



Increase in Scope of Practice (SoP)

A substantial change to the facility should be reported to the CVBC office as per Bylaw 3.6(9a). This includes any changes that affect the location, type of facility, species seen and services offered.

The CVBC office will determine if the changes are substantial enough to be presented to the Practice Facility Accreditation Committee (PFAC) for consideration if the accreditation standards are met. The PFAC may direct an inspection to determine if they are.

The practice facility may start offering their increase in scope of practice(s) as soon as the designated registrant (DR) feels satisfied that the relevant accreditation standards are met. The practice facility does not need to wait for office approval prior to offering the new service(s).

The initial steps in the process are outlined below for all increases in SoP:

1. The DR of the facility notifies the office of the increase in SoP.
2. With this notification, the DR should provide an updated Facility Annual Declaration to outline the new SoP.
3. If the changes are quite complex (multiple scopes of practice being added), the CVBC office will present this notification to the PFAC, who will likely direct an inspection (virtual or in-person). See parts 6b-8.
4. For less complex increases, the office will request items/photos relevant to the SoP change to determine compliance with the standards. This may include the following:
 - a. Photos of equipment or supplies used in the new SoP
 - b. Certificates of Safety, dosimeters, template for log(s), and shielding assessments for equipment that produces ionizing radiation
 - c. Appropriate PPE where applicable.
 - d. Library resources applicable to the new SoP.
 - e. Controlled drug storage and transport (ambulatory/mobile) if applicable.
 - f. Other submissions as requested.
5. The Senior Inspector (Facilities) will review the submissions, and an inspection report will be made.
6. If the change is considered substantial by the office definition, the inspection report will be presented to the PFAC, which may result in either:
 - a. The PFAC is satisfied that the relevant standards are met, and no further actions are needed by the practice facility; OR

- b. Pursuant to bylaw 3.18(1), the PFAC will direct an inspection, with a related fee, to determine if the relevant standards are met.
- 7. If the direction was an inspection as per 6b, then the practice facility will be assigned to an inspector, and the office may request further documents/photos and the Self-Assessment form.
 - a. The inspector will generate inspection notes and outcome form after the inspection takes place.
 - b. The inspection outcome form will be shared with the DR of the practice facility. This may result in the need for post-inspection submissions if deficiencies are identified.
 - c. The practice facility will be presented back to PFAC once the deficiencies are resolved for any further direction.
- 8. The office will convey the PFAC direction to the DR of the practice facility.