registrant who has been granted provisional supervised active registration under section 2.8(A);
- (27) **“public sector registrant”** means a registrant who has been granted public sector registration pursuant to 2.13;
- (28) **“regulatory body”** means a public authority or government agency responsible for regulating the veterinary profession or any other profession pursuant to government legislation by codifying and enforcing ethical and practice standards, and imposing supervision or oversight of a profession in the public interest;
- (29) **“specialty private practice registrant”** means a registrant who has been granted specialty private practice registration pursuant to section 2.14;

- (30) **“supervisor”** means a registrant who agrees to provide direct supervision of a PSA Registrant in accordance with this bylaw and a supervision agreement, and includes a “primary supervisor” and an “additional supervisor” as follows:
- (a) **“primary supervisor”** means a full registrant of the private practice class who:
 - (i) has been a full private practice registrant for a minimum of 3 years within the 5 years immediately prior to signing the supervision agreement;
 - (ii) meets all requirements and conditions for being a supervisor as set out in this bylaw and in the policies of the College, and is approved by the Registrar to act as a supervisor of a PSA Registrant; and
 - (iii) enters into a supervision agreement with the PSA Registrant.
 - (b) **“additional supervisor”** means a full registrant of the private practice class who:
 - (i) undertakes to provide direct supervision of a PSA Registrant in accordance with this bylaw, the supervision agreement, and the policies of the College when the Primary Supervisor is not able to; and
 - (ii) meets all requirements and conditions for being a supervisor as set out in the policies of the College and is approved by the Registrar to act as a supervisor of a PSA Registrant.
- (31) **“supervision agreement”** means a written agreement between a PSA Registrant and a primary supervisor which:
- (a) provides that the primary supervisor agrees to provide direct supervision to the PSA Registrant and will supervise only one PSA Registrant at a time;
 - (b) provides that the PSA Registrant agrees not to engage in the activities defined as the practice of veterinary medicine except under direct supervision by the primary supervisor or additional supervisor;
 - (c) is signed by the PSA Registrant and the primary supervisor;
 - (d) otherwise complies with the format and requirements for a supervision agreement as set out in the policies of the College; and
 - (e) is delivered to the Registrar of the College.

- (32) **“temporary active registrant”** means a registrant who has been granted temporary active registration pursuant to section 2.15;

Registration Classes, General Rules and Process

Classes of registration

- 2.2 (1) The following classes of registration are considered active and eligible for full, provisional or limited registration:
- (a) private practice class;
 - (b) public sector class;
 - (c) specialty private practice class; and
 - (d) temporary class for an external licensed veterinarian.
- (2) The private practice class is additionally considered eligible for provisional supervised registration in accordance with section 2.8A.
- (3) The following classes of registration are considered inactive and not eligible for full, provisional or limited registration:
- (a) non-practicing class;
 - (b) retired class;
 - (c) suspended class; and
- (4) The life class of registration may be active or inactive.
- (5) All classes of registration may be subject to the following status changes from time to time: active, inactive, temporary, suspended or cancelled.
- (6) Unless otherwise provided in this part, all applications must be made to the registrar.

General rules and criteria

- 2.3 (1) All required documentation and information supporting an application for registration must be submitted to the registrar as follows:
- (a) in original form, or in the form of a copy that has been declared by a commissioner of oaths or notary public in Canada as a true copy of the original, unless the document is provided electronically or by mail directly from the issuing organization, and the delivery is verifiable;
 - (b) with the applicable fee set out in Schedule C;
 - (c) with a request for a waiver or exemption, if applicable; and
 - (d) with a certified English translation, if required by the registrar.
- (2) All supporting documentation must not predate the application by more than one month, subject to section 2.4.
- (3) Copies of educational transcripts and diplomas may be notarized within one year of the submission of the application for registration, or may be transmitted to the college directly from another regulatory or

accrediting organization, at the discretion of the registrar.

Registration committee discretion

- 2.4 (1) If the registrar determines that the application does not include all of the documents or information required under section 2.3, the registrar may refer the application to the committee pursuant to section 32(4) of the Act.
- (2) Upon application, the committee may:
- (a) grant an extension to the provision of documents by an applicant, and
 - (b) allow supporting documentation which predates the application by more than one month.
- (3) Upon application, the committee may consider the application without all required documentation, provided that:
- (a) the committee is satisfied that the applicant otherwise meets the criteria for that class, and
 - (b) it is in the public interest to grant the applicant registration.

Registrar referrals to the registration committee

- 2.5 (1) For the purposes of section 32(4) of the Act, the registrar must refer an application for registration to the committee if the registrar has reasonable grounds to believe that:
- (a) the applicant's entitlement to practise veterinary medicine has been suspended or cancelled at any time in British Columbia or in another jurisdiction;
 - (b) an investigation, a review or another proceeding is under way in any jurisdiction that the registrar believes could result in the applicant's entitlement to practise veterinary medicine in that jurisdiction being suspended or cancelled;
 - (c) the applicant's entitlement to practise veterinary medicine has been voluntarily surrendered at any time in British Columbia or in another jurisdiction in circumstances that the registrar believes may have prevented the commencement or completion of an investigation, a review or another proceeding that could have resulted in the applicant's entitlement to practise veterinary medicine being suspended or cancelled;
 - (d) the applicant has been convicted of an offence that the registrar believes may give rise to concerns about the applicant's competence or fitness to practise veterinary medicine;
 - (e) the applicant is not competent to practise veterinary medicine;
 - (f) the applicant is or may be suffering a physical or mental ailment, an emotional disturbance or an addiction to alcohol or drugs that impairs their ability to practise veterinary medicine;

- (g) the applicant is seeking to be registered under the *Labour Mobility Act* but is not or may not be entitled to be registered pursuant to that Act; and
- (h) any other matter the registrar considers necessary.

Registration hearings procedures

- 2.6 For the purposes of section 34 of the Act, the committee may determine a set of policies and procedures governing the conduct of registration hearings.

Active Registration Requirements and Criteria

Full active registration: specific requirements

- 2.7 Pursuant to s. 32 of the Act and the general requirements in this Part, to be granted full registration in one of the classes of active registration, an applicant must provide to the registrar:
- (1) a completed and signed application form declared before a provincial commissioner for taking affidavits or a notary public,
 - (2) proof of good character and fitness to practise as a veterinarian;
 - (3) proof of having satisfied the criteria applicable to the specific class of active registration in this division;
 - (4) payment in full of the applicable application and registration fee as set out in Schedule "C"; and
 - (5) supporting documents as listed in the application form approved by the registrar.

Provisional active registration

- 2.8
- (1) Where the registrar determines that an application does not meet criteria and requirements or documentation for full active registration, an applicant may apply to the committee for provisional active registration.
 - (a) under this section; or
 - (b) under section 2.8A
 - (2) On receipt of an application under paragraph (1)(a), the committee has discretion to grant provisional active registration if it determines that it is in the public interest to do so, and may:
 - (a) set a time period within which the applicant must remedy the deficiencies of the application;
 - (b) specify how the application must be remedied, and
 - (c) impose a limit or condition on the applicant's practice until the application is remedied.
 - (3) On application by a provisional active registrant, the committee may extend the time period to remedy the application.

Provisional supervised active registration

- 2.8(A) (1) On receipt of an application under paragraph 2.8(1)(b), the committee may grant provisional supervised active registration to an applicant for registration in the private practice class if all of the following conditions have been met:
- (a) the applicant graduated from a veterinary school that is not accredited by the AVMA;
 - (b) the applicant received a passing mark on the National Examining Board (NEB)'s Basic and Clinical Sciences Examination (BCSE) and the North American Veterinary Licensing Examination (NAVLE);
 - (c) the applicant is not yet eligible for a CQ because the applicant has not completed the NEB Preliminary Surgical Assessment (PSA) and/or the Clinical Proficiency Exam (CPE); and
 - (d) the applicant has otherwise met all the criteria and requirements for full active private practice registration under Section 2.7.
- (2) On receipt of an application under paragraph 2.8(1)(b), the committee may also grant provisional supervised active registration to an applicant for registration in the private practice class if all the following conditions have been met:
- (a) the applicant graduated from an AVMA-accredited veterinary school;
 - (b) the applicant failed to pass the NAVLE on their first two attempts, and accordingly must also successfully complete the PSA and CPE;
 - (c) the applicant has since passed the NAVLE but has not successfully completed both the PSA and CPE; and
- (3) A PSA Registrant must:
- (a) enter into a supervision agreement with a primary supervisor and forthwith provide a copy of the supervision agreement to the Registrar;
 - (b) only practice veterinary medicine while under the direct supervision of a registrant supervisor;
 - (c) notify the Registrar forthwith if their primary supervisor or additional supervisor ceases to act as their supervisor or indicates an intention to cease acting as their supervisor;
 - (d) notify the Registrar forthwith if they failed to comply with any provision of this bylaw or of a supervision agreement;
 - (e) be and remain in good standing with the College as defined in section 1.1(12);
 - (f) identify themselves at all times as a "Provisional Veterinarian working under Supervision";

- (g) not represent themselves as a full active registrant;
 - (h) not write prescriptions to be filled outside of the practice; and.
 - (i) otherwise comply with this bylaw, the supervision agreement, and the policies of the College relating to the obligations of a PSA Registrant.
- (4) A supervisor must:
- (a) provide direct supervision of the PSA Registrant in accordance with this bylaw and with the supervision agreement, including by maintaining sufficient physical proximity with the PSA Registrant that the supervisor is available to consult with the PSA registrant performing any procedure or treatment, in a facility or any place where the veterinary services are provided away from a facility, and if required to attend to the animal as a competent veterinary practice requires;
 - (b) always maintain a minimum ratio of 1 supervisor to 1 PSA Registrant on all shifts at the practice facility to assure the provision of safe and competent supervised practices.
 - (c) notify the Registrar, the PSA Registrant, and in the case of an additional supervisor the Primary Supervisor, forthwith if they cease to act as a supervisor of a PSA Registrant or are unable to fulfil the requirements of a supervisor; and
 - (d) if they are an additional supervisor, cease from providing direct supervision if the primary supervisor ceases to act as a primary supervisor.
- (5) Provisional supervised active registration terminates 2 years from the date registration is granted by the committee unless, on application, the committee extends the period of registration.
- (6) An extension of the period of registration under subsection (4) must not exceed 2 years.
- (7) Notwithstanding subsections (5) and (6), the committee may impose further limits or conditions on a PSA Registrant's registration if:
- (a) the PSA Registrant fails to comply with subsection (3);
 - (b) the PSA Registrant's primary supervisor or additional supervisor demonstrates an unwillingness or inability to supervise a PSA Registrant in accordance with this bylaw, the supervision agreement or the policies of the College;
 - (c) an order is made in respect of the PSA Registrant under section 65(2) of the Act [extraordinary action]; or
 - (d) a determination is made in respect of the PSA Registrant under section 61(1)(b) of the Act. [Discipline Committee]
- (8) If the registration committee considers it necessary in the public interest to take action in relation to a PSA Registrant, including action to

protect animals or persons from immediate risks to health or safety, it will immediately refer the matter to the investigation committee with a recommendation for action pursuant to subsection 65(2) of the Act.

Failing to remedy the application

- 2.9 (1) If a provisional active registrant does not remedy the application for registration within the time period stipulated by the committee, then subject to subsection (2), the registrar may cancel the provisional active registration without further notice.
- (2) Despite this section, on application the committee may exempt an applicant from the terms imposed pursuant to section 2.8.
- (3) If a provisional active registrant fails to follow a limit or condition set by the committee under section 2.8, the committee may, after giving the registrant an opportunity to be heard:
- (a) revoke the registrant's provisional active registration, or
 - (b) impose a further limit or condition on the practice of the provisional active registrant.

Limited active registration

- 2.10 (1) If an applicant is, or has been, the subject of a practice restriction by a regulatory body, the registrar will refer that application to the committee. If the committee determines that the applicant should nonetheless be permitted to provide veterinary services on a limited basis, the committee may, in its discretion and having regard to the public interest:
- (a) grant limited registration to the applicant,
 - (b) specify the nature and duration of the practice limitation applicable to that limited registrant, and
 - (c) direct the registrar to publish the limitation on the online registry.
- (2) An applicant who has been granted limited registration may apply for full registration.

Transferring registrant (labour mobility within Canada)

- 2.11 (1) Section 36 of the Act applies to an application for active class registration which relies on the *Labour Mobility Act* and the referenced Agreement for Internal Trade or TILMA.
- (2) The registrar must refer to the committee an application which relies on section 36 of the Act.
- (3) In addition to this Part and section 36 of the Act, the committee may request any other documents or information contemplated or permitted under the *Labour Mobility Act* and chapter 7 of the Agreement for Internal Trade or TILMA, including documentation from the originating jurisdiction, which will allow the committee to assess the equivalency of the class, limitation, restriction or condition of registration of that jurisdiction.

- (4) The committee retains the discretion to impose the requirements, limits and conditions set out in section 36(1)(c) of the Act, including but not limited to:
 - (a) attendance at the bylaw and ethics seminar;
 - (b) successful completion of the bylaw and ethics examination; and
 - (c) registering the applicant in a class not sought by the applicant.
- (5) The committee has the discretion to deny registration pursuant to section 36 of the Act, having regard to the exceptions set out in chapter 7 of the Agreement for Internal Trade or TILMA.
- (6) The committee must communicate its decision and direct the registrar in accordance with section 36 of the Act.

Private practice registration criteria and requirements

- 2.12 (1) Pursuant to section 32(1) of the Act, an applicant for private practice registration must meet each of the following criteria:
- (a) One of the following:
 - (i) graduation from an accredited veterinary school or an acceptable veterinary school;
 - (ii) eligibility to sit the NEB exam;
 - (b) if not a graduate of an accredited veterinary school or an acceptable veterinary school that provided instruction in English, demonstrated English language proficiency;
 - (c) Canadian citizenship, permanent resident status or legal entitlement to work in Canada;
 - (d) a CQ, unless the application is made pursuant to section 36 of the Act, with an acceptable English language assessment from the other jurisdiction;
 - (e) a veterinary employment history acceptable to the registrar;
 - (f) a passing grade on the college's bylaw and ethics examination;
 - (g) good character and fitness to practise veterinary medicine; and
 - (h) if the applicant's CQ was obtained more than five years prior to the date of the application, the applicant must have practised as a veterinarian in Canada for a minimum of 12 months of full-time work, or equivalent, in the last five years.
- (2) For the purposes of subsection (1)(b), an applicant who has not graduated from an accredited veterinary school or acceptable veterinary school that provides instruction in English will be considered proficient in the English language, if that applicant has an English proficiency assessment that is currently verifiable and is validated or endorsed by the testing company at the time of their application. Acceptable assessment providers and the minimum required scores are as follows:

- (a) internet-based TOEFL (iB-TOEFL), with a minimum of 23 in Reading, 25 in Listening, 22 in Speaking, 22 in Writing and no minimum overall score is required. Candidates MUST achieve at least the minimum passing scores for each of the four sections of the internet-based TOEFL;
 - (b) International English Language Testing System (IELTS), Academic version with an overall score of no less than 6.5, with at least 6.5 in the Listening band, 6.0 in the Writing band and 7.0 in the Speaking band. Candidates MUST achieve the minimum passing scores for each of the three sections; or
 - (c) Canadian Academic English Language (CAEL) Assessment with an overall score of no less than 60, with at least 60 in the Listening band, 50 in the Writing band and 60 in the Speaking band.
- (3) If the Registrar refers an application to the committee because the applicant does not meet the requirement in paragraph 2.12(1)(h) above, the committee may:
- (a) require proof that the applicant has completed the continuing education credits required of a practicing registrant as prescribed in Part 4, prorated for the period of time the applicant did not practise, and
 - (b) assess, on the basis of information which the committee directs the Registrar to obtain from the applicant, including information provided under paragraph (a), whether the applicant's knowledge, competence and skills are satisfactory to practice, and may direct a period of practice supervision.

Public Sector registration criteria and requirements

- 2.13 (1) Pursuant to section 32(1) of the Act, an applicant for public sector registration must meet all of the criteria for private practice registration except the requirement for holding a CQ.
- (2) An applicant for public sector registration must provide:
- (a) all of the documentation for private practice registration except a CQ certificate;
 - (b) proof of employment as a veterinarian in British Columbia by the Crown in right of Canada or by the Province of British Columbia or other similar employment; and
 - (c) a signed letter of undertaking agreeing to restrict the veterinary practice to the scope and duration of the specified provincial or federal government employment contract.

Specialty Private practice registration criteria and requirements

- 2.14 (1) Pursuant to section 32(1) of the Act, an applicant for specialty private practice registration must:
- (a) satisfy the criteria for private practice registration except the requirement for holding a CQ;

- (b) provide all of the documentation set out for private practice registration except a CQ certificate;
- (c) hold a current diplomate status; and
- (d) provide a signed letter of undertaking agreeing to restrict the veterinary practice to the scope of the diplomate certificate held by the applicant.

Temporary registration for an external licensed veterinarian

- 2.15 (1) This section applies only to an external licensed veterinarian as defined in this Part, intending to provide locum services in British Columbia.
- (2) Pursuant to section 32(1) of the Act, an applicant for temporary registration must:
- (a) satisfy the criteria and documentation for private practice registration or specialty practice registration, as applicable, except a passing grade on the college's ethics and bylaw examination;
 - (b) provide a signed declaration that the applicant has read, understands and will comply with the Act, the bylaws and any applicable code or standards; and
 - (c) provide a signed letter of undertaking agreeing to restrict the temporary veterinary practice in accordance with the direction of the committee.
- (3) The registrar will refer an application for temporary registration to the committee if the registrar is not satisfied the applicant meets the statutory and bylaw requirements.
- (4) The committee may impose a limit or condition on the practice of the temporary active registrant, including restricting the registration to a maximum of 30 non-consecutive days for each registration.
- (5) An external licensed veterinarian granted temporary registration as a locum must adhere to the direction of the committee as to:
- (a) the maximum temporary registration period, and
 - (b) the scope of veterinary services to be provided.
- (6) A log recording the date(s) and practice facility names must be maintained for the term of each temporary registration and a copy provided to the registrar upon request.

Inactive Classes and Other Classes of Registration

Registration not required

2.16 Registration under section 36 of the Act is not required for the following:

- (1) an external licensed veterinarian who is not providing veterinary services directly to a patient or a client in British Columbia, but is

- (i) employed or engaged by a registrant to advise or assist the registrant as a consultant in accordance with Part 4, or
 - (ii) providing consulting services to a registrant from outside British Columbia;
- (2) an external licensed veterinarian assisting the federal or provincial government in the management of any condition that is prescribed in federal or provincial regulation, provided that the external licensed veterinarian notifies the college of the particulars and duration of the assistance rendered; and
- (3) a person who is teaching or conducting a continuing education course or program in veterinary medicine in British Columbia, and not charging a client a separate fee for providing veterinary services to a patient during that course or program.

Non-practicing registration

- 2.17 On application, non-practicing registration may be granted for a maximum of three (3) years to a registrant with active registration status who is not engaged in the practice of veterinary medicine in British Columbia.

Retired registration

- 2.18 On application, retired registration may be granted to any registrant in good standing who ceases to practise veterinary medicine or who has been registered in the non-practicing class of registration.

Life registration

- 2.19 (1) A registrant previously granted active life registration:
- (a) is entitled to practise veterinary medicine in British Columbia or use an occupational title granted to the profession under the Act, and
 - (b) must pay the life registrant fee, special fee or assessment as specified in Schedule "C".
- (2) The council may revoke a registrant's life registration status if the life registrant has been the subject of an order or determination of the discipline committee under section 61 of the Act.
- (3) As a consequence of the revocation of life registration status, the registrar may assess and require payment of a registration fee and any other applicable fees, assessment or levies in accordance with Schedule C.

Registration limited, suspended or cancelled

- 2.20 If registration is limited, suspended or cancelled, the registrar must make a notation on the register in accordance with section 39 of the Act, effective in accordance with the term of any agreement or order, if applicable.

Changing Registration Status

Definition

- 2.21 For the purposes of this Division, “**prorated**” means a proportionate calculation of a refund or a discount of a fee, special fee or assessment based on the registration year being divided into four quarters.

Transferring from active to non-practicing registration

- 2.22 (1) Only a registrant in an active class of registration may apply to be transferred to a non-practicing status, to a maximum of three years.
- (2) A registrant in an active class seeking non-practicing status must provide the registrar with the following:
- (a) a complete, signed transfer application form for non-practicing registration in a form approved by the registrar;
 - (b) a signed agreement not to engage in the practice of veterinary medicine in British Columbia while registered in the non-practicing class of registration; and
 - (c) payment in full of the applicable administrative transfer fee asset out in Schedule “C”.
- (3) A registrant transferred to non-practicing status is entitled to a prorated refund on any fee, special fee or assessment that the registrant paid within the current registration year as an active registrant, less the applicable administration fee listed in Schedule “C”, and on such terms and conditions as the registrar may determine.

Transferring from active to retired registration

- 2.23 (1) Only a registrant in an active class of registration or a non-practicing registrant may transfer to retired status.
- (2) An active or non-practicing registrant applying for retired status must provide the registrar with the following:
- (a) a complete, signed transfer application form for retired status in a form approved by the registrar;
 - (b) a signed agreement not to engage in the practice of veterinary medicine in British Columbia during retired status.
 - (c) payment in full of the applicable administrative transfer fee asset out in Schedule “C”.
- (3) A registrant granted retired status is entitled to a prorated refund on any fee, special fee or assessment paid within the current registration year as an active registrant, on such terms and conditions as the registrar may set for that refund.

Transferring to active registration

- 2.24 (1) A registrant or former registrant without active status for three years or

longer is subject to the same requirements and criteria as a new applicant.

- (2) A registrant without active status for less than three years may apply for active status by providing to the registrar the following:
 - (a) a complete, signed transfer of registration form approved by the registrar;
 - (b) payment in full of the change in registration class fee as set out in Schedule "C";
 - (c) proof of having completed the continuing education credits required of a practicing registrant as prescribed by Part 4 during the time the registrant was registered as a non-practicing registrant or cancelled by resignation, prorated for the period of time the applicant did not practise;
 - (d) attendance at the next regularly scheduled bylaw seminar; and
 - (e) payment of any outstanding debt owing to the college.
- (3) Any applicant who does not meet the requirements of this section will be referred by the registrar to the committee for direction.
- (4) An applicant who is not active and seeks to be transferred from another province in Canada under the labour mobility provisions must apply to become an active registrant.

Ceasing registration

- 2.25 An active or inactive registrant seeking the cancellation of registration must satisfy the registrar that the registrant has transferred all applicable duties and responsibilities to another registrant.

Renewals and Reinstatements

Registration renewal notice

- 2.26 (1) Before the end of the registration year, the registrar must send to each active and inactive registrant a notice advising of the following:
- (a) the registration renewal process, including the deadline for submitting the registration renewal form;
 - (b) the applicable annual registration fees as set out in Schedule "C";
 - (c) a request for confirmation of contact information; and
 - (d) notice of the consequences of:
 - (i) the late submission or failure to submit the renewal form, and
 - (ii) the late payment or non-payment of the annual registration fee.
- (2) The requirement of subsection (1) is met if the registrar sends the notice

by email to the last known email address of a registrant.

Registration renewal

- 2.27 (1) To renew current registration, an active or inactive registrant must, before the end of the registration year:
- (a) submit to the registrar a completed application for renewal form in a form approved by the registrar;
 - (b) pay the annual registration fee applicable to that registrant's class of registration, as set out in Schedule "C";
 - (c) pay any other outstanding fee, special fee or assessment, or debt owed by the registrant to the college;
 - (d) attest to compliance with the Act, the regulations, and the bylaws, and any applicable limits or conditions imposed on the registrant under the Act or the bylaws; and
 - (e) provide proof of having met the requirements of the continuing education program under Part 4, if applicable.
- (2) On being satisfied of a registrant's compliance with subsection (1), the registrar must issue a receipt confirming that the registrant is, subject to compliance with the Act, the regulations and the bylaws, entitled to practise veterinary medicine in the Province of British Columbia as a registrant of the college in the applicable class of registration for the next registration year.
- (3) If an active registrant or inactive registrant fails to apply for renewal of registration in accordance with subsection (1) by the deadline prescribed in Part 1, the registrar must cancel registration.

Reinstatement following non-payment of fees

- 2.28 (1) Upon application for reinstatement no more than six months following cancellation solely for non-payment of fees, the registrar may reinstate a registration even absent a CQ, provided that the applicant is not otherwise in contravention of the Act, a regulation or the bylaws.
- (2) The application for reinstatement must include:
- (a) a complete, signed reinstatement application form;
 - (b) payment in full of the annual renewal fee;
 - (c) payment of the registration reinstatement fee, as set out in Schedule "C"; and
 - (d) payment in full of any other unpaid fee, special fee or assessment.
- (3) The registrar may refer the application to the committee, to determine whether the former registrant meets the requirements for reinstatement of registration.
- (4) The committee has the discretion to consider reinstatement requests not accompanied by full payments as set out in subsection (2)(c), based on demonstrated extenuating or extraordinary circumstances.

- (5) Registrants already suspended for non-payment prior to the due date of annual renewal fees will have registration cancelled.

Reinstatement after a disciplinary suspension

- 2.29 (1) Subject to the terms of the applicable order of the investigation committee or the discipline panel or committee, a registrant whose registration has been suspended as a result of an investigative or disciplinary action may apply to the registrar for reinstatement, by providing the registrar with the following:
- (a) reinstatement application form in a form approved by the registrar;
 - (b) proof of meeting the terms and conditions of the disciplinary order, if applicable; and
 - (c) payment in full of the reinstatement fee as set out in Schedule “C”.
- (2) When considering an application for reinstatement under this section, the committee must consider:
- (a) whether and to what extent the applicant has met the terms or conditions of the disciplinary order;
 - (b) whether reinstatement should be subject to any restrictions, limits, terms or conditions; and
 - (c) whether and to what extent any remedial programs ordered by the discipline committee or panel have been met.

Reinstatement after a disciplinary cancellation

- 2.30 (1) Subject to the terms of the applicable order of the discipline panel or committee, a registrant whose registration has been cancelled as a result of a disciplinary action may apply to the registrar for reinstatement after a minimum of two years following the date of the cancellation, by providing to the registrar the following:
- (a) a complete, signed reinstatement application form in a form approved by the registrar;
 - (b) proof of meeting the terms and conditions of the disciplinary order, if applicable; and
 - (c) payment in full of the reinstatement fee as set out in Schedule “C”.
- (2) When considering an application for reinstatement under this section, the committee must consider:
- (a) whether and to what extent the applicant has met the terms or conditions of the order; and
 - (b) whether it is appropriate or necessary to attach any restrictions, limits, terms or conditions to the reinstated registration.

Registrant Privileges

Private practice registrant privileges

2.31 A private practice registrant in good standing has the following privileges:

- (1) to practise veterinary medicine in British Columbia without any terms or conditions;
- (2) to use an occupational title granted to the profession under the Act;
- (3) to attend meetings of registrants;
- (4) to vote at meetings of registrants or by mail ballots;
- (5) to stand for election to the council;
- (6) to be appointed to committees; and
- (7) to receive information from the college.

Public sector registrant privileges

2.32 (1) A public sector registrant in good standing has the following privileges:

- (a) to practise veterinary medicine in British Columbia, but only in the course of employment as a veterinarian by the Crown in right of Canada or the Province of British Columbia;
 - (b) to use an occupational title granted to the profession under the Act;
 - (c) to attend meetings of registrants;
 - (d) to vote at meetings of registrants or by mail ballots;
 - (e) to stand for election to the council;
 - (f) to be appointed to committees; and
 - (g) to receive information from the college.
- (2) Despite subsection (1), a public sector registrant may not provide veterinary services directly to the public.

Specialty private practice registrant privileges

2.33 A specialty private practice registrant in good standing has the following privileges:

- (1) to practise veterinary medicine in British Columbia, but only within the scope of their designated specialty;
- (2) to use an occupational title granted to the profession under the Act;
- (3) to attend meetings of registrants;
- (4) to vote at meetings of registrants or by mail ballots;
- (5) to stand for election to the council;
- (6) to be appointed to committees; and
- (7) to receive information from the college.

Temporary registrant privileges

2.34 A temporary registrant in good standing has the following privileges:

- (1) to practise veterinary medicine subject to any terms or conditions that apply to that registration;
- (2) to use an occupational title granted to the profession under the Act, so long as it includes the denotation “temporary”;
- (3) to attend meetings of registrants; and
- (4) to receive information from the college,

but does not have any of the following privileges:

- (5) to vote at meetings of registrants or by mail ballots;
- (6) to stand for election to the council; and
- (7) to be appointed to committees.

Provisional registrant privileges

2.35 A provisional registrant or a PSA Registrant in good standing has the following privileges:

- (1) to practise veterinary medicine subject to any terms or conditions that apply to that registration;
- (2) subject to paragraph 2.8A(3)(f), to use an occupational title granted to the profession under the Act, so long as it includes the denotation “provisional”;
- (3) to attend meetings of registrants; and
- (4) to receive information from the college,

but does not have any of the following privileges:

- (5) to vote at meetings of registrants or by mail ballots;
- (6) to stand for election to the council; and
- (7) to be appointed to committees.

Limited registrant privileges

2.36 A limited registrant in good standing has the following privileges:

- (1) to practise veterinary medicine subject to any terms or conditions that apply to that registration;
- (2) to use an occupational title granted to the profession under the Act, so long as it includes the denotation “limited”;
- (3) to attend meetings of registrants;
- (4) to receive information from the college;
- (5) to vote at meetings of registrants or by mail ballots;
- (6) to stand for election to the council; and
- (7) to be appointed to committees.

Inactive registration privileges

2.37 An inactive registrant in good standing in the non-practicing or retired class of registration has the following privileges:

- (1) to use an occupational title granted to the profession under the Act, so long as it includes the denotation “non-practicing” or “retired”, as the case may be;
- (2) to attend meetings of registrants;
- (3) to vote at meetings of registrants or by mail ballots;
- (4) to stand for election to the council;
- (5) to be appointed to committees, unless otherwise specified; and
- (6) to receive information from the college, including all bulletins and correspondence sent to practising registrants,

but is not entitled to practise veterinary medicine, and may neither prescribe nor dispense prescription drugs.

Life registrant privileges

2.38 A life registrant in good standing in an active or inactive class of registration, other than the class of suspended registration, may exercise the privileges and duties applicable to that class.

Suspended registrant privileges

2.39 A registrant whose registration is suspended may receive information from the college, but does not have any of the following privileges:

- (a) to practise veterinary medicine;
- (b) to attend meetings of registrants;
- (c) to vote at meetings of registrants or by mail ballots;
- (d) to stand for election to the council;
- (e) to be appointed to committees;
- (f) to be a designated registrant; and
- (g) to prescribe or dispense prescription drugs.

Registrant Information

Information registrants must provide

2.40 (1) A registrant must provide the registrar with the following business information:

- (a) if self-employed, the address, phone number and email address of the registrant’s primary or main practice; and
- (b) if employed, the name of the employer, and the address, phone number and email address of the employer’s practice at which the registrant practises veterinary medicine on a regular basis.

- 2.41 Subsection (1)(b) does not apply to a registrant working as a locum.
- (2) A registrant who is a locum or does not have a primary or main practice must provide the registrar with the registrant's home address, phone number and email address, if it is different than the registrant's or employer's business address, phone number and email.

Change of address and contact information

- 2.42 (1) A registrant must promptly inform the registrar of any changes to the business or home information, as applicable, and make reasonable efforts to do so before a change takes effect.
- (2) A registrant must use the name for which registration was granted and which appears in the register and online registry.
- (3) Upon request and the provision of proof of Canadian federal or provincial government issued identification, the registrar may change the registrant's name on the college's register.

Definitions for information requests

2.43 For the purpose of information requests:

- (1) **"accessible information"** means the information concerning a registrant as described in section 39(2) of the Act;
- (2) **"another regulatory body"** means a regulatory body established or mandated under legislation to regulate the veterinary profession or another profession in the public interest:
- (i) from another jurisdiction, or
 - (ii) the province of British Columbia, with which a registrant or applicant has held or has applied for membership.

Public request for information in the register about a registrant

- 2.44 When the registrar receives a request from a person for information concerning a registrant, the registrar must respond to such a request by:
- (1) allowing the person to access the accessible information concerning that registrant in the register in accordance with section 40 of the Act, or
 - (2) providing the person with a copy of the accessible information concerning that registrant on the same terms and conditions as specified in section 40 of the Act.

Regulatory body request for information about a registrant

- 2.45 (1) When the registrar receives a request from another regulatory body for information concerning a registrant or former registrant, the registrar must respond to such a request by providing a report to the other regulatory body containing the information requested by the regulatory body, as follows:
- (a) accessible information concerning that registrant's published disciplinary history;

- (b) complaints history, as consented to and directed by the registrant;
 - (c) investigation history, as consented to and directed by the registrant;
 - (d) published practice restrictions; and
 - (e) any other information reasonably requested, which the registrant consents and directs to be released.
- (2) Updates to the information provided under subsection (1) will be provided upon request.
 - (3) In disclosing information under subsections (1) to (2), the registrar must not disclose the names of complainants, clients, families or information that might otherwise enable a person inquiring about the status of a registrant to establish the identity of a complainant or client, or families, unless such persons consent to such disclosure or such information is already in the public domain.

Examinations

Examinations and Seminars

- 2.46 (1) The committee may in its discretion delegate to the registrar any of the following actions:
- (a) approve all seminars and examinations required to be taken under the Bylaws;
 - (b) set the pass mark for an examination;
 - (c) set the time and place for the holding of seminars and examinations, including providing an additional seminar or examination time or another accommodation if the committee believes it is appropriate;
 - (d) designate invigilators for an examination;
 - (e) set the procedures for the conduct of seminars and examinations;
 - (f) review the results of an examination or re-examination for each applicant and make a determination as to whether or not the applicant passed or failed that examination; and
 - (g) notify the applicant of the results of the examination or re-examination as soon as is practicable.
- (2) The committee may appoint a panel, including its chair, to prepare an examination required under the bylaws or to undertake any other function prescribed in subsection (1).
 - (3) The registrar or the panel and its chair appointed under subsection (2) must report to the committee as directed.

Examination fees

2.47 An applicant who must write examination shall:

- (1) pay the examination fee, which includes the seminar, as set out in Schedule "C" at least two weeks prior to the date of the examination, unless the registrar approves a shorter time period for payment, and
- (2) attend the required seminar and examination at a date, time and place as set by the registrar.

Repeating an examination

2.48 An applicant who fails an examination may rewrite the examination, but must attend the bylaw and ethics seminar before rewriting the examination.

Improper conduct during an examination

- 2.49
- (1) Where an invigilator has reason to believe that an applicant has engaged in improper conduct during the course of an examination, the invigilator must report the improper conduct to the registration committee.
 - (2) After considering a report made under subsection (1), the committee may take one or more of the following steps:
 - (a) fail the applicant,
 - (b) pass the applicant,
 - (c) require the applicant to rewrite the examination, and
 - (d) disqualify the applicant from participating in any examination for a defined period of time.
 - (3) The committee must provide an applicant written reasons for its decision made pursuant to this section.

COLLEGE OF VETERINARIANS OF BRITISH COLUMBIA

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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 31st 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 31st 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 31st 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.

Schedule “D” – Accreditation Standards

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SECTION 1 - PREAMBLE

Purpose and Objectives

The overall purpose of these accreditation standards is to ensure that every veterinarian has, maintains and uses facilities, equipment and supplies which are capable of delivering veterinary care, commensurate with the scope of their practice, at a level equal to the generally accepted accreditation standards as determined by their peers, for veterinary medicine in British Columbia.

The objectives of these accreditation standards are to serve the following interests:

1. Protection of the public by ensuring public safety;
2. Consideration of public expectations;
3. Protection of patients by ensuring patient welfare including comfort and safety;
4. Definition of clear, uniform, reasonable and defensible standards;
5. Provision of reasonable flexibility in the means of meeting standards; and
6. Susceptibility to effective enforcement.

Approach

All facilities are required to meet these accreditation standards as they apply to their particular circumstances. The decision as to what accreditation standards apply to any facility's circumstances is a matter for the accreditation committee.

The accreditation standards are the main overarching rules; in every case they must be met unless that particular accreditation standard does not apply because of the scope of the practice of the facility. The accreditation standards are the 'ends' that must be met; however there is flexibility in the means by which a facility meets these 'ends'. In many places guidelines are set out under the accreditation standard which describe the usual means to achieve the accreditation standard. These guidelines have the force of a bylaw unless the facility can show equivalency. In other words, every facility must show that it has met the accreditation standard by either 1) following the guideline provided, or 2) using an alternative means that is equally effective in serving the interests of patient and human protection.

Practice facility inspections will be based on the actual usual nature and scope of the practice rather than the facility name, should they differ. Designated registrants must clearly articulate the scope of the practice (e.g., species seen and disciplines or modalities used of a practice facility). The facility must meet the accreditation standards that are applicable to that scope of practice.

Practices are encouraged to offer as broad a range of services as possible. However, practices that voluntarily limit their range are not required to have those supplies, equipment and facility

features that fall outside of their scope of practice. Such practices should explain their limits clearly to clients and must make reasonable efforts to refer clients to other practitioners for services required that fall outside of their own voluntary scope.

Where a practitioner consistently refers one or more veterinary services to another general practitioner or specialist, e.g. radiology or surgical services, the facility is not required to have equipment to support those referred services on site. However, the practitioner must be able to show that the referred services can be done in a timely enough manner to meet the needs of patients, including the services for after-hours calls if offered by the practice. These referred services must be clearly and consistently documented in patients' medical records.

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.

The accreditation standards make reference in places to 'compliance' with other legislation. The accreditation committee will as it sees fit inspect for compliance with requirements such as the Workers Compensation Act or Federal Safety Codes. The College will not enforce other legislation; it is up to the responsible agency or law enforcement body to determine if there has been a violation of that law. However, the failure to meet any such accreditation standards that are adopted by reference may constitute a breach of the accreditation standards.

Effective Date

Immediately upon the date on which the Bylaws come into effect, the accreditation standards apply to all practice facilities. Practices must obtain accreditation in accordance with the Bylaws before they open to the public.

Changes to Standards

Any changes to this schedule must be in accordance with s. 10 of the Act.

The guidelines however that support the accreditation standards may be changed as deemed reasonable by the Council from time to time; the Council will provide notice to the registrants regarding anticipated changes. The accreditation committee may recommend changes to the accreditation standards or guidelines from time to time.

SECTION 2 - DEFINITIONS

All terms are as defined in the Bylaws unless otherwise stated in this document. Additional definitions are below:

advanced dental procedures include:

1. Orthodontics: The alignment of teeth to form a comfortable functional occlusion.
2. Prosthodontics: The restoration of teeth including creating crowns.

3. Endodontics: Accessing, cleansing, and obturating the endodontic system of teeth.
4. Major oral surgery (and reconstructive surgery): Surgery involving significant soft tissue manipulation and the repair (or removal of sections) of bones associated with the oral cavity.
5. Periodontal surgery: Manipulation of any dental tissues such as flaps and grafts.

ALARA: "As Low As Reasonably Attainable"; the level of exposure expected when all attempts are taken to reduce any or all exposures to the lowest possible level, recognizing that it is impossible to prevent some degree of radiation exposure when using ionizing radiation sources.

ambulatory facility: Any vehicle in, on or from which veterinary services are provided, and includes the permanent base of operations.

analgesia: The absence of pain sensibility, achieved through the use of drugs or other modes of therapy.

anesthetic area: Any area/s within a practice facility in, on or from which anesthetic agents are administered to patients shall be designated as the anesthesia area/s.

anesthetic period: The time period from the administration of anesthetic induction up to the time when the patient is able to hold its head up unassisted and maintain a patent airway.

animal grouping: A grouping of animals includes but is not limited to a herd, flock and/or school.

aquapuncture: The injection of sterile liquid into an acupuncture point.

aseptic surgery: Surgery performed in a manner sufficiently free from microorganisms that significant infection or suppuration does not occur.

balanced anesthesia: The use of several pre-anesthetic and anesthetic agents in combination, to provide muscle relaxation, immobility, analgesia, and a level of sedation or unconsciousness that is adequate for the planned procedure.

biosecurity: A comprehensive approach to minimize risk of harm from organisms that can cause deleterious effects on animal health, human health or the environment.

Boarding: Animals are kept overnight but no nursing, medical care or examination is provided.

complementary or alternative medicine: A group of treatments or therapeutic options that lie outside the mainstream of conventional medicine.

computed tomography (CT): A computer-generated image derived from thin, collimated, cross-sectional x-ray scans recorded on specialized scintillation crystals.

controlled drug: Any substance listed in Schedule I-V of the Controlled Drugs and Substances Act, such as narcotics, controlled drugs, and targeted substances.

conventional western medicine: Any element of medical practice generally referred to in popular usage as conventional, or allopathic, medicine.

dental procedures include but are not limited to:

1. Dental cleaning: Removal of soft and hard deposits on the dentition both above and below the gingiva to aid in the reestablishment of a healthy periodontium
2. Extractions
3. Minor surgeries
4. Removal of small masses
5. Any alteration of the bite including floating of teeth

dentistry area: Any area or areas within a practice facility, on or from which equipment and supplies are used to perform dental procedures shall be designated as the dentistry area or areas.

diagnostic imaging area: Any area or areas within a practice facility, in, on or from which equipment is used for the production of diagnostic images, using various modalities including but not limited to ionizing radiation, ultrasound and magnetic resonance, shall be designated as the diagnostic imaging area or areas.

drug: Any substance or combination of substances used (including biologicals), or for use, in or on the body of a person or animal, either:

1. to prevent, diagnose, treat or mitigate a disease, disorder or abnormal physical or mental state or a symptom of the same, or
2. to restore, correct or modify organic functions, and includes a prescribed substance or combination of substances.

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.

enclosure: All animal confinement structures including but not limited to cages, pens, runs, kennels, crates, paddocks, stalls, hutches, aquariums and coops.

endoscopy: Examination of an organ or cavity with a controlled optical system. Equipment: includes supplies.

examination and treatment area: Any area within a practice facility, in, on or from which a patient is examined or treated shall be designated as examination and treatment area.

facility: means a practice facility as defined in section 168 of the Bylaws.

fluoroscopy: A special radiographic procedure using a continuous beam of x-rays to image a patient on a fluorescent screen.

General anaesthesia: A state of controlled and reversible drug-induced unconsciousness characterized by lack of pain sensation or other perception, and relatively depressed motor and reflex responses to stimuli.

hospitalization: means kept in the facility at any time for observation and medical care.

ionizing radiation: Radiation that either directly or indirectly induces ionization of atoms in structures including tissue.

integrative medicine: The diagnosis and treatment involving the combination of complementary and conventional medicine.

laboratory/pathology area: Any area or areas within a practice facility, on or from which equipment is used to prepare, package, process and report test results from biological samples.

laboratory diagnostic services: Services involving the collection, identification, preparation, storage, preservation and/ or analysis of biological samples and reporting of subsequent results.

magnetic resonance imaging (MRI): A diagnostic study that uses the magnetic resonance of protons to produce a diagnostic image of tissue.

major surgery: includes but is not limited to an invasive orthopedic manipulation, an incision made into the thoracic or abdominal cavity or other body cavity or any procedure that involves significant invasion or manipulation of tissues.

Minor surgery: Any surgical procedure that is not a major surgery.

modality: The therapeutic method or agent used to diagnose, treat or prevent disease or maintain an optimum state of health. In complementary medicine, the modalities addressed in this document are:

1. Acupuncture: An ancient system of medicine that involves the examination and treatment of precise locations on or near the surface of the body for the purpose of diagnosis and treatment of numerous conditions using a variety of techniques.
2. Homeopathy: The treatment of disease using substances (remedies) in minute doses.
3. Chiropractic: The examination, diagnosis and treatment of animals through the manipulation and adjustment of spinal and extremity joints and cranial sutures.
4. Traditional Chinese medicine (TCM): A system of medicine that describes the body as having a network of energy channels (meridians) which can be treated by the use of acupuncture, herbs, exercise and body manipulation.

normal scope of the practice: The animal species, geographic area served and veterinary disciplines offered by the practice.

Nuclear Scintigraphy: An imaging study produced by a gamma camera depicting the distribution of radiopharmaceutical compounds in organs or tissues of the body or body part imaged.

painful procedures: Include but are not limited to orthopedic manipulation, incisions made into the thoracic, abdominal or other body cavity or any surgical, medical or dental procedure that is reasonably expected to be associated with significant procedural or post procedural pain that cannot be controlled solely by appropriate local analgesics.

pharmacy area: Any areas and or containers within a practice facility, in, on or from which any drug as defined in the Bylaws is prepared, maintained, dispensed, administered, destroyed or disposed of.

pre-anesthetic period: The time period immediately preceding the induction of anesthesia.

primary care facility: A facility owned and/or operated by a registrant from which a patient may be referred for emergency treatment.

radiography: The production of a medical diagnostic image on a radiosensitive surface using x-rays as a source of ionizing radiation.

recovery period: The time period between cessation of anesthesia drug delivery until return of consciousness accompanied by the following physical state. A dog or cat is recovered from anesthesia when it is able to hold its head up unassisted and maintain a patent airway. A large animal species (equine, food animal, cloven hoofed) is recovered when it is able to stand without assistance and able to maintain a patent airway.

self-standing facility: Non-ambulatory facility within, on or from which veterinary medicine is conducted.

specialist facility: Facility owned and/or operated by a Specialty Private Practice member to which a patient may be referred for treatment.

surgery: Any procedure that involves the use of instruments and equipment in the transection and dissection of living tissue.

surgery area: Any areas within a practice facility, on or from which surgery on patients is performed.

tertiary care facility: A Center, e.g. of a specialty critical care practice.

treatment: Includes but is not limited to medical and medical diagnostic procedures, minor surgical procedures and preparation for major surgical procedures and procedures for alternative/integrative care.

ultrasonography: A real-time imaging study using the reflection of high frequency sound waves to create a diagnostic image of a body organ or tissue.

veterinary biologic: includes vaccines, bacterins, bacterin-toxoids, immunoglobulin products, diagnostics kits and any veterinary biologic derived through biotechnology.

WHMIS: The Workplace Hazardous Materials Information System.

withdrawal time: The period following the administration of a drug during which an animal or an animal product must be withheld from availability for consumption.

SECTION 3 - FACILITY GENERAL

Preamble

The facility must support delivery of veterinary services consistent with a generally accepted standard of veterinary practice, human safety, patient safety and patient comfort, within the scope of practice in a timely manner that meets patient needs. Physical well being of staff and public and patients must be taken into account throughout the facility. All procedures must be conducted in a manner consistent with the safety of hospital personnel and other persons in the vicinity and in compliance with all WorksafeBC and other applicable regulations.

Standards:

1. The facility must be constructed to allow the delivery of veterinary services which may include but are not limited to:
 - (a) Physical examination of the patient.
 - (b) Patient treatments.
 - (c) Medical procedures.
 - (d) Preparation, packaging and/or processing biological samples.
 - (e) Obtaining images of diagnostic quality.
 - (f) Storage, handling and dispensing of drugs and biologicals.
 - (g) Anesthetic procedures.
 - (h) Surgical procedures.
 - (i) Dental procedures.
 - (j) Emergency services.
 - (k) Ambulatory services.
 - (l) Patient confinement and accommodation.
2. All areas of the facility must be constructed and equipped to prevent foreseeable harm to the staff, the public and patients.

GUIDELINES

Safety measures should include:

- (a) An alarm system to monitor the premises during off hours and centrally monitored fire detection devices [smoke detectors, heat detectors or sprinkler systems].*
- (b) A method for contacting law-enforcement when required must be in place.*

- (c) *In staff areas, there must be separate food storage from that of patients' food and refrigerated medical supplies.*
 - (d) *Parking and approach to the facility must be constructed and maintained commensurate with safety of the patient, veterinary staff and public.*
 - (e) *Exterior lighting must allow adequate visibility for a safe approach after dusk and dark.*
 - (f) *Display and access to merchandise must be free of hazards.*
 - (g) *Items that may harm people or animals must not be readily available for handling by the public.*
 - (h) *There must be documentation available and accessible at the facility dealing with the safety risks of employees. The information should include:*
 - (i) *A readily accessible list of hazards for pregnant employees.*
 - (ii) *WHMIS documentation.*
 - (iii) *Workers Compensation Act and Regulations.*
 - (i) *The ambulatory facility must have the capacity to be locked and to secure all veterinary equipment and supplies in a manner that protects the public.*
 - (j) *The facility must have a means for containing and disposing of used needles and other "sharps".*
 - (k) *Compressed gases must be stored throughout the hospital commensurate with patient staff and public safety:*
 - (i) *Tanks containing compressed gases must be physically secured so as to remain in a stable upright position.*
 - (ii) *Compressed oxygen must be stored only in areas free from open flames or excessive heat.*
 - (l) *There must be a means to provide ventilation within the facility to eliminate stagnant air, chemical contaminants or exhaust fumes within a reasonable period of time and prevent them from entering other parts of the facility.*
3. Examination and treatment areas must be constructed and equipped to ensure client privacy and confidentiality through sound barriers, visual barriers and/or adequate spatial separation.
 4. There must be sufficient veterinary equipment, instruments, drugs and other supplies on site and accessible to support the normal veterinary medical procedures performed within the scope of the facility's practice.
 5. All veterinary equipment and instruments must be kept clean and maintained in good working order.

6. The facility must have sufficient room and equipment to safely load, unload, move, confine and generally handle the normal patient caseload for the practice in a manner that protects patient safety as well as the safety of the other animals and persons on the premises.

GUIDELINES:

- (a) There must be sufficient room to separate animals so as to prevent direct contact with each other,*

7. The facility must be constructed to allow the appropriate monitoring of patients.

GUIDELINES:

- (a) The facility must be constructed to allow a line of sight monitoring of patients that are in recovery or under observation.*

8. The facility must be cleaned, in good repair and functional.

GUIDELINES:

- (a) The approach to the facility, parking areas and all other exterior physical grounds must be visibly clean and tidy and free of hazards.*

- (b) There must be a means to minimize or mitigate persistent disagreeable odors.*

- (c) The interior and exterior of the facility including its equipment must be visibly clean.*

- (d) Washroom facilities whether for exclusive client use or shared used by the employees of the facility must be reasonably available and clean and tidy.*

- (e) Housekeeping equipment must be thoroughly cleaned and properly stored when not in use.*

- (f) Ambulatory facilities must be physically and mechanically maintained in a manner suitable to enable safe and effective delivery of veterinary services in the usual practice scope and environment.*

9. The facility must be constructed, equipped and maintained, so as to reduce cross-contamination, animal-to-animal pathogen transmissions and transmission of zoonotic pathogens between animals and humans and to be consistent with the principles of biosecurity.

GUIDELINES:

- (a) Working surfaces must be fabricated from readily cleanable materials.*

- (b) All working areas of the facility must have safe, effective and or approved disinfectants and disposable towels [or equivalent] readily available for use between patients or procedures.*

- (c) *Soiled linens must be handled in such a way as to prevent pathogen transmission to other areas of the hospital.*
- (d) *Adequate drainage must be provided in areas where build up of significant water or liquid organic matter is likely, e.g., floor drains in large animal patient care areas.*
- (e) *There must be a means in place to ensure that garbage, debris and animal fecal matter is removed in an efficient and timely manner.*
- (f) *If necropsies are performed at the facility, the necropsy area must be able to be readily and thoroughly disinfected.*
- (g) *Facilities that provide isolation to animals having or suspected of having an infectious or zoonotic disease must do so in a manner that is safe for the patient, veterinary staff and public, and minimize the risk of disease spread from the patient to species at risk. This includes:*
 - (i) *There must be a means to disinfect clothing, footwear, feeding implements and materials used to treat the patients in isolation.*
 - (ii) *The isolation area must be functionally contained away from the rest of the hospital in a separate low traffic area and have minimum exposure to other animals of the same species.*
- (h) *Patient care areas must have a waste receptacle that is covered or concealed.*
- (i) *If used, chemical solutions for cold sterilization of instruments must conform to principles of animal disease prevention and public safety standards.*
- (j) *For ambulatory facilities, registrants must follow the principles of disease prevention with regard to disinfections of clothing and footwear between patients and farms or homes (companion animals) relative to risk for that species, type of production (large and food animals) and accepted standard for that area.*
- (k) *There must be sufficient supply of products used for cleaning and disinfection of equipment and footwear between patients and farms or homes. These products and their use must conform to the principles of animal disease prevention and public safety.*

10. The facility must be constructed so that all veterinary equipment, instruments, drugs and or supplies can be stored, handled and disposed of so as to ensure efficacy of the product and safety to the patients, staff and the public, consistent with applicable legislation/regulation, and in a manner that prevents transmission of pathogens.

GUIDELINES:

- (a) *There must be means to ensure that veterinary equipment instruments, drugs and or supplies are stored handled and disposed of as per manufacturer's instructions and Material Safety Data Sheets (MSDS) where available.*

- (b) Protocols must be posted outlining the procedure to be followed in the event of a spill of materials that carry some risk including but not limited to x-ray chemicals, anesthetics, preservatives and concentrated cleaners and solvents.*
 - (c) Biological sample waste material must be disposed of in accordance with pertinent regulations.*
 - (d) Chemical reagents and supplies must be disposed of in accordance with pertinent regulations.*
- 11. The facility must have a means to separately store drugs and veterinary supplies past their expiry date so as to not allow use or dispensing.
- 12. Appropriate means and equipment to render emergency resuscitation must be readily accessible to all areas within a facility where patient care is conducted.

GUIDELINES:

- (a) For patients within a self-standing veterinary facility, the minimum of resuscitation equipment, supplies and drugs includes but is not necessarily limited to:*
 - (i) Means for managing respiratory emergencies including:*
 - (A) A means of securing a patent airway including endotracheal tubes.*
 - (B) Adequate oxygen supplies and delivery equipment.*
 - (C) A mechanical means of ventilating patients.*
 - (i) Stethoscope.*
 - (ii) Appropriate drugs to treat cardiovascular emergencies.*
 - (iii) Immediate access to drug dosages [e.g. a dosage chart or equivalent] for all drugs routinely used by the practice for emergency resuscitation.*
 - (iv) Antagonists or reversal agents appropriate to the anesthetics/drugs in use at the facility.*
- 13. The facility must have adequate chemical or physical restraint readily available.
- 14. Lighting within all areas of the facility must be sufficient to ensure that routine procedures can be carried out safely and accurately.

GUIDELINES:

- (a) The facility must have sufficient emergency lighting available and adequately maintained to allow procedures to be completed safely in the event of a power failure.*

15. Within a self-standing facility compressed oxygen must be available and readily accessible to patients.

GUIDELINES:

- (a) Self-standing facilities must have a supplementary method for providing oxygen should the primary oxygen system fail [e.g. a spare tank].*

16. Within a self-standing facility there must be a means to control temperature within the facility in order to maintain hospitalized patients within their respective comfort zones.

GUIDELINES:

- (a) In the event that two hospitalized patients' temperature and humidity requirements differ, a microenvironment for one of the patients must be created [e.g. a terrarium for a snake].*

17. The facility must have a reasonable means and capacity to store the remains of deceased patients as necessary or appropriate in the circumstances.

GUIDELINES:

- (a) There must be a means in place to dispose of deceased animals as soon as reasonably possible and in accordance with municipal, provincial and or federal regulations.*

- (b) There must be capacity to store the remains of an animal for appropriate samples, in the case of large animal ambulatory practices that have had an unexpected anesthetic death, until the owner has had a reasonable opportunity to exercise the option of obtaining a necropsy at a veterinary diagnostic laboratory or other veterinary facility.*

- (c) Deceased companion animals not disposed of within 24 hours must be labelled and sealed into heavy plastic bags or equivalent and refrigerated or frozen.*

18. 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.

19. The facility must contain a library of current reference materials with information on procedures, drugs, supplies and equipment commensurate with the scope of the practice.

GUIDELINES:

- (a) The library must be of sufficient scope to provide current reference material on the usual range of emergency and critical conditions expected within the normal scope of the practice.*

- (b) The library may include but is not necessarily limited to:*

- (i) *Personal notes.*
 - (ii) *Electronic instructional aids.*
 - (iii) *Written proceedings from conferences or lectures.*
 - (iv) *Appropriate textbooks.*
 - (v) *Journal articles.*
 - (vi) *Access to internet sites.*
- 20. The library must include up to date and complete copies of the Bylaws and other College regulatory documents.

SECTION 4 - MEDICAL RECORDS

- 21. The facility's medical records must conform to the requirements for medical records in the Bylaws.
- 22. Medical records must be organized in a logical and clear system and located so as to allow ready and accurate access by those with authority to access them.

GUIDELINES:

- (a) *Medical records must be located within the facility so as not to be readily accessible to the general public.*
 - (b) *For ambulatory facilities, medical records must be maintained in a safe, secure place at the address listed for the practice in the College directory.*
 - (c) *There must be sufficient forms carried in the ambulatory facility for the normal scope of the practice, e.g. patient health records, laboratory submission forms and client (patient) prescription forms/labels.*
- 23. Computerized or electronic medical records must meet the same criteria as non-computerized records, and additionally must have a backup system that allows for proper storage and retrieval in the event of the loss of the originals.
- 24. The facility's billing system must have the capacity to provide an itemized record and/or estimate of all treatments, procedures and other saleable items, and be retained as part of the medical records.
- 25. All entries in the medical records must be dated.
- 26. Medical records must contain the individual client's (owner or owner's agent) name, or business/farm name as well as their address and phone number.

27. Medical records must contain the patient's identification information.

GUIDELINES:

- (a) Patient description including but not limited to name, species, breed, age and sex and identifying physical characteristics such as coat color.*
 - (b) In the case of a herd/group and/or as required by legislation this must include tattoo and/or tag number, microchip, lot number, pen number and/or identifying marks.*
28. Medical records must contain the presenting history and clinical signs of the individual or animal group.
29. Medical records must contain the vaccination status and medical or surgical history of the individual or animal group if available.
30. Medical records must contain notation of a physical visitation to the site when appropriate.
31. Medical records must contain a record of the assessment of the individual or animal group documenting physical examination, diagnostic tests recommended and performed, including interpretations where applicable, study details e.g., clinical pathology, radiographs or other diagnostic imaging, special tests, and necropsy findings.
32. Medical records must contain a diagnosis or tentative diagnosis.
33. Medical records must contain information on planned or instituted treatments including but not limited to dosages or doses for all drugs administered or dispensed. If dosages are used, the patients weight must also be recorded.

GUIDELINES:

- (a) Drug names where they appear must be either generic name plus concentration/strength plus name of manufacture, or brand name plus concentration/strength [if the product has more than one strength available].*
 - (b) Recording the DIN is strongly advised but not required for prescription drugs if the drug name is listed as in 33(a) above.*
 - (c) Label information as required under the pharmacy section of this document for all drugs dispensed must also appear in the medical records.*
34. Medical records must contain prescribed withdrawal periods for drugs and feed additives for food animals.
35. Medical records must contain information on adverse reactions to medications and/or treatments, as well as any follow-up actions taken.
36. Medical records must contain where applicable, information with respect to recommendations for referrals to other veterinary services or facilities.

37. Medical records must contain where applicable, information received from referral veterinarians, emergency veterinarians or veterinarians consulted for a second opinion.
38. Medical records must contain a summary of pertinent verbal communications or written communications with the owner.

SECTION 5 - PATIENT CONFINEMENT AND ACCOMMODATION

39. If the practice includes confinement of animals such as but not limited to hospitalization and boarding, then the facility must be constructed and equipped appropriate to confining patients seen in the normal caseload of the practice.
40. There must be a system in place to reliably and accurately identify each animal.
41. The facility must have appropriate enclosures for the confinement of hospitalized and boarded patients.

GUIDELINES:

- (a) The facility must have sufficient numbers of safe enclosures to house animals appropriately.*
 - (i) Enclosures must be constructed so that animals are safely confined and they must have a device that enables them to be closed and securely fastened.*
- (b) The facility must have enclosures that are appropriate for the species.*
 - (i) Enclosure areas must be orderly, and free of persistent disagreeable odours.*
 - (ii) Enclosure areas must have adequate ventilation, lighting, and temperature control.*
 - (iii) Enclosures must have solid partitions of an appropriate height to prevent patient contact.*
 - (iv) Runs for companion animals must have solid partitions at least 4 feet up (1.22 metres) from the floor to prevent patient-to-patient contact.*
42. The facility must be constructed and equipped so as to prevent the spread of pathogens among animals confined in the facility.

GUIDELINES:

- (a) Confinement enclosures must be constructed so that the possibility of pathogen transmission is reasonably minimized.*

- (b) Enclosures must be fabricated of materials that can be easily and effectively disinfected.*
- (c) Every enclosure for large animals and large companion animals must have its own separate drainage.*
- (d) Measures must be in place to ensure that wastes are removed at a frequency commensurate with the comfort of the patient and in keeping with the minimization of cross contamination,*

43. The facility must be equipped to provide for basic patient needs and comfort.

GUIDELINES:

- (a) The facility must have appropriate bedding supplies and practices.*
 - (i) Bedding must be appropriate for the species of animal confined.*
 - (ii) Facilities must have sufficient bedding to meet reasonably anticipated patient needs within the facility's scope of practice.*
 - (iii) Bedding must be clean, dry, comfortable and safe for the animal confined.*
 - (iv) Measures must be in place to permit bedding to be changed daily or as needed to maintain it clean and dry.*
- (b) The facility must be constructed and equipped to enable patients to be provided with suitable and sufficient quantities of food and water to meet nutritional and hydration requirements commensurate with their medical status.*
 - (i) Facilities must have sufficient and suitable quantities of food and water available to meet nutritional and hydration requirements of patients within the facility's scope of practice.*
 - (ii) Food and water provided must be readily accessible to the patient especially with non-ambulatory animals.*
 - (iii) Food and water must be provided in a manner that is safe for the patient.*
- (c) Facilities must have suitable areas to exercise animals commensurate with their medical status.*

44. The facility must have protocols in place to require that animals are kept clean and are bathed and groomed as indicated by their medical condition and specific circumstances.

45. Any possessions accompanying hospitalized or boarded animals (e.g. portable kennels, leashes, food, and dishes) must be identified and stored to ensure their safekeeping.

SECTION 6 - EXAMINATION AND TREATMENT AREAS

Preface

The veterinarian must be able to perform a complete physical examination of all patients that are seen within the normal scope of the practice.

Standards:

46. All designated examination and treatment areas and equipment so used must where applicable conform to all of the preceding requirements set out in sections 1 - 45 of this schedule.
47. All examination areas must have sufficient noise and visual barriers and/or spatial separation between clients to allow a quiet and confidential examination of the patient.

GUIDELINES:

(a) A treatment area that includes the same area used for examination in a self-standing facility must adhere to the standards for both.

48. The examination area for companion animals in a self-standing facility must have a table or surface for examination, constructed of readily sanitized material.
49. The treatment area in a self-standing facility must have a drained sink with hot and cold running water.
50. The examination and treatment area must have sufficient supplies and equipment for diagnostic procedures which support routine physical examinations.

GUIDELINES:

(a) Equipment and supplies must include as a minimum but not necessarily limited to those listed in the guidelines below except where it can be reasonably demonstrated that the following are not required within the normal scope of the practice:

<i>Item</i>	<i>Companion animal</i>	<i>Food/large animal</i>	<i>Equine</i>
<i>Stethoscope</i>	Yes	Yes	Yes
<i>Thermometer</i>	Yes	Yes	Yes
<i>Disinfectant and alcohol</i>	Yes	Yes	Yes
<i>Examination gloves</i>	Yes	Yes	Yes
<i>Lubricant</i>	Yes	Yes	Yes
<i>Rectal and obstetrical sleeves</i>		Yes	Yes
<i>Examination light</i>	Yes	Yes	Yes
<i>Ophthalmoscope</i>	Yes	<i>As required</i>	<i>As</i>

Item	Companion animal	Food/large animal	Equine
			<i>required</i>
Otoscope	Yes	As required	As required
Full mouth speculum			Yes
Oral speculum		Yes	
Frick speculum		Yes	
Percussion instrument	Yes	Yes	Yes
Weigh scale	Yes		
Magnification source	Yes		
Hoof knife/probe/tester	Yes	Yes	
Fluorescein ophthalmic strips or drops	Yes	Yes	Yes
Schirmer tear test strips	Yes	Yes	Yes
Woods Lamp [optional]	Yes	Yes	Yes
Skin scrapings supplies	Yes	Yes	Yes

51. The examination and treatment area must have adequate equipment to enable restraint of animal under normal circumstances sufficient for a thorough physical examination and where applicable, administration of treatments, commensurate with the facility's scope of practice.

GUIDELINES:

- (a) *Restraint equipment must include but is not necessarily limited to those listed in the guidelines below except where it can be reasonably demonstrated that the following are not required in the facility's scope of practice.*
- (b) *Companion animal facilities.*
 - (i) *Muzzles.*
 - (ii) *Leashes.*
 - (iii) *Safety snare [optional].*
 - (iv) *Other devices such as handling gloves.*
 - (v) *Carrying cage.*
- (a) *Equine facilities — must have adequate restraint equipment to enable surgery or other field procedures or to maintain the animal in recumbency in a manner safe to the patient and in the best interest of public safety.*

- (i) *Rope.*
- (ii) *Halter.*
- (iii) *Twitch.*
- (iv) *Lead shank.*
- (v) *Stocks [optional].*

(a) *Large animal/food animal facilities — must have adequate restraint equipment to enable surgery or other field procedures or to maintain the animal in recumbency in a manner safe to the patient and in the best interest of public safety.*

(l) *Head restraint e.g., rope halter, nose tongs etc.*

(i) *Limb and body restraint e.g. Rope, hobbles, hog holder etc.*

(ii) *Head gate and chute [optional].*

52. The examination and treatment area must have sufficient supplies and equipment to support routine treatment procedures commensurate with the scope of the practice, including but not limited to, the following items.

GUIDELINES:

(a) *General (all facilities)*

- (i) *Clippers and extension cord or self-contained power supply, and/or razor or equivalent for hair removal from the patient.*
- (ii) *Vacuum cleaner or equivalent method for removing hair effectively [not required for ambulatory practices].*
- (iii) *Parenteral fluids, e.g., physiological saline, lactated ringers solution, sterile water and/or dextrose in sterile water.*
- (iv) *Sterile intravenous administration sets.*
- (v) *Sterile needles and intravenous catheters.*
- (vi) *Sterile syringes.*
- (vii) *Sterile scalpel blades.*
- (viii) *Intravenous stand or equivalent.*
- (ix) *Sterile urinary catheters.*
- (x) *Sterile gauze sponges.*
- (xi) *Sterile obstetrical gloves.*

- (xii) *Drainage tubes, irrigation solutions, and irrigation application supplies.*
- (xiii) *Stomach tubes appropriate to the species normally treated.*
- (xiv) *Manufacturer— sterilized absorbable and nonabsorbable suture material.*
- (xv) *Surgical scrub materials and solutions.*
- (b) *Large animal/food animal and equine practices (additional to general requirements above under 52(a)).*
- (i) *Small ruminant, porcine, aquatic medicine and other practices must carry equipment suitable for the scope of the practice.*
- (ii) *Practices that have both ambulatory and self-standing components and may share equipment and supplies between the components, provided patient needs can be met in a timely manner.*

Item	Food/large animal	Equine
<i>Stainless steel buckets(s) or equivalent</i>	Yes	Yes
<i>Stomach tube and hand pump(s)</i>	Yes	Yes
<i>Sterile rumen trocar and cannula</i>	Yes	
<i>Frick speculum</i>	Yes	
<i>Balling gun</i>	Yes	
<i>Emasculator</i>	Yes	Yes
<i>Prolapse needle (Buhner/serpentine needle)</i>	Yes	Yes
<i>Obstetrical equipment such as:</i>		
<i>Calf puller</i>	Yes	
<i>Obstetrical chains, handles or ropes</i>	Yes	Yes
<i>Fetotomy instrument, equipment and or obstetrical wire</i>	Yes	
<i>Prolapse repair equipment [umbilical tape, waterproof drape]</i>	Yes	
<i>Hoof care equipment</i>		
<i>Hoof knife</i>	Yes	Yes
<i>Hoof nippers</i>		Yes
<i>Hoof rasp</i>		Yes
<i>Hoof testers</i>	Yes	Yes
<i>Shoe puller</i>		Yes
<i>Cotton, gauze, bandage material, tapes,</i>	Yes	Yes

<i>Item</i>	<i>Food/large animal</i>	<i>Equine</i>
<i>splints and casting materials</i>		
<i>Equipment adequate for removal of bandages, splints and casting materials</i>	Yes	Yes

53. The facility must have as part of its library current information regarding all treatments performed in the normal scope of the practice.

SECTION 7 - LABORATORY I PATHOLOGY AREA

Preface:

This section applies to all practice facilities that use equipment to prepare, package, process and report test results from biological samples. It is of paramount importance that biological samples and hazardous chemical reagents be handled, transported, stored and disposed of in a manner which meets applicable legislation and in accordance with accepted safety standards.

Veterinary practice facilities must be prepared to perform on site, a core minimum list of diagnostic procedures including but not limited to a complete urinalysis; blood cell analysis including, a packed cell volume, total white cell count and a white cell differential count; a blood glucose level; semen evaluation; basic cytology on impression smears; fecal analysis for ova and parasites; and subjective mastitis testing (subject to practice scope). It is recognized that not all facilities will be capable of, or will choose to offer only some of this core list of laboratory/pathological procedures, preferring to refer this work elsewhere. This may be acceptable as long as it can be demonstrated that the needs of patients are being adequately met with respect to diagnosis and treatment being supported by laboratory analysis. Ambulatory/mobile facilities may designate a specific container or containers and suitable multipurpose workspaces as a laboratory/pathology area but will need to comply with all the following bylaws and guidelines except those excluded by the words in self-standing facilities".

Standards:

54. All laboratory/pathology designated areas and equipment so used must where applicable, conform to all of the preceding bylaws under the general section for facility standards 1-45.
55. The laboratory/pathology area must be constructed so to support the safe and adequate preparation, packaging, processing and reporting results from testing of biological samples, consistent with reduction of cross-contamination and biosecurity.

GUIDELINES:

- (a) In fixed facilities the laboratory must have accessible a drained sink with hot and cold running water that is not also used for prepping surgical instruments or preparation for other sterile procedures.*
- (b) In fixed facilities the laboratory area must be separate from the reception and surgical areas.*

56. In a self-standing facility, the laboratory/pathology area must have equipment and supplies of a caliber capable of performing the following laboratory/pathological procedures, of a sufficient level of accuracy and sophistication so as to yield results which are of diagnostic value; unless, it can be demonstrated that an acceptable level of patient care can be achieved by expedient referral of samples and/or the patient to another facility capable of performing these procedures.

GUIDELINES

- (a) Urinalysis including specific gravity, and detection of ketones, blood, protein, glucose and pH.*
- (b) Blood glucose.*
- (c) Blood cell analysis including: total white blood cell count, and, differential blood cell count.*
- (d) Minimal tissue histology such as impression smears.*
- (e) Fecal analysis including direct and concentrating methods for detection of ova and parasites.*
- (f) Semen evaluation, including live dead stains [subject to practice scope].*
- (g) Mastitis test kit [subject to practice scope].*
- (h) pH and ketones test strips [subject to practice scope].*

57. The examination and treatment area must have sufficient supplies and equipment to support routine laboratory procedures commensurate with the scope of the practice, including but not limited to, the following items.

GUIDELINES

- (a) Blood collection tubes.*
- (b) Microhematocrit collection tubes and tube sealant.*
- (c) Glucometer or equivalent, e.g., test strips.*
- (d) Microscope slides, cover slips and immersion oil.*
- (e) Clean specimen containers.*

- (f) *Sterile syringes, needles and or blood collection apparatus.*
 - (g) *Bacteriology sampling apparatus including but not limited to sterile swabs and appropriate culture/transport media/container.*
 - (h) *Fecal collection/transport containers.*
 - (i) *Labels containing a minimum of; patient ID, owner name, date of sample, type of specimens and facility name.*
 - (j) *Referral/requisition forms, which may serve as labels when sample material can be unequivocally associated with a particular form.*
 - (k) *Urine test strips capable of detecting a minimum of pH, the presence of protein, the presence of blood, the presence of ketones, and the presence of glucose.*
 - (l) *Urine sample containers.*
 - (m) *Refractometer.*
 - (n) *Staining solutions and chemicals suitable for performing; urine cytology and blood cell analysis including; total red blood cell count, total white blood cell count, differential blood count and minimal tissue histology such as impression smears and semen evaluation.*
 - (o) *Tissue and other cytology fixatives such as formalin, alcohol and/or Bouin's solution.*
 - (p) *A microscope that has an eyepiece of 10X magnification and objective lenses of 4X, 10X and/or 40X and 100X (oil immersion).*
 - (q) *A centrifuge capable of performing a packed cell volume test and appropriately preparing fluid specimens for transport.*
 - (r) *Chemical solutions appropriate for concentrating fecal samples for ova and parasite analysis.*
58. The laboratory/pathology area must have a method of keeping samples/ specimens at appropriate temperatures such, as an incubator if bacterial cultures are done and reliable refrigeration if samples are held for transport.
59. The facility must have as part of its library current information regarding all equipment and supplies in use for the performance of laboratory/pathology procedures.

SECTION 8 - DIAGNOSTIC IMAGING AREA

Preface:

This section applies to all facilities that use equipment for the production of diagnostic images using various modalities including but not limited to ionizing radiation, ultrasound and magnetic resonance.

When performing veterinary radiography, human and patient safety is of paramount importance, and all practice owner and operators using ionizing diagnostic imaging equipment must adhere to the ALARA principle. Health and Welfare Canada Safety Code 28 specifies that every practice using equipment that produces ionizing radiation must have a designated "responsible user".

A female operator must be encouraged to notify her employer if she believes herself pregnant. Appropriate steps must be taken with respect to pregnant employees to ensure that their work duties are compatible with the permissible dose equivalent limits in Safety Code 28.

Standards:

60. All designated areas and equipment so used must conform where applicable to all of sections 1-45 of this schedule.
61. The facility must have a current certificate of safety for all equipment in the practice that uses or produces ionizing radiation.
62. Personal radiation monitoring devices must be available to all staff with potential for exposure to ionizing radiation.
63. The beam from any fixed or mobile X-ray source must be collimated.
64. Protocols must be in place to ensure that no person under the age of 18 is permitted to have occupational exposure to ionizing radiation from equipment using/producing ionizing radiation.
65. The diagnostic imaging area must be constructed and shielded so as to minimize or eliminate unnecessary exposure of patients, veterinary staff and the public to radiation emitted by the imaging equipment.

GUIDELINES:

(a) Shielding must be provided in walls, doors etc. or provided by adequate and strategically placed lead screens or provided by adequate spatial separation from other areas of the workplace when imaging equipment is in use.

66. The diagnostic imaging area must be constructed so as to minimize or eliminate unnecessary exposure of patients, veterinary staff and the public to hazards associated with chemicals and supplies for development of diagnostic images.

GUIDELINES:

(a) Effective ventilation must be available in any room containing, storing or using diagnostic imaging/developing chemical reagents.

- (b) *The darkroom must have appropriate safelights to allow movement within the room of operators of equipment.*
- (c) *Storage for chemical agents used for diagnostic imaging must be provided away from areas normally occupied by staff [e.g., eating areas, change rooms, washrooms and clothing storage lockers etc.].*

67. Each practice facility that offers diagnostic imaging using ionizing radiation unless it is using digital or computed radiography systems exclusively must have:

GUIDELINES:

- (a) *A darkroom that contains automatic or manual radiographic processing equipment and supplies or;*
- (b) *Documented access to an external processing laboratory with the equipment and supplies capable of developing diagnostic quality images in a timely manner that meets the needs of patients, commensurate with the usual scope of the practice.*

68. The diagnostic imaging areas must have sufficient equipment and supplies to safely produce, develop and store diagnostic quality images commensurate with the scope of the practice.

GUIDELINES:

- (a) *Two protective full-length aprons of at least 0.5 mm lead equivalency.*
- (b) *Two pairs of gloves with at least 0.5 mm lead equivalency.*
- (c) *Two thyroid protectors.*
- (d) *Calipers or tape to measure body thickness.*
- (e) *Radiographic viewer to adequately display the largest radiograph produced by the facility, or a computer station for the viewing of digitally created images.*
- (f) *Positioning devices such as sand bags, positioning beds/troughs, tape, foam wedges, radiolucent padding material, or the equivalent must be available,*
- (g) *A focused intense light source for highlighting radiograph films (e.g. a hot light). Contrast agents.*
- (h) *Permanent labeling and marking apparatus and materials.*
- (i) *There must be a storage area for unexposed x-ray films which is protected from direct ionizing radiation.*

69. All diagnostic imaging equipment used in the facilities must be installed so as to meet the required safety standards set out in "Health and Welfare Canada's" relevant safety codes, specifically:

X-ray Equipment	Code 28
Dental x-ray equipment	Code 30
Computed Tomography equipment	Code 31
Fluoroscopy equipment	Code 20 A, Part A, section 8.3
MR1	Code 26
Nuclear Scintigraphy equipment	<i>Nuclear Safety And Control Act</i> and its relevant regulations

70. Practice facilities that offer nuclear scintigraphy or other diagnostic imaging or therapeutic modalities which use radioactive materials must have facilities, equipment and protocols in place to conform with safety requirements for their storage and handling, including secondary materials such as biological waste, radiopharmaceuticals, as well as patients treated with radioactive materials, in accordance with Health and Welfare Canada standards.

GUIDELINES:

- (a) *Approved collections and storage containers for all biological waste from patients who had received radioactive agents should be available and used.*
- (b) *Gamma cameras for nuclear scintigraphy must be regularly calibrated.*
- (c) *A Geiger counter or other appropriate real-time radiation monitoring equipment should be available and used.*
- (d) *Logs should be available and used which record the identification, storage details and disposal details for all radioactive biological waste and/or byproducts.*
- (e) *Nuclear scintigraphy logs should be available and used which record the proper control, storage, and disposal of radiopharmaceuticals and contaminated objects.*

71. The practice facility must have apparatus and methodology for permanently identifying diagnostic images including but not necessarily limited to the following: facility name or name of veterinarian, patient ID, owner name, date, and spatial position indicator where appropriate. Additional information for special studies, e.g. time stamps for serial studies and operating parameters for CT studies, must be included when appropriate.

GUIDELINES:

- (a) *For radiographic images the label must be within the emulsion, or a tamper proof and permanent label must be applied to the image/study afterwards.*
- (b) *For digital images, by software which generates an appropriate label which becomes part of the study and is embedded electronically.*

- (c) *Intraoral radiographs that are too small for labels must be stored in a secure envelope/file with the label information recorded on the envelope/file in which they are stored.*

72. The facility must have apparatus and methodology for archiving diagnostic imaging studies.

- (a) Diagnostic images and their associated logs comprise part of a patient's medical records.
- (b) Images originally produced in digital format should have a back-up hardcopy or second digitally stored copy.

GUIDELINES

- (i) *Except where otherwise noted, traditional film based radiographic studies must be stored in the original form (digital copies of original film emulsions, obtained with digital cameras or non-medical grade scanners are not suitable substitutes).*
- (ii) *Computed or digital radiographs, CT and MRI studies may be archived on original film emulsions, or in digital format if taken by a computer radiography (CR) or direct digital system.*
- (iii) *Fluoroscopy studies must be archived on videotape or in digital format.*
- (iv) *Original film emulsion studies may be converted to appropriate digital format and stored using a medical grade scanner.*
- (v) *Ultrasound studies must be archived using digital storage, videotape or hard copy images on thermal paper or film emulsion.*
- (vi) *Endoscopy studies must be archived where possible with original photographs, videotapes, or thermal paper.*
- (vii) *All diagnostic images must be stored so as to prevent damage or degradation of the image [e.g. protect thermal paper images from UV light, etc.].*
- (viii) *For ultrasound studies in the situations where it is impractical to produce a recorded image, e.g. ultrasound guided biopsies or per-rectal pregnancy diagnosis in mares, adequate notes must be made in the medical records describing the procedure, visual findings and diagnosis if one is made.*

73. Portable diagnostic imaging equipment used in non-shielded environments such as from ambulatory/mobile facilities, must be capable of providing for the following operational protocols:

- (a) *operator must always be able to accurately determine the direction of the primary beam and what may be in its path.*

GUIDELINES

- (i) here must be an accurate collimator on all equipment capable of generating ionizing radiation.*
- (b) x-ray cassettes must never be held directly by hands, gloved or ungloved, during exposures.*

GUIDELINES

- (i) There must be a mechanical device present to hold it stabilized i.e. an extension clamp or stand.*
74. Documentation in the form of logs must be kept for each piece of diagnostic imaging equipment using ionizing radiation. Such logs must contain but are not necessarily limited to the following: date, owner ID, patients ID, technique information (e.g., mA, kVp, and time), area of study, tissue depth, operators name and comments where applicable as well as dosage of contrast material if used.
75. The facility must have as part of its library current information regarding all equipment and supplies in use for the performance of diagnostic imaging, including ready access to all pertinent sections on Health and Welfare Canada's safety codes.

SECTION 9 - PHARMACY AREA

Preface:

This section applies to any facility which prepares, maintains, dispenses, administers, destroys or disposes of any drug. The general principles which are of paramount consideration in this section are that drugs must be prepared, maintained, dispensed, administered, destroyed or disposed of according to manufacturer's instructions and so as to conform with applicable legislation in order to ensure efficacy of the drug and safety for the staff, the patient and the general public. If complementary and integrative medicine is practiced at the facility, the same principles apply to herbs or other products used.

There must be clear instructions to clients with patients for whom a drug is dispensed, particularly for medications for animals destined for food. Prescribed withdrawal periods for drugs and feed additives must be indicated to the owner in writing whether the drug is administered or dispensed.

There must be no expired drugs readily accessible on shelves or in use.

Controlled, narcotics and other drugs as directed by the College in the interest of the public must be kept in a locked cabinet designed and constructed to ensure reasonable security of the drugs. There must be reasonable measures in place to ensure that no person other than a registrant or a person designated by, and acting upon the specific direction of, a registrant to dispense or have access to drug cabinet keys (or equivalent) or a controlled drug or narcotic. There must be measures in place to protect controlled drugs and narcotics from loss and theft

and to report any loss, theft of controlled drugs and substances or forgery of records to the police and within ten days to the Compliance, Monitoring and Liaison Division of the Office of Controlled Substances of Health Canada,

Standards:

- 76. All designated pharmacy areas and equipment so used must where applicable, conform to sections 1-45 of this schedule for facility standards.
- 77. Equipment must be in place in order for drugs to be maintained according to manufacturer's instructions.

GUIDELINES

- (a) Self-standing facilities must have a refrigeration unit or container capable of maintaining temperature sensitive drugs.*
 - (b) The facility must have at least one maximum/minimum thermometer in order to determine operating range of any refrigeration unit or container.*
 - (c) Ambulatory facilities must have a container capable of maintaining temperature sensitive drugs, if carried, within their temperature range for the expected period of time the drugs will be away from permanent storage locations.*
 - (d) Containers must be available that prevent exposure to light for dispensing drugs that are sensitive to light.*
78. The facility must be capable of ensuring that all drugs are prepared, maintained, dispensed or administered, destroyed/disposed of in accordance with patient, staff and public safety.

GUIDELINES

- (a) The pharmacy area must not be accessible to the public.*
- (b) There must be a secure and locked container or enclosure designed and constructed so as to ensure restricted access to controlled drugs and narcotics.*
- (c) The facility must have a controlled drug log containing but not limited to: date dispensed, owner's name and address, patients name or ID, drug identification, strength/concentration and quantity of drug dispensed and quantity of drug remaining after dispensing.*
- (d) A separate storage area must be available for holding expired drugs pending disposal or return to manufacturer.*
- (e) There must be a readily accessible sink with hot and cold running water.*
- (f) The facility must have a secure area for storage of prescription pads.*

79. The facility must have drug dispensing labels in use which contain but are not limited to the following information: date dispensed, hospital name, name of veterinarian prescribing or dispensing the drug, client name, animal name or ID, drug identification, strength/concentration, quantity, and instructions for use; and for food animal medications, drug withdrawal times.

GUIDELINES:

- (a) *Drug names must be either generic name plus concentration/strength plus name of manufacture, or brand name plus concentration/strength [if the product has more than one strength available].*
- (b) *Recording the DIN is strongly advised but not required for prescription drugs if the generic drug name is listed as in 79(a) above.*
80. The facility must have as part of its library current information regarding all drugs administered, prescribed or dispensed by the facility.
81. The pharmacy library must include hardcopies or immediate electronic access to relevant drug and pesticide legislation.

SECTION 10 - ANESTHESIA AREA

Preface:

This section applies to all practice facilities that provide anesthesia to patients.

General principles which are of paramount consideration in this section are minimizing the risk of anesthetic complications to patients, the risk to staff and the risk to the general public from the use of analgesics and anesthetics, and provision of anesthesia which provides adequate analgesia and loss of awareness for the procedures performed.

Protocols and equipment must be in place to ensure that patients receive an appropriate pre-anesthetic evaluation, including a physical examination and evaluation of patient risk by a veterinarian prior to and sufficiently close to the time of administering an anesthetic. This requirement is waived only in cases where patient temperament, or in the case of wildlife or food production animals where physical facilities do not allow a prior examination, or where the patient is in a life-threatening situation and immediate anesthesia is required to perform an appropriate procedure.

Where the patient is judged to be at significant risk for adverse effects from an anesthetic due to a pre-existing condition, a reasonable attempt must be made to contact the owner or their agent to obtain informed consent prior to proceeding.

Anesthesia protocols are expected to provide adequate analgesia, immobility and loss of awareness for all painful procedures for the duration of the procedure, and analgesia during recovery from anesthesia period and a reasonable post procedure period.

Standards:

- 82. All designated areas and equipment used to provide anesthesia to patients, must where applicable, conform to sections 1 - 45 of this schedule.
- 83. The anesthesia area must be constructed so as to provide a safe environment for the patients, staff and general public.

GUIDELINES:

- (a) In a self-standing facility a passive or active gas scavenging system must be in place for all equipment in use, which uses a volatile anesthetic agent.*
 - (b) A posted protocol must be in place outlining emergency procedures for dealing with spilled volatile anesthetic agents.*
- 84. The anesthesia area must have, appropriate to the scope of the practice, ready access to drugs and supplies capable of providing separately or in combination, adequate:
 - (a) Induction.
 - (b) Analgesia.
 - (c) Lack of awareness.
 - (d) Sedation.
 - (e) Cardiovascular support.
 - (f) Respiratory support.
 - (g) Narcotic antagonist and other reversal agents appropriate for the drugs commonly used within the practice.
 - (h) Emergency resuscitation.
 - (i) Local anesthesia.
 - (j) Appropriate sterile parenteral fluids.
 - 85. Every practice facility that performs major surgeries in companion animal species must be equipped to provide general anesthesia by means of an anesthetic machine including vaporizer and volatile anesthetic, or balanced anesthesia.

GUIDELINES:

- (a) All anesthetic machines and vaporizers must have documentation showing servicing and calibration in accordance with the manufacturer's recommendations or on the recommendation by a service technician within the previous 24 months.*
- 86. The anesthetic area of the practice facility must have equipment and supplies capable of adequately and safely:

- (a) Maintaining a patient airway for all patients rendered unconscious in a self-standing facility.

GUIDELINES:

- (i) *Endotracheal tubes sufficient in size and quantity for the normal caseload of the practice.*
- (ii) *Mouth gags or speculum suitable for efficient placement of endotracheal tubes.*
- (iii) *A light source suitable for assistance in placement of endotracheal tubes.*

- (b) Delivering sterile drugs including fluids intravenously.

GUIDELINES:

- (i) *An assortment of sterile needles, syringes, infusion sets, intravenous catheters.*
- (ii) *Antiseptic agents to facilitate the use of aseptic technique to place parenteral infusion apparatus.*

- (c) Where patient's size permits, preventing significant fluctuations in body temperature during and after anesthesia.

GUIDELINES:

- (i) *The surgery table must have an insulating pad.*

87. The facility must have in place equipment or trained personnel supervised as required under the Bylaws who can monitor the patient for level of anesthesia and analgesia, assess circulation, heart rate, respiratory rate and body temperature and provide at least a subjective assessment of blood oxygen during the anesthesia and the recovery period.

GUIDELINES:

- (a) *Monitoring must be done by frequent evaluation by a trained individual using appropriate instruments such as:*
 - (i) *Esophageal stethoscope.*
 - (ii) *Respiratory monitor.*
 - (iii) *Cardiac monitor.*
 - (iv) *Pulse oximeter.*
 - (v) *Blood pressure measurement apparatus.*
 - (vi) *Stethoscope.*
 - (vii) *Thermometer.*

88. A self-standing practice facility and/or one offering services to companion animals, must be equipped to deliver in a controlled fashion oxygen to any patient that is rendered unconscious or unresponsive beyond the level of having an adequate swallowing reflex by means of a sedative, narcotic or other anesthetic drug.
89. The facility must have an anesthesia/surgery log on every procedure performed under general anesthesia within the facility. For each procedure the anesthesia/surgery log must record date, owner and patient identification and the nature of the anesthesia and procedure performed.
90. The facility must have in its library current references to all drugs, equipment and procedures used for anesthesia within the normal scope of the practice.

SECTION 11 - SURGERY AREA

Preface:

This section applies to all practice facilities that perform surgery on patients. All areas designated for surgery in a practice facility are expected to comply with all of the general sections of facility standards in this schedule, especially those with respect to cleanliness prevention of contamination or cross-contamination and safety for patients, staff and the general public. In addition, it is expected that any practice facility that performs major surgery must do so in an area physically separated from other multipurpose areas, and solely dedicated for this purpose. It is understood that minor surgical procedures and those involving contaminated wounds may be performed outside of this designated area.

Field surgery must be done with as high a level of asepsis as possible. Where major surgical procedures are required in adverse environmental conditions and the patient cannot be transported to a more suitable site, the minimum requirement includes sterile surgical gloves and sterile drapes adequate in size to prevent environmental contamination of the surgical site.

Standards:

91. Designated surgery areas and equipment so used must where applicable conform to sections 1 to 45 of this schedule.
92. The surgical facility must be constructed and equipped so as to minimize the possibility of contamination of the surgical site by microorganisms.

GUIDELINES:

- (a) In self-standing facilities there must be a separate room for performing major surgeries.*
- (b) All working surfaces must be constructed of solid, impervious materials that can be readily cleaned and disinfected.*

- (c) *The surgical table must be constructed out of solid, impervious materials that can be readily cleaned and disinfected.*
 - (d) *The surgery area must be equipped with a waste disposal container with a readily sanitized, fluid impervious interior or a disposable fluid impervious liner.*
 - (e) *The surgery area must be equipped with an instrument table or tray constructed of solid, impervious materials that can be readily cleaned and disinfected.*
 - (f) *The surgery area must have ready access to disinfectants for use between successive patients.*
93. The surgery area must have sufficient surgical supplies and equipment to allow for a separate sterile surgical pack to be used for each patient undergoing major surgery, commensurate with the normal caseload of the practice.
94. The surgery area must have equipment and supplies that are commensurate with the normal scope of the practice and which include, but are not necessarily limited to the following.

GUIDELINES:

- (a) *The surgery area must have at least one adjustable surgical lamp.*
- (b) *The surgery area must have emergency lighting [for example ancillary generator, battery powered mounted lighting, or portable flashlights].*
- (c) *Sterile drapes available of sufficient size that will prevent contamination of the surgeon, instruments and surgical site, unprepared areas of the patient or non- sterile surfaces, commensurate with the normal scope of the practice.*
- (d) *Surgical masks.*
- (e) *Surgical caps.*
- (f) *Sterilized surgical gowns.*
- (g) *Sterilized gloves.*
- (h) *Sterile scrub brushes.*
- (i) *Sterilized hand towels.*
- (j) *Sterilized drapes.*
- (k) *Sterilized gauze sponges.*
- (l) *Sterile needles and scalpel blades.*
- (m) *Surgical instruments in cold trays or in sterilized surgical packs, commensurate with the scope of the practice.*

(n) Sterility indicators.

(o) Cloth or other material suitable for wrapping surgery packs for sterilization.

(p) An autoclave (or other equivalent methods of sterilizing surgical instruments and supplies).

95. The facility must have as part of its library current information regarding all equipment and supplies in use for the performance of surgical procedures in the normal scope of the practice.

SECTION 12 - DENTISTRY AREA

Preface:

This section applies to all practice facilities that use equipment to perform dental procedures. It is expected that all dental procedures performed on companion animals must be done under a general anesthetic unless contraindicated by the patient's medical status.

Facilities where more advanced dental techniques are performed, e.g. orthodontics and prosthodontics, must have radiology equipment capable of obtaining a diagnostic dental radiograph.

Standards:

96. Designated surgery areas and equipment so used must where applicable, conform to sections 1-45 of this schedule.
97. The facility must have designated areas for dental procedures other than advanced dental procedures that is/are outside out of the designated surgical suite.
98. The facility, if within the normal scope of its practice performs dental procedures on companion animals, must have equipment and supplies capable of doing so under general anesthesia. [See section number 85]
99. The facility, if within the normal scope of its practice performs dental procedures on companion animals, must have equipment and supplies capable of performing them in a manner that is effective and safe for the staff and the patient, as well as have equipment for cleaning and storing dental instruments and equipment in a manner that prevents transmission of pathogens either between patients or from patients to staff.

GUIDELINES:

(a) Eye protection for staff.

(b) Inhalation protection for staff such as facemasks.

(c) Cuffed endotracheal tubes for patients.

(d) Cold sterilization tray and solution.

100. The facility if within the normal scope of its practice performs dental procedures other than advanced dental procedures on companion animals, must have but is not necessarily limited to the following equipment:

GUIDELINES:

- (a) A selection of dental scalers.*
- (b) Dental forceps [or equivalent].*
- (c) Dental elevators and or luxators.*
- (d) Dental curettes.*
- (e) Dental explorers.*
- (f) Dental probes.*
- (g) Dental polishing equipment.*

101. The facility, if within the normal scope of its practice performs dental procedures, including advanced dental procedures on companion animals, must have, but is not necessarily limited to, the following equipment:

GUIDELINES:

(a) Orthodontics

- (i) Materials to build incline planes [acrylic composite resin].*
- (ii) Brackets.*
- (iii) Lingual buttons.*
- (iv) Elastic chains.*
- (v) Arch wires.*
- (vi) Orthodontic wire.*
- (vii) Bonding agent to cement appliances.*
- (viii) Orthodontic pliers.*
- (ix) Dental burs appropriate for orthodontics.*

(b) Prosthodontics

- (i) Diamond burs or fine fluted burs.*
- (ii) Impression materials.*

(iii) *Trays.*

(iv) *Dental vibrator.*

(v) *Dental stone.*

(vi) *Dental cement.*

(c) *Endodontics*

(i) *Endodontic files.*

(ii) *Cleansing solutions.*

(iii) *Obturing systems.*

(iv) *Pluggers.*

(v) *Spreaders.*

(vi) *Restorative compounds.*

(d) *Major Oral and reconstructive surgery*

(i) *Periosteal elevators.*

(ii) *Orthopedic wires.*

(iii) *Fracture stabilizing equipment (acrylics, composite resins).*

(iv) *Sterile suture materials.*

(v) *Bone cutting equipment.*

102. The facility, if within the normal scope of its practice it performs dental procedures on equine species, must have, but is not necessarily limited to, the following equipment:

GUIDELINES:

(a) *Wolf tooth elevator.*

(b) *Wolf tooth extractor.*

(c) *Set of hand or power floats.*

(d) *Apparatus for keeping the mouth open (speculum).*

(e) *A light source.*

(f) *Dosing syringe.*

(g) *Stainless steel bucket or equivalent.*

103. The facility must have as part of its library current information regarding all equipment and supplies that are used in the performance of dental procedures.

SECTION 13 - EMERGENCY FACILITIES

Preface:

This section applies to all practice facilities which hold out to the public that they provide treatment and diagnostic veterinary services on a primarily emergency basis, and in most instances, only for the time required to stabilize the patient for transfer to ongoing care at another practice facility.

It is understood that: these facilities primarily acquire their patients by referral from other veterinary facilities and not through direct interaction with the public; that these facilities generally operate at times of the day when most other veterinary facilities are closed; that these facilities generally provide on-site diagnostic and treatment capability at or well beyond the level available at most other veterinary facilities; and that because of these factors, emergency facilities may be expected to be equipped to deal with medical situations that would generally fall outside of the expected caseload of most practice facilities.

As well, emergency facilities may be expected to have to deal in a unique fashion with some aspects of patient, public and veterinary staff safety. For example, due to the often unusual hours of operation, emergency facilities must have protocols in place to insure the safety of patients, veterinary staff and the public.

Standards:

104. All emergency facilities and equipment used in them must where applicable, conform to sections 1 - 45 of this schedule for facility standards.
105. Emergency facilities must have their hours of operation posted so that anyone approaching the front entrance can readily discern that information.
106. Emergency facilities, in addition to the requirements for equipment and supplies for a general veterinary practice facility must have the equipment and supplies to attempt to meet the needs of at least, but not limited to the following, medical events: poisoning or medication overdose, seizure events, massive trauma, critical life threatening illness, conditions requiring emergency surgery, severe shock, life-threatening respiratory collapse, and cardiovascular collapse.

GUIDELINES:

(a) Defibrillator.

(b) On-site ECG machine.

(c) Apparatus to determine core and venous pressure.

- (d) *Apparatus for rapid or on-site measurement of oxygen saturation.*
 - (e) *Apparatus for rapid and accurate measurement of intraocular pressure.*
 - (f) *Devices to cut through heavy metal chain or plastic safely.*
 - (g) *Drugs for cardiopulmonary resuscitation beyond those required for general veterinary facilities.*
 - (h) *Blood transfusion/collection and storage equipment and timely access to a variety of blood products.*
 - (i) *A variety of intravenous fluids including colloids.*
 - (j) *At least two gas anesthetic machines.*
107. Emergency facilities must have equipment and supplies on site to provide for diagnostic radiographs in a timely manner.
108. Emergency facilities must have equipment available to provide all in-house services listed in the laboratory/pathology section as well as but not necessarily limited to the following:

GUIDELINES:

- (a) *A measurement of total solids [plasma protein].*
 - (b) *Electrolytes.*
 - (c) *Acid-base parameters, including blood gases [Venous and arterial].*
 - (d) *Full urine analysis.*
 - (e) *Hematology [WBC, platelet estimate, microscopic assessment of blood smear].*
 - (f) *Routine cytology.*
 - (g) *Clinical chemistries including; BUN, creatinine, blood glucose.*
 - (h) *A qualitative measurement for ethylene glycol.*
 - (i) *Coagulation parameters sufficient to assess function of intrinsic versus extrinsic coagulation system.*
109. The emergency facility must have as part of its library current information regarding all equipment and supplies in use for the performance of diagnoses and treatment as well as specific information on the delivery of emergency medicine and surgery.

SECTION 14 - COMPLEMENTARY AND INTEGRATIVE MEDICINE

Preface

Facilities in which complementary and integrative veterinary medicine are offered must follow the College's "Guidelines for the Responsible Use of Alternative Therapies". Veterinarians utilizing a complementary modality for the diagnosis and treatment of patients must be able to demonstrate a working knowledge of that modality and its clinical application in veterinary medicine. There must be evidence of formal education and current continuing education in any complementary modality used in veterinary medicine as a major component of the case management unless there is evidence that the veterinarian has consulted an experienced clinician in this modality, e.g., 10 years or more.

If loose moxa, or a moxa stick, is utilized it must be used in such a fashion as to pose no risk of injury to the patient, client, veterinarian or staff. Needles/ear tacks used in the practice of acupuncture must be sterile and needles packaged for single use must not be reused. Any aquapuncture solution injected must be sterile.

Standards:

110. Designated examination and treatment areas for complementary and integrative medicine and equipment so used must where applicable, conform to sections 1 to 45 of this schedule for facility standards.
111. The veterinarian's reference library and/or electronic reference database must contain current references relating to the theories and clinical application of the modalities practiced.

BRITISH COLUMBIA VETERINARY MEDICAL ASSOCIATION
GUIDELINES FOR THE RESPONSIBLE USE OF ALTERNATIVE THERAPIES

Alternative therapy is the term most often used to identify the increasing number of therapeutic modalities that are not universally taught in accredited veterinary colleges and therefore are not considered conventional therapy. Other names commonly used for these alternative therapies are complimentary therapies and therapy options.

The Council of the College recognizes the following:

- 1) Alternative therapies are the practice of veterinary medicine when performed on animals as defined in the Veterinarians Act.
- 2) Only veterinarians have the education and background to evaluate and integrate alternative therapy into a treatment regime for animals.
- 3) There is an increasing demand from the public for the use of alternative therapy on their animals.
- 4) Many alternative therapies have not been substantiated by traditional scientific methods.
- 5) The scientific evaluation of the merits of each alternative therapy by the regulating authority of the College prior to its implementation is impractical.
- 6) Registrants working with non-veterinarians are reminded that non-veterinarians providing treatment must remain under direct supervision.

Therefore, the following are the recommendations of the College for the responsible use of alternative therapies by its registrants.

- 1) Any registrant who wishes to use an alternative therapy must take appropriate continuing education to become knowledgeable about the therapy, its application and its inter-relationship with conventional therapies.
- 2) Prior to the implementation of any alternative therapy, a proper scientific procedure must be followed to determine the appropriate conventional and/or alternative therapy that is in the best interest of the patient.
- 3) Individual members will be responsible to evaluate the merits of the alternative therapy on a given case and whether it is used alone or in conjunction with conventional therapy.
- 4) If the results of an alternative therapy are questioned in a given case, the validity of the therapy will be governed by peer review. When a specific alternative therapy is in question, the peer review will consult with veterinary colleagues knowledgeable in that particular therapy. An important consideration in a peer review will be the appropriate integration of alternative therapy with the conventional therapy. An alternative therapy must not be selected to the exclusion of a conventional therapy which has known demonstrable benefit to the patient.

- 5) The known facts and the relative merits of the alternative therapy must be thoroughly explained to the client. Registrants are encouraged to use an Alternative Therapy Client Consent Form. A sample form may be obtained from the College office.
- 6) The Bylaws do not allow a registrant to advertise a specialty unless the registrant is certified in accordance with the Bylaws.

SAMPLE

ALTERNATIVE THERAPY CONSENT FORM

I understand that there is minimal research supporting the clinical efficacy of the drugs and treatments described below. I also understand that, as of this date, the use of these therapies have not been officially approved for the use in animals.

Alternative therapies which may be used include _____
therapies. I agree to the use of these therapies with the understanding that they may aid in the treatment of my animal's condition.

Dr. _____ has described the procedures and explained to my satisfaction, the purpose for performing them and the risks involved with them. I realize that there can be no guarantee as to the animal's condition or the outcome of any procedures.

As the owner of the animal described below, and being eighteen years of age or older, I hereby authorize the _____, and in particular, Dr. _____ to treat my animal with these therapies.

I have read this authorization form, and understand it and give my consent.

Client Name: _____
Animal's Name: _____
Species: _____
Breed: _____ Age: _____
Signed: _____ Date: _____

College of Veterinarians of British Columbia

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PART 4 – ETHICS AND STANDARDS

Definitions

199. In addition to the definitions set out in section 1 of the Act and section 1 of the bylaws, for the purpose of this Part, including any schedule, and unless the context otherwise requires:

“Code” means the Code of Ethics for the profession as set out in Division 4.2 of this Part;

“standards of practice” means the standards set out in Divisions 4.3 to 4.7 of this Part, or such other standards as may be approved pursuant to section 2(d) of Part 1;

“veterinarian-client-patient relationship” means the relationship created when a registrant agrees with a client, expressly or by implication, including by actions, to provide veterinary services to a patient.

Division 4.1 – Designated Registrant

Designating a registrant

200(1) The owner of a practice or facility must do the following:

- (a) designate a registrant in good standing to be the designated registrant for that practice or facility;
- (b) promptly advise the registrar of the name of and contact information for that designated registrant, and any subsequent change in contact information;
- (c) if another registrant is designated to replace the designated registrant named in subsection (b), promptly advise the registrar of the name of and the contact information for that replacement designated registrant, and any subsequent change in that registrant’s contact information;
- (d) if advised by the registrar that the designated registrant for the practice facility is no longer in good standing, promptly designate a replacement designated registrant and advise the registrar of the name and the contact information for that replacement designated registrant, and any subsequent change in that registrant’s contact information;

(2) The designated registrant for a specialty practice must hold a diplomate status.

Designated registrant’s general duties

201(1) A designated registrant’s duties set out in this section are in addition to any other duty assigned to a designated registrant elsewhere in the bylaws.

(2) A designated registrant is the primary contact for the college with respect to general communications with the practice or facility.

(3) A designated registrant must respond promptly to any general inquiry from the college, including any inquiry in relation to the following:

- (a) any matter concerning the accreditation or naming of that designated registrant’s practice facility pursuant to Part 3;

- (b) a complaint the registrar receives concerning that designated registrant's practice facility pursuant to section 50 of the Act, which does not name or identify a specific registrant;
- (c) any other matter where a provision of the bylaws has named a designated registrant as being responsible to comply with that bylaw requirement.

Division 4.2 – Code of Ethics

Purposes

202(1) The purpose of the Code set out in this Division is to provide a general statement of the principles of ethical conduct required and expected of registrants in order to fulfill their duties to the public, their clients, their patients, the profession and their colleagues.

(2) The Code sets out general rules of registrant conduct and does not limit the duty of how a registrant conducts him or herself appropriately.

General principles

203(1) A registrant must conduct him or herself in accordance with the spirit of the Code.

(2) A registrant must at all times be courteous, respectful and professional in all dealings with clients, the public, other registrants and registrants of other professions.

(3) A registrant must not, when engaged in extra-professional activities or professional practice, engage in conduct that

- (a) casts doubt on the registrant's professional integrity or competence, or
- (b) reflects adversely on the integrity or competence of the profession.

(4) A registrant must use his or her knowledge and skill to improve the health, safety and well-being of patients, clients and the public.

Duties to patients and clients

204(1) When a veterinarian-client-patient relationship is established, a registrant must uphold the duties pertaining to such a relationship, including but not limited to those set out in the Code.

(2) In every veterinarian-client-patient relationship, a registrant must strive to use the level of care, skill and knowledge expected of a competent practitioner.

Qualifications or competence

205(1) A registrant must provide only those services for which the registrant is reasonably confident he or she is qualified and competent to provide, and, when doing so, must not misrepresent his or her qualifications or competence.

(2) Despite subsection (1), if a registrant determines that it is necessary in the particular circumstances to provide a service that is beyond the registrant's current qualifications or competence, but which the registrant is willing to provide in as safe and effective a way as possible, the registrant must disclose to the client that the service is beyond the registrant's current qualifications and competence and ensure the client has consented to the registrant providing that service.

Duty to the public

206(1) A registrant must protect and serve the public interest in pursuit of the highest medical and ethical standards of the profession in British Columbia.

(2) A registrant should make efforts to contribute to the education of the public in matters relating to and promoting the health and safety of animals, and thereby the health and safety of the public, but must do so in accordance with generally recognized standards of integrity, competency and professionalism.

Duty to the college

207(1) A registrant must at all times conduct him or herself in a manner that demonstrates understanding of, respect for and a readiness to be bound by the Act, the regulations and the bylaws.

(2) A registrant must be familiar with and adhere to procedures and rules as may be approved by the council.

(3) A registrant must respond promptly and appropriately to any communication from the college where a response is requested.

Duty to report

208(1) A registrant must immediately notify the registrar if that registrant is

- (a) charged with an offence under the *Criminal Code of Canada* or the *Prevention of Cruelty to Animals Act*, or
- (b) named in a legal action filed in a civil court or before an administrative tribunal,

which, if proven, could give rise to concerns about the registrant's competence or fitness to practice as a veterinarian.

(2) A registrant must immediately notify the registrar if the registrant has a reason to believe that a current or former registrant:

- (a) has contravened the Act;
- (b) has failed to comply with a limitation, term or condition imposed under the Act;
- (c) has been convicted in any jurisdiction of an offence that could give rise to concerns about the registrant's competence or fitness to practice as a veterinarian;
- (d) has engaged in unprofessional conduct or any conduct unbecoming a registrant;
- (e) has incompetently practiced veterinary medicine; or
- (f) may be suffering from a physical ailment, emotional disturbance or an addiction to any substance that impairs his or her ability to practice veterinary medicine.

(3) A registrant must immediately notify the registrar if the registrant has a reason to believe that someone who is not a registrant is in contravention of, or may have contravened, the Act.

Duty to the profession

209. A registrant must

- (a) uphold and advance the honour and dignity of the profession and promote its high standards of ethical conduct;
- (b) strive to maintain his or her own level of competence and to increase the competence of the profession overall;
- (c) accept full responsibility for their professional decisions and actions;
- (d) provide veterinary services to the public in a manner that will command respect and confidence;
- (e) establish, conduct and maintain their practice or facility in accordance with the Act, the regulations and the bylaws;
- (f) strive to use the level of care, skill and knowledge expected of a competent practitioner.

Duty to other registrants

210. A registrant must

- (a) respect the dignity and professional status of other registrants;
- (b) ensure that his or her interactions with other registrants are characterized by the hallmarks of professionalism, including respect, courtesy, candor and good faith;
- (c) not compare his or her professional competence to that of any other registrant;
- (d) not belittle, injure or make careless critical comment on the professional standing or actions of another registrant.

Division 4.3 – General Standards

Informed consent

211(1) For the purposes of this section, “**informed consent**” means the process of communication between a registrant and a client that allows the client to understand the veterinary services the registrant proposes to provide to the patient, followed by the client’s subsequent agreement to the provision of those services.

(2) Before providing veterinary services to a patient, a registrant must ensure that the client has provided informed consent to the proposed veterinary services.

(3) A registrant must ensure that the client giving consent is

- (a) capable of making a decision about whether to give or refuse consent to the proposed veterinary service, and
- (b) has the legal authority to give or refuse consent to provision of veterinary services to the patient.

(4) To be valid, a registrant must ensure that the client’s informed consent:

- (a) relates to the proposed veterinary service;
- (b) was given voluntarily;
- (c) was not obtained through misrepresentation or fraud.

(5) To obtain informed consent from a client for proposed veterinary services, a registrant must ensure that the client is provided with information a reasonable person would require to understand the proposed veterinary service.

(6) Without limiting the generality of subsection (5), the information provided to obtain informed consent must include information about:

- (a) the condition for which the veterinary services are proposed, including any differential diagnoses, and any presumed or definitive diagnosis;
 - (b) the general nature of the proposed veterinary services;
 - (c) the expected benefits of the proposed veterinary services;
 - (d) the risks or dangers and common side effects of the proposed veterinary services that a reasonable person would expect to be told about;
 - (e) reasonable alternative courses of action available, and the risks and benefits of each;
 - (f) the potential consequences to the patient if the proposed veterinary service is refused by the client;
 - (g) whether non-veterinarian staff and or other veterinarians may be providing some or all of the veterinary services to the patient;
 - (h) the need for follow-up care, if it is likely to be required, and how such follow-up care will be provided;
 - (i) an initial estimate of the cost of the veterinary services being proposed;
 - (j) the level of supervision that will be provided, including the level of supervision with respect to after hours care.
- (7) A registrant must ensure that, before giving consent, the client had an opportunity to ask questions and receive answers about the proposed veterinary services.
- (8) A registrant must renew informed consent throughout the veterinarian-client-patient relationship as may be required by a change in the patient's condition or the veterinary services to be provided.
- (9) After a client has given informed consent, the registrant must either document in the clinical record the process by which consent was sought and obtained from the client, or obtain written consent.
- (10) Informed consent may be in the form of written consent, oral consent or implied consent.

Conflicts of interest

212(1) For the purposes of this section, “**conflict of interest**” means a situation in which a registrant's duty could be seen to, or may in fact be required to, serve two opposing interests.

(2) A registrant must not allow his or her objective medical judgment and advice to a client, another registrant or the public to be compromised by any circumstances that could give rise to a conflict of interest.

(3) A registrant must disclose to each client all the circumstances of his or her involvement in providing care to a patient that might influence whether the client would retain the registrant to provide veterinary services.

(4) If there is a conflict of interest between a registrant and a client or between two or more clients, the registrant must not act or provide services to the affected client or clients, without the agreement of each client included in the conflict consenting to the registrant providing services despite that conflict.

Definitions for availability and after hours care

213. In sections 214 and 215:

“after hours” means the hours when the registrant is not available or the facility is closed beyond that registrant’s or facility’s regular hours of business and may be available to treat animals in an emergency;

“receiving registrant or facility” means a registrant or facility that is willing to accept a referring registrant’s or facility’s clients during after hours;

“referring registrant or facility” means a registrant or facility that is referring clients to another registrant or facility during after hours;

“regular hours” means the stated hours of business when the registrant is available or a facility is open to provide veterinary services to patients.

Availability

214. A registrant must provide information to clients which, regardless as to how that information is conveyed, clearly states

- (a) the regular hours that the registrant is available or the facility is open to provide veterinary services to patients, and
- (b) whether the facility provides after hours or emergency care beyond regular hours.

After hours care

215(1) If a facility does not regularly or cannot temporarily provide emergency care beyond regular hours, the facility must provide information to clients whose animals may be in need of emergency veterinary services after hours which, regardless as to how that information is conveyed, clearly

- (a) states that the facility is closed and when it will reopen, and
- (b) directs clients whose animals are in need of emergency care after hours to contact other facilities without specifically naming another facility.

(2) If, instead of directing clients generally to other registrants or facilities as required under subsection (1)(b), the facility instead recommends that clients contact another specifically named registrant or facility that will provide the emergency veterinary services during after hours for the facility’s clients, that registrant must ensure in advance that

- (a) the named receiving facility is willing and able to provide emergency veterinary services to the referring facility’s patients during after hours,
- (b) both parties have reached an emergency care after hours agreement which documents those arrangements, and
- (c) the name, address, phone number and other contact information for the receiving facility is included in the information for clients.

(3) Despite subsections (1) and (2), if it is reasonably likely that a patient the registrant has recently treated or treats regularly will need to receive veterinary services after hours, a registrant must do one or more of the following:

- (a) provide necessary veterinary services in a reasonably prompt fashion to that patient during after hours;
- (b) make appropriate arrangements for the provision of follow-up veterinary services for that patient by another receiving facility who has agreed in

- advance to cover the referring registrant's practice, and so inform the affected client of that arrangement;
- (c) ensure the client has consented to the fact that no specific arrangements have been made for after-hours care by another facility, and ensure the registrant has provided reasonable guidance to assist that client to obtain care or veterinary advice from other sources.
 - (d) if after hours monitoring is not provided, the client must be informed and given the opportunity to transfer the pet to another facility or to take the pet home.

Definitions for referrals and assumption of care

216. For the purposes of section 217 to 220:

"newly involved registrant" means a registrant who has been asked by either a referring registrant or a client to participate in or assume care of a patient;

"previously involved registrant" means either

- (a) the registrant who was providing care to the patient immediately prior to the newly involved registrant, or
- (b) the referring registrant, if care for the patient has transferred to the newly involved registrant.

Referrals

217(1) A registrant must be ready and willing to consult with other registrants, including specialists where appropriate, on examination findings, diagnoses, treatment plans and prognoses.

(2) Where it is in the patient's best interest to do so, a registrant must offer to refer a patient to another registrant who can provide the necessary veterinary services.

(3) If a patient has been referred to another registrant for consultation, a second opinion or treatment, the newly involved registrant must, with the client's informed consent

- (a) render veterinary services in such form or timing that are reasonably necessary for the purposes of the referral and
- (b) are in the best interests of the patient or the client.

Assumption of care

218(1) A newly involved registrant must

- (a) use his or her best efforts to have relevant discussions about the patient with the previously involved registrant, and
- (b) with the consent of the client, obtain relevant medical records from the previously involved registrant.

(2) The previously involved registrant must participate in relevant discussions with the newly involved registrant and, provide patient medical records when so requested by the newly involved registrant.

Avoiding negative comments on care

219(1) A newly involved registrant must not comment negatively on the care rendered by the previously involved registrant until the newly involved registrant

has obtained the medical records from, and discussed those records and the details of the patient with, the previously involved registrant.

(2) Without limiting the generality of subsection (1), a newly involved registrant must not make comments that are unnecessarily critical of the previously involved registrant.

Additional concerns

220. If in his or her medical judgment it is in the patient's or client's best interests to do so, the newly involved registrant

(a) may discuss with the client any additional health concerns the registrant may have about the patient, and

(b) must then use their best efforts to advise the previously involved registrant as early as possible about those concerns.

Sales of drugs

221. A registrant must not sell, supply, prescribe, or in any way assist in the supplying of a pharmaceutical or biological product to a warehouse, pharmacy or lay outlet, or any other person who intends to resell such products, unless the registrant is an employee of a manufacturer or distributor of that product.

Use of outside consultants

222(1) For the purposes of this section, "**outside consultant**" means an external licensed veterinarian who has not been registered with the college pursuant to section 118.

(2) Further to section 46(3)(e) of the Act, if a registrant employs or engages an outside consultant to advise or assist the registrant as a consultant, that registrant is responsible for

(a) any misconduct or breach of the standard of care by the consultant, and

(b) ensuring the consultant does not contravene the Act or the bylaws.

(3) Without limiting the generality of the foregoing,

(a) the registrant must pay the outside consultant directly for any advice or assistance the consultant provides to the registrant, and

(b) the consultant must not bill a client for providing those services.

(4) This section does not apply to an external licensed veterinarian who has been granted temporary registration pursuant to section 118.

Proof of registration

223. A registrant must

(a) post his or her certification of registration with the college at any facility where that registrant provides veterinary services, or

(b) produce evidence of registration with the college if so requested by a client.

Unauthorized practice defined

224. For the purposes of the sections 225 and 226, "**unauthorized practice**" means a breach of one or more of the following provisions of Act:

(a) section 46;

- (b) section 47;
- (c) section 48.

Preventing unauthorized practice

225(1) A registrant must not allow an individual who is not also a registrant to provide a service that constitutes unauthorized practice or that otherwise contravenes the Act.

(2) A registrant must not aid, abet or acquiesce to an individual providing a service that constitutes unauthorized practice or that otherwise contravenes the Act.

Reporting unauthorized practice

226(1) A registrant must report to the registrar or to an inspector if that registrant believes that an individual has provided or may provide a service that constitutes unauthorized practice or has otherwise engaged or may engage in an unauthorized practice.

(2) Without limiting the generality of foregoing,

- (a) a registrant must advise the registrar or an inspector of any unauthorized practice by a registrant of another profession;
- (b) an inspector must report to the registrar if, as a result of an inspection, the inspector believes that an individual has provided or may provide a service that constitutes unauthorized practice or has otherwise engaged or may engage in an unauthorized practice.

Registrant practicing beyond category of registration

227(1) A registrant must not practice beyond the scope of that registrant's granted category of registration.

(2) A registrant must report to the registrar if that registrant has a reason to believe another registrant is practicing beyond the scope of that registrant's granted category of registration.

Pre-purchase examinations

228(1) A registrant who is invited by a buyer to conduct a pre-purchase examination on a current or former patient must:

- (a) disclose to the buyer the registrant's relationship to the seller and advise the seller that such a disclosure must be made to the buyer;
- (b) not accept a fee from the seller, unless the existence and amount of the fee is disclosed to the buyer;
- (c) not disclose their findings to the seller unless the buyer expressly agrees otherwise;
- (d) not disclose any information concerning the patient gained from having provided previous services to that patient without the express agreement of the client who is the current owner of the patient.

(2) A registrant must

- (a) not offer to provide any treatment during a pre-purchase examination, nor undertake any invasive tests, which might put the animal at undue risk;
- (b) only undertake tests beyond clinical examination with the knowledge and consent of the seller.

Charges and statements

229. In charging a client for services provided, a registrant must:

- (a) refrain from charging a fee that is excessive in relation to the nature and quality of the services provided;
- (b) inform the client in clear terms of the nature of and reasons for the services provided and their relation to the fee charged;
- (c) record and report promptly to the client the receipt of any monies from the client;
- (d) at the client's request, provide an itemized statement setting out each separate fee item, its accompanying cost, and the registrant who provided each service.

Fee splitting

230. A registrant must not enter into an agreement with any person or corporation which involves

- (a) the person or corporation directing clients to the registrant, or
- (b) the registrant sending clients to that person or corporation

in return for the corporation or person receiving from the registrant a portion of the fee paid by the client to the registrant, or any financial or other reward, whether direct or indirect.

Cosmetic alterations

231(1) For the purposes of this section,

- (a) “**ear cropping**” means the removal of part or all of the pinnae or auricles of the ear of a dog;
- (b) “**tail docking and alteration**” means the removal of all or part of the tail of dogs, horses, cattle, and includes tail blocking and tail nicking;
- (c) “**tail nicking**” means cutting any of the tail muscles; and
- (d) “**tail blocking**” means injecting the major nerves of the tail with a substance which affects the animal's ability to move the tail;

(2) A registrant must not perform ear cropping for any reason, other than to treat an injury or a disease of the pinnae.

(3) A registrant must not perform tail docking or alteration for any reason, other than to treat an injury or a disease.

Section 231 was amended following registrant approval in November 2016

Division 4.4 – Advertising and Marketing

Designated registrant

232(1) The registrant designated under section 200 is deemed to be the designated registrant for the purposes of both Part 3 and this Division, unless the owner of a practice or facility designates another registrant to be the registrant responsible for that practice facility's compliance with this Division.

(2) If another registrant had been designated as the registrant responsible for that practice facility's compliance with this Division, the provisions of section 200 apply to that registrant with respect to advising the registrar of the name and contact information of that registrant.

Testimonials

233(1) A registrant must not, for any marketing purpose or for a financial or other reward of any kind, give an oral or written testimonial or endorsement concerning the effectiveness or any other attribute of any commercial product, including but not limited to veterinary foods and medications.

(2) Subsection (1) does not apply to a registrant's objective comments on or reporting of the results of experiments or clinical studies that are delivered for the purpose of the advancement and sharing of knowledge in the veterinary sciences reported through a journal or at a meeting established for that purpose, or are for the purpose of preventive health recommendations or treatment.

Endorsements

234. A registrant must not display their name as a form of endorsement on a business premise or business advertisement, except when the registrant advertises his or her own veterinary practice in accordance with this Division.

Improper declarations

235. A registrant must not make, or induce a client to make, any statement or declaration or sign any document which the registrant knows or ought to know to be untrue, misleading or otherwise improper.

Guarantees

236. A registrant must not guarantee a cure or the effectiveness of any treatment recommended to the public generally or to any client or person.

Public communications

237(1) When making or engaging in any public communications of any kind connected in any way with the practice or science of veterinary medicine, a registrant must not imply the registrant is communicating on behalf of the college unless specifically authorized as in subsection (2).

(2) A registrant must not make or engage in a public communication on behalf of the college unless and until the registrant first obtains the approval of the council as conveyed by the registrar or the president with respect to the content and other aspects of the communication.

Superior knowledge or ability

238(1) A registrant must not expressly or by inference claim to have knowledge or ability in veterinary medicine that is superior to other registrants.

(2) Subsection (1) does not apply when a registrant is using their specialty title or description of their practice as permitted in Part 2.

Specialist status

239. A registrant must not refer to him or herself as, or infer that he or she is, a specialist, unless

- (a) the registrant has been registered in the class of specialty private practice registration pursuant to section 117, or
- (b) the registrant holds a diplomate status that has been recognized by the registration committee.

Marketing

240(1) A registrant's marketing, whether undertaken or authorized by a registrant must:

- (a) be true and objective;
 - (b) be accurate and verifiable;
 - (c) not be reasonably capable of misleading the public or any person;
 - (d) not be self-laudatory;
 - (e) not otherwise be contrary to the honour and dignity of the profession.
- (2) For clarity and without limiting subsection (1), a registrant must not use any comparative statements in any aspect of their practice including fees, services, facilities or qualifications.

Onus

241(1) A registrant has the onus of demonstrating that the requirements of section 240 and any other applicable requirements of this Part have been complied with in any marketing undertaken or authorized by the registrant.

(2) A registrant must

- (a) retain records and data sufficient to demonstrate that the registrant's marketing meets the above requirements and any other applicable requirements of this Part;
- (b) retain such records and data required under subsection (2)(a) for a minimum of two years after the final publication of the marketing, and make them available to the college on request.

Fees in marketing

242. Without limiting the foregoing sections, a registrant who includes a fee-related offer in any marketing must ensure that the marketing sufficiently and clearly describes the fees and the services involved so as to enable the recipient or intended recipient of the marketing to understand:

- (a) the nature and extent of the services to be provided and the cost to the client for the services,
- (b) whether there are any fees or other charges for other services or goods that would commonly be provided in connection with the services that are not included in that offer, and if so, the additional costs of those other services or goods; and
- (c) the time period during which the services will be available under the offer.

Division 4.5 – Medical Records

Definitions

243. For the purposes of this Division,

“**client personal information**” means the personal information of a client as prescribed by the *Personal Information Protection Act*;

“**medical information**” means information concerning a veterinary service provided to a patient;

“**medical record**” means a record of information retained by a registrant with respect to a particular patient or group of patients, which contains but may not be limited to, medical information, financial information, personal communications and client personal information.

Interpretation

244. For the purposes of this Part, the client who owns an animal is the owner of that patient’s medical information as recorded in the medical record.

Medical records

245(1) In this section, “**author**” means the person who provided a service, and may include a registrant, a technician or any other person authorized by the registrant to provide that service, or the registrant who supervised the provision of the service.

(2) A registrant must:

- (a) create, maintain and keep current a medical record containing medical information for each patient;
- (b) ensure that medical information in the medical record is
 - (i) written in English,
 - (ii) accurate, complete, appropriately detailed, comprehensible, and
 - (iii) properly organized;
- (c) ensure the author of an entry in a medical record can be identified.

Retention of medical records

246(1) The designated registrant of a facility must retain an original medical record for a period of at least 7 years after the last service provided to the patient, unless the record has been transferred to another facility on closure of the original facility.

(2) In the event of a pending or actual closure of a practice or practice facility, the designated registrant should follow the record retention guidelines approved by the council in relation to the handling of medical records when a practice or office closes.

Security of medical records

247. The designated registrant of a facility must ensure that

- (a) a client’s personal information and a patient’s information in a medical record is collected, used, disclosed and protected in accordance with the *Personal Information Protection Act*;

- (b) the information in a medical record is secure and the confidentiality of that information is maintained, except where disclosure of such information is required or authorized by law.

Disclosure of information

248(1) Subject to section 249(4), the current client has the sole authority to authorize the disclosure of a patient's medical information which may include information from a prior owner to another party.

(2) A client's authorization to disclose medical information may be verbal or written and can be conveyed by an agent of the owner, including another registrant.

(3) On receipt of an authorization for the disclosure of medical information, a registrant must forthwith provide to the designated party the information that is to be disclosed, on such terms and conditions, if any, as the client set within such authorization.

Access to information

249(1) In this section, "**access**" includes the opportunity to examine or obtain a copy of a client personal information or medical information as recorded in a medical record.

(2) A registrant must allow a client access to their own personal information or their animal's medical information, except if there is a reasonable likelihood that such access may result in serious harm to a patient, client or a third person.

(3) A registrant must respond in a timely fashion to a client's request for access to their own personal information or medical information, by providing

- (a) full access to the records, or

- (b) written reasons for the refusal to provide full access to the records.

(4) Despite the above, a registrant must provide full access to client personal information or medical information or provide a copy of a medical record to:

- (a) any party that has an urgent and compelling need for the information in order to ensure the well-being of an animal;

- (b) any party that has an urgent and compelling need for the information in order to ensure the health or safety of the general public or a particular person;

- (c) the college for the purpose administering the Act or bylaws;

- (d) a government agency or its designate, as required or authorized by law;

- (e) a party on the basis of a court order or subpoena.

Disputes over animal ownership

250. If a dispute concerning ownership or treatment of an animal cannot be resolved, registrants must comply with a court order resolving the dispute.

Fees

251(1) A registrant may charge a client a fee for the reasonable costs incurred in creating a copy of a medical record.

(2) If a client is required by a registrant to pay a fee for services provided to the individual to enable the registrant to respond to a request under section 250, the registrant

- (a) must give the applicant client a written estimate of the fee before providing the service, and
- (b) may require the applicant client to pay a deposit for all or part of the fee.

Division 4.6 – Continuing Competence Program

Definitions

252. For the purpose of this Part,

“**approved course**” means a continuing education course or distance learning program, or any other way that a registrant may employ to maintain continued competences, as approved by the continuing competence committee under section 254;

“**credit hour**” means attendance at a veterinary lecture or wet lab in person for one hour or one hour of participation in distance learning through an approved distance learning program.;

“**two-year cycle**” means a two-year period determined in accordance with criteria established by the continuing competence committee under section 253(3).

Interpretation

253(1) The continuing competence committee is responsible for the administration of the continuing competence program established and maintained by the college pursuant to section 3(2)(c) of the Act.

(2) The approval of a course under this Division does not constitute certification of a registrant who has completed that course, nor does completion of such a course approved under this Division lead to granting specialty certification under Part 2.

Approval of courses

254(1) The continuing competence committee may assess, review and approve a continuing education course or a distance learning program, or any other way that a registrant may employ to maintain continued competence, as an approved course, so long as that course or program meets the following requirements:

- (a) the course or program will maintain or further a registrant’s knowledge, skills and abilities in relation to the practice of veterinary medicine, office management or professional ethics;
- (b) the course or program directly relates to the practice of veterinary medicine, office management or professional ethics;
- (c) there is a mechanism to confirm a registrant’s attendance at or completion of the course or program.

(2) The continuing competence committee may develop policies and procedures to help guide the process it will employ to assess, review and approve a course or program for the purposes of subsection (1).

(3) Once a course or program has been approved by the continuing competence committee pursuant to subsection (1) the registrar must post the approved course or program on the college's website.

Mandatory continuing education

255(1) An active registrant must obtain a minimum of 30 credit hours during each two-year cycle.

(2) An inactive registrant does not have to maintain the minimum credit hours in a two-year cycle, but if an inactive registrant applies for registration in a class of active registration, that registrant must then show that he or she has met the requirements for continuing education as set out in subsection (1), prorated to account for the length of time that that registrant was inactive.

(3) The continuing competence committee must establish criteria to determine when each two-year cycle begins for each registrant to whom this Part applies.

Reporting continuing education

256. On renewal pursuant to section 142, an active or inactive registrant must declare in the form required by the registrar, the number of credit hours of continuing education attained in the preceding year.

Verification

257(1) A registrant must keep proof of having met the continuing education requirement for at least one year after completing the two-year cycle specified in section 255.

(2) On request by the continuing competence committee, an active or inactive registrant must provide verification of compliance with this Part in the form of documentary proof of their attendance at or completion of the courses and credit hours attained and in the form approved by the continuing competence committee.

Continuing education audits

258(1) The continuing competence committee may undertake an audit of a registrant to ensure compliance with section 255.

(2) For the purposes of conducting an audit under subsection (1), the continuing competence committee may retain the services of an inspector appointed pursuant to section 49 of the Act. An inspector undertaking an audit pursuant to this subsection is vested with the authorities prescribed by section 49 of the Act.

(3) If during an audit, the continuing competence committee or the inspector finds an inaccurate or false report and is unable to resolve that deficiency to its satisfaction through subsequent discussions with the registrant, the continuing competence committee may report that finding to the investigation committee which may then investigate the registrant for a breach of the bylaws pursuant to Part 4 of the Act.

Division 4.7 – Delegation and Supervision

Definitions

259. In this Part:

“animal health technologist” means a person who is:

- i) a graduate of a course in animal health technology accredited by the CVMA and recognized by the college, or
- ii) a person registered with the Animal Health Technologists Association of British Columbia.

“direct supervision” means a registrant is sufficiently nearby in a facility, or the place where veterinary services are provided away from a facility, such that the registrant is available to consult the person performing the designated procedure or treatment or to attend to the animal as competent veterinary practice requires for the particular procedure or treatment;

“direct personal supervision” means the registrant is present in person and sufficiently nearby to see, hear and direct the employee who is performing the designated procedure or treatment, and to attend to the animal as competent veterinary practice requires for the particular procedure or treatment;

“indirect supervision” means the registrant has given either oral or written instruction to another person to perform the designated procedure or treatment and the patient has been examined by the registrant at such times as competent veterinary medical practice requires, consistent with the particular procedure or treatment;

“non-registrant veterinarian” means a person who has obtained a degree in veterinary medicine but is not a registrant of the college;

“registered health professional” means a health professional who has been registered with a college pursuant to the *Health Professions Act*;

“veterinary student” means either

- (a) a student currently enrolled in the final year of a program of veterinary studies in an accredited school of veterinary medicine, or
- (b) a graduate from a non-accredited school of veterinary medicine who is participating in an upgrading program recognized by the registration committee in preparation to sit the North American Veterinary Licensing Examination and obtain a CQ.

Interpretation

260. The provisions of this Division apply equally to an employee or any person who is not a registrant, and who is hired on a short-term basis, including by contract, to perform tasks that can be delegated under this Division.

Registrants as employees

261. A registrant employed by a non-registrant employer, including a corporation, must, regardless of the direction of that employer, conduct themselves in

accordance with the Act, the regulations, the bylaws and other applicable rules and guidelines of the college.

Registrant delegation to employees

262(1) Subject to sections 264 to 266, a registrant may delegate procedures or treatments to an employee or another person who is not a registrant.

(2) A registrant must not direct or permit an employee or another person who is not a registrant to perform any procedure or treatment if the registrant is not satisfied that person is competent to perform that procedure or treatment.

Registrant ultimately responsible

263. Despite any provision of this Division

- (a) a registrant is responsible for the actions of any person to whom the registrant delegates the performance of a procedure or treatment, and
- (b) if a registrant delegates the performance of a procedure or treatment, the registrant is responsible for assessing that person's competence to perform such a delegated procedure or treatment.

Specific procedures or treatments under direct personal supervision

264. (1) A registrant may permit an employee or any other person who is not a registrant to perform the following procedures or treatments or other tasks that are comparably similar in nature to those listed, under the registrant's direct personal supervision, provided they are performed in accordance with the bylaws:

- (a) to induce and maintain anaesthesia;
- (b) to suture skin;
- (c) to collect and transfer embryos;
- (d) to perform dental cleaning and prophylaxis, including dental extractions not requiring surgical intervention;
- (e) to collect urine by cystocentesis;
- (f) to administer rabies vaccine.

(2) A registrant may permit a veterinary student to perform the following procedures or treatments or other tasks that are comparably similar in nature to those listed, under the registrant's direct personal supervision, provided they are performed in accordance with the bylaws:

- (a) to sterilize dogs or cats;
- (b) to suture minor skin lacerations;
- (c) to lance and treat minor abscesses;
- (d) to perform other similar minor surgical procedures.

Specific procedures or treatments under direct supervision

265. (1) A registrant may permit an employee or any other person who is not a registrant to perform the following procedures or treatments or other tasks that are comparably similar in nature to those listed, under the registrant's direct supervision, provided they are performed in accordance with the bylaws:

- (a) to monitor anaesthetized patients;
- (b) to clean and prepare surgical sites, including wounds;
- (c) to flush ears;

- (d) to apply bandages and splints;
 - (e) to perform dental procedures other than dental surgery;
 - (f) to perform urinary catheterization;
 - (g) to administer enemas;
 - (h) to operate a mechanical ventilator.
- (2) A registrant may permit a registered health professional to provide veterinary services at the request of the registrant and under the registrant's direct supervision, provided they are performed in accordance with the bylaws.

Specific procedures or treatments under indirect supervision

266. (1) A registrant may permit an employee or any other person who is not a registrant to perform the following procedures or treatments or other tasks that are comparably similar in nature to those listed, under the registrant's indirect supervision, provided they are performed in accordance with the bylaws:

- (a) to perform radiographic procedures;
 - (b) to collect specimens for laboratory analysis, except those specimens that require an invasive procedure to collect;
 - (c) to perform diagnostic laboratory procedures;
 - (d) to administer medications;
 - (e) to insert intravenous catheters.
- (2) A registrant may permit an employee or any other person who is not a registrant to administer controlled drugs and vaccines excluding rabies vaccines, under the registrant's indirect supervision, provided:
- (a) the registrant has conducted an appropriate examination on the patient consistent with standard medical care,
 - (b) the patient has been adequately supervised in the period between the registrant's examination of the patient and the time the registrant's instructions are given, and
 - (c) the service is administered in accordance with the bylaws.

College of Veterinarians of British Columbia

BYLAWS

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PART 5 – COMPLAINTS, RESOLUTION AND DISCIPLINE

Definitions

267. In addition to the definitions set out in section 1 of the Act and section 1 of the bylaws, throughout the bylaws, including any schedules, and unless the context otherwise indicates:

“complainant” means a person who has made a complaint against a registrant pursuant to section 50(1) of the Act, and includes a complainant’s legal guardian if the complainant is a minor;

“complaint” means a concern about an act or omission of a registrant made pursuant to section 50(1) of the Act, and includes a matter listed in section 52(2) of the Act;

“complaint inspector” means a person appointed as an inspector pursuant to sections 49(1) or (2) of the Act who has been directed by the investigation committee to investigate a complaint pursuant to section 52(4) of the Act;

“discipline committee” means the discipline committee mandated to hear a citation pursuant to Division 3 of Part 4 of the Act;

“investigation committee” means the investigation committee mandated to investigate and resolve complaints pursuant to Division 2 of Part 4 of the Act;

“respondent registrant” means the registrant who is named in a citation;

“subject registrant” means the registrant who is identified or named in a complaint;

Proof of appointment of inspector

268(1) The registrar must issue a document to a person appointed as an inspector under section 49 of the Act, in such form as the registrar may approve, setting out such person’s appointment as an inspector.

(2) A person appointed as inspector under sections 49(1) or (2) of the Act must present proof of their appointment to any person on request.

Division 5.1 – Complaint Investigations

Form of a complaint

269(1) A complaint must be dated and identify the complainant.

(2) A complaint that is received by the registrar in electronic form need not bear the signature of a complainant if it is clear that

(a) the person making the complaint intended to file or consented to filing the complaint, and

(b) an identifiable complainant created or adopted the complaint, and the complaint is in, attached to or associated with the electronic form of the record.

(3) If the registrar is made aware that a registrant may be suffering from a physical or mental ailment, an emotional disturbance or an addiction to alcohol or drugs that

impairs the registrant's ability to practice veterinary medicine, the registrar must immediately file a written complaint to the investigation committee with a request that the investigation committee consider the matter as soon as possible.

Disabled complainant

270. Despite section 269, if a complainant is unable to provide a written complaint because of a disability, the registrar may

- (a) transcribe the complainant's complaint,
- (b) confirm with the complainant that the transcribed complaint is an accurate reflection of the complaint, and
- (c) document how the complainant confirmed the transcribed complaint.

Essential information

271(1) A complaint must include or disclose the following information:

- (a) the complainant's name and contact information;
- (b) the name of the registrant against whom the complaint is made or the name of the facility the registrant practices at, and sufficient information to identify the subject registrant;
- (c) sufficient information concerning an alleged act or omission so as to allow the investigation committee to make a decision under sections 51(1) or 52(1) of the Act.

(2) If after receiving a complaint under section 50(1) of the Act, the registrar determines that the complaint does not contain the information listed in subsection (1), the registrar must

- (a) advise the complainant in writing that the complaint will not be forwarded to the investigation committee under section 50(2) of the Act because it is not yet complete,
- (b) report to the investigation committee the decision not to forward the complaint, and
- (c) where reasonable, attempt to obtain the missing information listed in subsection (1).

Notifying the subject registrant

272(1) If the investigation committee determines that a complaint raises a *bona fide* concern about a subject registrant's practice or conduct, the investigation committee must

- (a) inform the subject registrant as soon as is practicable that a complaint has been made against him or her, except if the investigation committee believes it is in the public interest not to do so,
- (b) provide the subject registrant with a copy of the written complaint, or a summary of the complaint, and any other information the investigation committee determines is necessary to disclose to the subject registrant, and
- (c) ask the subject registrant to respond to specific issues of concern as may be identified by the investigation committee.

(2) When acting under subsection (1), the investigation committee may decline to identify within the copy or summary of the complaint the identity of a complainant or the source of the complaint, if the investigation committee is of the view that such disclosure may place the complainant at risk of harm.

Observing a subject registrant providing services

273. If a complaint investigator intends to observe a subject registrant providing a service to a patient, the inspector need not obtain the consent of the owner of the patient being treated.

Complying with section 52(3) of the Act

274. A registrant who, as required under section 52(3) of the Act, provides the investigation committee with information or records that are confidential, does not by doing so breach any duty or obligation of confidentiality or nondisclosure.

Failure to cooperate

275(1) In this section, “**citation**” means a citation that has been or may be issued against a registrant pursuant to section 58 of the Act.

(2) If a registrant refuses to cooperate with an investigation in contravention of section 52(3) of the Act, the investigation committee may do one of the following:

- (a) direct the registrar to add the registrant’s failure to cooperate as a new allegation in a citation already issued under the Act, or
- (b) direct the registrar to issue a separate citation against the registrant for failing to cooperate.

Reporting to the investigation committee

276(1) Within 60 days of being assigned a complaint, a complaint inspector must report in writing to the investigation committee regarding the status or results of an investigation.

(2) The form and organization of a complaint inspector’s report shall be as prescribed by the investigation committee.

Amending a citation

277(1) Before or after the issuance of a citation under section 58 of the Act, the registrar may, on the direction of the investigation committee,

- (a) join one or more complaints or other matters which are to be the subject of a discipline hearing,
- (b) sever one or more complaints or other matters which are to be the subject of a discipline hearing,
- (c) amend the citation, or
- (d) cancel the citation.

Public notification of citation or hearing

278(1) Unless directed otherwise by the investigation committee, the registrar must notify the public by posting on the college website one month before the start of a discipline hearing of the following information in respect of a citation issued under section 58(1) of the Act:

- (a) the name of the registrant as the respondent;
- (b) a description of the nature of the allegations or other matters that will be the subject of the discipline hearing;
- (c) the date, time and place of the discipline hearing.

(2) Unless directed otherwise by the investigation committee, the registrar must notify the public before the start of a discipline hearing of any changes to the information set out in subsection (1).

(3) The investigation committee may direct the registrar not to post a public notice of citation or hearing on the college website if the investigation committee advises the registrar that the citation relates to issues described in sections 61(1)(b) (vi) of the Act.

(4) The accidental omission or failure to post a public notification of citation or hearing in accordance with this section does not invalidate the proceedings at that hearing.

Permitted disclosure

279(1) Despite section 278, the registrar may disclose to the public the existence of a complaint that has not resulted in a citation being issued, including the name of the subject registrant, and the status of the complaint, if

- (a) the identity of the subject registrant is already known to the public, and
- (b) the complaint has become generally known to the public.

(2) In disclosing information pursuant to subsection (1), the registrar must take into consideration

- (a) the *Freedom of Information and Protection of Privacy Act*, and
- (b) the college's privacy policies and procedures issued pursuant to the *Freedom of Information and Protection of Privacy Act*.

Review of previous complaints or discipline

280. Before agreeing to accept a subject registrant's written proposal under section 67 of the Act, the investigation committee may review all previous complaints and disciplinary matters involving the registrant to be satisfied that the proposed undertaking or consent is appropriate in the circumstances.

Monitoring compliance

281(1) The registrar must monitor a subject registrant's compliance with an undertaking or consent the registrant agreed to pursuant to section 66 or 67 of the Act.

(2) If the registrar believes that a subject registrant has not complied with an undertaking or consent, the registrar must so report the matter to the investigation committee.

Division 5.2 – Discipline Hearings

Definitions

282. In this Division:

“**discipline panel**” means the panel appointed by the discipline committee to hear and determine a complaint or other matter set for hearing by citation issued under section 58 of the Act, and includes the discipline committee if required by the context;

“**witness**” means any person, including the complainant or any person who may be found by the discipline committee or discipline panel to be an expert witness, who is called upon by the college or the respondent registrant to give evidence during a discipline hearing.

Pre-hearing conference

283(1) Unless the discipline panel directs otherwise, at least 15 days before a disciplinary hearing begins,

- (a) the respondent registrant or legal counsel, and
- (b) the chair of the investigation committee or legal counsel

may be invited to attend a pre-hearing conference with the discipline panel at a date and time, and in such a form as the discipline panel may approve, to discuss any of the matters described in subsection (2).

(2) At the pre-hearing conference, the discipline panel may make orders concerning the following matters:

- (a) production of documents and how they are to be delivered;
- (b) an agreed statement of facts or the admission or proof of certain facts;
- (c) any evidentiary issues, including admissibility of a document;
- (d) witnesses to be called, the general nature of their anticipated testimony, and how long they will testify;
- (e) expert witnesses to be called, disclosure of an expert’s reports, and how long the expert will testify;
- (f) direction on the conduct of the hearing;
- (g) an objection to a hearing procedure;
- (h) an estimate for the time each party will require during the hearing;
- (i) a request for a delay of the hearing;
- (j) the need for a language or sign-language interpreter;
- (k) any other matter that is necessary to ensure the hearing will proceed in a timely and fair fashion or to resolve the matter prior to the start of the hearing.

(3) The discipline panel may direct one of the parties to draft an order or decision letter confirming the orders made at the pre-hearing conference.

General rules of procedure and evidence

284(1) The discipline panel has the authority to

- (a) govern its proceedings,
- (b) order an adjournment of its proceeding,
- (c) allow the amendment of a citation, and

(d) subject to the Act and the bylaws, adopt such other policies and procedures as it considers necessary for the expeditious and fair conduct of a hearing.

Avoiding an appearance of bias

285(1) No person may sit on the discipline panel while he or she is a member of the investigation committee.

(2) No member of the discipline committee may sit on the discipline panel in a disciplinary hearing concerning a matter in which he or she

- (a) was involved as a member of the investigation committee,
- (b) has had prior involvement in, or
- (c) has a relationship with either the respondent registrant or the complainant that would compromise that member's objectivity.

Loss of a panel member during a hearing

286. If, before the discipline panel can render its decision under section 61 of the Act, a member of the discipline panel resigns from the discipline panel, then

- (a) the loss of that discipline panel member does not halt the proceedings, and the remaining members may continue and adjudicate the matters set out in the citation, and
- (b) the chair of the discipline committee may appoint a replacement discipline panel member, so long as the respondent registrant agrees to that appointment.

Communications

287. All communications to the discipline panel should be made to, and all communications from the discipline panel should be made through and under the signature of,

- (a) the chair of the discipline panel, or
- (b) the registrar, at the direction of the discipline panel.

Disclosure by college prior to disciplinary hearing

288(1) At the time a citation is issued pursuant to section 58 of the Act, or at least 30 days before a hearing is scheduled pursuant to section 59 of the Act, the college's legal counsel must disclose to the respondent registrant all relevant information in the possession of the investigation committee relating to the allegations set out in the citation.

(2) Subsection (1) does not apply to information that is protected by a recognized form of privilege.

Disclosure by respondent member prior to disciplinary hearing

289(1) At least 30 days before a hearing scheduled to begin, the respondent registrant must disclose to the college's legal counsel all information the registrant intends to present to the discipline panel during a hearing.

(2) The information to be disclosed pursuant to subsection (1) includes but is not limited to

- (a) any exhibits the respondent registrant may present,

- (b) a list of witnesses who may be called by the respondent registrant, including any expert witness,
- (c) copies of witness statements of those witnesses who may be called, including any expert reports,
- (d) any other information, document or evidence the respondent registrant may want to present.

Failure to disclose

290. If either the college's legal counsel or the respondent registrant fails to act in accordance with sections 288 or 289, respectively, the discipline panel may, on application of a party

- (e) refuse to accept the document or report,
- (f) refuse to hear the witness,
- (g) refuse to receive or consider the evidence,
- (h) grant an adjournment of the hearing to allow for consideration of the document, report, witness statement or other evidence, or
- (i) make any other direction it considers appropriate in the circumstances.

Public attendance

291(1) While the public may attend a disciplinary hearing pursuant to section 58 of the Act, no member of the public other than the parties in the proceeding may file a submission or make a presentation to, or discuss or debate an issue or otherwise participate in the discipline hearing.

Conduct during a discipline hearing

292(1) All persons attending a discipline hearing must act with respect and reasonable decorum, and accept the rulings of the discipline panel.

(2) No person may use a recording device, video camera or camera to record any part of a discipline hearing, unless the chair of the discipline panel approves such recording.

Exclusion from a discipline hearing

293(1) If the discipline panel excludes a person from attending all or a part of a discipline hearing, the reasons for doing so must be so noted in the minutes or decision.

(2) If an excluded person refuses to leave a discipline hearing as may be directed by the discipline panel, the chair of the discipline panel may adjourn and reschedule the hearing at a date, time and location that would not be disclosed to the excluded person.

Examination of witnesses

294. Pursuant to section 59(2) or (8) of the Act, during a disciplinary hearing

- (a) only the college or respondent registrant or their legal counsel may examine a witness, and

- (b) a complainant's legal counsel may examine the complainant as witness, but the respondent registrant (or legal counsel) and counsel for the college may also examine the complainant.

Protection of witnesses

295. For a witness, other than the respondent registrant, whose testimony is of a confidential, personal or sexual nature, the discipline panel may make an order that

- (a) no person may publish the identity of the witness or any information that could disclose the identity of the witness, or

(b) any such witness be identified only by pseudonym, provided that the true name, address and occupation of the witness is given to the parties present or represented at the hearing.

Oath by swearing or affirmation

296. Pursuant to section 59(7)(a) of the Act, the discipline panel may ask each witness if he or she would prefer to swear or affirm that the testimony they give will be true.

Penalty hearing

297. If the discipline panel determines that an allegation in a citation has been proven against the respondent registrant, it must hold a separate hearing on the question of the appropriate penalty to apply as set out in sections 61(2) to (5) of the Act.

Written decision

298. For the purposes of section 61(6) of the Act, the discipline panel's written decision must:

- (a) be written in a manner that protects the privacy of third parties and is suitable for public disclosure in full;
- (b) include the names of the panel members who rendered the decision;
- (c) identify the parties in the proceeding, and their legal counsel or representatives, including the respondent registrant;
- (d) not include the names of a complainant or any witnesses, except when they have appeared at an open hearing in an official capacity;
- (e) not include other possible personal identifiers or health care information of a complainant, an animal or a third party, except where necessary to adequately explain the reasons for the decision;
- (f) be written in plain language.

Form and approval of decision

299(1) The decision of a discipline panel

- (a) is the decision of the majority, and does not have to be unanimous,
- (b) must be in writing and signed by each concurring member of the discipline panel.

(2) A discipline panel member who does not concur with the majority in a decision may make a separate minority written decision, which must be issued at the same time as the majority decision.

Panel remains active

300(1) Until the discipline panel releases its final written discipline decision, the discipline panel remains active, is seized of the matter and may re-open the hearing as may be required.

(2) If the term of a discipline panel member's appointment to a discipline panel expires, that member remains as an active member of the panel until the panel's final decision has been released.

Fines

301. The maximum fine that can be imposed by the discipline panel under section 61(2)(e) of the Act is \$50,000.

Tariff of costs

302(1) The costs that the discipline panel can award pursuant to section 63 of the Act are as follows:

(a) if the panel dismisses a matter against a registrant pursuant to section 61(1)(a) of the Act, up to 50% of the costs of the registrant's legal representation during the investigation and subsequent discipline hearing as the discipline panel may determine is appropriate, but no other costs, and the panel may do so on a prorated basis;

(b) if the panel makes a determination against a registrant pursuant to section 61(1)(b) of the Act, up to 50% of the cost of the investigation and subsequent discipline hearing as the discipline panel may determine is appropriate, which include the following costs:

- (i) the college's costs of legal representation,
- (ii) the costs of other reasonable and necessary disbursement incurred for the purposes of the investigation or hearing, including disbursements incurred by legal counsel, and
- (iii) the costs of other reasonable and necessary professional services contracted for the purposes of the investigation or hearing, including per diems paid to the members of the investigation committee or discipline committee.

(2) In making an order for an award of costs under section 63 of the Act, the discipline panel may receive written or oral submissions as to what costs should be applied.

Division 5.3 – Post-hearing Matters

Monitoring compliance with disciplinary decisions

303(1) The registrar must monitor a registrant's compliance with an order the discipline panel has issued pursuant to section 61 of the Act.

(2) If the registrar believes that a registrant has not complied with a discipline panel order, the registrar must so report the matter to the discipline committee..

Extension of time

304(1) Where a registrant cannot pay a fine or costs imposed on that registrant within 30 days of the date set out in the order, the undertaking or the consent for reasons of financial hardship, the registrant may submit a request to the registrar for an extension of time.

(2) The registrar must forward the request to the discipline committee

(3) The discipline committee may grant a request for an extension of time under subsection (1) if the committee determines that the request is reasonable in the circumstances, or refuse such a request.

(4) The council may approve policies and procedures to govern requests for and the discipline committee's decisions concerning an extension of time under this section.

(5) if the registrant does not pay a fine or costs as originally imposed on by any extended date, the discipline committee must report that to the registrar who must inform the investigation committee which can then act under Section 305.

Consequences of failing to pay a fine or costs

305(1) If the investigation committee concludes that a respondent registrant has not complied with a discipline panel order with respect to a fine or an award of costs issued pursuant to section 61 or 63 of the Act by the deadline as set out in the order of the discipline panel the investigation committee may by order direct one or more of the following:

- (a) that the registrar initiate a claim against the respondent registrant pursuant to section 63(5) of the Act;
- (b) that a penalty of 25% of the unpaid fine or costs be assessed against the respondent registrant;
- (c) that the registrar issue a citation against the respondent registrant pursuant to section 58 of the Act.

Removal of disciplinary decisions and consent resolutions from website

306(1) In this section a “**record of a disciplinary action**” includes a disciplinary decision rendered pursuant to section 61 of the Act and an agreement reached pursuant to sections 66 or 67 of the Act.

(2) The following applies for the purposes of section 41(4) of the Act:

- (a) the calculation of the five year period that the record of a disciplinary action must remain on the online registry starts on the date that the record was posted on the college's website and not the date of the record itself;
- (b) a record of a disciplinary action must have the date it was posted set out in the online registry;
- (c) the individual to whom the information in the record of a disciplinary action relates may apply to the council to have the information removed from the online registry by submitting a request in writing to the registrar;
- (d) a request to have a record of a disciplinary action removed must include an explanation regarding why it would be in the public interest to remove the posted information;
- (e) in deciding if it is in the public interest to direct the registrar to remove the information from the online registry, the council must consider the

following factors:

- (i) whether the registrant met every term or condition set out in the original disciplinary decision; and
- if the registrant failed to meet every term or condition set in the original disciplinary decision, the reason for the failure.